

Federal Fiscal Year 2024 Summary

OCTOBER 2024 - SEPTEMBER 2025

Overview

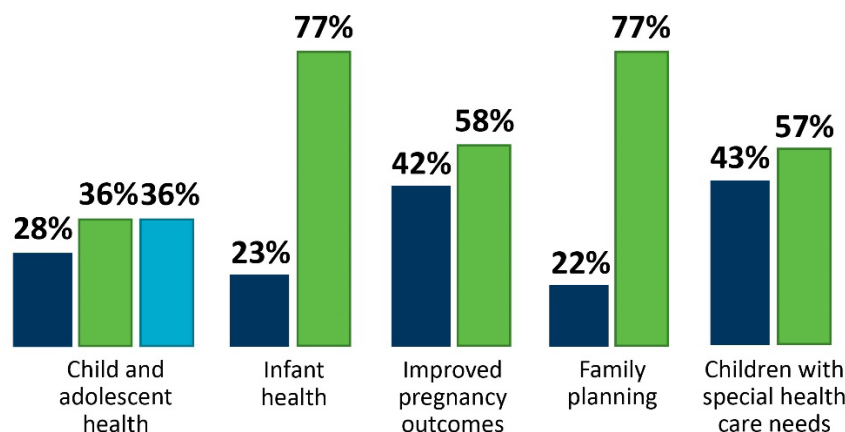
Minnesota's Title V Maternal and Child Health program, administered by the Child and Family Health division of the Minnesota Department of Health (MDH) in partnership with the Health Resources and Services Administration (HRSA), aims to improve the health of women, children, families, and children and youth with special health needs. Established under the 1935 Social Security Act, Title V is the only federal program focused solely on maternal and child health. Two-thirds of Minnesota's Title V funds support 53 community health boards and 87 local public health agencies that deliver community-based services such as family home visiting, breastfeeding education, school health, and family planning. The remaining funds support state leadership, technical assistance, data analysis, and policy development that promote health equity and access to care. Guided by community input, data, and health equity principles, Minnesota's Title V program uses a five-year needs assessment to set priorities and strengthen systems that ensure all families can achieve optimal health.

The Maternal and Child Health Bureau (MCHB) provides a guiding framework, known as the Maternal and Child Health Pyramid of Services, to support states in identifying which maternal and child health services and activities to fund with Title V resources. Program participation, reach, and expenditures are measured across three service categories: (1) public health services and systems, (2) enabling services, and (3) direct health care services.

Percentage of Title V dollars spent by service category



By priority area



In federal fiscal year 2024, community health boards were awarded a total of

\$6,435,308

Title V dollars.

Additionally, in federal fiscal year 2024, Title V grant dollars were used to fund

105.5 full-time equivalent staff

across the 87 local public health agencies in Minnesota.

