

***Special
Olympics***
Prince Edward Island



**Healthy Communities Project
Environmental Scan**

Data Report

February 7, 2019



Report prepared by The Quaich Inc.

THE **Quaich** INC.

ACKNOWLEDGEMENTS

Thank you to the Special Olympics staff and Advisory Committee members for their commitment, dedication, time and effort to this project.

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An additional thank you to the individuals and organizations who contributed thoughts to this environmental scan – your feedback was illuminating.

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EXECUTIVE SUMMARY

BACKGROUND

In January 2018, [Special Olympics PEI](#) (SOPEI) received three-year funding for a Healthy Communities Project. The vision of the project is to create communities where Special Olympics athletes and others with intellectual disabilities (ID) have the same access to health and wellness resources – and can attain the same level of good health – as all community members, and where there is no “wrong door for someone with ID to walk through”. This project is part of an international outreach of Special Olympics International to establish similar projects worldwide. Funding is provided by the [Golisano Foundation](#) (April 2018 – March 2021).

An environmental scan was conducted in the months of June – December 2018 as a foundational activity of the project, to inform and support an objective of the project, i.e., *to increase and sustain the focus on holistic health in provincial services on Prince Edward Island (PEI) for athletes and the broader community*. SOPEI contracted The Quaich Inc. to lead the process. The environmental scanning process used for the Healthy Communities Project had a clear objective: to establish 10 sustainable partnerships to increase and sustain focus on holistic health in provincial services for athletes and the broader community.

The process was guided by an Advisory Committee formed in June and composed of stakeholders from community organizations on PEI. This committee had the role of defining criteria for the scan, making connections to community organizations and programs, and reviewing the scan results. A survey was developed, incorporating criteria developed by the Advisory Committee as well as additional criteria based on a review of the literature and the Healthy Communities Project Evaluation Framework. The survey outlined questions in three main topic areas: Organizational information; Awareness and action; and Contextual factors. It was reviewed and approved by the Advisory Committee.

In October, the online survey and formal letter of invitation were sent to a wide range of stakeholders from the health, social care, education, and community sectors. Options for hard copy and telephone completion of the survey were provided. The environmental scan was promoted through direct emails, online newsletters, social media, as well as a regional podcast, local TV and digital news.

To address the issue of a response rate lower than anticipated, the deadline was extended and personal calls and e-mails were sent directly to additional stakeholders. Also, an adapted version of the survey was created and online and text versions were resent to key education stakeholders. As a result, a total of 27 surveys were completed by a wide range of stakeholders – 15 completed the general survey; 12 completed the education survey. The report of the findings is organized by response to the original survey and separately by the response to the survey for educators. Analysis reflects both the qualitative and quantitative nature of the survey. Refer to the complete data report for response details.

The Advisory Committee’s reflections on the survey results, from an Interpretation Session held on December 20, 2018, are outlined below.

DISCUSSION

At the Interpretation Session reviewing responses to the environmental scan, the Advisory Committee acknowledged the value of hearing from such a wide range of stakeholders (response exceeded the target of 25 organizations) but were also aware that: there were many more organizations that had been invited to participate; health care professional organizations were not represented; and issues such as respite care were not widely identified. These limitations raised questions: what can we learn about those that did not complete the survey? Why did so many stakeholders not respond? Did they not think it relates to them? Was the language too broad? Possible explanations were: time and resources to have the environmental scan open for a longer period of time; organizations' lack of awareness and uncertainty that their work was connected to a project focusing in intellectual disabilities; and the breadth of the questions. Two major themes emerged: Connectivity and Awareness.

1. **Connectivity** - How do we help people see connections between their work and those working with ID? The Advisory Committee felt that addressing this theme could provide an opportunity for creating a core training module that could focus on *Why Me?*, touching on why everyone should care, the impact of each person's actions (beyond what they think), and how each Islander can make a difference.
2. **Awareness** - Although a high percentage of respondents indicated that they are aware of the issues of those with ID, a larger percentage indicated that they would like to know more about the project. In total, 21 individuals shared their contact information and asked for updates and additional information about the Healthy Communities Project. Several also specifically indicated in their responses that they would like to be contacted to provide more information about their organization or department's programs/services. A focus on awareness could be internal (athletes, parents, caregivers and coaches) and external (partners and the general Island population) and can also be linked with the theme of connectivity. It was observed that in some instances there might not be a gap in services, but rather a lack of awareness of services available, thus contributing to a lack of connectivity.

CONCLUSION

It was concluded during the Interpretation Session that the environmental scan provided a catalyst for meeting its objective of *establishing 10 sustainable partnerships to increase and sustain focus on holistic health in provincial services for athletes and the broader community*. The list of respondents who expressed interest in learning more, and the suggestions for potential partners offered by respondents are encouraging. The scan also achieved an unanticipated outcome of creating broad public awareness of the project and issues facing individuals with ID through promotion by CBC and other media.

The Advisory Committee concluded that the process provided many lessons learned, and even with the gaps in stakeholder response, the end result provided a realistic snapshot of PEI services promoting or interested in promoting inclusion and providing more holistic services to those with ID and to the general public.

RECOMMENDATIONS

Recommendations fall into two main categories; one related to follow-up for the scan; and the second to administration and guidance for the upcoming activities of the SOPEI Healthy Communities Project.

1. Conclude and share the environmental scan, and engage in follow-up activities

- Update the project work plan and communication plan within the project scope.
- Share the environmental scan report with the Advisory Committee, those who participated in the scan, and other stakeholders.
- Prepare athletes to share their stories. SOPEI has health messengers, but this could be expanded. Have athletes map their networks, their paths to health.
- Investigate partnering with educational programs, such as Holland College, as well as the UPEI doctorate in Psych (Culture); Applied Health Sciences – they are looking for partners on diversity.
- Create opportunities to educate professionals; think about patient interaction with those with ID and how to generalize learnings to other vulnerable populations.
- Work with the education sector – replicate leisure and recreation with other programs; extend education of high school leadership programs such as in Unified Bocce; partner with leadership programs.
- Collaborate with programs to hear feedback from students or athletes impacted by programming.
- Attend conferences and to connect the dots, increase access and collaboration.
- Address the issue of children in foster care – how do those supporting them know where to go and what support/programs are available if a child has more needs?
- Address the issue of respite care – who provides the service?
- Address the issue of transportation particularly in rural PEI. Work with others and advocate for improved systems, e.g., AccessAbility – is there funding for transportation?

2. Create Project Advisory Committee to guide the project over the next 2 years

- Advisory Committee should be no more than 12 people chosen by industry with ad hoc representation (strategic guest pending topic).
- Invite members of the environmental scan Advisory Committee, outlining roles and responsibilities. Make sure they know why they have been chosen (how they connect in the web).
- Create ad hoc committees where required.

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1. Introduction

In January 2018, [Special Olympics PEI](#) (SOPEI) received three-year funding for a Healthy Communities Project. The vision of the project is to create communities where Special Olympics athletes and others with intellectual disabilities (ID)¹ have the same access to health and wellness resources – and can attain the same level of good health – as all community members, and where there is no “wrong door for someone with ID to walk through”. Components of the Healthy Communities Project include:

- Leadership for Sustainable Change
- Health and Wellness programming
- Access to follow-up care
- Health provider engagement
- Partnership Development

This project is part of an international outreach of Special Olympics International to establish similar projects worldwide. Funding is provided by the [Golisano Foundation](#) (April 2018 – March 2021).

An environmental scan was conducted as a foundational activity of the project, to inform and support an objective of the project, i.e., *to increase and sustain the focus on holistic health in provincial services on Prince Edward Island (PEI) for athletes and the broader community*. The scan was initiated in June 2018 and completed in December 2018. SOPEI contracted The Quach Inc. to lead the process.

The following report outlines the process for conducting and analysing the scan, as well as its scope, limitations, findings and recommendations.

a. Environmental scan process

The environmental scanning process used for the Healthy Communities Project was communicated as a means by which SOPEI would gather useful information to help plan their future work and make decisions, with a clear objective: **to establish 10 sustainable partnerships**

¹ **Intellectual disability** - A diagnosis of Intellectual Disability considers a combination of both intellectual functioning and adaptive functioning. In order to make a diagnosis of Intellectual Disability, health professionals will assess a child’s ability to perform tasks in these areas in comparison to other children their age. The assessment and diagnosis of Intellectual Disability is based on the [Diagnostic and Statistical Manual of Mental Disorders \(Fifth Edition\)](#), which is a standardized guide used by B.C. health authorities and professionals to help them make diagnoses.
<https://www2.gov.bc.ca/gov/content/health/managing-your-health/healthy-women-children/child-behaviour-development/special-needs/intellectual-disabilities>

to increase and sustain focus on holistic health in provincial services for athletes and the broader community.

The process was guided by an Advisory Committee composed of stakeholders from a number of community organizations on PEI that: had an existing relationship with SOPEI; were familiar with initiatives currently underway to support the health of individuals with Intellectual Disabilities, or; were viewed as potential partners in achieving the objective. The role of the Advisory Committee was to define criteria for the scan and to assist in making connections to the community, organizations and programs. Additional criteria to guide the data collection came from the literature outlined in the Reference Section of this report and Advisory Committee feedback.

