HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

MINNESOTA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Minnesota

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

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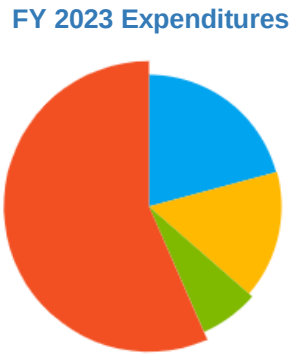
Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	$9,477,092
State MCH Funds	$7,107,819
Local MCH Funds	$3,187,322
Other Funds	$25,777,365
Program Income	$3,934



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$1,203,305	$4,580,619
Enabling Services	$3,642,718	$13,866,735
Public Health Services and Systems	$4,631,069	$17,629,087

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal

Percentage Served by Title V

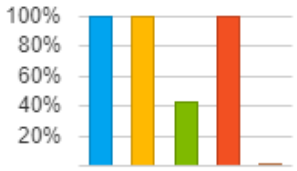
Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	$14,652,645
Infants < 1 Year	100.0%	$8,241,046
Children 1 through 21 Years	42.5%	$9,574,592
CSHCN (Subset of all infants and children)	100.0%	$11,149,358
Others *	1.5%	$1,482,351

*Others– Women and men, over age 21.

FY 2023 Expenditures

Total: $45,099,992

FY 2023 Percentage Served



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)

Care During Pregnancy and Delivery
 	
NPMs
• Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV
  ○ ESM WWV.1: Percent of Minnesota Perinatal Quality Collaborative (MNPQC) members who completed implicit bias training in the last year
  ○ ESM WWV.2: Number of hospitals that are actively participating in Minnesota Perinatal Quality Collaborative (MNPQC) initiative focused on the Alliance for Maternal Innovation (AIM) bundle on substance use disorders (SUDs).
• A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV
	Women/Maternal Health

Comprehensive Early Childhood Systems NPMs • Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS ○ ESM DS.1: Percent of developmental/social-emotional screens that were completed electronically through the Follow Along Program (FAP) in the past year. • Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	Child Health
Adolescent Suicide NPMs • Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV ○ ESM AWV.1: Percentage of Child and Teen Checkups (C&TC) where depression screenings are occurring for adolescents enrolled in Minnesota Health Care Programs (MHCP)	Adolescent Health

Access to Services and Supports for Children and Youth with Special Health Needs
 	
NPMs
• Percent of children, ages 0 through 17, who are continuously and adequately insured (Adequate Insurance, Formerly NPM 15) - AI
  ○ ESM AI.1: Percent of families receiving family-to-family support who report increased confidence in navigating care for their child
  ○ ESM AI.2: Care coordinators reporting increased knowledge in serving CYSHN and their families after participating in Community of Practice webinars
• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH
	Children with Special Health Care Needs

Housing SPMs • SPM 3: Proportion of Minnesota adolescents who report staying in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay in the past 12 months	Cross-Cutting/Systems Building
Accessible and Affordable Health Care SPMs • SPM 1: Percent of Minnesotans that did not get routine medical care that they needed because of cost	Cross-Cutting/Systems Building
Mental Well-Being SPMs • SPM 4: Percent of Minnesota adolescents who report having positive mental well-being - fulfilling relationships, contributing to community, and being resilient	Cross-Cutting/Systems Building
American Indian Family Health SPMs • SPM 6: Percent of Division staff who have completed the Tribal State Relations Training	Cross-Cutting/Systems Building
Parent and Caregiver Support SPMs • SPM 5: Percent of children, ages 0-17, living with parents who are coping very well with the demands of parenthood	Cross-Cutting/Systems Building

Infant Mortality NPMs ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF ○ ESM BF.1: Percent of births delivered at MDH Breastfeeding-Friendly Maternity Centers ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS ○ ESM SS.1: Percent of births delivered at Minnesota hospitals with national Safe Sleep Hospital Certification ○ ESM SS.2: Proportion of mothers who were told by a healthcare provider to place their baby on his or her back to sleep	Perinatal/Infant Health

Executive Summary

Program Overview

Minnesota's Title V Program and Framework

The Minnesota Department of Health (MDH) works to *protect, maintain, and improve the health of all Minnesotans*. The Title V Maternal and Child Health (MCH) Block Grant aims to promote and improve the health and well-being of women, children, youth, and families, as well as children and youth with special health needs (CYSHN) – as a federal-state partnership between the State of Minnesota and the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau.

