The Future of Forsyth County Special Olympics Athlete Physicals

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Abstract

The intellectually and developmentally disabled population face many health disparities. Special Olympics North Carolina provides this special population access to healthcare via MedFest events where athlete physicals are performed. In Forsyth County, North Carolina the future of these Special Olympian athlete physicals is uncertain. This project seeks to understand the current process within Forsyth County while ensuring its sustainability. It is important to note the pandemic had significant impacts on this project. However, this project successfully identified gaps in the current process, and led to the creation of a new tool. The tool tracks prior event's information with the potential to serve as a checklist in planning future events. This project also fostered a partnership between Special Olympics North Carolina Forsyth County and Wake Forest School of Medicine which addresses the gap, identified by this project, of the need for a provider at future MedFest events in Forsyth County. Further research is needed to ensure provider preparedness, access to healthcare, and equitious inclusion in health promotion efforts.

Keywords: Special Olympics, partnership, sustainability

Table of Contents

Section I. Introduction

Background

"The mission of Special Olympics is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community" (Special Olympics, 2020, Our Mission, para. 1). Special Olympics of North Carolina is a non-profit organization that has a profound impact on the lives of its athletes. Special Olympics of North Carolina has around 40,000 athletes with intellectual disabilities that participate in 19 different sports each year (Special Olympics North Carolina, 2020b). Forsyth County, in particular, has 1,500 athlete participants who compete in 14 Olympic-style sports (Special Olympics North Carolina, 2020a).

In order to participate in these wonderful events every athlete must have a physical to clear them for participation. Often counties have a community-based event called MedFest, which is co-sponsored with Special Olympics North Carolina. At these events providers who have completed special training provide physicals for the athletes. However, some counties have taken a different approach. Over the last several years, Forsyth County's Special Olympic athletes' physicals have been provided by a single physician assistant. Other volunteers such as medical students have occasionally assisted the sole provider at these events. None of the volunteers have taken the formal training offered by Special Olympics. Therefore, the event hosted is a non-formal MedFest for Forsyth County.

Organizational Needs Statement

Special Olympics North Carolina needs to understand how the current non-traditional MedFest in Forsyth County is conducted as this event has one provider who will retire in the near future. To ensure these events continue Special Olympics North Carolina needs to understand the current process and determine its sustainability. They also need to determine if this type of event has the potential to spread to other counties or if they need to organize a traditional MedFest for Forsyth County going forward.

Special Olympics North Carolina requested that a gap analysis be performed to look at the traditional MedFest sponsored by Special Olympics North Carolina compared to the nontraditional events in Forsyth County. Both events offer high-quality care, and both are staffed by volunteers. Much is unknown about the event in Forsyth County, leaving the organization with unanswered questions. There are uncertainties about sustainability, future leadership, the need to implement a formal MedFest, as well as other concerns. This Doctor of Nursing Practice (DNP) project will attempt to answer many of these questions and offer recommendations for best practices in hosting these events.

Problem Statement

The problem is that Special Olympics North Carolina has little information about the current process for screening athletes in Forsyth County, North Carolina, for participation readiness. This may result in variance of reporting athletes' readiness to participate and impact the safety for these athletes.

Purpose Statement

The purpose of this project is to perform a gap analysis of current practices for hosting participant physical readiness events. The outcome is to ensure physical health of Special

Olympians prior to them participating in athletic events. This DNP project will attempt to find answers to questions and determine best practice for hosting these events.

Section II. Evidence

Literature Review

The One Search toolbar from Laupus Health Sciences Library was used to conduct the literature review. The One Search toolbar searches a multitude of databases rather than searching each individual database. The searched topics were well visits for adults with intellectual disabilities, preventative exams in patients with intellectual disabilities, and children with intellectual disabilities healthcare.

The search yielded thousands of results; only literature published within the previous five years was included. The search for well visits for adults with intellectual disabilities yielded 52,923 results before filters. After filtering for articles within 5 years there were 21,046 results left. The One Search for preventative exams in patients with intellectual disabilities yielded 273 results after filtering for within 5 years. The One Search for children with intellectual disabilities healthcare, resulted in 22,969 articles after filtering for articles within the last 5 years.

While scrolling through the pages of results, the majority of the article titles were very focused and niche and did not pertain to this project. Many of the articles focused on one specific disability, these articles were not included. Also, articles that discussed care or issues in one specific location were not included. Therefore, articles that were broad about healthcare and intellectual disabilities were kept.

Based on the filters and personal review of articles eight sources were left to read the abstract and conclusion and skim the remaining portion of the article. The articles had a variety of levels of evidence. Some articles were systematic reviews with Level I evidence while others were qualitative studies with level VI evidence or cohort studies with level IV evidence.

Current State of Knowledge

Based on the literature search, there is a limited amount of information regarding well exams for individuals with intellectual and developmental disabilities. While the research indicates that individuals with intellectual disabilities are less likely to receive preventative care, it is unclear why this population experiences health disparities.

The articles included in the literature review contain an overwhelming consensus that health disparities exist among the intellectually disabled population. Individuals with intellectual disabilities are often behind on health promotion activities such as cancer screening compared to individuals without intellectual disabilities (Bakker-van Gijssel et al., 2017). Women with intellectual and developmental disabilities were 2.8 times less likely to receive cervical cancer screening as compared to the disabled group in the past 3 years (Havercamp & Scott, 2015). Mammograms were another area for concern, as women over 40 in both the disability and intellectually and developmentally disabled group were less likely to have received proper imaging (Havercamp & Scott, 2015).

People with intellectual disabilities often are not comprehensively assessed due to lack of knowledge on the practitioner's end of the increased incidence rate of certain diseases within this population (Bakker-van Gijssel et al., 2017). Also, patients with intellectual disabilities are not often forthcoming with their symptoms (Bakker-van Gijssel et al., 2017).

People with intellectual disabilities are at increased risk for many chronic diseases related to obesity and physical inactivity (Havercamp & Scott, 2015). Obesity and inactivity are more prevalent in individuals with intellectual and developmental disabilities (Havercamp & Scott, 2015). Several articles discussed the idea of routine health checks, which are comprehensive health exams. The aim of a health check is to be proactive with screenings and immunizations

versus reactive care when a problem occurs (Durbin et al., 2016). Success has been seen in preventative care of adults with intellectual disabilities by implementing routine health checks (Durbin et al., 2016). Unfortunately, while health checks are often beneficial individuals with intellectual disabilities had lower continuity of care and were less likely to have long consultations with their providers (Carey et al., 2017).

