Montana State University Extension 2019 Health and Nutrition Statewide Needs Assessment

MONTANA STATE UNIVERSITY EXTENSION

USDA

MONTANA STATE UNIVERSITY
Department of Health & Human Development

EXECUTIVE SUMMARY

Background: The Montana State University Extension Family Consumer Sciences (FCS) program works to improve the lives of constituents by providing unbiased, research-based education and information to strengthen individual, family, and community well-being across the state. To understand how future efforts should be allocated across diverse Montana populations, a needs assessment was conducted with potential Extension participants.

Process: Participants (n=967) were recruited online and in-person to take a 17 question survey, with specific efforts to recruit non-Extension participants (56%), low-income families (36%), Native Americans (11.3% and 21+ tribes represented), and individuals representing all 56 counties.

Findings and Future Outreach: Respondents identified…

- good health and wellness as multi-dimensional with five main descriptions- physical, mental, holistic, self-care and enjoyment, and social health;
- top community resources supporting healthy lifestyles- often physical locations including farmers markets (71%) and indoor or outdoor recreational space (64% and 63%, respectively);
- top topics of interest- stress management (62%) followed by food preparation (61%) and physical activity (60%);
- top delivery formats of interest- traditional participation in group sessions in a series (48%) or as a single session (44%), but additional newer technology driven delivery formats had varying popularity among potential participants;
- five main barriers to a healthy lifestyle- time, access, finances, health conditions, and self-efficacy; and
- five main potential supports to a healthy lifestyle- people, community resources, technology, quality of life outcomes, and desired activities.

Additionally, this report highlights how responses varied for specific audiences. Findings will help to ensure FCS programming is responsive to the needs of Montanans.

BACKGROUND

Montana State University (MSU) Extension works to improve the lives of Montanans by providing unbiased, research-based education and information that integrates learning, discovery, and engagement to strengthen the social, economic, and environmental well-being of individuals, families, and communities. MSU Extension serves as the outreach branch of the three-part Land Grant University mission of teaching, research, and outreach with a central office on the Bozeman campus as well as presence in all 56 counties and 7 reservations. Within MSU Extension, the Family and Consumer Science (FCS) program area provides resources, support, and education in a variety of health and wellness areas and topics. Extension FCS programming first began in 1914 as a way to educate women, as they were critical influencers of individual, family, and farm wellbeing (Scholl, 2013). Currently, the FCS mission has expanded, aiming to impact the quality of life for individuals, families, and entire communities, by empowering and enabling well-being in physical and mental health, food and nutrition, family, finance and more to improve their daily lives and grow vibrant communities. In Montana, FCS resources are shared by the over 50 MSU Extension Agents, the 18 SNAP-Ed/EFNEP (Supplemental Nutrition Assistance Program Education/ Expanded Food and Nutrition Education Program) Educators, and the 8 state content Specialists, in all of Montana's 56 counties and 13 tribes, in collaboration with a variety of state partners.

CURRENT HEALTH CHALLENGES IN MONTANA

Statewide statistics for health behavior trends and current conditions highlight areas where Extension outreach might impact common chronic and acute health challenges facing Montanans. For example, only 11% of adults in Montana reported meeting the daily fruit intake recommendations and even fewer (8%) are meeting the daily vegetable intake recommendations (CDC, 2019). For some Montanans, access to food may be a barrier to consuming the recommended amount of fruits and vegetables with 28 counties classified as food deserts, which are defined as 'limited access to quality and affordable foods' (ERS, 2019). Similarly, only 21% of Montana adults are meeting the Physical Activity Guidelines for Americans aerobic and muscle strengthening recommendations (HHS, 2019). Montanans may have the knowledge and skills to be active but many (25%) have limited access to safe and affordable places to meet physical activity recommendations (CDC, 2019). These factors impact the health of Montanans - for example, 83% of adults 45 years and older report taking medication for high blood pressure (Montana CDPHPB, 2016), there was an increase of 300% of adults diagnosed with type 2 diabetes between 1990 and 2015, and 63% of adults report they are overweight or obese (2018) (Montana DPHHS, 2019). In addition to physical health challenges, numerous Montanans face mental health challenges with 1 in 10 Montana adults reporting frequent mental distress, which is potentially contributing to nearly 64,000 Montana adults that are struggling with substance use disorders and an average of 240 suicide deaths each year in Montana (Montana DPHHS, 2019).

