AUTISM AND DEVELOPMENTAL DISABILITIES MONITORING (ADDM) NETWORK

community report on autism 2025

AUTISM AND DEVELOPMENTAL DISABILITIES MONITORING (ADDM) NETWORK

A Snapshot of Autism Spectrum Disorder among 4-year-old and 8-year-old Children in Multiple Communities across the United States in 2022

Funded by the Centers for Disease Control and Prevention (CDC)
United States Department of Health and Human Services

This community report summarizes the main findings from the following published report:

Shaw KA, Williams S, Patrick ME, et al. Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years — Autism and Developmental Disabilities Monitoring Network, 16 Sites, United States, 2022. MMWR Surveill Summ 2025; 74 (No. SS-2): 1-22.

To read more about autism spectrum disorder, please visit CDC's autism homepage at www.cdc.gov/autism

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Executive Summary

The Children's Health Act of 2000 authorized the Centers for Disease Control and Prevention (CDC) to create the Autism and Developmental Disabilities Monitoring (ADDM) Network to track the number and characteristics of children with autism spectrum disorder (ASD) and other developmental disabilities in different communities throughout the United States. In 2023, CDC received additional support from Congress that resulted in the expansion of the ADDM Network from 11 to 16 communities across the United States.

Key Findings "At-A-Glance"

These findings are based on analysis of data collected from health, service, and special education records of 4-year-old and 8-year-old children who lived in one of 16 different areas throughout the United States in 2022.

- ASD prevalence among children aged 8 years was 1 in 31 overall across ADDM Network sites.
- As seen in previous years, ASD prevalence varied widely across sites and likely reflects differences in community identification practices.
- ADDM Network data show that ASD is present among all groups of children, but certain children were more likely to be identified with ASD.
- ADDM Network communities reported increases in early ASD identification over time. Overall, children with ASD born in 2018 were nearly 2 times as likely as children born in 2014 to be identified as having ASD by 4 years of age.

1 in 31

8-year-old children were identified with autism

Based on 2022 autism tracking data collected by the ADDM Network's 16 sites.

CDC's 2025 *Community Report on Autism* highlights the ADDM Network's most recent findings on ASD in 4-year-old and 8-year-old children in 2022.

CDC's ADDM Network continues to report overall increases in ASD prevalence estimates since monitoring began in 2000. One in 31 (3.2%) 8-year-old children were identified with ASD, based on 2022 tracking data collected by the ADDM Network's expanded network of 16 communities across the United States. ASD prevalence estimates varied widely across these different communities.

Research to date has not shown that living in certain communities puts children at greater risk for developing ASD. The wide variability in ASD prevalence is likely due to a combination of factors, including differences in identification practices and in the availability of or access to services within a community. CDC's ADDM Network observed variation in diagnostic testing practices for ASD across its 16 communities. More information is needed to understand why these variations are occurring.

Progress continues in the early identification of ASD. In 2022, the ADDM Network observed higher numbers of evaluations and ASD identifications in the first 4 years of life among children with ASD born in 2018 compared with those born in 2014. Progress in early identification of ASD may indicate improvements in community awareness and access to evaluation and identification services from providers in health or education settings.

Knowing how many children are diagnosed with ASD is only part of the picture. The ADDM Network's information on the number and characteristics of children with ASD also provides CDC and its partners with data for action. These findings can be used in local communities and nationwide to inform and advance initiatives, systems, and research that help children with ASD and their families.

CDC and its partners continue efforts to:

- Ensure that all children are evaluated and diagnosed as soon as possible after developmental concerns are identified
- Promote timely enrollment in services for all

The ADDM Network's goals are to:

Obtain as complete a count as possible of the number of children identified with ASD in each ADDM Network area and track changes in that count over time.

Determine whether ASD identification and characteristics are more common in some groups of children than among others (for example, among boys versus girls) across the 16 ADDM Network sites and if those differences are changing over time.

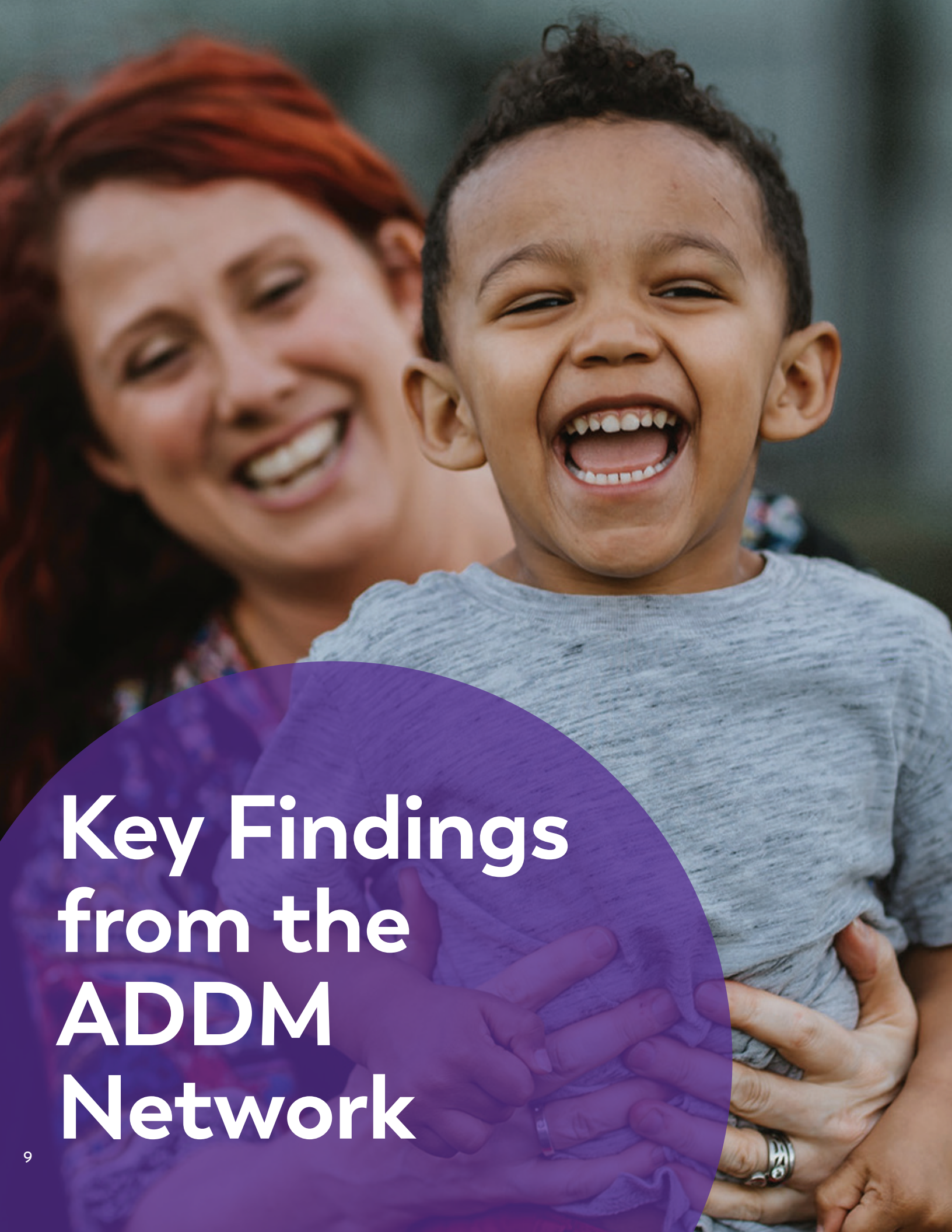
Understand the impact of ASD and related conditions on children, families, and communities in the United States.

Service providers (such as healthcare organizations and school systems), community leaders, and researchers can use ADDM Network findings to:

- Support service planning
- Inform relevant systems and policies that promote improved outcomes in health care and education
- Guide research on risk and protective factors for ASD and interventions that can help children with ASD succeed

The ADDM Network will continue to track the number and characteristics of children with ASD in order to better understand factors that can benefit children with ASD and their families. In addition to tracking early identification through the ADDM Network, CDC's *Learn the Signs. Act Early.* program promotes early identification for all children—one of the most powerful tools communities have for making a difference in the lives of children with ASD and other developmental disabilities. Early identification of ASD is a public health priority so children with ASD can receive needed services as early as possible to achieve their full potential.

NOTE: CDC is aware that some members of the autism community prefer to use terms such as "person with autism," "person with ASD," "autistic person," and/or "person on the autism spectrum," while others prefer the use of other terms. CDC promotes person-first language but also promotes an awareness that language changes with time and individuals within groups sometimes have different opinions about the preferred language used to describe themselves. For the purposes of this report, the terms "autism spectrum disorder (ASD)" and "ASD" are used when referring to the DSM defined diagnosis. The terms "children with ASD," "children with autism," or "children identified with ASD" is also used throughout this report in accordance with CDC guidance on person-first language.



Key Findings from the ADDM Network

Key Findings from the ADDM Network

A Snapshot of Autism Spectrum Disorder in 2022

Data from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network help us 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. With the expansion of the ADDM Network to 16 communities through support from the Consolidated Appropriations Act, 2023, we continue to better understand ASD across the United States. Now, more communities can monitor trends, anticipate and understand service needs, and support efforts to ensure early identification of all children with ASD.

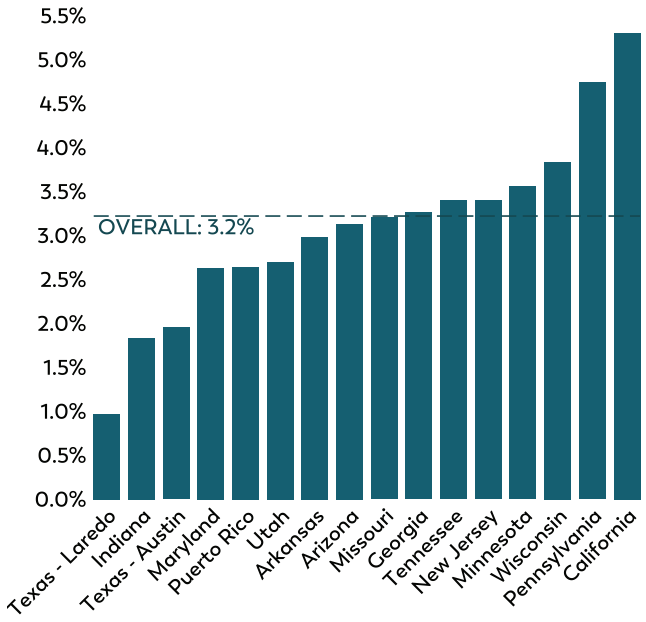
Here are key findings on ASD among **4-year-old** and **8-year-old** children living in different communities across the United States in 2022:

How many 8-year-old children were identified with ASD in 2022?

About 1 in 31 (3.2%) 8-year-old children were identified with ASD across the ADDM Network.

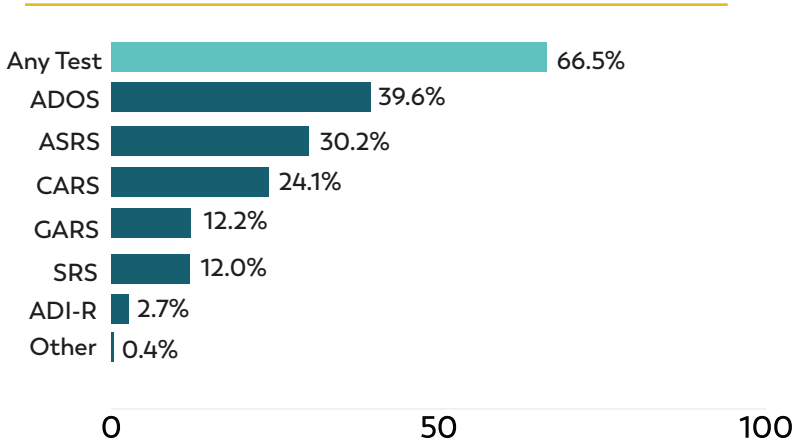
ASD prevalence and identification practices varied widely across ADDM Network sites.

The estimated percentage of **8-year-old** children living in CDC's ADDM Network in 2022 who were identified with ASD ranged from **1.0% or 1 in 103 in Texas (Laredo) to 5.3% or 1 in 19 in California.**



The ADDM Network also found differences in testing practices and evaluation among communities. Across the ADDM Network, **66.5%** of children **aged 8 years** with ASD had a documented ASD test, ranging from **24.7% in New Jersey to 93.5% in Puerto Rico**.

The most common ASD tests used among **8-year-olds** living in ADDM Network communities included the **Autism Diagnostic Observation Schedule (ADOS)**, Autism Spectrum Rating Scales (ASRS), Childhood Autism Rating Scale (CARS), Gilliam Autism Rating Scale (GARS), and Social Responsiveness Scale (SRS).

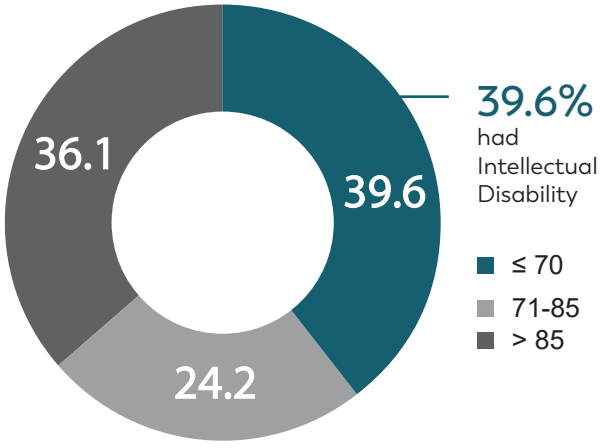


Certain children were more likely to be identified with ASD.

Among **8-year-old** children, boys were **more than 3 times as likely** as girls to be identified with ASD.

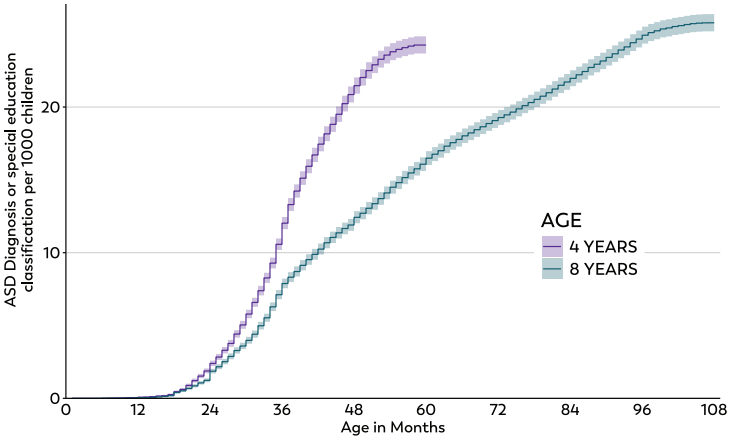
The prevalence of **8-year-old** Asian or Pacific Islander (A/PI), American Indian or Alaska Native (AI/AN), Black, Hispanic, and Multiracial children identified with ASD **was higher** than among **8-year-old** White children.

Among **8-year-old** children identified with ASD who had intelligence quotient (IQ) scores available, **more than one third (39.6%) also had intellectual disability** (IQ scores less than or equal to 70).



Increases in early identification of ASD continue.

Among children with ASD, those **born in 2018** were **1.7 times as likely** as children **born in 2014** to be identified as having ASD by 4 years of age.



Higher rates of evaluations and ASD identifications in younger children resumed following COVID-19 disruption.

