



Minnesota Autism Developmental
Disabilities Monitoring Network

Autism Prevalence Data: 2021 findings and how to use them

January 26, 2022



UNIVERSITY OF MINNESOTA

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Autism Developmental Disabilities Monitoring (ADDM) Network

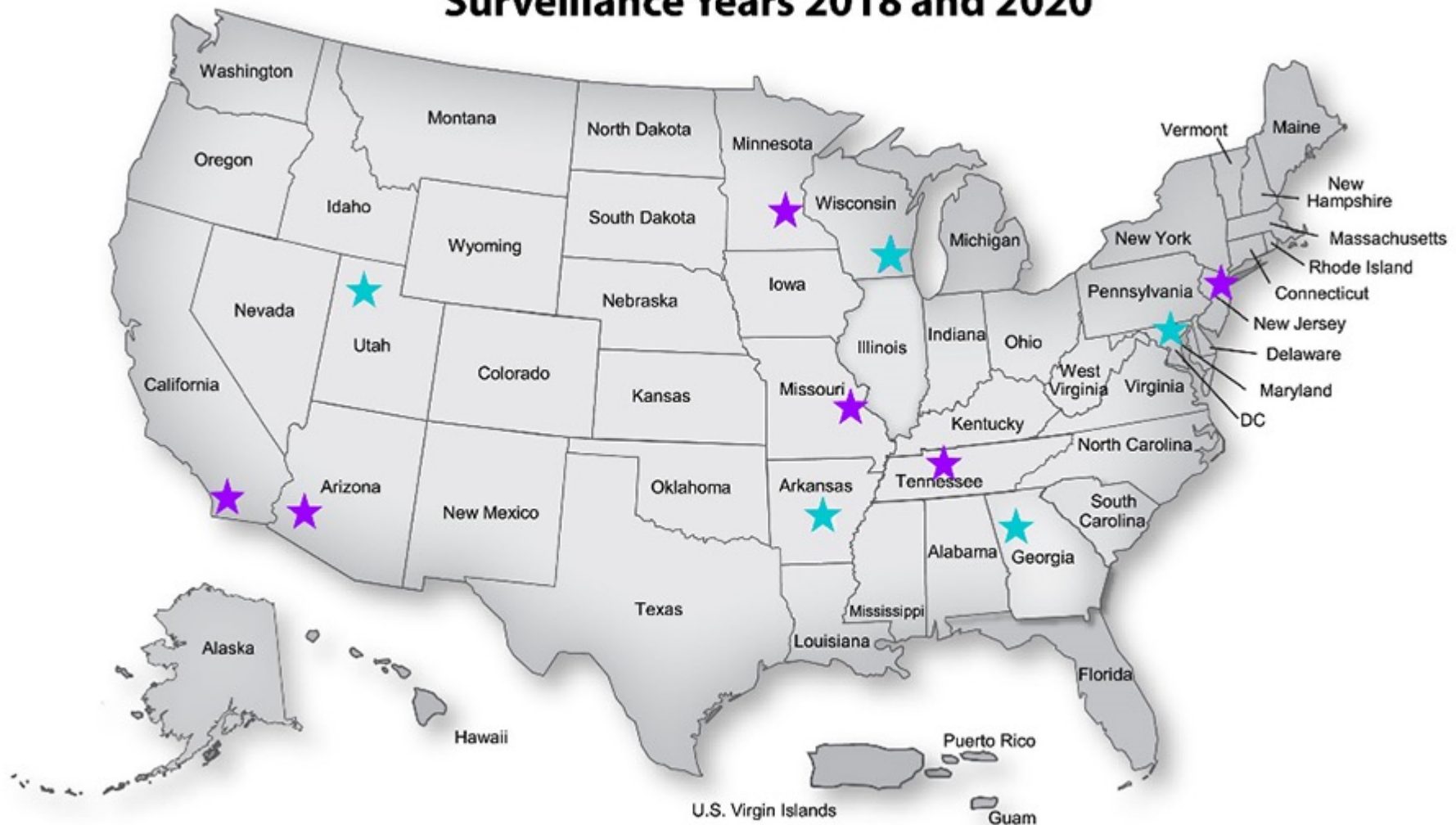


ADDM is the largest, ongoing tracking system for ASD in the U.S.

- » Describes population of children with ASD in communities in the U.S.
- » Compares how common ASD is in different parts of the country.
- » Provides information on age of identification.
- » Identifies trends in ASD occurrence over time.

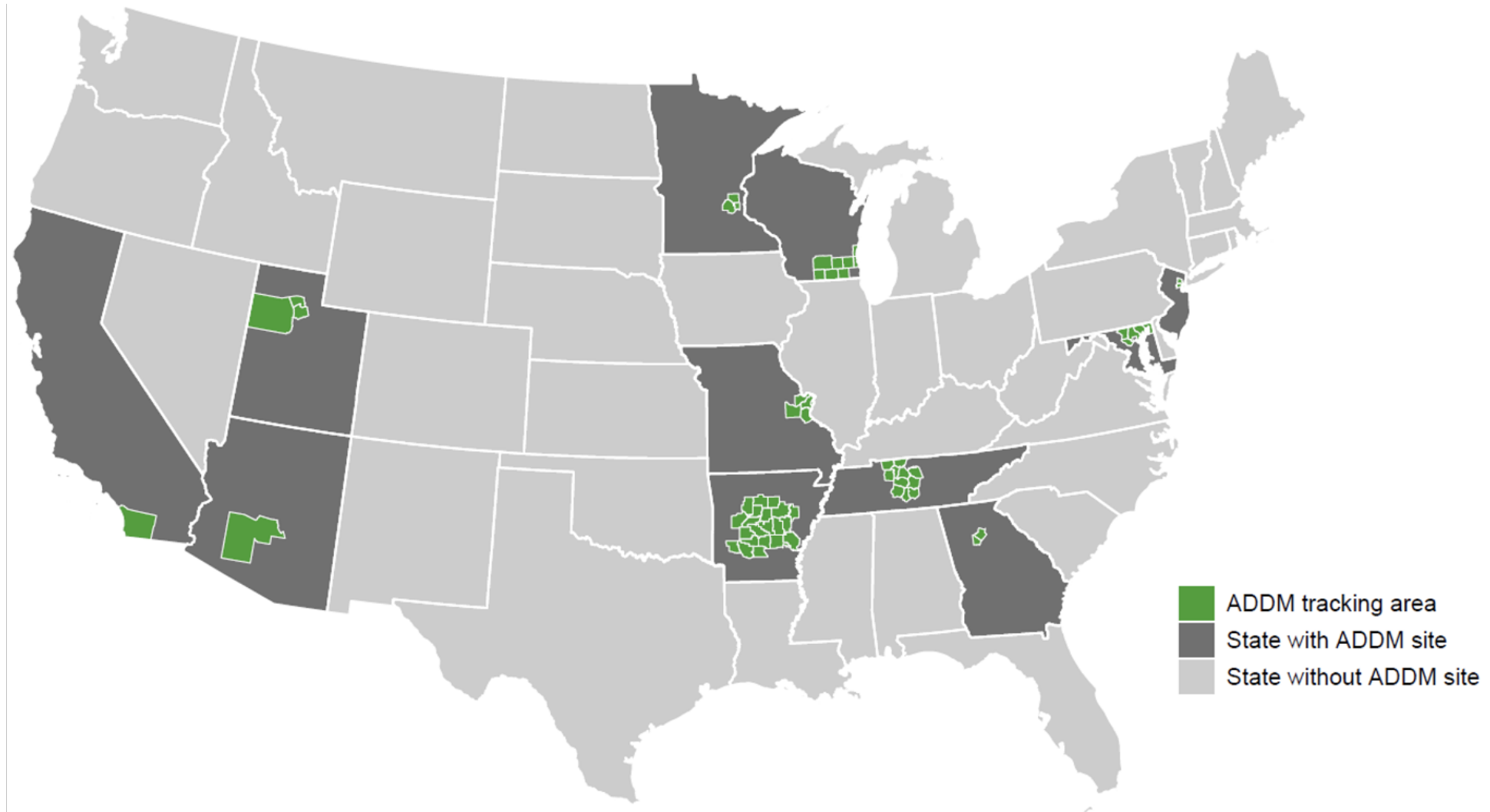


Autism and Developmental Disabilities Monitoring (ADDM) Network Sites, Surveillance Years 2018 and 2020



- ★ Tracking Autism among 4- and 8-year-olds
- ★ Tracking Autism among 4- and 8-year-olds AND Follow-up of 16-year-olds

Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2018



New Methods in SY2018

ADDM Ascertainment and ASD Case Definition

Records that included various billing codes from the *International Classification of Disease, Ninth Revision* (ICD-9) or *International Classification of Diseases, Tenth Revision* (ICD-10) or special education eligibility codes were requested from health and education sources. Children ages 4 or 8 who had a parent or guardian who lived in one of the surveillance areas during 2018 were classified as having ASD or suspected ASD if they met the below criteria.

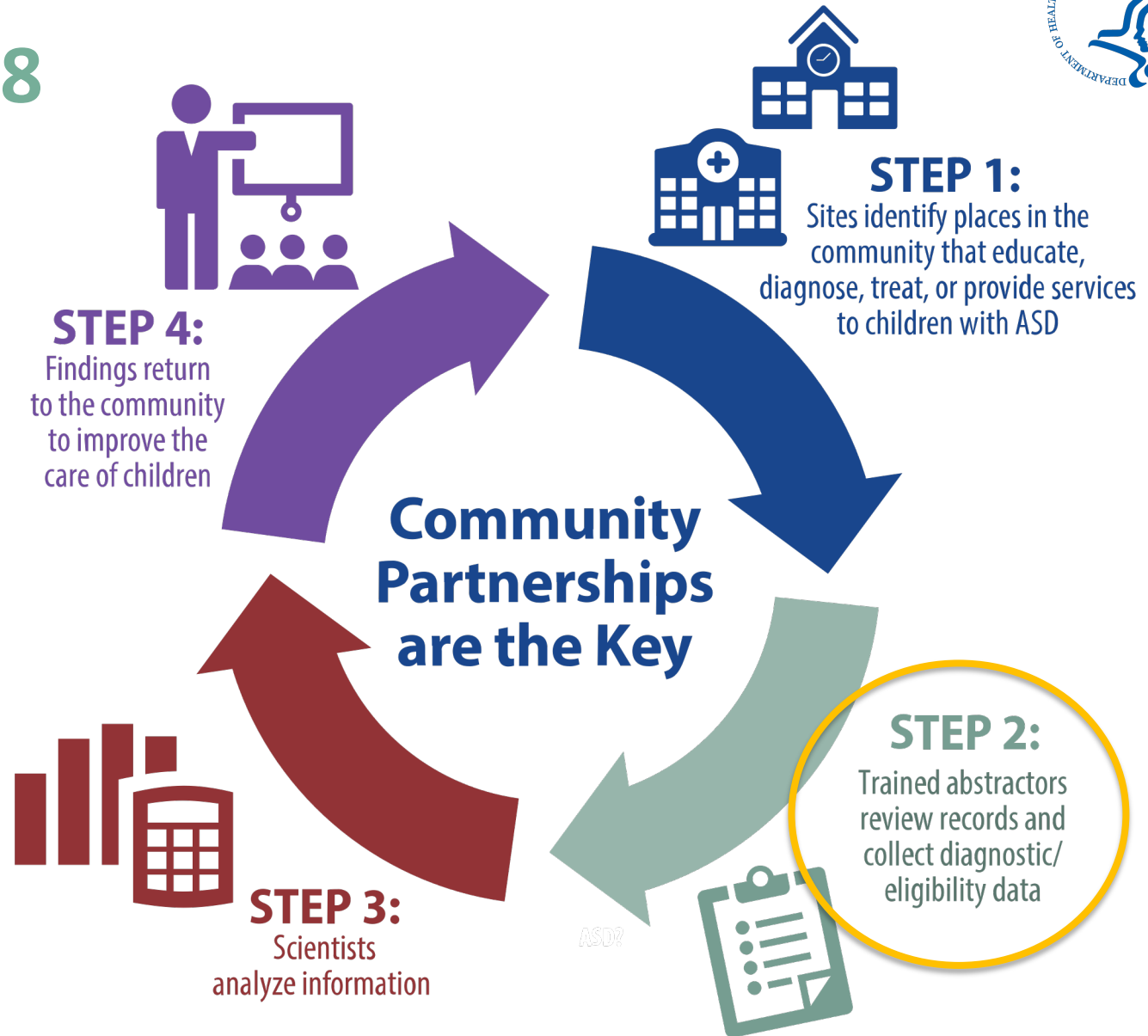
ASD case definition	Suspected ASD case definition
Child has documentation of ever receiving: 1) a written ASD diagnosis by a qualified professional, 2) a special education classification of autism, OR 3) an ASD ICD code obtained from administrative or billing information	(4-year-old only) Child does not meet criteria of full case definition but there is a qualified examiner's diagnostic statement that the child is suspected of having ASD

