



Sustainability Plan

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Purpose

The purpose of this Plan is to assist statewide and local partners, community leaders, and other public health professionals to develop, implement and evaluate plans to sustain their public health efforts for people with disabilities. Those efforts include the following:

- Expanding the MTDH Program capacity to work with their many partners to identify and address public health challenges so that resulting health initiatives can have lasting impact;
- Introducing key sustainability approaches (including policies, partnerships, organizational strategies, and communication plans) that provide a process for sustaining policy strategies and related activities, and demonstrating sustainability planning in action;
- Creating and building momentum to maintain community-wide change by organizing and maximizing community assets and resources;
- Institutionalizing policies and practices within communities and organizations;
- Expanding a network of community practitioners who understand and can lead a Healthy Communities Movement;
- Involving a multiplicity of stakeholders who can develop long-term buy-in and support throughout the state;
- Emphasizing the development of a network of community practitioners who understand and can lead a Healthy Communities Movement;
- Involving multiple stakeholders who can develop long-term buy-in and support throughout the community for coalition's efforts; and
- Ensuring lasting change and making a difference in people's lives.¹

“Sustainability: A community’s ongoing capacity and resolve to work together to establish, advance and maintain effective strategies that continuously improve health and quality of life for all.”²”

¹ A Sustainability Planning Guide for Healthy Communities, page 7, http://www.cdc.gov/healthycommunitiesprogram/pdf/sustainability_guide.pdf

² NACCHO (National Association of County and City Health Officials) Sustainability Planning Guide for Healthy Communities: A Summary, May 2012.

Shared Understanding³

People with disabilities face many challenges and need supportive networks to enable them to live full and meaningful lives, such as the following:

- **Healthy Living:** People with disabilities need health care and health programs for the same reasons anyone else does—to stay well, active, and a part of the community. Having a disability does not mean a person is not healthy or that he or she cannot be healthy. Being healthy means the same thing for all of us—getting and staying well so we can lead full, active lives. That means having the tools and information to make healthy choices and knowing how to prevent illness.
- **Safety:** People with disabilities can be at higher risk for injuries and abuse. It is important for parents and other family members to teach their loved one how to stay safe and what to do if they feel threatened or have been hurt in any way.
- **School:** In order to help a child fully participate in school, plans can be developed around the child's specific needs. These plans, known as 504 plans, are used by general education students not eligible for special education services. By law, children may be eligible to have a 504 plan which lists accommodations related to a child's disability. The 504 plan accommodations may be needed to give the child an opportunity to perform at the same level as their peers. For example, a 504 plan may include the child's assistive technology needs, such as a tape recorder or keyboard for taking notes and a wheelchair accessible environment.
- **Transitions:** Transitions occur at many stages of life. For example, the transition from teen years to adulthood can be especially challenging. There are many important decisions to make, such as deciding whether to go to college, a vocational school, or enter the workforce. It is important to begin thinking about this transition in childhood, so that educational transition plans are put in place. Ideally, transition plans from teen years to adulthood are in place by age 14, but no later than age 16. This makes sure the person has the skills he or she needs to begin the next phase of life. This stage in life also involves transitioning one's health care services from pediatricians to physicians who primarily treat adults.
- **Independent Living:** Independent living means that a person lives in his or her own apartment or house and needs limited or no help from outside agencies. The person may not need any assistance or might need help with only complex issues such as managing money, rather than day-to-day living skills. Whether an adult with disabilities continues to live at home or moves out into the community depends in large part on his or her ability to manage everyday tasks with little or no help (such as , cleaning the house, cooking, shopping, paying bills, and using public transportation). Many families prefer to start with some supported living arrangements and move towards increased independence.

³ People with Disabilities, CDC website: <http://www.cdc.gov/ncbddd/disabilityandhealth/people.html>

- **Finding Support:** Meeting the complex needs of a person with a disability can put families under a great deal of emotional, financial, and physical stress. However, finding resources, knowing what to expect, and planning for the future can greatly improve overall quality of life. If you have a disability or care for someone who does, it might be helpful to talk with other people who can relate to your experience. By finding support within your community, you can learn more about resources available to meet the needs of families and people with disabilities. This can help increase confidence, enhance quality of life, and assist in meeting the needs of family members.
- **Accessibility:** Offices, parks, health care facilities, schools, or any other public spaces should be built to meet the needs of all people who will use the space. In addition, web pages, brochures, and other information should be accessible to people with disabilities.