The Child and Family Health (CFH) Division serves as the state-level administrator of the Title V MCH Block Grant, ensuring the responsibilities set forth by the HRSA are met. Title V is the only federal program focused solely on improving the health of all mothers and children – authorized in the 1935 Social Security Act to give states flexibility in meeting the unique needs of their children and families.

Minnesota's Title V program is committed to be community and family-centered, as well as data-driven and evidence-informed. The CFH Division partners with the state's 51 Community Health Boards (CHBs) comprised of 87 local public health (LPH) agencies – who receive two-thirds of Minnesota's Title V funding – to carry out the core public health functions of assessment, assurance, and policy development with a local-state impact. Examples of some of the activities carried out by (LPH) through Title V include:

- Providing education and outreach on breastfeeding and lactation
- Implementing Family Home Visiting services
- Providing Family Planning Services and counseling
- Completing screening and connecting families to services through the Follow Along Program
- Developing and distributing health education materials.

The CFH Division also partners with MDH's Health Equity Bureau to connect with Minnesota's diverse communities in our efforts to advance health equity and reduce health disparities among populations and communities where health inequities exist and thrive. Additionally, Minnesota's Title V Program has built a strong partnership with the state's Title XIX Medicaid Program – including an Interagency Agreement (IAA) that outlines and provides inter-accountability for collaboration between the two programs working toward the common goal to improve the overall health of Minnesota's MCH population through affordable health care delivery systems, as well as to expanded coverage to ensure Minnesota's women, children, and families are provided needed preventive services, health examinations, treatments, and follow-up care. Because of the intersectional nature of public health work to meet the needs of Minnesota's mothers, children, and families, including CYSHN, the CFH Division also partners with:

- Divisions across the Minnesota Department of Health, including the Infectious Disease Epidemiology, Prevention, & Control Division; Health Promotion & Chronic Disease Division; Community Health Division; Public Health Laboratory Division; the Health Policy Division; the Health Equity Strategy & Innovation Division; the Office of African American Health; the Office of American Indian Health; and the Office of Diversity, Equity, Inclusion, & Belonging.
- Governor's Children's Cabinet
- Minnesota Department of Education
- Minnesota Department of Human Services
- Minnesota Housing Finance Agency.

Most of Minnesota's Title V efforts focus on either (1) enabling people to access care or improve health outcomes, or (2) focus on developing the infrastructure to ensure people can access care and live healthy lives – less than 10% of federal Title V funding goes toward direct services.

Needs Assessment, Priority Needs, and Action Planning

Every five years, Minnesota's Title V Program conducts a comprehensive, community-focused needs assessment to gather information on the health and well-being of our MCH populations. The needs assessment keeps us apprised of emerging and ongoing issues and provides direction for Title V MCH Block Grant priorities, strategies, and activities. Additionally, the needs assessment is completed in partnership with families, community organizations, public health professionals, and other stakeholders across the state to better understand the needs of women, children, and families living in Minnesota. Through this work, ten priorities (Table 1) were identified in the 2020 Needs Assessment – set and modified based on the needs of communities, federal requirements, local Community Health Board priorities, and the capacity of MDH and LPH agencies.

Table 1. Minnesota's 2020-2025 Priorities and Definitions

Identified Priority Need…	Defined by Minnesota Communities as…
Care during Pregnancy and Delivery	Increasing accessible, quality health care during pregnancy and delivery.
Infant Mortality	Reducing the number of infants that die before their first birthday.
Comprehensive Early Childhood Systems	Ensuring Minnesota has inclusive systems that link young children and their families to all the support and services they need.
Adolescent Suicide	Reducing the number of youth who take their own life.
Access to Services and Supports for CYSHN	Ensuring all children and families have what they need to thrive.
Housing	Increasing safe, affordable, stable housing for all people living in Minnesota.

Table 1. Minnesota's 2020-2025 Priorities and Definitions	
Identified Priority Need…	**Defined by Minnesota Communities as…**
Accessible and Affordable Health Care	Comprehensive, quality health care services, including Family Planning, that are available and affordable for all.
Mental Well-Being	Ensuring all people living in Minnesota can realize their abilities, deal with day-to-day stress, have meaningful relationships, and contribute to their family and community. This also includes building resilience in those who experience childhood trauma and adversity.
American Indian Family Health	Reducing disparities and supporting the well-being of American Indian families.
Parent and Caregiver Support	Supporting parents and caregivers socially and emotionally with family-focused activities, policies, and education.