SEEKING SOLUTIONS

In light of the health behavior and outcome challenges facing Montanans and the MSU Extension mandate for research-based health improvement efforts across the state, the research team sought funding from MSU College of Education, Health, and Human Development and MSU Extension to identify Montanans health and wellness priority areas in a statewide needs assessment in 2019.

The purpose of the needs assessment was to meet the following objectives:

- Identify community needs and assets to support health goals across Montana;
- Identify desired supports and programming strategies for translating research into outreach, particularly for underserved and hard-to-reach potential Extension participants; and
- Inform future efforts in MSU Extension Food, Nutrition, Health, and Wellness (a subset of FCS) outreach, research, and resource allocation.

PROCESS

Based on the objectives above, the research team developed a seventeen-question needs assessment survey, which included demographic questions, multiple choice, multiple answer, and open-ended questions. Results for closed-ended questions are presented as a percent of respondents who chose each answer option. For open-ended responses, results were analyzed in NVivo software to code, group and theme responses. Participants who completed at least one of the open-ended questions beyond the initial demographic questions were included in analysis.

The survey was shared both electronically (via the Qualtrics platform) and in print from spring through summer of 2019. Participants were recruited through Extension and non-Extension email listserves, newsletters, social media platforms, or in person. After several months of data collection, preliminary data was analyzed in order to ensure representation from Montanans from various demographic groups (rural, Native American, men, young adults, etc.). Additional efforts were made to reach out to groups who were not as well represented. During the survey, participants could provide email or contact information, not connected to their responses, for an opportunity to win one of five, $50 Amazon gift cards. A total of 967 survey responses were included in this report.

WHO PARTICIPATED

The 967 participants included one or more persons from all 56 counties and 13 tribes in Montana (see Figure 1). Both users and non-users of Extension completed the survey, with a higher percentage of survey respondents (56%) having never used Extension services. Figure 2 highlights the demographic variations among survey participants. Researchers did not collect exact age or household income, instead allowing participants to self-select categories. Approximate income categories were based on reported household income categories by $10,000 and reported household size to determine which category a household might fall related to the 2018 Federal Poverty Level (FPL) guidelines. Participants living in the seven largest Montana towns by population were categorized as 'urban' (Billings, Missoula, Great Falls, Helena, Bozeman, Kalispell, and Butte) while all others were classified as 'rural'.

