

Improving Access to Care for Special Olympics' Athletes

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Dedication

I want to dedicate this completed project to my loving family, who has stuck by me through the many hours I put towards this project with all its ups and downs. To my husband, as you pointed out, I have been in school nearly the whole time you have known me. I am grateful we have been able to take this journey together, but I will be glad to close this season of life as well.

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Abstract

For individuals with intellectual and developmental disabilities, access to healthcare can be an issue. Due to the access to care concerns, Special Olympics hosts MedFests, which are events that provide the needed physical exams for individuals to participate. This project focused on the implementation of a MedFest event, with the focus on improving sustainability for this county. However, the event was cancelled due to the COVID-19 pandemic. Due to this cancellation, the sustainability work was pushed to the forefront. The focus on sustainability including strengthening existing community partnerships and building new relationships to meet the needs of this population.

Key words: Intellectual disabilities, developmental disabilities, Special Olympics, MedFest, access to care

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Chapter One: Overview of the Problem of Interest

This chapter sets the stage for a DNP project focusing on increasing access to care through the use of free sports physicals for individuals with intellectual disabilities. Special Olympics International (SOI) is an organization that promotes wellness for those with intellectual disabilities through physical activity and emotional support. SOI hosts MedFests, which are volunteer-staffed, physical exam events that provide access to care for athletes that may otherwise have difficulty accessing wellness care. The DNP project involves the implementation of a MedFest in a southeastern North Carolina county where there was no previous event.

Background Information

Nearly 6.5 million people in the United States have been diagnosed with an intellectual disability (Special Olympics International [SOI], 2019). Intellectual disabilities are diagnosed by meeting the criteria of an IQ below 75, significant limitations in two or more adaptive areas, and the condition manifests before the age of 18 (SOI, 2019). To meet these criteria, individuals must have limited intelligence and difficulties in skills required to live independently.

With these limitations, access to healthcare can be a challenge throughout the lifespan. It was found that children with developmental disabilities were 40% less likely to have access to a medical home (Cheak-Zamora & Thullen, 2016). Medical homes provide patients with coordinated, comprehensive care (Cheak-Zamora & Thullen, 2016). Many intellectual disabilities are associated with conditions that have multiple physical health risks, as well. This makes the procurement of a medical home a top priority for ongoing health surveillance and intervention for individuals with these conditions.

In addition to having significant healthcare needs in childhood, people with intellectual and developmental disabilities require medical care as they age into adulthood. They are likely to have more health risks than the general population (Havercamp & Scott, 2015). In adulthood, these disabilities are often associated with minimal physical activity and emotional support (Havercamp & Scott, 2015). Adults with intellectual and developmental disabilities were 4.5 times more likely to be sedentary than adults without a disability (Havercamp & Scott, 2015).

This gap in physical activity is where Special Olympics has found its niche. Special Olympics seeks to use sports to combat inactivity and isolation that is often found in individuals with intellectual disabilities (SOI, 2019). The activities that individuals can compete in include a variety of activity levels with team and individual sports (SOI, 2019). Not only do these events promote physical activity, they foster social development and connect families to other resources.

North Carolina (NC) has 39,600 athletes who participate in Special Olympics (Special Olympics North Carolina [SONC], 2019a). Of those who participated, it was found the 25% of the children were overweight and 55% of adults were obese (SONC, 2018). With obesity being a factor in multiple chronic health conditions, regular physical activity is a step in the right direction for minimizing health risk.

In order to participate in Special Olympics, athletes need a physical health assessment every three years (SONC, 2019b). However, as was previously stated, this population has difficulties with finding a medical home. To allow for increased participation, SONC sponsors MedFests, which are events that offer free physicals to athletes (SONC, 2019b). In 2018, 2,147 participants received free medical screenings (SONC, 2019a). Overall, these programs were very successful, however only 14 counties in NC currently offer MedFests (SONC, 2018).

MedFests are just one part of a larger program that Special Olympics offers: Health Athletes. The Healthy Athletes program is a large wellness screening event that incorporates multiple aspects of health from physicals to vision and dental exams (Holder, 2015). MedFests can be completed individually, or as a part of a Healthy Athletes event.

Significance of Clinical Problem

As stated previously, a limited number of counties currently host MedFests. In the southeastern part of NC, only New Hanover County currently hosts a MedFest. The surrounding area is mostly rural counties without major healthcare organizations. This region of the state would benefit from increased access to care for the general population, which could indicate that access for those with intellectual disabilities would be even more limited.

In addition to their being needs at a local level, Healthy People 2020 has multiple objectives related to improving the care for individuals with disabilities (U.S. Department of Health and Human Services [USDHHS], 2019). Objective DH-13 is specifically geared towards increasing the number of adults who participate in social activities, which would include activities such as Special Olympics (USDHHS, 2019). Increased participation could be limited simply due to the inaccessibility of the physical exam, creating a barrier that athletes and their caregivers cannot overcome.

Overview of the Project

Due to the lack of healthcare access for individuals with intellectual disabilities in southeastern North Carolina, SONC is interested in expanding its MedFest offerings in this region.

Population of interest. The population that would be examined is the community that participates in the MedFest. This project is focused on the expansion of a MedFest, so the

population involved in this project would be the providers and volunteers that come together to help those with intellectual disabilities in their community. The goal is to create long term partnerships for the MedFest that would allow for improvement and continuity over the following years.

Project deliverables. The intervention is the completion of a MedFest. This event requires significant organization and outreach in order to implement effectively. The desire was to foster communication between SONC and other organizations, such as medical groups and schools of nursing, in order to build a relationship that would provide the foundation for future MedFests.

Anticipated outcome(s). The outcome would be a MedFest event that provides free physical health assessments for athletes with intellectual disabilities desiring to participate in athletic events hosted by SONC. The short-term goal would be to complete 50 physicals for individuals with intellectual disabilities. In addition to hosting a MedFest in the county, processes and protocols will be implemented to foster continuity and sustainability.

Summary

Access to healthcare is an issue for individuals with intellectual disabilities. For this population, there are high rates of obesity and poor access to emotional support. Without medical homes to address these concerns, health maintenance for these individuals tends to fall to the wayside. SOI is a program designed to foster relationships through socialization and promote activity for those with intellectual disabilities.

Due to the access to care barriers, athletes with intellectual disabilities may have difficulties completing physical health assessments to ensure safe participation in physical activities. MedFests are events that SOI hosts collaboratively with communities in order to

increase participants' access to free physical exams. This project focuses on the implementation and expansion of a MedFest to reach a population that might otherwise have poor access to healthcare. Successful project implementation required community organization and partnership, recruitment of community volunteers, and recruitment of healthcare providers. The overall aim is to promote wellness for North Carolinians diagnosed with intellectual disabilities.

Chapter Two: Review of the Literature

Multiple components of care for individuals with intellectual disabilities were included in review of the literature. Essential information included the prevalence of access to care problems throughout the lifespan, as well as a focus on the obesity and physical inactivity that is common among this population. Lastly, the role of Special Olympics in maintaining physical activity and improving the overall wellbeing for the population of interest was explored. MedFests are discussed as a possible method to bridge the gap of access to care being a barrier for individuals with intellectual disabilities to participate in Special Olympics-sponsored events.

Literature Appraisal Methodology

Sampling strategies. A literature review was conducted using the ECU One Search Database and Pubmed. Initial search terms included *intellectual disabilities*, *access to care*, *Special Olympics*, and “*Healthy Athletes*.” These search terms were expanded to include *developmental disabilities*, which often includes *intellectual disabilities*. These searches were limited to peer-reviewed articles published within the last five years and available as full text. Initial searches using the broad terms of developmental disabilities and access to care offered over 30,000 articles. These were further filtered by specifying to disciplines of medicine and public health, and adding the terms of Special Olympics and Healthy Athletes to the search. Ongoing searches through these two databases continued bimonthly throughout the project to ensure new findings were included.

Evaluation criteria. Articles were initially evaluated based on population. Initial inclusion criteria included the focus on intellectual disabilities and excluded those focused on other forms of disability. Because this project is based on medical health care, literature specific

to dental and oral health was excluded. Healthy Athletes is a program that provides multiple types of health screenings; articles related to this program were included.

Because SOI is a worldwide organization, articles based on findings or events in the United States (US) were given priority over those from other countries but were included to improve understanding of the topic. Research based outside the US was excluded if it focused on populations or problems specific to the country of origin.

Literature was then evaluated using the PRISMA criteria and focused on the population of the study, methodologies, and the findings. Overall, the search narrowed the available research to include the highest levels of evidence. Most studies were case control retrospective studies. Articles were included that described the health of individuals with intellectual disabilities.

Literature Review Findings

Review of the current literature yielded a range of levels of evidence. There were minimal systematic reviews and randomized control trials. However, there was an abundance of cohort studies focused on gathering information about the population with intellectual disabilities.

Pediatric access to care. Access to healthcare for children and adults with intellectual disabilities is a well-established concern. Cheak-Zamora and Thullen (2016) utilized the National Survey of Children with Special Healthcare Needs to establish some data related to access of care and transitions of care for this population. For those with developmental disabilities, which included intellectual disabilities, only 31.2% reported having a medical home (Cheak-Zamora & Thullen, 2016). The percentage was even smaller for children with comorbid mental health diagnoses or physical disabilities (Cheak-Zamora & Thullen, 2016).