Following the completion of the 2020 statewide needs assessment, a strategic planning process informed strategies to address the identified priorities with the community. These priorities and strategies make up the CFH Division's strategic plan and are incorporated into the state's Title V MCH Block Grant action plan as they connect to indicators of the health and wellbeing of Minnesota's MCH population. Table 2 shares a comprehensive overview of the state's priorities, based on each population domain as outlined from HRSA, as well as descriptions of the current state of each population domain, and strategies developed through the strategic planning process to address each priority.

Table 2. Overview of Minnesota's 2020-2025 Population Domain Priorities and Strategies		
Population Domain & Priority	**Description of the Domain's Current Status by Priority Area**	**Strategies to Address Priority**
Domain: Women/Maternal Health **Priority:** *Care During Pregnancy and Delivery*	Adequate and regular prenatal care early on and during the entire pregnancy is critical to the health of mothers and babies. Babies of mothers who do not get prenatal care are three times more likely to be born low birth weight and five times more likely to die within their first year than those born to mothers who do get care. Whereas, receiving quality prenatal care can have positive effects long after birth for both individuals. Prenatal care is more than practitioner visits and ultrasounds; it is an opportunity to improve the overall well-being and health of the pregnant person which directly affects the health outcomes of the baby. In 2022, 79% of pregnant people in Minnesota received prenatal care within their first trimester of pregnancy.	• Expand family-focused, community-based policy and funding • Integrate health and social services to optimize cross-sector collaboration • Strengthen and expand culturally responsive, trauma-informed care for women of childbearing age
Domain: Perinatal/Infant Health **Priority:** *Infant Mortality*	Infant mortality is a multifaceted societal problem that effects the health and well-being of individuals, family systems, and communities. Some factors that have been connected to and influence infant mortality occurrences include maternal health, family socioeconomic status, quality and access to medical care, and knowledge about and support to implement public health best practices such as breastfeeding and safe sleep. While Minnesota's infant mortality rate has declined 34% since 1990, the state's overall rate disguises substantial variation by race/ethnicity – the burden of infant mortality is not shared equally across population groups.	• Apply culturally specific, community-based best practices • Improve data collection and evaluation • Facilitating policy and systems changes to reduce infant mortality
Domain: Child Health **Priority:** *Comprehensive Early Childhood Systems*	Every family should have an equal opportunity to access health care, mental health services, early care and education, and local services and resources that are culturally honoring and support health, development, and safety. However, Minnesota faces significant challenges in implementing a coordinated, equitable, and efficient system of care for children and their families. The array of early childhood programs is complex and fragmented, due in part to differences in the way programs are funded and variations in their eligibility and other requirements, making the early childhood system in Minnesota difficult to navigate.	• Coordinate access to comprehensive, family-centered early childhood service • Maximize and increase funding to support statewide programs that serve families who are pregnant and parenting young children
Domain: Adolescent Health **Priority:** *Adolescent Suicide*	Minnesota has seen higher rates of suicide among youth than the national average for a long time. Suicide is the second leading cause of death among people ages 10-24 in MN, and is not experienced equally across age groups, genders, sexual orientations, race/ethnicities, or geography in Minnesota. From 2018-2022 American Indian/Alaskan Native adolescents have had the highest suicide rate at 45.2 per 100,000 adolescents. This is significantly higher than the next highest rate, which is Non-Hispanic White, at 6.9 per 100,000. Adolescent suicide prevention efforts require improving access to comprehensive mental health services and building communities that support the mental well-being of youth and their families. Minnesota suicide prevention efforts are based on evidence that most suicides are preventable, mental illness is treatable, and recovery is possible with appropriate supports and intervention.	• Empower youth, young adults, families, and communities to meaningfully engage in creating solutions to prevent suicide • Expand and improve postvention supports • Reduce access to lethal means
Domain: Children and Youth with Special Health Needs **Priority:** *Access to Services and Supports for Children and Youth with Special Health Needs*	An estimated 246,192 children and youth in Minnesota (approximately 18.9% of children 0-17 years old) have special health needs, which includes a range of chronic physical, developmental, behavioral, and emotional conditions (2021-2022 NSCH). These children and youth use a variety of services and supports, including (but not limited to) dental services, specialized therapies and childcare, mental health counseling, respite care, specialized medical care and equipment, special education services, other community-based services, and more. Unfortunately, it is not always easy or possible to access these crucial services, and CYSHN and their families are more likely to report having forgone needed services compared to those without special health needs.	• Enhance centralized resources to improve knowledge of services and supports • Build the capacity of communities by cultivating knowledge and improving collaboration • Construct a competent and well-compensated workforce

