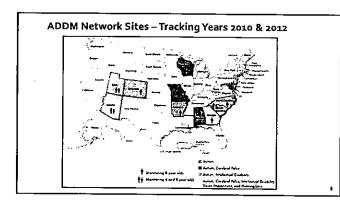
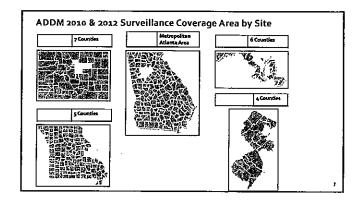
Arkansas Autism and Developmental Disabilities Monitoring (AR ADDM) Program	
Autism Spectrum Disorder (ASD) Surveillance Year 2010 Findings	
& Comparison with Arkansas 2002 Baseline Prevalence Study Eldon G. Schulz, MD	
Principal Investigator Allison Hudson, CRS	
Research Program Manager Spring 2014	· · · · · · · · · · · · · · · · · · ·
TIME II. COC MANY OF SHARE	
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Background & Purpose	
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Background	
Autism and Developmental Disabilities Monitoring (ADDM) Network	
 In 2000, the Centers for Disease Control and Prevention (CDC) funded researchers in several states to develop programs to determine and monitor the prevalence of autism spectrum disorders (ASDs) 	
Arkansas ADDM timeline	
 2002 → Statewide surveillance (baseline)—ASD and ID (Intellectual Disability) 	
2008 → Pulaski county only (pilot)—ASD only	
 2010 → Statewide surveillance (completed)—ASD only 2012 → Statewide surveillance (in progress)—ASD and ID 	-
2014 & 2016 → New CDC Funding Opportunity Announcement pending	

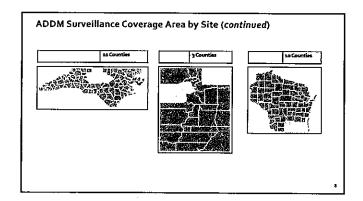
AR ADDM Goals (What We Report)

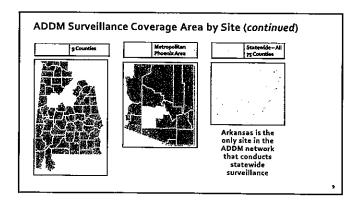
- To provide as complete a count as possible of the number of children with ASD in a specific place and time (prevalence) and identify changes over time
- To describe characteristics of children with ASDs in the state
- To compare ASD prevalence among different groups of children and in different areas of the state
- To communicate information about the impact of autism and related conditions on the state's healthcare and education systems

2010 & 2012 ADDM Network Surveillance Coverage Area









	2006 National Center fo Urban-Rural Classificati	or Health Statistics on Scheme for Counties	
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Target Population & Case Ascertainment

Methods

- Target population → 8-year-old children in AR in 2010
 - CDC's baseline study showed 8 years as age of peak prevalence
- Multi-source, population-based surveillance system
 - Health service records → diagnostic & delivery
 - Public school records
- Standardized methodology of case finding, record review/abstraction, and clinician review
 - Does not rely on a previous diagnosis of ASD

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Steps to Finding a Case

- FIND

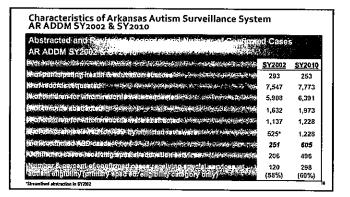
 Find children with possible ASDs by requesting records with certain clinical diagnosis codes (health sources) and all records in Special Education (school sources)
- SCREEN → Screen evaluations of children for "triggers" that may indicate the presence of an ASD
- 3. ABSTRACT → Collect relevant information from the record into a secure database
- EXPERT REVIEW → All evaluations for a child are reviewed by experienced, trained clinicians who score the record and look for diagnostic features (DSM-IV criteria) for an ASD (DSM-5 in future)

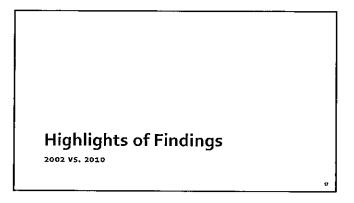
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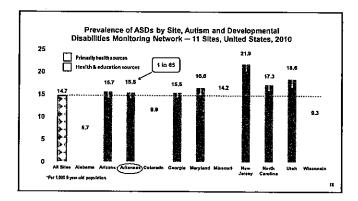
Report data to sources, stake holders, & scientific community for feedback & distribution of Information for AMA public health action.

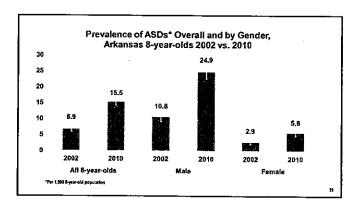
Quality Control

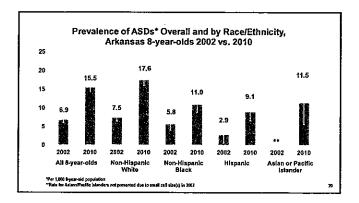
Trained staff screen, abstract, and review information to determine whether child data to CDCs ADDM Network pooled data set; analyze data