Using this same survey, Vohra, Madhavan, Sambamoorthi, and St. Peter (2014) examined the difficulties in having appropriate healthcare for children with autism compared to those with other developmental disabilities. They found that 55% of those with autism, compared to 43% with other developmental disabilities, had difficulty using the healthcare services (Vohra et al., 2014). In addition, 86% of children with autism and 82% of children with other developmental disabilities reported lack of coordination of healthcare services (Vohra et al., 2014).

Another aspect of coordinated care is access to transitional healthcare services. These services are utilized to assist in the transition to adult medical care from pediatrics (Cheak-Zamora & Thullen, 2016). For those with developmental disabilities alone, 19% reported receiving transitional care services (Cheak-Zamora & Thullen, 2016). These percentages were similar for those with other comorbid diagnoses.

Adult access to care. The transition from pediatric to adult healthcare services for individuals with intellectual disabilities is a concern. To gather information on adults with intellectual disabilities, Havercamp and Scott (2015) utilized a national survey which included surveys and interviews with individuals with developmental disabilities and their caregivers. They found that adults with intellectual disabilities were more likely to have a physical exam than the average adult (Havercamp & Scott, 2015). This study did not examine the reasons for increased rates of physical exams, but concluded that while they accessed care more regularly, they reported lower rates of preventative health screenings (Havercamp & Scott, 2015).

Invasive preventative health screenings include prostate, cervical, and breast cancer screenings (Havercamp & Scott, 2015). These were assessed at lower rates for individuals with intellectual disabilities than the general population (Havercamp & Scott, 2015). Scott and

Havercamp (2014) assessed the different aspects of health related to level of disability and location within the community. They found that the likelihood of having cancer screenings was related to level of disability in that high-functioning were more likely to be screened than those who were low-functioning (Scott & Havercamp, 2014). However, the authors did not specifically define the criteria for functional status (Scott & Havercamp, 2014). In addition, those living at a private residence with family were less likely to receive adequate healthcare (Scott & Havercamp, 2014). This may be due to increased regulation for those living in group homes or institutions (Scott & Havercamp, 2014).

Health checks. Health checks are one intervention that has been proposed in the care of adults with intellectual disabilities (Hanlon, MacDonald, Wood, Allan, & Cooper, 2018). The goal of health checks is to decrease some of the barriers associated with the care of those with intellectual disabilities, which are discussed in Appendix A. These health checks are annual health visits to screen for various conditions, such as hypertension, diabetes, hypothyroid, and mental illness (Hanlon et al., 2018). While health checks consistently found the conditions listed above that needed to be treated, the preventative screening rates remained low for cervical, prostate, and breast cancer (Hanlon et al., 2018). In addition, short term there seems to be improvement with health checks regarding immunizations and blood pressure monitoring; however, no long-term data has been collected with this population (Hanlon et al., 2018).

Obesity. Obesity is a contributing factor to overall health. People with intellectual disabilities have higher rates of obesity across the lifespan than the general population (Bandini et al., 2015; Havercamp & Scott, 2015; Holder, 2015). Children with intellectual disabilities have 10% higher rates of obesity than those without any disability (Badini et al., 2015). For adults, 29% reported being overweight at 31% reported obesity (Havercamp & Scott, 2015).

SOI tracked participating athletes, all of which have intellectual disabilities. They found that nationally, 45.7% of youth and 74.9% of adults are overweight or obese (as cited by Holder, p. 167, 2015). According to Special Olympics International data, the prevalence of obesity is 28.4% of youth and 60% of adults (Holder, 2015).

The cause of obesity in this population is multifactorial. There can be feeding complications related to physical and metabolic abnormalities, such as certain conditions associated with intellectual disabilities also cause dysregulation of appetite (Bandini et al., 2015). In addition, many individuals with intellectual disabilities may be on medications that can affect appetite, such as attention deficit hyperactivity disorder medications or mental health medications (Bandini et al., 2015). And finally, there may be physical limitations that restrict physical activity and regular exercise (Bandini et al., 2015).

Exercise. Physical limitations may be present for some individuals with intellectual disabilities, thus restricting or reducing physical activity, but this is not generalizable to all diagnoses related to intellectual disabilities. For the pediatric population, schools typically offer some physical activity, but for children with developmental and physical disabilities this is often overlooked (Bandini et al., 2015). A survey of adults with intellectual disabilities found that adults with intellectual disabilities were 4.5 times more likely than adults without disabilities to have no physical activity in the past month (Havercamp & Scott, 2015). Factors that lead to inactivity for those with intellectual disabilities may include limited opportunities to join in physical activity in school or local programs due to stigma, lack of adapted equipment, or lack of appropriate supervision skills (Bandini et al., 2015).

There can be many contributing factors to physical inactivity. The SONC Healthy Athletes program identified that greater than 85% of the participants had problems with strength,

balance, and flexibility (SONC, 2018). Overall, all these factors play a role in an individual's ability to participate in physical activities.

Special Olympics. Special Olympics is a primarily sports-based program for people with intellectual disabilities (Holder, 2015). Special Olympic events include a range of sports, from team to individual, with varying levels of physical activity (Holder, 2015). In addition to its sports programming, there is a Motor Activity Training Program geared towards physical activity in those with severe intellectual and physical constraints that would otherwise prevent participation in sports activities (Holder, 2015).

Crawford, Burns, and Fernie (2015) compared Special Olympics to Mencap, which is another organization focused on improving the lives of those with intellectual disabilities. They found that Special Olympics was associated with reduced stress, increased quality of life and self-esteem (Crawford, Burns, & Fernie, 2015). Hamdani, Yee, Oake, & McPherson (2019) conducted a study which compared perceptions of athletes to caregivers and coaches. They found that 85.7% of athletes feel good about themselves and their body (Hamdani, Yee, Oake, & McPherson, 2019). The caregivers and coaches also agreed with that statement 79.2% and 89.3% respectively (Hamdani et al., 2019). So, there is a positive relationship between Special Olympics and the perceived emotional wellbeing of the athletes.

Healthy Athletes. Healthy Athletes is a free health screening program for people with intellectual disabilities who participate in Special Olympics (Holder, 2015). There are currently seven disciplines that are a part of the Healthy Athletes programming: "Opening Eyes (vision), Special Smiles (dentistry), FUNFitness (physical therapy), Fit Feet (podiatry), Healthy Hearing (audiology), Health Promotion (healthy lifestyles), and MedFest (sports physicals)" (Holder, 2015). These events offer screening services for Special Olympics athletes, which prepares them

for activity and provides access to services they may otherwise have difficulty accessing (Holder, 2015).

MedFest. North Carolina host 14 MedFests, which are events focused on providing free physicals for athletes to compete in Special Olympics (SONC, 2018). The two main goals of MedFests are to screen for life-threatening conditions and conditions that can increase the risk of injury in athletes (Seidenberg & Eggers, 2015). These screenings include medication reviews, a review of medical history, vital signs, and physical exam (Seidenberg & Eggers, 2015). At the completion of the screening, individuals can either be fully cleared, cleared with referrals, partially cleared with referrals, or not cleared needing further evaluation (Seidenberg & Eggers, 2015). As a result of the process, athletes are given referrals to other providers and services, likely minimizing caregivers' barriers to accessing care needed for athletes' health, wellness and functionality (Seidenberg & Eggers, 2015).

Participants data can be submitted to Healthy Athletes database. This database provides a means for SOI to track health data for individuals and the ability to use data to tailor programming and increase the knowledge about intellectual disabilities (Lloyd, Foley, & Temple, 2018).

Provider Confidence. Healthcare providers often lack experience, training, and education in caring for individuals with intellectual disabilities (Siasoco, 2014). This lack of training is one of the areas that providers need to overcome in practice (Siasoco, 2014). Myśliwiec et al. (2015), conducted a survey of 120 healthcare providers and found that only 6% reported that they were confident that their professional training and education prepared them to care for individuals with intellectual disabilities. The most common reported difficulties of providers were related to communication with patients, with 70% reporting this as their greatest

concern (Myśliwiec et al., 2015). Another concern was the lack of provider knowledge related to this population, which was a concern for 27% of respondents (Myśliwiec et al., 2015). This article did not define the knowledge gap that was present (Myśliwiec et al., 2015). When specifically asked about preventative screenings, providers were concerned about the inability of patients to provide informed consent for invasive testing and preventative screenings, such as cervical cancer screenings, as well as the communication difficulties (Hanlon et al., 2018).

Limitations of Literature Review Process

Limitations of this literature review include the lack of trials regarding access to care for the population with intellectual disabilities. The majority of the articles found were descriptive in nature and were commonly based on data from various national surveys aiming to describe the population and examine difficulties in care. Only one current systematic review was found in regard to this population and the access to care problem.

Discussion

Conclusion of findings. For children and adults with intellectual disabilities, access to care is limited. Without a medical home to manage the healthcare needs of the patient, care is often disorganized, and individuals or caregivers have difficulty obtaining the referrals needed. Transitional care services are rare to help individuals establish care with adult providers once they age out of pediatric services. As adults, those with intellectual disabilities may not receive optimal care and routine health exams, such as mammograms.

In addition to difficulty with access, this population has high rates of obesity and sedentary lifestyles. Obesity and lack of exercise can be attributed to some of the intellectual disability sequelae. However, there is a lack of support for getting this population active in most communities and schools throughout the lifespan (Bandini et al., 2015).