Previous Methods, 2000-2016

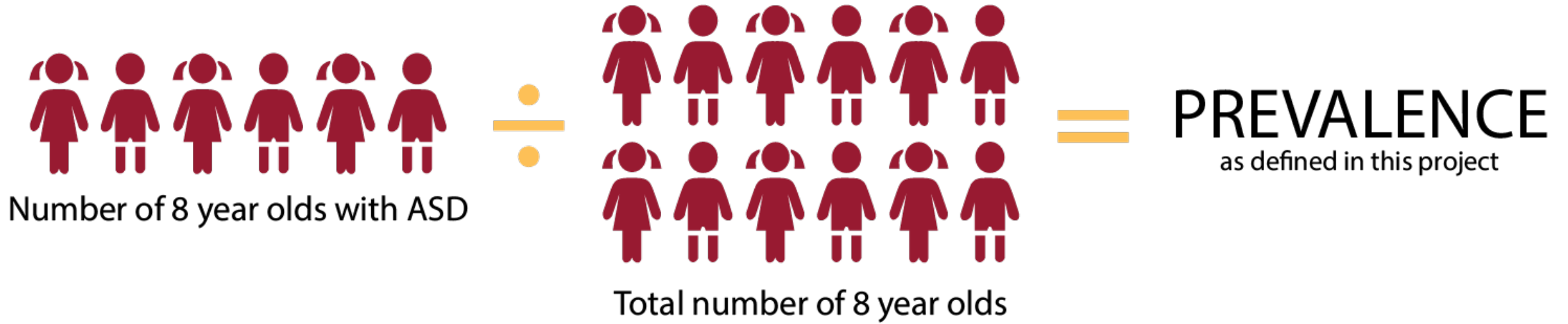
ADDM Ascertainment and ASD Case Definition



New Methods SY2018



Prevalence



“What is the prevalence of ASD for 8-year-old children?”



ADDM findings



2.3%

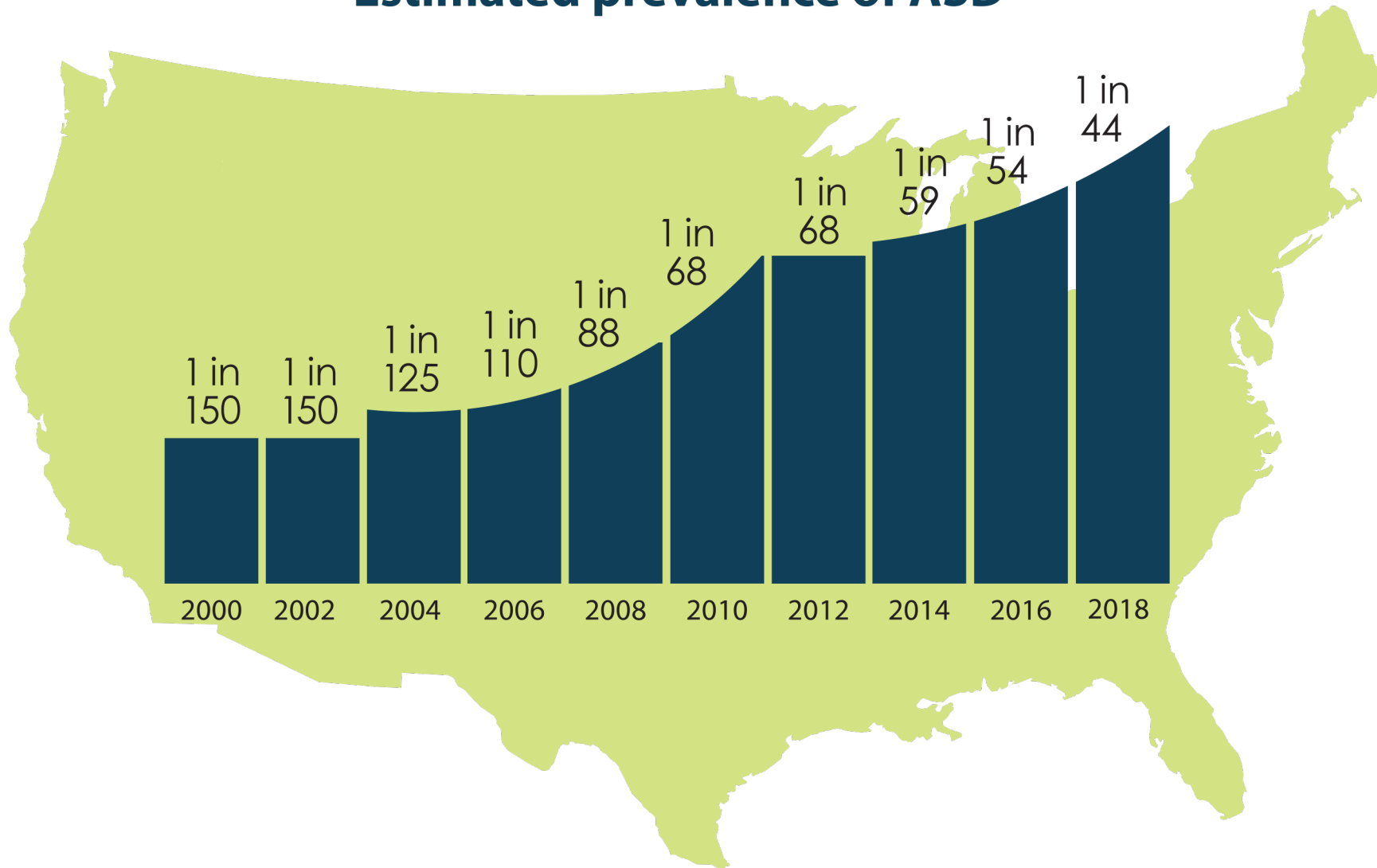
is the average percentage
identified with ASD



