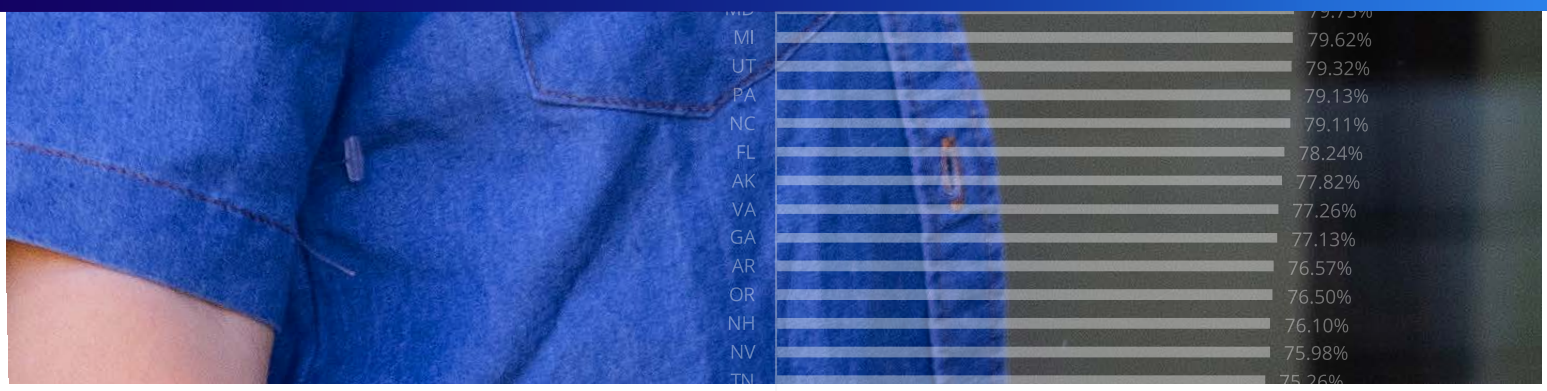
Autism by the Numbers
2025 ANNUAL REPORT



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AUTISM BY THE NUMBERS:

A MESSAGE FROM AUTISM SPEAKS

Every day, autistic people and their families face important decisions about healthcare, education, employment and planning for the future. Too often, they navigate these choices without clear, reliable information to guide them.

To meet this need, Autism Speaks created Autism by the Numbers. This report provides trustworthy, easy-to-understand data directly to autistic people, families, advocates and policymakers, empowering them to make informed decisions and advocate effectively for meaningful change.

Each statistic represents real experiences—families seeking timely support for their children, students working toward graduation and autistic adults pursuing employment opportunities.

This report's findings highlight meaningful progress in some key areas. Greater autism awareness and improved access to care mean more families are receiving vital early intervention services for their children. These early supports are essential for lifelong success.

However, the data also shows that a lot of work remains—especially when it comes to supporting autistic adults. Many people in our community still face barriers to quality healthcare, educational support and meaningful employment opportunities. Data on these and other critical aspects of adult life remains limited, making it harder to develop effective policies and supports. The stark differences in these outcomes from state to state highlight the need for continued advocacy and better local services for the autistic community.

Our hope is that this report not only highlights areas of progress and ongoing challenges in our community but also inspires action. We encourage you to use this data as a powerful tool for advocacy and change, helping build a future where every autistic person can reach their full potential.

Sincerely,

Keith Wargo
President and CEO, Autism Speaks

Andy Shih, Ph.D.
Chief Science Officer, Autism Speaks

Thomas W. Frazier, Ph.D.
Chairman of the Board, Autism Speaks

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ABOUT AUTISM BY THE NUMBERS

Our vision

Autism Speaks' Autism by the Numbers is a data platform that compiles and presents key data related to autism prevalence, diagnosis, access of services and other topics on a national and state level. It includes an interactive data dashboard, individual state sheets and other topical data dissemination formats.

By gathering the most up-to-date statistics, this tool helps autistic people, families and caregivers, policymakers, advocates and researchers make informed decisions, support their advocacy efforts and better understand the experiences of autistic people in the U.S.

Ultimately, Autism by the Numbers aims to foster greater understanding of the autistic community's needs and varied experiences across states, driving progress toward improved services, early intervention and lifelong support.

How can you use Autism by the Numbers?

AUTISTIC PEOPLE, FAMILIES AND CAREGIVERS

- **Informed decision-making:** People with autism and their families can use Autism by the Numbers to make decisions about their lives, including where they live. By understanding the prevalence of autism and the availability of resources, they can find the most supportive communities that meet their needs.
- **Planning for the future:** The platform can help families and caregivers understand long-term autism trends in their state, such as availability of services, costs of services and employment outcomes, allowing them to plan more effectively for their or their loved one's future.
- **Community awareness:** Autistic people and families can use the platform to stay informed about the state of autism services in their area compared to the rest of the U.S., helping them understand where they stand in terms of demographics, healthcare access and other important metrics.

ADVOCATES AND POLICYMAKERS

- **Policy development:** Policymakers and advocates can use Autism by the Numbers data to push for policy changes at local, state and national levels by demonstrating the unmet needs of the autistic community. The platform provides the data needed to argue for improved services and better allocation of resources, among other issues.
- **Public outreach campaigns:** The platform's data can serve as the foundation for awareness campaigns, helping advocates and policymakers highlight critical issues such as healthcare disparities, educational gaps and employment challenges faced by people with autism.

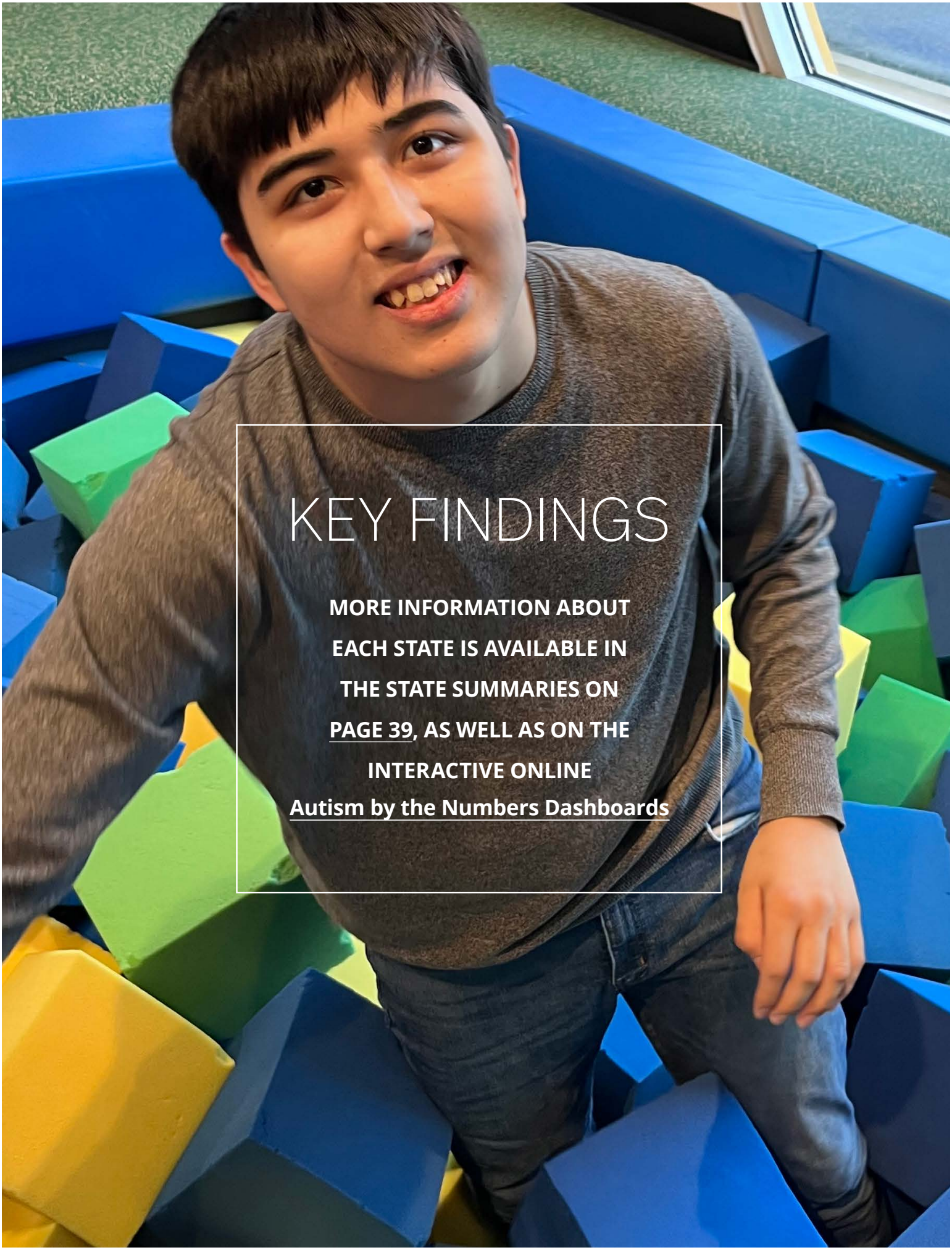
RESEARCHERS

- **Data-driven research:** Autism by the Numbers offers researchers access to a wealth of data on various aspects of autism, including healthcare, education, employment and more. This can serve as a foundation for studies that aim to explore the experiences and outcomes of autistic people.
- **Identifying gaps in knowledge:** Researchers can leverage the platform to identify gaps in research or services, using the data to design studies that address these unmet needs. This can help shape research topics that address the most pressing issues facing the autistic community.

The future

In the appendix of this Annual Report, we share a series of essays discussing important topics for future investigation, including sexual and reproductive health, mental health treatment and mortality of autistic adults.

Our future work will remain focused on presenting data and creating visualizations that will inform our community members' life decisions; help in the design and implementation of programs to better serve people with autism; and inform local, state and federal policy.



KEY FINDINGS

MORE INFORMATION ABOUT EACH STATE IS AVAILABLE IN THE STATE SUMMARIES ON PAGE 39, AS WELL AS ON THE INTERACTIVE ONLINE Autism by the Numbers Dashboards

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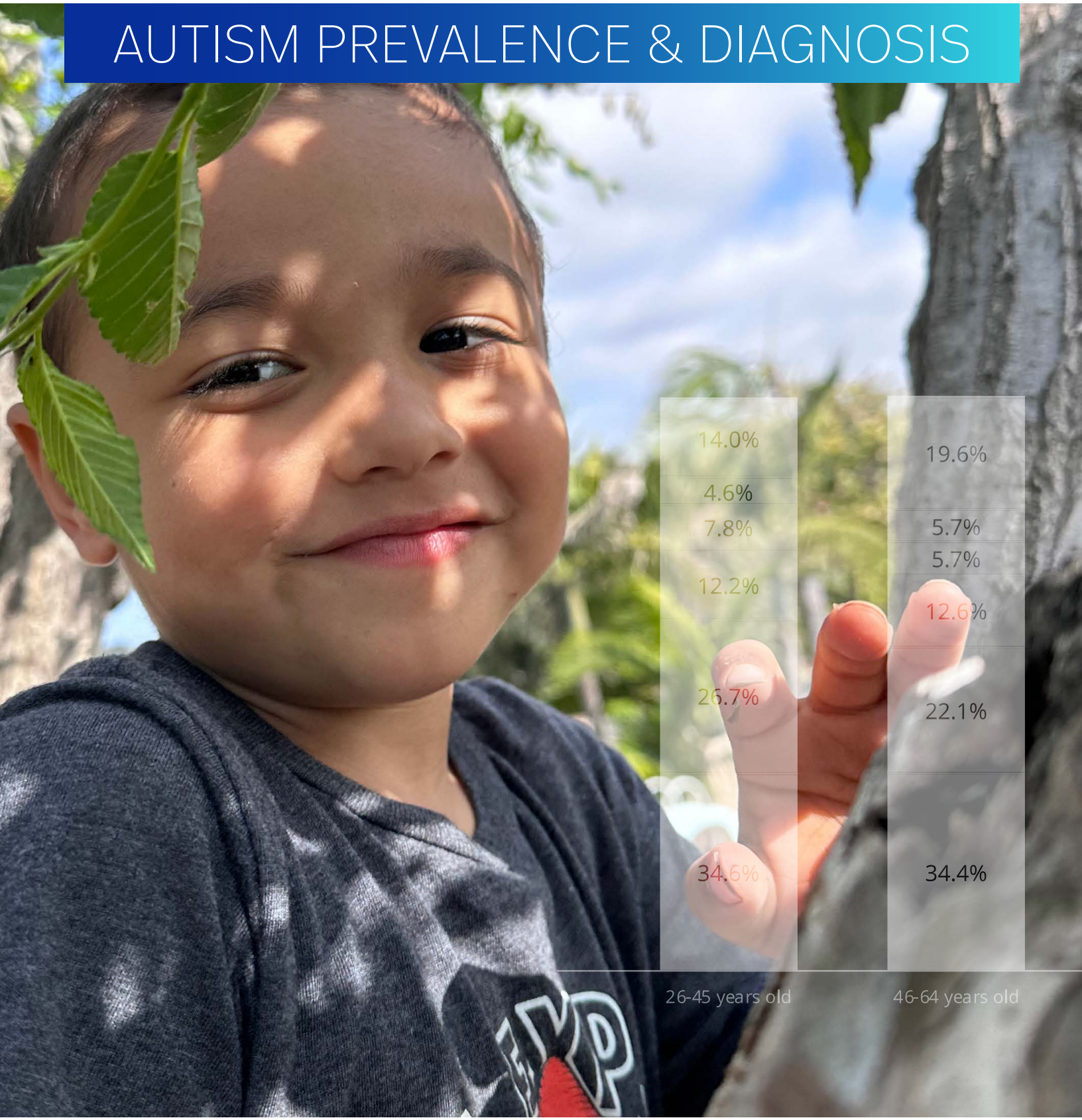
AUTISM PREVALENCE & DIAGNOSIS



QUICK FACTS

How common is autism?