SOI is an organization focused on engaging individuals with intellectual disabilities and varying levels of functionality in physical activity. Programming is geared to inclusiveness for individuals to participate in team and individual activities. In addition, SOI strives to ensure safe participation through events called MedFests, one part of their Healthy Athletes campaign which focuses on sports participation physical exams. MedFests provide opportunities for participants to receive basic screening for participation and referrals to other healthcare providers and services as needed. This project focus would be to host a MedFest in the Southeastern North Carolina community, where access to care may be limited or difficult for families to obtain.

Advantages and disadvantages of findings. This DNP project focused on hosting a MedFest event in one southeastern North Carolina community, where access to care may be limited or difficult for families. The literature supported the premise that individuals with intellectual disabilities have limited access to care or difficulty with care coordination. In addition, it established that this population has high rates of obesity and sedentary lifestyles. Application of the literature supports increased MedFest screenings to further reduce barriers to care and improve physical activity through safe participation in Special Olympics games for those with intellectual disabilities.

There are disadvantages and gaps in available literature. Health checks showed some positive results regarding access to care, however there is a lack of long-term data regarding health checks as a method for increasing access to care (Hanlon et al., 2018). For the lack of provider confidence, the author stated that next steps in research would be to compare those who participated in events such as Healthy Athletes to those without that experience regarding care of those with intellectual disabilities (Myśliwiec et al., 2015). In addition, because this is a vulnerable population, most of the studies found were retrospective case control studies. So,

more research would need to be done in order to evaluate the relationships between intellectual disabilities and health care.

Utilization of findings in practice change. MedFests are not designed to be primary care providers for individuals with intellectual disabilities, they are designed to be sports physicals. So, ultimately this project allows access to the health and social benefits of Special Olympics but does not increase access to care. The implementation of a MedFest would include gathering volunteer providers to complete the physical exams. Through the use of volunteers in this setting, providers are given the opportunity to work with the population with intellectual disabilities in order to increase their competence and confidence. It was previously established that providers do not have the confidence to work with this population (Myśliwiec et al., 2015). In addition, nursing students and other volunteers can also benefit from this learning opportunity (McGahee, Bravo, Simmons, & Reid, 2018).

MedFests are an event that provides physical exams to an underserved population and assists families in receiving needed referrals for long-term healthcare. Further, MedFest can assist to improve healthcare providers' confidence in caring for individuals with intellectual disabilities, which may improve accessibility to care simply by increasing the number of providers willing to provide care for this population.

Summary

Access to care is a growing issue in the United States. Healthy People 2020 has multiple objectives that relate to access to care for individuals with various disabilities (USDHHS, 2019). In addition to striving for increased access to care, DH-8 focuses on reducing the barriers that keep individuals with disabilities from participating in health and wellness activities (USDHHS, 2019). DH-13 is focused on increasing the proportion of adults who participate in social

activities (USDHHS, 2019). These Healthy People 2020 objectives relate to MedFests and Special Olympics.

The Triple Aim focuses on improving patient satisfaction, improving population health, and reducing costs (Berwick, Nolan, & Whittington, 2008). Overall, MedFest is focused on improving health and wellbeing for those with intellectual disabilities by providing health screenings and subsequent participation in physical activity with Special Olympics. In terms of satisfaction, the MedFest is designed with intellectual disabilities in mind, so providers and volunteers have additional training in how to care for this population. For improving the health of this population, the screenings are focused on identifying high risk conditions and initiating appropriate referrals (Seidenberg & Eggers, 2015). At the completion of the physical assessment, the athletes are able to participate in Special Olympics, which has its own health benefit of increased physical activity. Because MedFests are free events with volunteer providers, families do not need to pay additional money for a sport physical, which leads to some cost savings. In addition, because these individuals are usually part of national health insurances, such as Medicaid or Medicare, there could be potential savings associated with early diagnosis and management of medical conditions (Scott & Haverkamp, 2014).

Chapter Three: Framework for Evidence-based Practice

Multiple concepts emerge in understanding the access to care problem associated with intellectual disabilities. These concepts will be explored in relation to the Ecological Framework. This chapter will also provide a discussion on how the framework would be applied during the implementation of a MedFest event.

Concept Analysis

The first concept that is important in the discussion of this project is *access to care*. Access to care encompasses the ability to receive services, appropriate referrals, and insurance coverage (Vohra et al., 2014). According to Vohra et al. (2014), available locations from which to access care was cited as a problem for less than 20% of the pediatric population with developmental disabilities. The greater issue was difficulty utilizing the services that were available, which was measured through a survey question as “having difficulty with eligibility for services, availability of health-care providers, appointments for services, cost of services, or obtaining information” (Vohra et al., 2014). Access to transition services, which help pediatric patients’ transition to adult care was only found in about 20% of those with developmental disabilities (Cheak-Zamora & Thullen, 2016).

While adults with intellectual disabilities access healthcare at similar rates as adults without disabilities, they have significantly lower *preventative health screenings* (Havercamp & Scott, 2015). Preventative health screenings can include items such as prostate checks, cervical cancer screenings, and mammograms (Havercamp & Scott, 2015). Havercamp and Scott (2015) hypothesized that this may be related misconceptions about risk or attitudes regarding quality of life or life expectancy. In terms of preventative health care, invasive procedures, such as cervical

checks, were limited due to provider concerns about the inability of patients to provide informed consent (Hanlon et al., 2018).

Access to care alone is not enough to ensure appropriate health care services; the delivery of *quality care* for this population is an important concept to explore. Quality care in this population was previously measured based on shared decision making and care coordination (Vohra et al., 2014). In the pediatric population, coordinated care was an issue for approximately 80% of individuals with developmental disabilities (Vohra et al., 2014). Access to care is considered similar for adults in the general population and those with developmental disabilities; however, preventative care and access to specialty care was utilized less (Havercamp & Scott, 2015). So, access to primary care services may be available for those with intellectual disabilities but there may be difficulty with the coordination of care and access to quality of care.

In addition to quality care, the concept of *provider confidence* is also important. Myśliwiec et al. (2015) found that providers did not lack the medical knowledge to care for these patients, however they had other difficulties that affected care. Providers referenced communication difficulties and problems with physical contact as perceived difficulties to working with this vulnerable population (Myśliwiec et al., 2015). In terms of increasing confidence, working with the community with intellectual disabilities requires practice and different approaches to patient care and assessment (McGahee et al., 2018). McGahee et al. (2018) found that service learning was a way to increase confidence and competence when dealing with this population.

A significant barrier to healthcare for individuals with intellectual disabilities is the *lack of provider training* specific to caring for this population (Siasoco, 2015). SOI sought to mitigate the barrier of provider confidence by offering training for medical residents in the year leading

up to the Special Olympics World Games 2015 (Rubin et al., 2016). Education and training may be beneficial. Myśliwiec et al. (2015) even referenced that their next step in research would be examining the differences in level of preparedness of providers to care for this population in the general community versus those who have previously participated in Healthy Athletes events.

The last concept is *mass screening event*. These events are not designed to correct the access to care problem, but to screen for current and potential chronic or life-threatening conditions or those that predispose individuals to injury (Seidenberg & Eggers, 2015). These events do not provide preventative healthcare services but allow individuals access to physical exams that reduce the risk of undue harm when individuals engage in other activities, such as sports (Seidenberg & Eggers, 2015). For example, it is recommended that referral partners are in place, if needed, based on physical exam findings from screenings are organized through SOI-affiliates (Seidenberg & Eggers, 2015). This DNP project itself is the implementation of a mass screening event to reduce risks of undue harm and injury for Special Olympics athletes in one county.

Theoretical Framework

Naming the framework. The ecological framework was applied to the implementation of a MedFest. The ecological framework consists of three main components: innovation characteristics, provider characteristics, community factors (Durlak & DuPre, 2008). These components all interact with each other in the successful implementation of a project.

Innovation characteristics has two main components that need to be discussed: compatibility and adaptability (Durlak & DuPre, 2008). Compatibility refers to appropriateness of the intervention, meaning that it fits the goals for the organization (Durlak & DuPre, 2008). Adaptability focuses on the ability of the intervention to be modified in order to fit the context

(Durlak & DuPre, 2008). This means that the intervention needs to be able to change based on the community which is implementing and the providers preferences (Durlak & DuPre, 2008).

The innovation characteristics can be affected by the provider characteristics. Provider buy in is necessary for successful implementation, as they must see the need for an intervention and the benefits of the change (Durlak & DuPre, 2008). Self-efficacy and skills proficiency are also necessary for implementation as providers need to feel confident in their ability to complete the tasks (Durlak & DuPre, 2008).

Community factors also play a role in implementation. The community sets the context for the innovation, but it also includes factors such as policy, politics, and funding (Durlak & DuPre, 2008). Local policies and politics can set the stage for implementation or hinder change depending on the climate (Durlak & DuPre, 2008). Funding is a factor as change may be necessary, but without the funds to change it will not occur (Durlak & DuPre, 2008).

Components of the ecological framework have been previously applied to research regarding individuals with intellectual disabilities. Aspects of this framework were used to examine risk factors and environmental conditions that may affect individuals with disabilities. One study applied this framework to understand challenging behaviors associated with intellectual disabilities and found that changes were needed in multiple areas in order to facilitate adaptive behaviors (Olivier-Pijpers, Cramm, Buntinx, & Nieboer, 2018). This study demonstrated that behavioral issues were not necessarily related to the intellectual disability but the fit of the person to the environment and care team (Olivier-Pijpers et al., 2018).

Application to practice change. All of the components of the ecological framework are important in the implementation of a MedFest. For each main component described previously, there must be a plan in place to address these concerns in the development of the project.