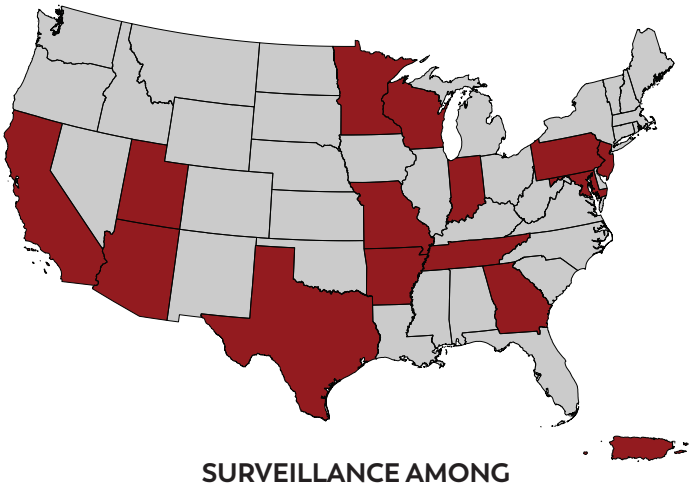
During their first 4 years of life, **children born in 2018 had more evaluations and ASD identifications than children born in 2014**. This overall pattern of higher rates of evaluations and ASD identifications in younger children over time was briefly disrupted during the COVID-19 pandemic but resumed by the end of 2020. It is important to note that we do not have a way of knowing what the pattern might have been without the onset of COVID-19.

FAQs

Frequently Asked Questions About CDC's ADDM Network Data

Frequently Asked Questions (FAQs) About CDC's ADDM Network Data

STATES WITH ADDM SITES, 2022

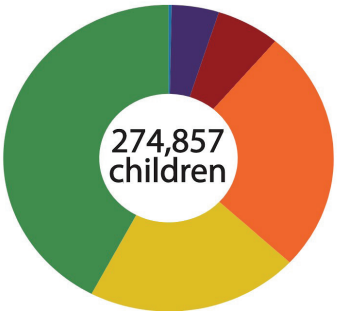


SURVEILLANCE AMONG

4-year-olds & 8-year-olds

POPULATION BY RACE/ETHNICITY

Children 8 years of age



Children 4 years of age

White

Black

Hispanic

Asian or Pacific Islander

Multiracial

American Indian or Alaska Native

How was this information collected?

CDC's ADDM Network uses a systematic record review method. Specifically, the information reported by the ADDM Network in this report is based on the analysis of data collected from health, service, and special education records of 4-year-old and 8-year-old children who lived in one of 16 different communities throughout the United States in 2022.

Where was this information collected? Which children does it include?

2022 CDC tracking area:

The tracking area includes specific sites in Arizona, Arkansas, California, Georgia, Indiana, Maryland, Minnesota, Missouri, New Jersey, Pennsylvania, Puerto Rico, Tennessee, Texas (two sites), Utah, and Wisconsin (see "ADDM Network Site Snapshots" for more in-depth information from each site)

Population of 8-year-old children in tracking area:* 274,857

- 42% White
- 26% Hispanic
- 21% Black
- 6% Asian or Pacific Islander
- 5% Multiracial
- Less than 1% American Indian or Alaska Native

Population of 4-year-old children in tracking area:* 260,912

- 42% White
- 25% Hispanic
- 21% Black
- 6% Asian or Pacific Islander
- 5% Multiracial
- Less than 1% American Indian or Alaska Native

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

What is the main message?

ASD prevalence among **8-year-old** children was **1 in 31** in 2022, but **prevalence varied widely** across the ADDM Network's 16 communities. The range spanned from **1 in 103 in Texas (Laredo) to 1 in 19 in California**. This variability could reflect differences by community in diagnostic practices and availability of services for early detection and evaluation. Across the ADDM Network, there was variability in how children were tested and identified, such as whether they received ASD and IQ testing and where children were identified (for example, at school or in a doctor's office). There are opportunities to learn from successful community and state-level approaches to early ASD identification and service eligibility to help children and families in all communities receive the services and support they need as early as possible.

Why was the percentage of children identified with ASD higher in some areas than in others?

Currently, research does not show that living in certain communities puts children at greater risk for developing ASD. These differences in the percentage of children identified with ASD across areas may be due to differences in diagnostic practices and/or availability of services for early detection and evaluation. These differences can help us learn more about the policies and programs that have contributed to advancements in early identification and better support for children.

Why do the ADDM Network ASD percentage estimates differ from other ASD percentage estimates?

Estimates from the ADDM Network, the National Survey of Children's Health (NSCH), and the National Health Interview Survey (NHIS) differ because they use different methods to collect their information and look at different age groups. NSCH and NHIS, based on national surveys of parental experiences, can provide insight into how many children have been diagnosed with ASD and other developmental disabilities. The ADDM Network further enriches our understanding of ASD by working with communities across the United States to collect information on specific characteristics of children with ASD and track changes over time in those communities and within groups with similar characteristics.

Data Spotlight

Spotlight On

Wide Variability in Autism Spectrum Disorder Prevalence and Approaches to Identification Across US Communities

Across the ADDM Network's 16 sites, the overall ASD prevalence among 8-year-old children was 1 in 31 in 2022, but there was wide variability by site. The prevalence ranged from 1 in 103 in Texas (Laredo) to 1 in 19 in California.

CDC's ADDM Network data provide a valuable opportunity to better understand factors that may lead to variations in ASD prevalence across different communities. Variability in ASD prevalence could reflect differences in diagnostic practices and availability of services for early detection and evaluation. Successful community and state-level approaches to early ASD identification and service eligibility can serve as lessons learned and help children and families in all communities receive the services and support they need, as early as possible.

Testing practices and other characteristics varied across ADDM Network communities.

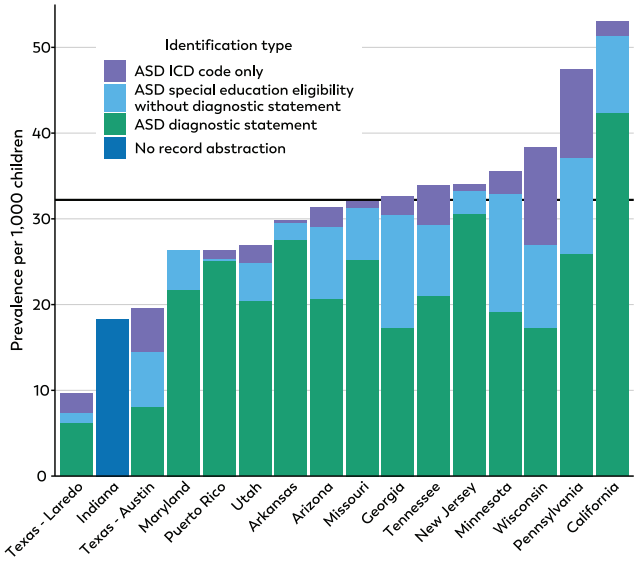
There was substantial variability in whether children with ASD had a documented ASD test in their records. For **8-year-old** children with ASD, **66.5% had a documented ASD test**, ranging from **24.7% in New Jersey to 93.5% in Puerto Rico.**

The most commonly administered test in seven ADDM Network communities was the Autism Diagnostic Observation Schedule (ADOS), which requires highly specialized training to conduct and score. The Autism Spectrum Rating Scales (ASRS) and the Childhood Autism Rating Scale (CARS) (each most common in four ADDM Network communities) were the next most common tests.

The specialized training and expertise needed to conduct ASD tests could present a potential barrier to identification and care in some communities.

Across the ADDM Network, IQ scores were available for **61.4%** of children **aged 8 years** with ASD, ranging from **21.3% in Texas (Laredo) to 90.2% in Arkansas**. The percentage of children with documented IQ scores available who were classified as having intellectual disability (IQ scores equal to or less than 70) varied among communities, ranging from **24.8% in Puerto Rico to 80% in Texas (Laredo)**. These findings suggest that in some communities, children may be less likely to be tested for intellectual disability unless there is a concern.

In addition, communities showed variability in where children were identified with ASD, either by receiving special education services for ASD at school or by a healthcare provider.



Variability in identification practices may delay service delivery. There are opportunities to learn from and use successful strategies to ensure all children receive the diagnostic and support services they need as early as possible.

Different approaches may improve identification and access to services, which might be reflected by higher prevalence in specific communities. Examples of approaches found across ADDM Network communities include:

- **California** – The Get SET Early model has been used to train hundreds of local pediatricians to screen and refer children for assessment as early as possible. Regional centers throughout the state provide evaluations and service coordination for people with disabilities and their families (https://www.dds.ca.gov). Since the state joined the ADDM Network in 2018, identification of ASD in children aged 4 and 8 years has been highest in California compared with other ADDM sites.
- **Pennsylvania:** The state provides Medicaid for children with physical, developmental, mental health, or intellectual disabilities regardless of parents' income. In 2022, identification of ASD in children aged 8 years was second highest in Pennsylvania compared with other ADDM Network sites.
- **Puerto Rico:** Title V Children with Special Health Care Needs Program (CSHCNP) and the Act Early Ambassador have worked together to develop and disseminate clinical protocols for early identification and diagnosis of ASD across Puerto Rico. This effort has led to increasing access to diagnostic evaluations at the CSHCNP Autism and Pediatric Centers for children aged 3 or younger and the provision of a guide that includes information about developmental milestones and early ASD signs to all parents of newborns in Puerto Rico. Identification of ASD in children aged 4 years was second-highest in Puerto Rico compared with other ADDM Network sites.

Here are some patterns that were mostly consistent across ADDM Network sites:

- Boys were **more than 3 times as likely** as girls to be identified with ASD.
- Asian or Pacific Islander, American Indian or Alaska Native, Black, Hispanic, and Multiracial children were **more likely to be identified with ASD** compared with White children.
- Higher **socioeconomic status was not related to** higher identification of ASD.
- **Increases** in early identification of ASD continued.

Data impact and future directions

The ADDM Network will continue to monitor the number and characteristics of children with ASD over time.

ADDM Network data can provide early awareness of important public health trends across different communities, such as the number and types of ASD tests being administered within each community. With this type of information, states and communities can plan and develop strategies to promote awareness and improve identification of ASD and referral to services.

More work is needed to understand why the ADDM Network continues to find certain groups of children with a higher prevalence of ASD than others. These differences highlight the importance of diagnostic, treatment, and support services for all children with ASD. With an expanded number of communities within the ADDM Network, there are more opportunities to learn from successful approaches to early identification and service eligibility.

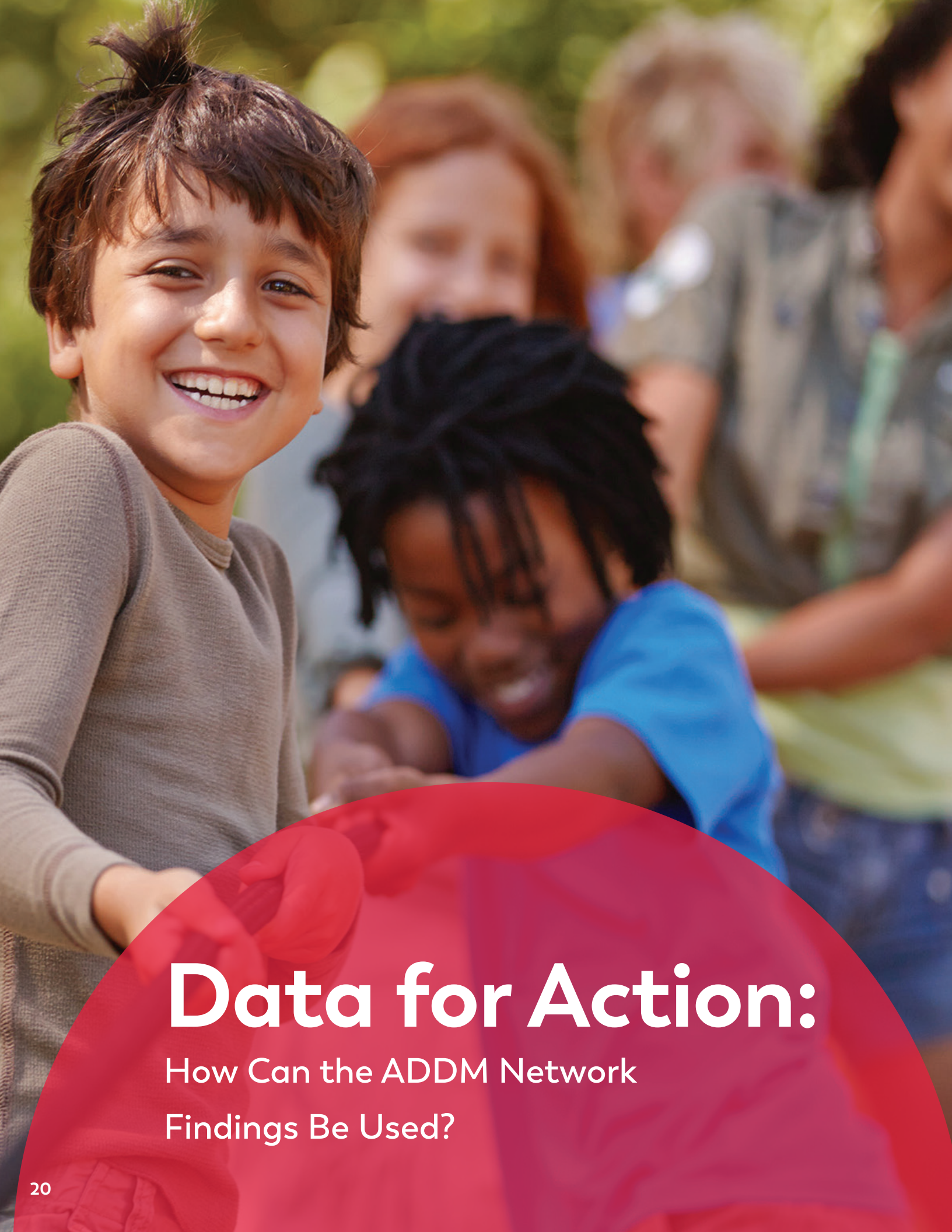
An ASD Diagnosis Takes Community Support and Involves Several Steps

- **Developmental monitoring** (also known as tracking) is important for all children. Caregivers, such as parents, healthcare providers, and early educators, can learn how to look for developmental milestones—how children grow, move, communicate, interact, learn, and play. This information helps caregivers know what to expect at different ages, get ideas on how to promote positive development, and recognize potential concerns about development as early as possible. Developmental monitoring is an ongoing process, and CDC's *Learn the Signs. Act Early.* program has tools and information to help at www.cdc.gov/ActEarly.

- **A developmental screen** is a short test using a validated screening tool to identify whether a child is learning basic skills or if there might be a delay. The American Academy of Pediatrics recommends screening children for ASD at 18 and 24 months of age. Developmental screening is different from developmental evaluation.

- **A comprehensive developmental evaluation** is a thorough review of how a child plays, learns, communicates, acts, and moves, and whether those characteristics have changed over time. Various trained professionals can conduct developmental evaluations, including teachers, social workers, nurses, psychologists, doctors, physical therapists, and speech-language pathologists. This evaluation can include clinical observation, parental reports of developmental and health histories, psychological testing, and speech and language assessments. A comprehensive developmental evaluation is often a key step in getting services, including those through the school system.

- A **diagnosis** occurs when a qualified provider uses the results of the comprehensive developmental evaluation to determine whether a child has ASD. Neurological and genetic testing can often rule out other disorders and can check for genetic and neurological problems that sometimes occur along with ASD. A medical diagnosis can be a key step in getting medical services provided through health insurance.