Figure 1: Frequency of Survey Responses by County in Montana

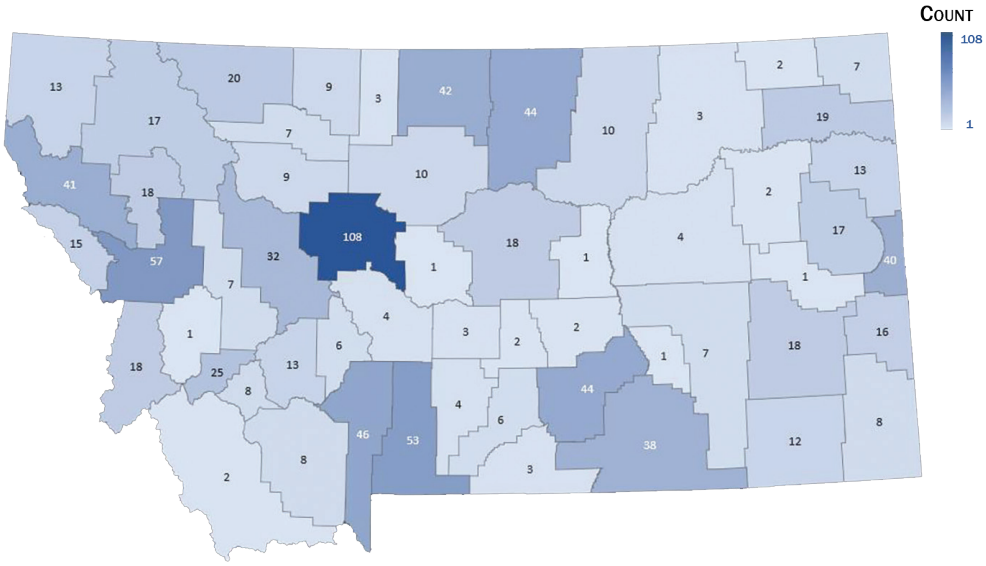
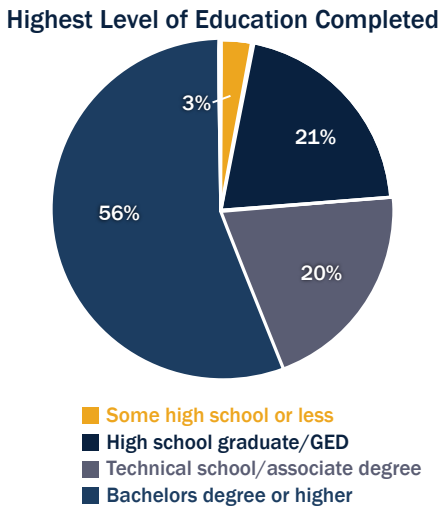
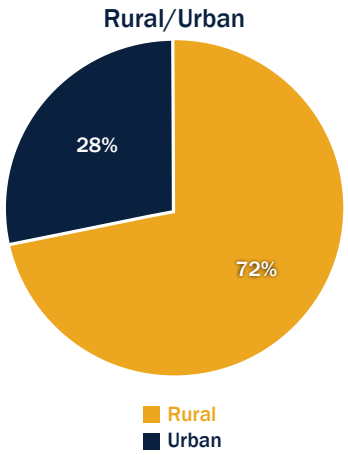
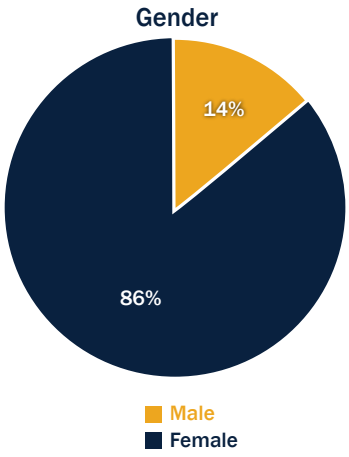
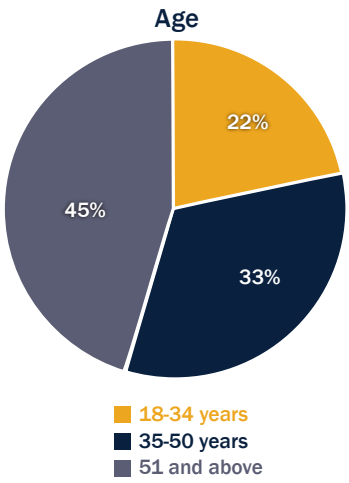


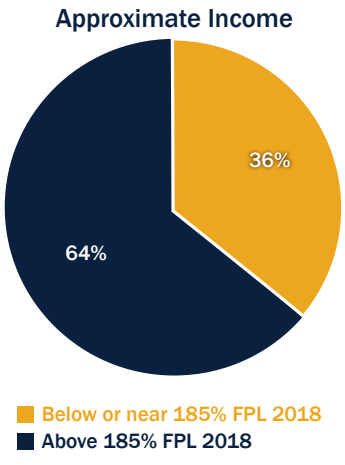
Figure 2: Demographic Information of Survey Respondents











Participants were also ethnically diverse, which aligns well with the demographics of Montana as a whole (see Table 1). Those identifying as American Indian were also able to share their tribal affiliation(s) which included representation from all 13 tribes residing in Montana and more (see Table 2).