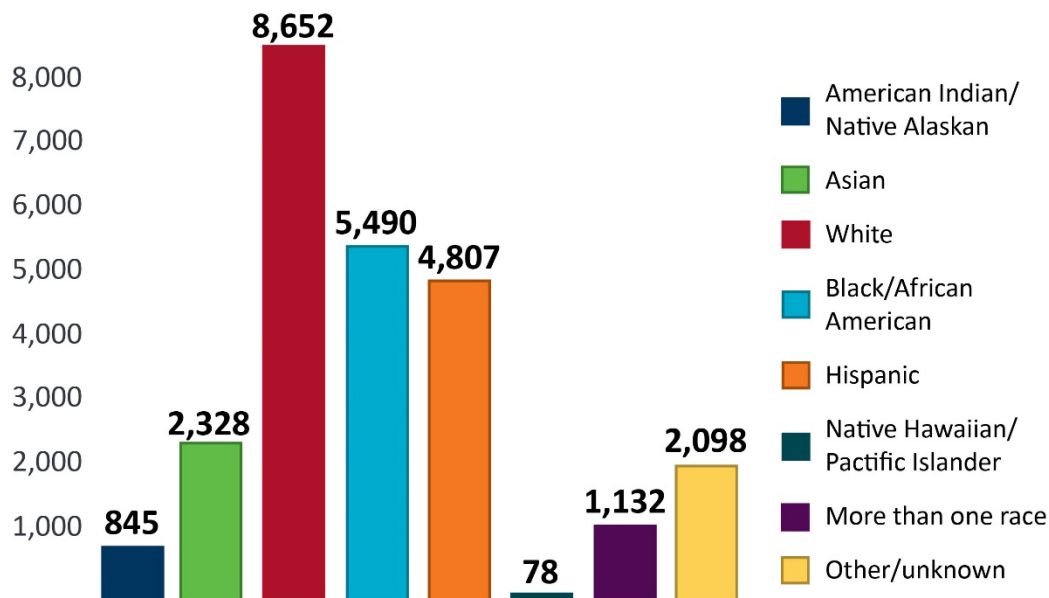
Populations served

In federal fiscal year 2024, community health boards from all regions the state used Title V funds to address the public health needs of 26,674 of Minnesota's women, children, and families.

Population type	Individuals served	Group sessions
Child and adolescent health	12,316	1,496
Infant health	4,085	232
Improved pregnancy outcomes	3,486	249
Family planning	3,753	1,696
Children with special health care needs	3,034	14
Totals	26,674	3,687

Title V invests in maternal and child health statewide while empowering community health boards to respond to local priorities. This includes focusing on populations experiencing the greatest inequities in maternal and child health outcomes, shaped by factors such as race and ethnicity, geography, and income.

Minnesotans served by Title V by race/ethnicity



More than \$6 million Title V dollars in fiscal year 2024 were spent in Minnesota, with just over 54% invested in the seven-county metro area.

Title V funding by geography	
Seven-county metro	\$3,431,631
Greater Minnesota	\$2,886,402

Of the total number of individuals served by Title V dollars in Minnesota,

13,272

reported using Medical Assistance or Minnesota Care.



The importance of input and engagement

STORY FROM THE FIELD

Community input and family engagement are integral to community health boards in the process of identifying the use of federal Title V funds.



In federal fiscal year 2024, one community health board worked with their local school districts to develop and deliver student- and classroom-specific sexual health curriculum.

They gathered input from health teachers, including:

- The content covered in their human development unit.
- Student and caregiver perspectives (concerns and sensitivities).
- Students' preferred learning styles.
- The appropriate preparation for delivery of the materials.
- The accessibility of the presentation materials.
- The demographics of the students.

They also reviewed other community organizations' sexual health content to avoid redundancy and ensure a cohesive approach.

Presentation materials featured a balanced **mixture of visuals and text** to cater to different learning styles, while **interactive elements** engaged participants and reinforced key messages.

During education sessions, the public health specialist engaged directly with students to assess their baseline knowledge by asking about the **language** and **terms** they typically use to describe sexual health concepts. This allowed the educator to align the language and explanations with the students' understanding while introducing and emphasizing the importance of anatomically correct terminology.

Students were also asked about their current sexual health knowledge to tailor future presentations effectively, addressing gaps or misconceptions.

These steps ensured that the program was not only evidence-based but also contextually appropriate and responsive to the needs of the community. This included using neutral language and imagery that featured a variety of identities which fostered a sense of belonging.

Comprehensive language was emphasized to make the content relevant to individuals regardless of anatomy, ensuring topics like sexually transmitted infections, contraception, consent, healthy relationships, and pregnancy prevention were applicable to all.

- The materials were tailored to be age-appropriate.
- Time was allocated for questions to address varying levels of background knowledge.
- Ground rules were established to set a respectful tone, creating a safe space to explore a range of feelings and experiences.

This multifaceted strategy ensured all participants could meaningfully engage with and benefit from the education provided.