Data for Action:

How Can the ADDM Network Findings Be Used?

Data for Action

How can the ADDM Network Findings Be Used?

There are many children with ASD across the United States. The ADDM Network's information on the number and characteristics of children with ASD provides data for action. These findings can be used in local communities and nationwide to inform and advance initiatives, systems, and research that help children with ASD and their families.

The federal government is using this information to:

- **Inform and promote early identification efforts**
  - ADDM Network findings on age of diagnosis of ASD support CDC's *Learn the Signs. Act Early.* program that aims to improve early identification by promoting early childhood developmental monitoring by parents, childcare providers, and healthcare providers.
- **Guide research on ASD**
  - ADDM Network findings have helped inform the Interagency Autism Coordinating Committee's strategic plan for ASD research.

Service providers, such as healthcare organizations and school systems, can use this information to:

- **Promote early identification efforts for developmental concerns in children and help children diagnosed with ASD enroll in community-based support systems as soon as possible**
  - CDC's *Learn the Signs. Act Early.* program offers free tools, including CDC's *Milestone Tracker* app, that service providers can promote among parents to help improve developmental monitoring, a critical step in the early identification of developmental delays.
- **Plan for resource and service needs**
- **Target outreach to communities with higher rates of ASD**

Community leaders and policymakers can use this information to:

- Promote awareness of ASD and work with communities to address the growing needs of families with ASD.
- Develop policies that promote early identification and access to services and supports so that all children get the help they need.
- Serve as the basis for the creation of a task force or commission focused on the coordination of ASD activities in local communities.
- Study the long-term impact of public health emergencies, such as COVID-19, on ASD evaluation and early identification and consider strategies to lessen service disruptions during future public health emergencies.
- Strengthen community infrastructure to provide diagnostic, treatment, and support services for all children with ASD.

Researchers can use this information to:

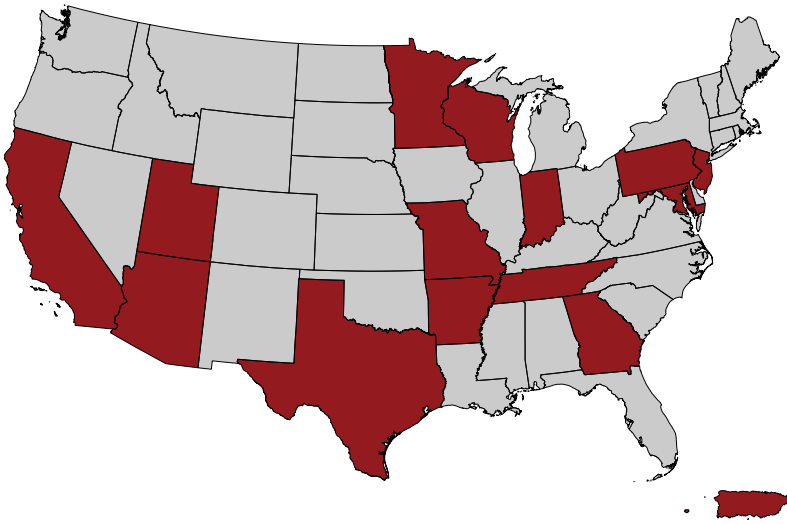
- Examine more closely why and how ASD affects children differently by sex, race/ethnicity, intellectual ability, and community.
- Establish community ASD research groups to help prioritize research needs.
- Develop standardized tools to consistently measure and describe abilities and challenges among children with ASD.
- Identify risk or protective factors leading to differences in intellectual ability among children with ASD.

ADDM Network Site Snapshots

ADDM Network Site Snapshots

A Snapshot of Autism Spectrum Disorder in 2022

The Autism and Developmental Disabilities Monitoring (ADDM) Network tracked ASD at sites within these states in 2022.



SURVEILLANCE AMONG
4-year-olds & 8-year-olds

NOTE: Although these 15 states host the ADDM Network Sites, the entire state is not included in the tracked area. Please see individual ADDM Network site pages for a closer look at the specific sites.

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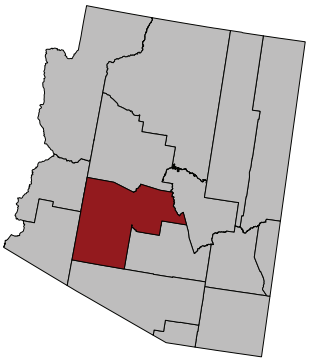
A Snapshot of Autism Spectrum Disorder in

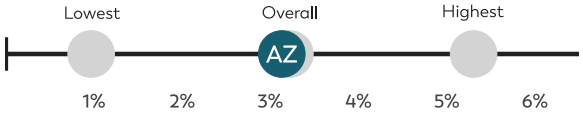
Arizona

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



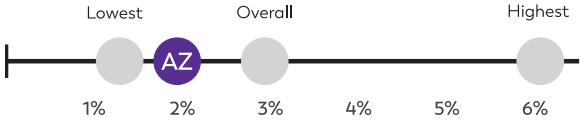
SITE TRACKING AREA

About **1 in 32** or **3.1%** of **8-year-old** children were identified with autism by ADDSP in 2022.



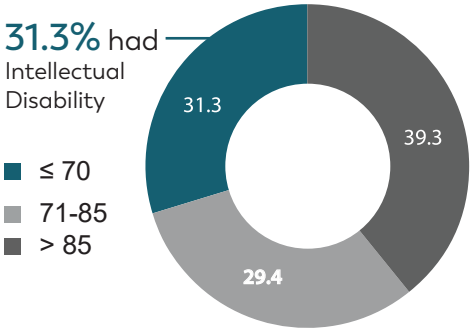
The percentage, in teal, is about the same as the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

About **1 in 52** or **1.9%** of **4-year-old** children were identified with autism by ADDSP in 2022.



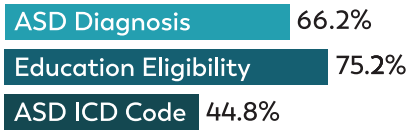
The percentage, in purple, is lower than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

Intelligence quotient (IQ) data were available for **78%** of **8-year-old** children identified with autism in ADDSP. Of these children, **31.3% had intellectual disability.**



Intellectual disability is defined as an IQ score equal to or less than 70.

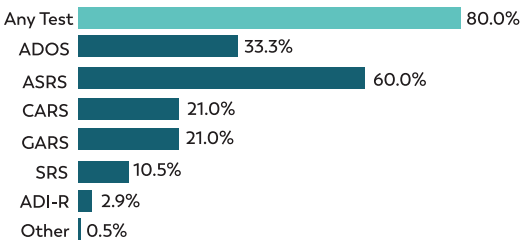
Overall, **66.2%** of **8-year-olds** who met the ADDM case definition had an autism diagnostic statement from a health or education record; **75.2%** had an autism special education eligibility; and **44.8%** had an autism International Classification of Disease (ICD) code.



Among **8-year-olds**, boys were **3.5** times **as likely** as girls to be identified with autism.

Of **8-year-old** children with autism, **55.4%** had a comprehensive developmental evaluation by 3 years of age.

In ADDSP, **80.0%** of **8-year-old** children identified with autism had a documented autism test in their records, with the most common test being the **Autism Spectrum Rating Scales (ASRS)**.



Resources

What we know

- The 2022 ADDSP autism prevalence is higher than in 2020.
- More children with autism were identified by 3 years of age in 2022 compared with 2020.
- Most children in ADDSP have a documented autism diagnostic test in their record.

Why are these findings important?

These data can be used to:

- Plan for special education service needs.
- Understand how autism is being diagnosed in the community.
- Promote early identification of autism.

Why is partnership with ADDSP important?

Partnership provides:

- Current information on individuals with autism to demonstrate need for local therapy and programs to support those individuals.
- Data for developing future supports and community programming.

NANCY MARTINEZ
Civilian Investigator
Chandler Police Department

"Arizona's ADDM ASD surveillance data is valuable for professionals working in public safety. As a law enforcement instructor who teaches ASD awareness classes statewide, I use the data at the beginning of each class and stress the importance of understanding the increased prevalence rate. It is not a matter of if, it is a matter of when officers will respond to a call for service to assist a person diagnosed with autism and their family. The data helps first responders better understand the community they serve and underscores the significant need for increased training."

Where was the information collected?

ADDSP 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 or 8 years old and living in part of one county in the Phoenix metropolitan area in Arizona in 2022.

8-year-old children in tracking area:* 6,709

- 45% White
- 33% Hispanic
- 9% Black
- 6% Asian or Pacific Islander
- 5% Multiracial
- 3% American Indian or Alaska Native

4-year-old children in tracking area:* 6,286

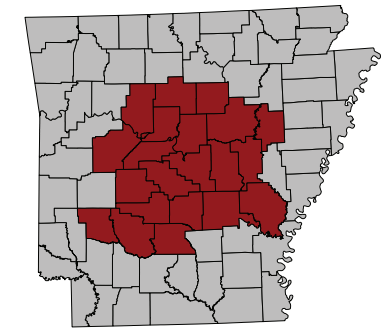
- 47% White
- 34% Hispanic
- 7% Black
- 6% Asian or Pacific Islander
- 5% Multiracial
- 2% American Indian or Alaska Native

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

A Snapshot of Autism Spectrum Disorder in

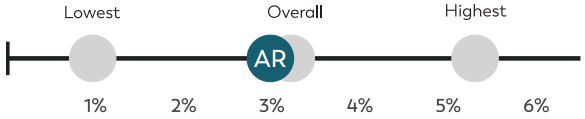
Arkansas

Findings from the Arkansas Autism and Developmental Disabilities Monitoring (AR-ADDM) program help us to understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.



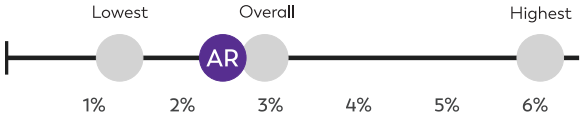
SITE TRACKING AREA

About **1 in 34** or **3.0%** of **8-year-old** children were identified with autism by AR-ADDM in 2022.



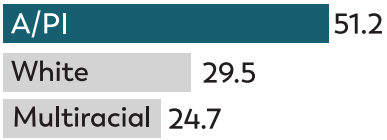
The percentage, in teal, is about the same as the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

About **1 in 41** or **2.5%** of **4-year-old** children were identified with autism by AR-ADDM in 2022.



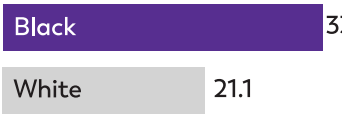
The percentage, in purple, is lower than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

Among **8-year-olds**, Asian or Pacific Islander (A/PI) children were about **twice as likely** to be identified with autism compared to White and Multiracial children.



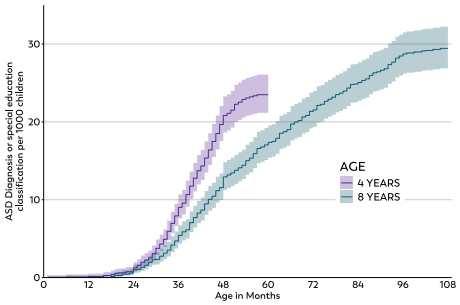
There were no other significant differences in identification between races or ethnicities. Values indicate prevalence per 1000.

Among **4-year-olds**, Black children were **more likely** than White children to be identified with autism.



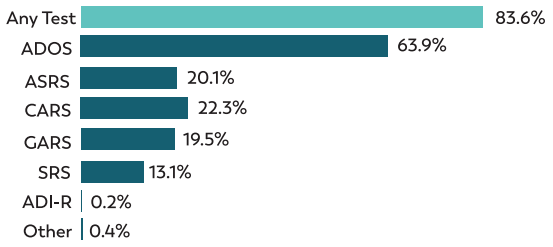
There were no other significant differences in identification between races or ethnicities. Values indicate prevalence per 1000.

Children born in 2018 were **more likely** to receive an autism diagnosis or autism special education classification by 48 months of age compared to **children born in 2014**.



Of **8-year-old** children with autism, **49.9%** had a comprehensive developmental evaluation by 3 years of age.

In AR-ADDM, **83.6%** of **8-year-old** children identified with autism had a documented autism test in their records, with the most common test being the **Autism Diagnostic Observation Schedule (ADOS).**



Resources

What we know

- There is a continued increase in identification of autism by AR-ADDM over time.
- Children with autism included in AR-ADDM are being evaluated and diagnosed earlier than in previous surveillance years.
- Most children (90%) with autism in AR-ADDM had a documented autism-specific test in their records.

Why are these findings important?

These data can be used to:

- Continue to promote early identification of autism.
- Plan for autism services and training.
- Illustrate how many children are identified with autism and when they are being identified.

Why is partnership with AR-ADDM important?

- Partnership provides more complete and accurate information on individuals with autism so that prevalence results reported are based on comprehensive, quality data and can be relied on for local program development.

KARAN BURNETTE
Director
Partners
University of Arkansas

"Arkansas has operated a 1915(c) waiver to provide intensive in-home intervention for young children with ASD since January of 2012. This program has changed the lives of many children and their families across our state. It would not have been possible without the ADDM project providing the necessary data to demonstrate the need. These data spoke to our state agency leaders and policymakers and resulted in the program being designed, funded, implemented, and continued for more than a decade."

Where was the information collected?

AR-ADDM 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 or 8 years old and living in 21 counties in central Arkansas in 2022.

8-year-old children in tracking area:* 15,319

- 60% White
- 24% Black
- 9% Hispanic
- 5% Multiracial
- 1% Asian or Pacific Islander
- <1% American Indian or Alaska Native

4-year-old children in tracking area:* 14,644

- 59% White
- 24% Black
- 10% Hispanic
- 5% Multiracial
- 2% Asian or Pacific Islander
- <1% American Indian or Alaska Native

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

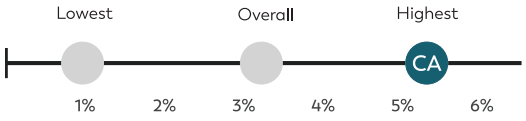
A Snapshot of Autism Spectrum Disorder in

California

Findings from the California Autism and Developmental Disabilities Monitoring (CA-ADDM) program help us to understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.

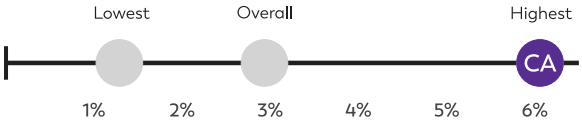
SITE TRACKING AREA

About **1 in 19** or **5.3%** of **8-year-old** children were identified with autism by CA-ADDM in 2022.



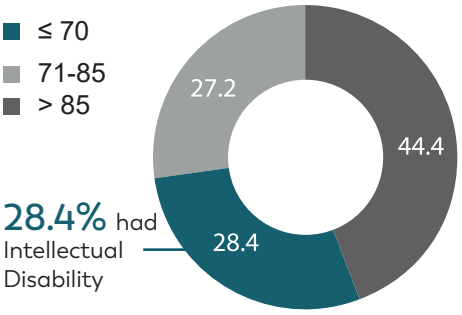
The percentage, in teal, is higher than the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

About **1 in 17** or **6.1%** of **4-year-old** children were identified with autism by CA-ADDM in 2022.



The percentage, in purple, is higher than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

Intelligence quotient (IQ) data were available for **81.5%** of **8-year-olds** identified with autism in CA-ADDM. Of these children, **28.4% had intellectual disability**.



