

## State Birth Defects Program Indicators

### Surveillance

#### Objective 1: Produce and disseminate quality and current data

##### Indicators:

- Proportion of expected cases ascertained by the end of Birth Year 1 and Birth Year 2
- Dissemination of surveillance data within 2 years of the most recent birth cohort using various formats (e.g. annual report, website, peer-review papers, other publications, etc)

#### Objective 2: Assure quality data through ongoing improvement efforts using statistical methods.

##### Indicator:

- Frequency and type of statistical methods used to assess the accuracy and completeness of surveillance data (e.g. sensitivity, PPV).

### Capacity development

#### Objective: Build capacity for public health action

##### Indicators:

- Matrix identifying capacity building objectives, strategies, and partner list is completed and approved.
- Data driven prevention and referral plan developed through partnership engagement.
- Documentation of ongoing partners meetings
- Documentation of annual review and revisions to plan

### Prevention

#### Objective: Outreach to target audiences with prevention messages and implement activities

##### Indicators:

- Development of data driven list identifying at-risk populations to guide prevention efforts.
- Reach targeted audiences using appropriate prevention or intervention strategies (e.g., folic acid consumption via dissemination of folic acid supplements, preconception health, and maternal risk factors).
- Drive efforts that support birth defects prevention at the healthcare level (e.g. percent of health care systems with guidelines/policies that supports birth defects prevention).

## Referral

Objective: Increase access to appropriate referrals for improved health outcomes

Indicators:

- Referral protocols are tested for effectiveness.
- Data are available to indicate changes in number of referrals & number of people receiving early intervention and special education services.
- Timely referral to services is evidenced.
- Gaps in referrals are identified using appropriate methods (e.g., surveys, qualitative research using focus groups).