Table 1: Percent Comparisons of Respondent and Montana Race and Ethnicity

Race and Ethnicity	Survey Respondents	Montana
American Indian	11.3%	6.5%
African or Black	0.8%	0.4%
Pacific Islander	0.2%	0.1%
Caucasian or White	80.9%	89%
Asian	0.7%	0.7%
Middle Eastern	0.3%	n/a
Hispanic or Latino	1.8%	2.7%
Other	1.1%	n/a

Table 2: Frequency of Respondent Tribal Affiliations

Tribal Affiliation	# Of Persons Who Identified
Assiniboine	7
Blackfeet	16
Cherokee	1
Chippewa	8
Cree	9
Crow	17
Dakota	1
Eastern Shoshone	1
Gros Ventre	7
Kootenai	6
Little Shell	4
Mohawk	1
Navajo	2
Nez Pierce	1
Northern Cheyenne	6
Pend'Orielle	1
Salish	7
Sioux	10
Anasazi	1
Apache	1
Other (Native, Alaska Native)	4

Findings

"What does 'good health and wellness' mean?"

Respondents were asked what 'good health and wellness' means to them. When responding to this question, participants cited many different components of health, including its physical, mental, social and spiritual aspects. Responses often discussed multiple components of good health at the same time, ranging from a state of being to behaviors or perspectives that might impact well-being, suggesting that many Montanans view health and wellness as multi-dimensional. Many respondents thought of wellness as being the road to good health. According to one participant, *"Good health is the outcome, and wellness is the action on how to achieve that outcome."* From the data, five main descriptions emerged:

Physical Health: Most respondents wrote about their physical health, with over half specifically referencing regular physical activity and/or healthy eating. While respondents made general references to physical activity, they were more specific about what healthy eating might be, adding statements such as *"fresh, unprocessed foods,"* or *"drink 2 liters of water per day,"* or *"consumption of lean protein."* Physical health references also highlighted an absence of bodily sickness, disease, or injury.

Mental Health: Many respondents talked about mental health as an important part of their health and wellness definition. While some indicated this meant being free from mental illness, others referenced emotional, and physiological abilities such as *"being able to cope with stress,"* or more broadly, *"having a sound mind,"* and *"just being happy."*

Social: Some respondents also shared the importance of family and community relationships, from supportive networks to giving back to the community.

Holistic: Many respondents went beyond just mentioning physical or mental health, and often referenced multiple types of health such as *"mind, body, and spirit"* together, indicating a more holistic understanding of health and wellness. Many respondents discussed the importance of balancing these multiple types of health together to have personal good health and wellness. Respondents also mentioned life purpose, spirituality, and social connection.

Good Health and Wellness is **Physical Health**:

"Having a healthy diet, clean eating, and being active (raising your heart rate) for an hour or more at least 5 days a week is essential to have the ground work for good health. Good health and wellness means that your body as a whole is healthy- average blood pressure, normal cholesterol levels, normal glucose levels, healthy weight, etc."

Good Health and Wellness is **Mental Health**:

"Turning to constructive, rather than destructive, coping mechanisms during times of excess stress."

Good Health and Wellness is **Social**:

"Not just the absence of disease, but also abundant energy, feeling mentally and emotionally whole and connected to community, having solid, loving relationships."

Good Health and Wellness is **Holistic**:

"A way of living where ALL aspects of one's life is taken into account. Good health and wellness encompasses more than quality food and movement - knowing how to navigate stressors, healthy relationships, purpose, social connection, a handle on work and finances, spiritual connection, etc."

Self-Care and Enjoyment: Respondents also expressed feeling well enough to enjoy and accomplish the activities they would like to do. Respondents highlighted being able to take care of oneself independently in daily activities *"walking without pain," "keeping up with daily hygiene,"* or *"disease management"* as well as hobbies or preferred physical activities such as gardening or hiking.