In terms of the innovation characteristics, Special Olympics provides guidance for MedFest implementation (SOI, 2017a). These plans provided by Special Olympics are generic and adaptable to multiple different environments. As for compatibility with the community, the need for a MedFest has been established based on the access to care problem that is present.

Provider characteristics are another component that must be addressed. Because providers volunteer to participate, they already have bought into the need and benefit of the MedFest. However, the skills and self-efficacy must be addressed. Provider confidence working with individuals with intellectual disabilities is a concern (Myśliwiec et al., 2015). Special Olympics physical form provides a detailed checklist of what is expected of each provider in completing the physical exam (SOI, 2017a). In addition, some providers only see pediatrics or adults, so this must be taken into consideration with the workflow as there are participants of all ages in Special Olympics (SOI, 2017a).

Lastly community factors play a large role in the successful implementation. The MedFest guide specifically includes to reach out to local political leaders and news organizations for support as these events are human interest pieces (SOI, 2017a). In addition, creating community involvement through volunteer and professional relationships is important in the long-term success of the program. One additional community factor that needs to be addressed is the referral process, as this involves the community health resources in order to obtain appropriate sites for referrals (SOI, 2017a). Overall, it is the community that ultimately benefits from the implementation of a MedFest.

Summary

There are many important concepts related to healthcare for individuals with intellectual disabilities. Access to care and quality of care play a role in the ability of these individuals to

maintain their health status. In addition, lack of provider training and confidence in caring for these individuals can play a large role in the health status of those with intellectual disabilities.

Fortunately, to combat some of these difficulties, Special Olympics has created a mass-screening event, called a MedFest. These events are utilized to provide non-invasive physical exams to individuals with intellectual disabilities who would like to participate with Special Olympics. In addition, to combat the lack of provider training and confidence, training can be provided to volunteer providers for these events.

The ecological framework was applied to the implementation of a MedFest. This framework provides some guidance to the many component of implementation that are part of this project. The main aspects of this framework include innovation characteristics, provider characteristics, and community factors. All of these components are addressed in the planning and execution of a MedFest. In addition, these components are regarded in relation to ongoing success and partnerships needed for continuity of the MedFest in this county.

Chapter Four: Pre-implementation Plan

This chapter reviews the information related to the implementation plan. This begins with a review of the organization, the risk assessment, and cost analysis. The plan for project evaluation is provided, which includes tools and data management.

Project Purpose

This project is the implementation of a MedFest in a county in southeastern NC. This county has had previous MedFests, however lacked the continuity and sustainability portion of project planning. The purpose of this project is the implementation of a MedFest utilizing community partnerships that will aid in ongoing planning for yearly event success.

Project Management

Organizational readiness for change. Through the partnership of Special Olympics North Carolina and East Carolina University, outreach to help with MedFest implementation was sought. Special Olympics recognized that areas across the state of North Carolina were having difficulty sustaining yearly MedFests. This partnership created opportunities for DNP students to become involved in the planning and implementation of these events.

Interprofessional collaboration. MedFests are large single day events that involve collaboration between multiple volunteer groups. According to the MedFest toolkit (Beane, 2019), leadership team consists of individuals in charge of the event, medical, school outreach, volunteers, wellness fair, and logistics. In many cases, depending on the size of the leadership team, multiple leadership roles are taken on by one individual. Each team must work together in order to successfully operate on the day of the event.

Risk management assessment. A risk management assessment was completed using the SWOT analysis. SWOT analysis includes examinations of the strengths, weaknesses, opportunities, and threats to a project.

Strengths. There are multiple strengths associated with this project. Previous MedFests have been implemented in this area, indicating that some interest and leadership is already in place. In addition, this county has the medical resources to support an event such as this, including local specialists for pediatric cardiology and neurology when referrals are needed. These strengths support the implementation of the MedFest.

Weaknesses. The main weakness associated with the MedFest is that there has been no aspect of sustainability in the past. The need for sustainability and continuity were the reasons Special Olympics North Carolina reached out to East Carolina University students.

Opportunities. There are multiple opportunities to leverage community resources related to this event. New Hanover Regional Medical Center has a residency program whose participants have previously volunteered as medical providers for the MedFests. If this relationship can develop into a reoccurring event that the residency program is involved in, the sustainability of provider participation is secured. In addition, there are two nursing programs in the area that could create a steady number of volunteers. Both opportunities for partnerships also improve the training and comfort of healthcare providers in caring for those with intellectual disabilities.

Threats. One threat to consider with this project focused on sustainability is the current state of the organization. The hospital is considering a buy-out from a larger entity, which may change the sustainability of these relationships and the availability of specialties in the area.

Organizational approval process. The relationship between East Carolina University and Special Olympics began with outreach between the two organizations. Approval for the

project came from the Health Director for Special Olympics North Carolina, who then connected the project's student leader with local leadership at the county level. Because previous MedFests have been conducted in the county, leadership from previous years was asked to remain involved in their previous roles. Outreach was then conducted to form new partnerships under the mutual agreement of the leadership team.

Information technology. The system for MedFests is entirely paper-based as sports physical forms are filled out at the point-of-care by healthcare providers (Appendix C). All forms are provided by Special Olympics. Through the MedFest toolkit (Beane, 2019), there are debriefing tools and an online survey that were utilized in the completion of this project.

Cost Analysis of Materials Needed for Project

Special Olympics provided a projected budget (Appendix D). Funds were estimated utilizing this resource. For an estimation of 200 athletes and eight volunteer providers, there was an estimated cost of \$6,871 (SOI, 2017b). Grants were completed to receive funding and supplies were rented from Special Olympics North Carolina and the local hospital system.

Plans for Institutional Review Board Approval

The Institutional Review Board (IRB) process was conducted through East Carolina University. Due to this project being related to event planning and evaluation, not human research, it did not require full IRB approval. The Quality Improvement Self-Certification Tool was utilized with the university IRB, resulting in a waiver for the project.

Plan for Project Evaluation

Demographics. The demographic data that was collected included number of athletes served by the MedFest. Providers and volunteers were asked if they had previous experiences with MedFest. These values were reported as totals.

Outcome measurement. The outcome measure was the sustainability and continuity of planning and relationships to support the MedFest. However, longitudinal tracking was not measurable over the course of this project. The process measures related to the success of the implementation involved the creation of partnerships and cyclical planning needed to support sustainability.

These process measures were the identification of key groups that need to be involved on a yearly basis for the success of this event. These would include partnerships with the residency program and local nursing programs, leadership teams for calendaring planning meetings and setting deadlines, and outreach with the school systems and group homes would ensure that Special Olympics athletes have dependable access to screening physical examinations.

Evaluation tool. With the final goal of improving the sustainability of the event, Special Olympics created a new debriefing tool (Appendix E). This tool prompts volunteers to review what went well during the event and what needs to be changed for future success (Beane, 2019). The debriefing was completed with as many volunteers as possible who served in various roles for the MedFest. Feedback was reported back to Special Olympics North Carolina in order to foster ongoing improvement strategies (Beane, 2019). This allows Special Olympics North Carolina to have an overview of each individual event.

Data analysis. Analysis of the feedback from the debriefing was provided to the leadership team as they then create a plan for the following year. The partnerships that were formed can be reviewed and evaluated by a debriefing with the leadership team. If the relationships had a positive impact on the event, then early involvement in the planning phase for the next year's event would be completed. This early engagement would ensure sustainability of these relationships.

In addition, multiple aspects of the event were reviewed by the leadership team. This includes event organization and efficiency. Changes that were implemented with this year's event in regards to location and entertainment, would also be reviewed. Evaluation of changes and improvements will aid in the cyclical planning and sustainability.

Data management. All information collected as part of the debriefing was submitted to Special Olympics North Carolina. Follow up surveys with the leadership team would also be submitted using the current survey system that Special Olympics North Carolina has in place (Beane, 2019).

Summary

This chapter reviewed the pre-implementation planning of the MedFest. The initial steps of this project were related to the organizational partnership between Special Olympics North Carolina and East Carolina University. The joint effort to work on improving MedFests, will improve access to care for participation for athletes with intellectual disabilities.

This project involves the creation and maintenance of multiple organizational relationships to ensure the success and sustainability of MedFests in southeastern North Carolina. By utilizing the local hospital, universities, and other organizations, a network of leaders can be built to ensure adequate volunteers and athletes for these events. While this event is costly, the network created can provide many resources to decrease cost.

The outcome measurement for this DNP project is sustainability, which could not be measured within the course of this project. However, the process measurements involved cultivating new partnerships or the strengthening of existing ones. These process measures were combined with post-event debriefing and early engagement in planning. Utilization of these process measures allows for the cyclical planning needed to create sustainability. Sustainability

of the event allows for yearly improvements and an increase in access to care and participation in sports for those with intellectual disabilities.

Chapter Five: Event Overview

This chapter describes the overview of the event. This includes reviewing the setting, participants, provider, and volunteer recruitment.

Setting

This MedFest was conducted in New Hanover County through a collaboration between Special Olympics North Carolina, which is a non-profit organization, as well as the University of North Carolina at Wilmington (UNCW), New Hanover Regional Medical Center (NHRMC), and Cape Fear Community College (CFCC). The event was held at Port City Community Church, which is a local faith-based organization that has event space which was utilized. Through the use of grant funding, athletes were transported from the local school system to participate in the event.