Brown et al. (2019) discussed the transition of care from pediatric to adult health care and found that many individuals with intellectual disabilities did not have a positive experience when making the transition from pediatric care to adult care. With the many medical advancements individuals with intellectual disabilities are living longer (Brown et al., 2019). It is known that individuals with intellectual and or developmental disabilities require specialty care related to their complex needs (Brown et al., 2019). As more of these patients age there is an increased need for providers who are competent in caring for these individuals.

Due to the challenges in transition to care it is recommended to start the transition of care process at the age of 14 (Brown et al., 2019). Continuity of care is especially important with these individuals, which can be compromised during the transition period from pediatric to adult care (Brown et al., 2019). Unfortunately, during this transition period caregivers feel abandoned and a sense of loss (Brown et al., 2019).

Current Approaches to Solving Population Problems

Other articles discussed the need for education for healthcare providers to feel competent and comfortable caring for this unique population. One article suggested more education during family medicine residency led to better empathy, communication, and confidence when interacting with people with intellectual disabilities (Casson et al., 2019). Another article

acknowledges the need for more provider-based training in dealing with this population but did not suggest a solution (Havercamp & Scott, 2015).

Another potential solution to improving the care individuals with intellectual and or developmental disabilities are health assessment instruments. Health assessment instruments developed specifically for adults with Intellectual disabilities often include elements such as new disease detection, health promotion, and preventative screenings that are age and gender appropriate (Bakker-van Gijssel et al., 2017). It has been shown that instruments such as these can improve the detection of new diseases, as well as unmet health needs (Bakker-van Gijssel et al., 2017). Health assessment instruments provide a way to remember things practitioners should be assessing in this population due to the high prevalence of certain diseases.

Evidence to Support the Intervention

Special Olympics Forsyth County provides the intellectually and developmentally disabled population access to healthcare via annual sports physicals. The research discussed above indicates this special population is at an increased risk for many health conditions yet lacks appropriate screening. These events within Forsyth County have the potential to provide more care, services, and screenings than currently offered. Therefore, in order to grow these events Special Olympics needs to understand the current process and ensure the sustainability of these events.

Evidence-Based Practice Framework

Identification of the Framework

The framework that will be used for this project is the 5S, a lean method. This method originated in Japan to reduce waste in the workplace (United States Environmental Protection Agency [EPA], 2019). There are five pillars in this framework. Sort, set in order, shine,

standardize, and sustain (EPA, 2019). This framework is applicable to this project because the goal of the project is to understand the current state and put the current model into writing to be able to standardize the model. The goal of this project is to understand the current model and its sustainability.

This project will sort out what is currently being done during the event that provides athlete physicals in Forsyth County. Then the process can be set in order, to flow logically while making sure the process works for volunteers involved. While setting the process in order it can be shined so to speak by adjusting the process as needed to be more efficient for the volunteers while being a smooth streamline process for the athletes. The process will then be standardized and written down to create standard work so it can easily be replicated. Lastly, the goal of the project is to obtain sustainability. By creating standard work this will hopefully allow this event to be continued no matter whom the volunteers are should they have to properly trained group of volunteers.

Ethical Consideration & Protection of Human Subjects

There are a few ethical considerations for this project working with individuals with intellectual and developmental disabilities. Often legal guardians represent this population, which could require consent depending on the project. Some of the population observed in this project could be children, which could require consent and special considerations in the case of research.

However, this project was not a research project. This project only required discussion of the current flow and process of events held in Forsyth County where Special Olympic athlete physicals are performed. Since this was not a research project and will not be looking at

individual participants, special ethical considerations were not an issue. This project examined a process, including if the current process is equitious to Special Olympic athletes.

There was no potential harm to participants with this project. This project was an analysis of processes, which was done primarily through conversations with volunteers of Special Olympics North Carolina, Forsyth County. Benefits could include sustainability of this event to ensure athlete's participation in all events associated with Special Olympics, since physicals are required for participation.

The approval process requires a knowledge foundation of ethical considerations. This knowledge was obtained by completing Collaborative Institutional Training Initiative modules for social and behavioral research investigators and key personal. The project approval process required faculty review and approval. The Institutional Review Board at East Carolina University did not need to approve this project since this project does not perform research on human participants.

Section III. Project Design

Project Site and Population

This project partnered with a national organization at the state and county level. Special Olympics North Carolina is the site for this project. Ellen Fahey is one facilitator of this project, who works with Special Olympics North Carolina and focuses on the health and nutrition initiatives of the organization at the state level. Carlie Reed is another facilitator of this project; she is the program coordinator for Special Olympics North Carolina Forsyth County, who focuses on events within Forsyth County. This project required direct communication with Special Olympic volunteers. While this project did not directly deal with the Special Olympian population, the goal of this project will impact this population. As the goal is to ensure a sustainable process, that allows individuals with intellectual and developmental disabilities to receive required physicals to participate in sporting events hosted by this wonderful organization.

There were some barriers this project encountered. Communication was a barrier, as responses from current volunteers were critical to understand the current state and process for athlete physicals. Communication with some volunteers was quick and easy, while other volunteers were unresponsive to several attempts. Another barrier that was encountered was the COVID-19 pandemic. Due to the pandemic events, face-to-face meetings and observations were postponed, which limited the way this project was implemented.

Description of the Setting

Special Olympics North Carolina as an organization does not own buildings within counties; they often utilize available spaces within the county such as schools and recreation centers. Forsyth County's program is part of the Winston-Salem Recreation and Parks Department. Therefore, Special Olympic events within the county are held at buildings and

centers that are operated and managed by Winston-Salem Recreation and Parks. In the past certain events such as non-formal MedFest where athlete physicals are performed have been hosted in local high school gymnasiums' within the county.

Description of the Population

This project, while not working directly with the Special Olympian athletes, could have potential benefits for the Special Olympians. This project will examine the current process and sustainability of athlete physicals. Special Olympics participants are part of a unique population requiring special attention and care, especially as it pertains to healthcare. This population often is at an increased risk for chronic health conditions while facing significant healthcare disparities (Havercamp & Scott, 2015).