1 in 35 children in the United States have autism

- 4.4% were male
- 1.3% were female

How many adults with autism receive Supplemental Security Income (SSI)?

- 282 adults per state

Who diagnoses children with autism?

- 37.7% by a psychiatrist or primary care provider (PCP)
- 32% by a specialist like a developmental behavioral pediatrician
- 30% by a psychologist

Who diagnoses adults with autism?

26-45 years old

- PCP: 35.4%
- Behavioral health: 34.6%

46-64 years old

- PCP: 29.4%
- Behavioral health: 34.4%

About the Data

Primary data sources for this topic

- 2020-2021 National Survey of Children's Health
- 2019 Supplemental Social Security benefits
- 2022 FairHealth Inc. claims data

Notes about the data

- Autism by the Numbers autism prevalence rates differ slightly from CDC estimates because they draw from different data sources. The CDC autism prevalence estimates are for 8-year-old children across 11 monitoring sites in the Autism and Developmental Disabilities Monitoring (ADDM) Network, while the Autism by the Numbers prevalence rate is drawn from parent report in the National Survey of Children's Health.

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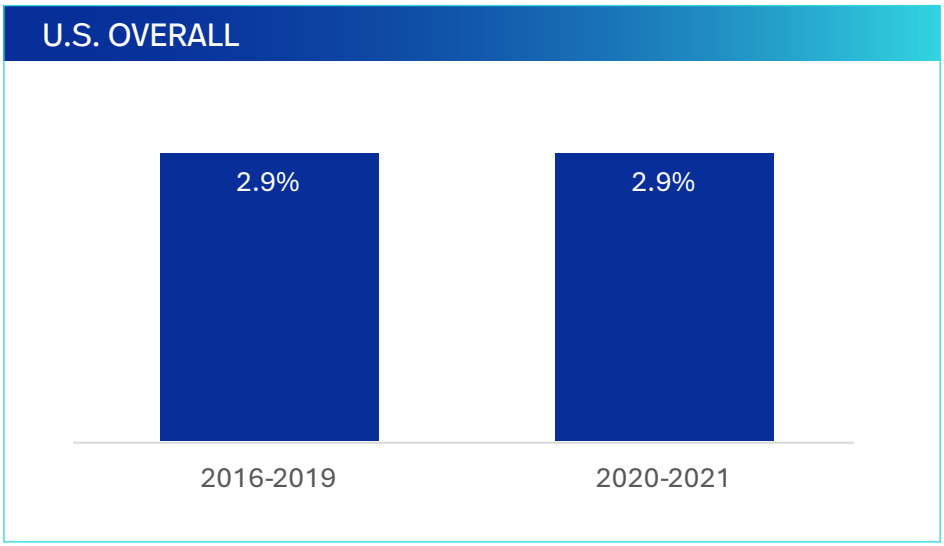
How common is autism?

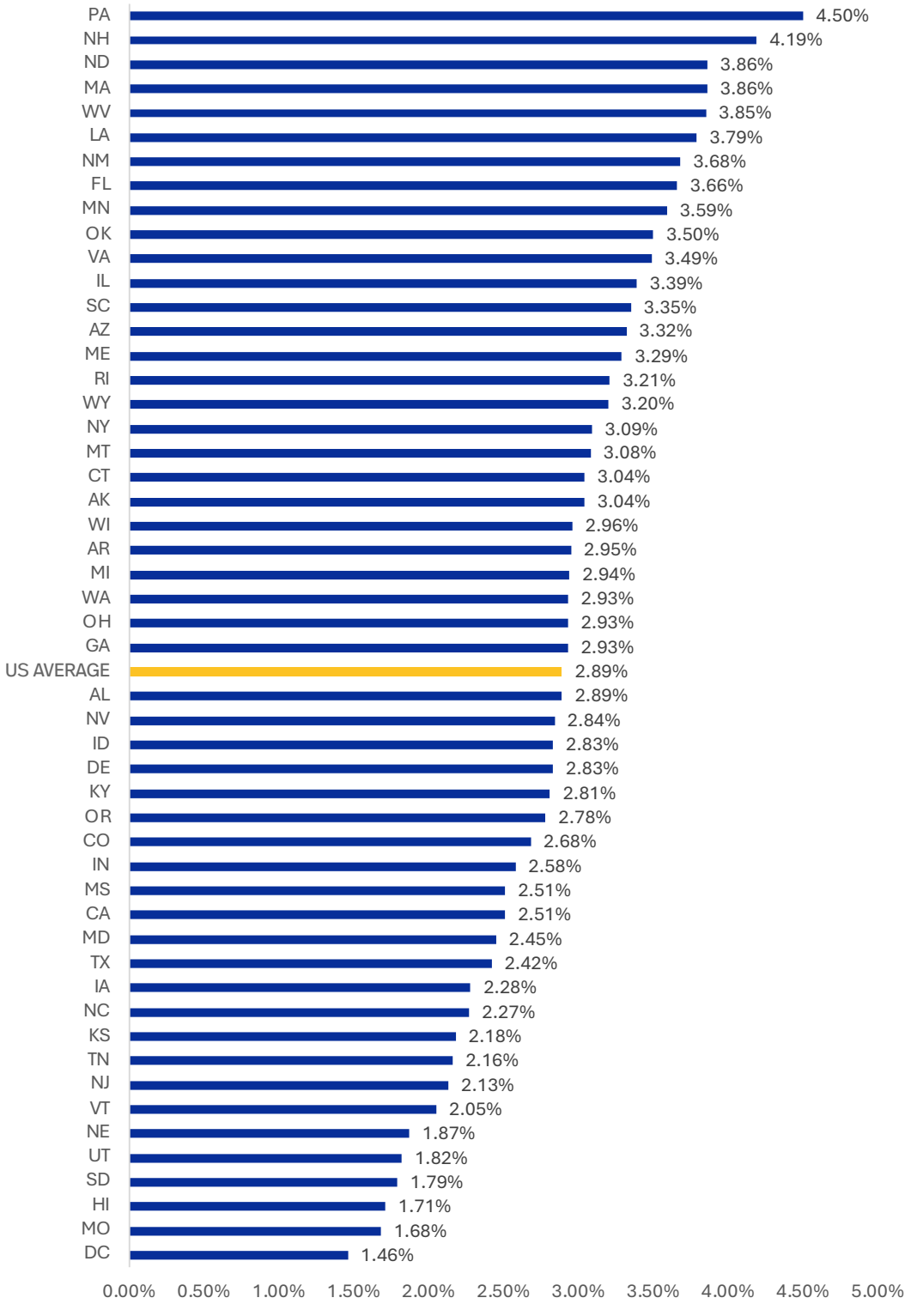
Autism prevalence is on the rise, reflecting greater public awareness about autism, improved access to diagnosis and many other factors. Understanding autism prevalence by state shows where support is needed the most.

Explore this statistic by state in the Dashboard



	RATE	GENDER	
2020-2021		MALE	FEMALE
Overall	1 in 35	4.4%	1.3%
Higher income	1 in 46	3.9%	1.1%
Lower income	1 in 29	5.2%	1.6%
2016-2019			
Overall	1 in 35	4.4%	1.2%
Higher income	1 in 44	3.5%	1.0%
Lower income	1 in 27	5.7%	1.6%

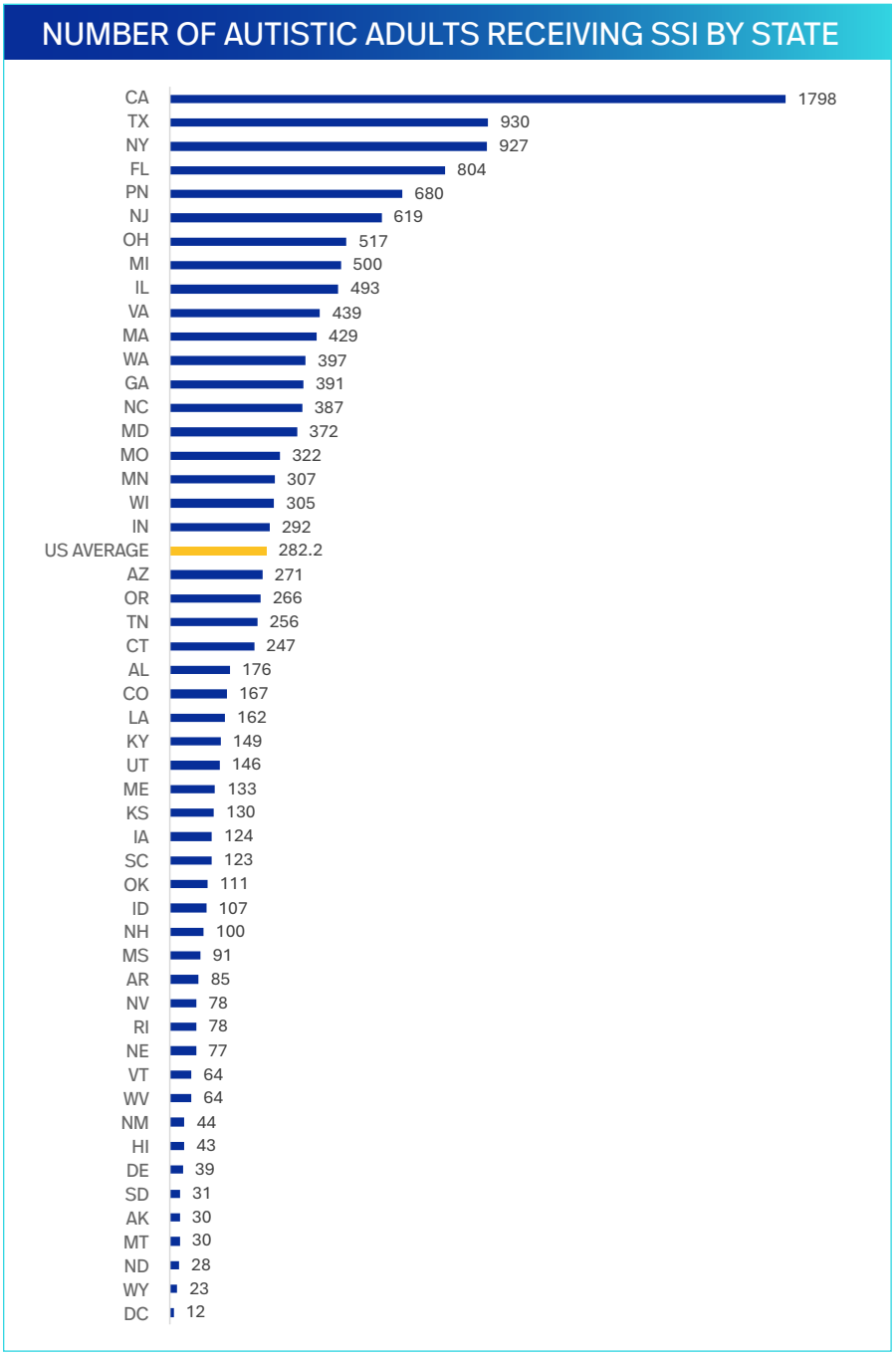
AUTISM PREVALENCE RATE BY STATE



How many adults with autism receive Supplemental Security Income (SSI)?

Autistic adults are more likely to face financial hardships than non-autistic people. They are also more likely to work part-time and earn incomes that are below the federal poverty level. People with disabilities who have low incomes may qualify for SSI benefits from the federal government. Growing numbers of autistic people see these benefits as a source of income.

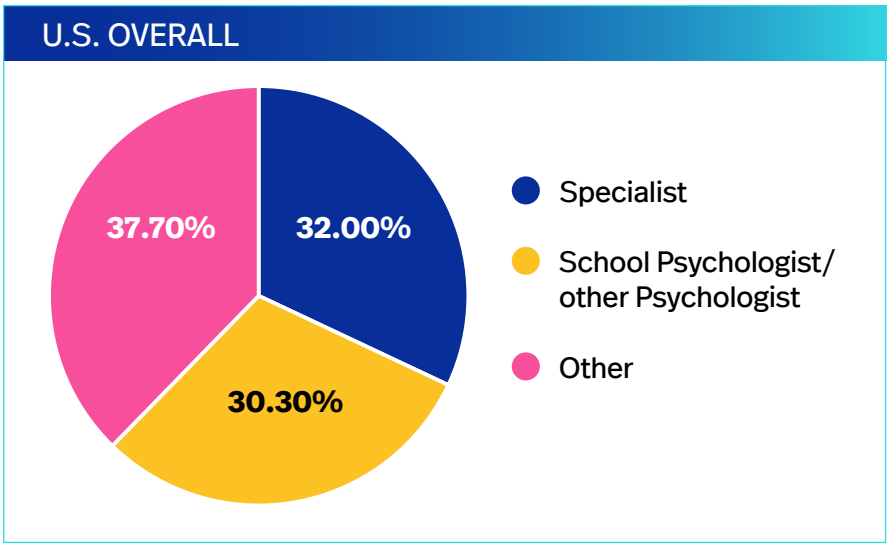
Explore this statistic by state in the Dashboard



What type of provider typically diagnoses autism in children?

There are a range of healthcare providers who can diagnose autism. Some, like developmental pediatricians, speech-language pathologists, occupational therapists and psychologists, are specialists. On average, specialists diagnosed approximately one-third of autistic children, and psychologists diagnosed a little less than one-third. Other types of providers, such as psychiatrists or primary health providers, diagnosed nearly 40% of children.