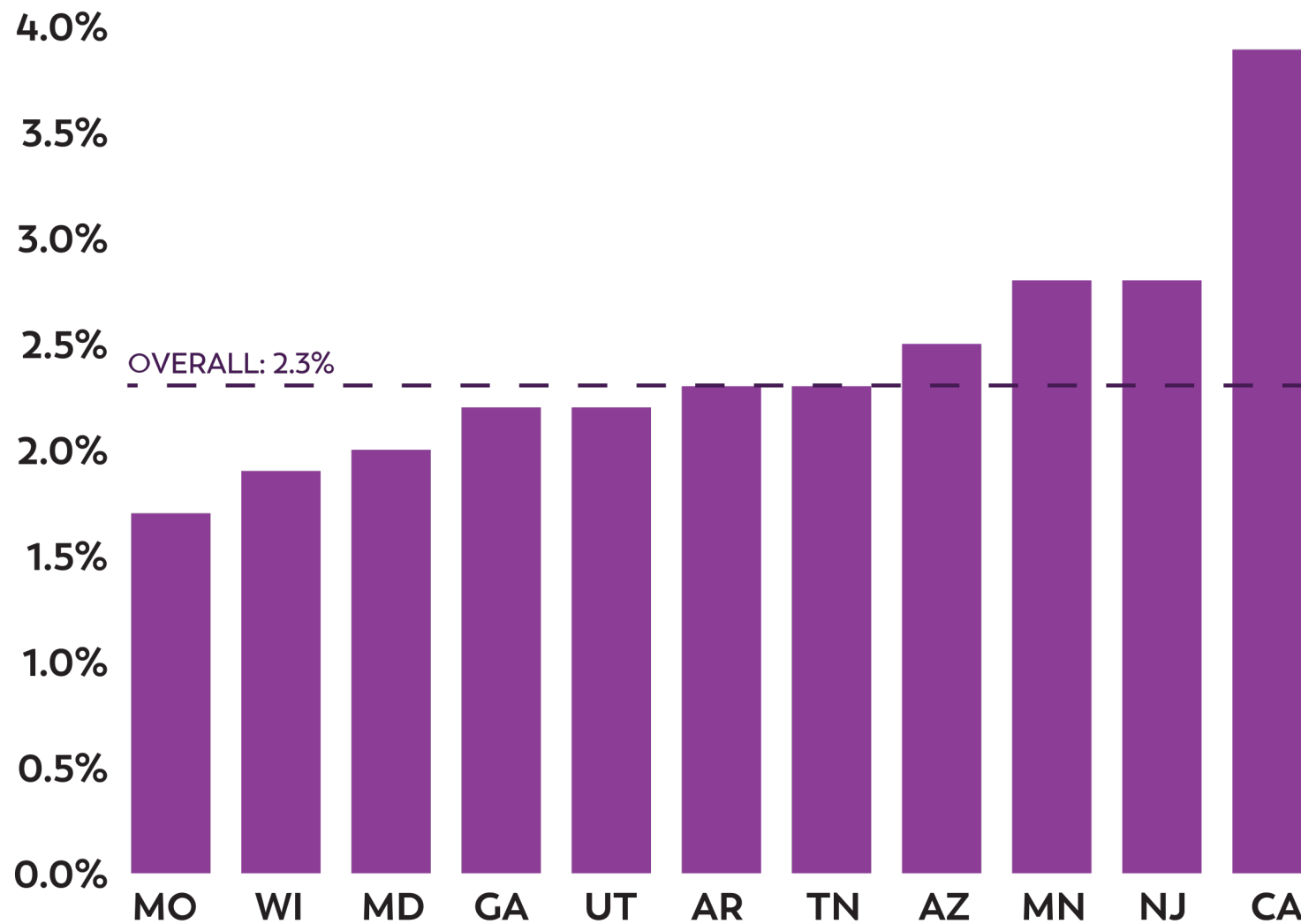
1 in 44

8-year-old children were
identified with ASD in
the ADDM Network

Estimated prevalence of ASD

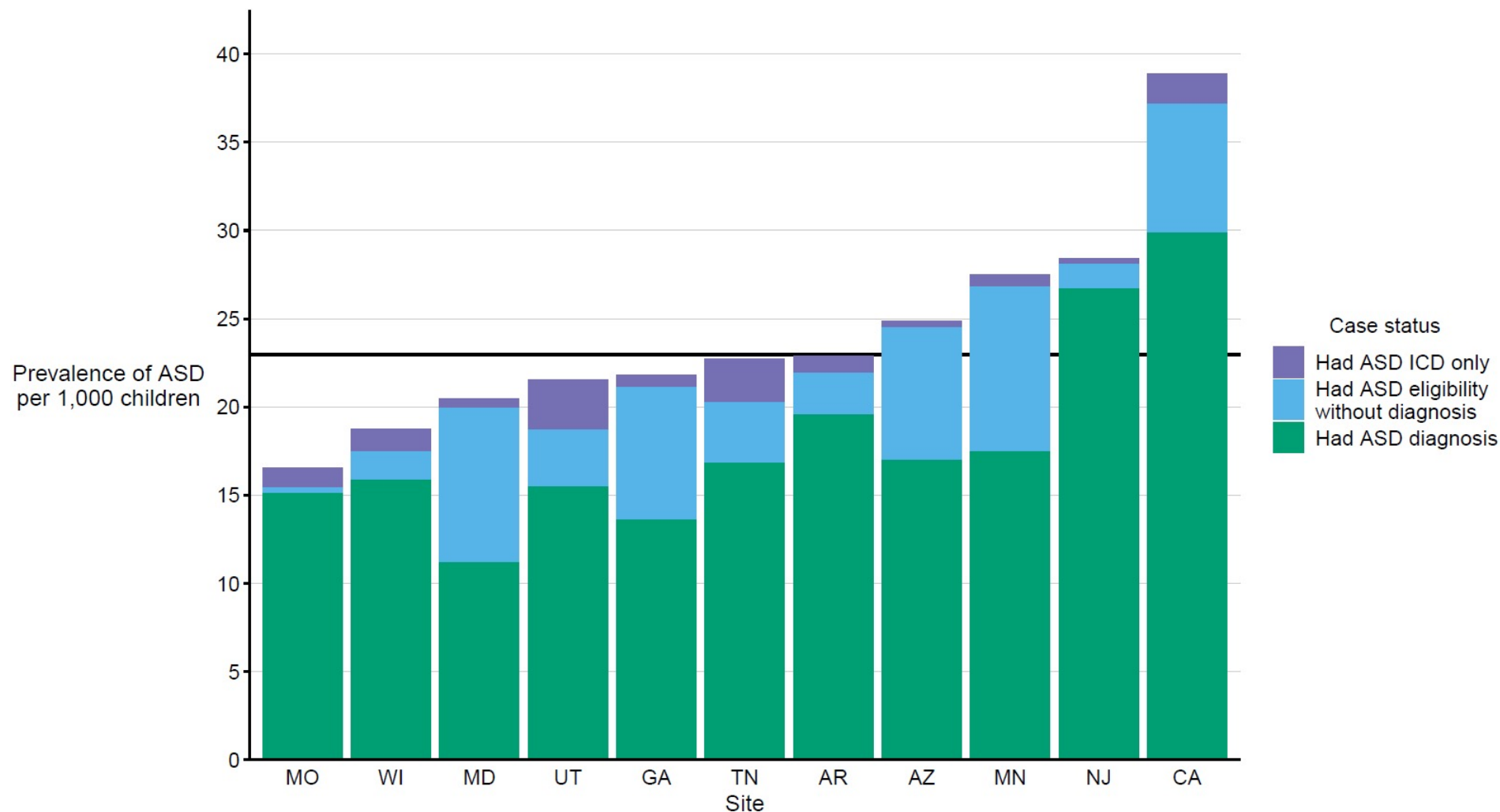


Percentage of 8-year-old children identified with ASD by ADDM Network Site



Prevalence* of autism spectrum disorder per 1,000 children aged 8 years, by identification type and site

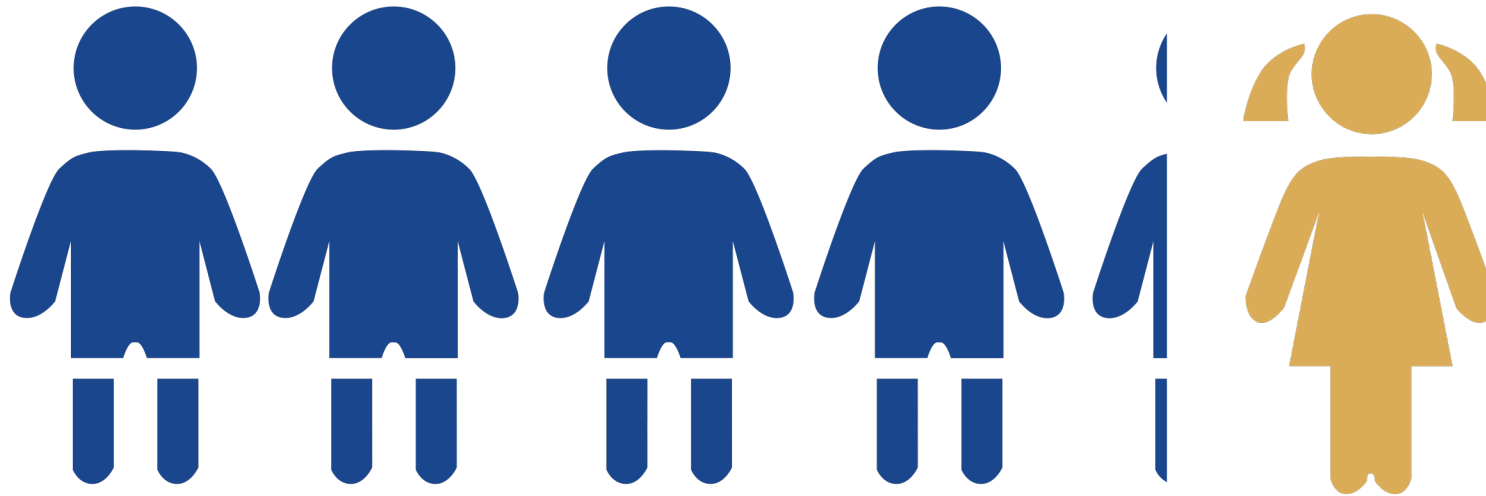
Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2018



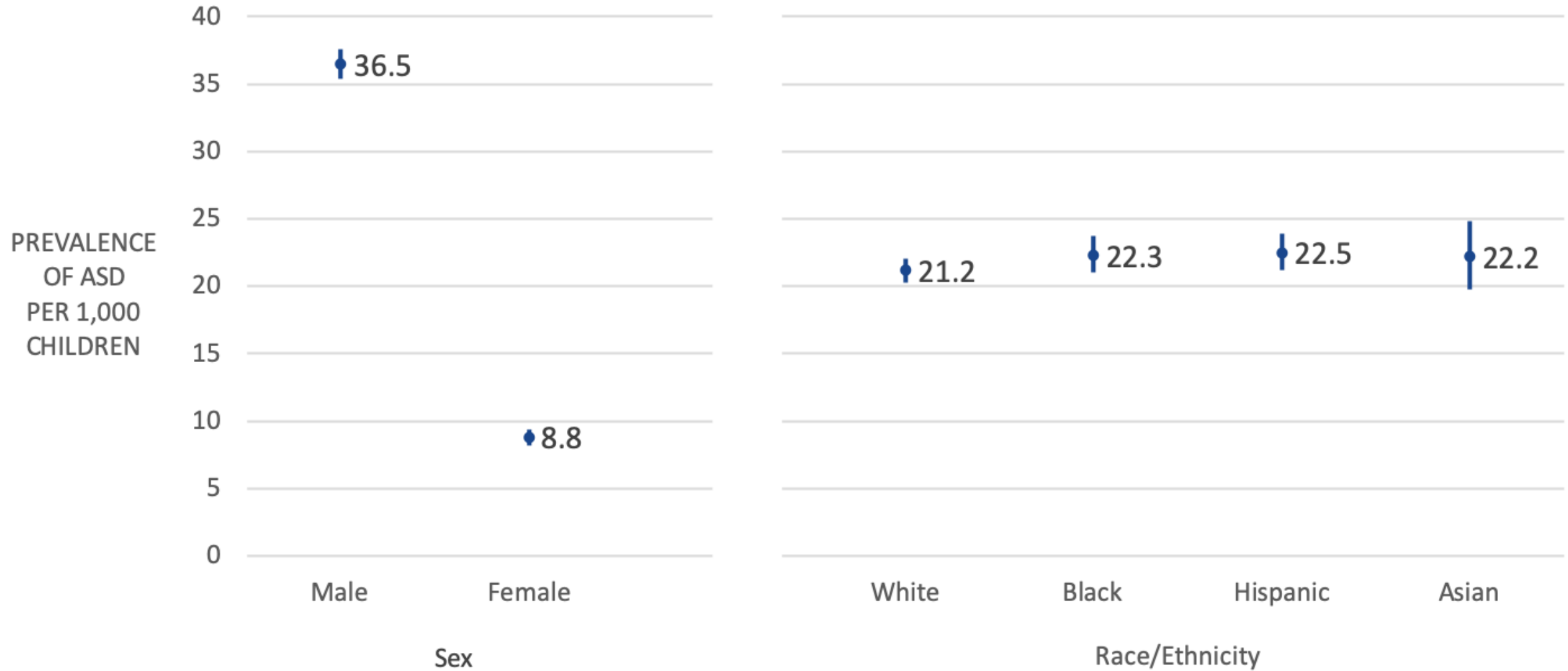
* Horizontal line is the overall Autism and Developmental Disabilities Monitoring Network prevalence of 23.0 per 1,000 children aged 8 years. Children with documented ASD statements could also have ASD classifications in special education or ASD ICD codes.

