

### Montana: An Alliance for Action

If Montana's public health leaders gave up easily, the state would not be among the 16 currently funded under the Center for Disease Control and Prevention's (CDC) Disability and Health Program.

State public health was unsuccessful when they first sought the CDC backing in the early '90s. A vast state with a sparse population, Montana could not convince the CDC that the state qualified for such assistance. Currently, about 20 percent of the state's population age 5 or more, about 185,000 people, have a disability.

"Bob Moon, the state public health chief at the time, had a heart-to-heart talk with CDC, arguing that the state was ready to move ahead on this work, but the program was looking for bigger epidemiologic numbers," says Meg Traci, project director of the Montana Disability and Health (MTDH) program.

#### Laying the Groundwork

Despite that setback, Montana Department of Public Health and Human Services (DPHHS) forged strong ties with the University of Montana's Rural Institute, a federally-funded Center for Excellence in Disability Education, Research and Service. Together, they launched a number of research and service programs that set the stage for CDC funding in 2002 for a Montana Disability and Health program. Among those efforts were the following:

- CDC-funded research in 1992 to establish priorities and encourage coalitions on behalf of people with disabilities. That effort helped spawn the eight-week Living Well with a Disability health promotion program held at centers for independent living and other facilities. It remains a centerpiece of MTDH efforts to improve health outcomes for those with disabilities, while still curbing costs.
- The Montana Developmental Disabilities Council, a citizen-based group appointed by the governor, was established to increase the independence and productivity of people with disabilities. Among other things, the council frames a five-year strategic plan to address developmental disabilities issues.
- A wide-ranging research effort on disability issues at the Rural Institute, which also partners with local groups and facilities that work on behalf of those with developmental disabilities.
- Olmstead<sup>1</sup> planning, focusing on moving individuals with disabilities out of large institutions and into small community settings.

"By the time we were ready to compete again in 2002 for a new round of CDC funding, we had developed a long history of research, including applying what we had learned from the Living Well program to those with developmental disabilities," says MTDH's Traci, who began her work in disability issues as a graduate student at the Rural Institute. "We also had been doing statewide health surveillance on the adult population with developmental disabilities and identified a number of risk factors."

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<sup>1</sup> In 1999, the Supreme Court ruled in *Olmstead v. L.C. and E. W.* that states are required to develop plans to serve people with disabilities in community-based settings, if possible, versus relying on institutionalization.

### Managing the Agenda

All these efforts led to CDC funding for MTDH, which has grown from \$250,000 annually in 2002 to \$400,000 in 2011. Established as a partnership between DPHHS and the Rural Institute, the center resides within the Chronic Disease and Health Promotion Bureau of DPHHS, headed by Todd Harwell. A core management team meets monthly with Meg Traci to monitor the work of the program. Included in this group are Harwell; Tom Seekins, Ph.D., Research Unit Director, and Craig Ravesloot, Ph.D, Rural Health Research Director, from the University of Montana Rural Institute: A Center for Excellence in Disabilities Education, Research and Services; and DPHHS officials James Driggers, Community Services Bureau Chief; Jim Marks, Disability Transitions Programs Division; and Robert Runkle, Developmental Services Division Administrator who oversee such areas as senior long-term care, developmental disabilities, and vocational rehabilitation and transportation.

“One of the reasons why MTDH fits so well within our bureau is that the prevalence of chronic diseases, such as diabetes, is especially high among people with disabilities,” says Harwell. “The MTDH staff has done an outstanding job of integrating disability issues into chronic disease programs, as well as areas like emergency preparedness.”

Backing up Harwell’s observations is the 2005 Assessing Disability and Secondary Health Conditions in Montana Adults report, which based its data on the state’s Behavioral Risk Factor Surveillance System (BRFSS) surveys. The report showed that adults with disability in Montana were more likely than adults without disability to:

- Have chronic joint symptoms and arthritis
- Report clinically diagnosed diabetes
- Have high blood pressure or blood cholesterol
- Report clinically diagnosed cardiovascular disease
- Have asthma
- Sustain fall-related injuries
- Smoke cigarettes
- Report no leisure-time physical activity

With such evidence in mind, the MTDH strategic report targets two primary groups: mobility-impaired adults and adults with intellectual/developmental disabilities living in supported-living facilities. Not only has the Rural Institute developed intervention strategies to serve this population, but also a network of resources already exists in communities to implement MTDH programs for these populations.