Explore this statistic by state in the Dashboard

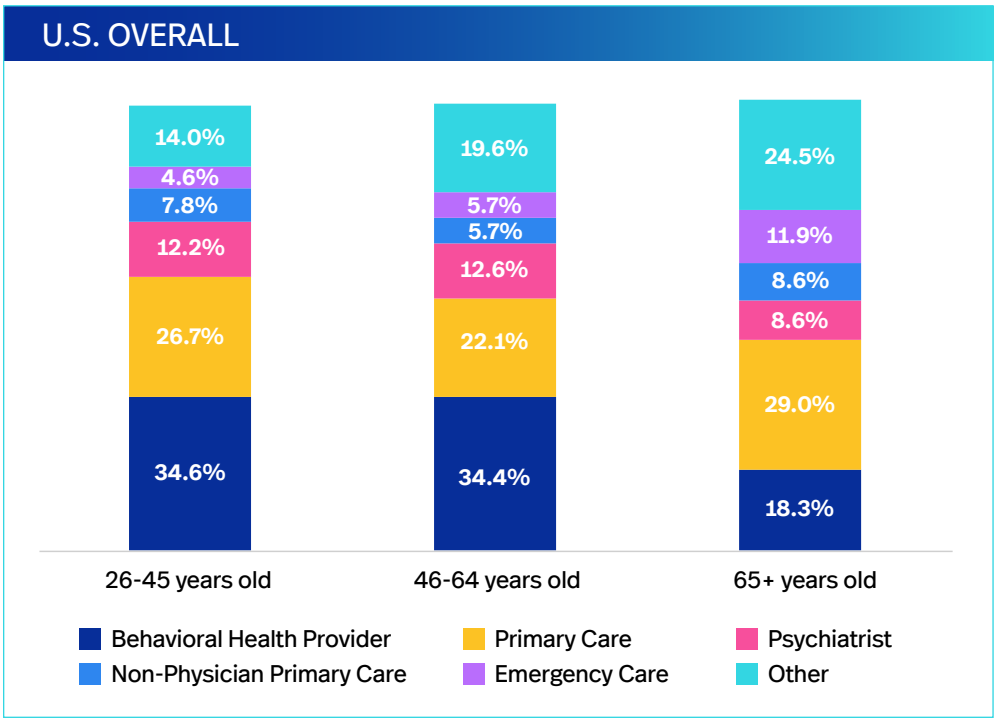


	UNITED STATES	LOW STATE	HIGH STATE
Specialist	32.0%	15.9% (GA)	62.3% (NJ)
School/Psychologist	30.3%	11.8% (NJ)	52.0% (TX)
Other Provider	37.7%	20.4% (TX)	55.8% (GA)

What type of provider typically diagnoses autism in adults?

The types of healthcare providers who diagnose autism may vary based on a person's age. For example, adults between the ages of 46 and 64 are more likely to be diagnosed by a behavioral health provider (34%) compared to adults over the age of 65 (18%). Over 10% of adults older than 65 were diagnosed by emergency medicine providers.

Explore this statistic by state in the Dashboard



	26-45	46-64	65+
Behavioral Health Provider	34.6%	34.4%	18.3%
Primary Care	26.7%	22.1%	29.0%
Psychiatrist	12.2%	12.6%	8.6%
Non-Physician Primary Care	7.8%	5.7%	8.6%
Emergency Medicine	4.6%	5.7%	11.9%
Other	14.0%	19.6%	24.5%

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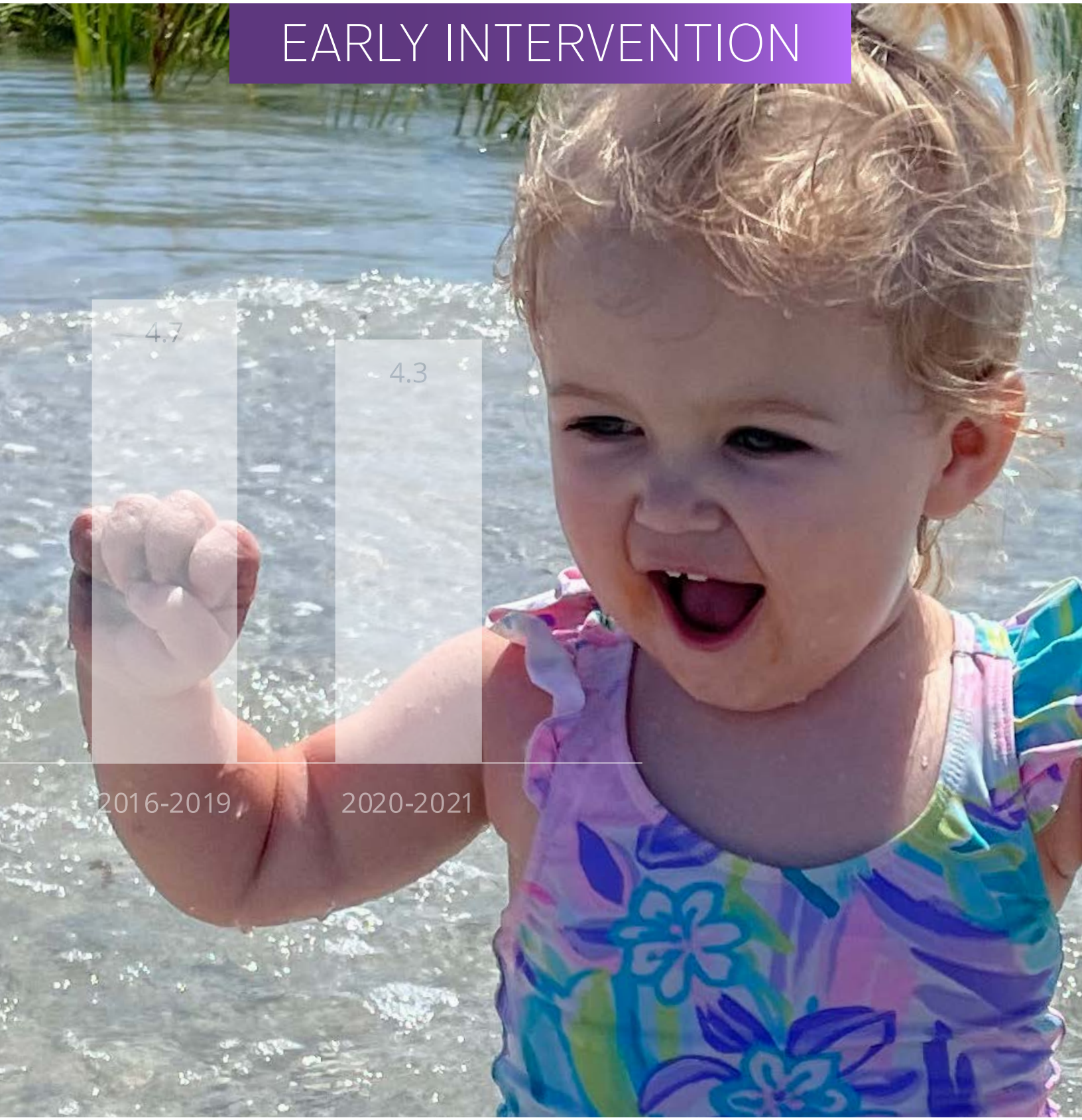
EARLY INTERVENTION



QUICK FACTS

Average age of child's autism diagnosis

- 4.9 years old

Average age of first intervention

- 4.3 years old

About the Data

Primary data sources for this topic

- 2020-2021 National Survey of Children's Health

Notes about the data

- The responses to this survey are based on parent report. There might be a difference in clinical diagnosis rates compared with parent reported diagnosis rates.

How early does diagnosis happen?

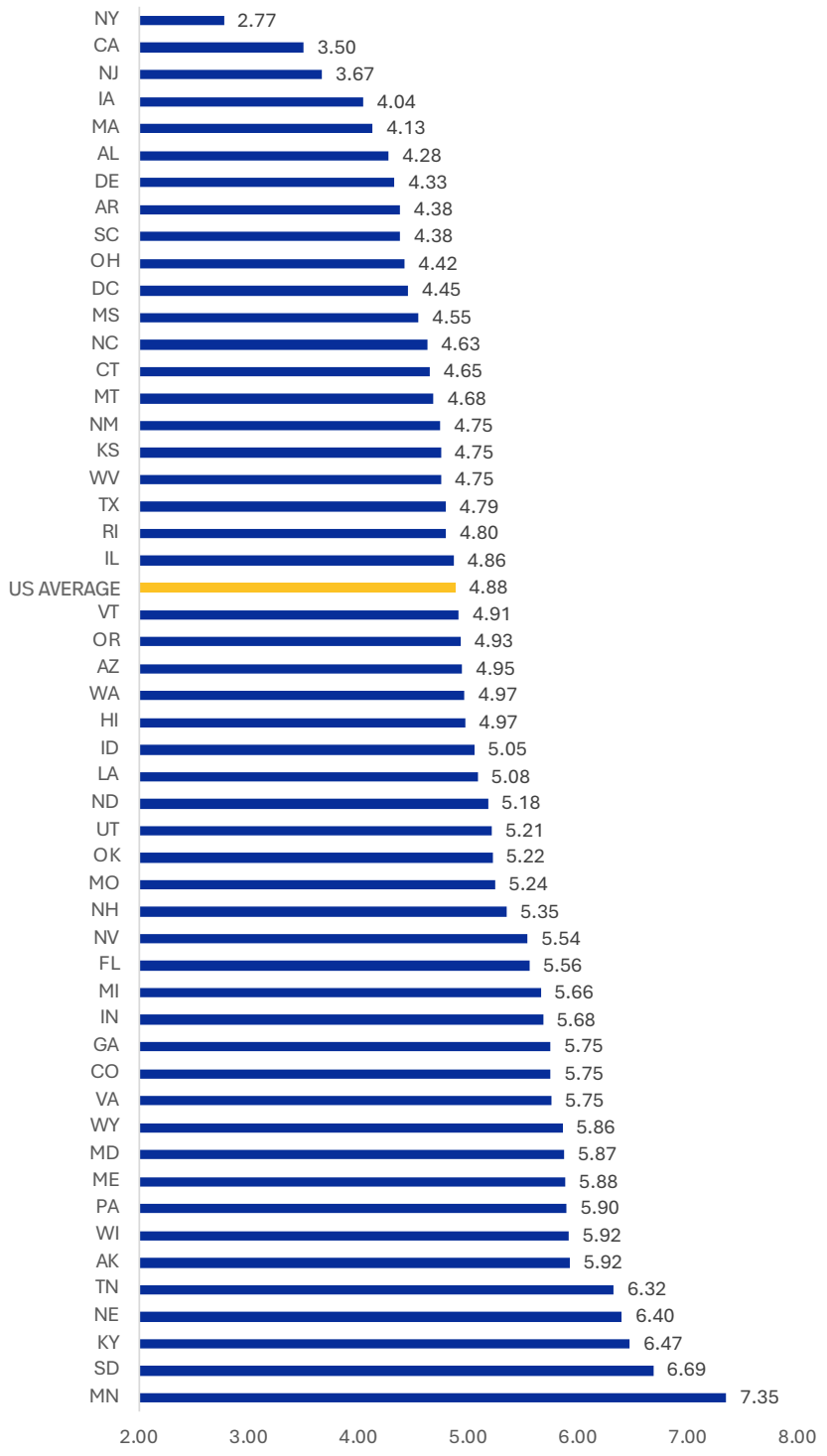
Early diagnosis is crucial for getting autistic children the support and services they need to thrive. Research shows that early diagnosis and intervention can significantly improve communication, social and daily living skills, helping autistic children reach their full potential. Timely diagnosis also empowers families with knowledge and resources to better support their child's development.

Explore this statistic by state in the Dashboard

U.S. OVERALL	AGE (YEARS)
2020-2021	
Overall	4.9
Higher Income	5.0
Lower Income	4.7
2016-2019	
Overall	5.0
Higher Income	5.2
Lower Income	4.7

STATE RATES

Average age of diagnosis by state



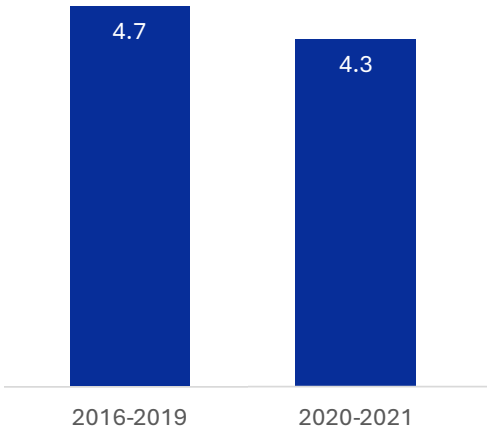
How early do first formal services begin?

Early intervention can make a life-changing difference for children with autism by building essential skills during critical developmental years. The age at which children with autism begin services may be related to how significant their developmental delays are, whether they receive needed referrals, access to service providers in their area, insurance coverage, whether they qualify for services through the state and other factors.