ADDM: ASD in boys vs. girls

Boys were 4.2 times more likely to be identified with ASD than girls



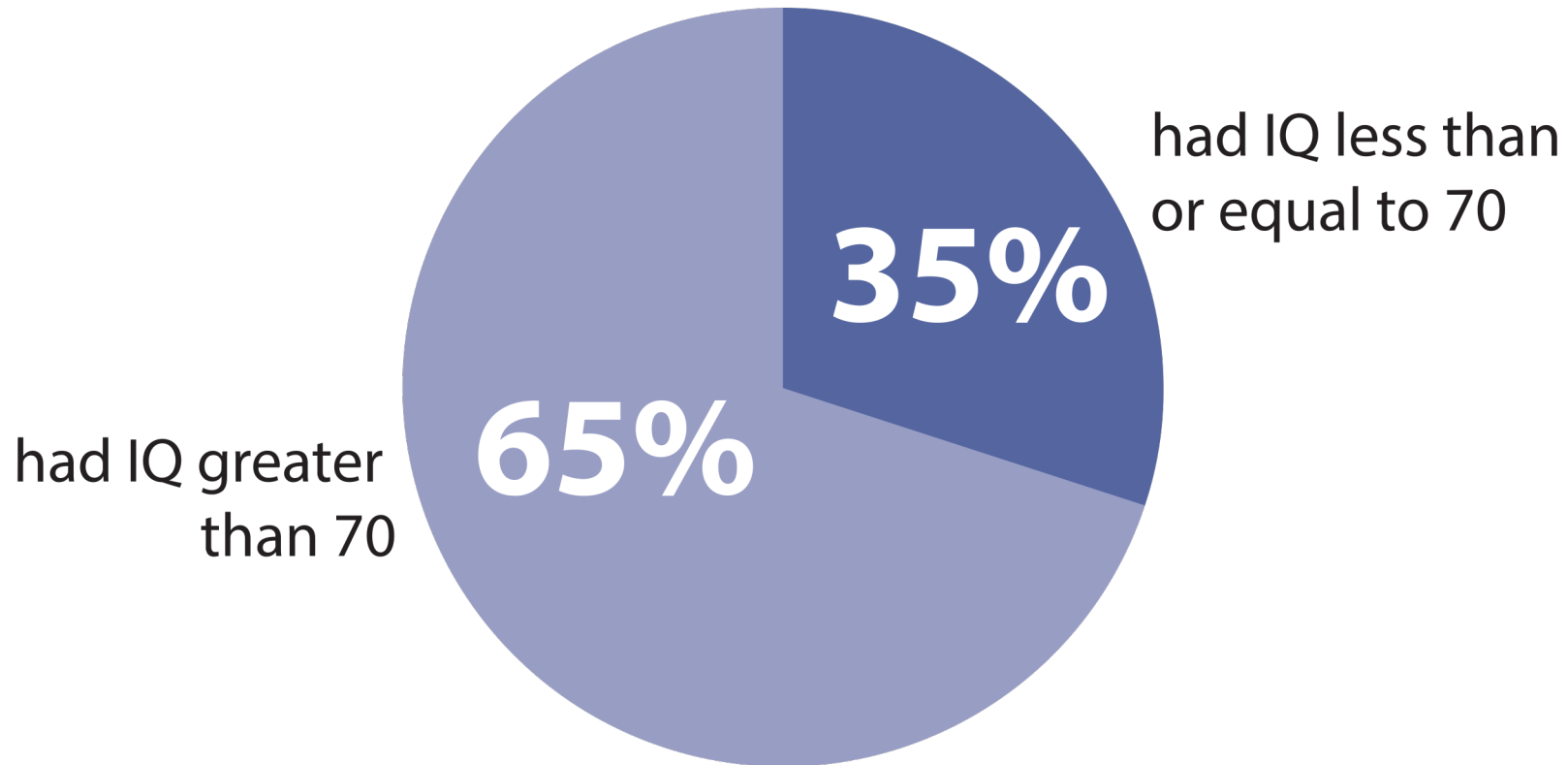
ADDM: Estimated prevalence by race and ethnicity



ADDM: Percentage with co-occurring intellectual disability

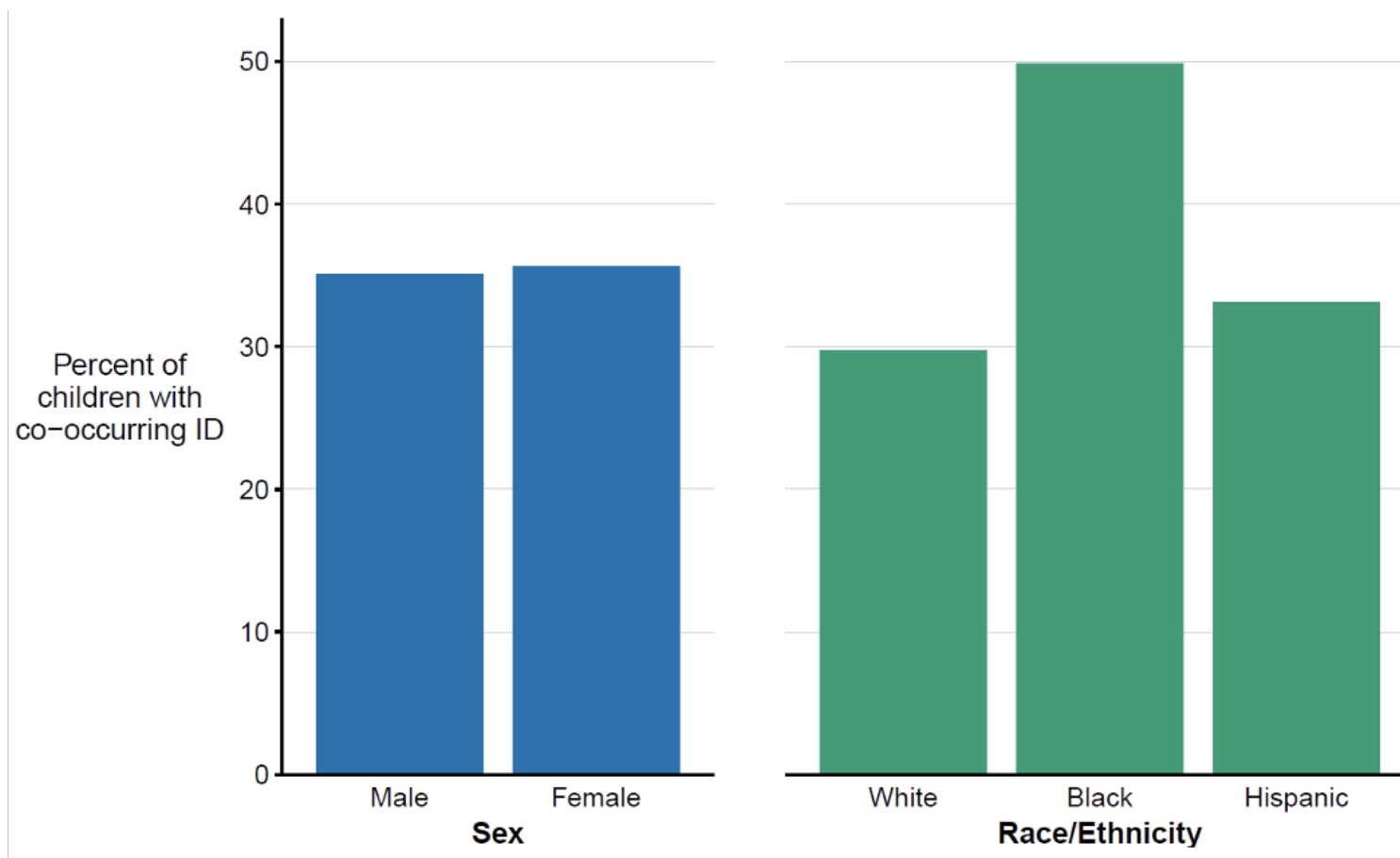


Among children identified with ASD who had intelligence quotient (IQ) scores available (59.5%)



Percent of children aged 8 years with autism spectrum disorder with co-occurring intellectual disability*, by sex and race/ethnicity

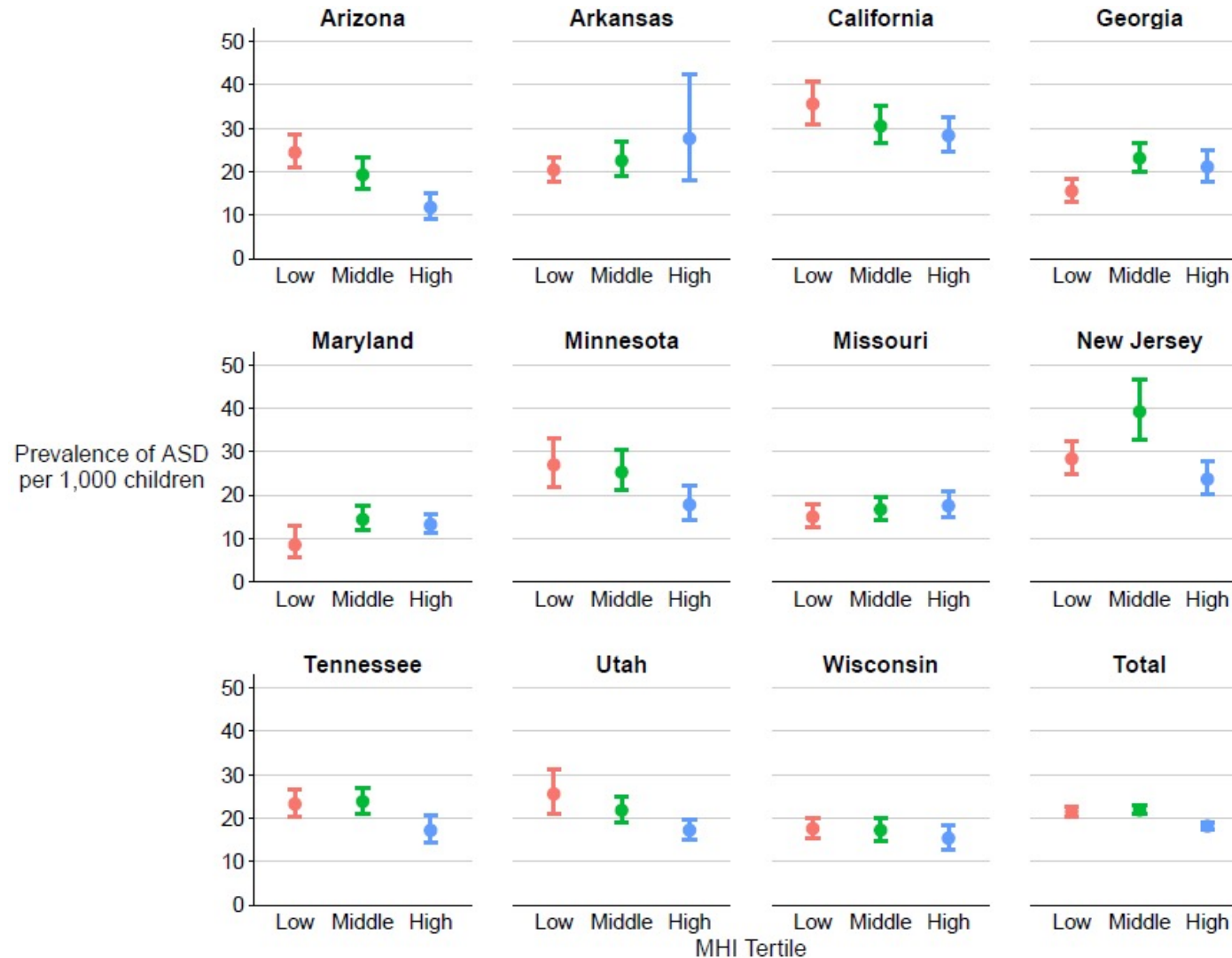
Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2018



* IQ score ≤ 70 or examiner statement of intellectual disability in a comprehensive evaluation

Prevalence* of autism spectrum disorder per 1,000 children aged 8 years, by median household income tertile and site†

Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2018

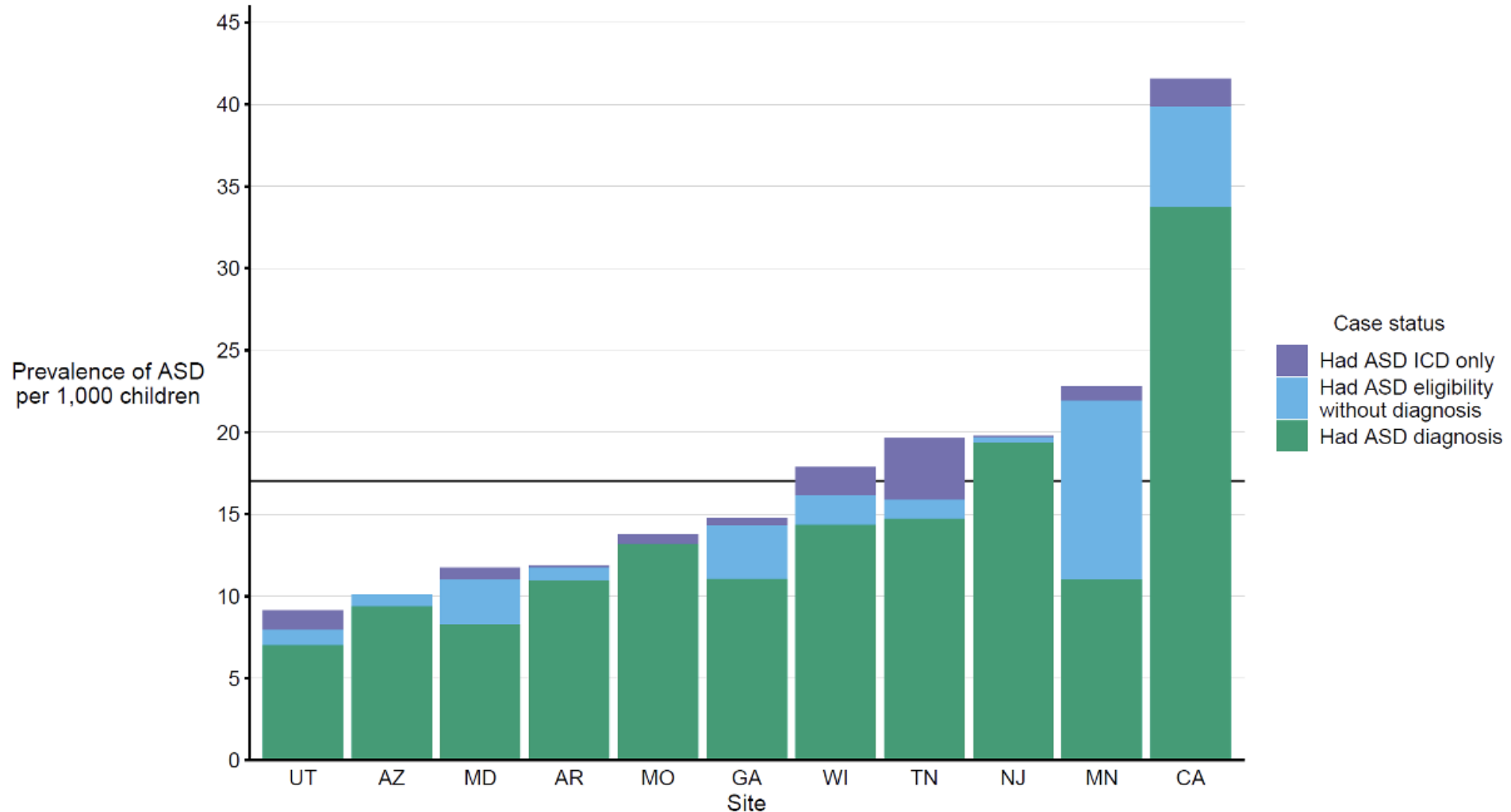


* Dots are the point estimates and horizontal lines are the 95% confidence intervals.
 † Cochran Armitage test of trend results for association between socioeconomic status tertile and ASD prevalence, by site and overall: Arizona ($p < 0.001$), Arkansas ($p = 0.17$), California ($p = 0.03$), Georgia ($p = 0.01$), Maryland ($p = 0.21$), Minnesota ($p = 0.01$), Missouri ($p = 0.21$), New Jersey ($p = 0.15$), Tennessee ($p = 0.02$), Utah ($p < 0.001$), and Wisconsin ($p = 0.27$); all sites ($p < 0.001$).

“What is the prevalence of ASD for 4-year-old children?”



ADDM: Estimated prevalence per 1,000 children by type of ASD identification and site, 4-year-olds



* Horizontal line is the overall Autism and Developmental Disabilities Monitoring Network prevalence of 17.0 per 1,000 children aged 4 years. Children with documented ASD statements could also have ASD classifications in special education or ASD ICD codes.

ADDM findings, 4-year-olds

1.7%

is the average percentage
identified with ASD



1 in 59

4-year-old children were
identified with ASD in
the ADDM Network

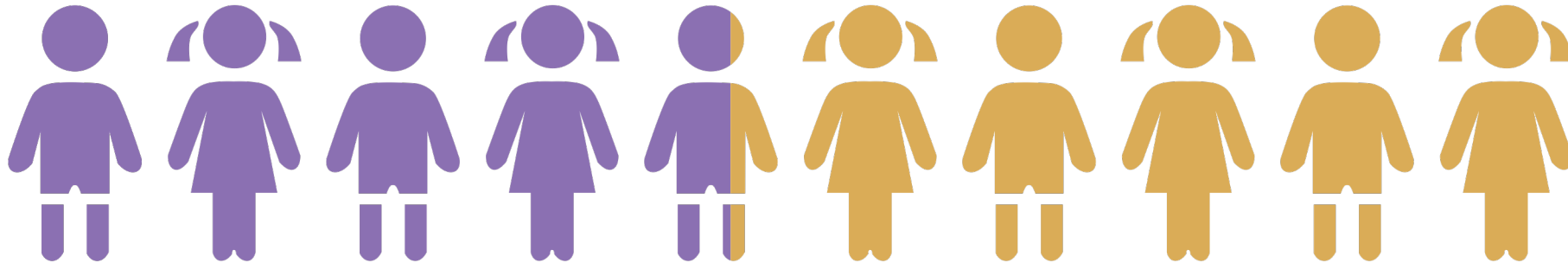
Age of Identification



ADDM: Median age at clinical diagnosis

50 months (4 years, 2 months)

Of the children identified with ASD, 47% had
an evaluation recorded by age 36 months

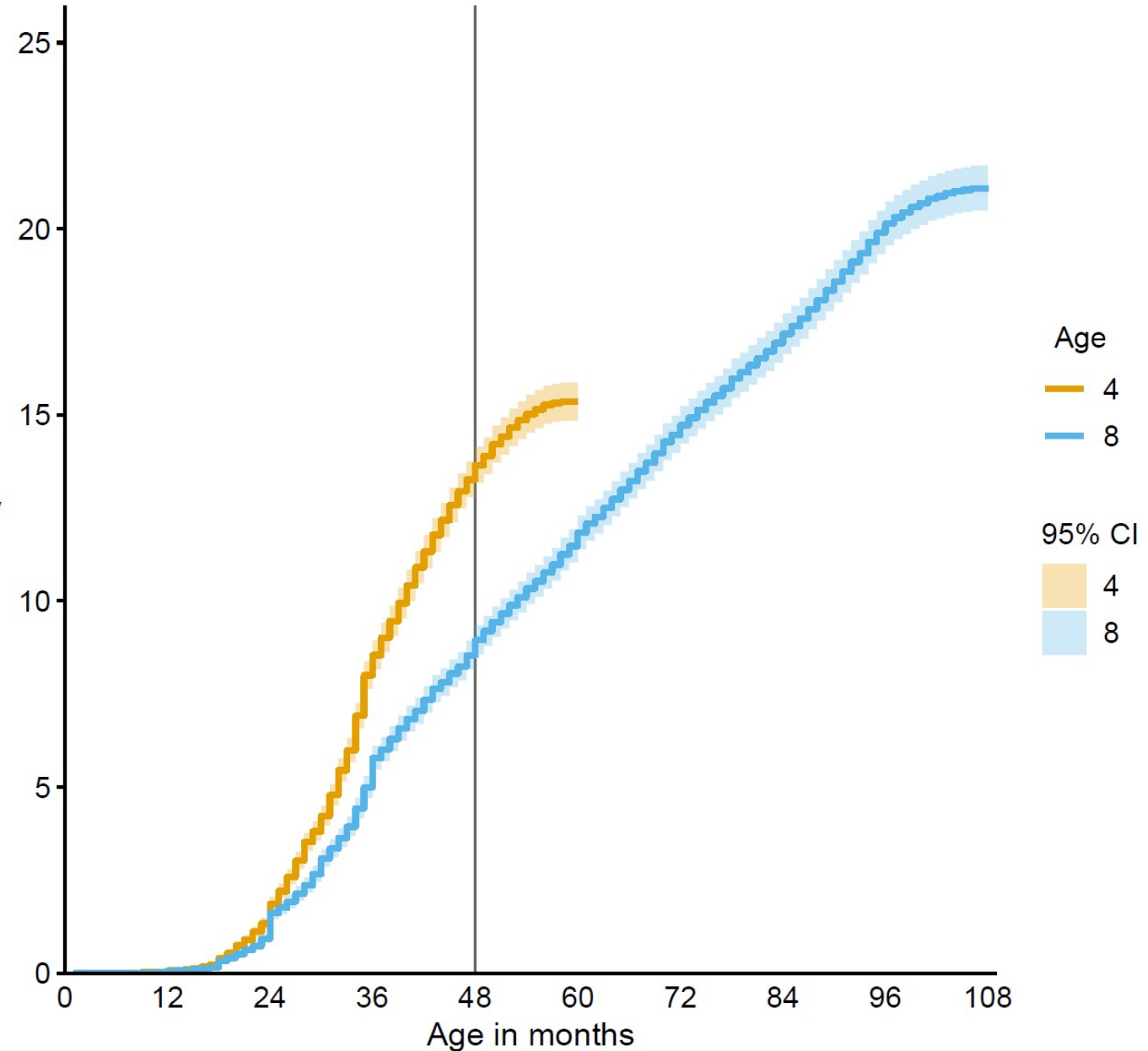


Cumulative incidence of autism spectrum disorder diagnosis or eligibility per 1,000 children aged 4 or 8 years