Implementation Participants

In order to successfully implement a MedFest, a team must be formed. This team should include an event lead, a clinical director, a school lead, a volunteer lead, a wellness fair lead, and a logistics manager (Beane, 2019). The event lead role was performed by the DNP student, which is the role related to event planning and team organization (Beane, 2019). The clinical director is a medical provider who recruits and manages clinical volunteers (Beane, 2019). The clinical director from the previous year resumed her role on the leadership team. She was assisted in the recruitment of clinical volunteers by an area health education center employee who is directly connected to the residency program. The school lead recruited athletes from local school systems and organized transportation to the event (Beane, 2019). The Special Olympics coordinator took on the role of school outreach to create a “field trip” for the students to this event. The role of volunteer lead refers to the recruitment and organization of non-clinical

volunteers (Beane, 2019). This role was combined with the wellness fair lead, which organized hands on healthy living activities for athletes (Beane, 2019). Both of these roles were held by a professor at UNCW, whose students hosted the wellness fair and served as volunteers. The final role is logistics manager, which was focused on event management for equipment and supplies (Beane, 2019). This role was shared between the Special Olympics coordinator, the DNP student, and the clinical director.

Volunteer Recruitment

Volunteer recruitment was a major part of the success of this event. This event requires two subsets of volunteers: clinical and non-clinical.

Clinical. Clinical volunteer recruitment referred to the recruitment of providers. This was initially conducted through the local hospital system's residency programs. Family medicine and internal medicine residents were invited to participate in the event. Initial provider recruitment was conducted by the clinical director and AHEC employee. The AHEC employee also conducted outreach to local offices that were affiliated with the hospital system.

A new relationship was created between Special Olympics and the local community college nursing program. This relationship allowed nursing students exposure to the population with intellectual disabilities. In addition, the students were able to be involved in performing vital signs and conducting vision screenings under direct supervision of their instructors.

Non-clinical. Non-clinical volunteers included individuals who helped with athlete intake and the wellness fair. The local hospital system and special Olympics program provided some non-clinical volunteers who assisted with paperwork, intake, and general event coordination.

Through the connections with the local university, students from the College of Health and Human Sciences were able to volunteer at the event for class credit. Students hosted

activities at the wellness fair as part of their class assignments. These activities included nutrition, exercise, and general wellness planning. Students were overseen by professors from the local university.

Event Participants

The event itself catered to student and adult athletes with Special Olympics in the tri-county area. In the coordination of this event. Student participation was coordinated with the school systems for Brunswick, New Hanover, and Pender counties. Pender County intended to bring 58 students by bus for the event. New Hanover and Brunswick county schools provided information to parents who wished to transport their student to the event.

For adult participation, outreach was conducted to the Brunswick Interagency Program. This program expected to have 36 athletes participate in the event and coordinated their own transportation. In addition, group homes in the New Hanover area were contacted. The schedule allotted for approximately 60 participants, although the number of athlete participants were not confirmed at the date of the pandemic changes which are discussed in chapter seven.

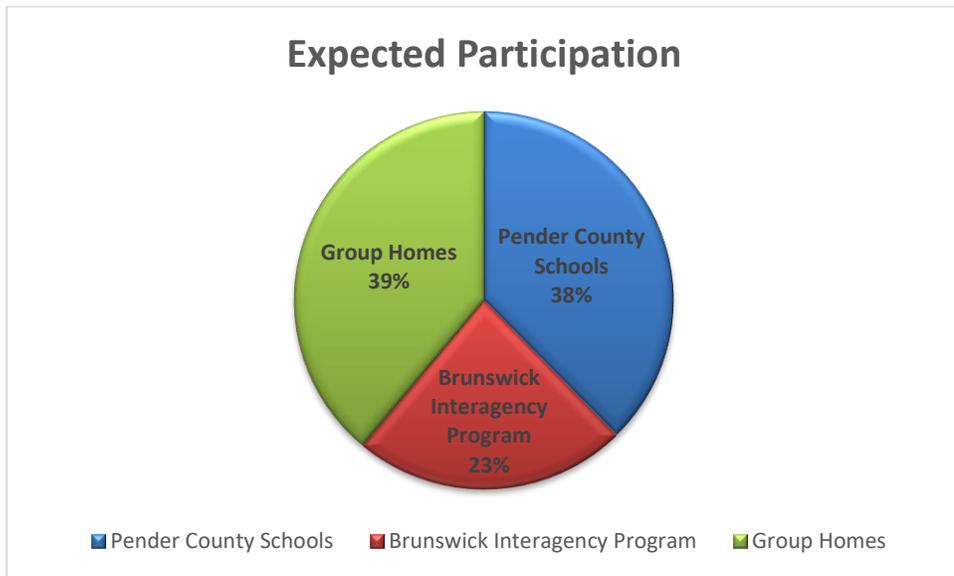


Figure 1. Expected Participation in the event based upon scheduled participants

Summary

This chapter provided information related to the event. For the completion of an event such as a MedFest, having a planning team is an important step. The team was initially composed of individuals who participated in previous events. As further relationships were made and planning progressed, the team was expanded.

Volunteer recruitment was an important step related to the success of the MedFest event. Clinical volunteer recruitment included outreach to the local residency program, medical offices, and the university and community college. Non-clinical volunteers were mostly students of the local university which partnered with Special Olympics for this event.

The event had both student and adult participants from the tri-county area scheduled. This diverse population and outreach to surrounding counties ensured that the event would reach those in need of medical screenings.

Chapter Six: Implementation

The implementation process involved a series of meetings with team leaders from the multiple components of the event. Areas for improvement were identified in the initial meetings. As meetings occurred, adjustments were made to the planning process in order to address concerns brought forward by the planning team. The progress was tracked through an overview document from each meeting, which identified problems, goals, and next steps for each team member.

Initial Meetings

The initial steps of the implementation process were related to establishing a baseline for the event. Previous team leadership contact information was provided by the state office for Special Olympics. These leaders were contacted by email and phone to discuss the past year's event, their intention to be involved again, and suggestions going forward. Feedback was provided from three former team leaders.

Following the procurement of baseline information, a meeting was held with the previous medical team to discuss setting a date and goals for the upcoming event. This meeting was held via teleconference with four members participating. A set of potential dates was decided upon and follow up was to be conducted for sites available on those dates. In addition, goals were established related to provider recruitment and needs for the following year.

Short Term Outcomes

In the initial meetings, areas of difficulty identified from previous event feedback became the short-term outcomes for event improvement. Actions were taken in the planning stages to mitigate the difficulties and improve upon the identified issues of location, scheduling, and number of providers.

The first area identified was issues with the location. Previous MedFests were held at the university's gym. This location provided an adequate amount of space. However, it was very loud, which affected the providers medical exams, and did not have a "quite space" for those whose disability has a component of sensory processing disorder. The planning phase identified the possible solution of changing the location to another space on campus or the local convention center. After multiple sites were considered, a local church, which was formally a convention center, offered their space to be utilized for the event. This site was chosen due to the location's ability to host a large group, having separate areas for medical screenings and the wellness fair, and having locations that could be appropriate for those requiring quiet spaces.

The second area for improvement was the number of athletes that arrived simultaneously for each time slot, causing long waits. Previous years attempted staggering of times, however communication breakdown with the school system led to assigned times being ignored. This had a two-part identified solution: increasing the number of providers to accommodate a rush of students and improve the communication regarding staggering of times. A schedule was created that allotted 30-minute intervals for arrival times. These times were communicated to each individual group.

Time	Number of athletes	Age Range	Time leaving from wellness fair
9:00-9:30	15	Group Home	1030
9:30-10:00	15	Group Home	1100
10:00-10:30	17	Pender Middle (grades 6-8)	1130
10:30-11:00	21	Pender High (grades 9-11)	1200
11:00-11:30	20	Pender High (grade 12)	1230
11:30-12:00	18	Brunswick Interagency Program	100
12:00-12:30	18	Brunswick Interagency Program	130
12:30-1:00	15	Group Home	200
1:00-1:30	15	Group Home	230
1:30-2:00	Overflow	Wrap up	300

Note. Schedule created for the event including arrival times and dismissal times from the wellness fair.

The last identified area of improvement was to increase the number of providers available. The goal was established to have two shifts of 10 providers each, which would be an increase from the previous year. Recruitment of providers was begun early in the process and focused on multiple provider groups. In the past, the majority of providers were obtained through a relationship with the local residency program. To reach this outcome, outreach was also conducted to the local nurse practitioner program. The program offered involvement and their faculty overseeing student exams. However, only three nurse practitioner students responded, and all withdrew their interest before the event due to concerns with their clinical schedules. The hospital's medical group had six providers that were willing to participate in the event. While unable to meet the goal of 20 providers, the schedule addressed the number of providers present to ensure flow through the event.

Long-Term Outcomes

The long-term outcomes associated with the event included community engagement. This involved outreach to different higher education programs and local community health organizations.

To meet the outcome of long-term sustainability related to volunteer participation, outreach to local nursing programs occurred. A new relationship with the local community college nursing program provided student volunteers to perform the vision screening and vital signs. The program looks for opportunities for its students to get real-world experience and voiced interest in working with future events.

In addition, the creation of a referral network in the area for future events was a concern. This event caters to adult and pediatric patients. However, there is limited access to specialty care in the area for pediatric patients. Outreach to the local pediatric specialty clinic allowed the event to examine referral abilities within the area and know of resources should there be an abnormal health screening.