Explore this statistic by state in the Dashboard

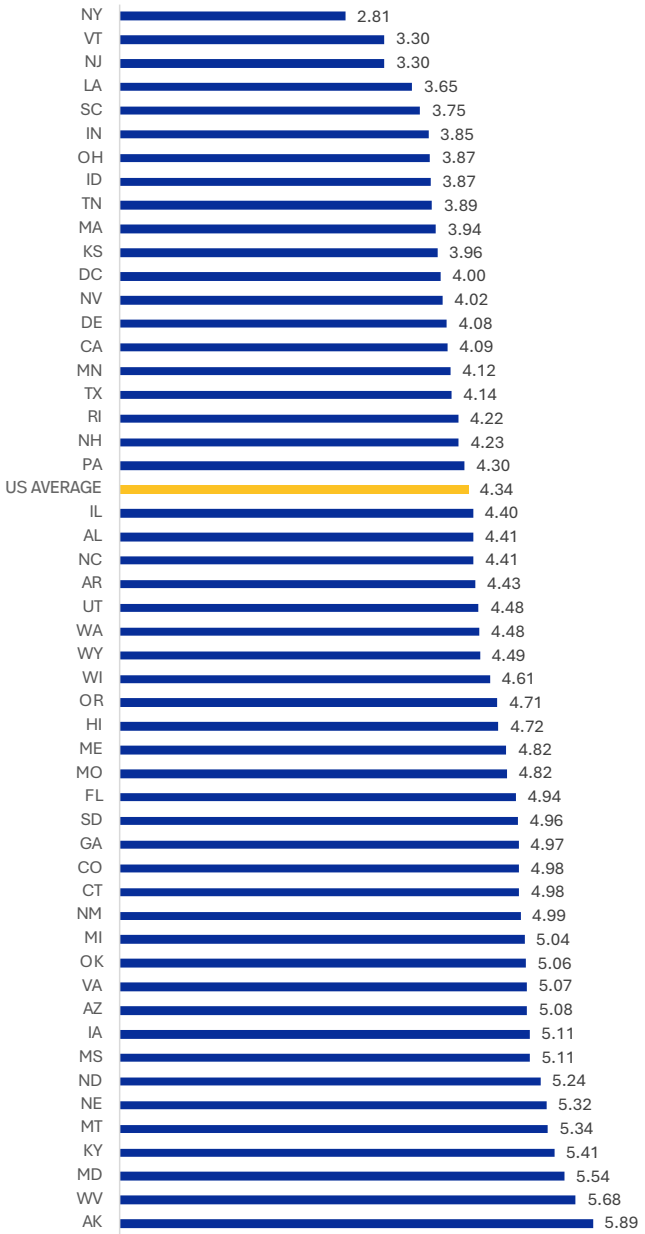
U.S. OVERALL

Average age of first intervention in years



STATE RATES

2020-2021 Age of first intervention by state



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FAMILY SUPPORTS

QUICK FACTS

Percentage of families with autistic children who are food or housing insecure

- 25.4%

About the Data

Primary data sources for this topic

- 2020-2021 National Survey of Children's Health

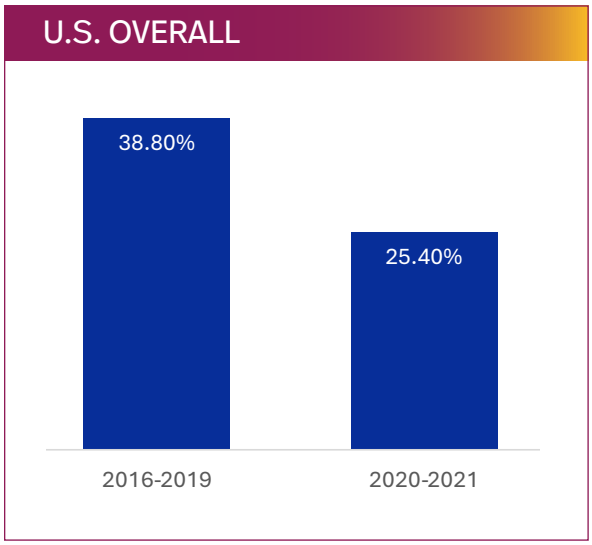
Notes about the data

- The responses to this survey are based on parent report. There might be differences between parent recall and the family's actual financial situation.
- In response to COVID-19, the federal and state governments implemented programs that prevented or limited housing evictions, increased availability of food programs like SNAP/WIC benefits and increased access to free/reduced meals at schools. These policy changes may have affected rates of food and housing insecurity in the autistic community in 2020-2021.

How often are families of autistic children experiencing financial hardship?

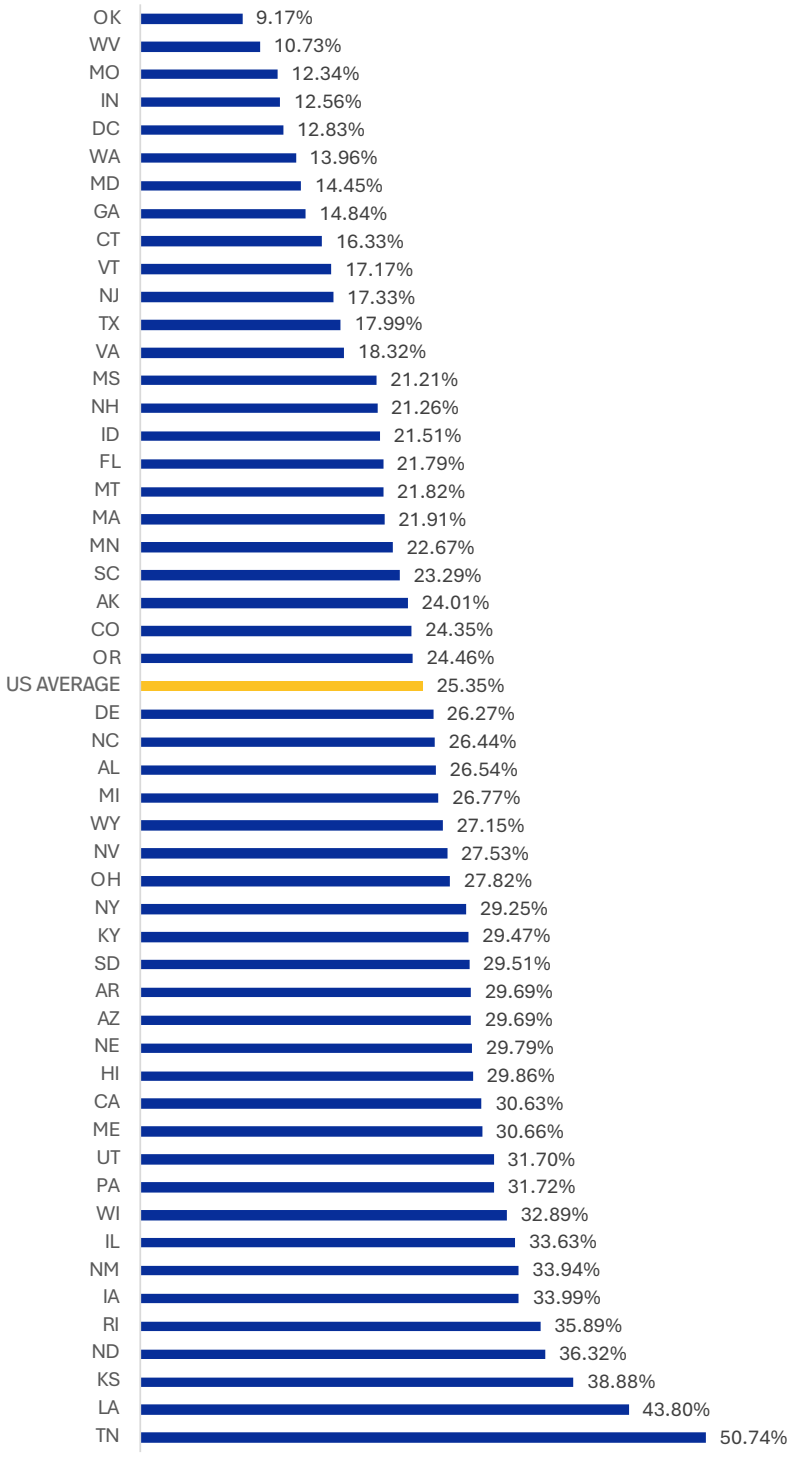
When families of children with autism struggle to afford basic necessities like food and housing, it causes extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the whole family. Families who experience financial hardship may also have less time and fewer resources to pursue autism-related services for their child.

Explore this statistic by state in the Dashboard



STATE RATES

Percentage of families experiencing food or housing insecurity by state



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HEALTH & HEALTHCARE

QUICK FACTS

Percentage of autistic children with unmet healthcare needs

- 10.9% nationwide

Rate of health conditions in autistic children

- Anxiety – 17.1%
- ADHD – 35.3%
- Depression - 7.5%
- Diabetes – 0.6%
- High cholesterol – 0.9%
- High blood pressure – 0.5%
- Obesity – 3%

Cost of common outpatient autism services

- ABA - $100.35
- Developmental screening - $101.34
- Emergency dept - $1473.88
- Mental health - $0.00
- Physical therapy - $69.04
- Psychiatry - $259.40
- Speech therapy - $165.24
- Therapeutic behavioral - $0.00

Rate of emergency room use

- For physical health – 2.2%
- For psychiatric health – 1%

Rate of health conditions in autistic adults

- Anxiety – 26%
- ADHD – 21.1%
- Depression – 20.2%
- Diabetes – 6.4%
- High cholesterol – 7.7%
- High blood pressure – 8.9%
- Obesity – 7.2%

About the Data

Primary data sources for this topic

- 2020-2021 National Survey of Children's Health
- 2019 Medicaid T-MSIS Analytic File
- 2022 FairHealth Inc. claims data

Notes about the data

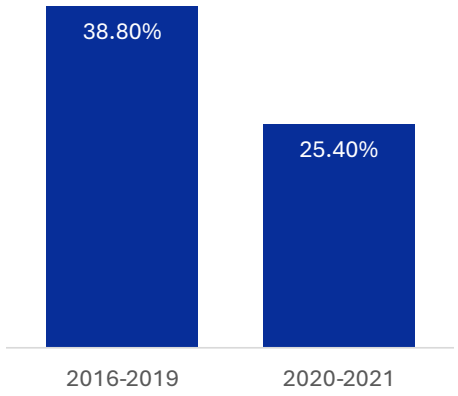
- The National Survey of Children's Health responses are based on parent report. There might be a difference in clinical reports versus parent recall.
- Medicaid and FairHealth claims records are not indicative of conditions that are not paid for by an insurance company.
- Medicaid data are reliant on a state's enrollment criteria and some autistic children might be served by the Children's Health Insurance Program.

How often do autistic children experience unmet healthcare needs?

Autistic children are more likely to experience unmet healthcare needs compared to non-autistic children. This gap highlights ongoing challenges in access to appropriate care, from diagnostic services to mental and physical health support. Addressing these disparities is essential to improving health outcomes and ensuring every autistic child receives the care they need.

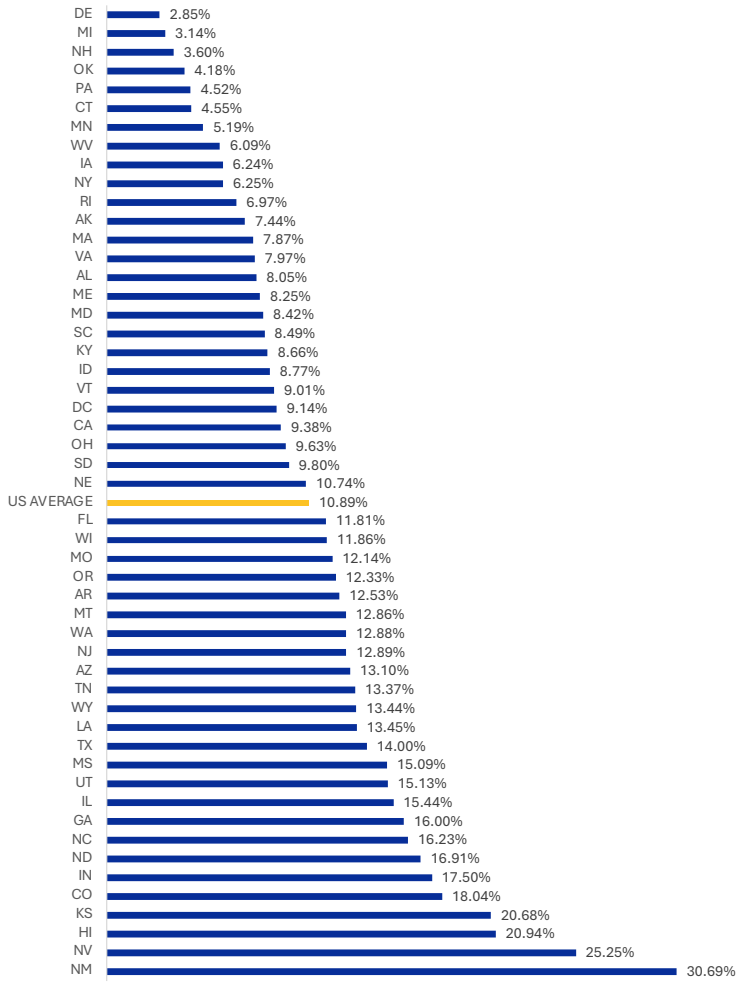
Explore this statistic by state in the Dashboard

U.S. OVERALL



STATE RATES

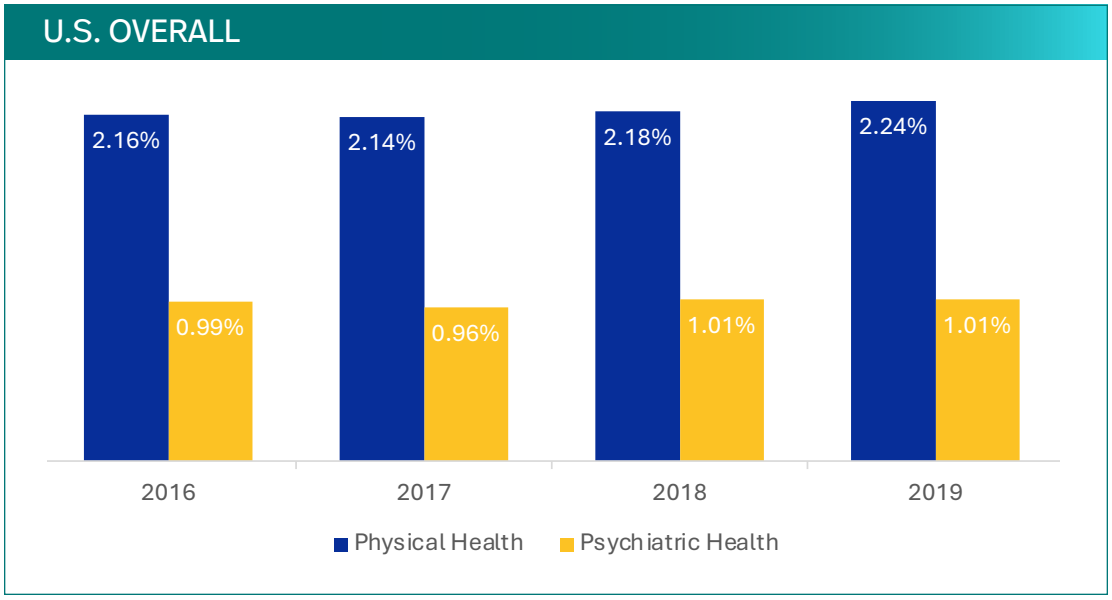
Rates of unmet healthcare needs by state



How often do autistic children and adults visit the emergency department?