Coordinated Plans

The MTDH Strategic Plan includes the following items that are pertinent to sustainability planning:⁴

- An **Introduction** that provides information about Healthy People 2020, leading health indicators, Montana’s aging population, access to health care, caregivers, Montana’s economy, inequities in education and employment for persons with disabilities, and a description of the MTDH Program target population.
- The **Disability Report Summary and Highlight section** explains the importance of timing in relation to physical growth, reproduction, infection, social mobility, and behavioral transitions that influence various adult chronic diseases in different ways and how these temporal processes are interconnected and manifested in population-level disease trends.
- The **Vision, Mission, Long-term outcome goal, and Strategies** are based on the history and forward momentum of the national disability and health movement as well as the recognized expertise of the University of Montana Rural Institute (UMRI) to provide leadership for this effort.

⁴ MTDH Strategic Plan: <http://mtdh.ruralinstitute.umt.edu/blog/wp-content/uploads/Strategic-Plan.pdf>

Partners

- The **Primary partners** section of the Strategic Plan clarifies that the MTDH Program is the result of a cooperative agreement between The Centers for Disease Control and Prevention (CDC); and the Chronic Disease Prevention and Health Promotion Bureau (CDHPB) of the Montana Department of Public Health and Human Services (MDPHHS) in partnership with the University of Montana Rural Institute (UMRI): *Center for Excellence in Disability Education, Research, and Service*.

Four major divisions of MDPHHS have partnered with the MTDH Program to attain the long term outcome goal of reducing/eliminating health disparities experienced by populations with disabilities in Montana and promoting/maximizing health, preventing chronic disease, improving emergency preparedness and increasing the quality of life among Montanans with disabilities across the life course.

1. Public Health & Safety Division

- The Financial Operations and Support Services Bureau houses budget functions, operations support, public health informatics, and vital statistics.
- The Chronic Disease Prevention and Health Promotion Bureau includes:
 - The Cardiovascular Health, Diabetes, and Asthma Section;
 - Nutrition and Physical Activity (NAPA) Section;
 - The Emergency Medical Services, Trauma Systems, and Injury Prevention Section; and
 - The Healthy Lifestyles Section includes the Tobacco Use Prevention, Nutrition and Physical Activity, and Arthritis Programs).
- The Family and Community Health Bureau includes:
 - Children's Special Health Services Section
 - Maternal, Infant and Child Health Section
 - WIC (Women, Infants and Children) Section
 - Women's and Men's Health, including Family Planning Section
- Primary Care Office

- The Laboratory Services Bureau includes:
 - The Clinical Public Health Laboratory
 - The Environmental Laboratory
 - Environmental Health Section
 - Laboratory System Improvement Section
- The Communicable Disease Control and Prevention Bureau includes:
 - Communicable Disease Epidemiology Section
 - Food and Consumer Safety Section
 - Immunization Section
 - STD/HIV Section
 - Public Health Emergency Preparation and Training Section

2. Developmental Services Division

The Development Disabilities Program contracts with private, non-profit corporations to provide services across the lifespan for individuals who have developmental disabilities and their families. The focus of the program is to tailor care to the individual and provide it in as natural an environment as possible.

3. Senior and Long-term Care Division

This division administers aging services, adult protective services, and the state's two veterans' homes. It also helps to fund care for elderly and disabled Montanans who are eligible for Medicaid and Supplemental Security Income (SSI).

4. Disability Transitions Services Division

This division contracts with private, non-profit corporations to provide services across the lifespan for individuals who have developmental disabilities and their families. The focus of the program is to tailor care to the individual and provide it in an environment as natural as possible.

The MTDH Program is part of: 1) the **University of Montana (UM) Rural Institute: Center for Excellence in Disability Education, Research, and Service** (established in 1979); and 2) national networks of programs funded by the Federal Administration for Community Living committed to increasing and supporting "...advocacy, systems change and capacity building to ensure access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life" (see http://www.acl.gov/About_ACL/Organization/Statement.aspx).

These **primary partnerships** facilitate the collection of data, dissemination of information, training of professionals, and other activities designed to prevent secondary conditions, promote health, and reduce health disparities existing between Montanans with and without disabilities.

The MTDH Program also partners with:

- Other programs within the Montana University System including the UM Psychology Department, Sociology Department, School of Social Work, Anthropology Department, Geography Department, School of Physical Therapy, School of Community and Public Health Sciences, and the Phyllis J. Washington College of Education and Human Sciences; and the Montana State University Schools of Architecture and of Nursing;
- Other programs within the Rural Institute including: Research and Training Center on Disability in Rural Communities, Montana Association for the Blind, MonTech, Deaf-Blind Services, and the RI Consumer Advisory Group;
- Other state agencies: Montana Office of Public Instruction, Department of Commerce, Montana Council on Developmental Disabilities, Area Agencies on Aging, Aging and Disability Resource Centers, and the DPHHS Addictive and Mental Disorders Division of MDPHHS;
- Other programs and services related to disabilities, including: Montana Council on Developmental Disabilities; Montana NAMI (National Alliance for the Mentally Ill), the U.S. Forest Service; and Montana Centers for Independent Living;
 - In partnership with Montana Centers for Independent Living, the Accessibility Ambassadors program was created to demonstrate methods for assessing program and facility accessibility. Their first project, assessing public health departments, was funded by the Christopher Reeves Foundation in 2006. Other accessibility projects include community health and fitness programs, public health departments, and mammography centers in selected areas.
 - National Partners, including the American Association on Health and Disability; the American Public Health Association's Disability Section; the Amputee Coalition of America; the Arc; the Association of Programs for Rural Independent Living (APRIL); FEMA; NACCHO's Health and Disability Workgroup; the National Center on Health, Physical Activity, and Disability; and Special Olympics, Inc.

