Success Stories
from the Montana Disability and Health Program

Disability Advisors: Involving People with Disabilities in Public Health Decision-Making

Public Health Issue
People with disabilities are a recognized health disparity population in the U.S. They are more likely to experience poor or fair health, multiple chronic health conditions, and environmental barriers as compared to people without disabilities. A key strategy of the National Stakeholder Strategy for Achieving Health Equity is to: "build capacity at all levels of decision making to promote community solutions for ending health disparities" (p. 108, available at: https://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286). Within the disability community, this principle is expressed as, "Nothing about us without us."

Program Overview
The Montana Disability and Health (MTDH) Program recruits, trains and supports Disability Advisors to work at the public health planning level of decision making. Disability Advisors provide technical assistance and infuse disability inclusion and wellness goals in public health planning in state and community committees. MTDH has supported Disability Advisors to serve on the Montana Cancer Coalition, Diabetes Advisory Coalition, Stroke Workgroup, Asthma Advisory Group, Tobacco Use and Prevention Program Advisory Council, and the Nutrition and Physical Activity Program's Building Active Communities Initiatives (BACI) Advisory Group. Partner led statewide coalitions with Disability Advisors have included Bike Walk Montana, the National Council on Aging’s Montana Chapter of the Falls Free Initiative, and the Monana Fall Prevention Coalition. At local levels, MTDH supports Disability Advisors to serve on Access and Functional Needs subcommittees of Local Emergency Planning Committees, Healthy Community Coalitions, and BACI community Action Teams.

Making a Difference
Since 2004 Disability Advisors have created greater awareness and capacity among public health partners to implement "community solutions for ending health disparities" among people with disabilities. These solutions include:

• Intentionally engaging people with disabilities in all levels of public health decision-making.
• Holding public health meetings and events that are accessible by design.
• Communicating public health information in accessible formats.
• Collecting sufficient public health data that reflects people with disabilities as a population and their experiences of environmental protective and risk factors (e.g., accessibility of grocery stores and trails).
• Increasing awareness of health resources that matter to people with disabilities such as Centers for Independent Living, home and community-based services and supports; affordable and accessible transportation, health care, and housing; and laws and policy that protect people with disabilities from discrimination.
• Increasing the availability of public health programs that promote health and prevent secondary conditions with persons with disabilities.
• Improving partners’ capacity to include people with disabilities in evidence-based chronic disease prevention programs.
• Promoting a public health workforce with disability cultural competency.

Contact Information:
Meg Traci, PhD; 52 Corbin Hall, Missoula, MT 59812; (406) 243-4956; meg.traci@mso.umt.edu

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