Domain: Cross-Cutting/Systems Building **Priority:** *Accessible and Affordable Health Care*	Comprehensive, quality health care services are important for promoting and maintaining health throughout the lifespan. Poor access to health care services can result in unmet health needs, lack of preventive services, hospitalization, and increased financial burden. According to the most recent Minnesota Health Access Survey, approximately 3.8% of Minnesotans lacked health insurance coverage in 2023. Disparities in access to healthcare are felt acutely among families of children and youth with special health needs; rural residents; and African American/Black, American Indian, and other People of Color in Minnesota.	• Recognize and reduce systemic racism, discrimination, and marginalization in health care • Expand access to health care by increasing availability of community-based and remote services • Improve the quality of health care by promoting person and family-centered practices
Domain: Cross-Cutting/Systems Building **Priority:** *American Indian Family Health*	American Indian women, children and families experience worse outcomes than all other populations in Minnesota. For example, while American Indian birthing people (1.7%) are a small portion of the birthing population, they are disproportionately represented among the pregnancy-associated deaths, making up 12% of the deaths respectively. Structural and systemic racism plays an integral role in perpetuating poor health outcomes, and these oppressive systems have denied American Indians access to adequate health care, employment, and food and nutrition.	• Increase access to culturally specific health services • Mandate cultural proficiency, as defined by the community • Shift power and polices to address structural racism
Domain: Cross-Cutting/Systems Building **Priority:** *Housing*	Access to safe and affordable housing is connected to every aspect of people's lives and is a critical factor in financial security, academic success, and being healthy. Minnesota has the greatest disparities in home ownership rates between White residents and Black, Indigenous, and people of color in the nation. Additionally, African American/Black and American Indians in Minnesota are far more likely to experience housing instability than white residents – specifically, American Indian and African American/Black residents are more than 20 and 15 times more likely to experience homelessness than white residents.	• Expand funding opportunities • Implement person-centered approaches and services • Create and innovate housing options
Domain: Cross-Cutting/Systems Building **Priority:** *Mental Well-Being*	Mental well-being is a core ingredient for success in school, work, health, and community life. Poor mental well-being, with or without the presence of mental illness, is a risk factor for chronic disease (cardiovascular, arthritis), increased health care utilization, missed days of work, suicide ideation and attempts, death, smoking, drug and alcohol abuse, physical inactivity, injury, delinquency, and crime. In 2022, only 27.7% of Minnesota adolescents reported having high mental well-being.	• Help communities build capacity and resilience • Implement a public health communications campaign on mental well-being across the life span • Advocate for legislative policies that promote mental well-being
Domain: Cross-Cutting/Systems Building **Priority:** *Parent and Caregiver Support*	When parents and caregivers receive adequate support, they are more likely to be able to cope with the day-to-day demands of parenthood and build a safe and healthy home environment for their family. A major factor in a parent/caregiver's ability to provide a safe and healthy home for their children is having needed resources and supports available to them. According to Pew Research Center, around 15% of U.S parents say they have almost no support when it comes to raising their children, with that number rising to 22% when the parent does not have a spouse or partner.	• Advocate for the redesign of a network of policies and programs to better support families • Build the capacity of health professionals to help improve the mental health, well-being, and resilience of families • Build supports for multifaceted ways for parents/caregivers to connect with one another

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V MCH Block Grant funds, along with the local public health (LPH) match, have provided core funding for local and statewide MCH efforts. Two-thirds of Minnesota's Title V funds are distributed to the state's 51 Community Health Boards (CHBs), comprised of 87 LPH departments. This is governed by Minnesota Statute § 145.88-145.883 (https://www.revisor.mn.gov/statutes/cite/145.88), which also directs the use of these funds to programs that address needs of MCH populations, including Children and Youth with Special Health Needs (CYSHN). CHBs are locally run and conduct regular community health assessments to determine needs, priorities, and programming within their geographic area. Each year, CHBs submit a work plan of activities funded through Title V and match funds, as well as quarterly and annual reporting of the activities.