- Associations: Montana Association of Community Disability Services, Montana Builders Association, Montana Primary Care Association, Montana Hospital Association, American Red Cross of Montana, Montana Realtors Association, Montana Brain Injury Association, Montana Public Health Association, Susan G. Komen for the Cure - Montana Affiliate, Montana Polio Survivors Support Group, Montana AARP;
- Alliances and Partnerships: Montana Transportation Partnership, Disability Action Alliance of Montana; People First of Montana and PF local affiliates, and Montana League of Cities and Towns;
- Programs and Services: Parents Let's Unite for Kids; Montana Youth Leadership Program; Disability Rights Montana and Montana Legal Services; Montana Developmental Disabilities Service Organizations; and
- Statewide Coalitions: Montana Cancer Control Coalitions, Montana Coalition for the Homeless, Montana Diabetes Project Advisory Council, Montana Health Coalition, Montana Hypertension Coalition, Montana Injury Prevention Coalition: Montana Lifetime Respite Care Coalition, Montana State Breastfeeding Coalition, Montana Worksite Health Promotion Coalition, and Youth Connection Coalition.

The **MTDH Program Advisory Board**, established in 2003, is a coalition of people who represent state agencies (see four major divisions above) and programs as well as provider and consumer groups. The Advisory Board is responsible for work at committee levels and for overall guidance of the program through the MTDH Core Management Team. The Advisory Board sets priorities, reviews progress, and organizes public support for MTDH initiatives. Board involvement is instrumental in the initiation and development of the MTDH Sustainability Plan. In 2012, the Board was re-named the Montana Disability and Health Community Planning Group. (For the purposes of this plan, this organizational component of the MTDH program will be referred to as *the Board*.)

Currently, eleven Board members from across the state represent: consumers with mobility impairments, adults with developmental disabilities residing in supported living arrangements operated under contract with state agencies, community service providers, and State program representatives. Fifty-four percent (54%) of the Advisory Board members have personal experience with a disability.

Process

Partners listed in the preceding section facilitate the collection of data, dissemination of information, training of professionals, and other activities that relate to more than one program or one division. The MTDH Program provides a mechanism whereby people with disabilities are included in policy advisory boards within the partnering divisions so their unique needs are factored into any efforts to prevent secondary conditions.

Coordinator:

Meg Traci, Ph.D. is the MTDH Project Director who ensures that the sustainability planning timeline is realistic, the appropriate people are involved and engaged in the process, meetings occur as planned, internal and external communications are effective, and action steps are implemented.

Planning Team:

MTDH staff is the main body that grapples with sustainability issues as well as the inevitable changes in policies and procedures that occur over time. Their ideas and concerns are always shared with the Core Management Team and the Disability Advisory Board.

Facilitator:

Outside facilitators are enlisted as needed to provide a neutral framework for discussions; assure that all views and opinions are solicited and respected; and the group reaches consensus. Outside speakers are also invited to share their technical expertise in policy areas.

Goals, Objectives and Activities

Outcome Goal One: Enhance Program Infrastructure and Capacity

Objective 1A: By June 30, 2015, the MTDH Core Management Team will develop 10 written processes and/or agreements to assure that the MTDH Strategic Plan is integrated with other state plans pertaining to persons with disabilities.

Activities

Core Management Team

- Determine a process to coordinate the MDPHHS chronic disease plan with other relevant state plans.

- Assure that people with disabilities are adequately represented in the 5-year health incentives grant awarded in September of 2011.

Public Health & Safety Division Staff:

- Prepare a state chronic disease plan that includes collaborative projects with MTDH.
- Identify six Montana communities (funded through the Healthy Homes grant) to conduct home visiting assessments. Group homes and/or small assisted living facilities will be included.
- Collaborate with MTDH to measure the effectiveness of a five-year CMS grant to provide incentives to Medicaid beneficiaries of all ages who participate in prevention programs and demonstrate changes in health risks and outcomes, including the adoption of healthy behaviors.

