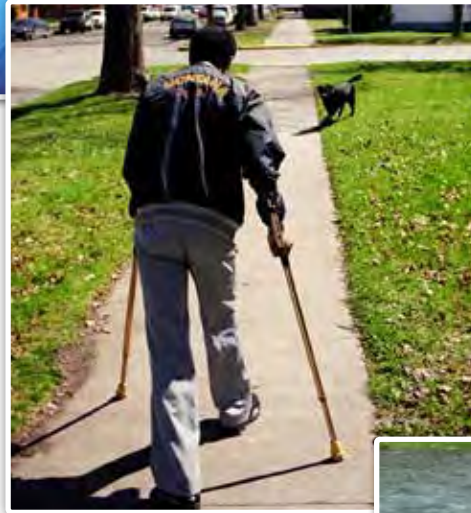




UPDATES & ACCOMPLISHMENTS

STRATEGIC PLAN 2006-2010
MONTANA DISABILITY & HEALTH PROGRAM



Living well under the Big Sky . . .
MONTANA Disability & Health
PROGRAM

ACKNOWLEDGEMENTS

This update on the 2006 - 2010 Strategic Plan represents the collaborative endeavor of the Montana Disability and Health (MTDH) Program, a partnership of the Chronic Disease Prevention and Health Promotion Bureau of the Montana Department of Public Health and Human Services (MDPHHS) and The University of Montana Rural Institute (UMRI): Center for Excellence in Disability Education, Research, and Service.

The MTDH Program is responsible for developing and implementing programs and services designed to prevent secondary conditions, promote health, and reduce health disparities existing between Montanans with and without disabilities. The MTDH Program is funded by the National Center on Birth Defects and Developmental Disabilities, Disability and Health Branch, Division of Human Development and Disability, and the Center for Disease Control and Prevention (CDC).

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INTRODUCTION

The following pages update the **Montana Disability & Health Program Strategic Plan 2006 - 2010**. On the national and statewide levels, a number of events have occurred that have major impacts on people with disabilities who live in Montana. These impacts must be carefully weighed as Montana moves into the next iteration of the Strategic Plan.

People with Disabilities

Overall, Montanans with disability compared positively to those without disability in attaining the following four Healthy People 2010 objectives:

1. usual primary health care provider (87%, 69%),¹
2. regular blood cholesterol screening (79%, 70%),²
3. immunizations against influenza (71%, 62%)¹ and pneumococcal disease (80%, 66%),¹ and
4. lower overall prevalence of binge drinking (11%, 19%).¹

Conversely, Montana adults with disability reported significant health gaps and disparities in the attainment of 10 other Healthy People 2010 objectives as compared to Montana adults without disability:

1. chronic joint symptoms and arthritis (75%, 21%),²
2. clinically diagnosed diabetes (13%, 5%),¹
3. high blood pressure (46%, 23%),²
4. high blood cholesterol (47%, 33%),²
5. clinically diagnosed cardiovascular disease (19%, 4%),¹
6. asthma (15%, 7%),¹
7. cigarette smoking (26%, 17%),¹
8. no leisure-time physical activity (32%, 18%),¹
9. moderate physical activity levels (39%, 50%),² and
10. not seeing a doctor when needed because of cost (22%, 10%).¹

According to a report compiled by Cornell University from 2008 U.S. disability statistics, Montana has a

- higher prevalence rate of disability than the nation,
- higher uninsured rate for persons with disability,
- higher employment rate for persons with disability,
- lower annual earnings of persons with disability,
- lower annual household income of persons with disability,
- lower percentage of persons with disability receiving Social Security Income (SSI) benefits,
- higher educational attainment for persons with disability, and
- higher level of poverty among persons with disability.

¹ BRFSS 2010: Percentages for adult Montanans with disability, and adult Montanans without disability, respectively.
² BRFSS 2009: Percentages for adult Montanans with disability, and adult Montanans without disability, respectively.



LONG-TERM OUTCOME GOALS

The 2006 - 2010 vision and long-term outcome goals of the Montana Disability and Health Program:

Our Vision

The MTDH Advisory Board envisions a state where people with disabilities are healthy and have the same opportunities to participate in community as people without disabilities—a place where people with disabilities go where they want to go, do what they want to do, have their individual needs met, are accepted in their communities, and are treated equally with others.