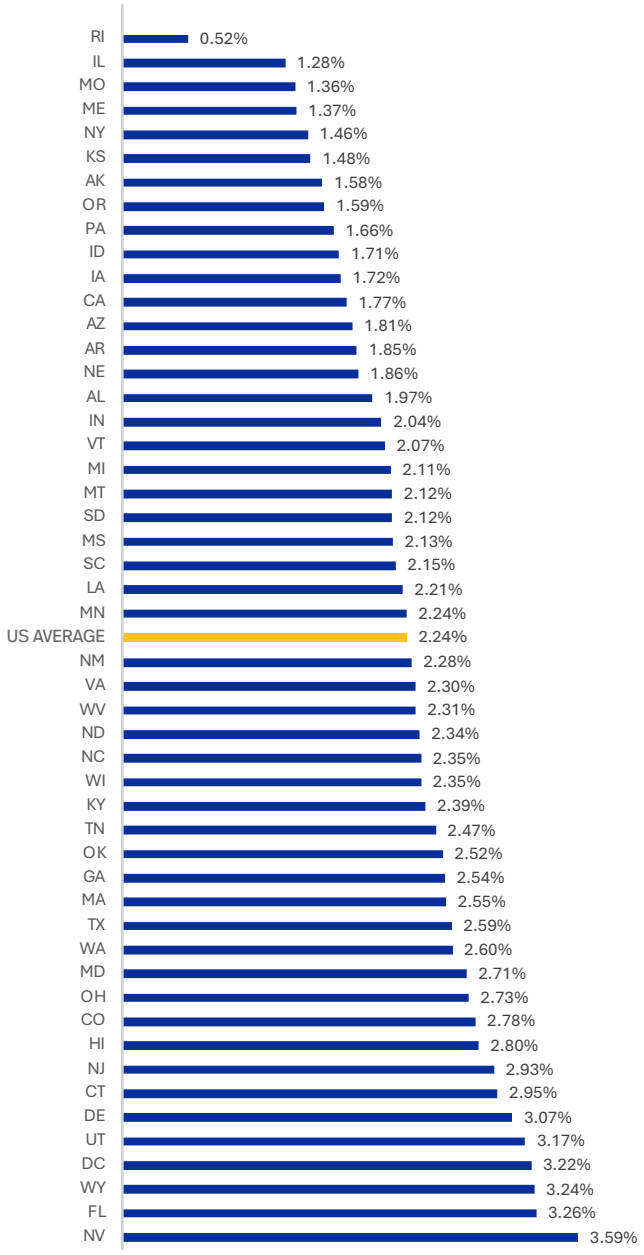
Many autistic people have co-occurring mental and physical health conditions that require specific care. Emergency department visits can be an indicator of inadequate or insufficient care for co-occurring conditions and/or lack of access to outpatient care. High rates of emergency visits in a state may indicate that autistic residents aren't receiving the healthcare support they need.

Explore this statistic by state in the Dashboard



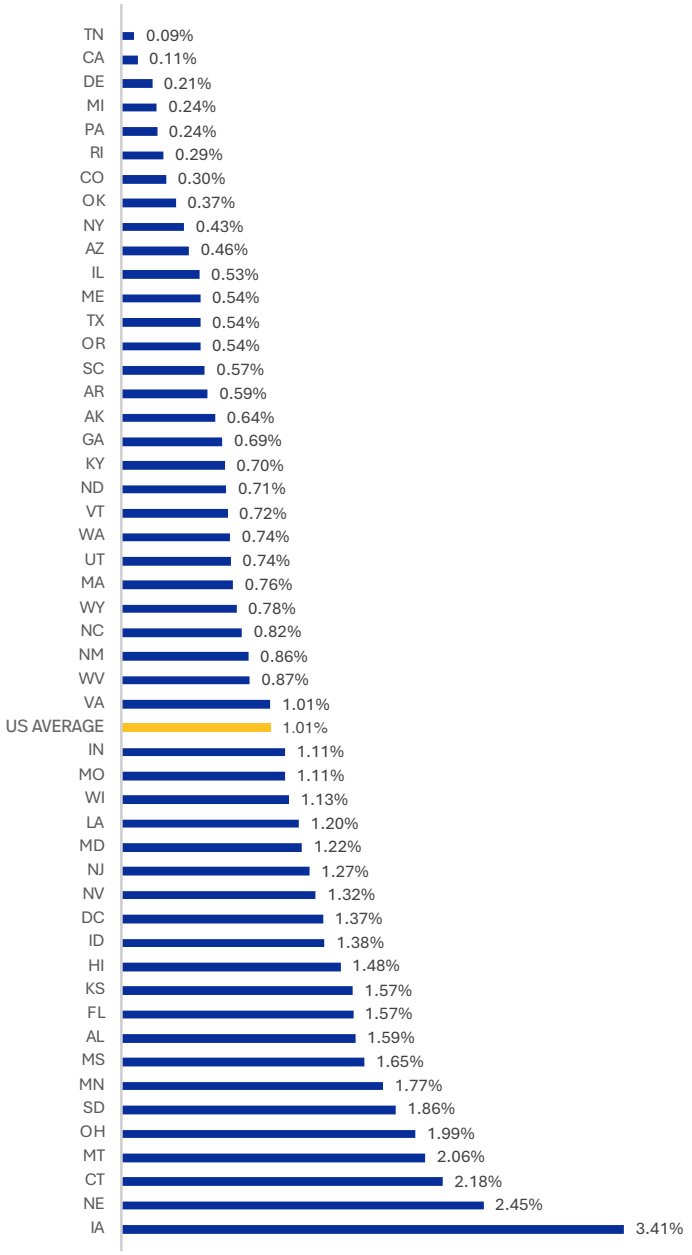
STATE RATES

2019 Rates of physical health visits by state*



STATE RATES

Psychiatric health visits by state*



**Note: No data was available for New Hampshire*

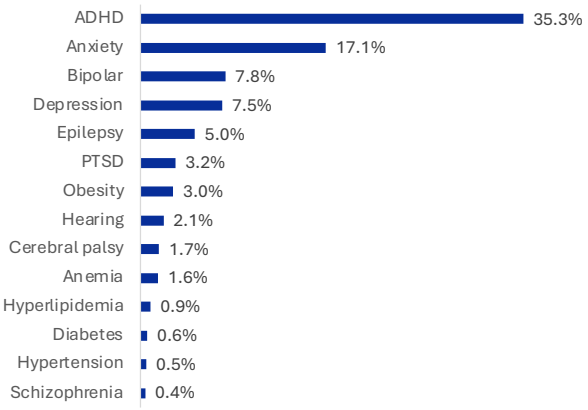
How often do autistic Medicaid enrollees experience other physical and mental health conditions?

Autistic people often have other physical and mental health conditions in addition to autism. Understanding the prevalence of these conditions is critical for designing services that provide comprehensive, coordinated care and improve overall health outcomes.

Explore this statistic by state in the Dashboard

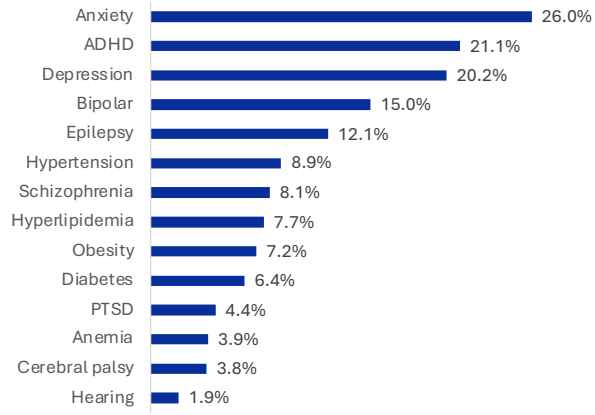
U.S. OVERALL

Children, ages 0-17 years old



U.S. OVERALL

Adults, ages 18-64



CO-OCCURRING CONDITIONS	STATE RATES: AGES 1-17		STATE RATES: AGES 18-64	
	Low State	High State	Low State	High State
ADHD	0.45% (MS)	51.75% (IA)	0.17% (MS)	33.1% (IA)
PTSD	0.02% (MS)	11.04% (MT)	0.08% (MS)	12.9% (ME)
Anemia	0.02% (MS)	4.59% (NJ)	0.04% (MS)	7.99% (NJ)
Anxiety	0.12% (MS)	36.49% (ME)	0.42% (MS)	47.06% (ME)
Bipolar	0.14% (MS)	16.75% (ND)	0.13% (MS)	28.25% (NV)
Cerebral palsy	0.02% (MS)	3.59% (CO)	0.04% (MS)	9.02% (FL)
Depression	0.1% (MS)	15.34% (WY)	0.34% (MS)	32.6% (MN)
Diabetes	0 (MS)	1.06% (SD)	0.17% (MS)	8.87% (NV)
Epilepsy	0 (MS)	7.74% (CO)	0.25% (MS)	17.86% (ND)
Hearing	0.02% (MS)	5.22% (AR)	0.04% (MS)	5.52% (DC)
Hyperlipidemia	0 (MS)	2.96% (NJ)	0.08% (MS)	16.16% (NV)
Hypertension	0 (MS)	0.97% (LA)	0.21% (MS)	15.1% (LA)
Obesity	0.02% (MS)	5.64% (MA)	0.04% (MS)	12.66% (MA)
Schizophrenia	0 (MS)	1.23% (NV)	0.25% (MS)	15.9% (NV)

What are the costs of common autism services?

Pediatric healthcare costs include office visits for check-ups and sick care, blood work and immunizations, emergency care and other procedures. Healthcare for children with autism may also include evaluations and therapies, mental healthcare and other specialty services. Across the nation, most healthcare spending for children with autism occurs in outpatient settings.

Explore this statistic by state in the Dashboard

U.S. AVERAGE COSTS FOR SELECT SERVICES

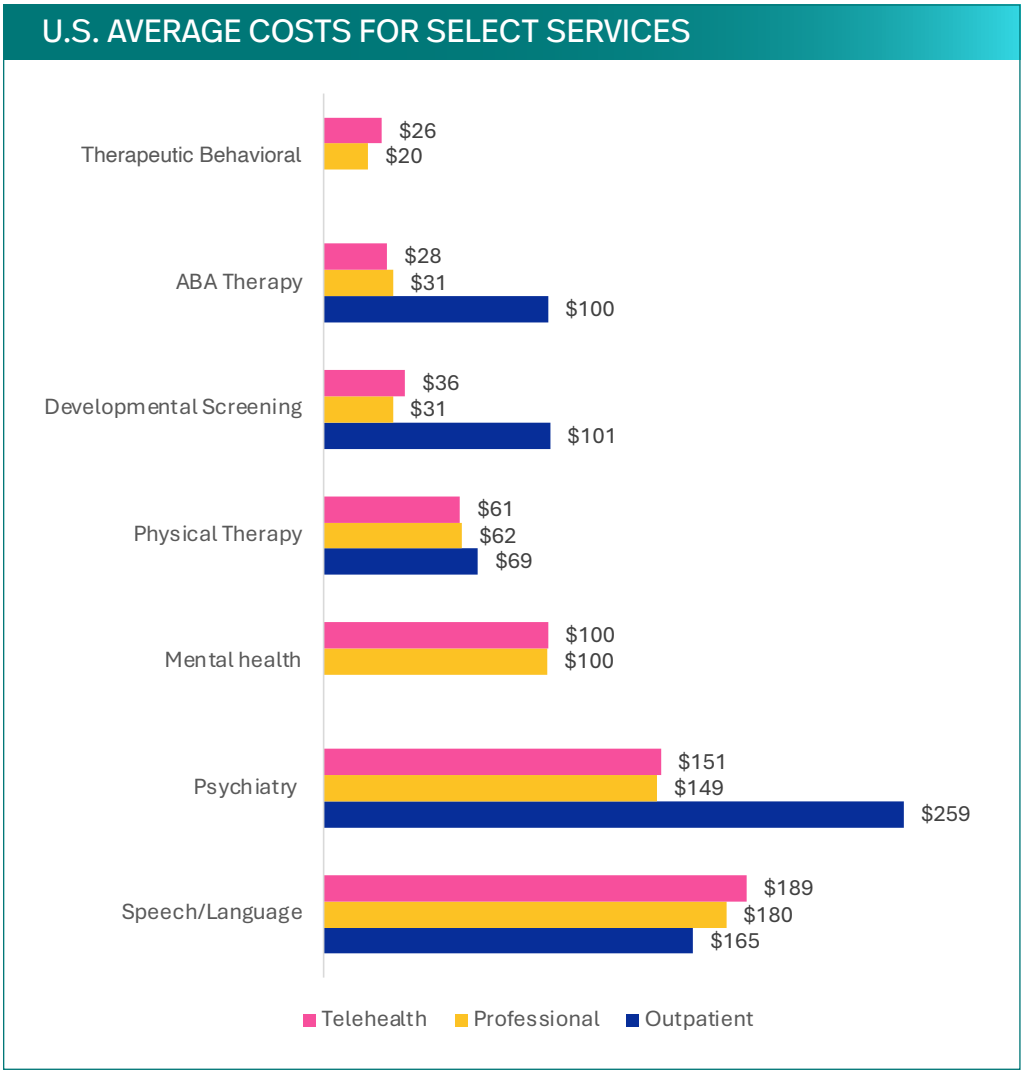


TABLE OF CONTENTS	ABOUT AUTISM BY THE NUMBERS	PREVALENCE & DIAGNOSIS	FAMILY SUPPORTS	EDUCATION	STATE PROFILES
		EARLY INTERVENTION	HEALTH & HEALTHCARE	EMPLOYMENT	APPENDIX

EDUCATION

QUICK FACTS

Rate of autistic students in special education

- 12.2%

Rate of disciplinary action

- 1 day – 1.8%
- 2-10 days – 3.2%
- More than 10 days – 0.3%

Graduation rates of autistic students

- Regular diploma – 72.4%
- Certificate – 17.9%
- Dropped out – 6.8%

About the Data

Primary data sources for this topic

- 2020-2021 Part B Child Count Data from U.S. Department of Education

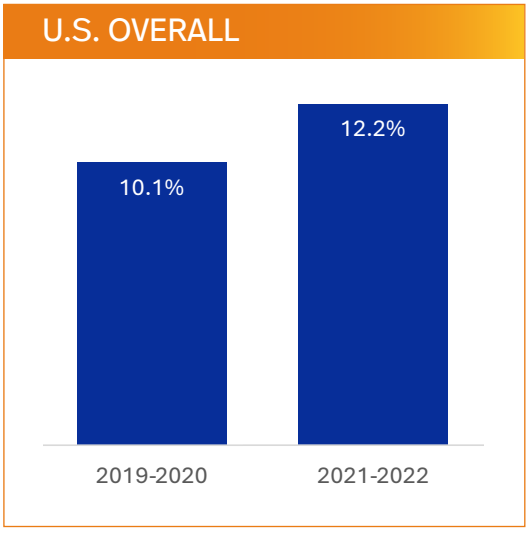
Notes about the data

- Data was not available for Iowa.
- Some people provided anecdotal evidence that not all schools/districts/states provide data on discipline or how students left high school.