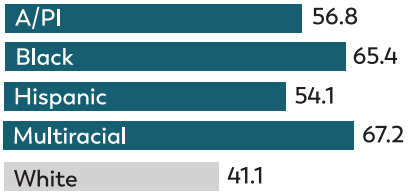
Intellectual disability is defined as an IQ score equal to or less than 70.

Half of **8-year-old** children with autism were diagnosed by a community provider by **36 months** of age.

The median age of diagnosis was younger in CA-ADDM than the ADDM network median age of diagnosis in all communities where the CDC tracked autism among 8-year-olds in 2022 (47 months).

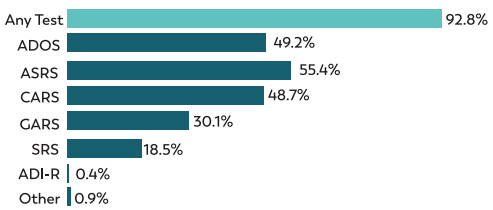
Compared with girls the same age, **8-year-old boys** were **3.5 times as likely** and **4-year-old boys** were **2.7 times as likely** to be identified with autism.

Among **8-year-old** children, White children were the **least likely** to be identified with autism compared with other racial/ethnic groups.



There were no other significant differences in identification between races or ethnicities. Values indicate prevalence per 1000.

In CA -ADDM, **92.8%** of **8-year-old** children identified with autism had a documented autism test in their records, with the most common test being the **Autism Spectrum Rating Scales (ASRS)**.



Resources

What we know

- The percentage of children identified with autism is higher in CA-ADDM compared with other ADDM sites for both 4-year-old and 8-year-old children.
- On average, children in CA-ADDM are identified with autism earlier than in other ADDM sites. Additionally, the proportion of 8-year-old children with autism who also had co-occurring intellectual disabilities is lower in CA-ADDM than in most other ADDM sites.
- Differences continue to persist in the proportion of boys and girls identified with autism. However, these differences have decreased compared with previous years and may reflect differences in screening and diagnostic patterns.

Why are these findings important?

These data can be used to:

- Provide a more comprehensive picture of early identification patterns in California—more children, of different abilities and severity levels, are identified earlier.
- Understand the capacity needed to provide support and services for the growing number of individuals with autism.

Why is partnership with CA-ADDM important?

- Gain insight to refine and improve programs, services, and outcomes for children with autism.
- Assist in providing a more comprehensive picture of the whole child to better understand who is identified with autism.

SHARON LEON
Executive Director
National Foundation for Autism Research

"Through CA-ADDM, we gain critical insights into the evolving needs of the autism community over time. The information and statistics provided by CA-ADDM enable us to advocate effectively with local and state policymakers, addressing the growing demands of autism services and ensuring that we provide the best possible support and opportunities for autistic individuals and their families. The work of the ADDM Network is particularly impactful because its influence extends beyond California's borders, fostering awareness and shaping policy in states not directly involved in the network. This broad reach and influence are invaluable to advancing the needs of the autism community."

Where was the information collected?

CA-ADDM 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 or 8 years old and living in part of one county in the San Diego metropolitan area in California in 2022.

8-year-old children in tracking area:* 15,212

- 50% Hispanic
- 24% White
- 12% Asian or Pacific Islander
- 7% Black
- 7% Multiracial
- <1% American Indian or Alaska Native

4-year-old children in tracking area:* 14,936

- 47% Hispanic
- 26% White
- 12% Asian or Pacific Islander
- 8% Multiracial
- 6% Black
- <1% American Indian or Alaska Native

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

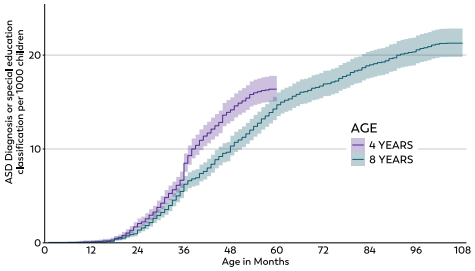
A Snapshot of Autism Spectrum Disorder in

Georgia

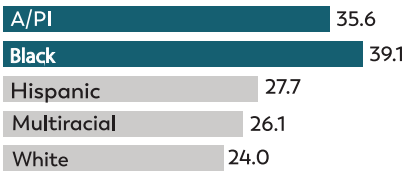
Findings from the Metropolitan Atlanta Developmental Disabilities Surveillance (MADDSP) program help us to understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.

SITE TRACKING AREA

Children born in 2018 were **more likely** to receive an autism diagnosis or autism special education classification by 48 months of age compared with **children born in 2014**.

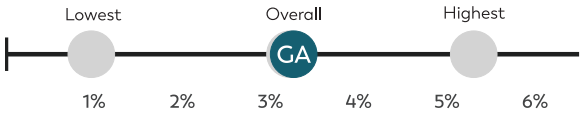


Among **8-year-olds**, Asian or Pacific Islander (A/PI) children were **more likely** than Multiracial and White children to be identified with autism. Black children were also **more likely** than Hispanic, Multiracial, and White children to be identified with autism.



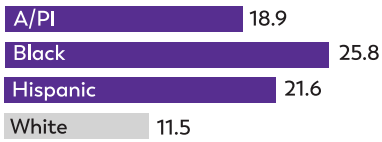
There were no other significant differences in identification between races or ethnicities. Values indicate prevalence per 1000.

About **1 in 31** or **3.3%** of **8-year-old** children were identified with autism by MADDSP in 2022.



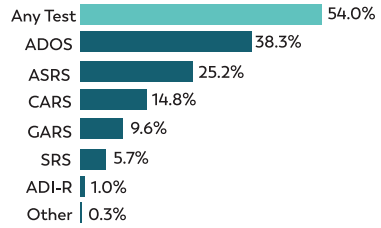
The percentage, in teal, is about the same as the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

Among **4-year-olds**, A/PI children were **more likely** than White children to be identified with autism. Black and Hispanic children were approximately **twice as likely** as White children to be identified with autism.

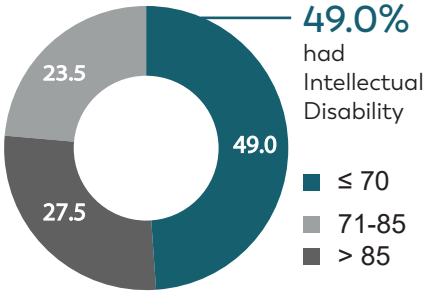


There were no other significant differences in identification between races or ethnicities. Values indicate prevalence per 1000.

In MADDSP, **54%** of **8-year-old** children identified with autism had a documented autism test in their records, with the most common test being the **Autism Diagnostic Observation Schedule (ADOS)**.



Intelligence quotient (IQ) data were available for **54%** of **8-year-old** children identified with autism in MADDSP. Of these children, **49%** also **had intellectual disability**.



Intellectual disability is defined as an IQ score equal to or less than 70.

Of 8-year-old children with autism, **44.2%** had a comprehensive developmental evaluation by 3 years of age.

Resources

What we know

- There is progress in early identification of autism, with more children born in 2018 being identified with autism by age 4 years compared with children born in 2014.
- The pattern of higher autism prevalence among non-White children compared with White children observed in 2020 continued in 2022.
- For the first time, we report on the use of specific autism tests, which is relevant to community practitioners. Among children in MADDSP, only about half of children with autism received autism testing.

Why are these findings important?

- MADDSP data reported on 8-year-old children helps us understand the number and characteristics of children identified with autism, while data reported on 4-year-old children tells us more about progress in the early identification of autism. Both sets of data help to inform the community of service needs for those children.
- Understanding how children are being identified and the types of tests used for identification will inform training needs to ensure that expertise and resources are available for diagnosis. Timely diagnosis is essential to ensure that children receive services as early as possible.

Why is partnership with MADDSP important?

- Estimates of children with autism rely on strong partnerships between MADDSP, healthcare institutions, and school districts to ensure that data are complete and comprehensive.
- Data help tell the story of autism identification in metropolitan Atlanta, which in turn provides an understanding of service needs for individuals and their families.

SYNITA GRISWELL, MPH
Senior Program Manager for Autism Access and Innovation
Georgia Department of Public Health

"The data produced through the partnership with preceding CDC Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP) is essential to DPH's work in expanding early identification and access to services for young children at risk for autism spectrum disorder. By leveraging these data, DPH can drive informed policy decisions and implement targeted interventions that improve outcomes for Georgia's children and families."

Where was the 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 or 8 years old and living in DeKalb, Fulton, or Gwinnett counties in Georgia in 2022.

8-year-old children in tracking area:* 35,213

- 43% Black
- 25% White
- 18% Hispanic
- 9% Asian or Pacific Islander
- 4% Multiracial
- <1% American Indian or Alaska Native

4-year-old children in tracking area:* 33,592

- 42% Black
- 25% White
- 19% Hispanic
- 10% Asian or Pacific Islander
- 4% Multiracial
- <1% American Indian or Alaska Native

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

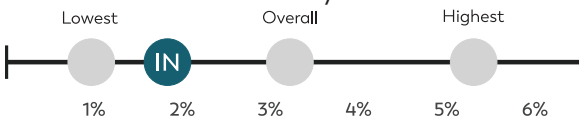
A Snapshot of Autism Spectrum Disorder in

Indiana

Findings from the Indiana Autism and Developmental Disabilities Monitoring (IN-ADDM) program help us to understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.

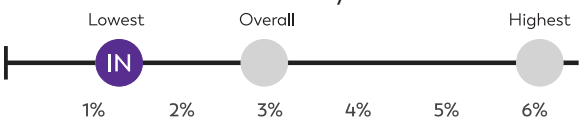
SITE TRACKING AREA

About **1 in 55** or **1.8%** of **8-year-old** children were identified with autism by IN-ADDM in 2022.



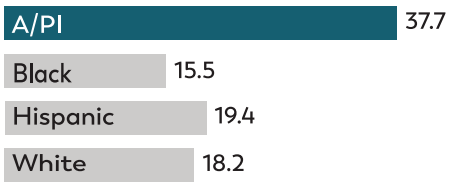
The percentage, in teal, is lower than the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

About **1 in 78** or **1.3%** of **4-year-old** children were identified with autism by IN-ADDM in 2022.



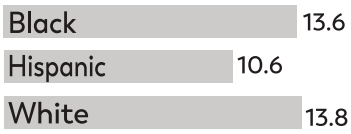
The percentage, in purple, is lower than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

Among **8-year-olds**, Asian or Pacific Islander (A/PI) children were **more likely** than Black, Hispanic, or White children to be identified with autism.



There were no other significant differences in identification between races or ethnicities. Values indicate prevalence per 1000.

Among **4-year-olds**, there were no significant differences in identification between any racial/ethnic groups identified with autism compared with White children.



Values indicate prevalence per 1000.

Among **8-year-olds**, boys were **3.2 times** as likely as girls to be identified with autism.

Among **4-year-olds**, boys were **2.3 times** as likely as girls to be identified with autism.

Resources

What we know

- In 2022, autism prevalence was higher among 8-year-old children than 4-year-old children in IN-ADDM.
- A/PI children were more likely to be identified with autism than White, Black, or Hispanic children among 8-year-olds in IN-ADDM.
- Autism is more prevalent among boys than girls in IN-ADDM, which is consistent with other sites within the ADDM network.

Why are these findings important?

These findings are important to help the community in Indiana identify and address potential barriers to early identification and intervention across sex and racial/ethnic groups.

Why is partnership with IN ADDM important?

IN-ADDM has the ability to access and link multiple data sources across the state, including health and education records. Partnership with IN-ADDM is important to allow comprehensive review of data on children with autism and disseminate information to the community.

CONSTANCE V. YOUNG, MA ECE
First Steps Director of Trainingand Outreach
Bureau of Child Development Services
FSSA/Indiana Division of Disability and Rehabilitative Services

"As the director of training and outreach for the Bureau of Child Development Service (DCS)/First Steps Early Intervention program, I have had the privilege to collaborate with the ADDM Network at the Indiana Department of Health. Together with our Indiana Learn the Signs Act Early Ambassador, we have been able to share the ADDM program across the state through presentations and collaboration with our First Steps Local Planning and Coordinating Councils (LPCC). LPCCs are in nine regional system point of entry offices and bring together local community early childhood partners including parents, DCS, Head Start, Department of Education, hospitals, childcare, and institutions of higher education. First Steps has also invited ADDM project to be involved in our annual early intervention conference which attracts over 800 service coordinators, providers, and early childhood partners. We are pleased to have the ADDM Network present in Indiana and look forward to our continued partnership."

Where was the information collected?

Information for IN-ADDM is based on the analysis of administrative data collected from the health and special education records of children who were 4 or 8 years old and living in part of one county in the Indianapolis metropolitan area in Indiana in 2022.

8-year-old children in tracking area:* 13,155

- 36% White
- 34% Black
- 18% Hispanic
- 6% Asian or Pacific Islander
- 6% Multiracial
- <1% American Indian or Alaska Native

4-year-old children in tracking area:* 13,346

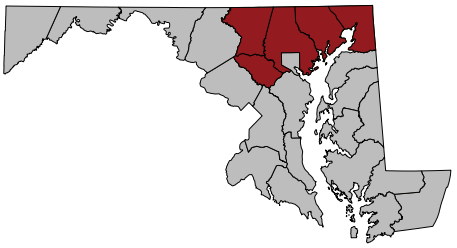
- 36% White
- 34% Black
- 18% Hispanic
- 7% Multiracial
- 6% Asian or Pacific Islander
- <1% American Indian or Alaska Native

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

A Snapshot of Autism Spectrum Disorder in

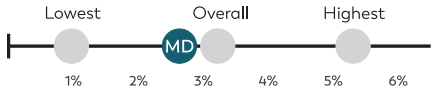
Maryland

Findings from the Maryland Autism and Developmental Disabilities Monitoring Network (MD-ADDM) help us to understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.



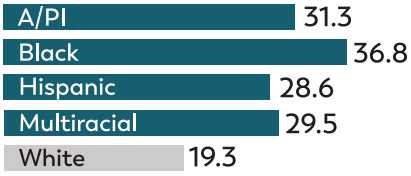
SITE TRACKING AREA

About **1 in 38** or **2.6%** of **8-year-old** children were identified with autism by MD-ADDM in 2022.



The percentage, in teal, is lower than the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

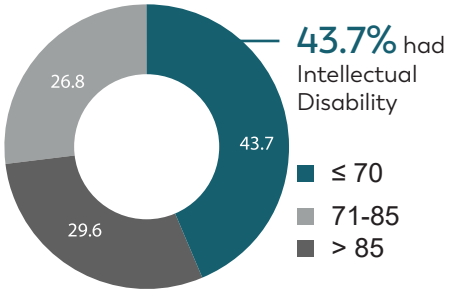
Among **8-year-olds**, Asian or Pacific Islander (A/PI), Black, Hispanic, and Multiracial children were **more likely** than White children to be identified with autism.



Values indicate prevalence per 1000.

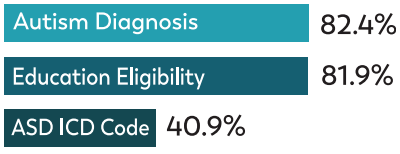
Of **8-year-old** children with autism, **61.7%** had a comprehensive developmental evaluation by 3 years of age.

Intelligence quotient (IQ) data were available for **76.3%** of **8-year-old** children identified with autism in MD-ADDM. Of these children, **43.7% had an intellectual disability**.