A *Living Well With A Disability* facilitator and former MTDH Advisor (right) hunts using adaptive equipment.

This vision for Montana includes the following:

- an increased awareness that preventing secondary health conditions (such as pain, depression, obesity, oral health problems, diabetes, and injuries such as pressure sores) is an important component of quality of life for people with disabilities in Montana;
- strong alliances among people with disabilities, the MTDH Program and other agencies and organizations;
- no health care disparities;
- resources and efforts to promote healthy lifestyles;
- integration of people with disabilities in all physical, social and economic aspects of Montana; and
- public awareness of success stories about people with disabilities living healthy lives.

Our Goals

1. Improve the health of individuals with disabilities.
2. Prevent and manage secondary conditions.
3. Eliminate health disparities experienced by people with disabilities.

PRIMARY PARTNERS

Four major divisions of the Montana Department of Public Health and Human Services have partnered to attain the long term outcome goals for this state plan:

1. the Public Health and Safety Division;
2. the Developmental Services Division, Medicaid & Health Services Branch;
3. the Senior & Long-Term Care Division, Medicaid & Health Services Branch; and
4. the Disability Transitions Program Division, Economic Services Security Branch.

All four divisions are represented on the Advisory Board as well as the Core Management Team of the Montana Disability and Health Program.

The Rural Institute: Center for Excellence in Disability Education, Research, and Service (est. 1979) is part of the national network of programs funded by the Federal Administration on Developmental Disabilities (ADD) committed to increasing and supporting the independence, productivity, and inclusion of people with disabilities into the community. Since the late 1980s, the Rural Institute has designed, implemented, and evaluated specific programs and services to prevent secondary conditions and promote the health of Montanans with disabilities.

The Montana Disability and Health Program provides a mechanism whereby people with disabilities are included in policy advisory boards within the Department of Public Health and Human Services so that their unique needs are factored into any efforts to prevent secondary conditions.

TARGET POPULATION

The MTDH Program continues to focus attention on the following:

1. adults with disabilities related to mobility impairments, and
2. adults with intellectual/developmental disabilities (I/DD) residing in supported living arrangements operated under contract with state agencies.

These continue to be clear areas of need in which the MTDH Program has demonstrated advanced capacity.

HIGHLIGHTS

2006 - 2010

Organization and Oversight

The **Core Management Team (CMT)** includes managers from all four MDPHHS divisions (listed on page 5) as well as three staff from The University of Montana Rural Institute. The CMT planned, developed, and successfully competed for a five-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) to continue the MTDH Program with an approximate **29%** increase in funding. Over the past five years, the CMT sustained the following:

- an **Advisory Board** that met quarterly with over half the members (**54%**) having personal experience with disability; and
- the **Disability Advisors**, a successful program to represent disability and health issues in key public health advisory boards.

The CMT expanded the **Accessibility Ambassadors** project by **23** new ambassadors. Their accomplishments include the following:

- Evaluated accessibility of **24** fitness centers in **eight** Montana communities and worked with MTDH staff to develop action plans and resource toolkits for each facility.
- Conducted accessibility assessments of **39** of the state's **41** FDA-approved mammography centers and returned results to centers with action plans detailing areas for improvement.
- Developed a statewide Montana Mammography Directory available on the MTDH website (<http://mtdh.ruralinstitute.umt.edu>), the Komen Montana website, and the Montana Cancer Control Program website.
- Increased awareness of **200+** builders, architects, realtors, public health professionals, policy makers, and consumers about “visitability” as a home design option through conference presentations and community meetings.

Collaboration

Over the past five years, MTDH staff collaborated with **more than 40** statewide coalitions, task forces, and workgroups as well as other university departments and programs to assure that the needs of adults with disabilities are met.

Data

Over the past five years, MTDH staff:

- Remained active in the *Task Force on Epidemiology, Surveillance, and Evaluation* to meet surveillance and evaluation needs specified in the cooperative agreement and the MTDH Strategic Plan.
- Maintained a strong partnership with *Montana's Behavioral Risk Factor Surveillance System (BRFSS)* staff to monitor the health and well-being of Montana adults with mobility and/or developmental disabilities and to inform the public about trends by *all* demographics, including disability.