The scan used a systematic approach to maximize the reach to the community in the most efficient and time conscious way possible. The Advisory Committee was invited (Appendix A – Advisory Committee letter of invitation) to meet face to face on two occasions, and to provide support through Internet and telephone communications between meetings.

Meeting 1: Initiating the scan

- Outline project description and objectives
- Describe role and responsibility of accepting a position on the Advisory Committee
- Engage members in assisting with the environmental scan and survey, providing contact information and promoting the scan

Meeting 2: Interpretative Session

- Present environmental scan results
- Ask participants to identify/address barriers to engaging in programs identified in the scan
- Ask participants to identify gaps in services/programs/interventions

The initial meeting was held on June 20, 2018 with 12 community representatives and SOPEI staff participating. During this meeting, participants were oriented to the SOPEI Healthy Communities Project and to the role of the Advisory Committee by Matthew McNally, Program Director of SOPEI (Appendix B- PowerPoint Presentation). They were also introduced to Kristen MacDonald, the new Community Engagement Specialist, who took notes from the session and circulated these broadly. Patsy Beattie-Huggan, consultant with The Quaich Inc., facilitated a discussion and a brainstorming session to identify information we needed to gather. As a result, the following criteria were developed which served to guide questions for the environmental scan:

- Navigation
- Data/information sharing
- Access to services
- Follow-up care
- Education and training
- Integration of referral to Special Olympics

Advisory Committee members agreed that the environmental scan process would:

- Review research on contextual opportunities/constraints
- Identify anticipated changes to the environment in the next 3-5 years
- Create a list of target associations/businesses/colleges/universities
- Identify key stakeholders and partnership opportunities

A workplan with timelines was proposed and agreed by the Advisory Committee. It was also agreed that the environmental scan was to be conducted using an online survey, providing options for hard copy and telephone completion of the survey. See attached Meeting Notes – Appendix C.

Initial work from June-September involved creating a list of stakeholders and developing a draft survey to send to stakeholders with whom Advisory Committee members had a relationship. This work was supported by SOPEI staff which engaged in direct communication with the Advisory Committee, and by consultants at The Quaich Inc., who developed tools and communication templates for use in the process, and ensured adherence to the workplan.

The staff of SOPEI had the opportunity to attend two conferences in the month of September which contributed new information to the scope of the environmental scan. Through a review of the literature and the Healthy Communities Project Evaluation Framework, additional criteria were identified which influenced the questions to be included in the survey. These included:

Evaluation Framework (source)

- Awareness of issues and programs
- Contextual factors
- Current relationship with SOPEI
- Potential partnerships

Literature (source)

- Inclusive programming
- Knowledge and skills of service providers
- Training educators, students
- Navigation and collaboration

In mid-October, a draft copy of the survey was circulated to the Advisory Committee for feedback. Edits were incorporated and uploaded to The Quaich's secure online survey software, Ultimate Survey. An e-mail was prepared for Advisory Committee members to send to their list of stakeholders (Appendix D – E-mail to stakeholders). This e-mail invited stakeholders to complete the survey and contained a link to the survey. A text version of the survey was also made available to recipients as an attachment in Microsoft Word, to ensure that the survey would be accessible in multiple formats (Appendix E - Environmental Scan Survey). The survey included a formal letter of invitation which provided an introduction to the project.

In addition to direct emails sent by Advisory Committee members, Special Olympics staff and The Quaich consultants, the environmental scan was promoted through online newsletters and social media channels of SOPEI, The Quaich Inc. and the Atlantic Summer Institute on Healthy and Safe Communities. The environmental scan was also profiled on the PEI supper time CBC TV show *Compass*, in a [CBC News online article](#), in an interview on the [Live from Studio 5 podcast](#) (a regional podcast geared towards the blind and partially sighted), and through the International Golisano Newsletter.

The initial request was for stakeholders to complete the survey by October 30. However, as only a few surveys were completed by that date, a reminder e-mail was sent to Advisory Committee members, followed by telephone calls. Through this process, it became evident that many of the Advisory Committee members had busy schedules and required more time to make the initial contact with stakeholders. It was recognized that making personal contact would likely increase the survey response rate, so consultants assisted by collaborating with SOPEI staff to create a script to easily guide Advisory Committee members through telephone calls with key stakeholders (Appendix F – Telephone script).

During communication with the Advisory Committee, one member reported that the survey asked questions that did not apply to the education sector. To address this gap, an additional version of the survey was created and online and text versions were resent to key education stakeholders (Appendix G – Survey for Educators).

Efforts were made to reach out to directly to additional stakeholders through e-mail and telephone. As a result, a total of 27 surveys were completed by a wide range of stakeholders – 15 completed the general survey; 12 completed the education survey. Of these, 26 surveys were analyzed and reviewed during an Interpretation Session held with members of the Advisory Committee on December 20, 2018 (Appendix H – PowerPoint Presentation Review of Results). An additional paper survey was received one day later. The new results were included with the other survey results in a re-calculation of the data, and are included in this final report.

2. Limitations

Although several options were created for stakeholders to complete the survey, and the number of responses reached the target set by organizers, some groups such as professional organizations are not represented in the final results. This led the Advisory Committee to conclude that a few limitations were at play: time and resources to have the environmental scan open for a longer period of time; organizations' lack of awareness and uncertainty that their work was connected to a project focusing in intellectual disabilities; and the breadth of the questions. Although the Advisory Committee identified that the themes were realistic and communication was clear, they also identified that gaps in the findings, such as no mention of respite care. However, the Advisory

Committee recognized that the diversity of sectors represented amongst the respondents, and the recurrent themes that emerged, demonstrated the value of small sets of data in providing a snapshot of the current environment, and a catalyst for discussion going forward.

3. Analysis

The environmental scan survey outlined questions in three main topic areas:

- Organizational information, which included the name of the program or service offered, location, range of participants, and evaluation.
- Awareness and action, which sought information on awareness of the Healthy Communities Project and the needs of people with intellectual disabilities, and action taken by their organization to address the needs and make referrals.
- Contextual factors, which asked respondents to identify issues in the community or external environment that could support or be a hindrance to the project. There was also an opportunity for respondents to write closing comments.

The report of the findings is organized by response to the original survey (15 respondents) and separately by the response to the survey for educators (12 respondents). While the total number of respondents answered many of the questions, there are some questions where the 'n' is lower than the total. The actual number of respondents to each question is reflected in this report.

Respondents were directed to skip any questions that they were not comfortable answering, and these numbers are reflected in the response rate for each question. For further follow-up and partnership development purposes, and where consent was given, identifying information was provided to SOPEI. Analysis in this report reflects both the qualitative and quantitative nature of the survey. The Advisory Committee's reflections on the survey results are outlined in the sections on discussion and recommendations.

a. ORIGINAL SURVEY

i. Organizational Information

1. Profile of organizations

As was hoped, a diverse cross section of organizations participated in the survey, providing information on programs and services already targeting individuals with ID, as well as those geared toward the health and wellness of the general population. Respondent organizations included:

- Autism Society of PEI
- Boys and Girls Club of Summerside
- CHANCES
- City of Charlottetown
- Cooper Institute
- CrossFit 782
- Families East
- Inclusions East
- Joyriders Therapeutic Riding Association of PEI
- Junior Achievement
- PEERS Alliance (formerly AIDS PEI)
- PEI Association for Community Living
- Sierra Club
- Synergy Fitness and Nutrition
- Unknown (survey only partially filled out)

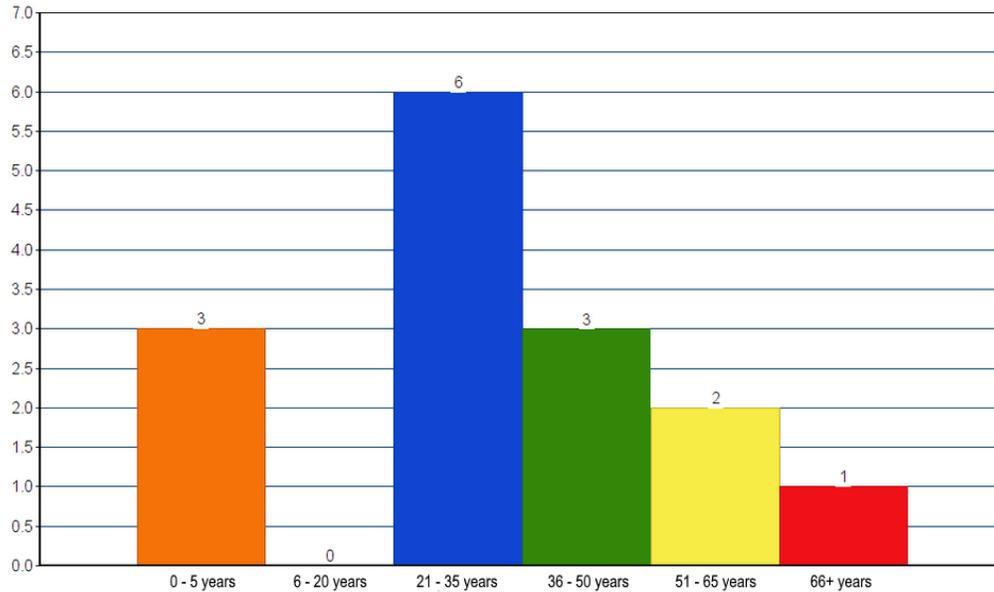
This diversity of services is confirmed by the categories of programs they offer:

- Recreation Programs: 50% (7/14)
- Advocacy: 42.9% (6/14)
- Employment Readiness: 14.3% (2/14)
- Municipal Councillor/Staff: 7.1% (1/14)
- Registered Nurses: 7.1% (1/14)
- Sponsor: 7.1% (1/14)

Other categories of services (identified by respondents)

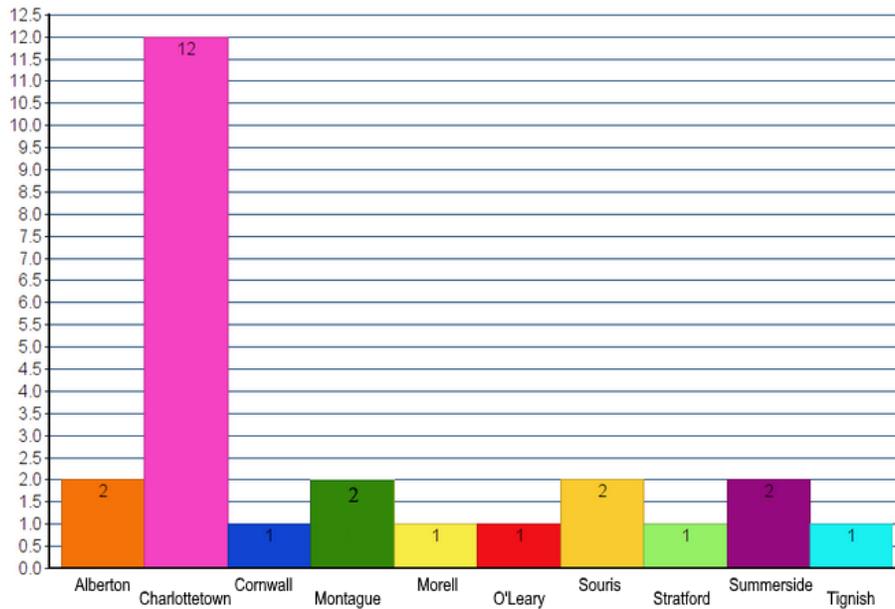
- *Education/awareness*: 7.1% (1/14)
- *Family Support*: 7.1% (1/14)
- *Financial/Business Programs*: 7.1% (1/14)
- *Health Promotion*: 7.1% (1/14)
- *Nurse Practitioner*: 7.1% (1/14)

Organization age - Most organizations which responded to the survey have provided services for decades, with only 3 organizations having been formed within the last 5 years.

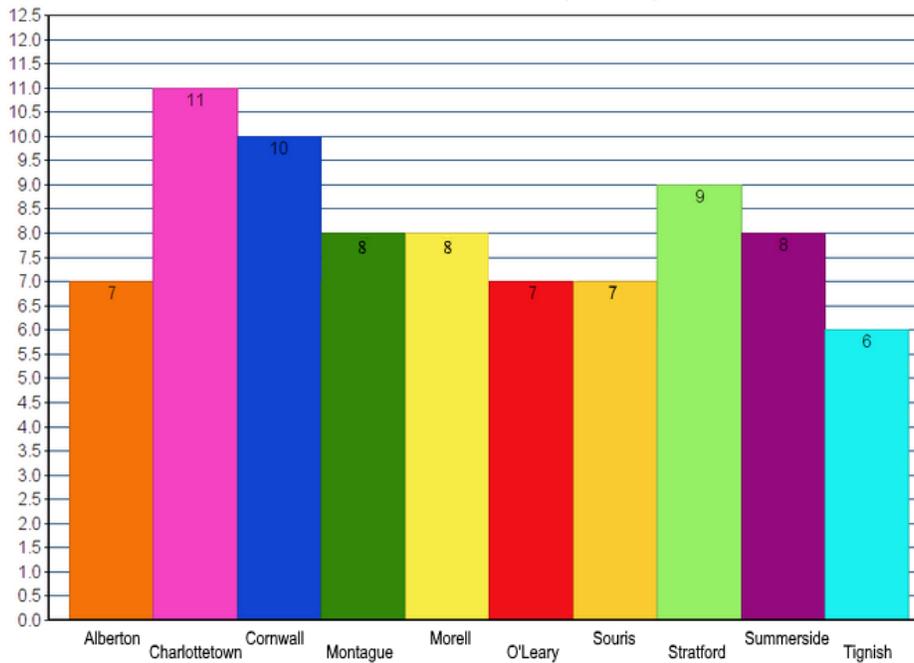


Location and delivery of services - While the majority of organizations are located in Charlottetown, many are located throughout the Island. Most of those organizations, as well as Charlottetown-based organizations, deliver programs/services in multiple locations.

Organization Locations

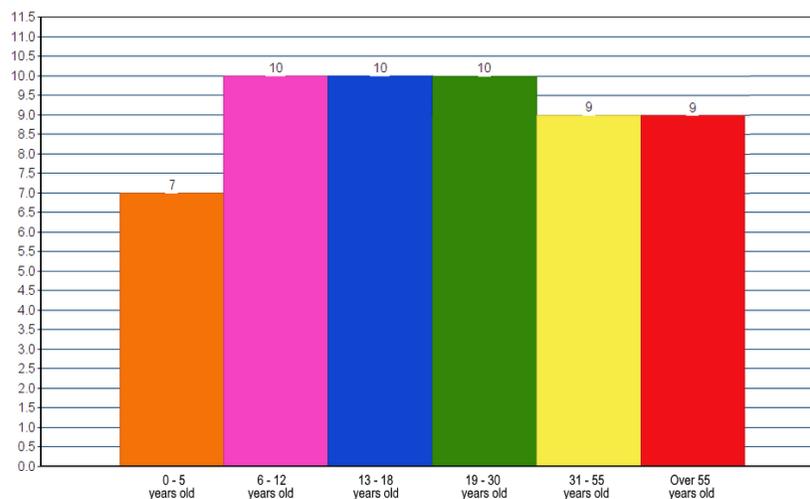


Communities Served by Organizations

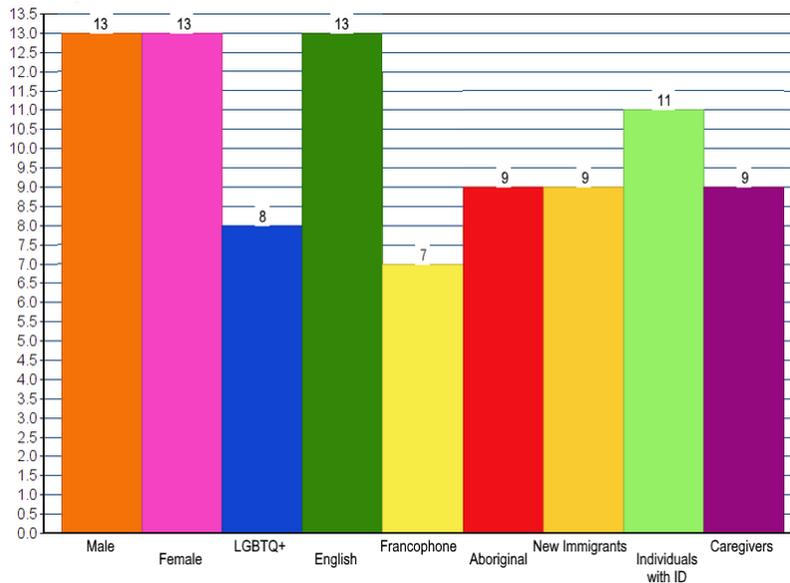


Profile of participants - Survey respondents were asked to identify demographic information about their program participants, such as age, gender, first language, culture, etc. The responses again showed a breadth of diversity.

The 15 organizations who responded to the original survey shared a range of programs serving individuals throughout the life cycle, although the majority of their programs (10/15) focus on individuals aged 6-30 years.



When asked about the gender, language and culture of participants, 13/15 respondents indicated that they provide programs/services for English speaking males and females, with fewer services meeting the needs of LGBTQ+ individuals, Francophones, new immigrants, people with Aboriginal heritage, or those with special needs. However, 11/15 indicated that they offer services to individuals with ID.



100% of respondents indicated that they primarily work in English.