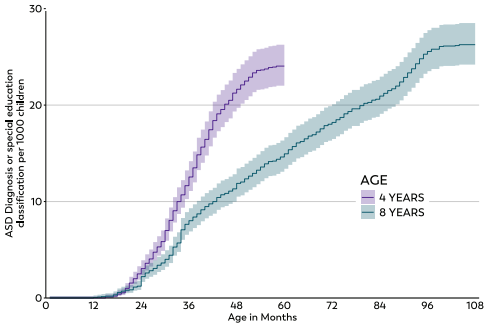


Intellectual disability is defined as an IQ score equal to or less than 70.

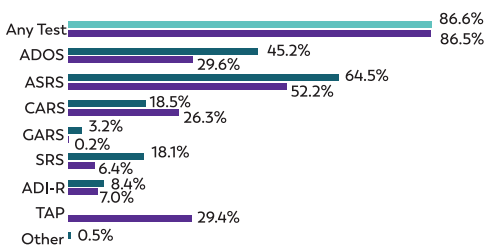
Overall, **82.4%** of **8-year-olds** who met the ADDM case definition had an autism diagnostic statement from a health or education record; **81.9%** had an autism special education eligibility; and **40.9%** had an autism International Classification of Disease (ICD) code.



Children born in 2018 were **more likely** to receive an autism diagnosis or autism special education classification by 48 months of age (2.2%) compared with **children born in 2014** (1.2%).



In MD-ADDM, **86.6%** of **8-year-old** and **86.5%** of **4-year-old** children with autism had a documented autism test in their records, with the most common test being the **Autism Spectrum Rating Scales (ASRS)**.



Resources

What we know

- Black, A/PI, Hispanic, and Multiracial children were more likely to be identified as having autism than White children.
- In MD-ADDM, children born in 2018 were more likely to be identified with autism by age 48 months than children born in 2014, suggesting earlier identification over time.
- For the first time, we report on the use of specific autism tests, which is relevant to community practitioners, and showed that among children in MD-ADDM evaluations commonly include autism tests.

ANNE PRADELLA INGE, PhD

Clinical Director
Center for Autism Spectrum Disorders
Children's National Hospital

"Children's National Hospital is so proud to work with MD-ADDM, which provides essential community-level data, allowing for real-world insights that shape our understanding of autism trends. These data allow sites like us to plan and advocate for the diverse needs of our autism communities, taking care to recognize the needs of all autistic individuals. They also empower us to promote more person-centered care and lead community efforts in autism acceptance and resource advocacy."

Why are these findings important?

- Autism affects children across race, ethnicity, sex, and income groups.
- Increases in autism prevalence mean an increased need for education, health, and community supports to help those with autism to thrive.

Why is partnership with MD-ADDM important?

Partnership provides:

- Community organizations with current information about autism for local service and program development.
- Important input to MD-ADDM on the pressing questions from community members about autism.
- Better data to answer questions about autism in Maryland to address community needs.

Where was the information collected?

MD-ADDM 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 or 8 years old and living in five counties in the Baltimore area in Maryland in 2022.

8-year-old children in tracking area:* 21,206

- 50% White
- 25% Black
- 10% Hispanic
- 9% Asian or Pacific Islander
- 6% Multiracial
- <1% American Indian or Alaska Native

4-year-old children in tracking area:* 20,005

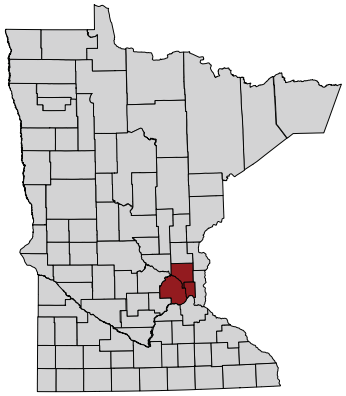
- 49% White
- 25% Black
- 11% Hispanic
- 9% Asian or Pacific Islander
- 6% Multiracial
- <1% American Indian or Alaska Native

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

A Snapshot of Autism Spectrum Disorder in

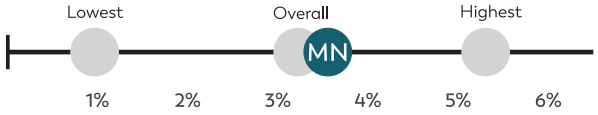
Minnesota

Findings from the Minnesota Autism and Developmental Disabilities Monitoring Network (MN-ADDM) help us to understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.



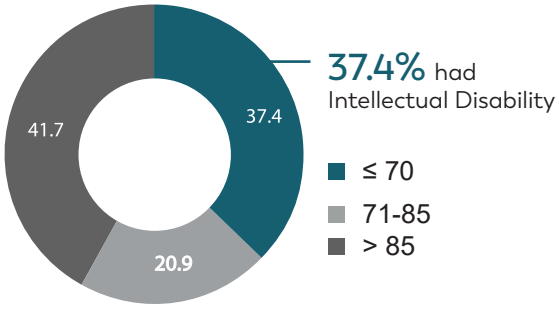
SITE TRACKING AREA

About **1 in 28** or **3.6%** of **8-year-old** children were identified with autism by MN-ADDM in 2022.



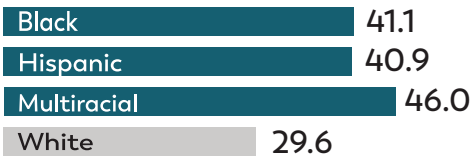
The percentage, in teal, is about the same as the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

Intelligence quotient (IQ) data were available for **71%** of **8-year-old** children identified with autism in MN-ADDM. Of these children, **37.4% had intellectual disability.**



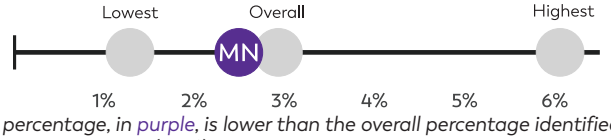
Intellectual disability is defined as an IQ score equal to or less than 70.

Among **8-year-olds**, Black, Hispanic, and Multiracial children were **more likely** than White children to be identified with autism.



There were no significant differences in identification between other races or ethnicities. Values indicate prevalence per 1000.

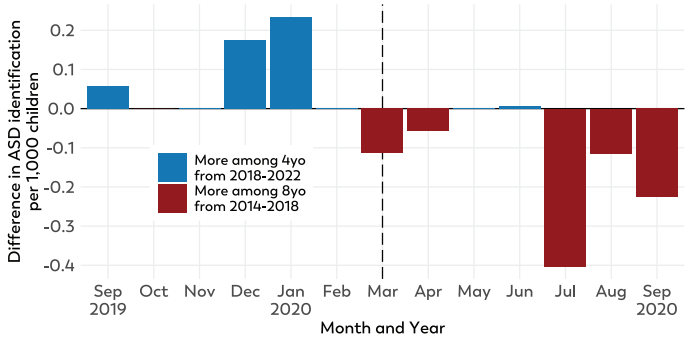
About **1 in 40** or **2.5%** of **4-year-old** children were identified with autism by MN-ADDM in 2022.



The percentage, in purple, is lower than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

Half of **8-year-old** children with autism were diagnosed by a community provider by **53 months** of age.

Sustained disruption to early identification due to the COVID-19 pandemic is apparent in data from MN-ADDM.



Among **8-year-olds**, boys were **3.1** times **as likely** as girls to be identified with autism.

What we know

- Among 8-year-olds, the autism prevalence in MN-ADDM was similar to the overall prevalence across all sites in the ADDM network.
- Boys are identified with autism more often than girls in MN-ADDM, and higher autism prevalences were found in Black, Hispanic, and Multiracial children compared with White children.
- Autism is typically diagnosed later than possible (could be as early as 1 year) in children in MN-ADDM, with 50% of children diagnosed after age 4 years, 5 months.

Why are these findings important?

MN-ADDM's findings can be used to:

- Inform policies and practices that promote early identification of autism.
- Understand service needs and provide training to service providers and families.
- Guide future research including culturally responsive identification and supports.

Why is partnership with MN-ADDM important?

Partnership provides:

- Access to community autism data for program development and workforce needs.
- Ability to monitor trends to track progress in early and equitable autism identification.
- Understanding of community needs to design future services and supports.

Where was the information collected?

MN-ADDM 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 or 8 years old and living in part of three counties in the Twin Cities metropolitan area in Minnesota in 2022.

8-year-old children in tracking area:* 17,331

- 43% White
- 25% Black
- 14% Asian or Pacific Islander
- 11% Hispanic
- 7% Multiracial
- 1% American Indian or Alaska Native

4-year-old children in tracking area:* 17,069

- 45% White
- 23% Black
- 13% Asian or Pacific Islander
- 11% Hispanic
- 7% Multiracial
- 1% American Indian or Alaska Native

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

Resources

ELLIE WILSON
Executive Director
Autism Society of Minnesota

"At the Autism Society of Minnesota, we use CDC numbers regularly. Every training, every grant application, every media interview, they all begin from a shared understanding of who is affected by autism. These accessible data sets are the beginning of every important conversation we have with community stakeholders. Furthermore, communities that are identified with high prevalence are also those who require our targeted advocacy and collaboration. We are grateful to have access to this Minnesota data—and to the highly qualified advocates who collect and share it."

MAHDI WARSAMA, CEO
Somali Parents Autism Network (SPAN)

"The ADDM autism prevalence data is the 'crown jewel' of autism prevalence data collection. We use it for our autism acceptance awareness campaign. It is the only data the Somali community in Minnesota relies on for up-to-date autism prevalence surveillance."

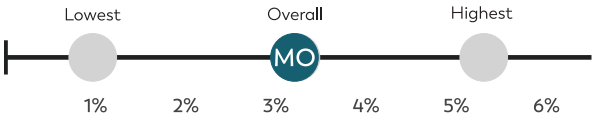
A Snapshot of Autism Spectrum Disorder in

Missouri

Findings from the Missouri Autism and Developmental Disabilities Monitoring (MO-ADDM) program help us to understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.

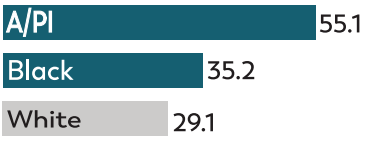
SITE TRACKING AREA

About **1 in 31** or **3.2%** of **8-year-old** children were identified with autism by MO-ADDM in 2022.



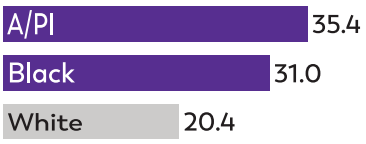
The percentage, in teal, is the same as the overall percentage identified with autism, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

Among **8-year-olds**, Asian or Pacific Islander (A/PI) and Black children were **more likely** than White children to be identified with autism.



There were no other significant differences in identification between races or ethnicities. Values indicate prevalence per 1000.

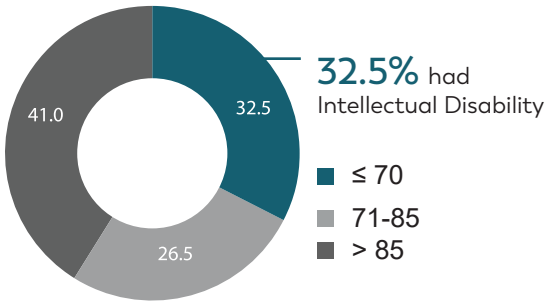
Among **4-year-olds**, A/PI and Black children were more likely than White children to be identified with autism.



There were no other significant differences inbidentification between races or ethnicities. Values indicate prevalence per 1000.

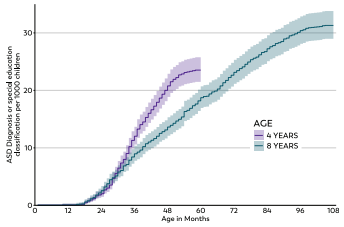
Half of **8-year-old** children with autism were diagnosed by a community provider by **46 months** of age.

Intelligence quotient (IQ) data were available for **64.8%** of **8-year-old** children identified with autism in MO-ADDM. Of these children, **32.5% had intellectual disability**.

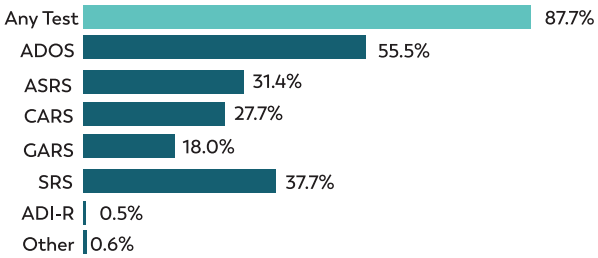


Intellectual disability is defined as an IQ score equal to or less than 70.

Children born in 2018 were **more likely** to receive an autism diagnosis or autism special education classification by 48 months of age (2.1%) compared with **children born in 2014** (1.4%).



In MO-ADDM, **87.7%** of **8-year-old** children with autism had a documented autism test in their records, with the most common test being the **Autism Diagnostic Observation Schedule (ADOS)**.



Resources

What we know

- MO-ADDM prevalence continues to increase and for the second surveillance year in a row autism prevalence among all other racial/ethnic groups is higher than or similar to prevalence among White children.
- The age by which half of MO-ADDM 8-year-old children were diagnosed with autism in 2022 (46 months) was 5.5 months lower than in 2020 (51.5 months).
- Clinicians in the MO-ADDM surveillance area are utilizing a variety of autism-specific diagnostic tests.

Why are these findings important?

These findings provide evidence of the changing demographics and earlier average age of identification of children with autism in the MO-ADDM surveillance area. This suggests that more children are becoming eligible for autism-related services at younger ages. As a result, there is potential increased need for autism related services as well as the opportunity to improve outcomes for children and their families.

How can partners use these data?

Partners can use these data to:

- Promote early and complete identification and service initiation.
- Plan for autism service and training needs.
- Implement policies designed to improve health and education outcomes for individuals with autism and their families.
- Generate questions for future research.

Why is partnership with MO ADDM important?

Children with autism are identified by and receive services from a variety of health and educational providers. Partnerships with these providers are critical to MO-ADDM generating complete and accurate prevalence data that we can then provide back to the communities we serve.

CY B. NADLER, PhD

Josh Barnds & Stella Carlson Endowed Professor for Autism;
Section Chief, Autism Psychology

Professor of Pediatrics
University of Missouri-Kansas City School of Medicine

"In addition to tracking prevalence trends, this cycle's ADDM update offers critical insights into current community diagnostic practices in the wake of the pandemic. The variability in the tools used to diagnose autism underscores the importance of ongoing work to advance best practices, health equity, as well as insurance parity for autism services."

Where was the information collected?

MO-ADDM 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 or 8 years old and living in three counties in the St. Louis metropolitan area.

8-year-old children in tracking area:* 19,968

- 58% White
- 28% Black
- 5% Hispanic
- 5% Multiracial
- 4% Asian or Pacific Islander
- <1% American Indian or Alaska Native

4-year-old children in tracking area:* 19,298

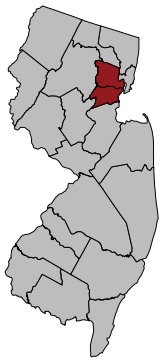
- 56% White
- 29% Black
- 6% Hispanic
- 5% Multiracial
- 5% Asian or Pacific Islander
- <1% American Indian or Alaska Native

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

A Snapshot of Autism Spectrum Disorder in

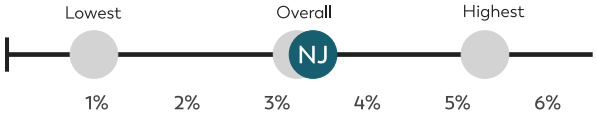
New Jersey

Findings from the New Jersey Autism Study (NJAS) help us to understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.