How many students who receive special education have autism?

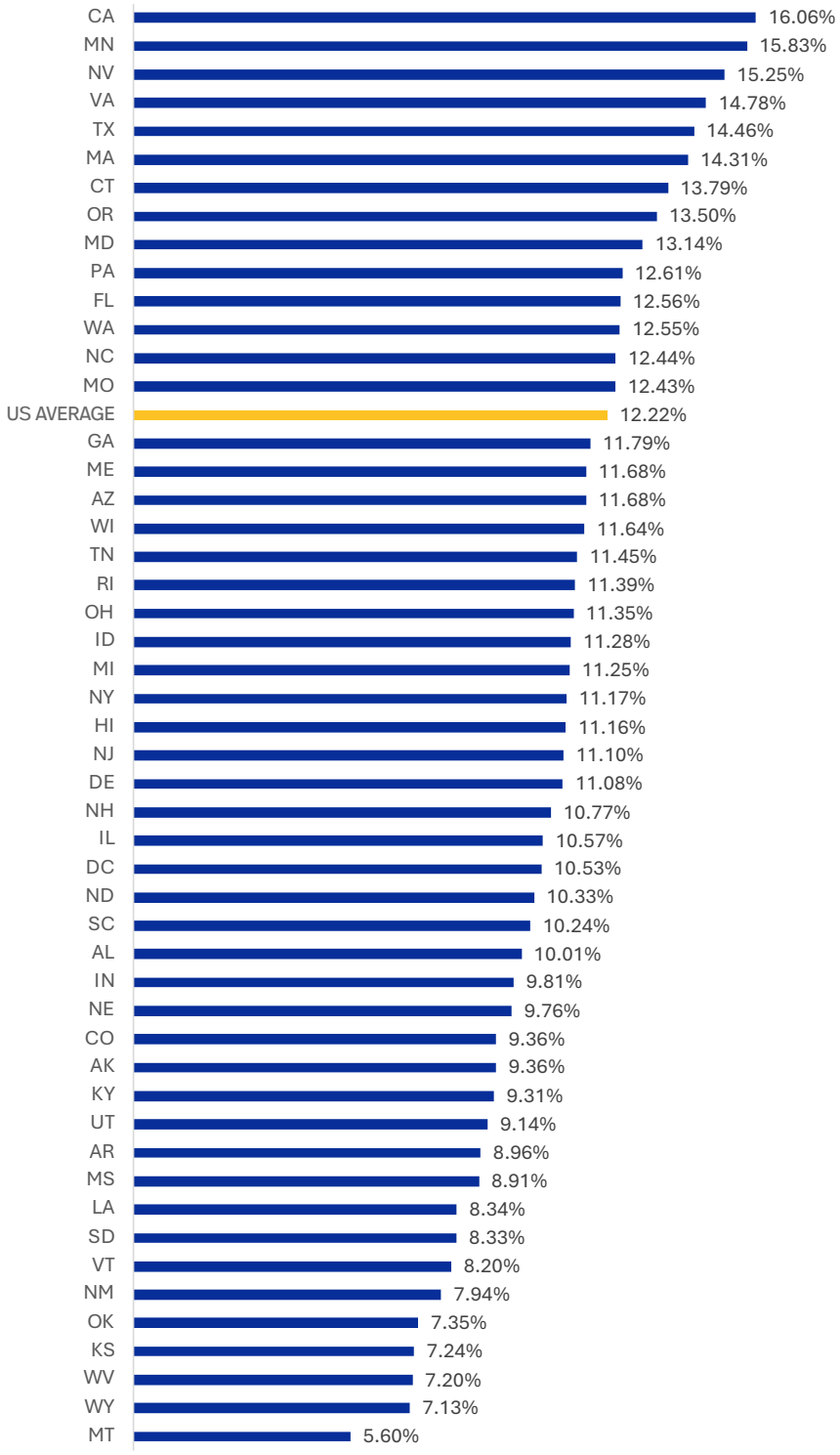
Many students with autism (but not all) receive special education services to support their learning. Access to these services, when tailored to individual strengths and needs, can significantly enhance academic success and long-term outcomes. All special education services are intended to meet each student's individual educational needs, but services for autism may be more specialized or enable access to specially trained professionals.

Explore this statistic by state in the Dashboard



STATE RATES

Percentage of students in special education who have autism



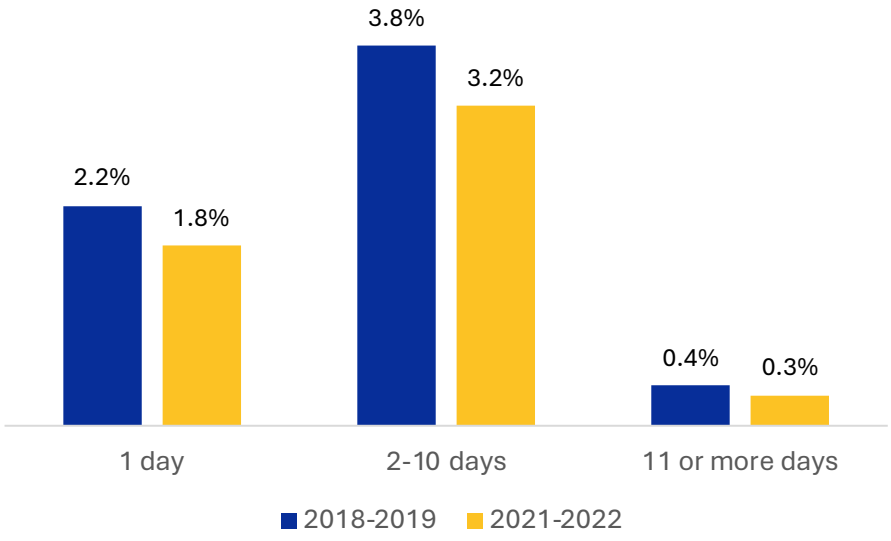
How often do schools use disciplinary action with special education students who have autism?

Schools can take disciplinary actions with students who receive special education services. States vary in their rates of use of in-school suspension, out-of-school suspension or expulsion with special education students. These actions can disrupt learning, increase stress and contribute to long-term negative outcomes. Understanding these patterns can help schools adopt more effective, supportive strategies that prioritize student well-being and success.

Explore this statistic by state in the Dashboard

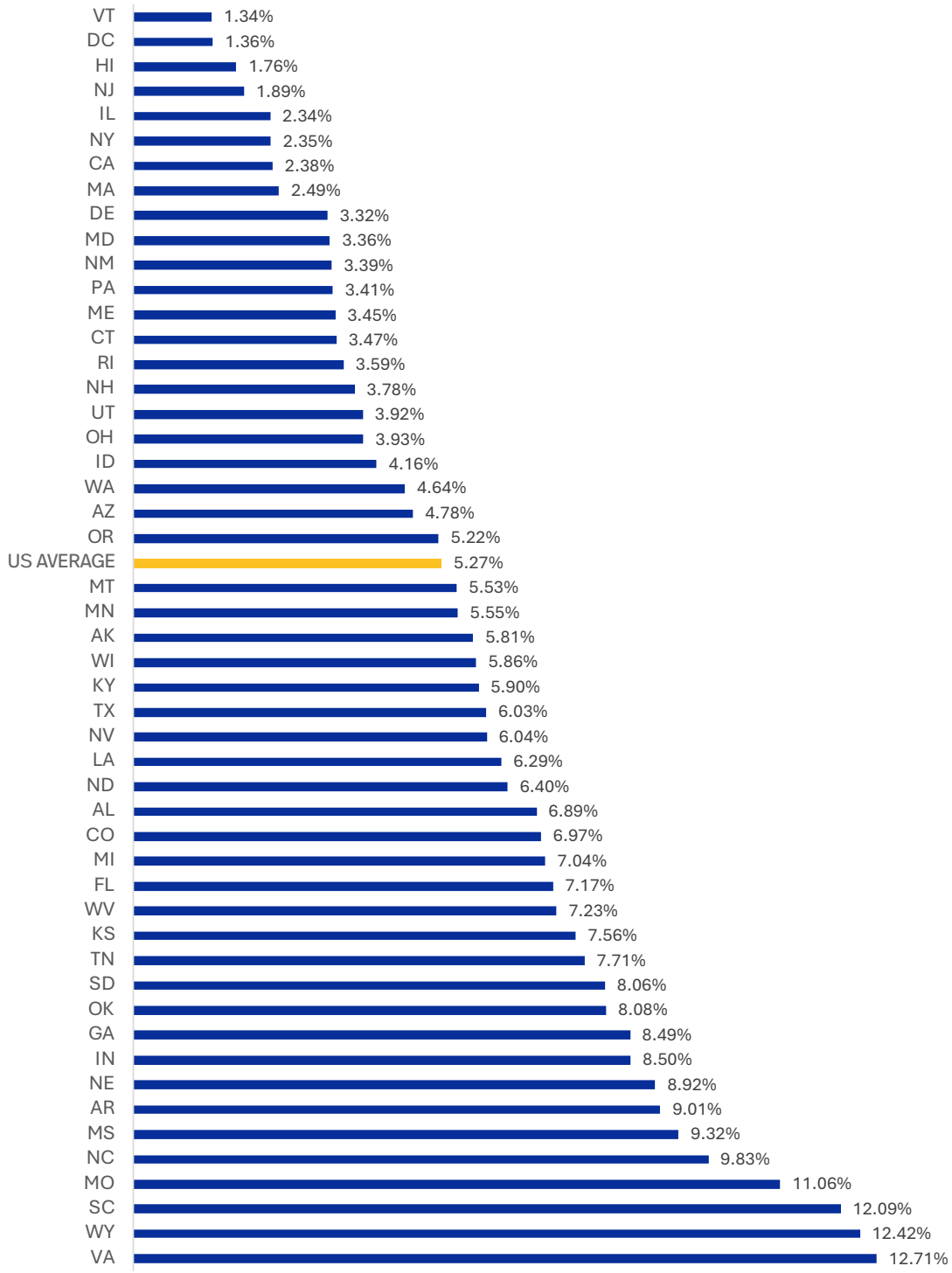
U.S. OVERALL

Percentage of autistic special education students who receive disciplinary action



STATE RATES

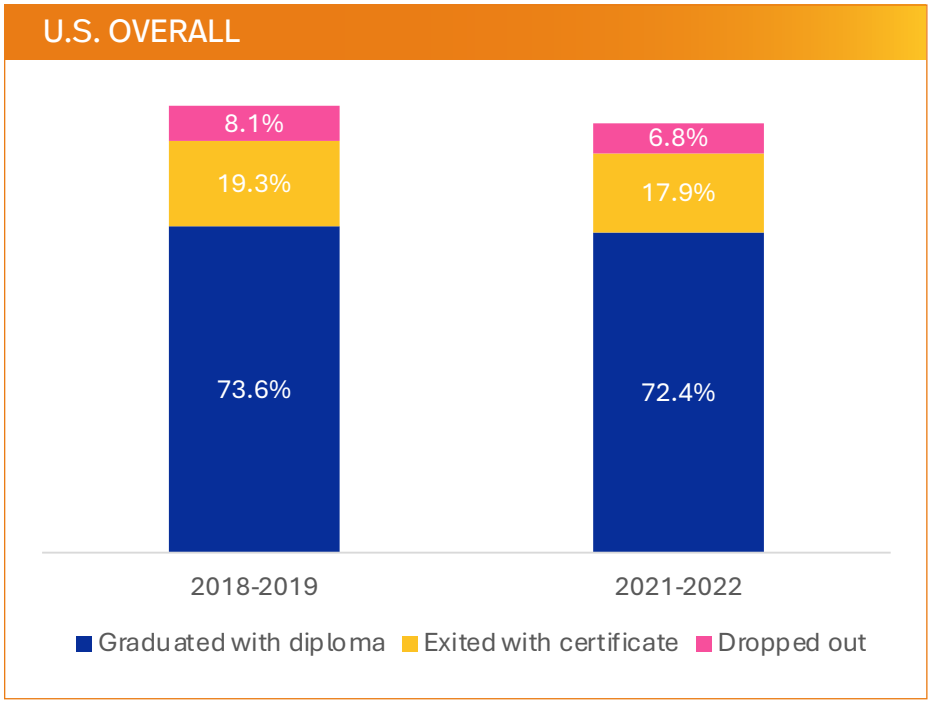
Percentage of autistic special education students who received 1+ days of disciplinary action, by state



How often do students (receiving special education for autism) leave high school with a diploma?