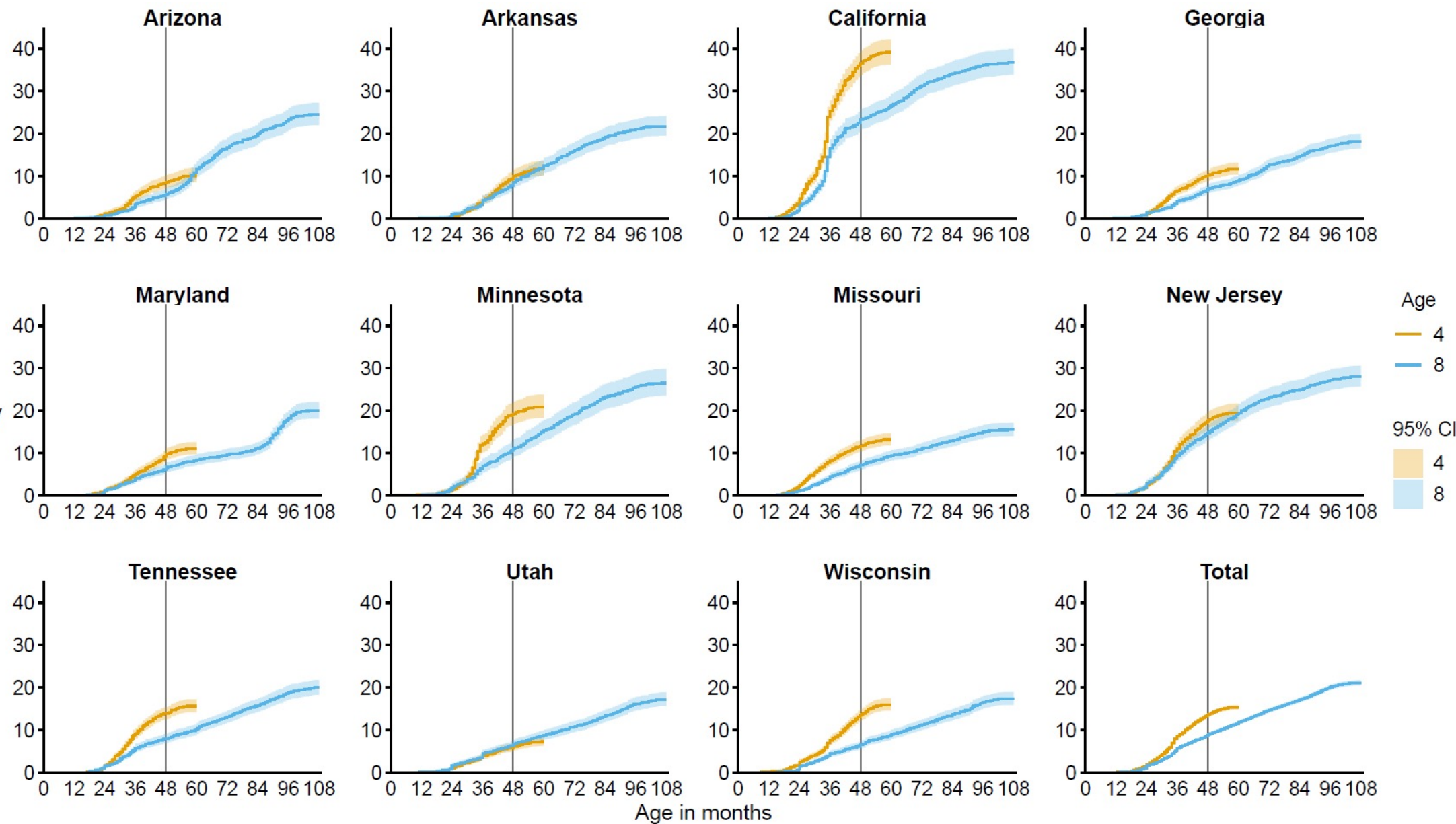
Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2018

Cumulative incidence =
Rate of identification over
time

Cumulative incidence
of ASD diagnosis or
special education eligibility
per 1,000 children



Cumulative incidence of autism spectrum disorder diagnosis or eligibility per 1,000 children aged 4 or 8 years, by site
Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2018



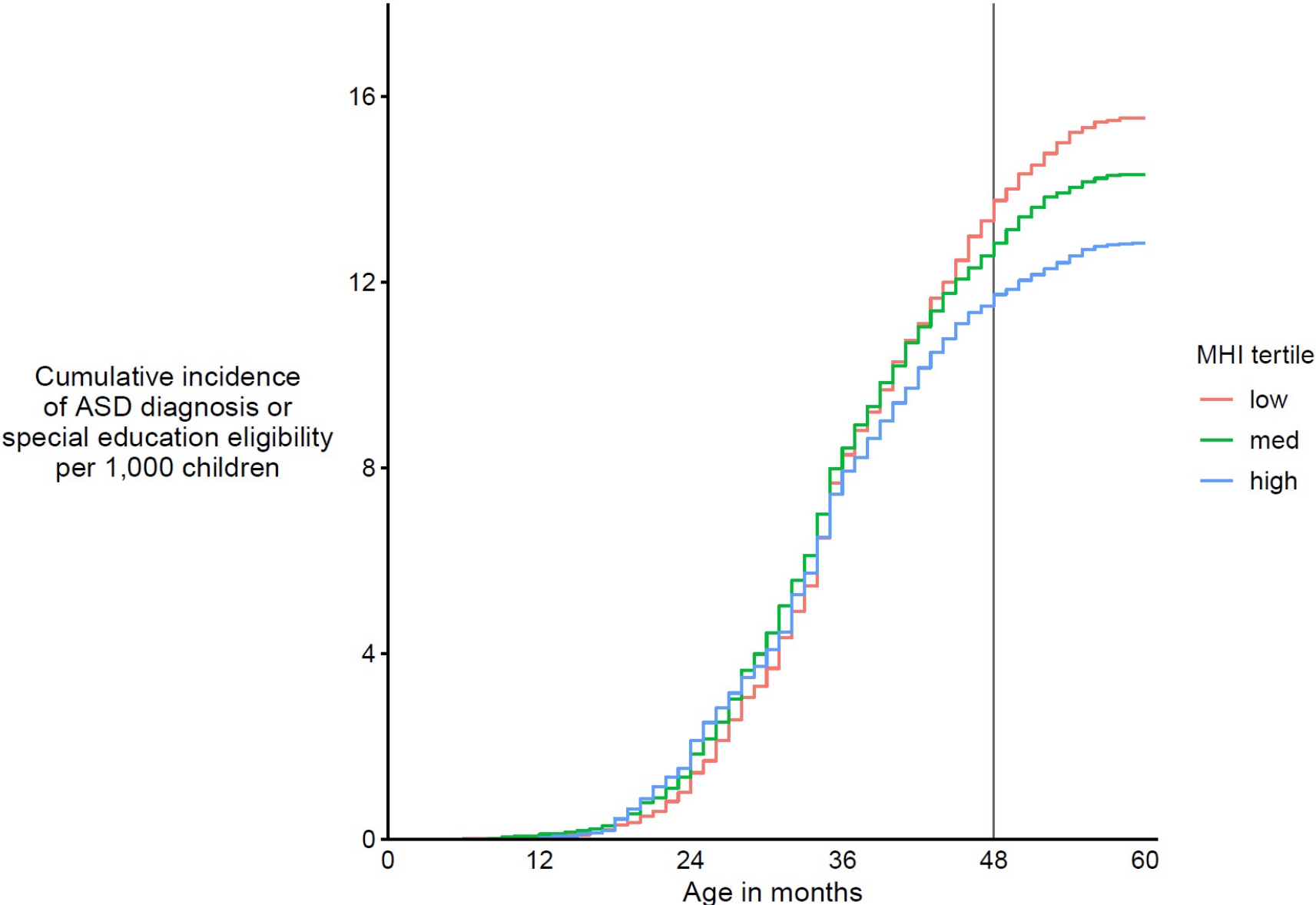
Cumulative incidence of ASD diagnosis or special education eligibility per 1,000 children

Age
4
8
95% CI
4
8

Age in months

Cumulative incidence of autism spectrum disorder diagnosis or eligibility per 1,000 children aged 4 years, by median household income tertile

Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2018



Limitations

Geographic area

- » Cannot generalize to all of US
- » Cannot generalize to any sub population

Small sample size

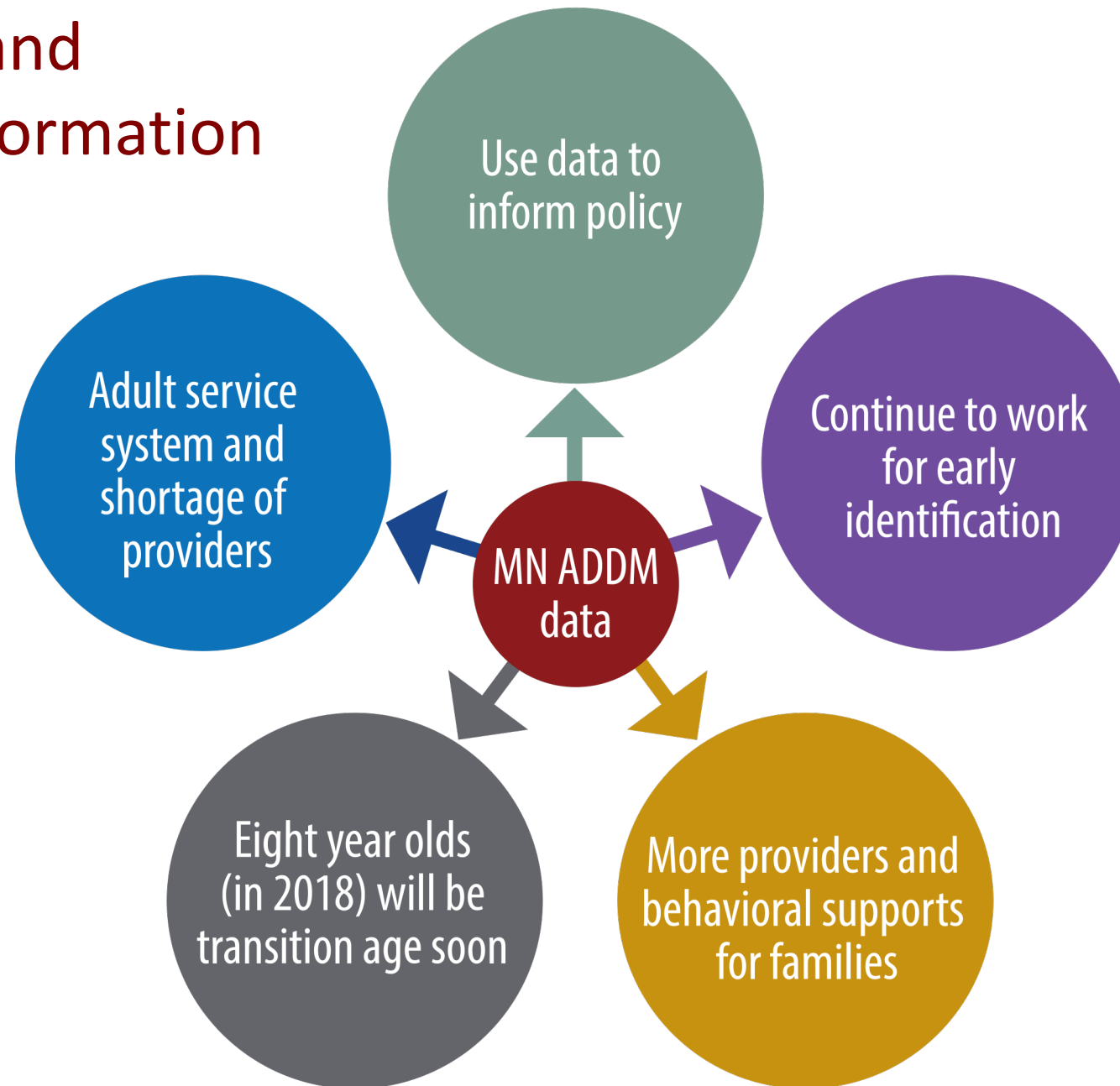
- » Limits ability to detect real differences in sub populations
 - Race, ethnicity and linguistic background

Age of identification

- » Includes 4- and 8-year-olds, not all age groups



Implications and Use of the Information



Misinterpretations of ADDMM data:

1. Prevalence is on the rise since SY2016, prevalence is up over 20%, etc.
2. 1 in 44 U.S. children have autism.
 1. Prevalence ranged from 1.7% in MO to 3.9% in CA
 2. Data represent 11 *communities* in the U.S.
3. With median age of diagnosis still over age 4, we have not made progress on early diagnosis.
 1. Cumulative incidence tells a more optimistic story
 2. 4-year-olds (born in 2014) were 50% more likely to receive an autism diagnosis or special education classification by 48 months of age compared to children born in 2010 (8-year-olds).
 3. We continue to diagnose people well into childhood and adulthood
4. We're no longer seeing differences in prevalence by race/ethnicity
 1. Several states showed lower prevalence for Hispanic children
 2. Still seeing differences in proportion of Black children with co-occurring ID