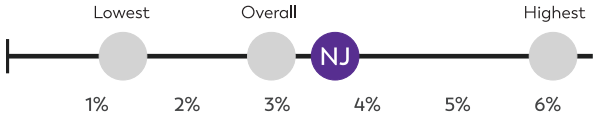
SITE TRACKING AREA

About **1 in 29** or **3.4%** of **8-year-old** children were identified with autism by NJAS in 2022.



The percentage, in teal, is higher than the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

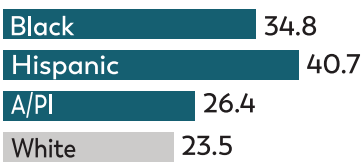
About **1 in 27** or **3.6%** of **4-year-old** children were identified with autism by NJAS in 2022.



The percentage, in purple, is higher than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

Among **8-year-olds**, boys were **3.7** times **as likely** as girls to be identified with autism.

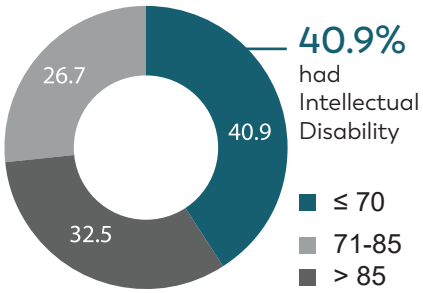
Among **8-year-olds**, Hispanic children were **more likely** than White and Asian or Pacific Islander (A/PI) children to be identified with autism. Black children were **more likely** than White children to be identified with autism.



There were no other significant differences in identification between races or ethnicities. Values indicate prevalence per 1000.

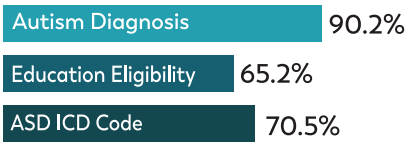
Of **8-year-old** children with autism, **52.4%** had a comprehensive developmental evaluation by 3 years of age.

Intelligence quotient (IQ) data were available for **55.4%** of **8-year-old** children identified with autism in NJAS. Of these children, **40.9% had intellectual disability.**



Intellectual disability is defined as an IQ score equal to or less than 70.

Overall, **90.2%** of **8-year-olds** who met the ADDM case definition had an autism diagnostic statement from a health or education record; **65.2%** had autism special education eligibility; and **70.5%** had an autism International Classification of Disease (ICD) code.



Resources

What we know

- The ADDM Network 2022 autism prevalence estimate was higher than the 2020 estimate for both 4-year-olds and 8-year-olds. In NJAS, 4-year-old prevalence surpassed 8-year-old prevalence for the first time.
- Nationally, ADDM 2022 autism prevalence estimates for 8-year-olds ranged from 1.0% [Texas (Laredo) site] to 5.3% (California site); NJAS had the fifth highest estimate (3.4%). Autism prevalence estimates for 4-year-olds ranged from 1.3% (Indiana site) to 6.1% (California site) in 2022; NJAS had the fourth highest estimate (3.6%). This variation underscores the differences in autism identification across the ADDM Network.
- Among 8-year-olds in NJAS, autism prevalence was higher for Black and Hispanic children compared with White children and Hispanic children compared with A/PI children .

DEEPA SRINIVASAVARADAN
CDC's "*Learn the Signs. Act Early.*" Ambassador to NJ,
Statewide Parents Advocacy Network (SPAN)
Parent Advocacy Network

"The CDC's ADDM Network and the NJ Autism Study data provide crucial insights into the impact of autism on children, families, and communities. These findings serve as a foundation for fostering collaborative partnerships and guiding efforts in three key areas for improving outcomes and creating comprehensive support systems for individuals with autism and their families: a) Family-Engaged Developmental Monitoring, b) the early identification of autism and other developmental disabilities, c) the transition of youth and young adults into adult care systems."

Why are these findings important?

These data can be used to:

- Promote early identification of autism including the importance of developmental screening and timely evaluations.
- Highlight disparities in autism identification across sex and racial/ethnic groups to inform equitable resource allocation.
- Plan for autism services and training to ensure adequate support for families and individuals with autism.
- Provide estimates for further research efforts to better understand risk factors and improve intervention strategies.

Why is partnership with NJAS important?

Partnership provides:

- Current data on autism prevalence and trends to inform statewide service planning and policy development.
- Valuable insights into disparities to guide local initiatives and promote equity in diagnostic and support services.
- Support for early intervention programs by identifying populations with unmet needs.
- Opportunities to enhance community outreach and awareness efforts across the state.

Where was the information collected?

NJAS 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 or 8 years old and living in two counties in the New York metropolitan area in New Jersey in 2022.

8-year-old children in tracking area:* 18,334

- 35% Hispanic
- 29% Black
- 26% White
- 7% Asian or Pacific Islander
- 3% Multiracial
- <1% American Indian or Alaska Native

4-year-old children in tracking area:* 18,260

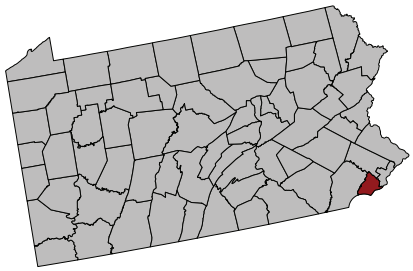
- 36% Hispanic
- 29% Black
- 26% White
- 6% Asian or Pacific Islander
- 3% Multiracial
- <1% American Indian or Alaska Native

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

A Snapshot of Autism Spectrum Disorder in

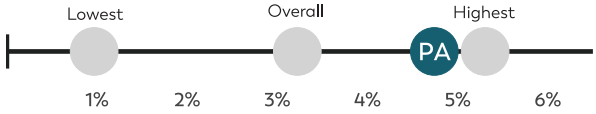
Pennsylvania

Findings from the Pennsylvania Autism Surveillance Project (PASP) help us to understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.



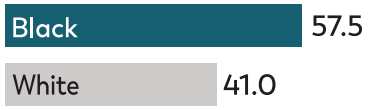
SITE TRACKING AREA

About **1 in 21** or **4.7%** of **8-year-old** children were identified with autism by PASP in 2022.



The percentage, in teal, is higher than the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

Among **8-year-olds**, Black children were **more likely** than White children to be identified with autism.

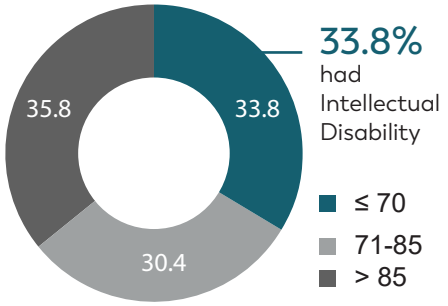


There were no significant differences in identification between other races or ethnicities.
Values indicate prevalence per 1000.

Half of **8-year-old** children with autism were diagnosed by a community provider by **39 months** of age.

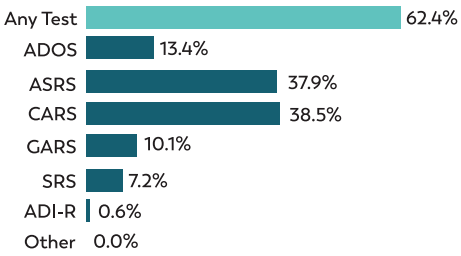
Among **8-year-olds**, boys were **3.4** times **as likely** as girls to be identified with autism.

Intelligence quotient (IQ) data were available for **60.9%** of **8-year-old** children identified with autism in PASP. Of these children, **33.8% had intellectual disability**.

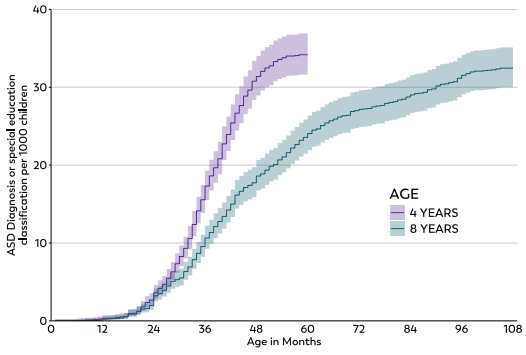


Intellectual disability is defined as an IQ score equal to or less than 70.

In PSAP **62.4%** of **8-year-old** children with autism had a documented autism test in their records, with the most common tests being the **Autism Spectrum Rating Scale (ASRS)** and the **Childhood Autism Rating Scale (CARS)**.



Children born in 2018 were **more likely** to receive an autism diagnosis or autism special education classification by 48 months of age (2.9%) compared with **children born in 2014** (1.9%).



Resources

What we know

- Children born in 2018 were more likely to receive an autism diagnosis or special education classification by 48 months than children born in 2014.
- Among children with intelligence quotient (IQ) data available, 33.8% had intellectual disability.

DR. CARRIE ROWE
Deputy Director of Elementary and Secondary Education in PA

"The insights gained from ADDM's data empower educators, policymakers, and community leaders to make informed decisions about funding and program development. Pennsylvania is committed to leveraging this data to enhance the quality of education, improve outcomes, and foster inclusive learning environments. This will not only address current needs but also help us plan for the future, ensuring that all children with autism receive the support they need to thrive in school and beyond."

Why are these findings important?

PASP data can be used to:

- Support timely, early identification of autism and other developmental delays.
- Inform activities aimed at identifying and supporting children with autism and other developmental delays.
- Inform Pennsylvania healthcare and education systems to enhance policies for promoting improved outcomes for individuals with autism.

Why is partnership with PASP important?

Partnership provides:

- A better understanding of the needs of children with autism and related conditions in Pennsylvania and the impact of these diagnoses on children, families, and communities.
- A comprehensive awareness of health and service needs of children with autism.
- An evaluation of characteristics of children with autism and changes over time.

Where was the information collected?

PASP 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 or 8 years old and living in one county in suburban Philadelphia in Pennsylvania in 2022.

8-year-old children in tracking area:* 7,066

- 53% White
- 27% Black
- 8% Asian or Pacific Islander
- 7% Hispanic
- 5% Multiracial
- <1% American Indian or Alaska Native

4-year-old children in tracking area:* 6,653

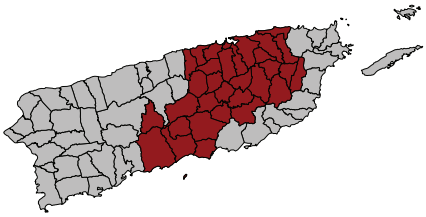
- 51% White
- 28% Black
- 9% Hispanic
- 7% Asian or Pacific Islander
- 5% Multiracial
- <1% American Indian or Alaska Native

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

A Snapshot of Autism Spectrum Disorder in

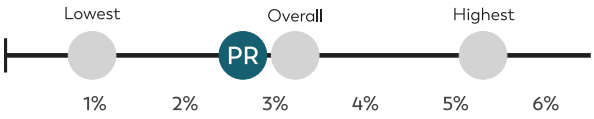
Puerto Rico

Findings from the Puerto Rico Autism and Developmental Disabilities Monitoring Network (PR-ADDM) help us to understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.



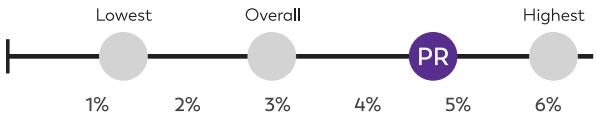
SITE TRACKING AREA

About **1 in 38** or **2.6%** of **8-year-old** children were identified with autism by PR-ADDM in 2022.



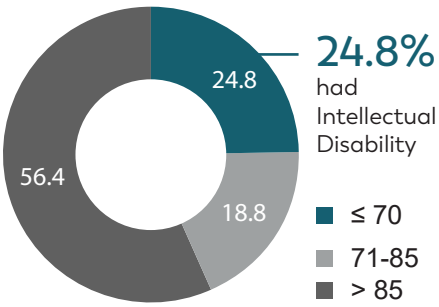
The percentage, in teal, is lower than the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

About **1 in 21** or **4.7%** of **4-year-old** children were identified with autism by PR-ADDM in 2022.



The percentage, in purple, is higher than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

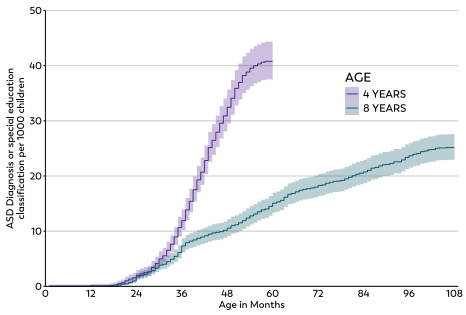
Intelligence quotient (IQ) data were available for **68.1%** of **8-year-old** children identified with autism in PR-ADDM. Of these children, **24.8% had intellectual disability**.



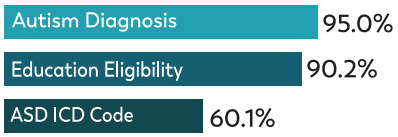
24.8% had Intellectual Disability

Intellectual disability is defined as an IQ score equal to or less than 70.

Children born in 2018 were **3 times as likely** to receive an autism diagnosis or autism special education classification by 48 months of age (3.3%) compared with **children born in 2014** (1.1%).



Overall, **95.0%** of **8-year-olds** who met the ADDM case definition had an autism diagnostic statement from a health or education record; **90.2%** had autism special education eligibility; and **60.1%** had an autism International Classification of Disease (ICD) code.



Among **8-year-olds**, boys were **3.2** times **as likely** as girls to be identified with autism.

Among **4-year-olds,** boys were **3.4** times as likely as girls to be identified with autism.

What we know

- Higher autism prevalence and more identifications and evaluations in the 4-year cohort indicates significant improvement in early identification of autism. The percentage of 4-year-old children identified with autism in PR-ADDM is higher than the overall ADDM network and the other network sites except for California.
- The prevalence of co-occurring intellectual disability in 8-year-old children in PR-ADDM who had data on cognitive ability was lower than the overall ADDM network percentage and the other network sites. Over half of the 8-year-old children were classified in the average or higher range. Only a quarter were classified as having intellectual disability.
- The percentage of boys identified with autism is higher than the percentage of girls in PR-ADDM. It is lower than the overall ADDM network percentage for 8-year-olds but higher for the 4-year-old children.
- Most 8-year-old children had an autism diagnostic statement from a health or education record.

Why are these findings important?

Advancement in early identification and diagnosis of autism plays a crucial role in providing timely intervention and support, significantly improving the long-term outcomes for affected children and their families.

These data can be used to:

- Raise awareness of current autism prevalence.
- Promote autism early identification and diagnosis.
- Identify differences and patterns among children who are diagnosed with autism.
- Inform public policy and resource allocation to support children with autism and their families.

Why is partnership with PR-ADDM important?

Partnership fosters a network of information-sharing and cooperation, integrating diverse datasets while ensuring compliance with privacy laws, to fulfill the potential of data to improve the lives of individuals with autism and their families.

Resources

GREDIA HUERTA-MONTAÑEZ, MD, FAAP

Puerto Rico American Academy of Pediatrics Chapter (PR-AAP)

"These data are essential to define the autism burden [in Puerto Rico] and determine the needs of our population to better help children reach their optimal development and fulfill their potential. This effort sets the stage for wide-ranging action to benefit hundreds of children in Puerto Rico and their families. In addition ... it will help advance existing research directed to improving developmental outcomes among children with autism and fostering new investigations."

Where was the information collected?

PR-ADDM 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 or 8 years old and living in 32 municipalities in north, east, south, and central regions of Puerto Rico in 2022.