Developmental Services Division Staff

- Provide surveillance and data on health-related issues that impact the lives of people with disabilities.
- Collaborate with MTDH to design modules for data-based decision making.

Objective 1B: By January of 2013, the UMRI will develop training materials for public health professionals and provide technical assistance to Life Style Coaches at 15 diabetes prevention statewide program sites.

Activities

MTDH: Meg Traci, PhD, PI, MTDH Project Director

- Hire and train successful candidates.
- Develop a brochure to assist public health professionals in understanding the special equipment needs of persons with disabilities (e.g. mammography).
- Assure that Life Style Coaches are well-versed in current referral processes for mental health problems.
- Identify possible teaching supports for persons with intellectual or developmental disabilities.
- Provide technical assistance as needed.

Objective 1C: By June 30, 2015, MTDH staff and partners will have successfully acquired at least \$300,000 of ongoing funding for implementation of this Plan. Opportunities to expand the program will be identified and incorporated into the plan as funding is secured.

Activities

MTDH: Meg Traci, PhD, PI, MTDH Project Director

- Continuously identify and pursue opportunities for collaboration
- Identify and apply for relevant competitive grants
- Seek support from private foundations, corporations and community partners
- Develop two grant proposals focused on early intervention strategies targeted toward children with disabilities and submit to the National Institutes of Health (NIH) as well as other funders who may be interested in this work.

Objective 1D: By September 1, 2014, develop two grant proposals focused on early intervention strategies targeted toward children with disabilities and submit the proposals to the National Institutes of Health (NIH) as well as other funders who may be interested in this work.

Activities

MTDH: Meg Traci, PhD, PI, MTDH Project Director

- Determine NIH funding priorities and deadlines for application.
- Identify appropriate statewide partners.
- By September 1, 2014, submit grant application for Health Promotion for Children with Physical Disabilities through Physical Activity and Diet: Developing an Evidence Base⁵
- By September 1, 2014, submit grant application for Healthy Habits: Timing for Developing Sustainable Healthy Behaviors in Children and Adolescents (R03)⁶

⁵ [U.S. Department of Health and Human Services, National Institutes of Health, Modification 1](#)

⁶ Ibid., [U.S. DPHHS, National Institutes of Health, Modification 2](#)

Outcome Goal Two: Support Direct Services and Programs

Objective 2A: By June 30, 2015, offer 10 nutritional health promotions/programs/events/activities, at a variety of educational venues and through innovative dissemination routes, with relevant and appropriate information to at least 500 Montanans with disabilities, focusing on persons with intellectual and developmental disabilities and their supporters and health care teams.

Activities

MTDH: Kathleen Humphries, PhD, PI, Nutrition Program Director

- Continue to offer one MENU-AIDDs basic training in Montana per year.
- Support current MENU-AIDDs users via booster trainings, online information and support material, and short webinars.
- When possible, make the nutrition education and support materials applicable to Montanans of a variety of ages, individuals living in residential types other than community-based group homes, and persons with disabilities other than IDD.
- Integrate the MENU-AIDDs program evaluation into the statewide data monitoring systems, such as Therap.
- Continue to create evidence for the MENU-AIDDs program through research funded external to the MTDH.

Objective 2B: By June 30, 2015, provide 12 facilitator training workshops for the *Living Well with a Disability (LWD) Program*, and 12 facilitator training workshops for the *Working Well with a Disability (WWD) Program* to increase the percentage of trained Montana facilitators by at least 5%.

Activities

MTDH /Craig Ravesloot, PhD, PI, Director, Rural Health Research

- Work with Vocational Rehabilitation to orchestrate consistent referrals and reimbursement for both LWD and WWD.
- Solicit feedback and ideas from CILs regarding the best ways to make LWD and WWD sustainable to steer activities.
- Increase outreach to and establish partnerships with American Indian reservations in Montana.
- Actively seek funding to develop LWD for youth.
- Connect WWD to Vocational Rehabilitation for youth.

- Promote LWD to Disability Student Services on college campuses by:
 - Including as a self-management component in new student orientation,
 - Including all students, not just students with disabilities, and
 - Partnering with CILs to provide facilitators.
- Explore the possibility of LWD being incorporated into continuing education classes on college campuses while assuring the integrity of the program.
- Partner with County Extension Offices to make referrals to LWD and WWD Programs.
 - Collect outcome data from specific sentinel sites and collect process evaluation data from other sites in the state to address need for both effectiveness data and impact data.
- Identify other evidence-based peer support programs.
- Develop and execute a survey to determine existing peer support groups for persons with disabilities living in Montana.
- Assess the need for peer support networks throughout Montana.
- Offer Peer Training, Peer Support Training and Peer Specialist Training through the LWD Program.
- Contact the VA hospital in Helena to identify viable peer support programs for amputees in Montana.
- Determine best practices for peer support networks.