Project Team

This project's team was comprised of a university faculty member, two facilitators, and the student. This university faculty member, Dr. Tillman, was responsible for ensuring this project met requirements as well as assisting with any needs the student may encounter while planning, implementing, and evaluating this project.

The two facilitators, Ellen Fahey and Carlie Reed, assisted with organizational related issues. They were a resource for barriers encountered during implantation. Ellen would have been the person to determine if this process was sustainable and if the process could be disseminated to other counties within North Carolina. Current volunteers with Special Olympics North Carolina Forsyth County were essential to this project. Communication with these volunteers was crucial to understand the current state and desired state going forward for events where athlete physicals are performed.

Project Goals and Outcome Measures

The goal of this project was to provide Special Olympics North Carolina with standard work for the process currently used to host non-formal MedFest events in Forsyth County. The standard work would allow new volunteers within the county to understand the process to ensure sustainability of events as volunteers often come and go. The outcome is to ensure physical health of Special Olympians prior to them participating in athletic events. However, this outcome is dependent upon there being events that allow the Special Olympians to be evaluated by a healthcare provider. Therefore, a sustainable process for events where athletes are assessed for participation safety is needed.

Using the 5S method will assist in developing a standardized, smooth, and sustainable process. Flow charts were utilized to map out the current process. These flow charts helped reveal areas for improvement within the process. An analysis of the process after interviewing the volunteers was conducted to determine the current state of Forsyth County's process for Special Olympian physicals. Institutional Review Board approval was not required for this project as discussed below in the ethics section.

Description of the Methods and Measurement

Flow charts will be utilized to help reveal areas for improvement within the process. Flow charts allow for examination of steps within a process. This allows Special Olympics North Carolina to examine the process and determine areas that need improvement. Once the information has been presented to Special Olympics North Carolina, they determine next steps to improve and fine-tune the process.

Discussion of the Data Collection Process

Observation of an in-person event would have been useful to this project. Observation would have allowed for better understanding of the current process for Special Olympian physicals in Forsyth County. The observed findings would then need to be analyzed to determine gaps within the process. Unfortunately, observations were not possible during the pandemic. Interviews with current volunteers became vital to this project. The Interviews with volunteers shed light on the current process for Special Olympian physicals in Forsyth County. The interviews also allowed insight into the volunteer's perception of the process.

Implementation Plan

My project was nontraditional; I performed a gap analysis and created a tool. Therefore, implementation of this project consisted of talking with current volunteers to understand the process and produce a new tracking tool. Since observation was not possible interviews with current volunteers to discuss previous events became the main avenue for data collection.

Communication with volunteers should seek to understand the process. It was important to ask questions related to volunteers' roles, training, knowledge of the process, as well as their perceptions of the process. Questions of efficiency and flow were addressed as well as if the volunteers had any input or suggestions to improve the process.

After completion of the interviews, analysis of the information collected was performed. Flow charts were useful to dissect and sort out all the information about the current process. Flow charts assisted in bringing order to the current process used in Forsyth County for Special Olympian physicals. These flowcharts then gave rise to the idea of a new tool that concisely organized information from previous events.

Once the new tool was created, it was shared with Special Olympics North Carolina. They are then able to utilize the tool however they would like. The new tool was designed to track prior events information in a consistent concise manner. However, it could also be used as a checklist in planning future events when in-person events resume.

Timeline

The timeline of this project was uncertain at due to the COVID-19 pandemic. However, it was apparent observations would not be possible by September 2020. would be ideal for the interviews with volunteers to occurred between July 2020 and October 2020. This allowed for analysis of the information and creation of the new tool between September 2020 and November 2020. This new tool and project were present to East Carolina University College of Nursing and Special Olympics North Carolina in April of 2021.

Section IV. Results and Findings

Results

This project was never intended to measure outcomes but rather to collect data about the current state of event planning. The data was to be used to create a tool to assist in planning of future events. I expected to observe an event to see the current state and then implement an event using a standardized process created from observing the first event. Neither options were possible due to the current COVID-19 pandemic; all in-person events with Special Olympics North Carolina were canceled, and there was no timeline of when in-person events would resume.

Upon updating my project plan, I was able to gather data about previous events held in Forsyth County. I created a new tool, a spreadsheet, that compiles information from prior events. This new tool can also be used as a guide or checklist to plan future events. My project's most significant accomplishment was securing medical students from Wake Forest School of Medicine to agree to be a part of these events in the future. The medical students are part of the Special Olympics club at Wake Forest School of Medicine. I also attempted to connect with a nursing school to staff the event's vital sign station but was unsuccessful.

Outcomes Data

While I did not know what to expect, I thought the way I would collect the information needed for this project would be done differently. I was unable to observe an event like I intended to; therefore, I gathered the data via phone interviews. I interviewed various individuals who are or were involved with prior events. This was difficult as I had to rely on others to report information accurately.

I did not have process measures or outcome measures as this project was ever-changing and evolving. This project did not collect traditional data, rather collected information based on volunteers' thoughts on prior events. Before interviewing volunteers from prior events, I thought there would be a multitude of people involved in the planning and implementation of these events. I quickly discovered only a handful of people are involved in these events. Unlike other Special Olympic MedFest events, the event held in Forsyth County is simple yet impactful by seeing a large number of athletes at each event.

The initial plan was to observe an event, interview the volunteers about their roles, and elicit feedback on how the event could be improved. Due to COVID-19 restrictions, this was not possible, and I relied on phone interviews alone for data collection. I planned to use the information to plan a MedFest event. Since in-person events are still on hold for Special Olympics, I had to change my implementation plan. Instead, I created a tool that can be used as a checklist in the planning process of future events in addition to tracking prior events and volunteer roles.

Discussion of Major Findings

I interviewed as many individuals as possible who had participated in previous events. The Special Olympics Forsyth County Local Program Coordinator has an integral role in planning these events. The program coordinator is responsible for reaching out to the provider to determine the event's date. They are then tasked with communicating the event information to the appropriate volunteers and Special Olympians. The program coordinator is also responsible for setting up the event's location, such as a school gymnasium or recreation center. In the past, the local program coordinator has been responsible for staffing the vital signs station when there are no volunteers available to do so.