8-year-old children in tracking area: 17,457

- 100% Hispanic

4-year-old children in tracking area: 12,849

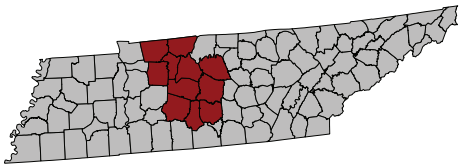
- 100% Hispanic

The US Census Population Estimates Program does not include race and Hispanic origin detail for Puerto Rico at the municipality level. This census methodology assumes that all Puerto Rico residents are Hispanic.

A Snapshot of Autism Spectrum Disorder in

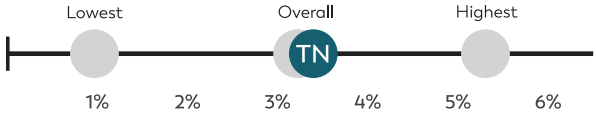
Tennessee

Findings from the Tennessee Autism and Developmental Disabilities Monitoring Network (TN-ADDM) help us to understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.



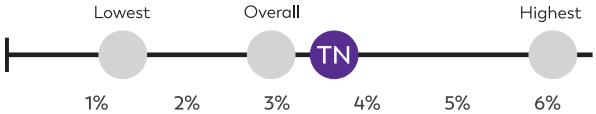
SITE TRACKING AREA

About **1 in 29** or **3.4%** of **8-year-old** children were identified with autism by TN-ADDM in 2022.



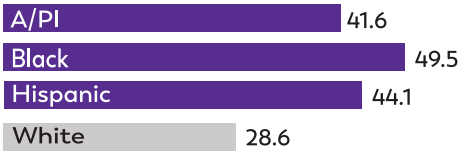
The percentage, in teal, is the higher than the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

About **1 in 28** or **3.6%** of **4-year-old** children were identified with autism by TN-ADDM in 2022.



The percentage, in purple, is higher than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

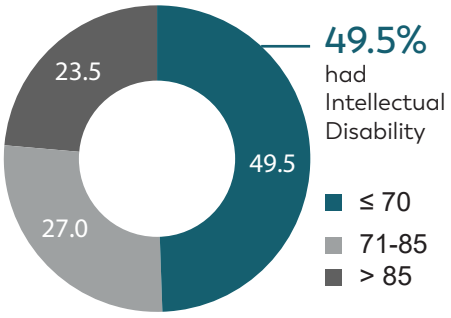
Compared with White children, children in all other racial/ethnic groups, except Multiracial, were **more likely** to be identified with autism at age **4 years**.



There were no other significant differences in identification between races or ethnicities. Values indicate prevalence per 1000.

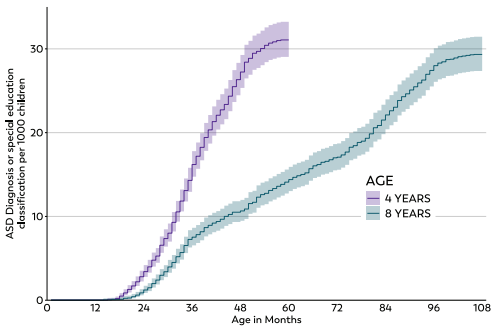
Overall, **61.9%** of **8-year-olds** who met the ADDM case definition had an autism diagnostic statement from a health or education record; **56.7%** had autism special education eligibility; and **78.5%** had an autism International Classification of Disease (ICD) code.

Intelligence quotient (IQ) data were available for **61.8%** of **8-year-old** children identified with autism in TN-ADDM. Of these children, **49.5% had intellectual disability**.



Intellectual disability is defined as an IQ score equal to or less than 70.

Children born in 2018 were **more than twice as likely** to receive an autism diagnosis or autism special education classification by 48 months of age (2.7%) compared with **children born in 2014** (1.1%).



Of 8-year-old children with autism, **42.4%** had a comprehensive developmental evaluation by 3 years of age.

Resources

What we know

- There are many children living with autism who need services and support. The estimated number of 8-year-old children identified with autism in the area covered by TN-ADDM increased from 2.8% (1 in 36) in 2020 to 3.4% (1 in 29) in 2022.
- Although an increasing number of young children with autism are being identified by 4-years of age, many children are still not receiving comprehensive evaluations at young ages (42% of 8-year-olds received a comprehensive evaluation before 3 years of age).
- In TN-ADDM, more Asian or Pacific Islander, Black, and Hispanic children who were age 4 were identified with autism compared with White children.

Why are these findings important?

TN-ADDM's findings can be used to:

- Inform policies that promote earlier identification of autism.
- Plan for autism services and capacity building across the lifespan.
- Increase awareness of autism among under-served families.

Why is partnership with TN-ADDM important?

Partnership with state, educational, and medical agencies and service organizations affords the opportunity to better understand the support needs of individuals and systems of care of those dedicated to serving children with autism.

A. PABLO JUÁREZ, M.Ed., LBA, BCBA

Co-Director of TRIAD - the Autism Institute at Vanderbilt Kennedy Center (VKC)

Co-Director, VKC University Center for Excellence in Developmental Disabilities (VKC UCEDD)

Board Member, AUCD

Board Member, The Arc of the United States

"The data we get from TN-ADDM directly aligns with our goals in terms of building capacity for meaningful support for autistic individuals across the lifespan. It helps us understand not only the prevalence of autism nationally, but what we need to do in Tennessee to better equip those working to understand and serve autistic individuals."

Where was the information collected?

TN-ADDM 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 or 8 years old and living in 11 counties in middle Tennessee in 2022.

8-year-old children in tracking area:* 26,182

- 60% White
- 17% Black
- 14% Hispanic
- 5% Multiracial
- 3% Asian or Pacific Islander
- <1% American Indian or Alaska Native

4-year-old children in tracking area:* 26,363

- 58% White
- 17% Black
- 15% Hispanic
- 6% Multiracial
- 4% Asian or Pacific Islander
- <1% American Indian or Alaska Native

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

A Snapshot of Autism Spectrum Disorder in

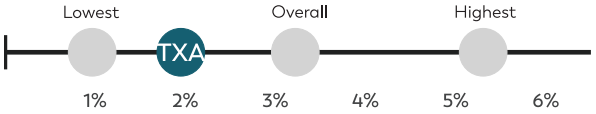
Texas (Austin)

Findings from the University of Texas at Austin Autism and Developmental Disabilities Monitoring (TXA-ADDM) program help us understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.

SITE TRACKING AREA

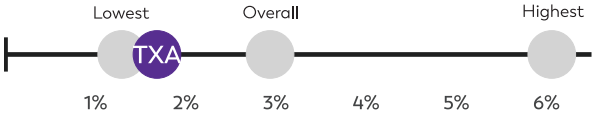
Note: There are two ADDM sites in Texas. In this community report, they are called by the name of where the staff are located (Austin and Laredo). The Austin site did not include the city of Austin for 2022.

About **1 in 51** or **2.0%** of **8-year-old** children were identified with autism by TXA-ADDM in 2022.



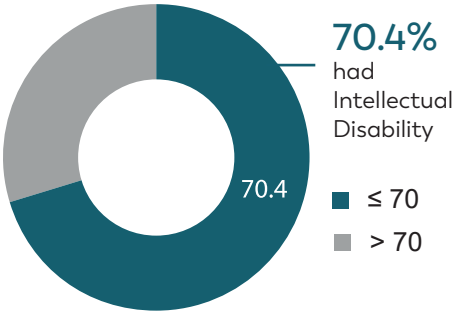
The percentage, in teal, is lower than the overall percentage identified with autism, in gray, (3.2 %) in all communities where CDC tracked autism among 8-year-olds in 2022.

About **1 in 60** or **1.7%** of **4-year-old** children were identified by TXA-ADDM with autism in 2022.



The percentage, in purple, is lower than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

Intelligence quotient (IQ) data were available for **63.5%** of **8-year-old** children identified with autism in TXA-ADDM. Of these children, **70.4% had intellectual disability**.

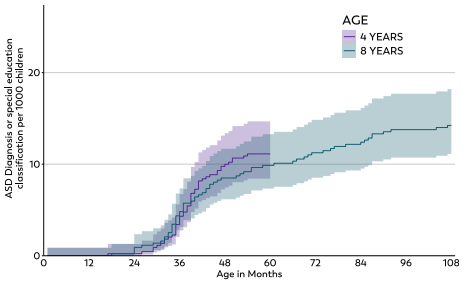


Intellectual disability is defined as an IQ score equal to or less than 70.

Half of **8-year-old** children with autism were diagnosed by a community provider by **42 months** of age.

Among **8-year-olds**, boys were **3.0** times **as likely** as girls to be identified with autism.

Identification of autism by 48 months was similar between **children born in 2014** (0.9%) and **in 2018** (1.0%) in TXA-ADDM.



Among **4-year-olds**, boys were **2.0** times **as likely** as girls to be identified with autism.

Resources

What we know

- The percentages of children identified with autism is lower in TXA-ADDM compared with other sites where CDC tracks autism for 4-year-old and 8-year-old children.
- Half of the 8-year-old children with autism in TXA-ADDM received their first diagnosis by 42 months, earlier than most other sites.
- Among both 4- and 8-year-old children, boys were more likely to be identified with autism than girls. TXA-ADDM had the lowest male to female ratio in the ADDM Network.

Why are these findings important?

These data can be used to:

- Promote early identification of autism in education and healthcare settings.
- Inform policies to improve the lives of individuals with autism.
- Plan for autism services.
- Guide future autism research to improve early identification and outcomes for individuals with autism.

Why is partnership with TXA-ADDM important?

Partnership provides:

- Information on current autism prevalence to plan for local therapy and program development.
- Tailored professional development opportunities and workshops for community providers and families.
- Opportunities to participate in statewide collaborative efforts to support individuals with autism and their families in Texas.

YOUNG SHIN KIM, MD, MPH, MS, PhD

Blake Family Endowed Professor in Psychiatry and Behavioral Sciences

Associate Chair, Child and Adolescent Psychiatry
University of Texas Dell Medical School

Director, Child and Adolescent Psychiatry
Executive Director, Texas Child Mental Health Clinical Program

Dell Children's Medical Center

"Texas's rapidly growing and diverse population makes accurate, community-level autism data more essential than ever. Through the ADDM Network, we gain a clearer picture of how autism affects families across our state—from rural communities to large metropolitan areas—enabling us to tailor services and resources more effectively. These data empower us to collaborate with policymakers, educators, and healthcare providers to ensure every child with autism in Texas receives the support they need, when they need it, improving outcomes statewide."

Where was the information collected?

TXA-ADDM 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 or 8 years old and living in part of one county in south central Texas in 2022.

8-year-old children in tracking area:* 4,356

- 75% Hispanic
- 15% White
- 6% Black
- 3% Multiracial
- 1% Asian or Pacific Islander
- <1% American Indian or Alaska Native

4-year-old children in tracking area:* 4,405

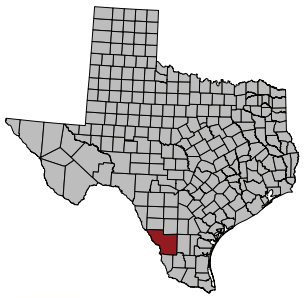
- 74% Hispanic
- 12% White
- 10% Black
- 3% Multiracial
- 1% Asian or Pacific Islander
- <1% American Indian or Alaska Native

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

A Snapshot of Autism Spectrum Disorder in

Texas (Laredo)

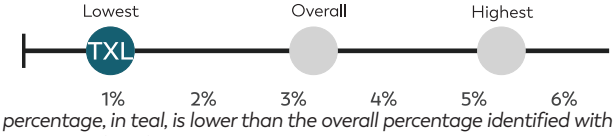
Findings from the Laredo Autism and Developmental Disabilities Monitoring (Laredo-ADDM) program help us understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.



SITE TRACKING AREA

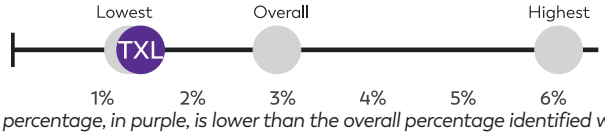
Note: There are two ADDM sites in Texas. In this community report they are called by the name of where the staff are located (Austin and Laredo). The Laredo site included the city of Laredo for 2022.

About **1 in 103** or **1.0%** of **8-year-old** children were identified with autism by Laredo-ADDM in 2022.



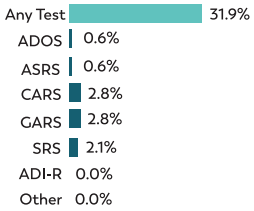
This percentage, in teal, is lower than the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

About **1 in 70** or **1.4%** of **4-year-old** children were identified with autism by Laredo-ADDM in 2022.

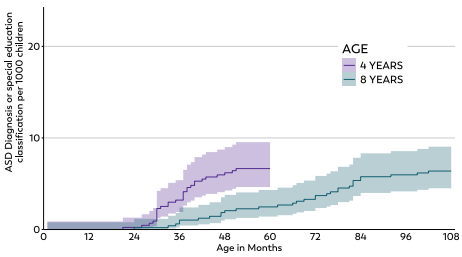


This percentage, in purple, is lower than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

In Laredo-ADDM, **31.9%** of **8-year-old** children with autism had a documented autism test in their records, with the most common tests being the **Childhood Autism Rating Scale (CARS)** and **Gilliam Autism Rating Scale (GARS)**.

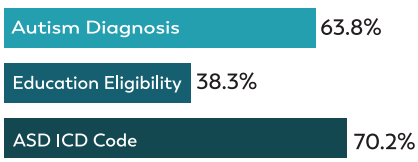


Children born in 2018 were **three times as likely** to receive an autism diagnosis or autism special education classification by 48 months of age (0.62%) compared with **children born in 2014** (0.21%).

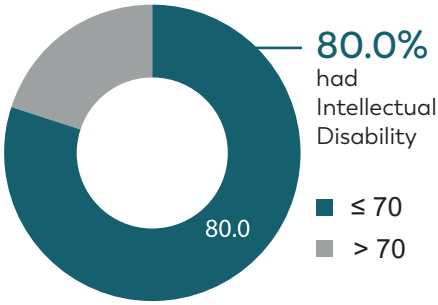


Among **8-year-olds**, boys were **5.3 times as likely** as girls to be identified with autism.

Overall, **63.8%** of **8-year-olds** who met the ADDM case definition had an autism diagnostic statement from a health or education source; **38.3%** had autism special education eligibility; and **70.2%** had an autism International Classification of Disease (ICD) code.



Intelligence quotient (IQ) data were available for **21.3%** of **8-year-old** children identified with autism in Laredo-ADDM. Of these children, **80.0% had intellectual disability**.



Intellectual disability is defined as an IQ score equal to or less than 70.

Resources

What we know

- Laredo-ADDM has the lowest prevalence of autism among all ADDM sites, which could reflect underdiagnosis in this community.
- In Laredo-ADDM, half of children with autism are diagnosed by 69.5 months of age, later than the median age of other ADDM sites. This highlights opportunities to improve early identification.
- Laredo-ADDM has a higher prevalence of autism among boys compared with girls, consistent with the other ADDM sites.

Why are these findings important?

Laredo-ADDM's findings can be used to:

- **Understand** the distribution of autism in a predominately Hispanic region.
- **Promote** early diagnosis for timely interventions to improve quality of life and developmental trajectories.
- **Recognize** needs for equitable access to services.
- **Plan** for autism services and trainings for healthcare providers, educators, and families.
- **Encourage** parents and caregivers to address concerns about their child's development by contacting their doctor.
- **Inform** current and future policies to improve education and healthcare outcomes for individuals with autism.
- **Allocate** resources more efficiently to meet the needs of individuals with autism in our community, including access to diagnostic services.
- **Understand** disparities in autism identification across racial and ethnic groups to promote better health outcomes for all populations.