A *Living Well With A Disability* participant cheers his son on at a high school track meet.

Program Implementation

The ***MENU-AIDDs Nutrition Program*** (through collaboration with state agencies, residential services providers and self advocates) was developed and launched in 2006 to improve the food systems and subsequently the nutritional status of people with intellectual or developmental disabilities living in community based group homes. Over the past five years, the program achieved its primary objectives:

- Trained **20** nutrition professionals and **166** group home managers, administrators, and health directors directly who passed on the knowledge, the system, and the healthy eating practices to approximately **1200** direct care staff. An estimated **900** individuals with IDD who live in the homes have benefited from the improvements in the food systems.
- Interviewed group home managers who were trained in *MENU-AIDDs* about their current use of the program and about barriers and facilitators to the *MENU-AIDDs* implementation. The managers' responses were used to improve *MENU-AIDDs* materials and training, resulting in improved evaluations from the participants.
- Evaluated the positive changes in group home food systems and nutrition of residents with support from the MTDH Program.
- Found significant improvements in food system practices, body weight and gastrointestinal function in residents, more healthful menus, and better dietary intake.

MTDH helped leverage the above successes to secure an NIH funded research project on *MENU-AIDDs* and a knowledge translation opportunity that will benefit Montana providers and others across the nation through the implementation of *MENU-AIDDs* in three new states (New York, North Carolina, and Oregon) starting in 2011.

The ***Living Well with a Disability (LWD) Program*** has proven effectiveness in reducing limitations due to secondary conditions reported by adults with mobility impairments, allowing them to pursue and achieve important participation goals (such as employment). The program has demonstrated cost savings to third-party payers based on the difference between program implementation costs and cost of medical care reductions reported by participants. Accomplishments over the past five years include the following:

- Trained **74** *LWD* facilitators from Disability and Health funded state capacity building programs and trained **178** *LWD* facilitators from other states.
- Supported Montana CILs to implement **55** *LWD* workshops with a total of **391** individuals in **27** communities statewide.



A *MENU-AIDDs* participant and key informant on nutrition education for persons with I/DD shops at a local store.

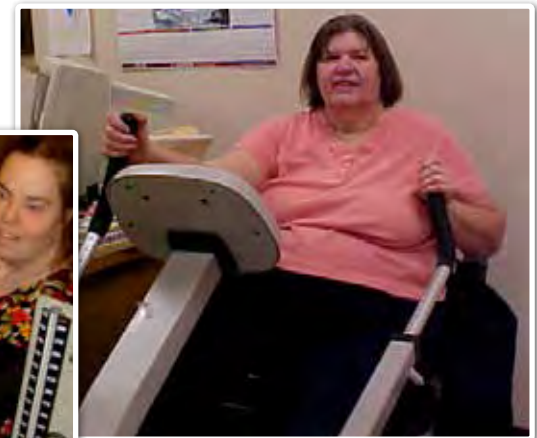
Program Implementation, cont.

The ***Have Healthy Teeth (HHT) Program*** was established in three *People First* (a self-advocacy organization for people with disabilities) sites in Montana. Program accomplishments by the end of 2010 include the following:

- Recruited and trained **17** program mentors and **17** brushing members.
- Presented information about the *HHT* program and oral health care for people with intellectual and developmental disabilities (I/DD) at the Montana Dental Association (April 2006), with **45** dental professionals in attendance; and at the Montana Dental Assistants Association (April 2007), with **30** dental assistants in attendance.
- Developed a *Have Healthy Teeth* facilitator's handbook.
- Identified and trained a *People First* facilitator in three sites to maintain the program.

The ***Women Be Healthy (WBH)*** curriculum for women with intellectual and developmental disabilities (I/DD) improved their knowledge and awareness of breast and cervical health practices. Program accomplishments by the end of 2010 include the following:

- Partnered with **12** statewide agencies to review the *WBH* curriculum for use in Montana.
- Trained **23** *WBH* master trainers statewide.
- Disseminated **six** *WBH* teaching material toolkits across the state for use at *WBH* workshops.
- Provided health educators additional training on disability issues through the *College of Direct Supports*.



