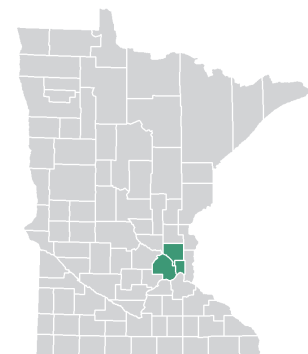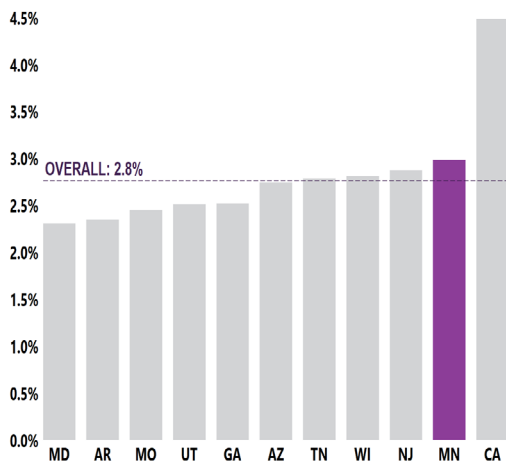# A Snapshot of Autism Spectrum Disorder in
# Minnesota

Findings from the Minnesota Autism and Developmental Disabilities Monitoring Network (MN-ADDM) help us understand more about autism in Minnesota, including number of children with autism spectrum disorder (ASD), their characteristics, and the age at which they are first evaluated and diagnosed.
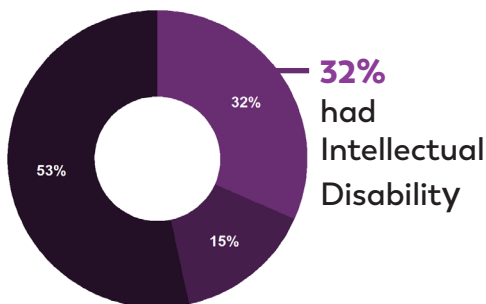
**SITE TRACKING AREA**

## 1 in 34

Or 3.0% of 8-year-old children were identified with ASD by MN-ADDM in 2020.



OVERALL: 2.8%

(Bar chart, y-axis 0.0% to 4.5%, x-axis: MD, AR, MO, UT, GA, AZ, TN, WI, NJ, MN, CA)

This rate is similar to the average percentage identified with ASD in 2020, which was 2.8% of 8-year-olds across all ADDM sites.

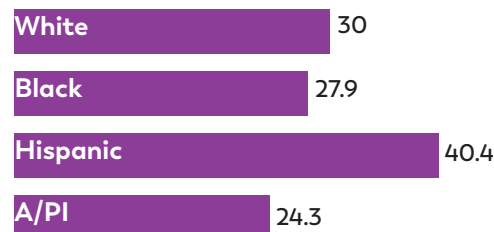**IQ data available for 86%** of children identified with ASD by MN-ADDM.



32%, 15%, 53%

**32%** had Intellectual Disability

### IQ SCORE*

- ≤ 70
- 71 - 85
- > 85

IQ = Intelligence Quotient
**Intellectual disability** = IQ ≤ 70
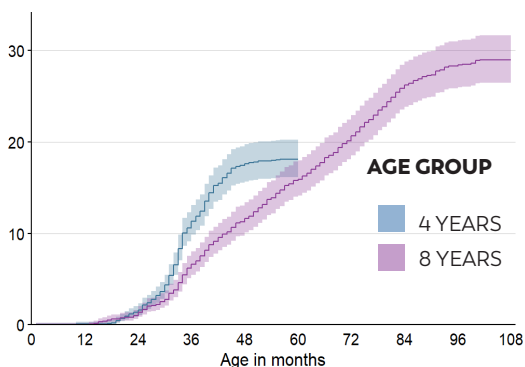*Percentages may not total 100 due to rounding

**Among 8-year-olds,** Black children were about equally likely to be identified with ASD as White children; Hispanic children were 1.3 times more likely to be identified with ASD than White, 1.4 times more likely than Black children, and 1.7 times as likely compared to Asian/Pacific Islander (A/PI) of the same age.

| | |
|---|---|
| White | 30 |
| Black | 27.9 |
| Hispanic | 40.4 |
| A/PI | 24.3 |

Values indicate prevalence per 1000.

