Sexual and Reproductive Health Services Program

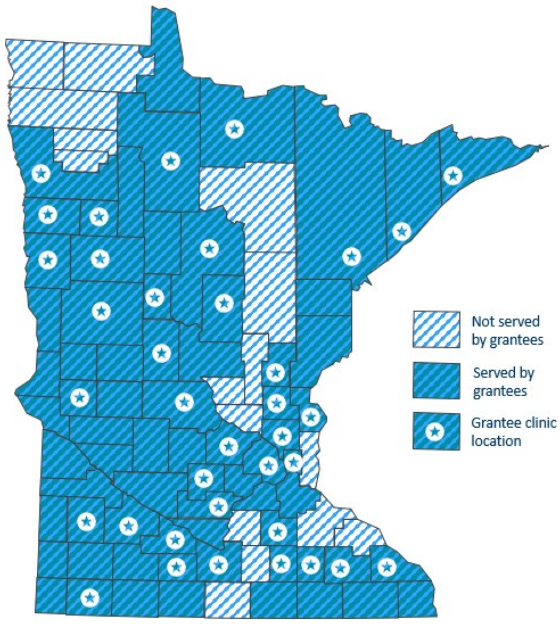
JAN. 1, - DEC. 31, 2024

Background

Established by the Minnesota Legislature in 1978, Sexual and Reproductive Health Services (SRHS) grant funds support essential contraceptive services for people with the least access due to structural inequities. Funding is focused on populations experiencing barriers such as poverty, lack of insurance, or transportation.

SRHS is governed by Minnesota Statute 145.925. The 2024 appropriation was $13,500,125.00 per year; $186,482 of that is awarded annually for a statewide sexual health hotline.

Map 1. SRHS service area



Grantees

During 2024, there are 35 grantees located throughout the state. Grantees include one university-operated clinic, seven local public health agencies, and two school-based health centers. Individuals throughout the state can call the toll-free phone hotline (1-800-783-2287) or access information by web chat and text messaging at the Minnesota Sexual Health Hotline (www.sexualhealthmn.org).

As seen in Map 1, grantees' service area extends beyond the counties they are physically located in. While grantees serve people beyond their county borders through mobile services and telehealth, not all services can be provided this way. Distance and lack of public transportation options remain a signficant barrier to care for many Minnesotans.

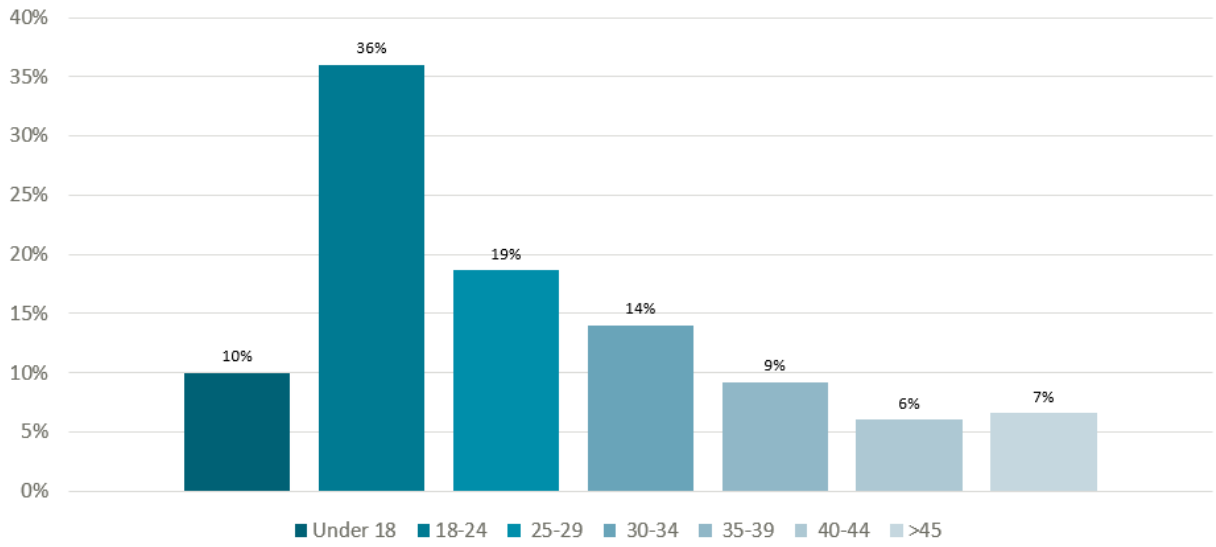
Services provided by SRHS grantees

- Reached 145,073 individuals through outreach activities such as classes, parent education, and health fairs, an increase of over 50,000 individuals from 2023.
- Counseled 25,839 individuals on contraceptive methods.
- Provided 20,315 people with a range of FDA-approved contraceptive methods, an increase of over 4,000 from 2023. 17.7% chose the long-acting reversible contraception such as an intrauterine device.
- The hotline reached over 500 people, providing them with education and support finding health care.