Outcome Goal Three: Improve Access to Generic Services

Objective 3A: By June 30, 2015, enroll at least 2,000 Montana health care providers (public health professionals, physicians, nurses, mental health professionals, psychologists, etc.) who earn online and/or in-person continuing education credits that enhance the understanding of and competencies in disability awareness, cultural sensitivity, health care knowledge of conditions regarding people with disabilities, and the importance of accessible buildings and accessible medical equipment.

Activities

MTDH: Meg Traci, PhD, PI, MTDH Project Director

- Continue to provide training and technical assistance to the 46 Montana Community Health Centers (CHCs) and Rural Health Clinics (RHCs), as well as the 40 Montana mammography centers that were previously assessed for accessibility.
- Continue to Increase CHCs and RHCs staff awareness of available resources and materials.
- Identify specific curricula that have been vetted and approved for continuing education credits for health care providers.

- Provide opportunities for health care providers to earn continuing education credits by:
 - Collaborating with the Montana Geriatric Resource Center of the University of Montana to develop online courses targeted toward health professionals who work with PWD.⁷
 - Collaborating with the Kansas University Research & Training Center on Independent Living to adopt training modules pertinent to the online or in-person training of health professionals.⁸
- In collaboration with local and national partners, identify resources and materials that have been useful to health care facilities and providers for addressing accessibility barriers to receiving health care services.

Objective 3B: By June 30, 2015, the MTDH Accessibility Ambassadors will assist in developing and promoting at least four inclusive strategies to meet or exceed the ADA accessibility requirements to Montana community health centers and rural health clinics.

Activities

MTDH: Meg Traci, PhD, PI, MTDH Program Director

- Host regular meetings of the Accessibility Ambassadors to gather their input on a number of accessibility issues.
- Evaluate current infrastructure capacity to identify and promote accessible health resources within the network.
- Work with MDPHHS to identify infrastructure and partners to improve accessibility.
- Promote funding opportunities for capital improvements and policy work.
- Investigate other states' policies about the use of state-of-the-art technology (e.g., hearing aids).
- Continue to work with the Montana Builders Association.
- Call attention to unsafe or unacceptable practices.

Accessibility Ambassadors

- Provide input regarding:
 - Accessibility issues and ways to address those issues,
 - Customer-based services for persons with disabilities, and
 - Strategies to eliminate barriers.

⁷ [Montana Geriatric Resource Center of the University of Montana](#)

⁸ [KU Research & Training Center on Independent Living](#)

Objective 3C: By June 30, 2015, educate 150 college and graduate students in a variety of disciplines (such as public health, architecture, biology, and psychology) about the MTDH Program in general and accessibility issues for persons with disabilities in particular.

Activities

MTDH: Meg Traci, PhD, PI, MTDH Project Director

- Work with the MPH Program to institute certificates of disability and public health.
- Provide opportunities for MPH Program students to collect, interpret and disseminate data.
- Continue to support MSU nursing students.

Objective 3D: By June 30, 2015, develop a data-based decision-making training for at least five state agencies and private non-profits and provide at least 15 trainings in various locations in the state.

Activities

MTDH: Meg Traci, PhD, PI, MTDH Project Director

- Educate state agency and private nonprofit personnel about data system elements that identify people with disabilities.
- Explore the possibilities of:
 - Recruiting UM Psychology Department students to analyze available data from state governmental agencies and report their findings, and
 - Providing small stipends for this work.
- Identify ways to:
 - Recruit and train health care providers for the state, and
 - Promote model policy practices that assure disability cultural competency among providers.
 - Support state agency and private nonprofit agencies in:
 - Providing a healthy work place,
 - Promoting the health of the people they serve, and
 - Addressing health equity.

Objective 3E: By June 30, 2015, develop and facilitate 15 health promotion programs for people with disabilities as well as their families and/or caregivers, using the Guidelines for Community-based Health Promotion Programs.

Activities

MTDH: Meg Traci, PhD, PI, MTDH Project Director

- Develop an underlying conceptual or theoretical framework for community-based health promotion programs for people with disabilities.
- Implement process evaluation.
- Collect outcome data using disability-appropriate measures.
- Involve people with disabilities and their families or caregivers in the development and implementation of health promotion programs for people with disabilities.
- Consider the beliefs, practices, and values of the target groups, including support for personal choice.
- Assure that programs are socially, behaviorally, programmatically, and environmentally accessible.
- Assure that health promotion programs are affordable to PWD and their families/caregivers.

Objective 3F: By June 30, 2015, adapt the *American Psychological Association Guidelines for Assessment of and Intervention with Persons with Disabilities* for public health professionals.

