Findings from the North Carolina Autism and Developmental Disabilities Monitoring (NC-ADDM) Project help us to understand more about the number of children with autism spectrum disorder (ASD), the characteristics of those children, and the age at which they are first evaluated and diagnosed.

1.8% is similar to the average percentage identified with ASD in 2014.

1 in 57 8-year-old children were identified with ASD by NC-ADDM in 2014.

Disparities in Identification

Boys were more likely to be identified with ASD than girls. White and black children were more likely to be identified with ASD than Hispanic children.

4.3x MORE LIKELY among boys vs girls

1.6x MORE LIKELY among white vs Hispanic children

1.4x MORE LIKELY among black vs Hispanic children

Intellectual Disability in North Carolina

North Carolina had intelligence quotient (IQ) data available for 89.2% of children identified with ASD. Of those children, 30.3% had intellectual disability.

30.3% had intellectual disability

Of children identified with ASD...

...about 93% had developmental concerns by 3 years of age.

...but about 66% received a comprehensive developmental evaluation by 3 years of age.
Frequently Asked Questions

What are the key take-away messages?
• Many children are living with ASD who need services and support, now and as they grow into adolescence and adulthood.
• Hispanic children were less likely to be identified with ASD than white or black children. This may reflect cultural and/or socioeconomic differences, such as delayed or lack of access to services, as compared to other groups in North Carolina.
• Among the areas where CDC tracks ASD across the United States, the area in central North Carolina had the highest percentage of children identified with ASD who had received a comprehensive developmental evaluation by 3 years of age. This is good news, but there is still more to be done to ensure that all children are evaluated as soon as concerns about their development are identified.
• ASD can be diagnosed as early as 2 years of age; however, about half of children were not diagnosed with ASD by a community provider until after 3 years, 4 months of age.
• 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?
NC-ADDM's latest findings can be used to
• Promote early identification of ASD,
• Plan for ASD services and training,
• Guide future ASD research, and
• Inform policies promoting improved outcomes in health care and education for individuals with ASD.

Stakeholders in North Carolina might consider different ways to increase awareness of ASD among Hispanic families, and identify and address barriers in order to decrease the age at which all children are evaluated and diagnosed.

How and where was this information collected?
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 6 counties (Alamance, Chatham, Forsyth, Guilford, Orange, and Wake) in central North Carolina in 2014.
• Children in tracking area: 30,283 8-year-olds
  - 50 percent white
  - 25 percent black
  - 18 percent Hispanic
  - 6 percent Asian or Pacific Islander
  - Less than 1 percent American Indian or Alaska Native

What else does NC-ADDM do besides tracking ASD among 8-year-olds?
NC-ADDM collaborates with the North Carolina Department of Health and Human Services and investigators from the University of North Carolina at Chapel Hill to track the number and characteristics of 4-year-olds and 8-year-olds with ASD and/or intellectual disability. NC-ADDM works with the North Carolina Autism Alliance and other interdisciplinary partners to continually identify ways the data can help improve our understanding of the needs and opportunities of families in North Carolina.

“Given the importance of early identification and intervention, as well as supports and services for children with autism spectrum disorders and their families, these data enable us to assess how we are doing as a state in identifying children.”

- Jill Singer
  Early Intervention Branch Head
  Division of Public Health
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