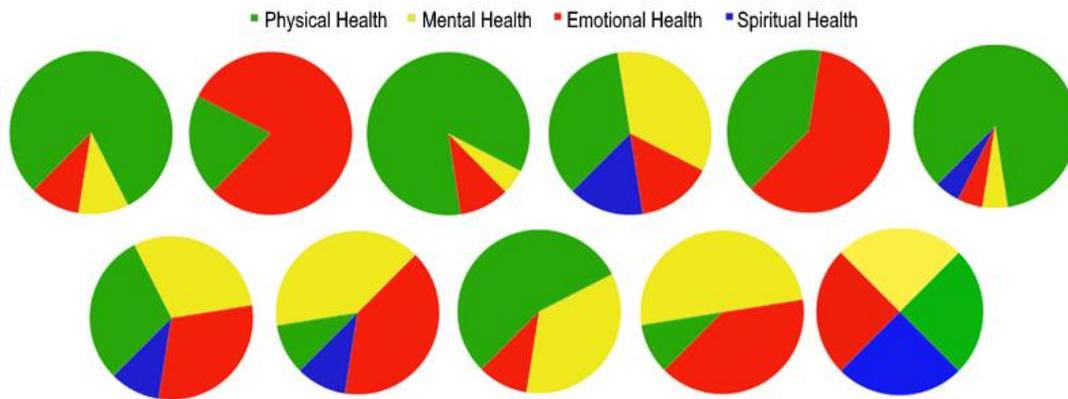
Focus of the service - When asked to indicate the focus of the programs/services provided to clients, responses were as follows:

- Education: 57.1% (8/14)
- Health promotion: 50% (7/14)
- Life skills: 42.9% (6/14)
- Sports/Fitness: 42.9% (6/14)
- Employment: 14.3% (2/14)
- Health care: 14.3% (2/14)

Additional comments provided by respondents:

- *Advocacy: 7.1% (1/14)*
- *Community engagement and advocacy for public policies that support livable income, food security, access to affordable housing, good health, equality and democratic participation: 7.1% (1/14)*

Emphasis on holistic health - As the purpose of the SOPEI Healthy Communities project is to increase the focus on holistic health, respondents were asked to identify the percentage of time their program or service spent addressing physical, emotional, mental and spiritual health, using the Circle of Health² as a guide. Not surprisingly, a large number of the 11 respondents to this question emphasized physical health. Several organizations' programs/services address all aspects of health to a certain degree; however, there is only one that has all four elements in balance.



Promotion of Programs - Respondents were asked how clients learned of their programs/services, as it was felt that this information might be helpful in promoting the SOPEI Healthy Communities Project and other health-related SOPEI services. Responses are as follows:

- Friend: 85.7% (12/14)
- Referral : 71.4% (10/14)
- Radio: 28.6% (4/14)
- Newspaper Ad: 21.4% (3/14)

Other (identified by respondents)

- *Social Media/website*: 50% (7/14)
- *Posters*: 7.1% (1/14)
- *Community events that we organize; networking; media stories about our work*: 7.1% (1/14)
- *Service request form*: 7.1% (1/14)

² The Circle of Health: Health Promotion Framework. PEI Department of Health and Social Services (2009). Charlottetown, Prince Edward Island: The Quaich Inc. Online: www.circleofhealth.net

Referral - When asked how clients are referred to programs/services and by whom, respondents indicated that the majority of people are self-referred, while the next most usual referral mechanism is through a physician. Several other referral mechanisms were also identified.

- Self-referral: 91.7% (11/12)
- Physician: 50% (6/12)

Other (identified by respondents)

- *Autism service providers*: 8.3% (1/12)
- *Child and Family Services, Guidance Counselors, Principals, Municipality, MLA's, etc.*: 8.3% (1/12)
- *Family Referral*: 8.3% (1/12)
- *Physiotherapists*: 8.3% (1/12)
- *Public health nursing*: 8.3% (1/12)
- *Requested by other service providers*: 8.3% (1/12)
- *Support workers, community members, friends*: 8.3% (1/12)
- *Word of mouth*: 8.3% (1/12)

II. Participation

SOPEI expressed interest in knowing more about each program/service so they can be aware of potential organizations and programs with which to collaborate. For this reason, several questions were asked about facilitating factors and barriers to participation.

Barriers and facilitators to participation – Programs/services have a range of facilitators and barriers to participation which would need to be considered in assessing whether a service is accessible and the organization is ready to partner with SOPEI to provide services for their clients.

Question	Always	Sometimes	Never
Is space limited to a defined number of participants?	3 (23.08%)	9 (69.23%)	1 (7.69%)
Are your programs/services free?	4 (30.77%)	7 (53.85%)	2 (15.38%)
Do you provide transportation?	0 (0.00%)	8 (61.54%)	5 (38.46%)
Do you allow assisted support to be present?	11 (84.62%)	2 (15.38%)	0 (0.00%)
Are your settings physically accessible?	9 (69.23%)	3 (23.08%)	1 (7.69%)

Respondents were asked whether participation is limited based on defined program criteria. Interestingly, amongst the organizations which responded, slightly less than 50% had no defined criteria, while slightly over 50% had specific criteria, as follows:

- No defined criteria: 46.2% (6/13)
- Yes: 53.8% (7/13)
 - *Children under the age of 11 and their families*
 - *Families/caregiver with children under the age of 6*
 - *Must be in School K-12*
 - *Occasionally we have specific programs with age perimeters but typically are inclusive of all ages*
 - *Young adults 18+ years*
 - *Programs have an age range*
 - *Sometimes*

We were interested in learning how organizations encourage participation in their programs/services. Respondents identified many ways in which they encourage participation in, and share information about, their programs:

- *We support people where they are, and encourage them to let us know what they need in order for us to be the most help to them*
- *Wide variety of programs aimed at many different groups*
- *6 week introductory program each summer to determine a more accurate assessment of ability, focus and cognitive levels. If safety and risk are deemed acceptable, then participants are allowed to try the actual riding lesson program*
- *Attempt to decrease barrier to participation by creating inclusive and welcoming spaces, providing transportation when necessary. Actively seeking out and listening to feedback and responding to the needs of participants*
- *Actively seeking out and listening to feedback and responding to the needs to participants*
- *We try to remove barriers to participation. No charge for programs, offer transportation and child care*
- *We are very open to working hard to accommodate any needs that kids demonstrate. We have had several kids on the spectrum flourish in our program. We are very open to providing extra staff in anyone needs one-on-one support, or for having caregivers participate in the program alongside their child. I am in the LGBTQ+ community and I make this known to the kids and work to make it a welcoming program to everyone by gently challenging ideas around gender roles, etc. We have also worked to include new immigrants in our program, though we would love to work towards more of this work. We also work very hard to reduce the financial barriers to our program. We currently have a large bursary program so that anyone who wants to can participate for free. We have not*

had anyone participate in our program who requires a physically accessible environment. This would be a challenge for us since our program takes place in the forest. However, depending on the extent of the physical limitation, we would be excited to talk about it on a case-by-case basis to see if it is possible to make it work.

- *Sensory accommodations, holistic family supports for siblings, child and parent*
- *We have a program for people in wheelchairs and for people with intellectual disabilities*
- *Multiple services offered to include participation*
- *We do this in so many ways for over 40 programs and services. I would recommend you contacting myself to discuss, as I will be here all day typing!*

Human resources – A literature review showed that that one of the greatest barriers to improved health for individuals with ID is that staff is not trained to work with this population. To determine the scope of the issue on PEI, the survey asked the following questions:

Question	Yes	No
Do you have staff trained in working with individuals with ID (intellectual disabilities)?	6 (46.15%)	7 (53.85%)
Do you provide opportunities for staff learning and/or professional development?	12 (92.31%)	1 (7.69%)
Do you have volunteers working with your clients/students?	10 (76.92%)	3 (23.08%)
If you have volunteers, do you provide learning opportunities for them?	8 (66.67%)	4 (33.33%)

Less than 50% of the organizations have staff trained to work with individuals with ID, while more than 50% do not, yet the majority of participating organizations are willing to provide staff and volunteer training. This reveals an opportunity for SOPEI to assist in meeting a need for greater training of professionals and volunteers.

To investigate this topic further, respondents were asked about the type of training that staff had received to prepare them for working with individuals with ID. Responses varied, as follows:

- *Barrier Free City training included training for interacting with people with visual/hearing impairments as well as for those with intellectual disabilities.*
- *They would come into the organization with formal training behind them or experience in the field, depending on the job they are going to be carrying out for our organization and the families or individuals we support.*
- *Workshop training plus written volunteer manual and side by side coaching on an ongoing basis. All are volunteers, but our Program Team are of Instructors are Nationally Accredited, who have to keep updating skills and learning.*

- *Human Services Program. Child and Youth Program. RCW Program.*
- *A wide variety, based on the needs required.*

III. Link to the community

As the key objective of the environmental scan was to determine 10 potential partnerships for SOPEI, we were interested in learning about organizations’ experiences working in partnerships and making referrals to partner organizations. To gather this information, we asked several questions about their link to the community.

Question	Yes	No
Are you working in partnership with other programs/organizations?	13 (100%)	0
Do you make referrals to community resources that could support your clients/students?	10 (76.92%)	3 (23.08%)
Do you follow-up on your referrals?	6 (50%)	6 (50%)

Organizations that indicated they follow-up on referrals were asked describe how they relate to other programs and community resources. They provided the following responses:

- *We believe in Community Inclusion for all and work with AASP, mental health professionals and create networks to have flow of resources and follow-up.*
- *This varies between our programs: Ex Best Start (in home visiting service), Parenting Programs, Child care center, Health clinic. All of these programs would refer to variety of different services but follow up looks different depending on the program.*
- *We let people know what other services are available in this area. We offer the connection information, phone numbers, names, a drive if necessary.*
- *[We] often partner with other stakeholders/organizations in program development and delivery. The LGBTQ2+ Adult Drop-in program, for example, is sustained through a partnership between [our organization], Holland College, Women’s Network, and UPEI. As required, [we] also recommend provincial/community resources and services to clients- i.e. community mental health, community legal information association, sober and friendly environment- and will assist community members in gaining access to such services and supports.*
- *Our mission is to provide every member with as many opportunities as possible. We have strong relationships within our community and have great contacts to have a member participate in whatever program / activity will best suit them.*
- *We refer to Music Therapy, Counselling, Horse programs, Special Olympics, Sylvan Learning, Camp Gencheff as well as other programs and agencies.*

IV. Evaluation and Sustainability

One of the key objectives of the SOPEI Healthy Communities Project is to evaluate the project and work toward sustainability. The environmental scan provided a useful opportunity to learn from other organizations in the community about their capability and experience in evaluating programs and developing sustainability strategies. For this reason, questions were asked about both evaluation and sustainability.