Activities

MTDH: Meg Traci, PhD, PI, MTDH Project Director

- Become familiar with the:
 - 12 guidelines related to disability, awareness, training, accessibility, and diversity;
 - 5 guidelines related to testing and assessment; and
 - 5 guidelines related to interventions.
- Determine how these guidelines could be adapted to public health professionals.

Outcome Goal Four: Improve Access to Community Environments

Objective 4A: Through June 30, 2015, support the Emergency Preparedness program of the MDPHHS and its partners (Montana Disaster and Emergency Service and Hospital Preparedness Program) to assure that Montanans with disabilities are adequately represented in state and county Emergency Preparedness (EP) plans.

Activities

MTDH Staff

- Partner with existing networks to assist persons with disabilities to:
 - Create a personal support network or self-help team that can help identify needs and obtain necessary resources for meeting those needs during and after an emergency.
 - Create a personal emergency preparedness plan.

MDPHHS Staff

- Develop tools and materials to assist local administrators in accomplishing deliverable goals.
- Identify and commit public health personnel for ARSP emergency preparedness/ awareness training.
- Provide EP information to special, vulnerable, and at-risk populations that have disabilities or are vulnerable due to age.
- Collect information that:
 - Identifies strengths, weaknesses, and gaps in EP efforts in local communities; and
 - Demonstrates work already done at the local level for ARSP.
- Assure that a description of how Local/Tribal Health Departments will serve ARSP in the event of an emergency is included in all emergency response plans.
- Assure that all Local/Tribal Health Department EP plans include ARSP, their caregivers, and service animals.
- Partner with Montanan's Area Agencies on Aging to address the needs and concerns of older Montanans at the local level.

Local / Tribal Health Departments ARSP Deliverables

ARSP-1: Training

- Identify / commit public health personnel for ARSP EP and awareness training.
- Select and attend a communications-related training.

ARSP-2: Outreach

- Work with local organizations to: a) register with the Montana Volunteer Registry; and b) assist ARSP during a public health emergency.
- Maintain the list of community service organizations and contacts for ARSP with the jurisdiction.
- Identify and develop a collaborative partnership with the DPHHS Area Agency on Aging representative for the community, county or jurisdiction.

ARSP-3: Planning

- Provide a description of how the Local or Tribal Health Department will serve ARSP individuals in the event of a health emergency.
 - Collaborate with local community service organizations and other agencies for ARSP within the jurisdiction.
 - Provide messaging, planning, vaccine distribution and protocols for accommodating ARSP through collaboration with identified community services.
 - Integrate citizen participation in the planning process at all levels.
 - Develop and provide community preparedness public education programs and materials for ARSP.
 - Determine locations of ARSP who need assistance with evacuation from an affected area.
 - Support community infrastructure to achieve appropriate levels of preparedness.

Objective 4B: By June 30, 2015, support Montana Independent Living Centers in assisting 150 people with disabilities to return from nursing homes, state institutional hospitals, and rehabilitation hospitals to community-based living.

Activities

MTDH Staff

- Collect and analyze CIL policies governing nursing home emancipation services.
- Explore the role of secondary conditions and other barriers in nursing home emancipation.
- Work with Vocational Rehabilitation Services to educate community employers about work life wellness strategies for persons with disabilities such as Health Plans for Employment.

Objective 4C: Through June 30, 2012, partner with the Montana League of Cities and Towns to increase accessibility in at least 20 towns and cities across the state.

Activities

Meg Traci, PhD, PI, MTDH Project Director

- In 2012, prepare and distribute surveys for each of the 129 member municipalities to provide baseline information regarding accessibility for people with disabilities.
- Prepare written accessibility materials to be dispersed through the Montana League of Cities and Towns.
- Provide technical assistance regarding accessibility.
- In 2016, re-survey the member municipalities, determine progress, and publish the results.
- Identify and publish names of businesses and services that exemplify best practices.

Objective 4D: By June 30, 2015, the MTDH Program will expand the capacity of the Montana Association of Realtors (MAR), the Montana Building Industry Association (MBIA), and the Montana Home Choice Coalition (MHCC) to increase the number of visitable homes in Montana from 19.3% to 24% as measured by the Montana Behavioral Risk Factor Surveillance System (BRFSS).

Activities

Meg Traci, PhD, PI, MTDH Project Director

- Partner with Montana CILs to provide visitability awareness trainings.
- Support the AWARE Montana Home Choice Coalition in creating accessible, community- integrated housing choices for persons with disabilities across the age and ability spectrum.