An ongoing concern, for example, is the rapid turnover of staff in group homes for people with cognitive disabilities, which makes health promotion efforts more difficult. Among steps to meet that challenge, MTDH has promoted a program called MENU-AIDS®, which specifies nutritionally-sound food service and meal-planning practices for group settings.

Another important program, which grew out of surveillance work on the health status of the developmentally disabled adult population, is the Wellness Club. It provides support materials and training to help caregivers, as well as people with disabilities themselves, develop individualized plans to

achieve better health. In some cases, people monitor their plan's progress on a computer and review health education updates on CDs.

Outreach programs also are vital. In 2009, MTDH launched CDC's "Right to Know" communications plan, which highlights the importance of breast cancer screening among women with physical disabilities. Along with ads and radio spots, MTDH is supporting an "Every Woman Matters" exhibit that features portraits of 12 Montana women with disabilities who are cancer survivors. Some 30 community events have been held throughout the state to host the exhibit and promote local breast screening campaigns. About 27 percent of the 15,000 people attending these events come from the target group. MTDH also has been active statewide in efforts to ensure that mammography facilities are accessible to women with disabilities.

### **A Network of Advocates**

Beyond such specific programs, MTDH also has established an active network of allies in government and in the community. For example, the MTDH advisory board consists of state public health, service providers, and individuals with physical and intellectual disabilities. The advisory board, in turn, developed the plan to recruit and train people with disabilities to participate as advocates on state boards concerned with public health and other services.

One of these Disability Advisors, Mary Millin of Hamilton, notes that, "Our job is ensure that state agencies and boards always keep in mind the impact of their decisions on people with disabilities."

Millin, who is legally blind, works at the Summit Independent Living Center, a Missoula-based facility that serves people with physical and cognitive disabilities. Many of the state's independent living centers participate in MTDH programs, such as the Accessibility Ambassadors project that evaluates community health facilities and fitness centers for their user-friendliness to those with disabilities. Summit is also working currently with Rural Institute researchers to a devise health survey form with language understandable to those with developmental disabilities.

Looking to the future, the big challenge for MTDH, with its modest budget, is to find what Harwell calls "new linkages" to other programs, particularly in the area of prevention and chronic disease. Traci, for example, sees opportunities to do more for people with disabilities in such areas as diabetes and fall prevention. And though the MTDH program thus far has focused on an adult population, Traci's *wish list* includes new resources for programs to serve children with disabilities and their families.

MTDH also will continue to benefit from its close relationship with the Rural Institute, which supports a full slate of research projects funded primarily by the federal Administration on Developmental Disabilities, part of the Department of Health and Human Services.

"The Rural Institute has Ph.D.-level staff with the capability of doing NIH [National Institutes of Health]-quality research," says Harwell, "and they have a long track record of translating that research into real-world service interventions, including public health practice."

**You can learn more about Montana's programs for people with disabilities by consulting these sources:**

Montana Disability and Health Program

<http://mtdh.ruralinstitute.umt.edu/>

Montana Disability and Health Strategic Plan 2006-2010

<http://mtdh.ruralinstitute.umt.edu/Publications/StrategicPlan.htm>

Montana Department of Public Health and Human Services Chronic Disease and Health Promotion Bureau

<http://www.dphhs.mt.gov/PHSD/chronic-disease/chronic-disease-index.shtml>

University of Montana Rural Institute

<http://ruralinstitute.umt.edu/>

Assessing Disability and Secondary Health Condition of Montana Adults (2005 report)

[http://mtdh.ruralinstitute.umt.edu/Publications/65666\\_BRFSS.pdf](http://mtdh.ruralinstitute.umt.edu/Publications/65666_BRFSS.pdf)

Montana Council on Developmental Disabilities Five-Year Plan

[http://www.mtcdd.org/index.php?option=com\\_content&view=article&id=177&Itemid=100023](http://www.mtcdd.org/index.php?option=com_content&view=article&id=177&Itemid=100023)