The physician assistant who performs the Special Olympians' physical exams is nearing retirement. Before this project, there was no successor identified for this role. This provider typically performed athlete physicals at three events each year. There were between 20 and 80 athletes' physicals performed per event.

I also had the opportunity to interview the founder of the Special Olympics club at Wake Forest School of Medicine. Since then, the club founder graduated and two fellow medical students, now co-chair the club. The members of the Special Olympics Club now have a supervising physician, allowing club members to perform physical exams at future MedFest events in Forsyth County. Fortunately, this project fostered a relationship with the Special Olympics club at Wake Forest School of Medicine to provide ongoing support for the provider role.

When in-person events resume they will continue to be held at local school gymnasiums or recreation centers. Ideally, the medical students who will volunteer from Wake Forest School of Medicine will complete the Special Olympics Provider Training modules prior to resuming these non-traditional MedFest events. The events will continue to be held three times a year with one event being held in the months of January, March, and October.

Section V. Interpretation and Implications

Cost-Benefit Analysis

This project required a significant amount of time. It required time to track down volunteers, interview those volunteers, analyze the information obtained, re-interview volunteers, and time to create the document that tracks and assists in planning events. I invested around 80 hours of time gathering data and creating the new tool. If we say an employee makes $15.00 an hour, that would result in a total personnel cost of $1,200. The cost would vary depending on the wages of the employee(s) performing the work; therefore, no definitive monetary cost can be determined. This project did not require Special Olympics to expend any money as it was focused on the organization's volunteers.

The organization will benefit from the tool created to document information about prior events, which will serve as a checklist for planning future events. If this new tool assists in the successful planning and tracking of Special Olympics Forsyth County events, it could potentially be used in other counties throughout the state. An unexpected barrier and limitation was the COVID-19 pandemic, as it hindered the planning of an event where this document could have been trialed. This means we are unsure if the document will assist in successful planning of events. It is difficult to predict the tool's benefit, and there is no timeline established for resuming in-person events.

Resource Management

Special Olympics relies heavily on its volunteers. The local program coordinator is responsible for organizing the events, getting the word out, and making sure they run smoothly. The local program coordinator is a tremendous asset to Special Olympics Forsyth County; these events would not be possible without her role.

A partnership with Wake Forest School of Medicine is another resource that will lead to potential providers to perform the athlete physicals. Having this partnership will ensure there are providers to complete the physicals, which is the entire purpose of these events. Having this partnership revealed a need for connections with local nursing schools that could provide volunteers to perform vital signs at the events. Unfortunately, this project was unsuccessful in securing a nursing program partnership.

There were a few resources that could have been helpful but were not utilized during this project due to in-person events being on hold during the pandemic. When these events do resume, finding volunteers will be essential to future events success. Special Olympics could promote the events and need for volunteers on their social media platforms such as Twitter, Instagram, and Facebook. Another resource they could utilize would be volunteer websites which would allow Special Olympics the ability to post vacant volunteer positions to individuals seeking volunteer opportunities. These resources would be effective in finding volunteers to assist with vital signs, administrative tasks, COVID regulations, and any entertainment or activity stations future events may offer.

Implications of the Findings

The event's sustainability is integral to the Special Olympians' ability to participate in athletic events. Overall, this project has some potential benefits. Specifically, the new document that was created as a result of this project, which contains succinctly compiled data on prior events. It has the potential to assist with future event planning. The tool compiles dates, locations, and roles needed for a successful event. It allows prior events information to be easily accessible and will also offer a starting point for the planning of future events. The tool list

essential roles for the event and has a list of prior volunteers with room for contact information if applicable.

Implications for Patients

The long-term sustainability of these events is of utmost importance due to Special Olympics' impact on participants' health. Special Olympics offers various sports that allow athletes to be physically active. Physical activity can reduce obesity, reducing the risk of long-term consequences to their health, such as diabetes and cardiovascular disease.

The events this project focused on allow athletes access to physical exams and health-related screenings, which are often barriers for this population, as discussed in this paper. When individuals receive the proper health promotion and health maintenance, diseases and the potential long-term sequelae could be prevented. Some previous events have allowed participants access to vision exams and lipid screenings through the Wake Forest School of Medicine mobile clinic.

Implications for Nursing Practice

Nursing practice is rooted in serving others. This project is centered around sustaining an event that serves a unique population within a community. Healthcare providers often forget the profound impact that can be made in the community outside of healthcare institutions. If the SAVE act passes, Advance Practice Registered Nurses (APRNs) will be granted full practice authority. This would allow APRNs to be utilized in the provider role for events such as MedFest. This would also allow the opportunity for nurse practitioner students to volunteer at these events allowing them hands on educational experiences with the intellectually and developmentally disabled population.

Impact for Healthcare System(s)

There are potential impacts on the local healthcare systems within the community. A positive impact that could be seen is reduced hospital admissions for local healthcare systems. Ambulatory care sensitive conditions are conditions that should be able to be effectively managed in the outpatient setting. Appropriate management of these conditions in primary care can prevent acute hospitalizations (Hosking et al., 2017). The intellectually and developmentally disabled population is at an increased risk for hospitalization related to an ambulatory care sensitive condition (Hosking et al., 2017). While preventative care does not eliminate the need for hospitalization, it can drastically reduce the need for acute care. Healthy communities ultimately lead to a reduced burden on healthcare systems.

The intellectual and developmentally disabled population is at an increased risk for many diseases requiring specialists, such as epilepsy, gastrointestinal disorders, cardiovascular diseases, endocrine disorders, and psychiatric disorders (Anderson et al., 2015). In Forsyth County and surrounding areas, wait times for specialists can be a month or more, especially for pediatric patients. While it is crucial patients see the proper healthcare providers, the local healthcare system could be negatively impacted due to an increased burden on specialty care services if more referrals are being made due to increased screening of this special population.

Sustainability

MedFest sustainability plans are vital for Special Olympics North Carolina and Forsyth County. Special Olympics Forsyth County plans to use the document created during this project to jump-start planning whenever in-person events resume. They have mentioned the desire to have another DNP student take over this project and help them work through the challenges associated with resuming in-person events. Resuming in-person events during a pandemic will

likely have new requirements such as temperature checks, hand washing, ensuring everyone is wearing a mask, and maintaining social distancing.

