

A Snapshot of Autism Spectrum Disorder in Georgia

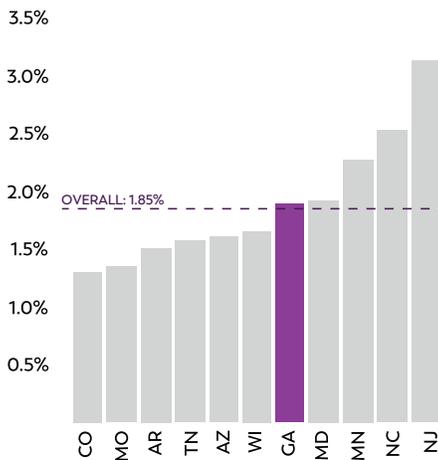
Findings from the Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP) help increase understanding about the number of children with autism spectrum disorder (ASD), the characteristics of those children, and the age at which they are first evaluated and diagnosed.



SITE TRACKING AREA

1 in 53

Or **1.9%** of 8-year-old children in metropolitan Atlanta were identified with ASD by MADDSP in 2016



This percentage is about the same as the average percentage identified with ASD (1.85%) in all communities in the United States where CDC tracked ASD in 2016.

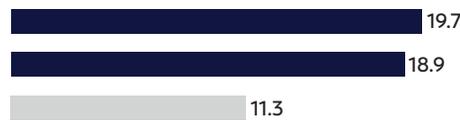
Boys were 4x

More likely to be identified with ASD than girls



White and black children were nearly 2x as likely

To be identified with ASD than Hispanic children



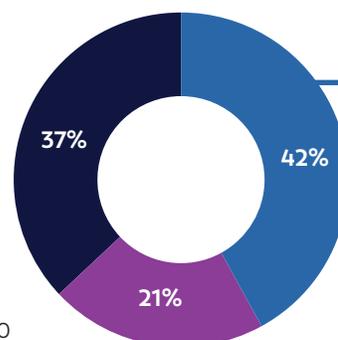
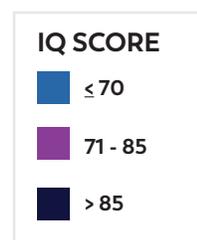
Values indicate prevalence per 1,000 children. No significant differences in ASD prevalence were found between white and black children.

By 55 months

Half of children identified with ASD were diagnosed

IQ data available for 84%

Of children identified with ASD by MADDSP



42% had Intellectual Disability

IQ = Intelligence Quotient
Intellectual disability = IQ ≤ 70

37% of children

Identified with ASD received a Comprehensive Developmental Evaluation by age 3 years



67% of children

Identified with ASD had a documented ASD diagnosis



What are the key take-away messages?

- Many children are living with ASD, and they need services and support, now and as they grow into adolescence and adulthood.
- While the proportion of black and white children identified with ASD is about the same, Hispanic children are less likely to be identified with ASD. This may reflect cultural and/or socioeconomic differences, such as language barriers, and delayed or lack of access to services.
- Efforts may be directed toward evaluating and diagnosing all children with ASD as early as possible so that they can be connected to the services they need.

How can this information be useful?

MADDSP's latest findings can be used to:

- Promote early identification of ASD;
- Plan for the service needs of individuals with ASD and provide trainings related to ASD for healthcare providers and families;
- Guide future ASD research; and
- Inform policies promoting improved outcomes in health care and education for individuals with ASD.

Stakeholders in Georgia might consider different ways to:

- Lower the age of first evaluation by community providers; and
- Increase awareness of ASD among Hispanic families and identify and address barriers to evaluation and diagnosis in order to decrease the age at which all children are evaluated and diagnosed.

How and where was this information collected?

MADDSP uses a record review method. Specifically, this information is based on the analysis of data collected from the health and special education records of children who were 8 years old and living in one of two counties in Georgia in 2016.

Tracking area

DeKalb and Gwinnett counties

8-year-old children in tracking area: 24,113

- 27% white
- 41% black
- 24% Hispanic
- 8% Asian or Pacific Islander

What else does MADDSP do besides provide estimates of ASD among 8-year-old children?

MADDSP is a program administered by the Centers for Disease Control and Prevention (CDC). MADDSP collaborates with health and education systems that serve children with developmental disabilities and their families to understand the number and characteristics of 8-year-olds with ASD, intellectual disability, and cerebral palsy in select areas of Georgia. Upon request, MADDSP offers workshops and trainings for local professionals and provides tailored data reports and presentations.

“CDC’s ADDM Network has consistently generated critically important information not only on how common ASD is but also on a range of prevailing challenges affecting the population at large, in Georgia and in the country. Thanks to this information, national priorities were established to reduce the age of diagnosis, to address unacceptable healthcare disparities across sectors of our community, and to build a concerted effort to afford all children with ASD, irrespective of the race, ethnicity or level of income of their families, with what they need in order to fulfill their promise.”

AMI KLIN, PhD, Director, Marcus Autism Center, Emory University School of Medicine, and Children’s Healthcare of Atlanta

Resources

ATLANTA AUTISM CONSORTIUM

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

www.atlantaautismconsortium.org/

AUTISM SOCIETY OF GEORGIA

Information and support for families/providers

1-844-404-ASGa

www.autismsocietyga.org

AUTISM SPEAKS

Information and resources for families
770-451-0570

www.autismspeaks.org/georgia-0

BABIES CAN’T WAIT

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

1-888-777-4041

dph.georgia.gov/Babies-Cant-Wait

DEPARTMENT OF EDUCATION’S SPECIAL EDUCATION SERVICES AND SUPPORTS

Special education services for school-aged children with disabilities

404-656-3963

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

PARENT TO PARENT OF GEORGIA

Support for parents of children with special needs

1-800-229-2038

p2pga.org

CDC’S LEARN THE SIGNS. ACT EARLY.

Resources for families and professionals on child development and what to do if there is a concern

www.cdc.gov/ActEarly

CONNECT WITH MADDSP

maddsp@cdc.gov

Centers for Disease Control and Prevention

National Center on Birth Defects and Developmental Disabilities