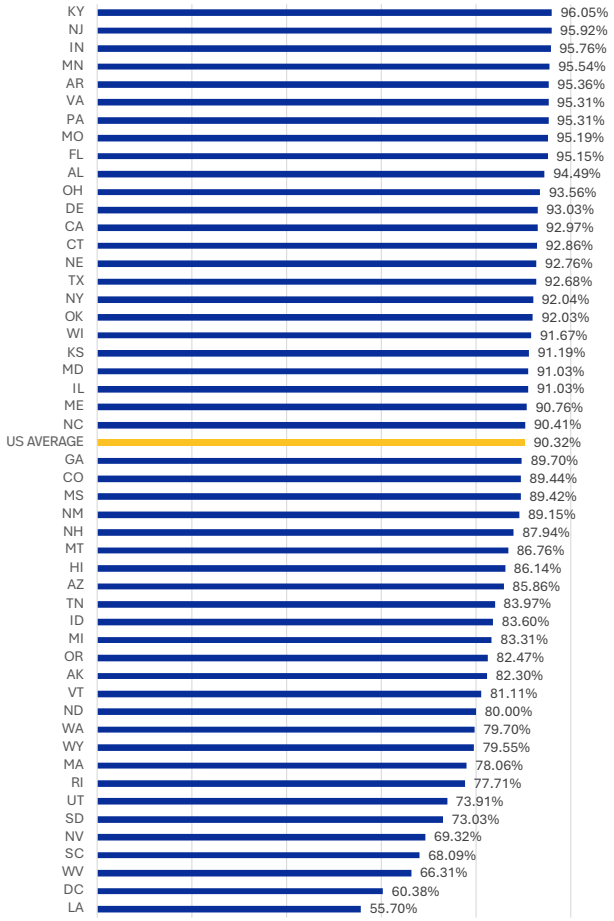
Differences across states in how autistic students leave high school (graduating with a diploma versus earning a certificate versus dropping out) may be indicative of the effectiveness of supports autistic students receive, quality of schools in the state, state education policy and other factors.

Explore this statistic by state in the Dashboard



STATE RATES

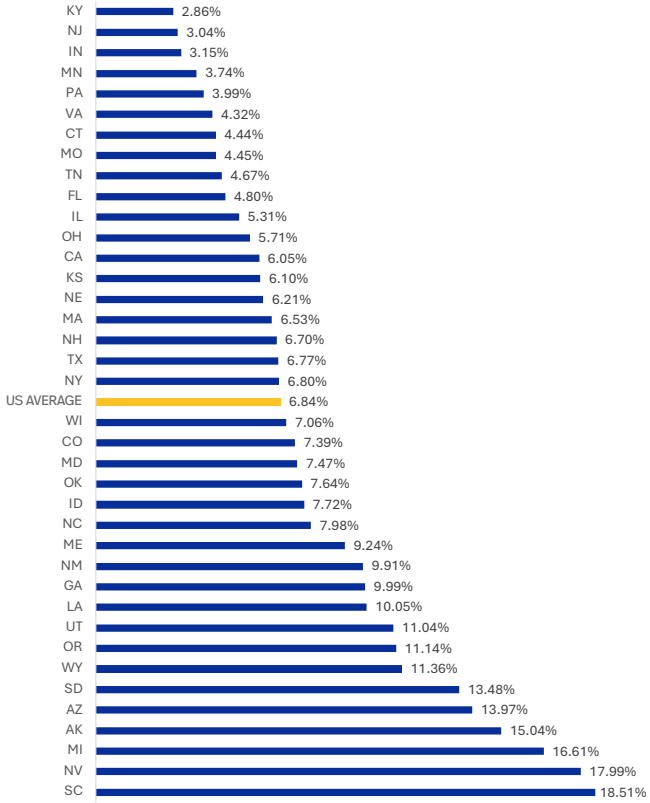
Percentage of autistic students in special education who finished high school with a diploma or a certificate, by state*



Data for Iowa is not included.

STATE RATES

Percentage of autistic students in special education who dropped out of high school, by state**



**Not all states provide data about drop-out rates.*

TABLE OF CONTENTS	ABOUT AUTISM BY THE NUMBERS	PREVALENCE & DIAGNOSIS	FAMILY SUPPORTS	EDUCATION	STATE PROFILES
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EMPLOYMENT

QUICK FACTS

How many autistic people receive vocational rehabilitation (VR) services?

- 80%

Employment rate for people with autism after receiving VR services

- 49%

About the Data

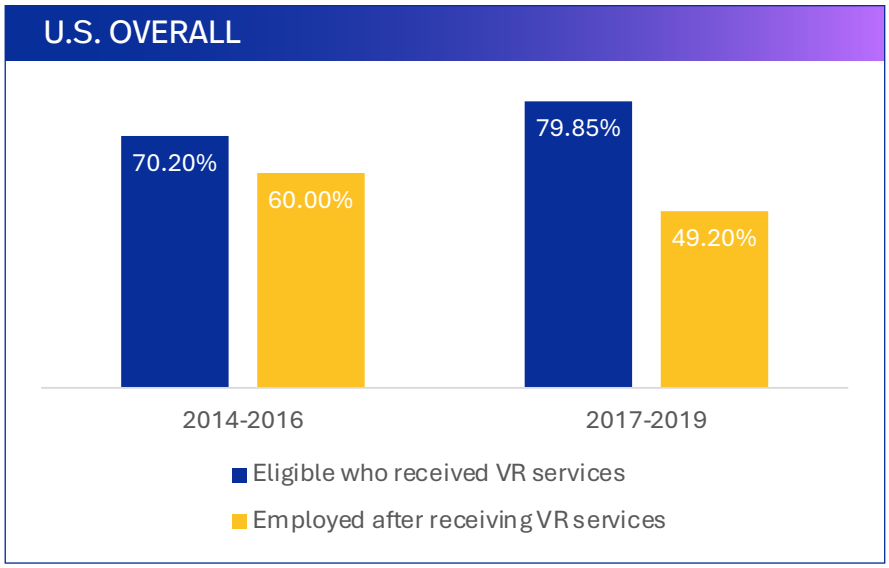
Primary data sources for this topic

- U.S. Department of Education, Rehabilitation Services Administration (RSA-911) FY2014-2016 and FY2017-2019

How often do autistic people become employed after receiving VR services?

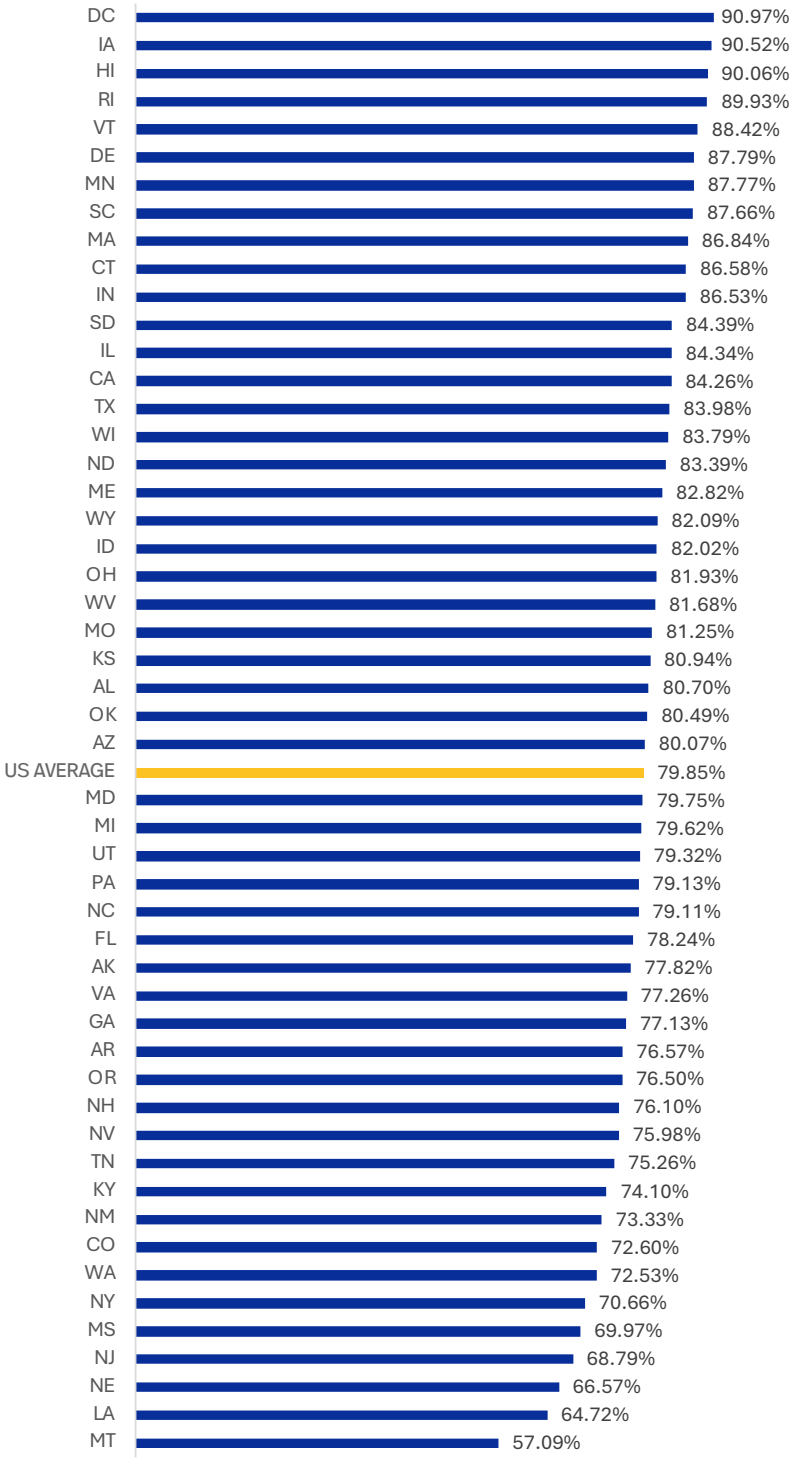
Higher employment rates after vocational rehabilitation services can indicate the effectiveness of these programs, though they may also reflect factors like funding levels, eligibility criteria and the types of jobs secured. However, VR employment data doesn't capture job satisfaction or whether a job aligns with an individual's skills and interests.

Explore this statistic by state in the Dashboard



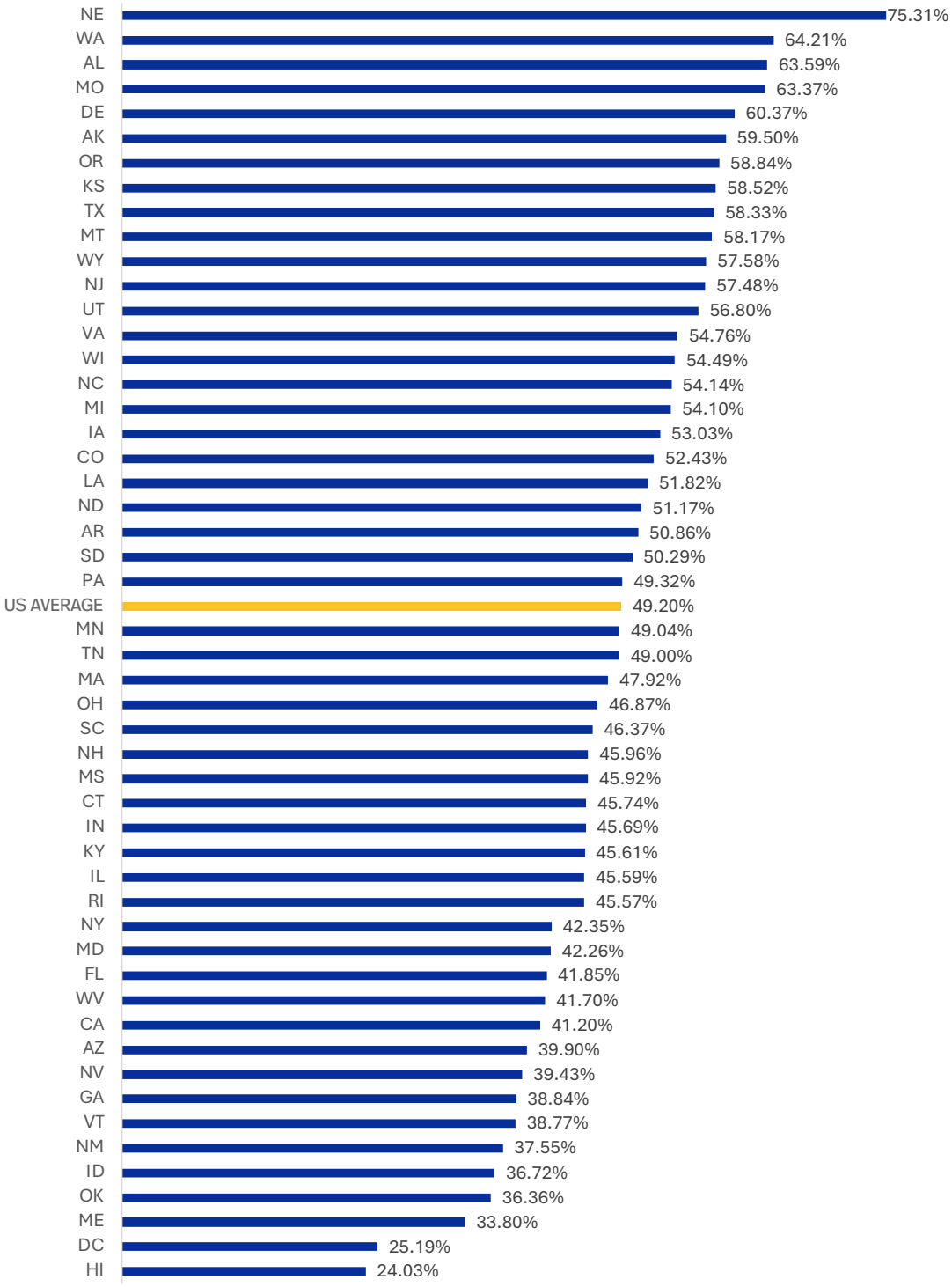
STATE RATES

Percentage of autistic people who are eligible for VR services and actually receive VR services by state



