Minnesota
Maternal and Child Health Block Grant 2021

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. In FY2019, 92.1% of all pregnant women, 98.0% of infants, and 59.6% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Minnesota

<table>
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<th>FY 2017</th>
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<th>FY 2019</th>
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<td>$9,039,369</td>
<td>$9,104,300</td>
<td>$9,098,601</td>
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Title V Administrative Agency:
Child and Family Health Division
Minnesota Department of Health

*States must provide a three dollar match for every four Federal dollars allocated.

Protecting and Improving the Health of Minnesota’s Families

**Newborn Screening** – The Title V program continues to partner with the MDH Public Health Laboratory, birthing hospitals, and local public health agencies statewide to support and provide appropriate follow-up for newborn screening of genetic and heritable disorders, critical congenital heart disease, and hearing loss for all babies. Nearly 500 newborns were diagnosed in 2019 with a condition identified through newborn screening.

**Follow-Up Program** – The Title V CYSHN Program provides training and resources to local public health teams to support periodic developmental and social-emotional screening of infants and toddlers at risk for health and developmental delays to ensure early identification, assistance and services. During FY2019, over 21,000 children participated in the program, with 27,500 screens completed.

**Family Planning** – Family Planning grants totaling $28.5 million were awarded for four and half years to grantees including one county -and one university-operated clinic, five local public health agencies, and 17 non-profit organizations. Funds also support a statewide family planning hotline.

**Family Home Visiting** – The Title V program supports home visiting programs in local public health departments to assist pregnant women and families. Family home visiting fosters healthy beginnings, improves pregnancy outcomes, promotes school readiness, prevents child abuse and neglect, promotes positive parenting and promotes health and economic self-sufficiency. All of Minnesota’s local health departments provide family home visiting services. Minnesota also continues to expand the number families receiving evidence-based family home visiting programs through the federal MIECHV program.

**Addressing Infant Mortality** – Although Minnesota currently has one of the nation’s lowest infant mortality rates, the state has persistent racial and ethnic disparities in infant mortality especially for African Americans and American Indians. The state funds the Eliminate Health Disparities Initiative that provides funding to community-based organizations to address infant mortality and other health disparities. The state annually promotes public awareness of the health disparities in infant mortality through week-long media campaigns: Infant Mortality Awareness Week and Infant Safe Sleep Week. The Infant Safe Sleep campaign promotes the prevention of sleep-related sudden unexpected infant deaths, a major cause of the infant mortality disparity in Minnesota.

**Medical Home/Care Coordination** – To improve the quality of care provided in the state’s primary care clinics, Minnesota has focused efforts around improving provision of care coordination in the state. A Pediatric Care Coordination Community of Practice (CoP) was launched to promote training, networking, and sharing of information and resources statewide between care coordinators. More than 280 care coordination professionals from various fields have signed up for the CoP. Minnesota also funds quality improvement grants to primary and specialty care practices. Current grants focus on addressing transition to adult health care and supporting community-clinic partnerships.

**Reporting and Accountability** – Minnesota distributes two-thirds of MCH block grant funds to local public health departments. A statewide reporting system has been developed to capture how block grant dollars are spent, the specific priorities targeted, and the outcomes that will be measured.
Percentage Served by the Minnesota MCH Program*

- 39.0% Pregnant women
- 100.0% Infants under one
- 39.0% Children and adolescents
- 100.0% Children with special health care needs
- 4.0% Others

*2019 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

Health Needs in Minnesota

- Promote routine well-woman visits to support the mental and physical needs of women
- Increase the proportion of pregnancies that are intended
- Reduce infant and maternal mortality rate and racial and ethnic disparities in infant and maternal death rates
- Promote and support breastfeeding
- Promote developmental screening and appropriate follow-up to support the developmental, social-emotional, and physical health needs of children
- Strengthen the health system to better meet the mental and physical health needs of children
- Build community capacity to engage and support young people to be connected to community, school, and caring adults
- Promote a comprehensive, coordinated, integrated system of services and supports for CYSHN and their families
- Ensure adequate health insurance coverage for MCH populations

Current Special Projects of Regional and National Significance (SPRANS)

Healthy Tomorrows Partnership for Children Program
INDEPENDENT SCHOOL DISTRICT #625
Saint Paul, MN

State Systems Development Initiative (SSDI)
MINNESOTA STATE DEPARTMENT OF HEALTH
St. Paul, MN

Training CED/COR Pediatric and Child Psychiatry
UNIVERSITY OF MINNESOTA
Minneapolis, MN

Adolescent Health Training Program
UNIVERSITY OF MINNESOTA
Minneapolis, MN

Leadership Education in Maternal and Child Public Health
UNIVERSITY OF MINNESOTA, SCHOOL OF PUBLIC HEALTH
Minneapolis, MN

For more information, contact:

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