Question	Yes	No
Was your program/service developed based on research, e.g., literature review, needs assessment, environmental scan, best practice?	9 69.23%	4 30.77%
Was your program/service developed with first person input?	10 76.92%	3 23.08%
Has it had at least one evaluation with a positive outcome?	11 91.67%	1 8.33%

A large number of respondent organizations 9/13 (69.23%) had based their programs/services on research, and greater percentages used first person input and at least one evaluation with a positive outcome. To determine how other organizations are evaluating their programs, we asked, *“If your program/service has not been evaluated, please describe how you gathered the information you needed to decide to continue the program.”* We received responses from four organizations:

- *We have been in operation since 1976 and continue to grow. We have sent out housing surveys to gather info within the past year to assess needs.*
- *General feedback from participants*
- *Feedback from administrators, coaches, care-givers, athletes*
- *Testimonials, participation numbers*

With regard to sustainability, respondents were asked what steps their organization had taken to ensure sustainability (i.e., partnering with another program/service, finding a secure funder, etc.). Responses were as follows:

Partnerships

- *Partnerships are key to sustainable program delivery*
- *Services for sustainability and multiple partners*
- *[Our organization] is a project based non-profit organization that works to ensure organizational sustainability through collaborative partnerships with various stakeholders.*
- *Partnerships within non government sectors, non profit sectors, provincial government and federal government*

- *We work with the education system as well as with other NGOs*
- *Support from service clubs and generous loyal individuals.*
- *Partnerships within non government sectors, non profit sectors, provincial government and federal government*

Fund development

- *Funding through Special Olympics PEI*
- *[Our organization] also works to secure project funding from diverse sources to avoid over-reliance.*
- *Seeking additional funding partners, working collaboratively with Camp Gencheff*
- *We have limited secure funding and depend on grants and other programs*
- *We are always struggling as not for profit to find organization sustainability. We look at partnering when we can, and are working on writing grants/proposals to fund our work.*
- *We hold a biennial fundraiser, plus apply for funding and grants when available. We also are supported by service clubs and generous loyal individuals.*
- *Work to secure project funding from diverse sources to avoid over-reliance*
- *We... created a social enterprise model to try to ensure more financial sustainability.*

Succession plan

- *Our organization is operating at a large scale, we have many succession plans based on the operation, program, event, etc. Again, it would be much easier to speak in person about it if you require!*
- *We are actively working on a succession plan and have invested in younger instructor training and accreditation to be available as our senior volunteers reduce hours with age etc.*
- *We have many succession plans based on the operation, program, event, etc.*

Public awareness - One of the key elements of sustainability is public awareness. A majority, 77% (10/13), reported that they believe the public is aware of their programs/services. They also shared steps they take (or could take in the future) to increase public awareness:

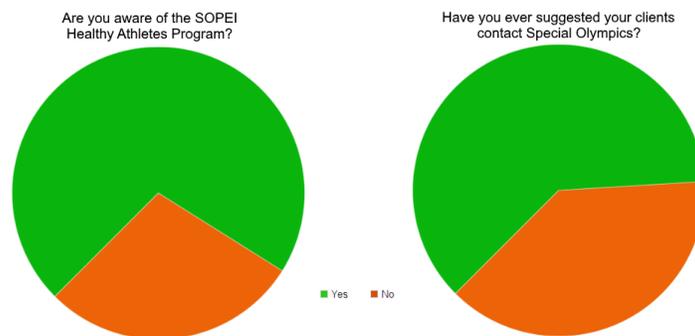
- *Contact with individuals and families /care givers. It is difficult to raise awareness overall in the community*
- *Presentations to more groups, education in schools, more physician engagement for referrals*
- *Increase awareness of our programs with other community organizations*
- *Social media, networking, etc.*
- *Word of mouth, continuing to talk at forums and gatherings*
- *Advertise. Open House*
- *Email newsletter, community referrals, social media*

- Reach out to other Special Olympics Teams
- MCDDA conference (Maritime Conference on Developmental Disabilities & Autism)
- Follow-up on surveys

ii. Awareness and Action

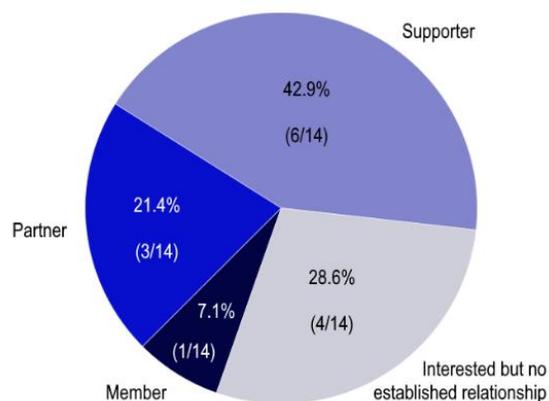
I. General Awareness

Awareness of SOPEI - Within the body of the survey, respondents were provided with information about the Healthy Athletes Program established by SOPEI in May 2015 and launched by Special Olympics International in 1997. Ten out of fourteen (71.43%) indicated that they were aware of the programs, and 8/13 (61.54%) reported that they have suggested that their clients contact SOPEI.

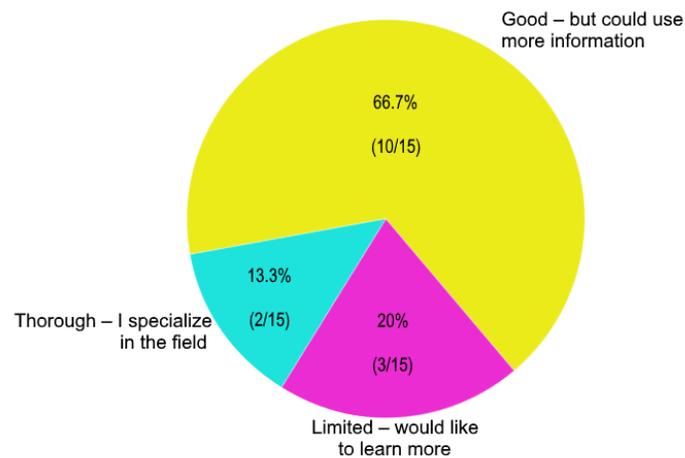


Relationship with SOPEI - When asked about their current relationship with SOPEI, it appears that 10/14 (71.43%) serve as a member, partner or supported of SOPEI and 4/10 (28.57%) have no established relationship, but they are interested in establishing a relationship.

These results highlight opportunities for the Healthy Communities Project to engage new partners and create greater awareness of SOPEI programs.



Health needs of Individuals with ID (intellectual disabilities) and their caregivers – Within the body of the survey, information was provided on the health needs of individuals with ID and their caregivers. Respondents were then asked to rate their level of awareness of the health challenges facing those with ID and their caregivers. Of the fifteen respondents to this question, 10/15 (66.67%) indicated that they felt they had a good understanding but could use more information; 3/15 (20%) felt they had limited awareness and would like to learn more; and only 2/15 (13.33%) indicated that they had a thorough awareness, as they specialize in the field.



Navigation - Given that individuals with ID have complex health needs, addressing and navigating the complexity of their needs requires information sharing and collaboration. Based on our search of the literature, it is evident that data related to individuals with ID and their experiences navigating health and social care is very limited. Efforts, including systems change, to improve navigation for individuals with ID should also improve the holistic health of the general public. Survey respondents were asked if they know of any efforts being made to increase the navigation of health and related services for those with ID and their caregivers. Of the 14 organizations that responded to this question, 9 answered yes, and offered information on the efforts they were aware of. These included:

- *PEI Citizen Advocacy matches volunteers with individuals with intellectual disabilities - the relationships which are for the most part long-term provide security, better access to healthcare, and result in more community participation which can lead to better mental health. Advocates support their protégés to get access to healthcare and to navigate the system when appropriate. I think a number of organizations on the island are trying to do projects that may impact and increase awareness and skills for personal growth and development*
- *United Way supporting initiatives*
- *Mental Health initiatives from the Province, Stars for Life, Community Connections*

- *I understand that PEI's provincial Patient Navigator would be available for navigation support.*
- *I only know of the work (in broad strokes) of the work of PEI People First.*
- *Resources from CDSS*
- *Workshops and seminars*
- *As a primary care provider I assist families navigating through the health care system [and] support other staff in their efforts to assist families with health care system navigation.*
- *I think a number of organizations on the Island are trying to do projects that may impact and increase awareness and skills for personal growth and development*

II. Actions and Impacts

Consideration of ID needs in services – Survey respondents were asked if the needs of individuals with ID and their caregivers have been considered in their programs/services. Responses were varied, as organizations are considering the needs in multiple ways:

- Program evaluation: 57% (8/14)
- Consultation: 43% (6/14)
- Needs assessment: 50% (7/14)
- Unsure: 21.4% (3/14)

Other (identified by respondents)

- *Awareness sessions: 7.1 % (1/14)*
- *Supported Decision-Making Coalition (includes organizations that work with people with intellectual disabilities as well as individuals with intellectual disabilities): 7.1 % (1/14)*

Impact on service – Organizations which had taken steps to design services that consider the needs of people with ID and their families were asked to describe the process and impact on the service. Seven of the organizations responded, offering the following comments:

- *An important part of advocating for good public policy is making sure that individuals with intellectual disabilities are included in all of the conversations, are part of every meeting, committee, etc. and have opportunities to have their voices heard, in order that policies are most suited to their needs. Try not to rely too much on print material. Provide transportation.*
- *All of our programming and supports offered are based on the needs of individuals with ID and their families. So whatever is raised as areas of concerns on individual basis is supported to the best of our abilities, sharing of information, other resources and suggestions to other organizations that may be able to compliment the need.*
- *We introduced one on one lessons for those unable to function in a group setting. Shorter sessions for those with behaviour focus challenges.*

- [Our organization] works to develop low barrier programming. In specific cases, we have consulted with support staff around making programs and events more accessible.
- We design our programs based on our initial assessments (testing) as well as evaluation of the athletes during the sessions. We also rely on coaches feedback and insight. We have done research to ensure we are providing quality training.
- We are holistic in our supports so we have focused on parent well being and self care, social skills building for self esteem and community participation.
- We currently provide respite care and are also working on developing an Associate Family Program within Kings County Area.

