

Success Stories

from the Montana Disability and Health Program

Facilitated version of the 14 Weeks to a Healthier You!

Public Health Issue

Many programs have been established that promote healthy weight and nutrition for people with disabilities; however, few have been written to address the needs of people with intellectual and developmental disabilities (I/DD). Failure to provide inclusive health prevention services and resources may inadvertently widen the gap of health disparities among population groups (<http://www.cdc.gov/nccdphp/dch/health-equity-guide/>). To counter such outcomes, health equity-oriented approaches to the design and implementation of policy, systems, and environmental improvement efforts have potential to historically and contemporary disadvantaged populations.

Program Overview

The 14-Weeks to a Healthier You! is an internet-based fitness and nutrition program targeted to people with mobility limitations, chronic health conditions and physical disabilities (www.nchpad.org/14weeks/). Aside from weekly exercise and nutrition tips, the program also offers the opportunity to connect with other participants and tools to track and encourage participants to meet their exercise and nutritional goals. Evaluations of the on-line 14 Weeks curriculum conducted by Lullo (2013) directed NCHPAD's efforts to develop a facilitated curriculum with additional resources and tools for health educators to better support individuals with intellectual and developmental disabilities (I/DD) to access the 14 Weeks program content.² The 14 Weeks program was originally developed by the National Center on Health, Physical Activity, and Disability (NCHPAD) as an online program.

Making a Difference

MTDH partnered with Centers for Independent Living (CILs) to pilot the program to Montanans with I/DD in 2015. Program facilitators as well as participants reported having learned the importance of good nutrition and exercise to improve their health. Upon program completion, participants and facilitators reported the program's weekly materials were useful and provided recommendations to better improve the weekly curriculum. Facilitators and participants found they can accomplish more when their bodies are healthy, and have more possibilities in life when including exercise and healthy eating in their daily living. One respondent mentioned avoiding fast food and seeking a balanced meal to develop good daily eating habits.

Shaping Tomorrow

Implementation of the 14-Weeks program with people who have I/DD will continue throughout the state, serving as an on-ramp to build capacity for participants to benefit from other health education classes. CILs will work with community health program educators to provide referrals and help identify options for graduates of the 14 Weeks program to continue having support on the path to a healthier lifestyle.

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MTDH is a State Disability & Health Grantee of the Disability and Health Branch, Division of Human Development & Disability, National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention. MTDH is a partnership of the Montana DPHHS and the University of Montana Rural Institute for Inclusive communities. More information is available at: <http://mtdh.ruralinstitute.umt.edu>

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"I learned that eating healthy and exercising can be fun. Keeping track of how much water I was drinking was fun."

"It was fun doing different kinds of exercises each week. One that we all liked was balancing on a line exercise. Also going to the park to do exercises with ball was fun."

"I like trying new foods now. Before the class I was kind of afraid to try new things"

~ Stacia and Shelby, participants in the 14-weeks to a Healthier You facilitated version, in Butte, MT.



Success Stories

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Promoting Inclusive Healthy Communities in Montana

Public Health Issue

People with disabilities compose about 20% of the U.S. population but often are left out of community planning efforts. As communities organize to ‘...build active community initiatives’, persons with disabilities have significant roles in realizing a healthy community for all its members regardless of ability.

Program Overview

The Montana Disability and Health (MTDH) Program recruits, trains and supports Disability Advisors who provide technical assistance and infuse disability inclusion and wellness goals in public health planning at state and local levels. The Montana Nutrition and Physical Activity (NAPA) Program’s Building Active Communities Initiative (BACI) is a project of the Montana Department of Public Health and Human Services in cooperation with Montana State University’s Office of Rural Health. With in-depth, interactive training, mentoring and ongoing technical assistance, NAPA’s Building Active Communities Initiative supports community-led approaches to develop active and healthy communities. MTDH Disability Advisors are involved in BACI planning and implementation in communities across Montana and are supported with data and resources (e.g., Montana BACI Disabilities Resources & Information, available at: <http://www.umt.edu/sell/cps/baci/Disabilities%20Resources%20.php>).