- Form recommendations to increase the proportion of visitable homes in the state.
- Continue to work with the Montana Building Industry Association to provide input regarding universal design and visitability.
- Provide input to the Five-year Montana Housing Consolidation Plan that addresses issues related to affordable housing, homelessness, infrastructure, public facilities, economic development, and other community development needs.
- Support the Statewide Independent Living Council (SILC) Housing Task Force.
- Collect, analyze and disseminate BRFSS data regarding the number of visitable homes in the state.
- Promote policies for developing and evaluating a system of state tax incentives regarding building modifications that improve visitability.
- Encourage policy makers and licensing agencies to add visitability items to licensing tests for architects and builders.
- Remain active members of the *Task Force on Epidemiology, Surveillance, and Evaluation* to meet surveillance and evaluation needs specified in the cooperative agreement and MTDH State Plan.
- Update the percentage of Montana's private residences that are visitable (baseline of 19.3% established in 2004 through a Montana BRFSS questionnaire). While results were similar for most sub-populations, people who were older or who reported using special equipment were more likely to report living in a visitable home. Respondents with a disability who reported living in a visitable home were less likely to report any days of poor mental health in the past month than those who did not live in a visitable house (Traci, Seekins, Oreskovich, and Cummings, 2007).

Outcome Goal Five: Integrate Disability and Health Agenda

Objective 5A: The MTDH Program will assist MDPHHS in implementing ten evidence-based and/or practice-based programs designed to improve health and wellness for people with disabilities.

Activities

Meg Traci, PhD, PI, MTDH Project Director

- Recruit Disability Advisors to exemplify and encourage healthy lifestyles for persons with disabilities.
- Continue to monitor priority health issues in the state for all children and adults in Montana.
- Build competency of partners to deliver programs to persons with disabilities.
- Assess the accessibility of venues and resources provided through the program.

MDPHHS Staff

- Provide quarterly BRFSS reports on priority health issues.
- In collaboration with MTDH staff, provide special reports on topics of particular concern.

Objective 5B: The MTDH Program, in partnership with the Chronic Disease Prevention and Health Promotion Bureau of MDPHHS, will continue to: 1) inform people with disabilities and the general public about risk factors for and symptoms of: arthritis, diabetes, high blood pressure, high blood cholesterol, cardio-vascular disease, and asthma; and 2) encourage all Montanans to adopt healthy behaviors including diet, exercise, social networks, and regular medical check-ups.

Activities

Meg Traci, PhD, PI, MTDH Project Director

- Partner with the Public Health and Safety Division Administrator and Bureau Chiefs to determine/delegate the appropriate staff person(s) to keep MDHP and others (e.g. federal agencies, other state agencies, the Veterans Administration, Indian Health Services, and Montana Centers for Independent Living) apprised of information and issues surrounding secondary conditions.
- Partner with other departments within the University of Montana to include disability and health information and materials within specific curricula in order to increase knowledge about people with disabilities, prevention of secondary conditions, and access to resources.
- Partner with the Montana Office of Public Instruction to include information about disability and health within high school health curricula.
- Host annual forums for state and national partners to identify best practices as well as priority issues, resolutions, and policies for people with disabilities.

Objective 5C: The MTDH program will partner with the Addictive and Mental Disorders (AMDD) Division of MDPHHS to: 1) inform people with disabilities and the general public about risk factors for and symptoms of depression, anxiety, and other mental health disorders; and 2) encourage *all* Montanans to adopt validated stress-reduction and emotional self-management techniques.

Activities

MTDH / Meg Traci, PhD, PI, MTDH Project Director

- Collaborate with stakeholders and partners to develop comprehensive mental health plans that enhance coordination of health care and the integration of mental health services and primary healthcare.

- Encourage primary care practitioners to incorporate the PHQ-8 module (used to assess depression and anxiety) into annual primary care physical exams.
- Incorporate mental health promotion into chronic disease prevention efforts.
- Incorporate mental health concerns into the treatment of other chronic diseases.
- Conduct health promotion campaigns that educate the public about the symptoms of depression and anxiety and the potential ways to treat these illnesses.
- Encourage adults with these disorders to seek treatment in order to prevent increased severity or progression of the illnesses.

Objective 5D: The MTDH Program will continue to collaborate with Core Management Team members to provide information and education regarding secondary condition prevention, strategies and health resources available in Montana communities. Education will be targeted to at least 5,000 professionals, service providers, and people with disabilities.

Activities

MTDH / Meg Traci, PhD, PI, MTDH Project Director

- Participate in long-term care conferences and present information regarding disability and health.
- Provide information and training to care givers and health professionals regarding disability and health.
- Keep professionals and the general public apprised of disability and health issues and effective prevention efforts.

Objective 5E: Increase by 10% the number of DPHHS Health Programs (Chronic Disease Prevention/Health Promotion and Child Health); Montana University System Wellness Programs; and local health jurisdictions healthy communities task forces that have one Disability Advisor as a member.