Helpful resources - Organizations that had not yet taken steps to consider the needs of people with ID were asked what resources would be helpful in making their services more inclusive. Comments were provided by 5 organizations:

- Money to do renovations and equipment.
- Knowing if there are any avenues of accessing financial support to provide one-on-one support for any individuals with ID that require it for our program.
- Creating sustainable ongoing community partners, as we are lacking in human resources for delivery of our own programming.
- We will take as much information as available to make our practices the best they can be!
- Our organization does not specifically or explicitly work with people with ID. We recognize that people with ID are represented within our target population and we are open to learning more about inclusivity from an ID perspective.

iii. Contextual Factors

A critical component of an environmental scan is learning about the contextual factors in the environment that could have an impact on a project. Questions posed in this section of the survey focused on: suggestions for change that could impact those with ID; future trends; potential partners; and their own organization's interest in partnering with SOPEI on the Healthy Communities Project.

Suggestions for change - When asked the question, "What change do you think would have the greatest impact in improving the lives of SOPEI athletes, people with ID (intellectual disabilities) and the general public?", 10/15 respondents provided suggestions. Some responses were very detailed, and comments have been separated and summarized as follows:

- Encouragement and acceptance
- Inclusion, accessible programs and services
- Have a place where the athletes would have access to consistently
- Access to housing
- Support to follow their own interests

- *Self care, self esteem building, women focused programs, family support*
- *Nutrition and fitness and life skill programs*
- *Have younger people get involved*
- *More public investment in supports that allow people to live more independently, in safety, in the community*
- *Changes in attitudes, more respect for capacity of people to make their own decisions*
- *Less overprotection, more allowance for risk-taking*
- *Better housing options - more public, affordable housing, open to single people who might not be seniors - more regulation of rental properties*
- *Supported decision-making - no more reliance on guardianship especially on the part of parents and institutions*
- *Better social assistance rates, food and shelter rates to reflect real costs of adequate healthy food and good, safe housing, in good repair, plus decent wages for real work*
- *Increased public support for organizations such as Citizen Advocacy and People First that facilitate relationships, build community, empower individuals*
- *Education and training for medical professionals and social workers, workers who respond to victims of violence, to prepare them to interact with people with intellectual disabilities with respect, and in recognition of their rights*
- *Focus on the rights of people to self-determination*
- *Put the UN Convention on the rights of Persons with Disabilities into effect. Create an education program for service providers based on its articles*
- *Publicly funded dental care. This is just unfair. And next, publicly funded vision care. Same as medicare*
- *More facilities, more respite care available and more housing is necessary*
- *Community Inclusion is also important to continue awareness*

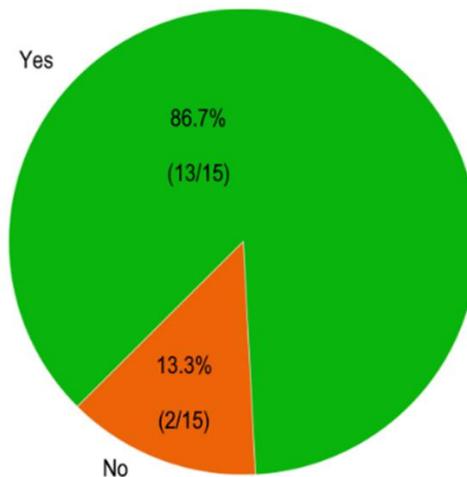
Future trends – When asked what future trends (positive and negative) could impact the health of SOPEI athletes and people with ID, as well as the success of the Healthy Communities Project, 6/15 respondents provided constructive comments:

- *Lack of awareness of the programs currently being offered*
- *Inclusive facilitators in mainstream programs*
- *Awareness of need for (and benefit of) accessible programs and services*
- *A greater emphasis on preventative health care should also address people of ID*
- *Lack of [financial] support for NGOs/non-profits/community organizations has a profound effect, reducing opportunities for people to participate in their communities, develop relationships - critical factors when it comes to health*
- *Currently there is a housing crisis in Charlottetown and many other parts of the Island, which could certainly impact the lives of people with ID*

Potential partners - As the objective of the environmental scan was to identify 10 potential partners to engage in the Healthy Communities Project, respondents were invited to suggest potential partners.

- *Go PEI*
- *People First/Citizen Advocacy/supported decision-making coalition/partners for change*
- *Would love to see if ACL could be a fit into some kind of partnership with the project*
- *Joyriders*
- *Stars for Life*
- *We'd love the opportunity to discuss a partnership.*
- *The Autism Society of PEI would be happy to collaborate if we add any benefit to the project*
- *There is a major focus on sports programs in the City. I would like to see more programs aimed at a variety of activities that support the individual - nature therapy, meditation, etc. I think all recreational sport coaches should have training to support the mental health development of participants. A common language would be helpful and more evaluation is needed*
- *Unsure of current partners*

Interest in the Healthy Communities Project – Of the 15 organizations that responded to the original survey in the environmental scan, 13 organizations expressed interest in learning more and provided their contact information.



Interested organizations are:

- Autism Society of PEI
- Boys and Girls Club of Summerside
- CHANCES
- City of Charlottetown
- Cooper Institute

- CrossFit 782
- Inclusions East
- Joyriders Therapeutic Riding Association of PEI
- Junior Achievement
- PEERS Alliance (formerly AIDS PEI)
- PEI Association for Community Living
- Sierra Club (Wild Child)
- Synergy Fitness and Nutrition

iv. Additional Comments

Three respondents to the original survey provided additional comments at the end of the survey:

- *I realize I'm not a typical respondent in that I don't work for a service organization. I would be happy to talk in person and contribute to this project. I'm very happy that it's happening. I am less knowledgeable about access to healthcare (although I did facilitate a project a few years ago about that topic relative to women with disabilities) than I am with the links between income and health. I have a strong interest in supporting people with intellectual disabilities to contribute to the discussion, since they are the experts - and to the process of creating strong public policies, programs and services that promote good health.*
- *We have allowed Special Olympics to utilize our gym for many years now. With the new building, we'd love to continue to support and be involved in any way possible!*
- *This information should be augmented (by others). I don't know everything and might have missed some things.*

b. EDUCATION SURVEY

As mentioned above, an additional version of the survey, geared towards the education sector, was created after communication with an Advisory Committee member who felt that the original survey contained many questions that were not relevant to education stakeholders. SOPEI staff revised the survey, condensing it to only 15 questions, which was considered to be more manageable and relevant for key contacts in education. The survey was posted online and also circulated in text format.

i. Organizational Information

1. Profile of Organizations

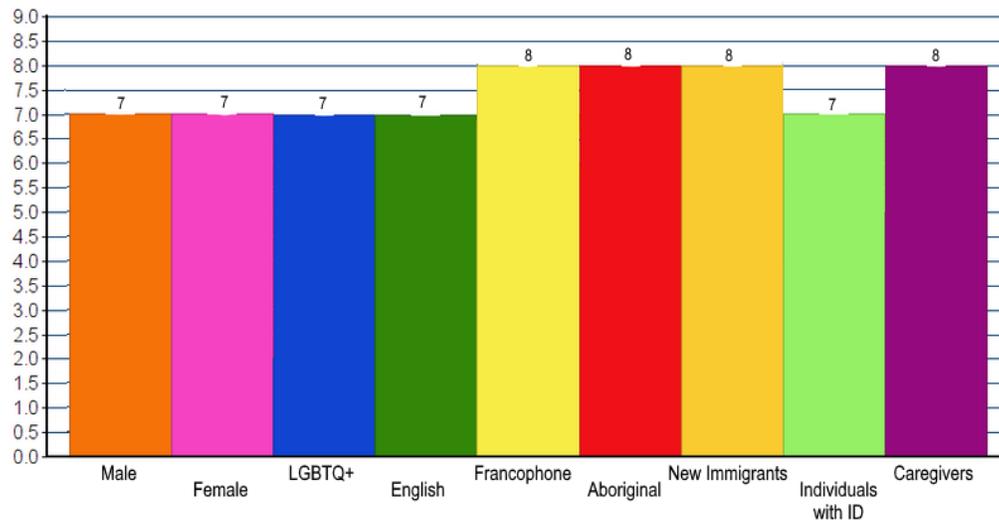
Department Type – Within the education survey, there was some diversity in the type of services/programs offered by the department. All 12 respondents answered this question, and could choose multiple focus areas:

- Health Care: 83.3% (10/12)
- Education: 33.3 % (4/12)
- Fitness/Kinesiology: 25% (3/12)
- Health Promotion: 16.7 % (2/12)
- Social Work: 8.3% (1/12)

Other (identified by respondents)

- Sport & Leisure Management program at Holland College: 8.33 % (1/12)

Profile of Participants – Survey respondents were asked to identify demographic information about their program participants. They shared that their education/training meets the needs of the following populations. The data shows that not all respondents indicated the gender or language of their program participants; however, the inclusiveness of diverse backgrounds (including individuals with ID) in education programs is illuminating and positive.