Unexpected Effects

This project had multiple unintended effects of changes made throughout the implementation process and unforeseen components of the event. Most notably the change in location caused some changes to the volunteer groups involved. In addition, there were unexpected changes to the athlete participation groups.

The first unintended effect was that the location change affected the student volunteer groups. Previous events were held on the university campus, which allowed a larger portion of students to be involved in the event. However, in changing the location, the students that previously assisted with vitals and screenings were no longer able to participate. This effect,

however, led to the positive of the creation of a new relationship with the local community college nursing program.



Figure 2. Adjustments stemming from change in location.

Another unforeseen component to the event was that one of the local school systems would not allow their students to participate in the event. This school system typically brought in a large portion of athletes who participated in the screenings. To mitigate the loss of participants, outreach was done to other school systems in the tri-county area to increase participation.

Summary

This project focused on process improvement as it relates to the local MedFest event. With the feedback from the initial meetings, modifications were made to location, scheduling, and provider outreach. These changes had impacts on the final event planning as they led to a series of other concerns that had to be considered, such as volunteer availability. Ultimately, the decisions made led to improvement in the event coordination.

Short term outcomes were related to the successful completion of a MedFest event for this year. These outcomes focused on improving the identified areas of concern. The long-term outcomes focused more on sustainability and improving the process for future events. This included having relationships in place for future volunteers and the creation of a referral network in the area, should there be a medical concern.

There were some unexpected findings throughout the course of the event, such as the inability of one school system to send athletes. The school system's inability to participate led to increased outreach to participants in the tri-county area.

Overall, the process was improved through a series of changes to adapt this specific MedFest, as well as others in the future. The groundwork was laid for new community partnerships and existing partnerships were strengthened through good communication.

Chapter Seven: COVID-19

This project took place during the global pandemic caused by the COVID-19 virus. Special Olympics made the decision to cancel all associated events due to growing concerns of this viral illness. As discussed earlier in this paper, access to care is a large issue for the population with intellectual and developmental disabilities. In addition, these disabilities put the population at higher risk.

Due to these cancellations, the project did not have the intended outcomes. However, it allowed the project to move into the next phase of cyclical planning related to sustainability. This re-prioritization included effectively communicating the cancellation, discussing future engagement with partners, and organizing the work completed into a document for future event planning in the area.

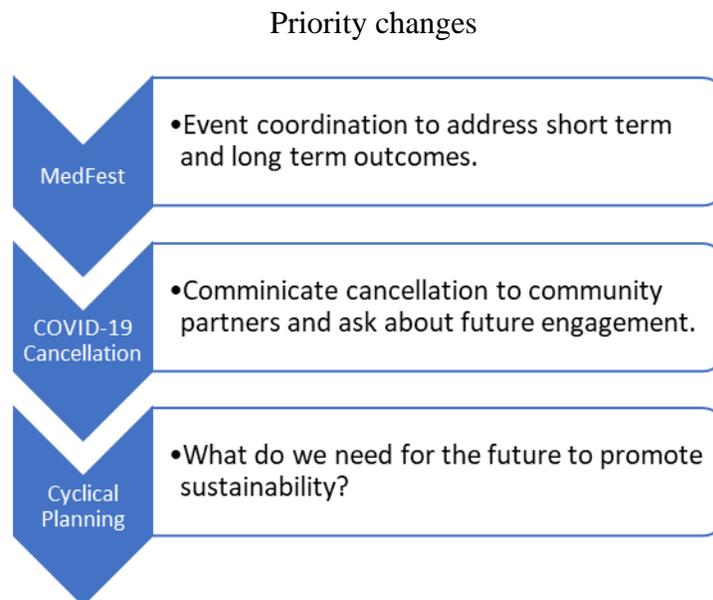


Figure 3. Visual representation of priority adjustments throughout the project.

Cancellation

The cancellation of this event came as an advisement from Special Olympics International, which was implemented by Special Olympics North Carolina. In order to best

communicate this cancellation to our community partners who were to be involved in the event, a statement was created to be sent to each individual contact (Appendix E).

In addition to communicating the cancellation, community partners were asked about future involvement with MedFest events. Both the local university and community college wanted to be involved in future programming. The clinical director stated she would be unable to return for a future event. However, contact information was provided for a potential replacement as clinical director, who was one of the providers involved in past MedFest events.

Future Planning

In order to aid in future planning for the event, a document was created that organized all the information for local partners and considerations for future events. This document was created to aid any individual who worked on future event planning in the area. It was sent to the local and state Special Olympics offices to review and file for future use.

The goal was to help promote sustainability by removing some of the barriers to event planning. The information included a list of potential sites with the cost and location sizes. In addition, it provided contact information for all partnerships that were maintained or created during this implementation. Barriers that were faced in this implementation were discussed, as well, so those who participate in future planning will be aware of potential issues.

Summary

The global pandemic caused by the COVID-19 virus affected the completion of the MedFest in this county. However, it provided the opportunity for this project to move into the following stages of cyclical planning and focus on sustainability.

In order to aid in sustainability, the communication of the cancellation focused on maintaining community partners by asking about future involvement. A document was also

created to aid in future event planning by combining all the needed contacts and other information to consider when organizing a MedFest.

Chapter Eight: Implications for Nursing Practice

This chapter reviews this project as it relates to the DNP Essentials. The practice implications of community engagement to focus on the population with developmental disabilities are described with examples to further understanding.

Practice Implications

Essential I: Scientific underpinnings for practice. This essential focuses on the ability to incorporate knowledge from current research in multiple different fields (American Association of Colleges of Nursing [AACN], 2006). Specifically, this project has a basis in nursing, healthcare, psychology, and organizational sciences. Through the review of literature, the common trends of those with developmental disabilities often having multiple comorbidities and difficulty accessing health care emerged. In addition, it was found that participation in Special Olympics was associated with increased self-esteem and improved quality of life (Crawford, Burns, & Fernie, 2015). Ultimately, multiple different knowledge bases contributed to the work surrounding the Special Olympics MedFest event.

Essential II: Organization and systems leadership for quality improvement and systems thinking. Essential II examines the ability to create and implement a plan which has measures of sustainability to meet current and future needs of an organization (AACN, 2006). The focus of this project was not only the completion of a MedFest but the focus on cyclical planning to aid in future events. In addition to the cyclical planning, the grant that provided funding for this area was going through the renewal process. This included additional presentations on improvements and planning for the years to come to the foundation which offers the grant.

Essential III: Clinical scholarship and analytical methods for EBP. This essential is focused on best practices (AACN, 2006). For this project, the literature identified a problem with referral networks for MedFest events. This network is important if there is an abnormal finding during the physical exam. Steps were taken prior to the event to ensure the referral network was in place to provide timely and effective care for these athletes. By taking these steps in the planning portion, best practices were followed to eliminate this problem.

Essential IV: Information systems/technology and patient care technology for the improvement and transformation of healthcare. Essential IV examines the relationship between healthcare and technology. In meeting this essential, the project involved the review of data and record-keeping for one county involved in the MedFest. In this county, record-keeping was split between two documents: one containing all the active athletes and their events, another containing all the last physical dates. These documents were cross-referenced, and the athletes were assigned to one of three statuses: up to date, needing an updated exam, or having no physical on file. This led into the legal issue of not having the proper clearance for participation and risks of involvement with Special Olympics. In order to better track this information, a new document was created to include athletes' physical exam statuses and other pertinent information for the local program.

Essential V: Healthcare policy for advocacy in healthcare. Advocacy in healthcare is a major component of this project. The literature review identified that provider confidence in working with the population diagnosed with developmental disabilities is low. This event aims to combat these difficulties by providing the opportunity for healthcare providers to learn to interact and care for this population. Additional training by way of videos and question and answer

sessions were provided to our healthcare providers and volunteers to educate them on the event and the unique needs of this population.

Essential VI: Interprofessional collaboration for improving patient and population health outcomes. Interprofessional collaboration is the basis of a community engagement project. This event consisted of three basic teams: the medical team, the organizational team, and the university team which coordinated the wellness fair and volunteers. Members on all of these teams had different backgrounds and offered distinct resources to the event. A large portion of the engagement piece of this event is integrating the three groups into one single event.

Essential VII: Clinical prevention and population health for improving the nation's health. Essential VII is focused primarily on improving population health (AACN, 2006). The DNP project addresses the difficulty for those with intellectual and developmental disabilities in accessing quality health care. This project did not require additional trips to a medical office, instead athletes were transported directly from schools or group homes to the event. This allowed for ease of access to care.

In addition, this essential includes promoting healthy behaviors (AACN, 2006). The event included a wellness fair that offered activities designed to encourage nutritious food choices, safe exercise, and other aspects of healthy living. Athletes were directed to this area after completing the physical exam to explore the various stations and activities.

Essential VIII: Advanced nursing practice. The focus on advancing nursing practice includes educating healthcare professionals regarding the complex health needs of certain populations (AACN, 2006). This project educates healthcare providers and volunteers how to interact and assess individuals with intellectual and developmental disabilities. This population has the same comorbidities and health needs as the general population but has the additional

layer of communication barriers or potential limitations understanding their own health. By educating providers how to interact and assess this population, the goal of improved healthcare outcomes can be realized.

Summary

This DNP project is focused on community engagement and the cyclical planning of a Special Olympics MedFest. This event is important due to the population with intellectual and developmental disabilities having difficulty accessing healthcare. In addition, providers are not always confident in their abilities to care for this population, often due to perceived communication barriers.