Key informants with the Person Centered Health Portfolio Development Group participate in various health activities through a grant from the Montana Council on Developmental Disabilities.

Program Implementation, cont.

The *I Can Do It, You Can Do It (ICDI) Program* was implemented for middle school students with disabilities in Missoula, Montana, through funding from the U.S. Department of Health and Human Services. This program matches youth with disabilities with a trained mentor to develop an individualized 8-week physical activity and nutrition program. In addition, by the end of 2010, MTDH staff:

- Worked with Missoula County Public Schools and schools in the surrounding communities to recruit **19** middle and high school students to participate in the 8-week *ICDI* program.
- Recruited **30** University of Montana students who completed the background check and mentor training, and enrolled as mentors in the program.
- Summarized student activity levels and provided recommendations to *ICDI* families based on their child's activity levels and duration.
- Participated in **five** monthly technical assistance calls with program staff.
- Coordinated evaluation activities.

The *Right to Know (RTK)* Campaign engaged Montana's four Centers for Independent Living (CILs), three additional disability organizations, and the Montana Breast and Cervical Health Program to accomplish the following by the end of 2010:

- Held **43** events.
- Established more than **50** community partnerships.
- Raised more than **\$15,000** of contributed or in-kind support to *RTK* community events.
- Distributed *RTK* kits to **all** Montana FDA-approved mammography centers.
- Held outreach activities that exposed at least **15,373** people, including women with physical disabilities, to *RTK* campaign messages (mailings, newsletters, participation in community events, and/or in-person contacts).



A local disability advisor uses sit-ski equipment with the support of a friend and mentor.

Information Dissemination

In this era of high-speed technology, maintaining and expanding the MTDH website (<http://mtdh.ruralinstitute.umt.edu>) has been extremely important. From 2006 - 2010, MTDH staff expanded the website from 115 pages to 289 pages, added 99 graphic files and logged a total of **179,115** visits.

In addition to the website, staff:

- Developed email distribution lists that include **558** organizations.
- Represented 'disability' as a variable of interest in all Montana Behavioral Risk Factor Surveillance System reports per standard MDPHHS practice.
- Published and disseminated over **900** copies of "Assessing Disability and Secondary Health Conditions of Montana Adults: Results from the 2001 and 2003 Behavioral Risk Factor Surveillance System Surveys" in collaboration with the MDPHHS Health Planning Section of the PHSD.
- Published and disseminated "Distance and Modes of Transportation to Personal Physician/Health Care Provider: Results from the 2005 Montana Behavioral Risk Factor Surveillance System Survey." Results were presented at the APHA 2007 conference in Washington, DC.
- Collaborated with the Montana Diabetes Program and the Cardiovascular Disease Program on development, and disseminated a "Clinical Surveillance Report from the 2003 American Indian Health Survey" describing differences in the health risks and behaviors between American Indians with and without disability. Results were presented at the APHA 2007 conference in Washington, DC.
- Disseminated *Right To Know* materials at **43** community events with statewide partners (e.g., *Every Woman Matters* Art Receptions, conference tabling) that reached at least

15,373 people, one quarter (**26%**) of which were women with disabilities age 40 or older.

- Distributed a statewide Montana Mammography Directory based upon assessed accessibility of Montana's **40** FDA-approved mammography centers. The directory is available on the MTDH (<http://mtdh.ruralinstitute.umt.edu>), Komen Montana, and Montana Cancer Control Program websites.
- Launched the website for *Every Woman Matters: Portraits of Montana Women Living with Disabilities* (<http://mtdh.ruralinstitute.umt.edu>). From April 1, 2009 to December 31, 2010, there were **733** visits.
- Supported a statewide health promotion campaign by converting public health education materials to alternative accessible formats including large print, electronic text versions, braille, audio files, accessible Word documents and PDFs, and accessible Web design (e.g., BRFSS results reports, health promotion materials, resource guides, *RTK* materials).
- Hosted the 2009 Health Care Reform Summit on Long-term Care and Health Care Reform, which included MTDH staff's presentation and dissemination of Disability and Health and the Prevention of Secondary Conditions. Approximately **175** participants from **15** communities across Montana attended.