**More children in Minnesota are being identified with ASD at an early age.**
Children who were age 4 years were 1.5 times as likely to be identified with ASD by 48 months of age as children who were age 8 years.
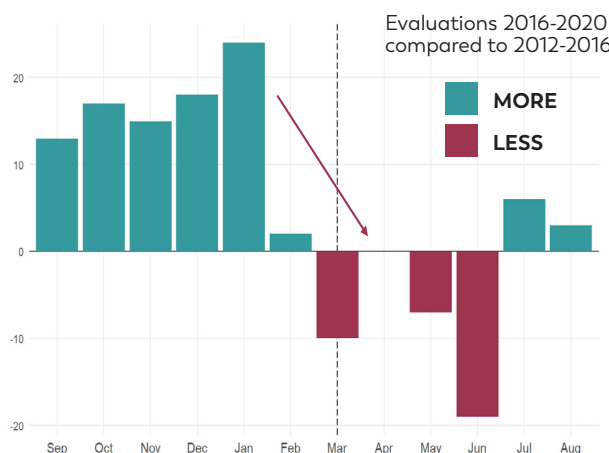


**AGE GROUP**
- 4 YEARS
- 8 YEARS

Age in months

**Half of 8 year-old children** were diagnosed by a community provider by 59 months of age.



**8-year-old Boys were 4.3 times** as likely to be identified with ASD as girls.





Evaluations 2016-2020 compared to 2012-2016

- MORE
- LESS

(Bar chart, x-axis: Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug)

**The COVID-19 pandemic disrupted many aspects of life, inlcuding the ability to evaluate children for autism.** Before the pandemic, 4-year-old children had higher ASD identification than 8-year-old children had when they were aged 4 years. In the first few months of the pandemic, **4-year-old children were less likely to have an evaluation than 8-year-old children had when they were the same age.**

## What are the key take-away messages from Minnesota data?

- MN-ADDM identified a similar prevalence of ASD as other sites in the ADDM Network among both 8-year-olds and 4-year-olds.
- In MN-ADDM, there were differences between the percentage of boys and girls identified, with more boys identified with ASD than girls. This is consistent with previous estimates in MN-ADDM and in the overall ADDM network.
- MN-ADDM findings also reveal some differences in prevalence across racial and ethnic groups. Hispanic children in MN-ADDM were identified with ASD more frequently than White, Black, and Asian/Pacific Islander (A/PI) children at age 8. Among 4-year-olds, Black, Hispanic, and A/PI, children were more likely to be identified with ASD than White children.
- MN-ADDM had the latest median age of diagnosis in 8-year-old children across all of the ADDM Network, with fewer than half receiving a comprehensive evaluation by age 3 years. However, it is encouraging that a higher percentage of 4-year-old children were identified with ASD in early childhood compared with 8-year-old children in MN-ADDM and all other ADDM sites; this means identification is happening earlier in the younger cohort. A diagnosis by an experienced professional can be considered reliable by age 2 years.

## How can this information be useful?

MN-ADDM's findings can be used to
- Inform policies that promote early identification of ASD.
- Plan for the service needs of individuals with ASD and provide training to ASD service providers and families.
- Guide future ASD research.

Partners in Minnesota might consider different ways to
- Increase access to early comprehensive evaluations by community providers.
- Decrease age of ASD identification in educational and health care settings.

## How and where was this 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 years old and 8 years old living in parts of three counties in 2020.

**Tracking area:** Parts of Anoka, Ramsey, and Hennepin counties, including Minneapolis-St. Paul

**8-year-old children in tracking area: 16,150**
- 42% White
- 23% Black
- 11% Hispanic
- 16% Asian or Pacific Islander
- 1% American Indian or Alaska Native
- 7% Multiracial

**4-year-old children in tracking area: 16,326**
- 43% White
- 23% Black
- 11% Hispanic
- 16% Asian or Pacific Islander
- 1% American Indian or Alaska Native
- 7% Multiracial

*Estimates may not sum to 100% due to rounding

*"I use information from the Minnesota ADDM program in so many areas of my life. As a parent of a child with autism, a policy maker with the Department of Human services and MN Legislator the data is INVALUABLE to ensure we are creating and funding programs and services to support children and families with autism in MN. The significance of Minnesota's prevalence and diagnosis age are important data points we need to make informed decisions and allocate funds for services now and in the future. It helps us understand the current needs and how to plan for the future." -*

**KIM HICKS**
**MN House Representative and Parent of a child with Autism**

## Resources