

A Snapshot of Autism Spectrum Disorder in New Jersey



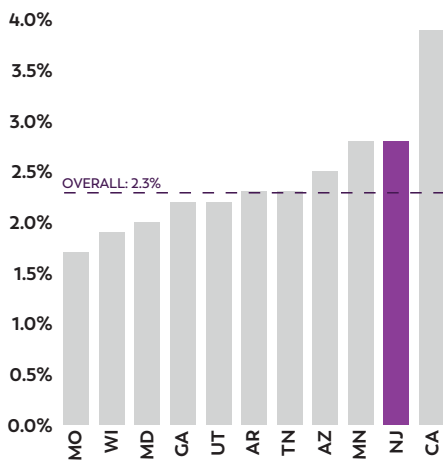
SITE TRACKING AREA

Findings from the New Jersey Autism Study (NJAS) 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.

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

About 1 in 35

Or **2.8%** of **8-year-old** children were identified with ASD by NJAS in 2018

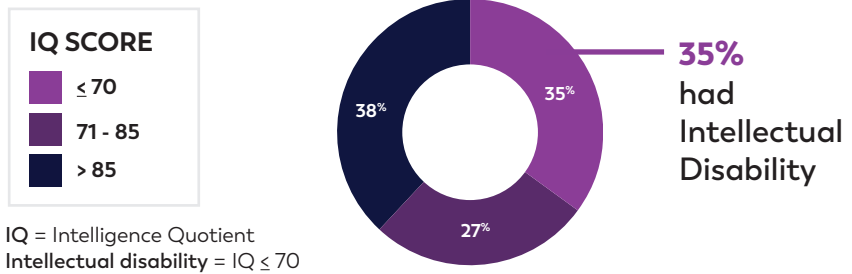


This percentage is higher than the average percentage identified with ASD (2.3%) in all communities in the United States where CDC tracked ASD among 8-year-olds in 2018.

New Jersey had the **highest proportion** of **8-year-old children** with a documented ASD diagnostic statement (94%), compared to other ADDM Network sites

IQ data were available for 64%

Of **8-year-old** children identified with ASD

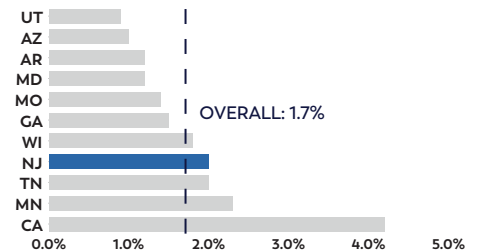


IQ = Intelligence Quotient
Intellectual disability = IQ ≤ 70

About 1 in 51

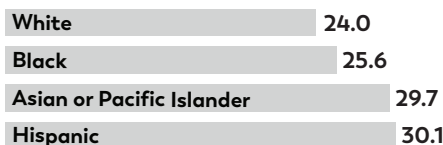
Or **2.0%** of **4-year-old** children were identified with ASD BY NJAS in 2018

This percentage is higher than the overall percentage identified with ASD (1.7%) in all communities where CDC tracked ASD among 4-year-olds in 2018.



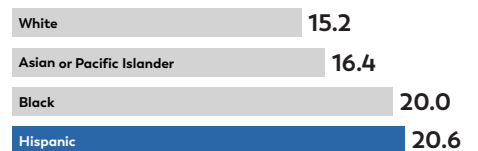
Among 8-year-olds

No significant differences in the prevalence of ASD among White, Black, Hispanic, and Asian or Pacific Islander children were identified



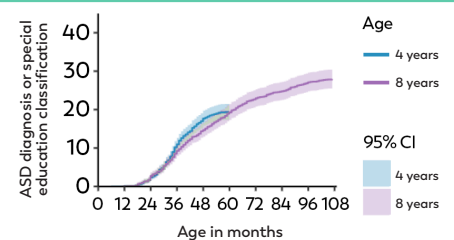
Among 4-year-olds

Hispanic children were **1.4x as likely** to be identified with ASD compared to White children



There were no significant differences in the prevalence of ASD among White, Black and Asian or Pacific Islander children. Values indicate prevalence per 1,000 children.