Good Health and Wellness is **Self-Care and Enjoyment**:

"To be able to greet each day with enthusiasm, hope, inspiration. Take care of yourself first, so you can take care of everyone else. If you are sick and tired, no one benefits. My dad told me years ago, "you are number one", and I never knew what that meant until recently; how could I be number one when I had children, a husband, a job to be responsible for and take care of. Now I know what he meant."

PRACTICAL IMPLICATION:

The range of responses to this question indicate that Montanans consider good health and wellness to have multiple important aspects. When programming can be designed to combine more than one definition of health and wellness, it may have broader reach and impact.

"Based on your health goals, which of the following community resources would support you in making changes to your behavior to improve your health, nutrition, and overall wellness?"

Respondents identified those health and wellness community resources that they believe would support their behavior change (specific examples were provided). Respondents were able to identify any number of these community supports (see Table 3 for results). The top 5 most frequently selected resources were all visible, tangible resources or physical locations.

Table 3: Community Resources, in Order of Frequency

Community Resource	Percent
Farmers markets	71%
Gym/indoor recreational space	64%
Outdoor recreational space	63%
Stores and/or food banks with healthy food options	53%
Community or personal gardens	46%
Worksite wellness programs	39%
Health education resources	38%
Informal/formal peer support	32%
Community health event/class	28%
Online or social media resources	28%
School wellness programs	22%

PRACTICAL IMPLICATION:

While all potential community resources could impact individual, family, and community health, individuals may be more likely to look for outreach supports to their personal wellness goals in physical spaces already associated with health. These locations provide good opportunities for MSU Extension to collaborate with partners to expand policy, systems, and environmental supports to health.

"What type of nutrition and wellness topics would you MOST LIKELY want to learn about?"

Survey respondents were asked to select which topic areas (specific examples were provided) they would be most interested in learning about. Findings suggest that participants are interested in a wide variety of health and nutrition topics (see Table 4 for results). While over 60% of participants indicated interest in stress management, food preparation and physical activity, other topic areas (such as family involvement, chronic disease prevention and management, and food safety) had less respondent interest.

Table 4: Preferred Nutrition and Wellness Topics, in Order of Frequency

Topic	Examples of Topic Area	Percent
Stress management	Mindfulness, anxiety reduction	62%
Food preparation	Cooking skills, quick healthy meals	61%
Physical activity	Fun ways to move more at home or work, strength training	60%
Weight loss	Sustainable weight management techniques, manageable lifestyle changes, small steps	54%
Local foods	Navigating a farmer's market, eating and shopping locally, gardens	49%
Nutrition	Balanced diet, eating according to *MyPlate*	48%
Mental health	Depression, anxiety, suicide prevention	46%
Food preservation	Canning, freezing, fermentation	43%
Food budgeting	Stretching your food dollars	38%
Chronic disease prevention	Diabetes, hypertension, asthma	37%
Family involvement	Engaging together with food and fitness	34%
Chronic disease managment	Caring for yourself and loved ones	27%
Food safety	Safe temperature, time, storage and preparation strategies	20%

PRACTICAL IMPLICATION:

All potential topics are still important to the FCS mission. Though, to further engage participants, programming might incorporate multiple topics together, with the more popular topic areas highlighted in advertisement and marketing.

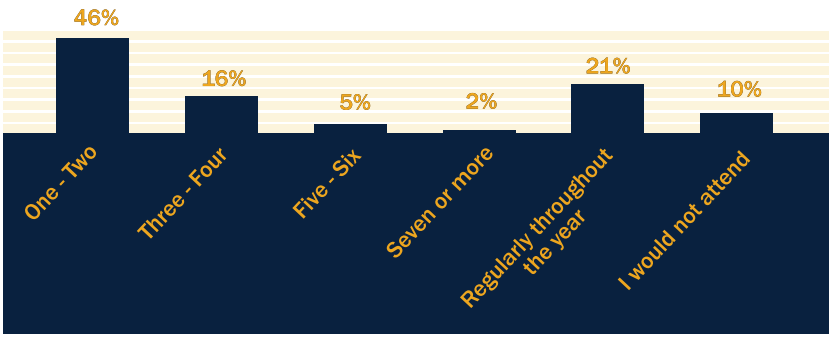
"How would you want to learn about these topics..."