One-third of Minnesota's Title V funds support MDH staff who provide leadership to state MCH programs and policies and provide technical assistance to CHBs. Specifically, 20.08 FTEs within the Child and Family Health Division - many of which engage directly with community – are supported with Title V dollars. The CFH Division leads Title V MCH Block Grant activities and is where Minnesota's Title V Director, Title V MCH Director, Title V CYSHN Director, and Title V Coordinator are housed. The MCH and

CYSHN Sections within the CFH Division lead Title V efforts – collaborating with the Family Home Visiting (FHV), and Women, Infants, and Children (WIC) Sections, as well as with other MDH programs. Specific programming efforts led by or in partnership with these staff and sections are detailed in the six domain areas of the 2023 Title V Report and 2025 Title V Application Plan.

This distribution of Title V funds creates pathways of equity at the program, community, and state/policy levels. While Title V funds support the general MCH and CYSHN populations, the funds given to CHBs are flexible for use to address MCH inequities and disparities at the community level based on their community's needs. These needs vary but often focus on serving communities that have been systematically disadvantaged including Black/African American, American Indian, Populations of Color, Persons with Disabilities, and LGBTQ2S+. At the state/policy level, staff in positions supported by Title V dollars directly engage with community, prioritizing the aforementioned communities with the recognition of the deep inequities and resulting disparities for these groups in Minnesota. The level of engagement, including levels of power sharing/ceding and co-creation of activities/data, varies by staff and program with a minimum of inviting communities to provide feedback on processes, products, and implementation of projects/initiative/programs. From this baseline, community members and those with lived experience in a given topic area (i.e., having a child with special health needs) have been invited in various capacities to plan the direction, components and implementation of projects/initiatives/programs, with compensation provided for their expertise and time when possible. Additionally, some staff are also engaging in advocacy on behalf of these communities toward policy change initiatives and increased funding support, as well as including capacity building/strengthening for advocacy at the community level - creating pathways for community voices to be heard across sectors and systems.

MCH Success Story

Adolescence is a period of rapid change, often accompanied by fear and confusion, particularly for youth with disabilities or chronic conditions. Navigating the transition from pediatric to adult health care is crucial for these individuals to achieve lifelong positive health outcomes. Over the past decade, Minnesota's Children and Youth with Special Health Needs (CYSHN) Section within the Child and Family Health Division at Minnesota Department of Health has been at the forefront of improving health care transitions for these youth, ensuring they are better equipped for adult life.

Early Efforts and Key Initiatives
From 2012 to 2015, the Minnesota Transition Collaborative brought together several clinics to develop comprehensive transition programs. This effort, funded through a grant to Family Voices of Minnesota, laid the foundation for structured transition processes using the *Six Core Elements of Health Care Transition*. A *Health Care Transition Toolkit* created during this period provided vital resources and was a precursor to statewide implementation.

Between 2017 and 2020, our Health Care Transition Quality Improvement Grants further expanded these efforts, engaging multiple clinics to enhance transition practices. These grants promoted youth and parent leadership, improved healthcare provider competencies, and aligned health system policies with the Six Core Elements to support seamless transitions.

Focusing on Systems Change
In June 2022, a *Transition Roundtable*, convened by Gillette Children's Specialty Health Care, the Minnesota Chapter of the American Academy of Pediatrics (MNAAP), the Minnesota Rare Disease Advisory Council (RDAC) and the Minnesota Department of Health (MDH), marked a significant shift toward addressing systemic barriers in health care transitions. The roundtable gathered diverse stakeholders to discuss and prioritize actionable solutions, focusing on policy, education, and workforce development. Eleven recommendations were identified for urgent implementation to streamline the transition process and raise statewide awareness.

Ongoing Learning and Collaboration

The 2023 launch of the *Statewide Health Care Transition Learning Collaborative* exemplifies our commitment to continuous improvement. This initiative, led by Gillette Children's Specialty Health Care using the ECHO model, aims to enhance the competence of health care providers in managing transitions for youth with special health needs. CYSHN staff have collaborated with interagency partners to integrate health into education and workforce planning. This includes bringing together school nurses to enhance health integration in special education, guided by the *Minnesota Youth in Transition Framework and Toolkit*. Additionally, we've partnered on a Person-Centered Planning and Coordination Pilot Project to empower students with disabilities and mental health concerns to make decisions about and plan for their own lives. By fostering collaboration among experts, providers, and families, we are building a robust model of care that bridges the gap between pediatric and adult health systems.

Conclusion and Future Directions
Through these collective efforts, Minnesota has become a leader in transition services, with nearly 30% of adolescents with special health care needs receiving appropriate support. Despite this progress, there is still work to be done to ensure that all youth successfully transition into adult care. By continuously learning and adapting, we strive to achieve the greatest impact and ensure all youth can navigate their transitions smoothly and effectively.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Minnesota

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.