Spotlight on Autism in New Jersey: Trends and Disparities in Autism Prevalence

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February 15, 2024

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1. ASD is a prevalent disorder

- 3.1% of 8-year-olds in New Jersey[1]   (2020)

- 5.0% Ocean County, New Jersey[2]   (2022)
- 4.4% Newark, New Jersey[2]
- 7.0% Toms River, New Jersey[2]

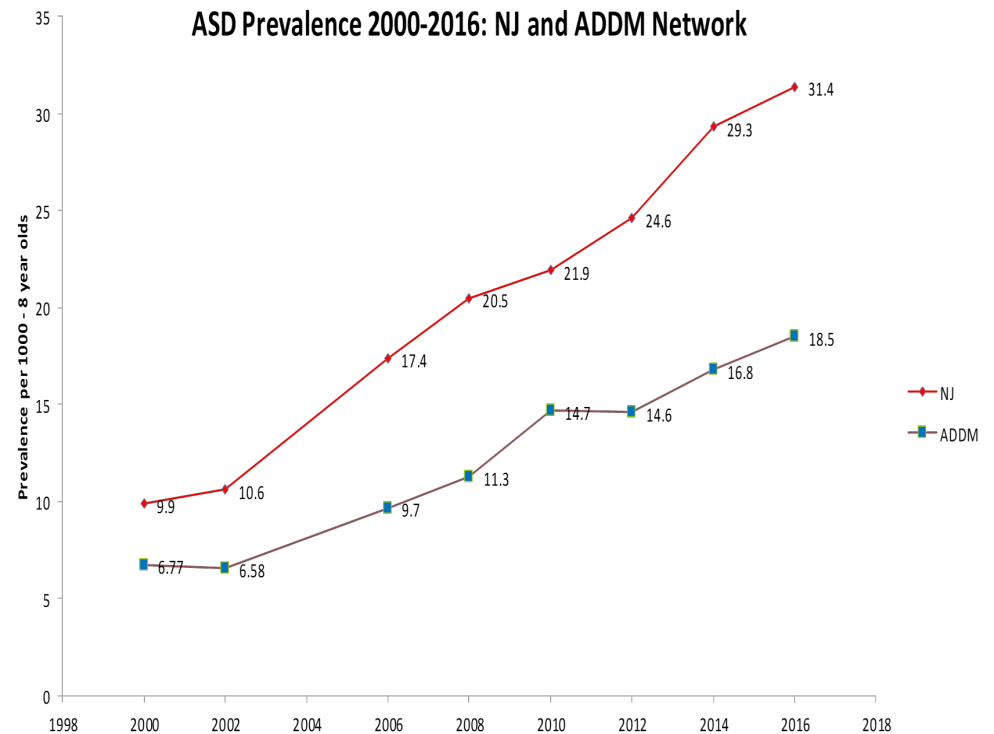- 4.5% 8-year-olds in San Diego, CA[12]   (2023)

2. ASD has increased significantly
3. New Jersey is a leading indicator

0.1-0.2% - pre 1990 estimates

0.6% - Brick Township[3]

0.6% - ADDM Network[4]

0.9% - NJ[4]

ASD Prevalence 2000-2016: NJ and ADDM Network

Prevalence per 1000 - 8 year olds

NJ: 9.9, 10.6, 17.4, 20.5, 21.9, 24.6, 29.3, 31.4

ADDM: 6.77, 6.58, 9.7, 11.3, 14.7, 14.6, 16.8, 18.5

4. Undiagnosed

- The rate of ASD diagnosis increased from 62% to 88%[5]

- However, most recently, 22% of (NJ) **8-year-old** surveillance-identified cases, did not have an ASD diagnosis[1]

- Among **16-year-old** (NJ) surveillance-identified cases 25% did not have an ASD diagnosis[6]

5. Disparities in Identification & Treatment Persist

- Minority children and girls with ASD are more likely to be undiagnosed or misdiagnosed[5,7]

- Minority and low-SES children are <u>less likely</u> to:
  - Come to professional attention before 36 months[2]
  - Receive Early Intervention Program (EIP) services[8]
  - Be diagnosed before 48 months[2]

6. The wealth gradient in ASD has shifted

- NJ and ADDM cohorts from 2000-2010 showed a strong positive association between socioeconomic status (SES) and ASD prevalence[9,10,11]

- Now, NJ and ADDM show that low+mid-SES communities have highest rates of ASD prevalence[2, 12]

- Fastest acceleration -- Hispanic children, starting with 2012 (birth year)[13]

6. Adolescents -- underappreciated[6]

- 59% have a co-occurring neuropsychiatric disorder (NP)
- 35% have intellectual disability (ID)
- 1-in-4 satisfy ASD criteria, but don't have ASD diagnosis
- Prevalence higher in high-SES (25.6/1,000) vs low-SES (12.6/1,000)
- Black & Hispanic children more ID

  White children more more NP
- Estimates at 8 and 16-years -- almost identical, indicating stability with slight shift toward lower impairment at 16-years

Projections…….Predictions

- ASD prevalence estimates for 2022 will be higher
- Greatest increases in prevalence will be in minority and low-SES communities
- Wealth and race-based disparities in detection and intervention will be observed
- The next report will not reflect public health concern, propose understanding ASD risk factors or advance early detection. Most likely, the next report will mention better awareness and recognition as possible factors bearing on higher estimates.

Recommendations

- Identify ASD risk factors and triggers

- Promote universal ASD screening of toddlers and pre-schoolers

- Provide appropriate resources for care, services, planning

- Implement population-based studies of <u>adults with ASD</u>

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Thank you!

Your comments & questions are welcome

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