In addition to topics of interest, respondents identified delivery methods they would be interested in using to learn about these topics (specific examples were provided, see Table 5 for results). Aligning with much of Extension's historic FCS programming efforts, the most frequently preferred delivery format is still in-person sessions as well as electronic educational handouts/newsletters. Figure 3 dives deeper into the top delivery method to see how frequently respondents would be willing to attend an in-person series. Newer, technology-driven delivery methods had varying popularity, with respondents showing higher interest in online, self-guided programs and short how-to online videos while phone applications, text messaging and radio programming were less popular.

Table 5: Preferred Method of Information Delivery, in Order of Frequency

Method of Delivery	Percent
Participate in a series of in-person, group sessions	48%
Participate in a one time, in-person, group session	44%
Receive an electronic education handout/newsletter	39%
Participate in online, self-guided classes/programs	39%
Watch short how-to videos	37%
Receive a printed copy of an educational handout/newsletter	36%
Participate in online classes/programs with an instructor	31%
View social media posts	30%
Talk to a health professional in my community	27%
Browse online resources	25%
Use phone apps	24%
Receive regular text messages	17%
Hear information on the radio	10%

Figure 3: Preferred Number of In-Person Sessions



If you were to attend an in-person, group program, how many 60-90 minute, free weekly sessions would you be willing to attend?

PRACTICAL IMPLICATION:

No method had more than 50% interest indicating that multiple delivery methods will be needed to reach individuals of varying demographics from across the state. Continued research is needed to understand how preferred delivery methods can be used to best promote health and wellness behavior change.

"List some barriers you face while trying to lead a healthy lifestyle..."

Respondents were asked to share two or more barriers they face when trying to live a healthy lifestyle. Many hurdles were perceived as being beyond a respondent's situational control. Some were specific to their unique context such as living in a smaller, rural community with limited income, or different physical abilities, while others described the challenges of managing and prioritizing daily resources towards achieving their health goals. Five main barriers emerged from their responses:

Time: Respondents have many real and perceived demands on their time, from family obligations to feeling too busy for healthy cooking and adequate physical activity.

Access: Across communities, respondents identified limited ability to access physical activity opportunities and healthy food. Some shared that weather, geographic distance, or small community size impacted the availability or type of resources they were able to find locally.

Finances: Respondents discussed general challenges of money and budgeting, specifically considering the high costs of fresh or healthy foods, as well as fitness memberships or classes.

Health Conditions: Some respondents shared physical health limitations such as chronic disease or pain from movement, while others described less visible challenges from lack of energy or fatigue, stress, or mental health conditions like anxiety and depression.

Self-efficacy: Respondents described hurdles to their perceived ability to achieve their health goals, referencing their perceived lack of control over motivation, behavioral "bad habits", and lack of support from others around them.

Access and Finances are barriers:

"We live more than 20 miles from the nearest town, so I can't reasonably visit the gym, go to events, etc. The cost of healthy food is VERY high here. I work and drive 2 + hours a day so it is very difficult to fit in any extras (like working out, etc.)."

Health Conditions are barriers:

"Knee pain makes it hard to walk."

Time is a barrier:

"Working 40 hours per week and trying to balance the needs of elderly parents and grandchildren create time constraints that make it difficult for me to plan meals and get the exercise that I need."

Self-Efficacy is a barrier:

"Maintaining will power and goals during social events."

"List some supports that motivate you to live a healthy lifestyle..."

Respondents also shared two or more supports that motivate them to live a healthy lifestyle. Some shared external supports, while others shared internal motivators that encouraged healthy activity or provided them accountability to either themselves or others they love. Supports also provided opportunities for self-improvement through skill building, knowledge growth, or fulfillment of future life goals. Five main supports emerged from their responses:

People: Almost all respondents mentioned other people as supporting them. People were mentioned both generally and specifically, and included family (spouses, children, grandchildren), friends, or peers as motivators.