Unfortunately, my plan to standardize the process for these events did not happen as there was never an opportunity to host an event. Therefore, I was unable to provide fresh insight into the process and suggest improvements to ensure the sustainability of these events continuing in Forsyth County. While Special Olympics cannot afford to pay an additional employee, they will likely need to find a volunteer committed to the organization for the long term. This key volunteer would ideally assist the local program coordinator with planning the events and securing adequate volunteer participation. They could also be tasked with being the record keeper, ensuring the new tool is kept up to date with prior events information and volunteer contact list. While this key volunteer would not be required to have any specific profession, it would be ideal if they had a background in healthcare as these events revolve around healthcare. Volunteers will be a crucial part of planning future events and ensuring that new guidelines are followed. Focusing on having organizations such as nursing schools, medical schools, or churches commit to partnering with Special Olympics would be ideal to ensure continuity and sustainability while allowing students the opportunity to earn volunteer hours through service learning.

Dissemination Plan

This project was presented virtually via Microsoft Teams for East Carolina University College of Nursing on April 6, 2021. This project will be presented to Special Olympics of North Carolina Forsyth County on April 20, 2021. It will likely be presented to other counties of Special Olympics North Carolina, pending the successful implementation of the tool created during this project. While Special Olympics is not exclusively pediatric participants, there are a

large number of pediatric participants. Therefore, this project could be presented at the National Association of Pediatric Nurse Practitioners (NAPNAP) seminar in Orlando, Florida, on October 2-4th of 2021. The North Carolina Chapter of NAPNAP hosts an annual seminar in the fall, but dates have not been listed for this year.

Section VI. Conclusion

Limitations

The major limitation of this project was that the tool designed was not implemented. The pandemic was a barrier that contributed to this limitation since in-person events were canceled and have not yet resumed. While it successfully recorded details from prior events, it has not been tested to determine the usefulness in event planning.

Recommendations for Others

For other individuals taking on a similar project, I would recommend gaining a good understanding of the current process in the county of interest. If the county already has a MedFest type event, then a gap analysis should be performed to identify the gaps and barriers hindering the event from reaching its full potential. A SWOT analysis could be performed if the event is unsuccessful to determine the current events strengths and weaknesses and provide areas to be improved. If the county does not currently have a MedFest event, they could consider partnering with surrounding counties to host a combined MedFest event allowing the counties to share their resources.

Investigating the types of events and services are offered by other counties would be useful. It would also be imperative to understand what resources the county has, such as academic institution partnerships and locations available to host events. Partnerships can be invaluable to the long-term success of programs and events. I would recommend that any individual volunteering with Special Olympics have the appropriate training to ensure competency and best practice measures are met. For MedFest events Special Olympics offers provider training modules for individuals performing athlete physicals.

Lastly, I would suggest integrating the new tool, created by this project, into the next event's planning to determine if this tool is beneficial or if a revision of the tool is required. A planning session would be useful and typically occurs two to three months prior to an event. The planning sessions should include the local program coordinator and key volunteers such as the Wake Forest School of Medicine Special Olympics' club faculty and student leaders. The tool has not been implemented in the planning of an event therefore, surrounding counties with similar events could prove useful in setting a timeline for hosting a successful MedFest event.

Recommendations Further Study

Research indicates that the intellectually and developmentally disabled population faces disparities such as lack of access to healthcare, inadequately prepared providers, and non-equitious inclusion in health promotion efforts (Anderson et al., 2015). There is a clear need for further research on the disparities faced by this special population. While it is known the intellectually and developmentally disabled population is less likely to receive appropriate preventative care and screenings, it is not fully understood why this is the case. Therefore, further study on addressing these barriers is of utmost importance.

Further research is warranted for adults with intellectual and developmental disabilities and access to primary care providers. As discussed earlier in this paper, individuals with intellectual and developmental disabilities often struggle to find healthcare providers as adults and are forced to see pediatric providers well into adulthood. It is unclear why this population struggles to find adult providers, and further research is needed to understand this issue.

As mentioned above healthcare providers are often inadequately prepared, in order to address this further research is needed to determine how to better educate and prepare providers to care for this special population. Future expansion of this project could provide the opportunity

to study if a volunteer experience such as the one promoted by this project with the intellectually and developmentally disabled population impacts providers skills, knowledge, competency and confidence in caring for this special population.