ADDM Community Report

For more information on ADDM national trends:

<https://www.cdc.gov/ncbddd/autism/addm.html>



**AUTISM AND DEVELOPMENTAL DISABILITIES
MONITORING (ADDM) NETWORK**

Website

<https://addm.umn.edu/>



ASD videos for the community

<https://ici.umn.edu/series/o2WnXdvkRSmCtAhblUdvqg>



2018 ADDM Surveillance Summary Citations and Links



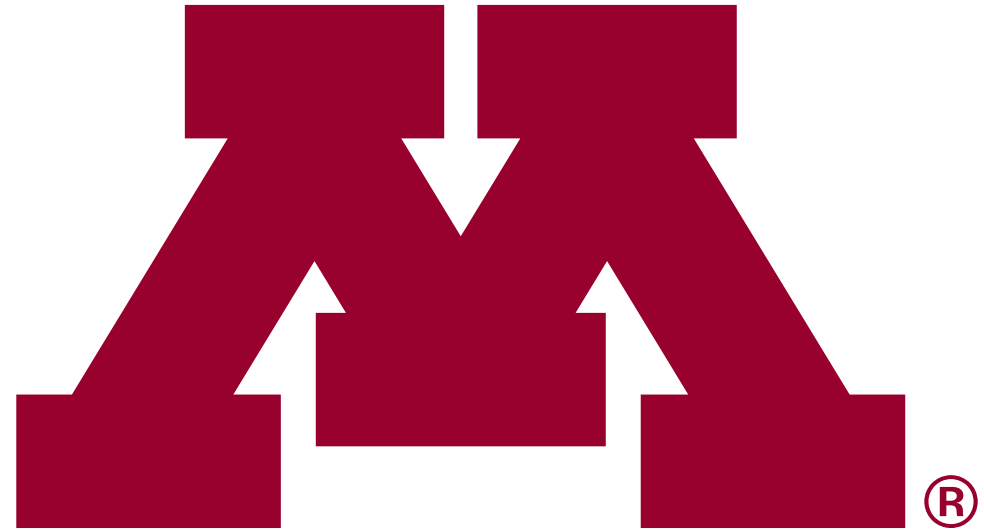
Maenner MJ, Shaw KA, Bakian AV, et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2018. [MMWR Surveill Summ 2021, 70 \(No. SS-11\): 1-16.](#)

Shaw KA, Maenner MJ, Bakian AV, et al. Early Identification of Autism Spectrum Disorder Among Children Aged 4 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2018. [MMWR Surveill Summ 2021, 70 \(No. SS-10\): 1-14.](#)

Acknowledgements

We would like to acknowledge and thank the following partners:

- » CDC
- » State agencies: MDH, MDE, DHS
- » Data partners: Our educational and clinical partners



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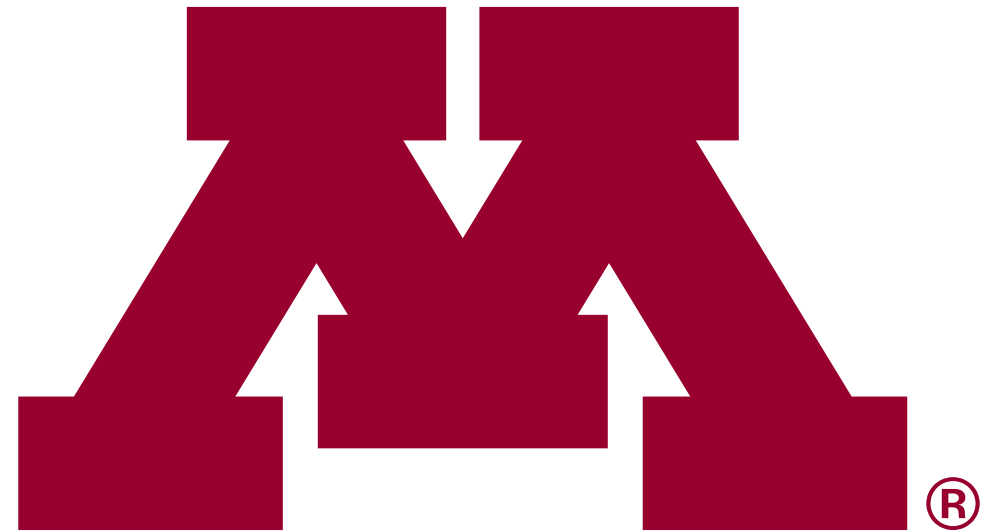
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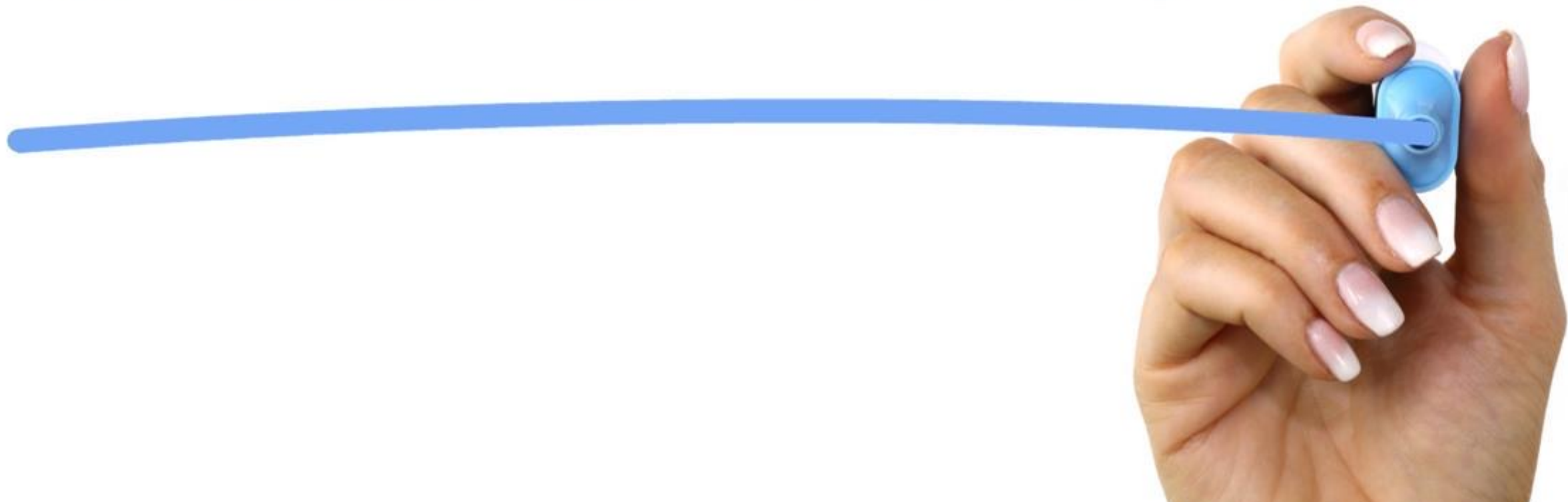
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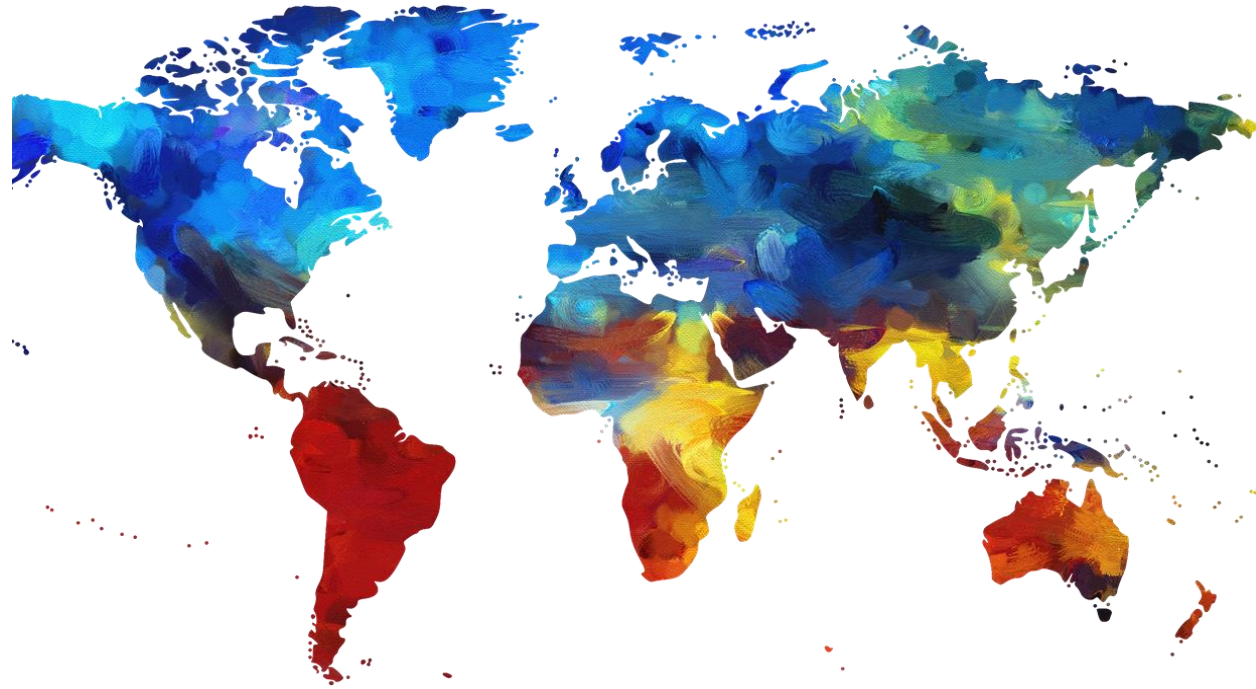
ICI Web Team

ICI Communications Team



QUESTIONS





INSAR

International Society for Autism Research

**CULTURAL DIVERSITY CAREER
ADVANCEMENT PROGRAM (C-CAP)**

International Collaboration for Diagnostic
Evaluation of Autism (IDEA)
January 2022

Cultural Diversity Committee Co-Chairs



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Cultural Diversity Career Advancement Program (C-CAP)

Purpose:

- Grow the number of researchers among individuals from LMIC and historically underrepresented groups,
- Facilitate career development, and
- Improve quality of autism research using collaboration and mentorship as a model.

