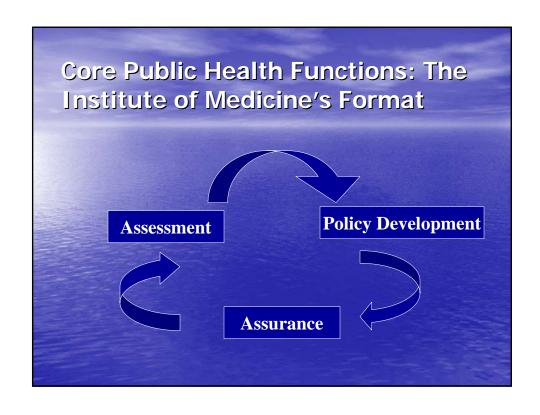
Putting it Altogether: the Pillars of Birth Defects Surveillance in the Context of Public Health Practice

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Data Presentation – Guidelines Chapter 11

 Data-to-Action Continuum as a Pyramid

> Action Knowledge Information

----DATA----

Conceptual Approach to Surveillance Standards

- Standards should reflect the diversity of goals across the country
- Standards should be based on the existing wisdom found in the NBDPN Guidelines for BD Surveillance
- Standards should establish the minimum procedural requirements for developing data which can be used to accomplish programmatic objectives

Broad Programmatic Goals: Pillars of Surveillance

- Epidemiology/Monitoring
- Research
- Linking to Services



Pillars for Prevention

- Architecturally, pillars provide support
- The three pillars for surveillance described
 - Epidemiology/Monitoring
 - Research
 - Linking to services

All serve as "Pillars for Prevention"

Definition of Prevention

"Actions aimed at eradicating, eliminating, or minimizing the impact of disease and disability. The concept of prevention is best defined in the context of levels, traditionally called primary, secondary, and tertiary prevention"

> A Dictionary of Epidemiology, Fourth Edition Edited by John M. Last

Concepts of Prevention in Public Health: "Action" in the Continuum

"Are we doing the right things?" and "Are we doing things right."

Are We Doing the Right Things?

- Requires a knowledge of etiology and risk factors growing out of clinical and epidemiologic research.
- Requires an ability to identify individuals and/or populations at risk (assessment).
- Requires an ability to identify services and service needs (assessment).

Are We Doing Things Right?

- Requires developing programs and policies based on adequate data (policy development).
- Requires an ability to identify individuals who need services and to assure that they receive them (assurance).
- Requires an ability to evaluate services, programs and policies (assessment).

What's It all About, Alfie?

Beginning with guidelines and moving to standards, we can improve the health of children, their quality of life and that of their parents and other family members, by reducing the morbidity and mortality associated with birth defects. This can be done through insuring the availability of high quality data upon which prevention interventions and policies can be based.