In meeting the DNP Essentials, this project focused on recruiting and providing training for providers and community volunteers to interact with athletes with intellectual and developmental disabilities. In order to complete a MedFest, work was completed utilizing interprofessional collaboration between teams, outreach to community organizations, and research to improve planning of the event.

Sustainability of future MedFests was a major focus of the project. All information gathered in the planning portion was placed into a document and provided to the state and local Special Olympics offices. In addition, to ensure adequate funding for the future, a presentation to the foundation offering the grant funds for MedFest events in the area was completed.

All components for cyclical planning and implementation of MedFest embodied the practice implications described by the DNP Essentials. This project ultimately sought to improve upon access to care for athletes with intellectual and developmental disabilities.

Chapter Nine: Final Conclusions

This chapter will discuss the projects strengths and weaknesses. In addition, there are some recommendations that were made as this event was one of the first to utilize the MedFest toolkit.

Significance of Findings

The implementation of the MedFest was one of the first events utilizing the MedFest Toolkit to help guide in planning. Through the course of the event planning, the MedFest toolkit had provided guidelines for planning teams, timelines, and all the needed documents in one space. By utilizing this toolkit, we were able to test the guidance as it applied to a real-life event. This would allow for the basis of the work done in this county in southeastern NC to be applicable to other counties following the same steps described in the toolkit.

In addition, while this event did not take place due to the COVID-19 pandemic, there were many lessons learned for future events. The location change from the university campus impacted our volunteer availability, which will be a consideration in future event planning. The schedule was created utilizing an estimated time frame per exam and number of providers, which could be adapted for future use. For the goal of increasing provider recruitment, outreach was attempted to the local nurse practitioner program. The program was unable to partner with this event, which resulted in no increase in the amount of providers.

However, the overall goal of planning the event was accomplished. The leadership team oversees various components of the event and all members of this team plan to remain active in future events. In addition, community engagement in the event was crucial. New relationships were created with the community college nursing program for volunteers, as well as a new location being hosted by a local church, which has previously been involved in multiple

community events. All the groundwork that was laid for this event in terms of new partnerships can be continued for future events when the programming is resumed.

Project Strengths and Weaknesses

This project had multiple strengths, such as the allocation of labor and the community engagement. MedFests are large events with multiple volunteer groups, including the medical exams and the wellness fair. One of the strengths of this project was that the multiple volunteer groups had strong leadership. The event coordinator needed to provide very little oversight in preparing student volunteers for the wellness fair as the university professor taking lead over that section was involved. Similarly, the meetings for coordinating the event were concise regarding complications and next steps, as the team leaders were able to attend to their own assignments.

Another strength of the event was the community engagement in the event. This project leader was fortunate that the event was scheduled in a community that was willing to respond and host the event. The location of the event, a local church, did not charge Special Olympics for the use of their space, which reduced costs. Labor for the event was all volunteer, including individuals from the local hospital system, community college students, university students, and those who volunteer regularly with Special Olympics. Overall, the community committed to provide this service to the athletes with intellectual and developmental disabilities.

However, one of the weaknesses of this project was the lack of growth in the number of volunteer providers. Despite outreach to the local hospital system and physician groups, only six providers agreed to participate. Outreach to engage students from the local university's nurse practitioner program in hopes to engage more providers, was unsuccessful. Provider recruitment is one area that may need to be examined further in the future.

Project Limitations

The major limitation of this project was being unable to see the changes made during implementation of this event in action due to the cancellation of the event by COVID-19. The adjustments in location and scheduling were planned to aid in the flow of the event, however the effect of these changes was not realized due to the cancellation. With this being said, the foundation was established for future events to utilize the same schedule and location when programming is resumed.

Project Benefits

The local Special Olympics program benefited from this project in multiple ways. Two benefits that will be further described are the community partnerships and the updated record keeping for the local program.

One major component of the sustainability of these events is the community partnerships. New contacts and relationships were created to provide volunteers for this MedFest. Due to the cancellation, these organizations were asked about future involvement and all were agreeable. These contacts were communicated with the local and state program for any future event planning in the area.

In addition, in the planning of this event, work was completed to update the record keeping for the county Special Olympics program. This new document was created to include athletes' physical exam statuses and other pertinent information for the local program, which will be easy to update with all future events. This document improved record keeping and allows future programming to be tailored towards the athlete groups with the highest need for updated physical exams.

Practice Recommendations

This MedFest was one of the first to utilize the MedFest toolkit. This document provided a framework from which to build the individualized event. The toolkit provided guidance for setting up the roles of each leader and established an approximate timeline for the meetings. This document was helpful to allow individuals with no experience to step into a leadership role in organizing a MedFest.

However, some information was missing from the toolkit. One of the most noted missing pieces in terms of this project was a guidance for scheduling. When building the schedule for the day, we took into account the number of providers and spoke with our medical team about an expected time needed to complete the physical exams. In the case of this project, we used an estimated 12 minutes per physical exam. While this number can vary with provider experience, it allowed for an estimated schedule to be built. Having a schedule template with estimated times would be a valuable resource to add to the toolkit.

In addition, our wellness fair volunteer leader, who was a professor at a local university, asked for a video to show her students outlining what the wellness fair entailed. While she had participated in previous events and understood the role, she felt the video would engage her students. Such a video was not readily available and a video that provided a general event overview was substituted. Another recommendation going forward would be providing a video series to highlight the different volunteer roles and duties associated with MedFest events.

Final Summary

The population with intellectual and developmental disabilities was found in previous research to have difficulties accessing health care. There are many barriers to care, including

difficulty communicating health concerns, transportation issues, and provider inexperience with this population.

This project focused on providing the opportunity for individuals with intellectual and developmental disabilities to access the physical exams needed to participate in Special Olympics events and to improve the sustainability of these events locally. Outreach was conducted to engage participants in the tri-county area, as well as building and strengthening relationships with local community partners.

While the MedFest event did not take place due to the COVID-19 pandemic, the work to improve the event and foster sustainability for the region can be translated into future events. Areas of improvement were identified that can be added to the MedFest toolkit to aid in future event planning, such as an example event schedule. At the local level, new relationships expanded the volunteer pool and found a new location of the event. All adjustments and learned information were communicated at the state and local level for future event use.

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Appendix A

Barriers to Care

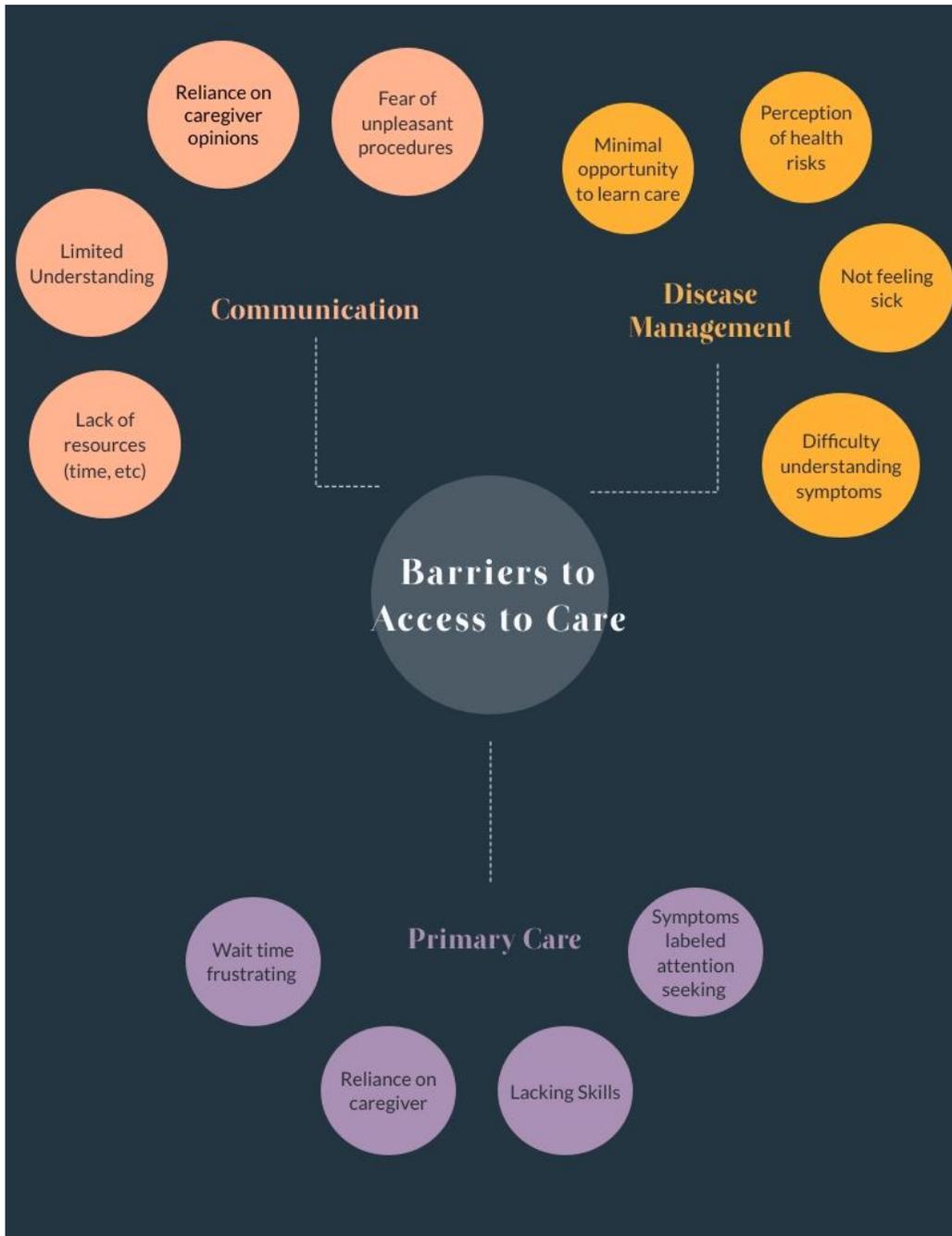


Figure 4. Barriers to access to care for individuals with intellectual disabilities. Adapted from “Long-term condition management in adults with intellectual disability in primary care: a systematic review” by P. Hanlon, S. MacDonald, K. Wood, L. Allen, and S. Cooper, 2018, *BJGP Open*, 2(1), p.5. doi:10.3399/bjgpopen18X101445

