

CDC's National Center on Birth Defects and Developmental Disabilities

WISCONSIN



Improving Health Together through direct funding and national efforts



It is important to ensure babies are born healthy, children reach their full potential, and everyone thrives in Wisconsin. CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) is committed to supporting Wisconsin in its efforts to achieve this vision and here is how.



SAVING BABIES through birth defects prevention and research

Birth defects impact nearly 1 in 33 babies born each year. NCBDDD's state-based birth defects tracking and research identify causes of birth defects, opportunities to prevent them, and form the foundation for helping babies thrive. NCBDDD research was instrumental in efforts to implement folic acid fortification—saving babies as well as millions in healthcare costs each year.

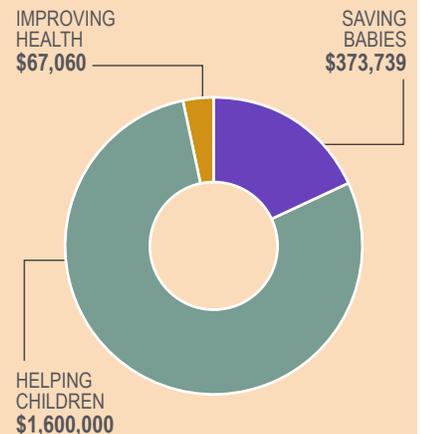
NCBDDD leads efforts to understand the impact of substance use during pregnancy on the baby. NCBDDD funds the University of Wisconsin as a fetal alcohol spectrum disorders practice and implementation center to work with nurses and pediatricians to improve fetal alcohol spectrum disorders prevention and intervention.

FAST FACTS:

NCBDDD direct funding
in Wisconsin for
fiscal year 2017

\$2.0 million

Funding Investment





HELPING CHILDREN

live to the fullest by understanding developmental disabilities

NCBDDD is committed to tracking, researching, and providing useful tools and information on developmental disabilities. NCBDDD's **Learn the Signs. Act Early.** program collaborates with partners throughout Wisconsin to promote developmental monitoring, identify children with developmental delays, and connect those families with appropriate service.

In Wisconsin, 1 in 92 children were identified as having autism spectrum disorder. NCBDDD funds the University of Wisconsin-Madison to support autism tracking throughout the state. The Board of Regents of the University of Wisconsin System is a key collaborator in NCBDDD's efforts to better understand factors that increase the risk for autism through the **Study to Explore Early Development.**

NCBDDD's **Early Hearing Detection and Intervention** program in Wisconsin successfully tested 99.1% (65,834) of newborn babies for hearing loss and identified 122 babies who were deaf or hard of hearing. These babies and their families will benefit from services that will keep their learning on par with their hearing peers.



PROTECTING PEOPLE

and preventing complications of blood disorders

NCBDDD's work to protect the people of Wisconsin from complications of blood disorders is broad-ranging. It includes understanding preventable blood transfusion complications; developing, implementing, and evaluating programs that help consumers and healthcare providers get critical information on preventing complications of blood disorders; and supporting best practices for blood clot prevention.

NCBDDD also supports five hemophilia treatment centers in Wisconsin through a national program. Hemophilia treatment centers are specialized healthcare centers that provide comprehensive care for patients with hemophilia.

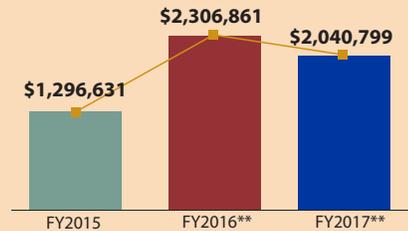


IMPROVING HEALTH

of people with disabilities

More than 1 in 5 (22%) of American adults live with a disability. NCBDDD helps to ensure that individuals with a disability in Wisconsin have the same opportunity for good health as those without a disability. Programs funded by NCBDDD are being designed and implemented to improve the health of people with disabilities in Wisconsin.

Annual Program Funding*



NCBDDD is directly funding

- Wisconsin Department of Health and Family Services (\$350,000)
- Board of Regents of the University of Wisconsin System (\$823,739)
- University of Wisconsin, Madison (\$800,000)
- Children's Hospital of Wisconsin (\$67,060)

* More information about NCBDDD and our support in Wisconsin is available at www.cdc.gov/ncbddd/aboutus/report/index.html

** Zika supplement

“We have accomplished a lot together, but there is more work to be done.”

Coleen A. Boyle,
PhD, MSHyg