

A Snapshot of Autism Spectrum Disorder in Georgia

Findings from the Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP) help us to understand more about the number of children with autism spectrum disorder (ASD), the characteristics of those children, and the age at which they are first evaluated and diagnosed.

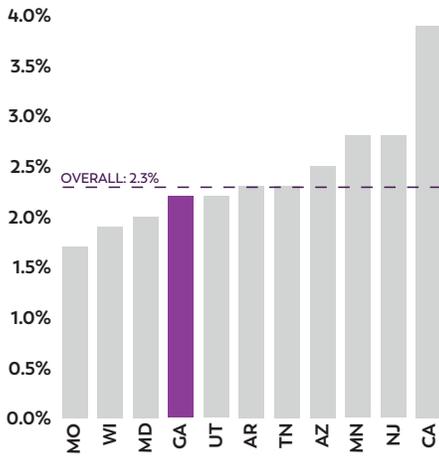


SITE TRACKING AREA

Among 8-year-olds **Among 4-year-olds**

About 1 in 46

Or 2.2% of 8-year-old children were identified with ASD by MADDSP in 2018



This percentage is about the same as the average percentage identified with ASD (2.3%) in all communities in the United States where CDC tracked ASD among 8-year-olds in 2018.

By 3 years of age

About 49% of children identified with ASD received a comprehensive developmental evaluation

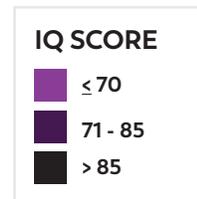


This is a 32% increase from 2016.

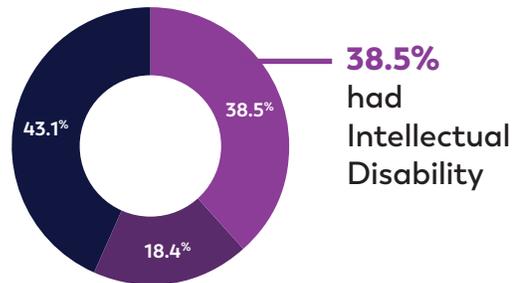
8-year-old children with both ASD and ID were identified earlier than children with ASD who did not have ID

IQ data were available for 69%

Of 8-year-old children identified with ASD

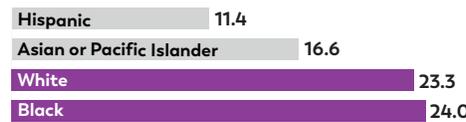


IQ = Intelligence Quotient
Intellectual disability = IQ ≤ 70



Among 8-year-olds

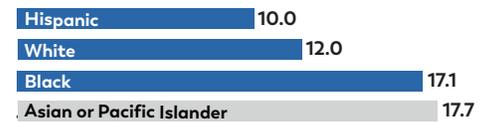
White and Black children were 2x as likely to be identified with ASD as Hispanic children. Black children were 1.4x as likely to be identified as Asian or Pacific Islander children



Values indicate prevalence per 1,000 children. There were no significant differences in identification between other races or ethnicities.

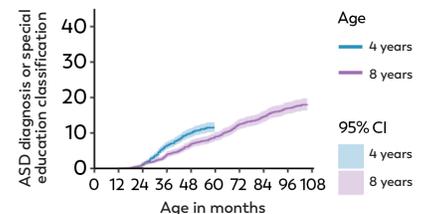
Among 4-year-olds

Black children were 1.7x as likely to be identified with ASD as Hispanic children. White children were 0.7x as likely as Black children and Hispanic children were 0.6x as likely as Asian or Pacific Islander to be identified with ASD



Values indicate prevalence per 1,000 children.

Children who were born in 2014 (1.0%) were 1.4x as likely to receive an ASD diagnosis or ASD special education classification by 48 months of age compared to children born in 2010 (0.7%).



Cumulative incidence of ASD identified per 1000 children.

What are the key take-away messages?

- More children are being diagnosed by age 4 years compared to age 8 years than in previous study years.
- While the proportion of Black and White children identified with ASD is about the same, Hispanic and Asian or Pacific Islander children are less likely to be identified with ASD. This may reflect cultural and/or socioeconomic differences, such as language barriers, and delayed or lack of access to services.

How can this information be useful?

MADDSP's latest findings can be used to:

- Promote early identification of ASD.
- Plan for ASD services and training.
- Guide future ASD research.
- Inform policies promoting improved outcomes in health care and education for individuals with ASD.

Partners in Georgia might consider different ways to:

- Lower the age of first evaluation by community providers.
- Increase awareness of ASD among Hispanic and Asian or Pacific Islander families.
- Identify and address barriers to decrease the age at which all children are evaluated and diagnosed.

How and where was this information collected?

MADDSP uses a record review method. Specifically, this information is based on the analysis of data collected from the health and special education records of children who were 4 years old and 8 years old and living in either DeKalb or Gwinnett county in Georgia in 2018.

8-year-old children in tracking area: 23,580 **4-year-old children in tracking area: 23,040**

- | | |
|--|--|
| • 26% non-Hispanic White | • 27% non-Hispanic White |
| • 40% non-Hispanic Black | • 40% non-Hispanic Black |
| • 25% Hispanic | • 23% Hispanic |
| • 9% Asian or Pacific Islander | • 9% Asian or Pacific Islander |
| • <1% American Indian or Alaska Native | • <1% American Indian or Alaska Native |

* Estimates may not sum to 100% due to rounding.

What else does MADDSP do besides provide estimates of ASD?

MADDSP is an intramural program administered by the Centers for Disease Control and Prevention. MADDSP collaborates with health and education systems that serve children with developmental disabilities and their families to understand the number and characteristics of 4- and 8-year-olds with ASD and intellectual disability in select areas of Georgia. MADDSP provides tailored data reports and presentations to data providers and community organizations upon request.

“MADDSP and ADDM data have again demonstrated that an evidence-based surveillance system can provide meaningful data for monitoring the prevalence of ASD and has really shaped statewide priorities in Georgia to lower the age of diagnosis, increase the capacity to diagnose and serve these individuals, and to reduce the racial/ethnic disparities in diagnosis and services. These data were especially important to help pass legislation to mandate insurance coverage and are often used to increase national priorities for how to best support individuals with ASD at home, in schools, and in the community.”

MICHAEL J. MORRIER PhD, BCBA-D
Associate Professor, Emory University School of Medicine

Resources

ATLANTA AUTISM CONSORTIUM

Support for collaboration among families, researchers, clinicians, educators, and advocates

<https://atlautism.org>

THE ARC AUTISM NOW

Resources and information on community-based programs

<https://autismnow.org>

AUTISM SPEAKS

Information and resources for families

www.autismspeaks.org

BABIES CAN'T WAIT

Services for children under the age of 3 years with developmental delays or disabilities

www.dph.georgia.gov/babies-cant-wait

DEPARTMENT OF EDUCATION'S SPECIAL EDUCATION SERVICES AND SUPPORTS

Special education services for school-aged children with disabilities

404-656-3963

www.gadoe.org/Curriculum-Instruction-and-Assessment/Special-Education-Services/Pages/default.aspx

PARENT TO PARENT OF GEORGIA

Support for parents of children with special needs

1-800-229-2038

p2pga.org

CDC'S LEARN THE SIGNS. ACT EARLY.

Bridget Ratajczak

GA Act Early Ambassador

www.cdc.gov/ncbddd/actearly/ambassadors-list.html

CONNECT WITH MADDSP

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Centers for Disease Control and Prevention

National Center on Birth Defects and Developmental Disabilities