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Appendix A

Literature Review Spreadsheet

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS	DOI	Website
S.M. Havercamp & H.M. Scott	2015	National health surveillance of adults with disabilities, adults with intellectual and developmental disabilities, and adults with no disabilities		*Disability and Health Journal, Voulme 8 issue 2, pg 165-172*	Health status, health risks, and preventative health care for adults with ID/DD compared to adults with no disability	Level V	**Identify disparities between the 2 groups,**	2010 Behavior Risk Factor Surveillance Survey and National Core Indicators Consumer Survey	350,000 20,395	BRFSS: interviewed people from all 50 states NCI: interviewed people who receive disability services, is a quality assurance	Table 1 in article list too long to type here	The study found major disparities in health and healthcare utilization for adults with disabilities compared to those adults with no diabilities. They suggest training for healthcare providers on disabilities and more research on health promotion in this population.		https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S1936657414001848
E.J. Bakker-van Gijssel, P.L.B.J. Lucassen, T.C. Olde Hartman, L. van Son, W.J.J. Assendelft, & H.M.J	2017	Health assessment instruments for people with intellectual disabilities- A systematic review		*Research in Developmental Disabilities, Volume 64pg: 12-24*	Find and evaluate the quality of currently available health assessment intruments for individuals with ID	Systematic review Level I	**Health assessment intruments can be helpful for providers, patients and caregivers**	PRISMA guidelines for systematic review	29 publication s on 20 instruments			Health assessment instruments are useful and helpful for providers and are a way to bridge the health disparity gap. However, there is a need for better instruments.	https://doi.org/10.1016/j.ridd.2017.03.002	https://www.sciencedirect.com/science/article/pii/S0891422217300707
M. Brown, J. Macarthur, A. Higgins, Z. Chouliara	2019	Transitions from child to adult health care for young people with intellectual disabilities: A systematic review		*JAN: Journal of Advanced Nursing Volume 75, issue 11*	The purpose was to evaluate the transition of care for individuals with ID from pediatric care to adult care. Found that for most this is not a smooth process	Systematic review Level I	Becoming an adults, fragmented transition process and care, parents as advocates in emotional turmoil, making transitions happen	Systematic review and critical appraisal of qualitative, quantitative, and mixed method studies	12 papers used out of 637 identified			Planning/preparation is required to allow the patient to start assuming some responibility of their care. Found that most people in this community did not have a positive expereise with the transition on care from pediatric care to adult care. Since this is not a smooth process larger burden was placed on parents/guardians to advocate for their children to get the care they needed in the adult setting. transition planning should occur early.	https://doi.org/10.1111/jan.13985	https://onlinelibrary.wiley.com/doi/full/10.1111/jan.13985
L. Marks, A. Wong, S. Pettman, A. Shelland, C. Fernandez	2017	Global oral health status of atheletes with intellectual disabilities		*Clinical Oral Investigations, Volume 22, issue 4, pg 1681-1688*	There is a need for prevenative and resorative oral care for athletes with ID.	Analysed with descriptive statistics of oral health parameters	Oral Health		149,272	Interview and oral exams on those who attended the "Special Olympics Special Smiles"	Athletes with ID	Oral health impacts overall health. Dental caries and periodontal disease can effect eating, speech, and self-esteem. Limitation: more attention is needed in Latin Amarica, Europe, and MENA. So this study may not be as applicable to the U.S.	DOI:10.1007/s00784-017-2258-0	https://search.proquest.com/docview/2026837869?pq-origsite=summon&accountid=10639
J. Durbin, A. Selick, I. Canon, L. Green, N. Spassiani	2016	Evaluating the implementation of health checks for adults with intellectual and developmental disabilities in primary care: The importance of organizational context		*Intellectual and Developmental Disabilities Volume 54, issue 2*	Adults with ID have more health issues yet they are less likely to receive preventative care. Generally patients with IDD receive reactive care not proactive care.	Qualitative study Level VI	1. identification of patients with IDD 2. Proactive invitation for health check visit 3. Staff education/training 4. Delivery of health check in accordance with guidelines	Implented using staged change process developed by the National Implementation Research Network [explorations, installation, initial implementation, full "sustainable" implementation]	2 clinics		Primary care clinics that use the Family Health Team model for practice	Growing evidence on the benefits of health checks. Health checks can increase cancer screenings and immunizations, detection of thyroid and psych disorders. Each facility took the guidelines and implemented them diffrently to utilize their practice strengths. Limitations: did not consider cost of implementation, only implemented in 2 offices that have same model of care for patients further research needed.	DOI:10.1352/1934-9556-54.2.136	https://search.proquest.com/docview/1781205168?pq-origsite=summon&accountid=10639
I.M. Carey, F.J. Hosking, T. Harris, S. DeWilde, C. Beighton, D.G. Cook	2017	An evaluation of the effectiveness of annual health checks and quality of health care for adults with intellectual disability: an observational study using a primary care database		*Health Services and Delivery Research, Volume 5, issue 25*	Adults with ID have more comorbidities and more likely to consult with a PCP. Adults with ID were less likely to have long consultations and lower continuity of care. Adults with ID have higer mortality rates, and are more likely to have an emergency hospital admission	Level IV Cohort study	1. Evaluate if health checks for adults with ID have impact on emergency hospital admissions 2. Describe health, healthcare, and mortality for adults with ID	Clinical Practice Research Datalink	21,859 adults w/ ID 152,846 Controls	Retrospective matched cohort study	Adults with ID compared to adults without ID	Health checks did not impact emergency admissions but this study did identify areas to focus on such as continuity of care and longer appointment times are needed.	DOI 10.3310/hsdr05250	https://eprints.kingston.ac.uk/39231/1/Beighton-C-39231-VoR.pdf
I. Casson, D. Abelis, K. Boyd, E. Bradley, M. Gemmill, E. Grier, J. Griffiths, B. Hennen, A. Loh, Y. Lunsky, K. Sue	2019	Teaching family medicine residents about care of adults with intellectual and developmental disabilities		*Canadian Family Physician*	Importance of planned clinical experiences during family medicine residency since individuals with IDD have unique needs. Recommend competency-based healthcare training about patients with IDD and their caregivers.	Level VII	Resident competencies for patients with IDD		unknown	unknown	Residents in Family Medicine	Residents took on planned encounters with adults with IDD. Resources were provided to the residents but the program allowed them to self-learn and develop comtetencies. The conclusion was that it benefits the residents to have patients and families actively contributing to teaching. Limitations: no sample size, no real feedback from residents who participated		https://www.cfp.ca/content/65/Suppl_1/S35.full
K. Yamaki, C. Wing, D. Mitchell, R. Owen, T. Heller	2019	The impact of medicaid managed care on health service utilization amoung adults with intellectual and developmental disabilities		*Intellectual and Developmental Disabilities, Volume 57, issue 4*	medicaid managed care as compared to fee-for-service care reduced the utilization of the emergency department and inpatient hospitalization.	Quasi-experimental research design RCT design, Level II	1. explore extent and nature of hospital-based health services verus utilization and access to outpatient health services for people with IDD. 2. examine impact of Medicaid managed care (MMC) in chagning the health service utilization of people with IDD. 3. determine if MMC impacted the health service utilization of people with IDD.	propensity score matching and difference-in-differences regression analysis	unknown		ICD-9 code associated with IDD	Found that MMC caused reduction in utilization of hospital based and community based care. Limitations: it discussed a lot about why hospital utilization was reduced but it did not address why the community based care was reduced as well.	DOI:10.1352/1934-9556-57.4.289	https://search.proquest.com/docview/2269872903?pq-origsite=summon&accountid=10639

Appendix B

Project Implementation Report

Project Implementation Report:

The Future of Forsyth County Special Olympics Athlete Physicals

Briana Holt

College of Nursing, East Carolina University

NURS 8274: DNP Project III

Dr. Jan Tillman

November 24,2020

In the beginning I remember being so excited for my project and thinking about the potential impact it could have on the Special Olympians of Forsyth County. Then COVID hit, the pandemic that seems to have no end in sight. While my project has taken many hits, I am still proud of my project and myself for rolling with the punches and learning so much about the process of planning, implementing and evaluating quality improvement projects.