II. Participation

Human Resources – We were interested to see if there was a difference between the training provided to staff of education programs versus community programs, so the survey asked the question, “Do you have staff trained in working with individuals with ID (intellectual disabilities)?”, and provided a text field for comments.

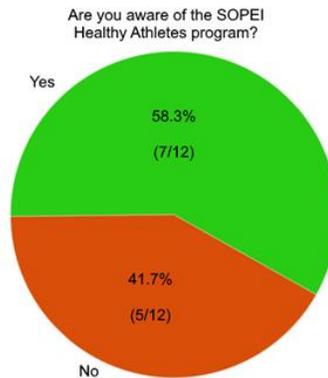
Seven of the 11 respondents to this question on the education survey replied that some staff have some knowledge of working with individuals with ID, though specific training is often not provided by the department itself. Explanatory comments are below.

- *Not specifically. This being said, faculty would have previous workplace experience in working with clients with ID*
- *This would be limited in the Sports and Leisure Management program. We do have some coursework which focusses on training with clients who have an intellectual disability. Additional faculty training in this area would be beneficial*
- *The Human Services Program is in our Department. So yes, 3 faculty members*
- *Staff have attended workshops/sessions*
- *Somewhat*
- *Most staff in public health pediatrics have experience and knowledge working with individuals with ID. My work as coordinator of children with complex needs is currently under constant development with plans to cater services to each pediatric population and their needs*
- *A small cohort in one of our facilities tailored to this service population.*

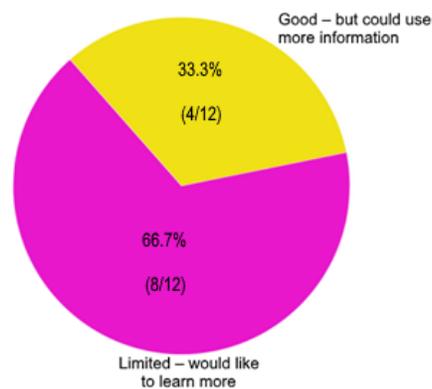
ii. Awareness and Action

I. General Awareness

Awareness of SOPEI – As in the original survey, the education survey provided information about the Healthy Athletes Program. When asked about their awareness of this program, 7/12 (58.3%) of education survey respondents indicated prior awareness.



Health needs of Individuals with ID (intellectual disabilities) and their caregivers – As in the original survey, information was provided on the health needs of individuals with ID and their caregivers in the body of the education survey. Respondents were asked to rate their level of awareness of the health challenges facing those with ID and their caregivers. Only 4 of the 12 respondents to this question (33.3%) indicated that they felt they had a good understanding but could use more information. The remaining 8/12 (66.7%) felt they had limited awareness and would like to learn more. No respondents in the education survey indicated that they had a thorough awareness of the health challenges of people with ID and their caregivers.



Navigation – Education survey respondents were asked if they know of any efforts being made to increase the navigation of health and related services for those with ID and their caregivers. Of the 12 organizations that responded to this question, 4 answered yes, and offered information on the efforts they were aware of. These are:

- *The position of coordinator for children with complex needs was created to help identify the gaps in patient and family navigation and assist in achieving coordinated care. The PEI patient navigator is also a resource for patients and families to access assistance in navigating health care.*
- *There is some work underway to try to improve service coordination and integration for children with complex needs and their families. Children with complex needs may have ID, but may also have many other complexities.*
- *Ongoing working relationship with QCRS to improve care; work being done for Children with Complex Care needs; AccessAbility support*
- *I would suggest that the faculty in the program area would be aware of various services in the healthcare field.*

II. Actions and Impacts

Impact on service – Education survey respondents were asked, *“If your department has taken steps to design services that consider the needs of people with ID and their families, please describe the process and impact on the service.”*

Eight respondents provided comments, with three indicating that they have not taken steps, or that they have been limited. Five respondents shared details about their attempts, although little information was shared about the impacts.

- *Facility operates from a patient centered care approach therefore the patient and family/caregiver has input and direction into their care needs*
- *Preliminary conversations but I wouldn't say we've designed the appropriate services at this point. We adapt our series as needed.*
- *The children with complex needs initiative is in development and is currently gathering feedback from multiple groups (including those impacted by ID) to better serve every group. Feedback is being gathered from health care professionals, parents, patients, government agencies and community groups.*
- *Focused educational efforts (on smaller scale) to enhance staff understanding of resident needs.*
- *We have started to offer Divisions of some of our activities for students with ID*

Helpful resources - Education programs that had not yet taken steps to consider the needs of people with ID were asked what resources would be helpful in making them more inclusive. A number of comments were provided by 5 organizations:

- *Knowledge of their needs*
- *Dedicated in-service sessions for faculty*
- *Free, online resources for faculty and staff*
- *Increased connectivity with individuals trained in the field*
- *Practical knowledge-based resources, detailing conditions, communication approaches and mechanisms to evaluate service delivery*
- *Online educational video would be helpful. This way it would always be available to new staff*
- *In-service training for faculty*
- *Free, online training sessions*
- *Presentations to our specific programs*
- *More education*

iii. Contextual Factors

As in the original survey, questions posed in this section of the education survey focused on: suggestions for change that could impact those with ID; future trends; potential partners; and interest in partnering with SOPEI on the Healthy Communities Project.

Suggestions for change - When asked the question, “*What change do you think would have the greatest impact in improving the lives of SOPEI athletes, people with ID (intellectual disabilities) and the general public?*”, 10/15 respondents provided suggestions.

Selected comments:

- *More frequent opportunities for program faculty and students, in specific course, to interact with SOPEI athletes. This can be accomplished through increased partnerships between the two departments.*
- *Greater awareness of all of the services available to SOPEI athletes for program staff. This way, our graduates would be better able to work with SOPEI athletes when they arrive to various medical offices.*
- *The change that our programs could control, is ensuring our students who are studying in the health care field are aware of all the tools available to them when working in the field.*
- *Awareness*
- *Identification of care and relational nuances for people with ID*
- *Education on communication, housing options, support for caregivers*
- *Better coordination and integration of services and education and specialized training for staff so they are adequately equipped to offer the best service possible to meet the needs.*

- *Coordinated services where individuals had easy access to their health information and health service providers and were able to work collaboratively with patients and each other for coordinated service.*

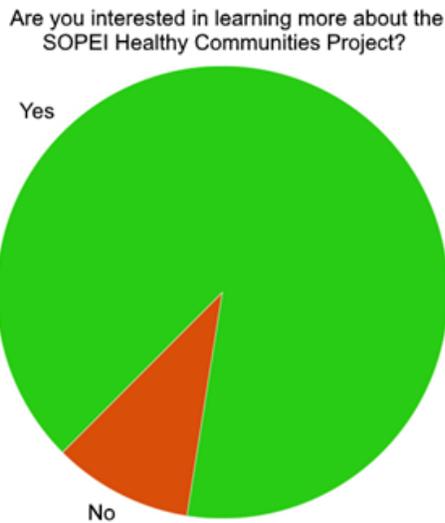
Future Trends - When asked what future trends (positive and negative) could impact the health of SOPEI athletes and people with ID, as well as the success of the Healthy Communities Project, 5/12 respondents to the education survey provided constructive comments. Ideas have been separated in bullet points.

- *By linking the work of SOPEI with the growing experiential learning movement in post-secondary education, greater partnerships and real world learning experiences could positively impact SOPEI athletes.*
- *Ensuring front line health care providers are fully aware of specialized needs of SOPEI athletes or those with ID.*
- *AccessAbility program, Housing option shortage, Patient centered care*
- *Aging population is currently moving more and more services to the elderly and those admitted to hospital with fewer resources to youth and children. This is creating a reactive health care system with fewer proactive projects and programs.*
- *Care giver resiliency*
- *Appropriate housing and employment options*
- *Formal health and social system competency*

Potential Partners – Education survey respondents were invited to suggest potential partners for SOPEI in the Healthy Communities Project, which supplement those suggested by respondents to the original survey. It is interesting to note that there is very little overlap between the potential partners suggested on the two surveys, which provides SOPEI with a wide scope of possibilities.