Audience:

- Researchers at any stage of their career (early, mid, late) are eligible to join the program
 - Low- and middle-income countries (LMIC), and
 - Underrepresented groups in high income countries (HIC)

Mentorship Models

Classic model:

- Formal approach to mentoring, with one-on-one meetings; generally, both mentor and mentee are from the same field

Trans-discipline model:

- Mentor works outside of the mentee's field of focus

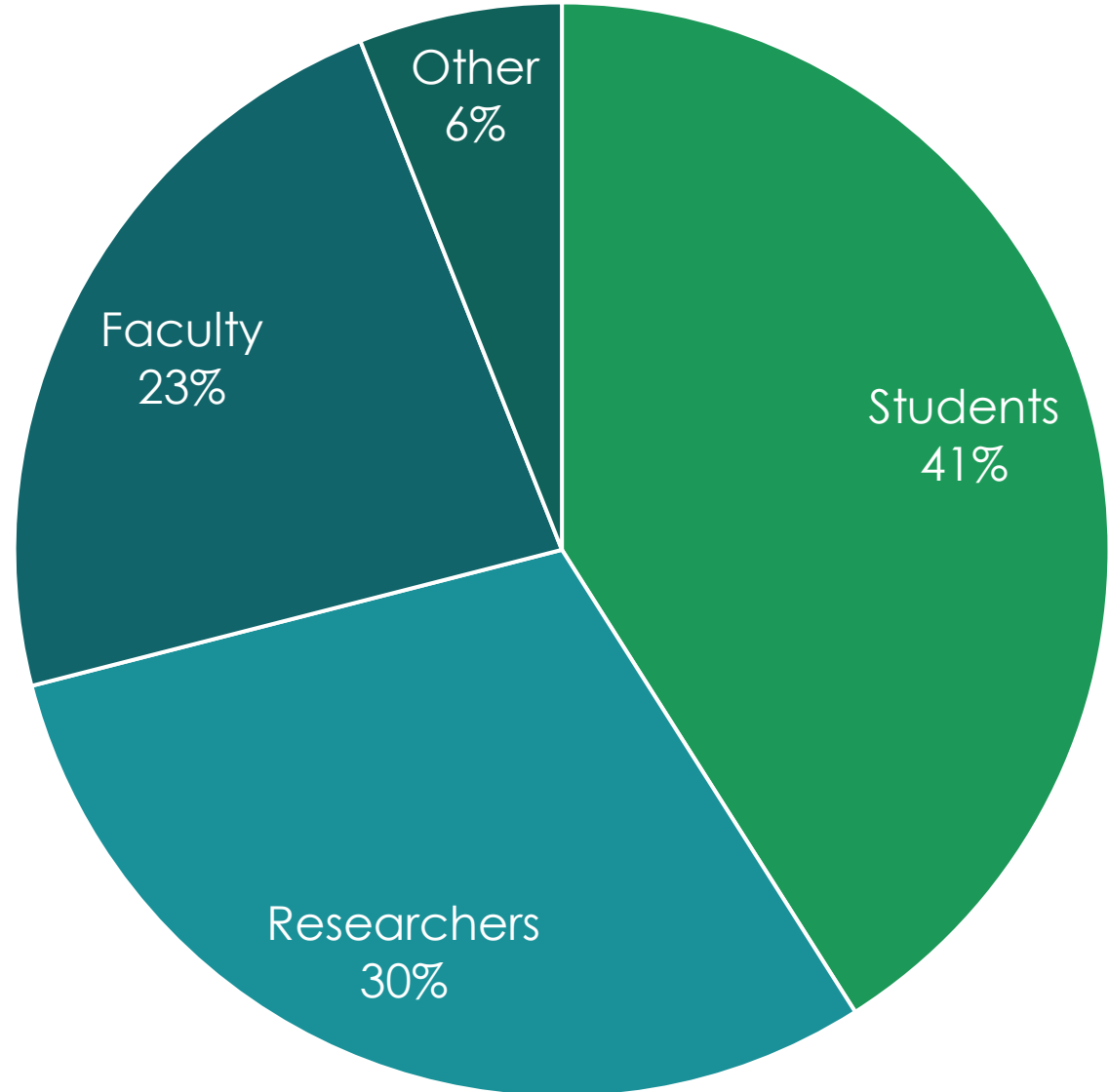
Networking model:

- Less dependence on individual mentor

Spot mentoring model:

- One-off spot meetings that are specific and focused

C-CAP survey results



Areas of Interest Identified by Survey Respondents



Identifying sources
of research
funding



Developing
international
collaborations



How to write a
grant proposal



Participant
recruitment/comm
unity engagement



Integrating
research into a
clinical/practice
setting



Identifying
appropriate
journals/
manuscript
preparation



Developing
research questions
and protocols

C-CAP Activities



Develop a mentor training curriculum / resource site for mentoring



Develop tailored webinars for mentors and mentees



Match mentors with mentees



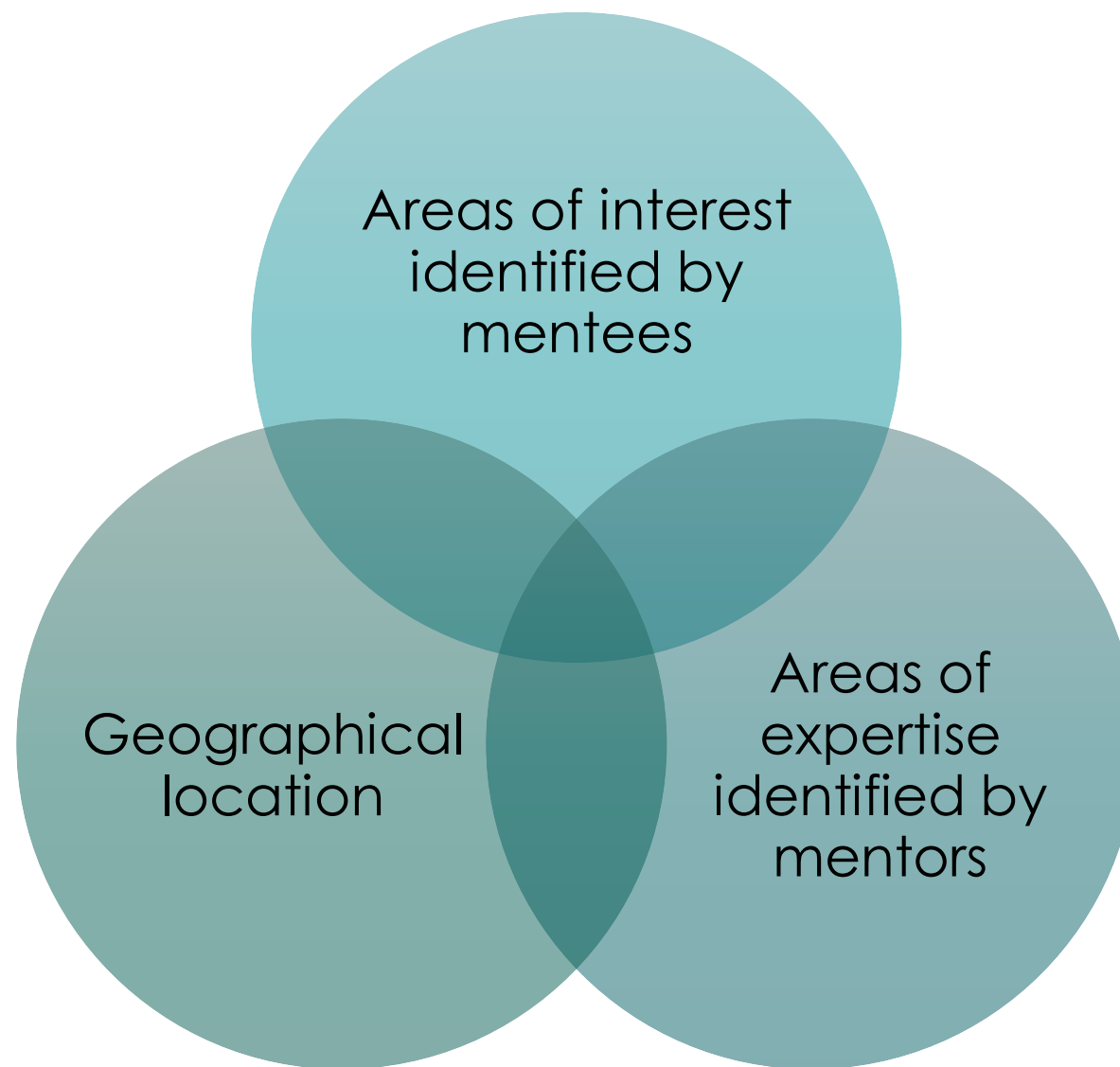
Hold networking meet and greet sessions year-round & at annual meeting



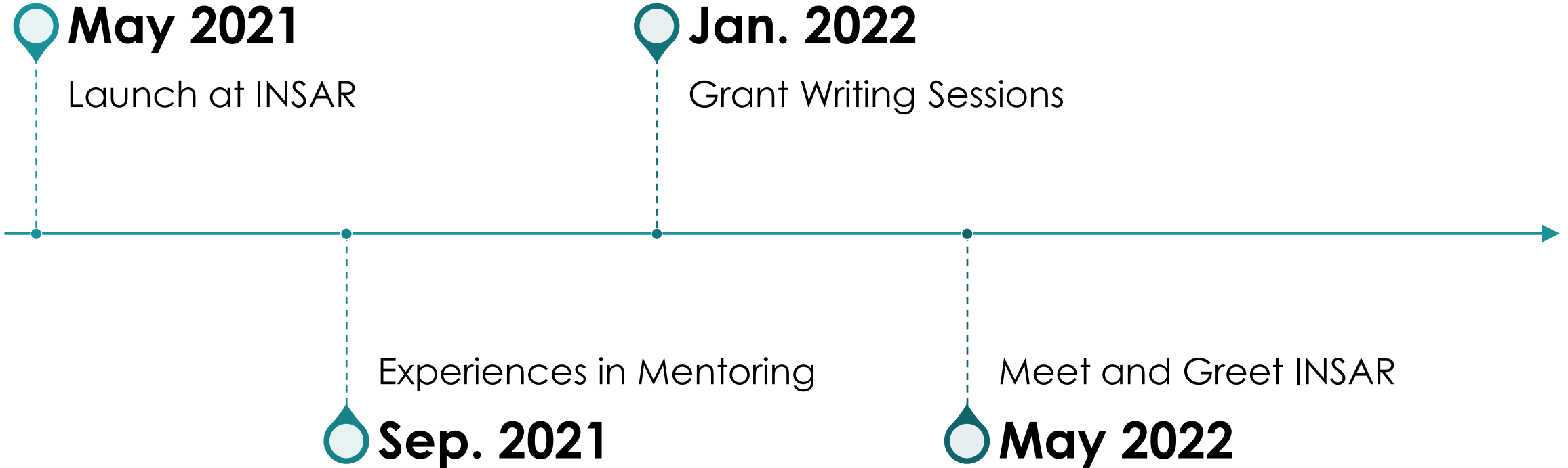
C-CAP at a Glance: Mentees and Mentors

- 28 mentees
 - Ecuador, India, Israel, Nepal, New Zealand, Pakistan, Qatar, Russia, Trinidad and Tobago, Turkey, and USA
- 18 mentors
 - Argentina, Belgium, India, Israel, Turkey, USA

Current Mentor Matching



C-CAP Activities to Date





C-CAP Launch at INSAR 2021

- Keynote address: Dr. Vikram Patel (India)
- Speakers:
 - Drs. Waganesh Zeleke (Ethiopia)
 - Petrus De Vries (South Africa)
 - Alexia Rattazzi (Argentina)
 - Gauri Divan (India)





C-CAP Session on Mentoring

Measuring Success in C-CAP

- Increase number of ASD researchers from and in LMIC
- Increase number of researchers from underrepresented groups in HIC
- Increase number of global collaborations

How to Sign Up



Apply to be mentor/mentee here:

- <https://www.autism-insar.org/page/CCAP>

Email us with questions:

- culturaldiversitycommittee@autism-insar.org