

## Birth Defects Surveillance Program Funding

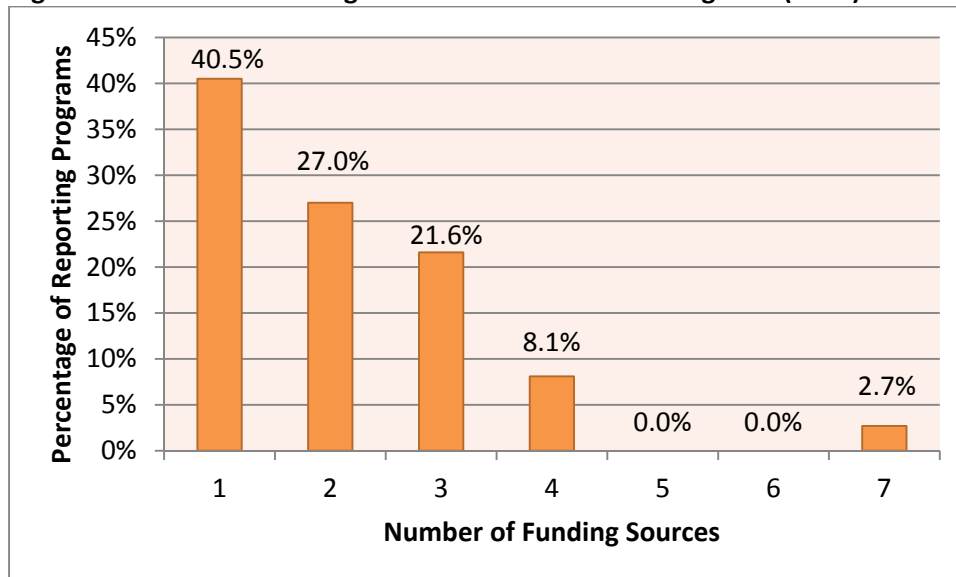
Despite the important role that birth defects surveillance programs play in improving public health, these programs often operate on a limited budget. Without adequate funding, programs may be forced to limit their data sources, and the essential personnel required to administer successful surveillance programs, or the programs themselves, may be eliminated.

### Methods and Results

In 2009, ASTHO conducted an online survey of 43 state and territorial birth defects programs to assess their approaches to birth defects surveillance and tracking. States were asked to report the number of sources that provided funding for their birth defects surveillance program. Of participating state-based programs, 40.5 percent (n=15) reported receiving funding from only one source, while 27 percent (n=10) received funding from two sources (Figure 1). Additional analyses were completed to identify program features that explained the ability of state-based programs to receive funding from multiple sources; however, no specific characteristics were identified.

Forty-one percent of participating state-based programs reported receiving funding from only one source, while 27 percent received funding from two sources.

**Figure 1. Number of Funding Sources for State-Based Programs (n=37)**



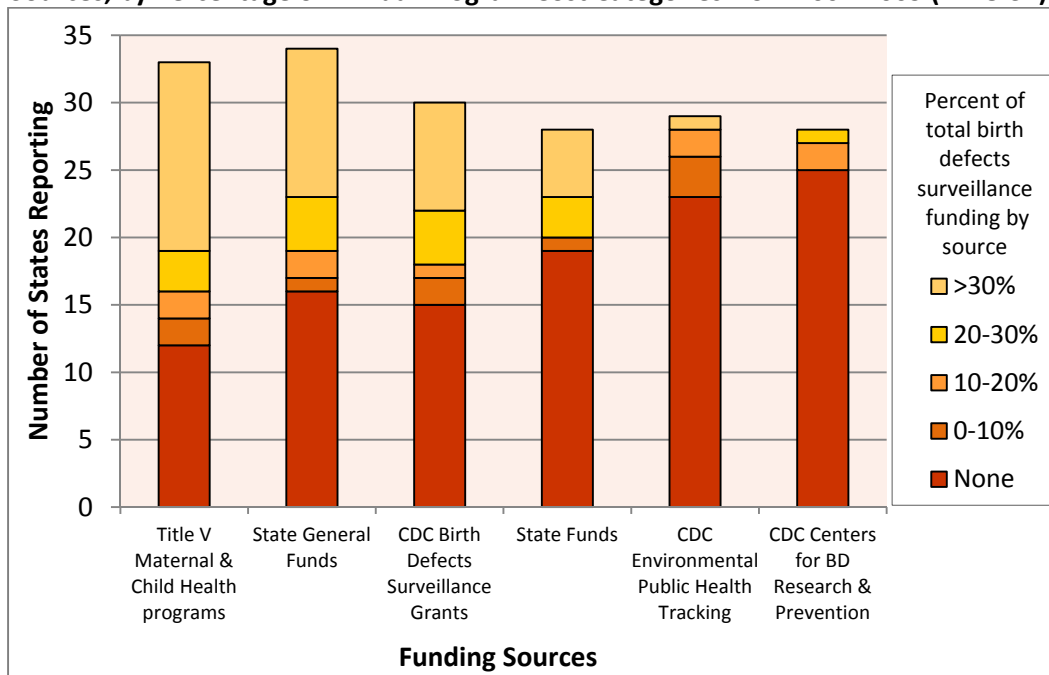
States that received funding from a single source reported that their funds came from state general funds or state funds based on a fee for a product or service, such as newborn screening or birth certificate fees (37.5%), Title V Maternal and Child Health programs (31.25%), or CDC Birth Defects Surveillance Grants (25.0%). Protecting these funds from budget cuts is necessary, as nearly 41 percent of states rely on these funding sources to operate their birth defects surveillance programs.

States also reported what percentage of their overall funding was contributed by various funding sources (Figure 2). The most commonly reported funding sources were Title V Maternal and Child Health programs (21 states), state general funds (18 states), and CDC Birth Defects Surveillance Grants (15 states). Fewer states reported receiving resources from state fees for products or services (nine states),

CDC Environmental Public Health Tracking (six states), or CDC Centers for Birth Defects Research and Prevention (three states).

Title V Maternal and Child Health programs and state general funds were the most frequently identified sources, contributing 30 percent or more of total program funds for 42.4 percent (14 states) and 32.4 percent (11 states) of respondents' programs, respectively. States reported either little (0-10% of annual costs) or no funding from other state agencies or programs, March of Dimes, or university or academic programs.

**Figure 2. Number of Respondents Who Reported Receiving Funding from Potential Sources, by Percentage of Annual Program Cost Categories from 2007-2009 (n=28-34)\***



\*Note: Categories are not mutually exclusive; not all states responded to all funding source categories.

## Future

Survey respondents anticipate receiving funding for their birth defects programs in similar proportions from the same sources over the next two years (2010-2011). However, while the proportion of funding from each source may stay the same, with many public health programs facing budget cuts, the actual amounts may decline. This makes programs that receive funding from a single source more susceptible to program cuts or elimination.

Although many programs may have been able to capitalize on in-kind contributions of time and resources to complete necessary surveillance activities, states should analyze their current funding sources to determine the sustainability of these funding streams. Programs should also continue to identify other potential funders at the state and national levels. As birth defects surveillance programs continue to face funding challenges, it will be important for them to expand their data sharing and data exchange efforts through partnerships with different agencies to improve statewide surveillance by creating functional and fiscal long-term efficiencies.