- *Provincial and national sport organizations*
- *NGO, AccessAbility, Acute Care*
- *All government agencies including education, health, family and human services along with health promotion. Partnerships with local recreation and sports groups and facilities.*
- *Primary and home care programs*
- *Accessibility and income support services*
- *Education and justice organizations*
- *Schools*
- *Municipal Recreation Departments*
- *There would be numerous programs at Holland College which could advance the goals of the project. By reaching out to them, opportunities could be explored.*
- *Connecting with targeted programs at Holland College may be of benefit. Future discussions can be held to identify these particular areas of interest/possible partnerships.*

Interest in the Healthy Communities Project – Of the 12 organizations that responded to the education-focused survey in the environmental scan, 8 organizations expressed interest in learning more and provided their contact information.



Interested organizations are:

- Health PEI (Public Health and Children's Developmental Services)
- Health PEI (Provincial Children with Complex Needs)
- Health PEI (Long Term Care)
- Holland College (Sport & Leisure Management)
- Holland College (Health & Community Studies)
- Holland College (*Note: unspecified department*)
- Optometrist, Family Vision Centre
- QEH Social Work

I. Additional Comments

One respondent to the education survey provided an additional comment at the end of the survey:

- *Thank you for the work that you do in advocating for this special population of our society!*

4. Discussion

Between the two surveys, 21 individuals shared their contact information and asked for updates and additional information about the Healthy Communities Project. Several also specifically indicated in their responses that they would like to be contacted to provide more information about their organization or department's programs/services.

An Interpretative Session was held with the Advisory Committee held on December 14, 2018, during which the results of the environmental scan were reviewed and explored. Given that the scan exceeded its initial target of hearing from 25 organizations, the committee was pleased that we heard from 27 organizations on PEI. However, they were also aware that there were many more organizations that had been invited to participate and did not respond. For example, key stakeholders such as professional associations did not respond. This raised the question: what can we learn about those that did not complete the survey? Why did so many stakeholders not respond? Did they not think it relates to them? Was the language too broad? The Advisory Committee put forward several possible explanations:

- Many people are not comfortable or confident in sharing success stories and what they do, and marketing their programs isn't a priority in their busy schedules.
- Not having individual context or scenarios may have made it difficult for some people to complete the survey.
- Some people are linear and do not see the connectivity between their work and the bigger picture.

These possible explanations led to a discussion of themes and gaps to serve as a focus of follow-up to the scan.

a. Themes

Two major themes emerged from both the findings and reflection of those who did not respond: Connectivity and Awareness.

i. Connectivity

How do we help people see connections? For example, who you are in relation to others? Representatives from the education sector on the Advisory Committee commented that their sector many need information but often cannot find answers. This shows clear a need for more connectivity between sectors. From the environmental scan it appears that existing government services focus on helping people self navigate and find answers (along with online chat services).

To make connections between systems, and illustrate the relationship of one stakeholder to another, we may need to personalize the experience. Should we tell the story through the lens of the population and their experience going through the system? For example, show what an athlete's roadmap looks like and what their connections are on a daily basis? If we were to take this approach, we could reach all those connected and notify them of the project, as well as make sure those connecting points are included in the project. Illustrating the story of a person with ID may help more stakeholders see how they can be a piece of the puzzle of the journey to health and wellness.

Mental health promotion and treatment is becoming a key focus for governments and community organizations, and dialogue about mental health is featured in the media and becoming more common in the general public, as stigma lessens. From our review of the literature, mental health is a key reason why individuals with ID seek emergency medical treatment. Focusing on the mental health of athletes with ID has been identified as a key area for the Healthy Communities Project, as it should have an impact on the holistic health status of athletes. It will require a multidisciplinary approach to address the challenges. Ultimately system change will impact the general public.

The Advisory Committee felt that addressing this theme could provide an opportunity for creating a core training module that could focus on *Why Me?*, touching on why everyone should care, the impact of each person's actions (beyond what they think), and how each Islander can make a difference.

ii. Awareness

The second theme identified by the Advisory Committee is that of awareness of the needs of those with ID and the project in general.

Although a high percentage of respondents indicated that they are aware of the issues of those with ID, a larger percentage indicated that they would like to know more about the project. A focus on awareness could be internal (athletes, parents, caregivers and coaches) and external (partners and the general Island population).

The Committee discussed challenges such as how to profile challenges such as communication issues with physicians, and how to make the link between connectivity and awareness. It was observed that in some instances there might not be a gap in services, but rather a lack of awareness of services available, thus contributing to a lack of connectivity.

A contributing factor to creating awareness is branding confusion; for example, Paralympics (every quadrennial) vs. Special Olympics (weekly programming). Going forward, SOPEI needs to look deeper into its brand. Sharing the story of what SOPEI stands for, and the stories of athletes, will

create brand awareness and foster emotional connections to the hearts and minds of the public and stakeholders.

b. Challenges

During the Interpretation Session, the team discussed the challenge of managing workload. *Once we create awareness and ‘turn on the light bulb’, and as interest grows, how do we make the work manageable?* Suggested strategies for the project include:

- Ensure that the Healthy Communities Project workplan and communication plan address the themes.
- Reflect on the project logic model to ensure work (including adjusted activities) is directed toward outcomes.
- Work with current partners and develop new partnerships to expand awareness, connectivity and the reach of the project.

5. Conclusion

It was concluded during the Advisory Committee Interpretation Session that the environmental scan provided a catalyst for meeting its objective of *establishing 10 sustainable partnerships to increase and sustain focus on holistic health in provincial services for athletes and the broader community*. The list of respondents who expressed interest in learning more, and the suggestions for potential partners offered by respondents are encouraging. The scan also achieved an unanticipated outcome of creating broad public awareness of the project and issues facing individuals with ID through promotion by CBC and other media.

In reflecting on the process of the environmental scan, the Advisory Committee members found the process, communication and data collection tools to be helpful, and the burden of work less than anticipated. All members present found that they learned a great deal from the environmental scan process, with a member stating that their *“greatest insight is that health is everyone’s business!”*

There was consensus during the Interpretation Session that the emerging themes are realistic and provide direction for future work, and while we need to acknowledge the gaps in our scan as limitations, we can convert these to opportunities. For example, we did not hear from physicians and professional health care organizations, and at the time of the interpretation session, we had not received any information on respite care (we later received one survey that referenced it). In regard to respite care, there is a recognition that information is available on access to funding – but limited information on who provides respite care. This gap was reinforced during the Interpretation Session with the comment that *“we currently have more support for the elderly than for children with complex needs.”* This provides an opportunity for SOPEI to partner with

other organizations to advocate for easier access to providers. In regard to professional training, there is an opportunity for SOPEI to partner with educational programs such as Holland College, or the UPEI doctorate in Psych (Culture) and the developing program offered through Applied Health Sciences which is looking for partners on diversity.

The greatest lesson learned from the project is that a survey is more effective when tailored to different sectors from the onset; in this case, the practice sector vs the education sector. Discovering this issue midway through the process meant that the survey had to be adapted and circulated specifically to the education sector, and greater time was needed for the work of contacting stakeholders. While the adaptation resulted in a higher survey response, it also added to the time and work involved in data collection and analysis.

However, even with the gaps in stakeholder response, the end result provided a realistic snapshot of PEI services promoting or interested in promoting inclusion and providing more holistic services to those with ID and to the general public. The Advisory Committee agreed to close the data collection process and work with the data collected to move forward with the SOPEI Healthy Communities Project.

6. Recommendations

Recommendations fall into two main categories; one related to follow-up for the scan; and the second to administration and guidance for the upcoming activities of the SOPEI Healthy Communities Project.

Conclude and share the environmental scan, and engage in follow-up activities

- Update the project work plan and communication plan within the project scope.
- Share the environmental scan report with the Advisory Committee, those who participated in the scan, and other stakeholders.
- Prepare athletes to share their stories. SOPEI has health messengers, but this could be expanded. Have athletes map their networks, their paths to health.
- Investigate partnering with educational programs, such as Holland College, as well as the UPEI doctorate in Psych (Culture); Applied Health Sciences – they are looking for partners on diversity.
- Create opportunities to educate professionals; think about patient interaction with those with ID and how to generalize learnings to other vulnerable populations.
- Work with the education sector – replicate leisure and recreation with other programs; extend education of high school leadership programs such as in Unified Bocce; partner with leadership programs.
- Collaborate with programs to hear feedback from students or athletes impacted by programming.

- Attend conferences and to connect the dots, increase access and collaboration.
- Address the issue of children in foster care – how do those supporting them know where to go and what support/programs are available if a child has more needs?
- Address the issue of respite care – who provides the service?
- Address the issue of transportation particularly in rural PEI. Work with others and advocate for improved systems, e.g., AccessAbility – is there funding for transportation?

Create Project Advisory Committee to guide the project over the next 2 years

- Advisory Committee should be no more than 12 people chosen by industry with ad hoc representation (strategic guest pending topic).
- Invite members of the environmental scan Advisory Committee, outlining roles and responsibilities. Make sure they know why they have been chosen (how they connect in the web).
- Create ad hoc committees where required.

7. References

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8. Appendices

Appendix A – Advisory Committee Letter of Invitation

Appendix B – PowerPoint Presentation, June 20, 2018

Appendix C – Advisory Committee Meeting Notes, June 20, 2018

Appendix D – E-mail to Stakeholders

Appendix E – Environmental Scan Survey

Appendix F – Telephone Script

Appendix G – Survey for Educators

Appendix H – PowerPoint Presentation Review of Results

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