June Kailes, CDC's *Right To Know* Campaign spokeswoman.

Presentations

As a research facility, The University of Montana Rural Institute develops, facilitates, and evaluates programs and activities that hold the promise of improving the lives of persons with disabilities. Samples of staff activities through 2010 are listed below:

- Presented results from the 2004 Montana BRFSS item on visitability (accessibility to private residences, apartments, etc.) at the 2005 annual meeting of the American Public Health Association (APHA).
- Authored or co-authored **seven** presentations of MTDH work at **three** national conferences, 2007 & 2008.
- Presented “*Access To Fitness, Part 1: Addressing Architectural, Attitudinal And Programmatic Barriers*” at the 2008 Inclusive Fitness Conference: Exercise for Every Body in Chicago, IL.
- Authored or co-authored **four** papers at the CDC Disability and Health Researchers and Partners Meetings: Evidence-Based Health Promotion and Wellness Programs. New Orleans, LA, (2009, April).
- Presented “*Wellness through Improving Access, Health Promotion, and Health Marketing/Communication*” as a national disability and health webinar supported by the Association of University Centers on Disability (AUCD).
- Presented **one** film, **three** papers, and **three** posters at the 137th American Public Health Association Annual meeting in Philadelphia, PA, (2009, November).
- Presented “*The MENU-AIDDs nutrition intervention—Results on body weight*” as an invited speaker for Obesity, Disability, and Health Quarterly Topical Series Webinar, Association of University Centers on Disability, (2010, September).
- Presented “*Improving physical activity options for seniors and persons with disabilities in a rural town: A community engagement project*” at the annual meeting of the APHA, Denver, CO, (2010, November).

Publications

- A financial cost-benefit analysis of a health promotion program for individuals with mobility impairments. *Journal of Disability Policy Studies*, (2006).
- Health promotion for people with disabilities: Development and evaluation of the Living Well with a Disability Program. *Health Education Research*, (2007).
- Assessing environmental factors that affect disability: Establishing a baseline of visitability in a rural state. *Rehabilitation Psychology*, (2008).
- Food on Film: Pilot test of an innovative method for recording food intake of adults with intellectual disabilities living in the community. *Journal of Applied Research in Intellectual Disabilities*, (2008).
- Nutrition education and support program for community-dwelling adults with intellectual disabilities. *Intellectual and Developmental Disabilities*, (2008).
- *Nutrition health promotion program for adults with intellectual or developmental disabilities residing in group homes: MENU-AIDDs*. Association of University Centers on Disabilities, Washington, DC, (2008, November).
- The adult with intellectual and developmental disabilities: A resource tool for nutrition professionals. *American Dietetic Association Press*, (2008).
- The Wise Choices Food Pyramid. What if we did compare apples and oranges! *Internet Journal of Nutrition and Wellness*, (2008).
- Building community capacity to support reproductive health education for women with intellectual and developmental disabilities [Abstract]. *Disability and Health Journal*, (2009).
- Changing stage of readiness for physical activity in Medicaid beneficiaries with physical impairments. *Health Promotion Practice*, (2009).

Publications (cont.)

- *Developing methods and measures to assess progress in achieving access goals of the Americans with Disabilities Act: A case study of small towns in Montana.* Research and Training Center on Disability in Rural Communities, The University of Montana, (2009).
- *Nursing home emancipation: A preliminary study of efforts by centers for independent living in urban and rural areas.* Research and Training Center on Disability in Rural Communities, The University of Montana, (2009).
- Nutrition and adults with intellectual or developmental disabilities: Systematic literature review results. *Intellectual and Developmental Disabilities*, (2009).
- Nutritional intervention improves menu adequacy in group homes for adults with intellectual or developmental disabilities. *Disability and Health Journal*, (2009).
- *Assessing disability and secondary health conditions of Montana adults: Results from the 2004-2008 Montana Behavioral Risk Factor Surveillance System Surveys.* RTC:Rural, The University of Montana, (2010).
- Building community capacity to support reproductive health education for women with intellectual and developmental disabilities. *Disability and Health Journal*, (2010).
- Development of a safety awareness group intervention for women with diverse disabilities: A pilot study. *Rehabilitation Psychology*, (2010).
- Efficacy of a computerized abuse and safety assessment intervention for women with disabilities: A randomized control trial. *Rehabilitation Psychology*, (2010).
- *Living Well with a Disability* [revised curriculum]. The University of Montana Rural Institute, State of Montana Press (2010).
- Working with community partners to promote visit-ability in a rural state [Abstract]. *Disability and Health Journal*, (2010).
- *Working with people with disabilities: A tip sheet for mammography professionals.* Research and Training Center on Disability in Rural Communities, The University of Montana, (2010).
- *Parent-infant interactions: A transactional approach to understanding the development of deaf infants influence of family and parenting behaviors on the development of deaf infants.* In M. Marschark & P. E. Spencer (Eds.), *Handbook of deaf studies, language, and education*, 2nd Edition. Oxford University Press, (2010).
- *Working Well with a Disability* [curriculum]. The University of Montana Rural Institute, State of Montana Press, (2010).