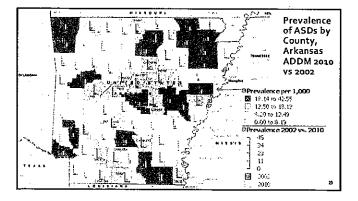


	ASD	Population	Prevalence	95%	95%
	confirmed cases	8-year old	per 1,000 population	LCL	UCL
State Total	605	38,956	15.5	14.3	16.8
Northwest Region	231	13,365	17.3	15.1	19.5
Southwest Region	53	4,184	12.7	9.3	16.1
Central Region	164	10,561	15.5	13.2	17.9
Northeast Region	109	7,349	14.8	12.1	17.6
Southeast Region	48	3.497	13.7	9.9	17.6



	Same	oli, and Yes	s: 2002	Sarvi	hlande Yea	2010
	ASD confirmed cases	Population 8-year old	Prevalence per 1,000 population	ASD confirmed cases	Population 8-year old	Prevalence per 1,000 population
State Total	251	36,317	6,9	605	38,956	15.5
Northwest Region		17.261	6.2	-→230	13,365	17.3
Southwest Region	26	4,437	5.9	53	4,184	12.7
Central Region	91	9,460	9.6	164	10,561	15.5
Northeast Region	44	7,071	6,2	109	7.349	14.8
Southeast Region	20	4.088	4.9	48	3,497	13.7

Prevalence by County



Ch	aracte	eristi	cs of A	Arkar	nsas	,
8-y	/ear-o	ld Cl	nildre	n witl	h AS	Ds

Intellectual Ability & First Comprehensive Evaluation

Intellectual Disability (ID)

- AR ADDM was one of seven sites with data on ID
- 95% of AR cases had IQ scores available
- 2nd highest after NC (96%)
- Collaboration & data quality → ADE

Among Kids with ASD:	With ID (IQ ≤ 70)	No ID (IQ > 70)
Arkansas	5.2 per 1,000 (35% of cases)	9.5 per 1,000 (65% of cases)
ADDM Network (All Sites Combined)	4.7 per 1,000 (31%)	10.2 per 1,000

ADDM Network ASD cases with Intellectual Disability:
45% of black children, 38% of Hispanic children, 25% of white children
White children were more likely to have ASD without IO than Black or Hispanic children; Black children
with ASD were more likely to have ID than White or Hispanic children.

Special Education Eligibility

<u> </u>	2.7
Autism	60
Emotional disturbance	2
Specific learning disability	3
Speech or language impairment	16
Health or physical disability	10
Multiple disabilities	3
Intellectual disability	6
Totalno, of ASD cases with special advention records	INE (Ball of Forester)

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First Evaluation for Developmental Concerns

- Healthy People 2020 objective:
- Increase the proportion of children w/ ASDs who have their first evaluation by 36 months
- Arkansas → 35%
- ADDM Network → 44% [Range 33% 59%]
- % who have a mention of developmental concern by 36 months:
- Arkansas → 90%
- ADDM Network → 89% [Range 83% 94%]
- Median age at first evaluation:
- Arkansas → 45 months
- ADDM Network → 44 months (Range 33 45 months)

First Evaluation (continued)

- Median age of earliest documented ASD diagnosis (any subtype):
- Arkansas SY2010 → 61 months (highest in Network)
- ADDM Network SY2020 → 53 months (range 46 61 months)
- Arkansas SY2002 → 59 months
- % who have previous diagnosis (DSM-IV-TR) in records:
- Arkansas → 69%
- ADDM Network → 72% [Range 59% 88%]

Age of ASD Diagnosis by Subtype (DSM-IV-TR)

Asperger Disorder	ASD/PDD	Autistic Disorder	Subtype of Earliest . Diagnosis:
2776*	32#6	53%	Distribution of Subtypes— ARKANSAS
1176 (range: 7-1796)	46% (ranga: 21-73%)	43% (range: 19-72%)	Distribution of Subtypes -ADDM Network
75 mos	63 mos	55 mos	Median Age of Earliest Diagnosis— ARKANSAS
74 mos (range: 68-84)	50 mos (range: 39-63)	48 mos (range: 37-59)	Median Age of Earliest Diagnosis ADDM Network

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Previous ASD Classification

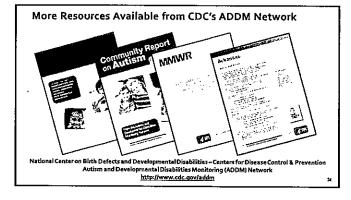
- Arkansas 2020 → 77% of children had either an ADE eligibility for autism special education services at school or had an ASD diagnosis or both
- Remaining 23% of children identified with ASD had documented symptoms of ASD, but had not yet been classified as having ASD by a community provider
- ADDM Network 2010 → 80% [Range 65% 90%]
- AR ADDM 2002 → 82%

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Bottom Line

- ASD prevalence in Arkansas has more than doubled from 1 in 145 (SY2002) to 1 in 65 (SY2010) among 8-year-olds.
- We are still challenged to:
- Improve recognition and documentation of symptoms of ASD, particularly among children without intellectual disability and children in all racial/ethnic groups
- Decrease the age when children are first evaluated for ASD, first receive an ASD diagnosis, and are first enrolled in communitybased supports

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For questions or comments, please contact:

Allison Hudson, CRS
Research Program Manager
Arkansas Autism and Developmental
Disabilities Monitoring Program (AR ADDM)
UAMS -- Section of Developmental Pediatrics
<u>AEHodson@uams.edu</u>
Voice: 501-364-3612
Cell: 501-813-7965



Arkansas Legislative	Task Force	on Autism
May 16, 2014		