Making a Difference

Active community policy resolutions have been adopted in eleven Montana cities, towns and counties to date. Examples of inclusive planning language in those policies include “accessible streets”, “safe and accessible routes”, “meet the needs of all users and abilities”, and “universal access to transit systems”. Community BACI Teams reported that a Disability Advisor testimony directed them to be more thoughtful about the inclusion of community members with disabilities in active communities work.

Dawson County is a rural county with a growing population that has nearly doubled the state rate in the past few years due to the oil boom in eastern Montana and North Dakota. In 2013, Dawson County sent a multi-sector leadership team representing the county and the city of Glendive to the first Montana BACI Action Institute. Soon after attending the Action Institute the Building Active Glendive (BAG) coalition was formed and currently has close to a dozen community leaders including the Mayor of Glendive, a county commissioner, the health department, Rotarians, planners and engineers as well as active community volunteers. Dawson County adopted a Complete Streets Policy in October 2014 that received national recognition, a third ranking among all complete streets policies passed nationwide in 2014. The City unanimously passed the “Safe and Accessible Streets” Policy for the City of Glendive in April 2015.

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“In older American towns, like Glendive, it’s important to realize that accessibility is needed and can continually be improved for a whole and healthy community.”

~ Kathie Bach, Glendive resident & MTDH Disability Advisor since 2003.

Success Stories

from the Montana Disability and Health Program

Living Well with a Disability Improves Health and Saves Money

Public Health Issue

People with disabilities compose about 20% of the U.S. population but account for nearly half of all medical expenditures. A combination of medical, rehabilitation, and community advancements have increased the life expectancy of people with disabilities. A challenge for public health is to ensure these added years are quality life years. The Living Well with a Disability (LWD) evidence-based CDC-sponsored health promotion program meets this challenge by reducing the effects of health problems and associated medical expenses for people with physical disabilities or mobility impairments.¹

Program Overview

A national study funded by Centers for Disease Control and Prevention's (CDC) Disability and Health Program indicated that a state would save approximately \$81,000 to \$240,000 above the cost of the LWD program when implemented with 240 participants each year. The Research and Training Center on Disability in Rural Communities (RTC:Rural), in partnership with MTDH, provides the organizational and facilitator training and technical assistance to Centers for Independent Living and other community agencies that implement LWD workshops. LWD teaches skills to manage health, solve problems, communicate with service providers, avoid frustration and depression, increase physical activity and nutrition, and maintain healthy lifestyle practices.

Making a Difference

From February 1995 to April, 2016, RTC:Rural staff trained 1,159 LWD facilitators in 46 states, who served more than 9,272 adults with disabilities. The vast majority of trained facilitators were located in 16 of the 18 states with *CDC Disability and Health programs (<http://www.cdc.gov/ncbddd/disabilityandhealth/index.html>). Since 2002, 735 LWD facilitators in current and previous CDC Disability and Health funded states reached over 5,880 workshop participants, whose symptom-free days are estimated at having increased by 69,972 days. The estimated net benefit to healthcare payers is between \$5.5 and \$9.4 million.

Shaping Tomorrow

Contact your state Department of Public Health and Human Services to discuss LWD as a possible Medicaid reimbursable service through the Home and Community Based Services (HCBS) Waiver programs.

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"Living Well with a Disability has been a great experience. The 10-week program allows individuals with disabilities to create a healthy lifestyle plan, unique to their desires and strengths, to overcome every day and ongoing challenges, and to reach meaningful life goals. It is awesome!"

~Darren Larson, LWD Facilitator



Darren Larson (right) and Michael O'Neil¹

Success Stories

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Improving the Nutritional Health of Individuals with I/DD with MENU-AIDDS

Public Health Issue

Adults with intellectual or developmental disabilities (I/DD) are at increased risk for nutrition related chronic diseases and secondary conditions such as overweight, obesity, diabetes, cardiovascular disease, gastrointestinal dysfunction and nutritional deficiencies. Staffing issues and planning for multiple individual cultural and special dietary needs present challenges to maintaining food systems within to this population's living situations that align with the American Dietary Guidelines.