Community Resources: Respondents listed resources ranging from locations like farmers markets, gardens, gyms, or health care facilities, to services like fitness classes, nutrition plans, specific health care professionals and/or accessible outdoor opportunities.

Technology: Respondents also talked about technology resources, such as using health tracking apps or social media, to help them connect with people, track, and learn about health behaviors.

Quality of Life Outcomes: Many respondents included their desire for a good quality of life, from a desire to maintain or improve their current physical or mental health to avoiding disease, pain, or injury. Many respondents also talked about their desire to 'generally be healthy' while moving into the future as they age.

Desired Activities: Many respondents mentioned things that they wanted to be able to do, or goals they wanted to achieve, as a driver for them to live a healthy lifestyle. Examples included specific types of exercise, traveling, cooking for oneself, gardening, ability to keep up with children, or being able to comfortably fit into their clothes. Ability to succeed in these outcomes encouraged respondents to keep working on healthy behaviors.

Technology is a support:

"I gain inspiration from friends through social media, to try new foods or activities."

People are supports:

"Knowing how important it is, maintaining health for myself as well as those who depend upon me."

Desired Activities are a support:

"I feel my best when I have healthy habits, I've seen first hand the effects of chronic disease on a person's life and I don't want that to happen to me."

Community Resources are a support:

"I love that the community has exercise classes to help me be active and stick to somewhat of a routine."

All of the previous findings have been presented as an average of all responses, across all demographic groups that responded to the survey. The next section digs deeper into different demographic viewpoints, to better understand how or where MSU Extension nutrition and wellness programming can reach specific audiences.

OUTREACH TO SPECIFIC AUDIENCES

This section highlights the community resources, topics, and delivery methods where respondents from a specific demographic reported unique variations differing from the overall state rankings or other demographic subgroups. These findings can help strategize ways to engage with specific demographic populations across the state and can be taken into consideration when planning outreach opportunities to potentially increase impact among these various groups of previous and/or future potential MSU Extension audiences. Based on survey results, here are some unique strategies for reaching the following groups of participants:

Native Americans:

Much more interested in **receiving printed copies** as a delivery method compared to state overall averages.

More interested in **food safety** topics compared to any other demographic subgroup and 2x's as much interest compared to the state overall average.

More interested in **chronic disease management** and **prevention topics** compared to other demographic subgroups and the state overall average.

More frequently reported **community health events** as supportive community resources compared to any other demographic, and much more frequently compared to their non-native counterparts.

Individuals with children in the home:

Much more interested in mobile delivery methods like **phone apps, social media,** and **text messages** as compared to their counterparts with no children in the home.

Much more interested in **school wellness programs, family involvement,** and **food budgeting** topics compared to their counterparts with no children in the home.

Individuals without children in the home:

Much less interested in mobile delivery methods like **phone apps, social media**, and **text messages** compared to their counterparts with children in the home and other demographic subgroups.

A Crow woman shared how her health goals were supported with chronic disease in mind: *"I don't want to be diabetic and I want my son to be healthy."*

A parent of three children shared how *"social media peer pressure"* was a support to their health goals.

Although healthy food options could be a support, one low-income Montanan shared the current barrier of *"cost and availability of good qualty, fresh vegetables in the local grocery store."*

One woman from urban Missoula County described good health and wellness to mean *"options and access to local, sustainable foods; [eating a mostly] plant-based diet with locally-grown meat."*

Rural:

Much more interested in **receiving electronic copies** as a delivery method compared to their urban counterparts.

Less frequently reported **community or personal gardens** as resources compared to their urban counterparts.

Low-Income:

More frequently reported **stores and/or food banks with healthy food options** as resources compared to overall state averages and much more compared to their higher income counterparts.

More interested in **receiving printed copies** as a delivery method compared to overall state averages and much more compared to their higher income counterparts.