Why is partnership with Laredo-ADDM important?

- Partnerships improve the quality and scope of the data, resulting in a clearer understanding of autism in the region, including identification of unmet needs.
- Working together aligns with a shared goal to improve the lives of individuals with autism.
- Partners benefit from a broad community of stakeholders, access to trainings, and resources that can inform their own programs and initiatives.

RAUL GOMEZ, JR.

Special Education Director
Laredo Independent School District

"The Autism and Developmental Disabilities Monitoring (ADDM) network plays a crucial role in shaping the future of educational services and support systems for individuals with autism and other developmental disabilities. By providing data and resources, it aids decision-making processes for educators involved in funding and staffing decisions. The network also promotes the use of best practices in service delivery and supports that can enhance the effectiveness of interventions and services for students."

Where was the information collected?

Laredo-ADDM 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 or 8 years old and living in one county in south Texas in 2022.

8-year-old children in tracking area:* 4,856

- 97% Hispanic
- 2% White
- <1% American Indian or Alaska Native
- <1% Asian or Pacific Islander
- <1% Black
- <1% Multiracial

4-year-old children in tracking area:* 4,357

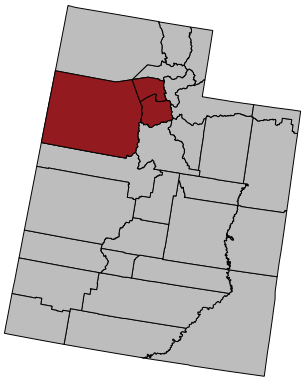
- 97% Hispanic
- 2% White
- <1% American Indian or Alaska Native
- <1% Asian or Pacific Islander
- <1% Black
- <1% Multiracial

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

A Snapshot of Autism Spectrum Disorder in

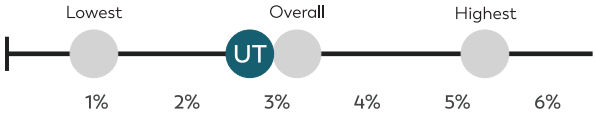
Utah

Findings from the Utah Autism and Developmental Disabilities Monitoring (UT-ADDM) project help us understand more about the number of children with autism, the characteristics of those children, and the age at which they are first evaluated and diagnosed.



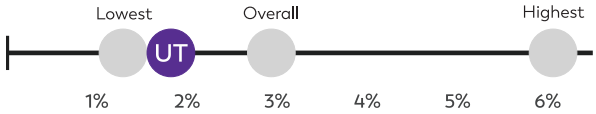
SITE TRACKING AREA

About **1 in 37 or 2.7%** of **8-year-old** children were identified with autism by UT-ADDM in 2022.



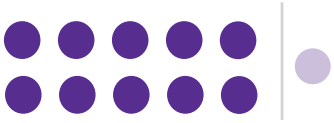
The percentage, in teal, is lower than the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

About **1 in 55 or 1.8%** of **4-year-old** children were identified with autism by UT-ADDM in 2022.

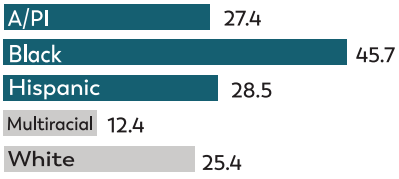


The percentage, in purple, is lower than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

Among **4-year-olds**, for every 10 children identified with autism, there was 1 child who was suspected but not confirmed to have autism.

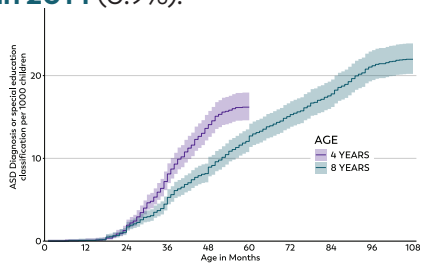


Among **8-year-olds**, Black children were **more likely** than other racial/ethnic groups to be identified with autism. Hispanic and Asian or Pacific Islander (A/PI) children were **more than twice as likely** as Multiracial children to be identified with autism.

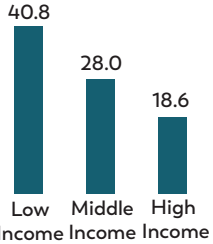


Values indicate prevalence per 1000.

Children born in 2018 were **more likely** to receive an autism diagnosis or autism special education classification by 48 months of age (1.4%) compared with **children born in 2014** (0.9%).

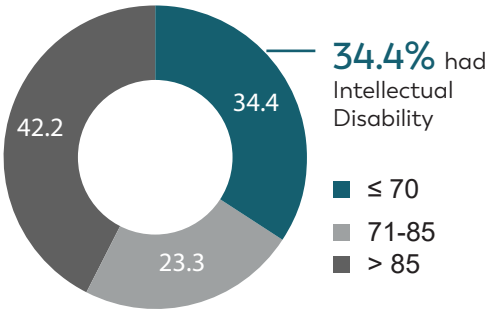


Autism prevalence was higher among **8-year-old** children living in lower-income neighborhoods compared with children living in higher income neighborhoods.



Values indicate prevalence per 1000.

Intelligence quotient (IQ) data were available for **54.7%** of **8-year-old** children identified with autism in UT-ADDM. Of these children, **34.4% had intellectual disability.**



Intellectual disability is defined as an IQ score equal to or less than 70.

Half of **8-year-old** children with autism were diagnosed by a community provider by **54 months** of age.

Resources

What we know

- Black 8-year-old children were more likely to be identified with autism than White, Hispanic, A/PI, and Multiracial children.
- The prevalence of autism among 8-year-old children in UT-ADDM did not change considerably between 2020 (2.5%) and 2022 (2.7%). However, the prevalence of autism was markedly higher in 4-year-old children in 2022 (1.8%) compared with 2020 (1.3%).
- The prevalence of suspected autism in UT-ADDM decreased from 2020 (0.9%) to 2022 (0.2%).

PAM GROVER
President Elect
Autism Council of Utah

"It is wonderful to see that this year's study has found a significant reduction in wait times for autism diagnostic services for toddlers and preschoolers in Utah. However, more needs to be done to improve our school-age children's access to assessments and the necessary services that require an autism diagnosis."

Why are these findings important?

- In comparing autism prevalence estimates across years, UT-ADDM findings show that improvements have been made in the early identification of autism since 2018. However, the prevalence estimates for autism among 4- and 8-year-old children are considerably lower in Utah than the prevalence estimates across all ADDM communities combined. Therefore, additional efforts may be needed to ensure that all children in Utah with autism are being identified and receiving appropriate supports.
- Utah's population is growing more racially, ethnically, and economically diverse. Having the capacity to estimate autism prevalence across different characteristics is important for meeting the health and education needs of different communities.

Why is partnership with UT-ADDM important?

UT-ADDM provides critical data to community health and education partners to develop autism and developmental disability-specific diagnostic, treatment, and community support services.

Where was the information collected?

UT-ADDM 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 or 8 years old and living in three counties in northern Utah in 2022.

8-year-old children in tracking area:* 24,395

- 67% White
- 21% Hispanic
- 5% Asian or Pacific Islander
- 5% Multiracial
- 2% Black
- 1% American Indian or Alaska Native

4-year-old children in tracking area:* 21,807

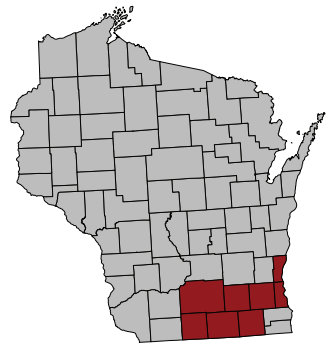
- 64% White
- 23% Hispanic
- 5% Asian or Pacific Islander
- 5% Multiracial
- 2% Black
- 1% American Indian or Alaska Native

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

A Snapshot of Autism Spectrum Disorder in

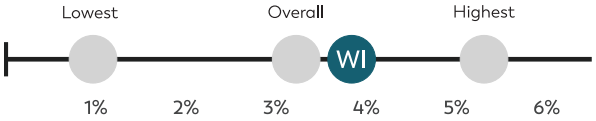
Wisconsin

Findings from the Wisconsin Surveillance of Autism and Other Developmental Disabilities System (WISADDS) help us understand more about the number of children with autism. These findings include the characteristics of children with autism, and the earliest age, on average, at which they are evaluated and given a diagnosis.



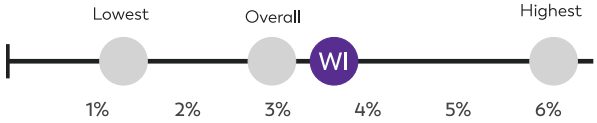
SITE TRACKING AREA

About **1 in 26** or **3.8%** of **8-year-old** children were identified with autism by WISADDS in 2022.



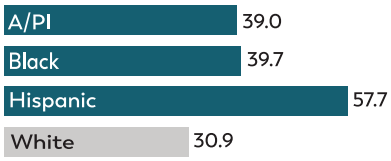
The percentage, in teal, is higher than the overall percentage identified with autism, in gray, (3.2%) in all communities where CDC tracked autism among 8-year-olds in 2022.

About **1 in 28** or **3.6%** of **4-year-old** children were identified with autism by WISADDS in 2022.



The percentage, in purple, is higher than the overall percentage identified with autism, in gray, (2.9%) in all communities where CDC tracked autism among 4-year-olds in 2022.

Among **8-year-olds**, Asian or Pacific Islander (A/PI), Black, and Asian children were **more likely** than White children to be identified with autism.



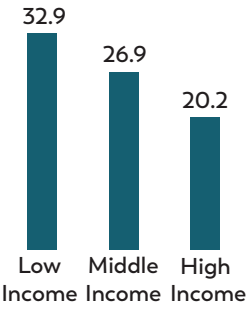
There were no other significant differences in identification between races or ethnicities. Values indicate prevalence per 1000.

Half of **8-year-old** children with autism were diagnosed by a community provider by **43 months** of age.

Of 8-year-old children with Of Of 8-year-old children with autism, **52.8%** had a comprehensive developmental evaluation by 3 years of age.

Among **8-year-olds**, boys were **3.2** times **as likely** as girls to be identified with autism.

Autism prevalence was higher among **8-year-old** children living in lower-income neighborhoods compared with children living in higher-income neighborhoods.



Values indicate prevalence per 1000.

Resources

What we know

- The percentage of 8-year-old children identified with autism increased in southeastern Wisconsin, from 2.8% in 2020 to 3.8% in 2022.
- Among both 4-year-old and 8-year-old children, boys were more likely to be identified with autism than girls.
- Only 53% of 8-year-old children identified with autism received a comprehensive developmental evaluation by age 3 years.
- Autism prevalence among 8-year-olds was higher among children living in lower-income neighborhoods compared with those in higher-income neighborhoods.

PATTI WILLIAMS
Director, Special Education Team
Wisconsin Department of Public Instruction

"As the incidence of autism continues to increase, the WISADDS snapshot gives a glimpse of the prevalence of autism spectrum disorder in one part of Wisconsin and the growing need for specialized educational services and supports for Wisconsin students with autism as well as the increasing need for training and supports for their teachers."

Why are these findings important?

These data can be used to:

- Promote early identification of autism.
- Plan for autism services and training, particularly in lower-income neighborhoods where prevalence was higher.
- These data can guide future efforts to better understand the rising prevalence of autism and the need to increase services and access for all children.

Why is partnership with WISADDS important?

- WISADDS relies on a record review method, using data from health and special education records. Partnerships are essential to ensure that there are accurate prevalence estimates of autism in southeastern Wisconsin.
- Partnerships help align efforts across healthcare providers, policymakers, educators, and researchers to address the growing needs of individuals with autism.

Where was the information collected?

WISADDS 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 or 8 years old and living in eight counties in southeastern Wisconsin in 2022.

8-year-old children in tracking area:* 28,098

- 55% White
- 17% Hispanic
- 17% Black
- 6% Asian or Pacific Islander
- 5% Multiracial
- <1% American Indian or Alaska Native

4-year-old children in tracking area:* 27,042

- 54% White
- 18% Black
- 17% Hispanic
- 6% Asian or Pacific Islander
- 5% Multiracial
- <1% American Indian or Alaska Native

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

Glossary

A

Autism spectrum disorder

Autism spectrum disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges. People with ASD may communicate, interact, behave, and learn in different ways. Signs of ASD begin during early childhood and usually last throughout a person's life.

C

Community leader

A community leader gives direction to the community, connects members and facilitates discussions, without authority over members or community ownership.

Community provider

A community provider is a medical or educational professional who works with children with developmental disabilities (including psychologists, physicians, teachers, learning specialists, speech/language pathologists, occupational therapists, physical therapists, nurses, social workers, and others).

Comprehensive developmental evaluation

A comprehensive developmental evaluation is a thorough review of how a child plays, learns, communicates, acts, and moves, and whether those characteristics have changed over time. A range of professionals can conduct developmental evaluations, including teachers, social workers, nurses, psychologists, doctors, physical therapists, and speech-language pathologists. Specialists, such as developmental pediatricians, often use the results of a developmental evaluation to determine if a child has ASD.

COVID-19

COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2 that was first detected in 2019. It is very contagious and has spread around the world. COVID-19 most often causes respiratory symptoms that can feel much like a cold, the flu, or pneumonia.

D

Developmental delay

A developmental delay is a persistent delay experienced by a child in reaching one or more developmental milestones—how children grow, move, communicate, interact, learn, and play.

I

Intellectual disability

Intellectual disability means that a person has difficulties learning at an expected level and functioning in daily life. In this report, intellectual disability is measured by IQ test scores equal to or less than 70.

Borderline range intellectual functioning means that a person has lower-than-average intelligence but does not have intellectual disability. In this report, borderline range is defined as IQ test scores of 71 to 85.

Average or above average intellectual ability means that a person can learn at an expected level and function in daily life. In this report, average or above-average intellectual ability is defined as IQ test scores of greater than 85.

P

Pandemic

An illness that spreads around the world.

Prevalence

Prevalence is a scientific term that describes the number of people with a disease or condition among a defined group at a specific period in time. Prevalence is usually expressed as a percentage or proportion of the defined group. The ADDM Network provides prevalence estimates every other year.

S

Special education eligibility or classification

The specific eligibility for special education and related services at school under the Individuals with Disabilities Education Act. These categories include autism, deaf-blindness, developmental delay, emotional disturbance, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment.

Surveillance (also known as tracking or monitoring)

In public health, surveillance is defined as the continuous, systematic collection, analysis, and interpretation of health-related data. Surveillance helps us monitor the health status of populations, identifying health trends and outbreaks, and informing public health decision-making. Surveillance is an import part of public health that allows for early planning for responses to emerging threats while promoting overall community well-being through informed decision-making based on reliable data.

Systematic record review

Linking and reviewing health, service, and special education records to identify and describe characteristics of children with ASD. CDC's ADDM Network uses a systematic record review method to collect and review data on children with ASD.

V

Validated screening tool

A tool that has been tested to determine how good it is in screening for a particular situation. These screening tools are tested by comparing them to an already approved test (also known as a *gold standard* test).

National Center on Birth Defects and Developmental Disabilities
Centers for Disease Control and Prevention

HELPING CHILDREN
LIVE TO THE FULLEST
BY UNDERSTANDING
DEVELOPMENTAL DISABILITIES

cdc.gov/autism

DEPARTMENT OF HEALTH & HUMAN SERVICES USA
CDC