Children who were born in **2014** (1.8%) were **1.2x as likely** to receive an ASD diagnosis or ASD special education classification by 48 months of age compared to children born in **2010** (1.5%)



Cumulative incidence of ASD identified per 1000 children.

What are the key take-away messages?

- The 2018 ADDM ASD prevalence estimates were higher than 2016 estimates among 8-year-old children.
- The ASD prevalence estimates among 8-year-old children ranged from 1.7% (Missouri) to 3.9% (California); New Jersey had the second highest prevalence estimate (2.8%) suggesting differences in ASD diagnosis across the ADDM Network sites.
- The ASD prevalence estimates among 4-year-old children ranged from 0.9% (Utah) to 4.2% (California), suggesting differences in ASD diagnosis across ADDM Network sites.
- Across ADDM sites, ASD rates were similar for Black, White, and Hispanic 8-year-old children; however, more Black children identified with ASD also had intellectual disability (refer to the MMWR for more details).

How can this information be useful?

The latest findings about ASD prevalence may be used to:

- Raise awareness in New Jersey of increasing ASD prevalence in the United States.
- Quantify the scope and magnitude of ASD prevalence in US metropolitan regions.
- Provide New Jersey specific information relevant for planning services to individuals with ASD.
- Guide future research in environmental (non-genetic) risk factors for ASD.

How and where was this information collected?

The New Jersey Autism Study 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 two counties in New Jersey in 2018.

Tracking area

Essex and Union counties

8-year-old children in tracking area: 17,289 4-year-old children in tracking area: 17,286

- | | |
|--|--|
| • 28% White | • 26% White |
| • 32% Black | • 31% Black |
| • 34% Hispanic | • 37% Hispanic |
| • 6% Asian or Pacific Islander | • 6% 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 NJAS do besides provide estimates of ASD?

NJAS promotes universal ASD screening of children at 18-, 24-, and 30-months using the Psychological Development Questionnaire (PDQ-1), a rapid and reliable parent report questionnaire. NJAS also advances the search for ASD risk factors.

“The CDC-ADDM Network and the New Jersey Autism Study data have been valuable resources, especially in our work in the early childhood space, toward understanding the scope and impact of ASD and related conditions on children, families and communities. These findings have been helpful to building and sustaining successful partnerships for ongoing promotion of parent-engaged developmental monitoring and early identification of ASD and other developmental disabilities in our state.”

DEEPA SRINIVASAVARADAN

CDC Learn the Signs/Act Early Ambassador to New Jersey & State Parent Lead for Early Childhood Initiatives, SPAN Parent Advocacy Network

Resources

MOM2MOM

24/7 peer-support for parents of children with special needs
877-914-6662

www.mom2mom.us.com

NJ EARLY INTERVENTION SYSTEM

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

www.nj.gov/health/fhs/eis/

NJ DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION PROGRAM

Special education services for school-aged children with disabilities

www.nj.gov/education/specialed/

STATEWIDE PARENT ADVOCACY NETWORK

Support for parents, including parents of children with special needs

800-654-7726

www.spanadvocacy.org/

AUTISM NEW JERSEY

Information, education, and policy initiatives related to ASD

800-4-AUTISM

www.autismnj.org

AUTISM FAMILY SERVICES OF NEW JERSEY

Support services for families living with ASD

877-237-4477

www.autismfamilyservicesnj.org

ASPERGER SYNDROME EDUCATION NETWORK (ASPEN)

Education, support, and advocacy for individuals with ASD and their families

732-321-0880

www.aspennj.org

CDC'S LEARN THE SIGNS. ACT EARLY.

Deepa Srinivasavaradan

New Jersey's Act Early Ambassador

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

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