Activities

Meg Traci, PhD, PI, MTDH Project Director and current Disability Advisors

- Work with additional state agencies, private non-profit groups and University programs to identify at additional opportunities for Disability Advisors.
- Recruit and train additional Disability Advisors, including high school and college-age youth.
- Evaluate the effectiveness of this approach and identify improvements that can be made.
- Incorporate a Youth Leadership forum.

Determine Which Efforts to Continue

On a yearly basis, the MTDH Program Advisory Board reviews the objectives and activities outlined in the Strategic Plan and offers suggestions regarding the addition, improvement, or discontinuation of certain objectives and activities.

Criteria for the review include the following:

- At least 10 days prior to the annual review, MTDH Program staff will review program activities (refer to pages 11 through 21 of this plan) and note those activities that have been: 1) completed; 2) altered; or 3) deleted.
- At least one week prior to the meeting, the: 1) Outcome Goals section (pages 8 through 21 of the Sustainability Plan), and 2) the updated list of activities will be emailed to MTDH Advisory Board Members for their review.
- Each recipient reviews the material prior to the meeting.
- During the MTDH Program Advisory Board meeting, a facilitator will lead the group through a **SWOT** (**S**trengths, **W**eaknesses, **O**pportunities and **T**hreats) exercise to determine:
 - Major strengths of the program and how those strengths will be maintained;
 - Primary weaknesses of the program and how these weaknesses will be addressed;
 - Opportunities for program enhancement and a description of how the program will take advantage of these opportunities;
and
 - Identify three threats (or barriers) to the program and how these threats or barriers will be overcome.

Maintain Priority Efforts

The following information is a brief synopsis of a model developed by Saint Louis University researchers, titled *Successfully Maintaining Program Funding During Trying Times: Lessons from Tobacco Control Programs in Five States*⁹

Key factors in Sustainability Planning include the following:

1. State political and financial climate:

Montana Governor, Steve Bullock, recently announced and endorsed the State Health Improvement Plan¹⁰ (SHIP) to improve the health of Montana citizens and indicated that these strides will be facilitated by partnerships among state, tribal, and local governments, as well as private and not-for-profit entities. To fully realize a Healthier Montana, the Governor indicated that “individual residents will need to be responsible to maintain and improve their own health and the health of their families.”

The plan emphasizes:

- Staying active and eating well,
- Living tobacco free,
- Getting age-appropriate immunizations,
- Taking simple steps to prevent injuries,
- Seeing a health care provider regularly, and
- Contributing to and enjoying a healthy environment.

The Montana Olmstead Plan for the Disability Services Division of DPHHS:

- Ensures that appropriate stakeholders participate in the development of the plan and follow up;
- Takes steps to prevent or correct current and future unjustified institutionalization of individuals with disabilities;
- Afford consumers and their families the opportunity to make informed choices regarding how their needs can best be met in community or institutional settings;
- Ensure to the extent possible the availability of community integrated services;
- Take steps to ensure that quality assurance, quality improvement and sound management support the implementation of the plan.¹¹

⁹ David E. Nelson, Jennifer H. Reynolds, Douglas A. Luke, Nancy B. Mueller, Monica H. Eischen, Jerelyn Jordan, R. Brick Lancaster, Stephen E. Marcus, and Donna Vallone, <http://www.ncbi.nlm.nih.gov/pubmed/17984716>

¹⁰ Big Sky. New Horizons. A Healthier Montana. <http://www.dphhs.mt.gov/ship/documents/StateHealthImprovementPlan.pdf>

¹¹ <http://www.dphhs.mt.gov/sltc/services/communityservices/csOlmsteadPlan.shtml>

The MTDH program has strong partners (as outlined on pages 6 through 8 of this report) who support and encourage program goals, objectives, and activities.

According to the **Montana Poverty Report Card**, published in December of 2011,¹² Montana has had a higher poverty rate than the U.S. since 1995. The highest Montana poverty rate occurred in 1995 (15.8%) and the lowest poverty rate (13.3%) occurred in the year 2000. In 2009, Montana had an estimated 142,000 people living in poverty. In that same year, the median household income for the U.S. was over \$50,000, while the median household income for Montana was just over \$42,000. Whereas Montana's median household income has been below U.S. median household income, it has followed the same *upward* trend since 1999.

The Report Card study found that poverty is highly correlated with the following:

- Percentage of employed adults,
- Percentage of adults with a low level of education (less than a high school diploma),
- Percentage of households headed by a single female with children, and
- Percentage of American Indians in the county.

¹² Study conducted by the Montana Department of Public Health and Human Services in collaboration with Montana State University Extension.
<http://www.montana.edu/extensionecon/countydata/statewidereportdec2011.pdf>