Individuals served

- Of patients receiving a contraceptive method, 53% had incomes below 100 percent of the federal poverty guidelines and 74% were below 200 percent.
- As can be seen in Chart 1, the largest age group receiving a contraceptive method was 18 to 24 years (36%), with 65% of patients being under the age of 30.

Chart 1. Percentage of patients by age



The SRHS Statistical Report for Jan. 1-Dec. 31, 2024 provides additional details.

Sexual and reproductive health services save money

State-funded family planning services across the country reduce preterm births, low birth weights, sexually transmitted infections (STI), infertility, and cervical cancer. According to Frost and colleagues (2014), this investment saves the government billions of public dollars, equivalent to an estimated taxpayer savings of $7.09 for every public dollar spent. When individuals have their sexual and reproductive healthcare needs met, it reduces potential healthcare expenses as untreated illness can worsen and require more care. In the case of STIs, there is more transmission

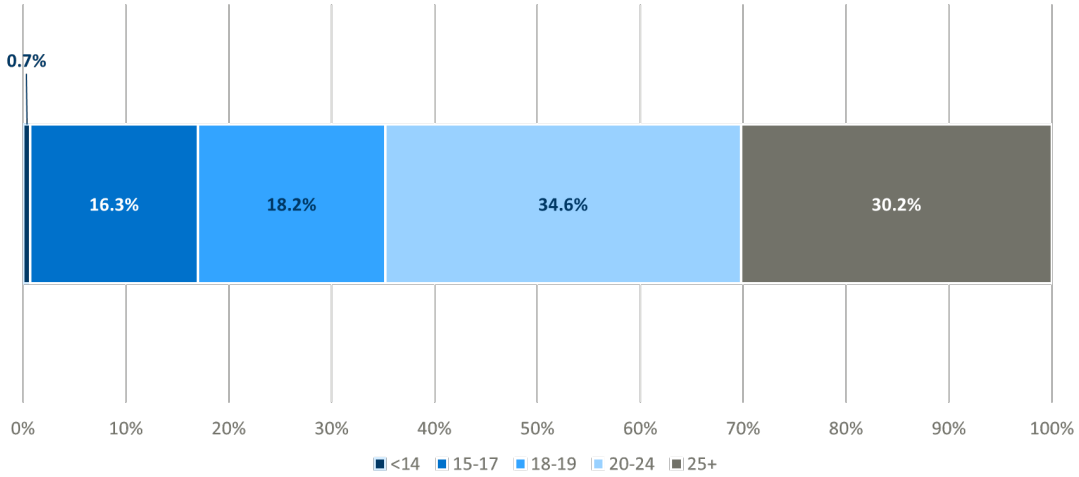
to other individuals. For example; untreated chlamydia can progress to a serious condition such as pelvic inflammatory disease that can result in additional clinical visits and expenses, especially if it results in infertility. Unexpected parenting comes with an immense increase of costs, a major change for an individual's or family's budget plans; family planning services support preventing these unexpected costs onto state systems.

What is the need?

Minnesotans need accessible, culturally relevant, and affordable sexual and reproductive health care.

- 31% of rural counties in Minnesota have no publicly funded sexual and reproductive health clinic in the county. This requires residents to travel greater distances to receive essential health care, which can result in additional expenses and challenges such as taking time off work.
- According to Farris and colleagues at the University of Minnesota's Healthy Youth Development Prevention Research Center, in 2024 the ten counties in Minnesota with the highest teen birth rates and one in three cases of chlamydia in 2024 were in Greater Minnesota.
- Minnesota continued to experience closures of hospital-based obstetrics in rural communities, which reduce access to sexual and reproductive health services essential for maternal and infant health such as reducing outcomes including pelvic inflammatory disease and preterm births.
- Experiences of discrimination and stigma in healthcare can prevent many members of marginalized communities from seeking services.
- The Sexuality Education Information Council of the United States states that access to medically accurate education on sexual and reproductive health is limited for many young Minnesotans and lacks legislative requirements to cover topics important for sexual and reproductive health such as consent.[4]
- Young people experience barriers to health care such as concerns about confidentiality, cost, and lack of youth-friendly services.
- Young Minnesotans are disproportionately impacted by STIs. Of SRHS patients, 46% tested for chlamydia in 2024 were ages 24 or younger, however, as Chart 2 shows, patients under 24 accounted for more than two thirds of positive chlamydia tests.

Chart 2. Positive chlamydia tests by age



Minnesota protects access to critical health care

With the implementation of sexual and reproductive health restrictions in bordering states, Minnesota provides important access to health care services through the SRHS grant program and policies that support access, although persistent disparities exist and clinics experience challenges to financial stability. When health care clinics close their doors or restrict services, people lose access to essential services like contraception, pap smears for cervical cancer screening, and HIV/STI screening and treatment. Many providers, including clinics supported by SRHS grants, continue to expect an increase in demand for culturally appropriate, low-cost, and evidenced-based counseling, education, contraception services, and STI screening and treatment.

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