My project took a very different direction than I had originally planned and intended. I thought my project was going to make a significant impact on not only the local Forsyth County Special Olympics, but potentially other counties within the state with similar resources as Forsyth County. I intended to gather information about prior events, observe an event and then improve the process of planning with an end goal of successfully implementing a sustainable event process. However, I quickly learned that what I was planning to do would not be feasible with the pandemic and adjusted my plan.

I think my flexibility and willingness to adjust contributed to my smooth sailing. I did have my moments especially early in this implementation semester where I struggled to come up with alternative ways my project could still make an impact. However, with Dr. Tillman's guidance, I came up with a plan that allowed me to create a tracking tool so to speak that is a quick reference for prior events information and can be used as a checklist for future events to ensure all volunteers, communication and supplies are accounted for when planning future events.

As with all projects not everything can go according to plan. The pandemic was my biggest problem, as it prevented any in person events. The other major issues I faced was that I was relying on others to accurately report to me what had been done in the past as I was not at any of the prior events. I discovered that people are often poor historians. However, I was able to hurdle this issue by coming up with very detailed and specific questions about prior events which helped me gain a lot more knowledge about the prior events.

I am not entirely sure what could have been done differently as these were uncharted waters and my project was very different than other projects. Some suggestions I have would be to reach out and

communicate sooner and send frequent reminders. I also suggest being flexible and thinking outside of the box. Lastly, I would say focus on the process not the outcome.

My champion Ellen Fahey and myself had a total of four phone meetings over the semester. We mainly communicated via email and phone calls throughout the semester. We never met face to face, not only do we live in different parts of the state but with the current pandemic in person meetings were discouraged.

I also met with Carlie Reed who is the Special Olympics local program coordinator in Forsyth County. We had three phone meetings over the semester. She is the person primarily responsible for these events and ensuring they are planned and communicating the event details to volunteers and Special Olympians. She was the one who provided most of the insight on prior events and what planning an event in the past has looked like.

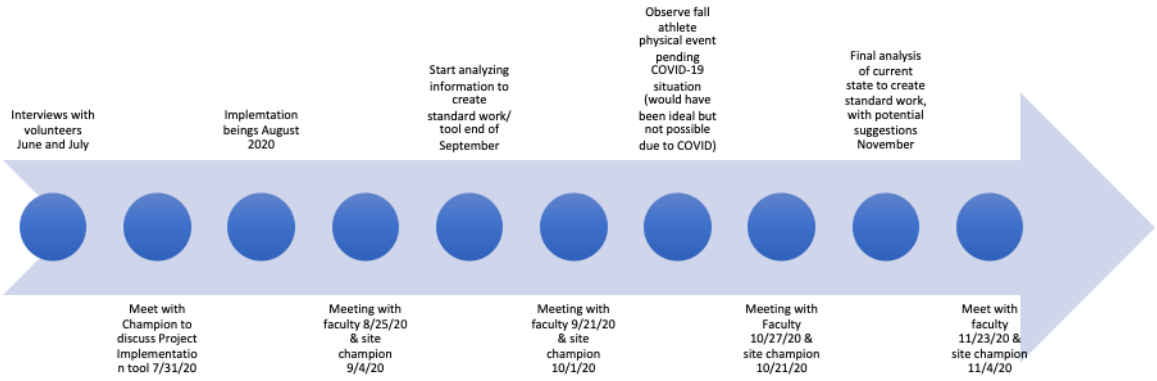
I also met via phone with Randy Parks, the physician's assistant who has been the sole provider at prior events where athlete physicals were conducted. He provided insight into his role and what his successors involvement would be like. He plans to retire this coming summer making securing his replacement of upmost priority.

I think overall, while this project did not turn out as I hoped it still will have an impact on future events. I think my work with Wake Forest Medical School students and engaging them to commit to volunteering at these events will flourish into a symbiose relationship. Forsyth County Special Olympian's will benefit from the medical students by having their physicals completed so they can participate, and the medical students get a unique learning opportunity with the special population that is often underserved in the medical field.

While I did not get to actually plan and host an event where the medical students were actually involved, I think laying the groundwork and making connections will still prove to be helpful in the future. I think my tracking tool will be useful for the planning of future events and hopefully can be utilized by another student in the future to assist Forsyth County in planning the best event possible.

Appendix C

Project Timeline



Appendix D

Tool Created for the Project

Date & Time	October 18th 2019 12-2p	January 24th 2020 12-2p	March 13th 2020
Location	Carter High School	Hanes Hosiery Recreation Center	Cancelled due to COVID-19 pandemic
Number of Athletes	70	2	0
Provider	Randy Parks, PA-C	Randy Parks, PA-C	N/A
Medical Student Volunteers	Margo Turner, Abby Ventura, Laura Lavette	Margo Turner	N/A
Vital Signs Volunteers	Staffed by local program coordinator	Staffed by local program coordinator	N/A
Other Volunteers	N/A	N/A	N/A