A visitable house in Missoula, MT.

Awards



Dr. Tom Seekins (left), MTDH Principal Investigator, was presented with the 2006 American Public Health Association (APHA) **Allan Meyers Award** for a person who has combined excellence across the areas of research, teaching, and advocacy to improve the health and quality of life for people with disabilities.



Dr. Meg Traci (left), MTDH Project Director, was awarded the **2009 Rehabilitation Award of the Year** by the Montana Association for Rehabilitation for "...significant contribution(s) in the past year to the improvement of the life of persons with disabilities."



Michael O'Neil (above), MTDH Contractor since 2007, was awarded the Montana Community Services **Advocate of the Year Award 2010**, MDPHHS, Senior & Long-Term Care Division; and a **special award recognizing work in visitability and creation of home ownership opportunities** through HUD programs.



Mike Mayer (above), MTDH Advisory Board Member since 2002, received the 2010 Montana Association for Rehabilitation (MAR) **Dr. Louis Allard Award** for 25 years of devoted independent living leadership in Montana and the nation.



Dr. Craig Ravesloot (below), MTDH Rural Health Program Director, was awarded the **Disability and Health Research Scientist of the Year Award** by the Southwest Conference on Disabilities in 2006.



Dr. Kathleen Humphries (above), MTDH Nutrition Program Director, **Dr. Meg Traci** (above, right), and **Dr. Tom Seekins** (above, top) were awarded the UM School of Public Health **2010 Faculty Prize for Outstanding Research Activities in the Study of Public Health**, recognizing development of the *MENU-AIDDs* program using a community participatory approach in Montana.

Todd Hoar (right), MTDH Advisory Board Member since 2002, was awarded the **2005 Spirit of Special Olympics Award** by Special Olympics Montana; and the Montana Community Services **Service Provider of the Year Award 2010**, MDPHHS, Senior & Long-Term Care Division.



CORE MANAGEMENT TEAM

The Montana Disability and Health Core Management Team functions as the central managing body responsible for the execution of the MTDH Program. This team includes:

Representatives of the Montana Department of Public Health & Human Services:

- Todd Harwell, Committee Chair and Chief of the Chronic Disease Prevention & Health Promotion Bureau, Public Health & Safety Division
- James Driggers, Chief, Community Services Bureau, Senior & Long-Term Care Division, Medicaid and Health Services Branch
- Bob Runkel, Administrator, Developmental Services Division, Medicaid & Health Services Branch
- Jim Marks, Administrator, Disability Transitions Services Division, Economic Services Security Branch

Staff of The University of Montana Rural Institute:

- Tom Seekins, PhD, Director, Research and Evaluation Unit, The University of Montana Rural Institute
- Meg Traci, PhD, MTDH Project Director, The University of Montana Rural Institute
- Craig Ravesloot, PhD, Program Director, Rural Health, The University of Montana Rural Institute

MTDH Advisory Board

Established to represent agencies and programs as well as provider and consumer groups, the Montana Disability and Health Advisory Board held its first organizational meeting in 2003. The Advisory Board is responsible for work at committee levels and for overall guidance of the program through the MTDH Core Management Team. The Board sets priorities, reviews progress, and organizes public support for MTDH initiatives. Their involvement is instrumental in the initiation and development of the Montana State Plan for Disability and Health.