Program Overview

MENU-AIDDS was developed using community-based participatory research methods to ensure its acceptability and usability by group homes and individuals with disabilities. The program uses an ecological approach to health promotion, which means that it takes into consideration the many influences on nutritional choices and behavior. MENU-AIDDS' dietary recommendations follow the Dietary Guidelines for Americans and the MyPlate food guidance system. It is not a therapeutic diet and does not need a doctor's order to implement. MENU-AIDDS has been evaluated in an 8- and 16-week pilot trial and a 6-month public health dissemination (effectiveness trial) in Montana.

Making a Difference

To date, more than 160 community-based group homes for adults with IDD in Montana, New York, North Carolina, and Oregon have been trained to implement MENU-AIDDS. Training evaluations indicate that 99% of managers trained agreed that they were well prepared and confident to implement the program; 96% agreed the day of training was worth their time and effort, and 96% agreed that they were prepared to teach the concepts and procedures to their staff.

Because managers, staff, and residents now make the weekly home menus, the food systems have become more responsive to cultural food habits and resident preferences, grocery store sales and seasonal foods, residents' special dietary needs, and their staff capacity. Significant improvements were found in homes that used MENU-AIDDS: healthfulness of planned menus dietary intake of individuals who lived there body weight of people who were overweight or obese and of people who were underweight gastrointestinal function.

Shaping Tomorrow

MTDH plans to partner with I/DD services providers, who are already using MENU-AIDDS successfully, to use the program as a base for introducing the Diabetes Prevention Program to adults with IDD. Such a linkage would likely allow evidence-based diabetes prevention programming to this population who are at increased risk for the chronic, expensive condition.

For more nutrition materials and information, visit the MTDH website at <http://mtdh.ruralinstitute.umt.edu/>

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At Eastern Montana Industries, group home manager Steve Amick used the MENU-AIDDS program to improve dietary offerings, but he did not stop there. He increased resident involvement in the menu planning by researching traditional native vegetables with several American Indian residents. They put several varieties of squash on the menu and learned new recipes together. This is a culturally competent increase in vegetable consumption—a winning solution.

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Partnering to Improve the Health of Montanans with Intellectual and Developmental Disabilities (I/DD)



Individual Level

Health Care Checklist: A health checklist can facilitate the person-centered planning process and helps individuals think about a range of possible health concerns. The Personal Support Plan Health Care Checklist can be adapted for use in many areas and is accessible online: <http://1.usa.gov/1XmyLh8>

14 Weeks to a Healthier You: This facilitated program was developed for people with I/DD and focuses on fitness and nutrition. Developers created a manual with tools and resources to teach people with I/DD how to make healthy physical activity and nutrition choices.

Women Be Healthy: This curriculum enables women with developmental disabilities to become more active participants in their health care. The curriculum focuses on health education anxiety reduction, and assertiveness and empowerment training to help women become better health advocates.

Interpersonal Level

MENU-AIDS: Service provider organizations are a significant source of interpersonal messages and support to help integrate health goals into service plans and into the planning process. Across the country, several community-based group homes for adults with I/DD have been trained to implement MENU-AIDSs, with positive results such as improved diet and healthier meal decisions.

Organizational Level

DSP Support: Efforts focus on expanding the community supports service system staff to include health and wellness professionals. This increases health communications to individuals and their support professionals, which guide frontline supervisors and direct support professionals roles and responsibilities. DSPs assist individuals with I/DD to follow established routines that impact health and wellness. Stabilizing DSP and creating a culture of wellness has been an essential component in reducing negative outcomes from DSP turnover.

Community Level

Inclusive Fitness Program: Promoting the training and health literacy supports to health promotion professions is necessary to make other health education programs more accessible to and inclusive of people with I/DD. A database of professional fitness trainers in Montana serves as a tool for MTDH and other organizations to communicate future professional development opportunities and collaborate with other trainers in their communities.

Policy Level

Making Inclusive Changes: MTDH works with the Governor's Council on Disabilities to support the inclusion of components that guide inclusion of people with disabilities in public health programs. The Living Well With a Disability Program initiated changes to the 1915(c) waiver to include health and wellness supports as well as allowing reimbursements for gym club membership. The Community First Option in Montana also increases the availability of support for home and community-based services.

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“Our latest collaboration is on adopting a health education program focused on nutrition and physical activity for implementation in Montana.”

~ Andrea Dahl, Summit ILC employee, an organization that collaborates with the RIIC.