Appendix E

Doctor of Nursing Practice Essentials Table

	Description	Demonstration of Knowledge
Essential I ***Scientific Underpinning for Practice***	**Competency** – Analyzes and uses information to develop practice **Competency** -Integrates knowledge from humanities and science into context of nursing **Competency** -Translates research to improve practice **Competency** -Integrates research, theory, and practice to develop new approaches toward improved practice and outcomes	▪ Analyzed research ▪ Performed literature review ▪ Completed Institute for Healthcare Improvement modules ▪ Read Course Materials
Essential II ***Organizational & Systems Leadership for Quality Improvement & Systems Thinking***	**Competency** –Develops and evaluates practice based on science and integrates policy and humanities **Competency** –Assumes and ensures accountability for quality care and patient safety **Competency** -Demonstrates critical and reflective thinking **Competency** -Advocates for improved quality, access, and cost of health care; monitors costs and budgets **Competency** -Develops and implements innovations incorporating principles of change **Competency** - Effectively communicates practice knowledge in writing and orally to improve quality **Competency** - Develops and evaluates strategies to manage ethical dilemmas in patient care and within health care delivery systems	▪ Utilized critical thinking to plan, implement, and evaluate an evidence-based quality improvement project ▪ Utilized critical thinking to adapt plans faced during the COVID-19 pandemic ▪ Composed paper ▪ Composed and presented poster
Essential III ***Clinical Scholarship & Analytical Methods for Evidence-Based Practice***	**Competency** - Critically analyzes literature to determine best practices **Competency** - Implements evaluation processes to measure process and patient outcomes **Competency** - Designs and implements quality improvement strategies to promote safety, efficiency, and equitable quality care for patients **Competency** - Applies knowledge to develop practice guidelines **Competency** - Uses informatics to identify, analyze, and predict best practice and patient outcomes **Competency** - Collaborate in research and disseminate findings	▪ Performed literature review ▪ Composed paper ▪ Developed new tool to track prior events information ▪ Continuously evaluated plans for this project and adjusted accordingly as barriers were faced ▪ Disseminated findings of this project to East Carolina University and Special Olympics North Carolina

Essential IV ***Information Systems – Technology & Patient Care Technology for the Improvement & Transformation of Health Care***	**Competency** - Design/select and utilize software to analyze practice and consumer information systems that can improve the delivery & quality of care **Competency** - Analyze and operationalize patient care technologies **Competency** - Evaluate technology regarding ethics, efficiency and accuracy **Competency** - Evaluates systems of care using health information technologies	▪ Utilized WebEx to meet virtually as this project was conducted during the COVID-19 pandemic ▪ Performed literature review via the internet and online Laupus Library ▪ Utilized Excel to create new tool for event tracking
	Description	**Demonstration of Knowledge**
Essential V ***Health Care Policy of Advocacy in Health Care***	**Competency**- Analyzes health policy from the perspective of patients, nursing and other stakeholders **Competency** – Provides leadership in developing and implementing health policy **Competency** –Influences policymakers, formally and informally, in local and global settings **Competency** – Educates stakeholders regarding policy **Competency** – Advocates for nursing within the policy arena **Competency**- Participates in policy agendas that assist with finance, regulation and health care delivery **Competency** – Advocates for equitable and ethical health care	▪ This project focused on sustaining an event that provides healthcare to the intellectually and developmentally disabled population ▪ Frequently met with and updated the project partner during implementation
Essential VI ***Interprofessional Collaboration for Improving Patient & Population Health Outcomes***	**Competency**- Uses effective collaboration and communication to develop and implement practice, policy, standards of care, and scholarship **Competency** – Provide leadership to interprofessional care teams **Competency** – Consult intraprofessionally and interprofessionally to develop systems of care in complex settings	▪ Collaborated with faculty advisor, project partner and local program coordinator about project updates ▪ Collaborated with Wake Forest School of Medicine students to foster and partnership
Essential VII ***Clinical Prevention & Population Health for Improving the Nation's Health***	**Competency**- Integrates epidemiology, biostatistics, and data to facilitate individual and population health care delivery **Competency** – Synthesizes information & cultural competency to develop & use health promotion/disease prevention strategies to address gaps in care **Competency** – Evaluates and implements change strategies of models of health care delivery to improve	▪ Utilized 5S framework to improve a process that impacts the health of Special Olympians

	quality and address diversity	
Essential VIII ***Advanced Nursing Practice***	**Competency**- Melds diversity & cultural sensitivity to conduct systematic assessment of health parameters in varied settings **Competency** – Design, implement & evaluate nursing interventions to promote quality **Competency** – Develop & maintain patient relationships **Competency** –Demonstrate advanced clinical judgment and systematic thoughts to improve patient outcomes **Competency** – Mentor and support fellow nurses **Competency**- Provide support for individuals and systems experiencing change and transitions **Competency** –Use systems analysis to evaluate practice efficiency, care delivery, fiscal responsibility, ethical responsibility, and quality outcomes measures	▪ In 4 semesters successfully designed, implemented and evaluated a quality improvement project during COVID-19 pandemic ▪ Continue to be involved in Special Olympics Forsyth County program to ensure sustainability ▪ Provided recommendations for further study and interventions

Appendix F

DNP Project Poster

The Future of Forsyth County Special Olympics Athlete Physicals

Briana Holt, BSN, RN, FNP-BC

PURPOSE

The purpose of this project was to create a sustainable planning process for events that provide Special Olympian participation physicals in Forsyth County. The goal was to foster a collaboration between Special Olympics North Carolina Forsyth County and Wake Forest School of Medicine.

METHODOLOGY

The framework utilized in this project was 5S, which consist of 5 steps that lead to sustainability:

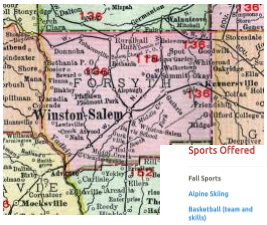
- Sort
- Set in order
- Shine
- Standardize
- Sustain

ACKNOWLEDGEMENT

Dr. Jan Tillman, DNP, RN, FNP-BC
Ellen Fahey, Health Director of SONC
Carlie Reed, SONC Forsyth County Local Program Coordinator

RESULTS

- This project led to the creation of a new tool which compiles information from previous events and can also be used as a guide or checklist for the planning of future events
- A partnership between Special Olympics North Carolina Forsyth County and Wake Forest School of Medicine was successfully fostered to ensure sustainability of the provider role



Special Olympics North Carolina

Wake Forest School of Medicine

Sports Offered

FINDINGS

- Special Olympics relies heavily on its volunteers with the bulk of the event planning being done by the local program coordinator
- A barrier identified was the lack of a sustainable provider role to continue these events as the provider from prior events intended to retire
- A partnership with Wake Forest School of Medicine creates a sustainable pool of providers to perform the physical exams while allowing medical students the opportunity to engage and participate with the intellectually and developmentally disabled population

IMPLICATIONS

- The long-term sustainability of these events is of utmost importance due to the impact Special Olympics has on participant's health
- Physical activity can reduce obesity which reduces the risk of long-term health consequences
- Reduced burden on hospital admissions with potential for an increased burden on specialist

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