Appendix B

Special Olympics Physical Forms

Athlete Medical Form – HEALTH HISTORY
(To be completed by the athlete or parent/guardian/caregiver and brought to exam)

Athlete First & Last Name: _____ Preferred Name: _____

Athlete Date of Birth (mm/dd/yyyy): _____ Female Male

STATE PROGRAM: _____ E-mail: _____

ASSOCIATED CONDITIONS - Does the athlete have (check any that apply):	
Autism	Down Syndrome
Cerebral Palsy	Fetal Alcohol Syndrome
Fragile X Syndrome	
Other Syndrome, please specify: _____	

ALLERGIES & DIETARY RESTRICTIONS	ASSISTIVE DEVICES - Does the athlete use (check any that apply):
No Known Allergies _____	Brace _____ Colostomy _____ Communication Device _____
Latex _____	C-PAP Machine _____ Crutches or Walker _____ Dentures _____
Medications: _____	Glasses or Contacts _____ G-Tube or J-Tube _____ Hearing Aid _____
Insect Bites or Stings: _____	Implanted Device _____ Inhaler _____ Pacemaker _____
Food: _____	Removable Prosthetics _____ Splint _____ Wheel Chair _____
List any special dietary needs: _____	

SPORTS PARTICIPATION

List all Special Olympics sports the athlete wishes to play: _____

Has a doctor ever limited the athlete's participation in sports?
No Yes *If yes, please describe:* _____

SURGERIES, INFECTIONS, VACCINES

List all past surgeries: _____

Does the athlete currently have any chronic or acute infection?
No Yes *If yes, please describe:* _____

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)? *If yes, describe date and results*
Yes, had abnormal EKG _____
Yes, had abnormal Echo _____

Has the athlete had a Tetanus vaccine in the past 7 years? No Yes

EPILEPSY AND/OR SEIZURE HISTORY

Epilepsy or any type of seizure disorder No Yes
If yes, list seizure type: _____
If yes, had seizure during the past year? No Yes

MENTAL HEALTH

Self-injurious behavior during the past year	No	Yes	Depression (diagnosed)	No	Yes
Aggressive behavior during the past year	No	Yes	Anxiety (diagnosed)	No	Yes

Describe any additional mental health concerns: _____

FAMILY HISTORY

Has any relative died of a heart problem before age 50? No Yes

Has any family member or relative died while exercising? No Yes

List all medical conditions that run in the athlete's family: _____

Medical Form for US Programs – updated July 2017 Special Olympics Medical Form | 1 of 4

Figure 5. Special Olympics Physical Form. Applied from Special Olympics International, 2017, Athlete registration forms. Retrieved from https://media.specialolympics.org/resources/leading-a-program/registration-forms/SOI_Medical%20Form_US%20Programs_July2017.pdf?_ga=2.19337072.996479898.1569854398-2002845813.1559681769

Appendix C

MedFest Budget Calculator

Item Description	Quantity	Estimated Unit Price	Cost Estimate	Website Example
Exam Table (hold up to 450lbs) Also be sure to exam paper or cleaning product	8	\$ 320	\$ 2,560	https://www.tigermedical.com/
Stethoscope (ask volunteers to bring)	8	\$ 40	\$ 320	http://www.stethoscope.com/
Temporal Thermometer	5	\$ 30	\$ 150	https://www.amazon.com/Clinical-Forehead-Thermometer-
Otoscope (portable) - can borrow from Healthy Hearing	8	\$ 115	\$ 920	https://www.amazon.com/Heine-Mini-Otoscope-Battery-Handle/dp/B0015TKB68/ref=sr_1_4?ie=UTF8&qid=1511808263&sr=8-4&keywords=otoscope+heine+mini+3000
Otoscope Specula Covers (make sure they match your otoscopes)	300	\$ 0.035	\$ 11	https://www.amazon.com/Heine-Otoscope-Tips-2-5-Mm/dp/B000ARO5KY/ref=pd_sbs_194_1?_encoding=UTF8&psc=1&refRID=3ZXWXX08T68VT3MBMXV
Lea Charts (Far only) -- can borrow from Opening Eyes	3	\$ 57	\$ 171	http://www.amazon.com/gp/product/B000ELQMR0
Pulse Oximeter - can borrow from Fun Fitness	5	\$ 150	\$ 750	http://www.devonsuperstore.com/pulse-oximeters.aspx?gclid=CJj-yL_QmpUCFRhnAod-Cqrfw
Blood Pressure Cuff (auto) - make sure you also have pediatric and XL cuffs	5	\$ 61	\$ 305	http://www.amazon.com/Omron-HEM-780-Automatic-Pressure-Monitor/dp/B0009XQUES
Tongue Depressors	300	\$ 0.030	\$ 9	http://www.discountofficeitems.com/dukal-sterile-tongue-
Gloves	300	\$ 0.120	\$ 36	http://www.greenlightoffice.com/catalog/ADCVTX992.aspx?sourc
Hand Sanitizer	16	\$ 4	\$ 64	http://www.drugstore.com/qxc64340_333181_sespidr/hand_sa
Stadiometer (can borrow from Health Promotion)	3	\$ 225	\$ 675	https://us.secashop.com/products/height-measuring-instruments/seca-213/2131821009?gclid=CJG2m7-
Digital Scale (can borrow from Health Promotion)	3	\$ 300	\$ 900	Preferably a Professional Grade Tanita or SECA Scale - http://www3.dealtime.com/xPC-Health_O_Meter_Health_O_Meter_Digital_Floor_Scale
Estimated Equipment Cost			\$ 6,871	

Figure 6. MedFest Budget Calculator. Adapted from Special Olympics International, 2017, MedFest equipment and volunteer calculator. Retrieved from <https://resources.specialolympics.org/health/medfest>

Appendix D

Debriefing Tool



The debriefing should be well planned and attended by all the members of the planning team. The debriefing environment should be non-threatening and welcoming to all team members. The primary objectives of debriefing the event are to celebrate success and to determine how the event could be improved in the future.

Begin by reviewing the event objectives and the athlete participation goal. Reveal data from the event such as the number of general volunteers, clinical volunteers, community partners that participated in the Wellness Fair, the value of medical supplies and equipment, and the total number of athletes that were seen at the event.

Ask all team members to consider all aspects of the event: the MedFest Toolkit, planning process, venue, setting an event date and time, volunteer sign-up, volunteer training, event set-up, check-in/out, waiting area, vitals station, physical exam station, Wellness Fair, dietary resources, event break-down, and any other special considerations of the event. Consider the following questions:

Total Number of Athletes Screened	
Total Number of Clinical Volunteers	
Total Number of General Volunteers	
Did we reach the event objectives?	
What went well? What factors facilitated event success? How can these successes be replicated in the future?	
What did not go as planned? What factors contributed to event weaknesses? How can these be prevented or improved for future events?	
Were additional tools created to support the planning team? If so, describe. Are there other resources you would like to have included in the toolkit?	
What problems were encountered? How were these addressed? Were these solutions optimal?	
What changes were necessary to support success?	
What did you learn through holding this event that you wished you had known before?	
What other ideas are there to improve the event in the future?	

Send completed form to health@sonc.net after the debriefing. Include names and email addresses of all planning team members.

Figure 7. MedFest Debriefing tool. Adapted from J. Beane, 2019, MedFest Toolkit. Retrieved from <https://sonc.net/wp-content/uploads/2019/10/MedFest-Toolkit-Version-2.0.pdf>

Appendix E

Letter of Cancellation

Dear supporters of Special Olympics North Carolina,

Due to recent developments tied to the global spread of the coronavirus (COVID-19), including a case tied to a U.S. Special Olympics athlete, and the heightened risks for people with intellectual disabilities (due to a larger number having compromised immune systems/health conditions) and the elderly, Special Olympics International (SOI) has taken the position to advise us (SONC) to suspend all sport training and competition activities and other activations involving our athletes through March 31, 2020. Unified Champion Schools activities happening within the schools will not be impacted by this decision. All will be determined, rather, by the associated school district and we will follow their direction. Unfortunately, this means **we will be cancelling the New Hanover County MedFest scheduled for Wednesday, March 25**. We will look to have the next New Hanover County MedFest in Fall 2020.

The health and safety of the athletes, volunteers, and all those involved with SONC programming is of utmost importance to us. We will continue to monitor this virus and will reevaluate the situation at the end of March. Please, see the latest memo from SONC CEO/President, Keith Fishburne, for more information regarding SONC and the coronavirus.

Figure 8. Letter sent to community partners following MedFest cancellation due to COVID-19 pandemic.