

Update on the Minneapolis Somali ASD Prevalence Project

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Office of the Director

Background

- 2008 Community concerns about what appeared to be more Somali children enrolled in Minneapolis public preschool special education program for children with ASD
- March 2009—Report from Minnesota Department of Health suggesting that Somali children participated in ASD public pre-school programs much more than other children
 - Racial and ethnic differences in administrative prevalence decreased over the three years examined
 - Administrative prevalence estimates for Asian and Native American children were very low compared to other children
- October 2010—Request from IACC that federal agencies support additional ASD activities in Minneapolis

□ July 2011—Start of the Minneapolis Somali ASD Prevalence Project

Autism and Developmental Disabilities Monitoring (ADDM) Network Method

Multisource, records-based surveillance methodology

Screen health and education records (multiple data sources) in community

Abstract information in records

(e.g., behaviors related to ASD, cooccurring conditions, and test data)

Review abstracted information to determine if the child meets ASD surveillance criteria

Advantages of Using the ADDM Method in Minneapolis

- 1. Population-based rather than administrative-based
- 2. Gathers information on ASD status, clinical characteristics, co-occurring conditions, and age of diagnosis
- 3. Collects information from multiple sources (i.e., school and health sources)
- 4. Does not rely on previous ASD diagnosis
- 5. Collects information the same way using the same criteria for all children
- 6. Can be implemented in diverse communities with emerging concerns
- 7. Requires community partnerships that can continue to grow and develop

Key Project Findings

Based on children who were 7-9 years old and living in Minneapolis in 2010:



- Somali and White children were about *equally likely* to be identified with ASD. Somali and White children were more likely to be identified with ASD than Black and Hispanic children.
- Somali children with ASD were much more likely to have intellectual disability than children with ASD in other racial and ethnic groups.
- The average age of diagnosis among Somali children was about the same as White, Black and Hispanic children –about 5 years old.

Conclusion

- Largest project to date looking at number and characteristics of Somali children with ASD in any US community
 - Findings are limited to Minneapolis
 - Challenges in identifying ASD in racially/ethnically diverse groups
- Estimates are high but not unprecedented
 - Cannot make direct comparisons to CDC's ADDM Network data because of differences in person, place, and time (e.g., the last ADDM reporting period was 2008 and the Mineapolis reporting period was 2010)
- Children and families living in Minneapolis continue to need support, and they are not being identified as early as they could be
 - Findings can be used to make improvements (early identification efforts, service planning, etc.)
 - Future research can build upon findings to understand how and why ASD affects Somali and non-Somali children differently

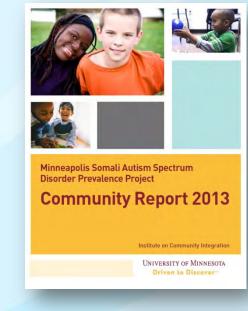
Data Release Efforts

Proactive data dissemination

- Development and distribution of Community Report, Somali Parent One-Pager (English/Somali), videos/podcasts in Somali, project website
- Interviews with local and national media (i.e., Start Tribune, Associated Press, New York Times, etc.)
- Interviews (radio, TV, print) with Somali media
- Tweets and Facebook postings

Community engagement

- In-person meetings with project partners and with Somali Advisory on day of data release
- Presentation to Somali Health Coalition
- Outreach to MN Congresspeople
- Meetings with leaders of local mosques
- And it continues...





What is autism spectrum disorder (ASD)?

There are many Somali and non-Somali children with autism spectrum disorder

If parents can use project findings to raise mess of ASD among their family and friends Educators, health care providers, and Somali advocate can use findings to promote early identification efforts and also encourage families to connect to services and supports as soon as possible

Talk to an educator or doctor about your concern

available at http://w20.education

If your child is 5-years-old or younger, call the Help Me Grow Program at 1-866-693-1769 Services are the

Talk to others who help children and tamilies with ASD They are there to support you

dDirectors.jsp. Again, se

Why is this project important?

Ku dadaal in aad ilmahaaga iyo govskaagaba u heshid kaalmo Make sure your child and family get the help they need

Waxa jira carruur badan oo Soomaliyeed iyo Carruro kale oo badan oo qaba Cilladaha ootiisamka (ASD)



we ASD. The project looked at Somali and non-Soma What did this project find?

out 1 in 32 Somali children aged 7-9 ye s identified as having ASD in Minneapol D in Minneapolis. Somali ore likely to be identified v Somali children with ASD were more likely to have a tellectual disability than children in other racial and thnic groups in Minneapoils. e age at first ASD diagnoos was around 5 years for noil. White Black, and Hispanic children

What should I do if I want to learn more about this project? I more information about the project and links to helpful community resources at tact project staff. Anab Gulaid, 612-624-0730, Kristin Hamm, 612-625-7593 or

Institute on Community Integration

UNIVERSITY OF MINNESOTA **Driven to Discove**



Next Steps

- Translation of CDC's "Learn the Signs. Act Early" materials into Somali
 - Available on project website: <u>http://rtc.umn.edu/autism/</u>
- Funding for the Somali Autism Community Engagement Project
- New ADDM Funding Opportunity Announcement (FOA)
- Opportunities through CDC's Study to Explore Early Development

La soco Marxaladaha Koboc ee Cunuggaaga



Koboca amminka hore ee cunuggaagu waa geeddi-socod. Adeegso khariiddada marxaladaha nolosha, si aad u ogaato waxyaabahaad mar walba eegayso.

habkaan ama nidaamkan sidaad ula socon laheyd ama ku ogan laheyd barbaarinta u dhaxeysa 0 to 4yrs



Centers for Disease Control and Prevention www.cdc.gov/ActEarly 1-800-CDC-INF0

Department of Health and Human Services Centers for Disease Control and Prevention

Baro Astaamaha. Ammin horena ku Dhaqaaq.

Thank You!

Please visit the project website to access project documents, tools, and resources: <u>http://rtc.umn.edu/autism/</u>

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333 Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348 E-mail: cdcinfo@cdc.gov Web: www.cdc.gov



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