Much more interested in **food budgeting** and **food safety** topics compared to their higher income counterparts.

Much more interested in **mental health** topics compared to their higher income counterparts.

Urban:

More interested in **short how-to videos** as delivery methods compared to state overall averages.

Much more interested in **talking to health professionals** and **browsing online resources** compared to their rural counterparts and other demographic subgroups.

Much more frequently reported **outdoor recreational space** as resources compared to their rural counterparts and other demographic subgroups.

More interested in **local foods** and **food preservation** topics compared to their rural counterparts.

Current non-Extension Users:

More frequently reported **school and workplace wellness** as a resource compared to their Extension user counterparts.

Much more interested in **using phone apps** as a delivery method compared to their Extension user counterparts.

More interested in **family involvement** and **food budgeting** topics compared to their Extension user counterparts.

Current Extension Users:

Much more frequently reported **community or personal gardens** as resources compared to their non-Extension user counterparts.

More interested in **nutrition** topics compared to their non-Extension user counterparts.

More interested in **in-person, series and one-time classes** as a delivery method compared to their non-Extension user counterparts.

Lower Education:

More interested in **receiving printed copies** as a delivery method compared to state overall averages.

Much more interested in **weight loss** topics compared to most other demographic subgroups.

Much less frequently reported **outdoor recreational spaces** and **community/personal gardens** as resources compared to their counterparts with higher education.

Higher Education:

Much less interested in **physical activity** or **food safety** topics compared to all other demographic subgroups.

Much less interested in **receiving printed copies** as a delivery method compared to all other demographic subgroups.

Much more frequently reported **workplace wellness** as a resource compared to most other demographic subgroups.

Younger Adults:

More interested in **social media posts, short how-to videos, electronic copies,** and **phone apps** as a delivery method compared to state overall averages.

Much more frequently reported both **indoor and outdoor recreational space** as resources compared to their older counterparts and most other demographic subgroups.

Much more interested in **food preparation** and **food budgeting** topics compared to all other demographic subgroups.

Much more interested in **mental health**, but much less interested in **chronic disease management** and **prevention** topics compared to all other demographic subgroups.

Older Adults:

Much more frequently reported **informal or formal peer supports** as resources as compared to their younger counterparts.

Less interested in **mental health** and **stress management** topics compared to most other demographic subgroups.

Less interested in mobile delivery methods like **phone apps**, **social media posts**, and **text messages** compared to most other demographic subgroups.

One current Extension user stated that *"attend(ing) a great SNAP cooking class"* was a support to her health goals.

One adult between 18-34 years old described good health and wellness to mean *"eating mostly real food, limited to no processed food. Spending a minimum of 20 minutes outside everyday. Knowing the best way to support your mental health and self care."*

One woman with a bachelor's degree or higher shared her health goals were supported by *"my work letting me flex my lunches so I can workout [and] commuting by bike in the warmer months."*

One adult aged 51+ years old explained that *"working out with other ladies and talking with friends"* were important of peer supports to their health goals.

WHAT THIS MEANS FOR FUTURE MSU EXTENSION OUTREACH and ENGAGEMENT

The purpose of this needs assessment was to inform future MSU Extension FCS programming efforts by understanding what health and wellness means to Montanans, what supports and barriers they identify as helping or hindering their healthy lifestyle goals, and what community supports, topics or delivery methods they were most interested in.

- Statewide averaged and themed responses (pgs 6-11), the variations by demographic group (p. 12-14), and the stories and anecdotes which community members shared (throughout report) highlight potential statewide FCS programming goals and opportunities to expand impact and reach.
- Although data is not representative for individual communities, these statewide findings can be a starting point for local conversations about priorities, preferences, and resources.
- The results of this needs assessment can help identify policy, systems, and/or environment outreach efforts that may meet the current needs of more Montanans.
- To ensure FCS health and wellness programming is adapting and responding to changing needs, the research team suggests that a similar statewide needs assessment should be conducted every five years.

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