Currently, there are 12 board members from across the state representing consumers with mobility impairments and adults with developmental disabilities residing in supported living arrangements operated under contract with state agencies, community service providers, and policy and planning groups. Fifty-four percent of the Advisory Board members have personal experience with disability.

Current Advisory Board Members:

- Kathie Bach of Glendive, serves also on the Montana Cancer Control Coalition's Education and Communication Workgroup
- Amy Gentry of Missoula, Regional Program Officer, Senior & Long-Term Care Division, MDPHHS
- Todd Harwell of Helena, Chief of the Chronic Disease Prevention & Health Promotion Bureau, Public Health and Safety Division, MDPHHS
- Todd Hoar of Butte, ADA Coordinator, Butte-Silver Bow County
- Mike Mayer of Missoula, Director of the Summit Independent Living Center
- Art McDonald of Lame Deer, psychologist
- Brent Morris of Billings, Independent Living Specialist, Living Independently For Today and Tomorrow (LIFTT)
- Kelly Murray of Butte, People First of Montana representative
- Tiffany Sauer of Helena, Spring Meadow Resources, Inc.
- Mike Schaff of Helena, People First of Montana representative
- Jeff Sturm of Helena, Director, Developmental Disabilities Program, MDPHHS
- Mike Woods of Billings, MYLF representative

Disability Advisors

- Mary Millin of Hamilton, who serves on the Montana Asthma Work Group and the Montana Transportation Partnership
- Lynne Kelley of Missoula, who serves on the Montana Comprehensive Cancer Control's Early Detection and Implementation Team
- Kathie Bach of Glendive, who serves on the Montana Cancer Control Coalition's Education and Communication Workgroup
- Amanda Ray of Whitefish, who serves on the Stroke Work Group for the Montana Cardiovascular Disease Program
- Marie Pierce of Sidney, who serves with the Montana Transportation Partnership
- Larry Ketchum of Billings, who serves with the Montana Dental Access Coalition
- Darren Larson of Missoula, who serves on the Montana Home Choice Coalition
- Susan Butchart of Hamilton, Alternate Advisor

Key Stakeholder Interviewees

In February and March of 2010, 21 agencies with a vested interest in disability and health were contacted to share their perspectives on the MTDH program. These perspectives were gained through personal interviews with the following people whose feedback will be considered in the next iteration of the Strategic Plan.

- Bob Bartholomew, State Director, American Association of Retired Persons (AARP), Montana State Office
- Bernadette Franks-Ongoy, Executive Director, Disability Rights Montana
- Keith Bailey, Director, Helena Indian Alliance (HIA)
- Pat Frawley, Mental Health Provider, and Becky Baraby, Case Manager, Lewis & Clark County Cooperative Health Center

- Dustin Stewart, Executive Director, Montana Building Industry Association
- Bobbie Becker, Executive Director, Montana Centers for Independent Living
- Deborah Swingley, Executive Director, Montana Council on Developmental Disabilities
- Chelsea Culpin, Montana Chamber of Commerce
- Michael O'Neil, Montana Home Choice Coalition
- Gail McGregor, Montana IDEA Deaf-Blind Services
- Bob Maffit, Executive Director, Montana Independent Living Project (MILP)
- LaDonna Maxwell, Board Member, Montana Nurses Association
- Nina Smith and Peter Olson, Montana Special Olympics
- Janice Connors, Executive Director, and Paulette Geach, Contract Manager, Mountain Pacific Quality Health Foundation
- Matt Kuntz, Executive Director, NAMI (National Alliance on Mental Illness) Montana
- John Wilkinson, Executive Director, National Association of Social Workers (NASW) Montana Chapter
- Dan Burke, Assistant Director and Technology Coordinator, National Federation for the Blind
- Elaine Bruce, Rocky Mountain Development Council (RMDC)
- Peg Murphy, Lead Public Affairs Specialist / Tribal Liaison, Social Security Administration, Denver Region
- Kim Kurokawa, MBA, RN, Facility Tele-health Coordinator, Veterans Administration Healthcare MT
- Lis Novak, Landscape Architect/Recreation Planning, U.S. Forest Service, Northwest Region Office and Staffs