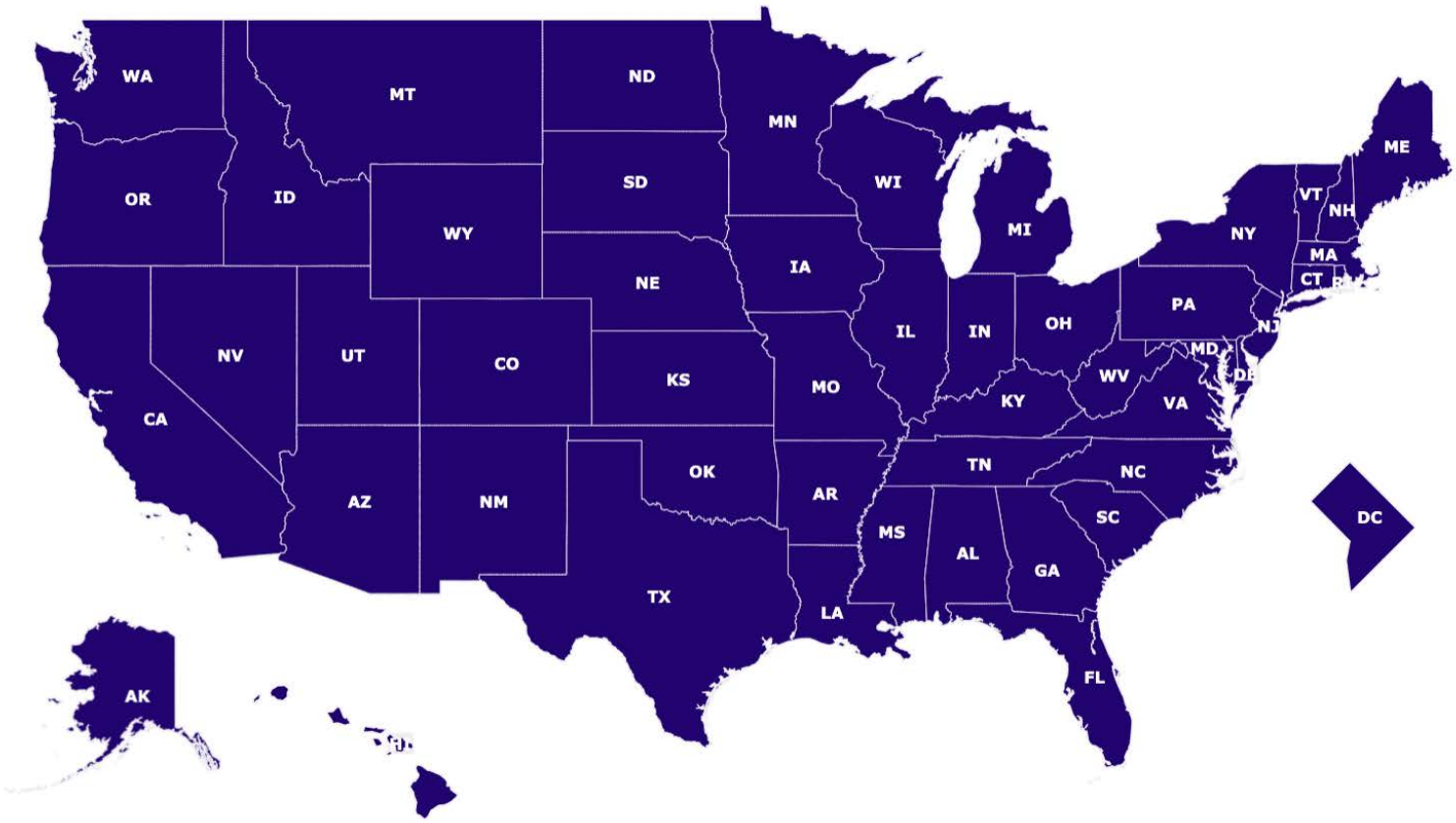
STATE RATES

Percentage of autistic people who are employed after receiving VR services by state



STATE PROFILES

Click on a state to see a summary of indicators across topics



AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

ALABAMA

Autism Rate – *Prevalence and provider types diagnosing autism*

2.9 percent of Alabama parents reported that their child had autism. This is **the same** as the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

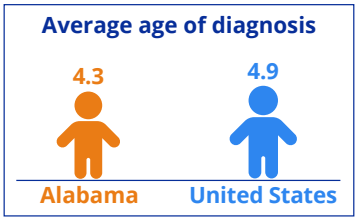
	Alabama	United States
Specialist	25.7%	32%
School/Other Psychologist	28.9%	30.4%
Other Provider Type	45.5%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Alabama is 4.3 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 10.1 percent** of special education students in **Alabama** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Alabama, 6.9 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Alabama**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Alabama	United States
Receiving special education services	10.1%	12.2%
Received disciplinary action	6.9%	5.3%
Received diploma	65.6%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

80.7 percent of Alabama autistic VR applicants (ages 14-64 years) received VR services. This is **slightly higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Alabama**.

	Alabama	United States
Received VR services	80.7%	79.9%
Employed after VR	63.6%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

ALABAMA

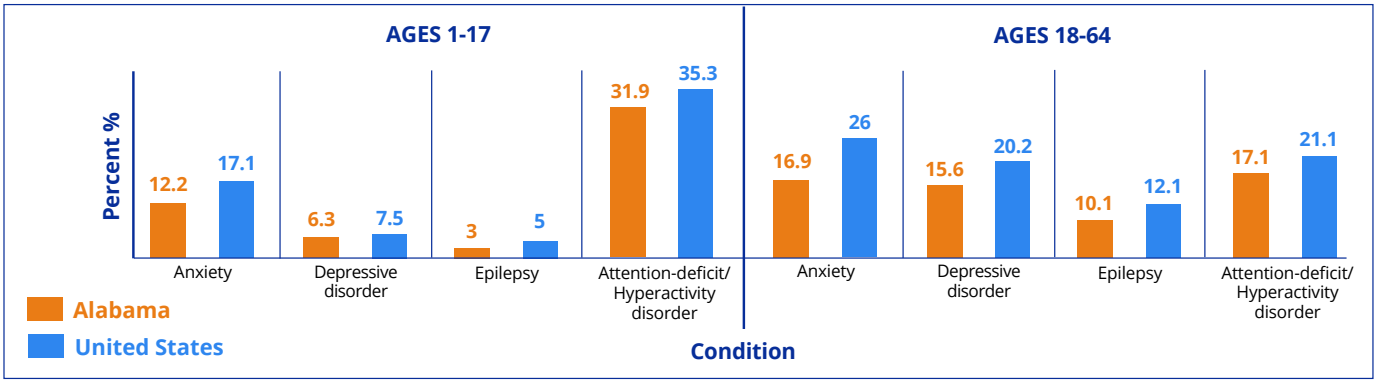
Unmet Healthcare Needs in Children

8.1 percent of parents in **Alabama** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Alabama	United States
Unmet healthcare needs for children with autism	8.1%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Alabama** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Alabama	United States
Developmental screening	$171	$101
Emergency department	$944	$1,474
Physical therapy	$48	$69
Psychiatry	$223	$259
Speech/language	$134	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

26.5 percent of parents in **Alabama** reported experiencing food or housing insecurity. This is **slightly higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

26.5%
of autistic households in Alabama experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

ALASKA

Autism Rate – *Prevalence and provider types diagnosing autism*

3.0 percent of Alaska parents reported that their child had autism. This is **slightly higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

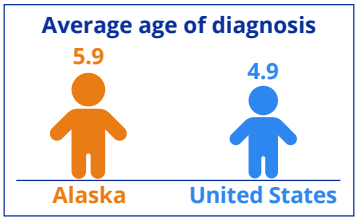
	Alaska	United States
Specialist	21.5%	32%
School/Other Psychologist	34.8%	30.4%
Other Provider Type	43.7%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Alaska is 5.9 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 9.4 percent** of special education students in **Alaska** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Alaska, 5.8 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Alaska**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Alaska	United States
Receiving special education services	9.4%	12.2%
Received disciplinary action	5.8%	5.3%
Received diploma	63.7%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

77.8 percent of Alaska autistic VR applicants (ages 14-64 years) received VR services. This is **slightly lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Alaska**.

	Alaska	United States
Received VR services	77.8%	79.9%
Employed after VR	59.5%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

ALASKA

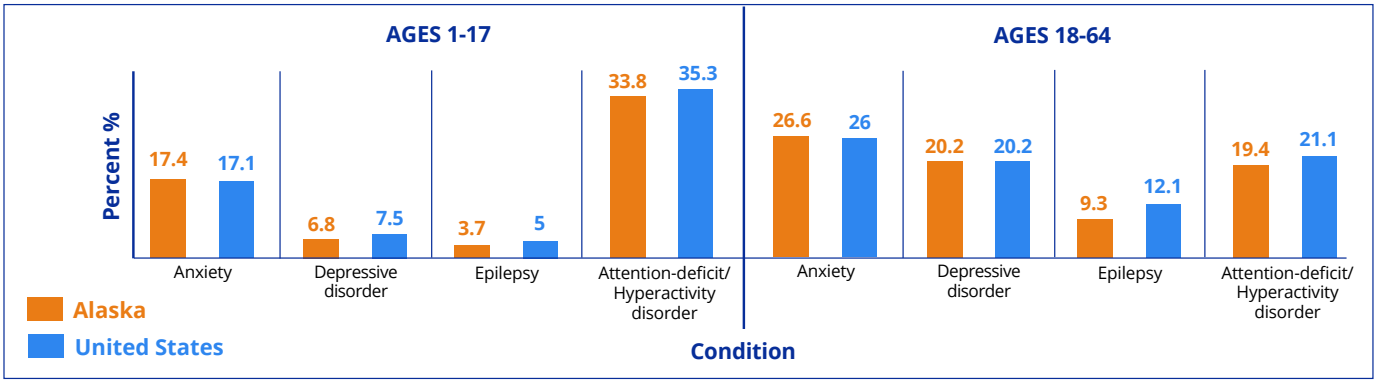
Unmet Healthcare Needs in Children

7.4 percent of parents in **Alaska** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Alaska	United States
Unmet healthcare needs for children with autism	7.4%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Alaska** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Alaska	United States
Developmental screening	$213	$101
Emergency department	$1,536	$1,474
Physical therapy	$138	$69
Psychiatry	$311	$259
Speech/language	$406	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

24.0 percent of parents in **Alaska** reported experiencing food or housing insecurity. This is **slightly lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

24%
of autistic households in Alaska experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

ARIZONA

Autism Rate – *Prevalence and provider types diagnosing autism*

3.1 percent of Arizona parents reported that their child had autism. This is **slightly higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

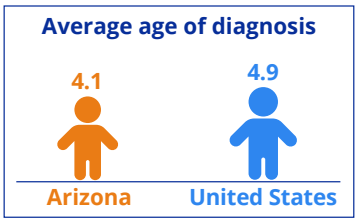
	Arizona	United States
Specialist	46.1%	32%
School/Other Psychologist	24.9%	30.4%
Other Provider Type	29.0%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Arizona is 4.1 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.7 percent** of special education students in **Arizona** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Arizona, 4.8 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Arizona**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Arizona	United States
Receiving special education services	11.7%	12.2%
Received disciplinary action	4.8%	5.3%
Received diploma	85.9%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

80.1 percent of Arizona autistic VR applicants (ages 14-64 years) received VR services. This is **slightly higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Arizona**.

	Arizona	United States
Received VR services	80.1%	79.9%
Employed after VR	39.9%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

ARIZONA

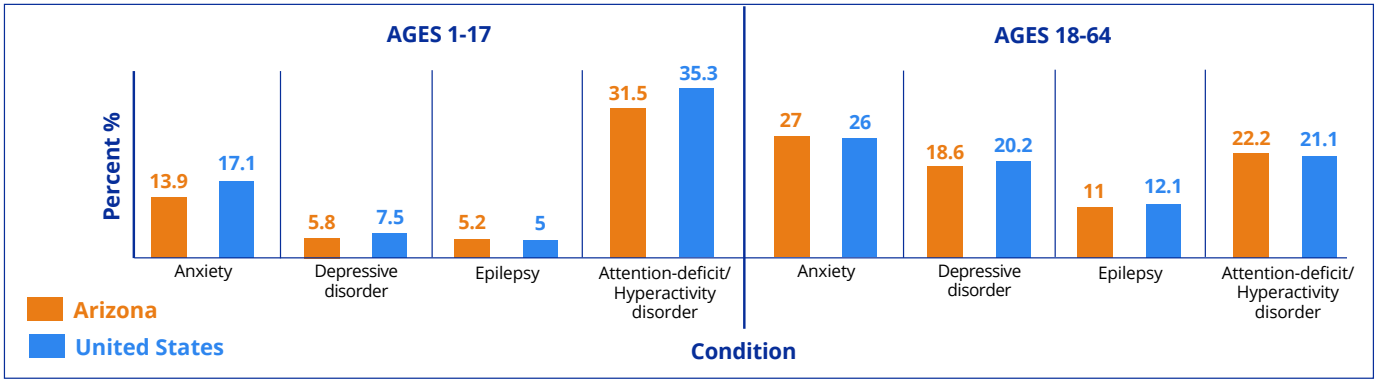
Unmet Healthcare Needs in Children

13.1 percent of parents in **Arizona** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Arizona	United States
Unmet healthcare needs for children with autism	13.1%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Arizona** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Arizona	United States
Developmental screening	$172	$101
Emergency department	$1,795	$1,474
Physical therapy	$114	$69
Psychiatry	$270	$259
Speech/language	$421	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

30.8 percent of parents in **Arizona** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

30.8%
of autistic households in Arizona experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

ARKANSAS

Autism Rate – *Prevalence and provider types diagnosing autism*

3.0 percent of Arkansas parents reported that their child had autism. This is **slightly higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

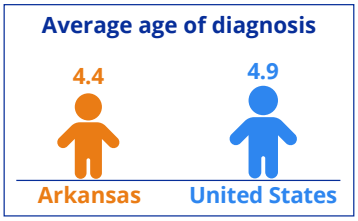
	Arkansas	United States
Specialist	38.8%	32%
School/Other Psychologist	23.3%	30.4%
Other Provider Type	38%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Arkansas is 4.4 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 9.0 percent** of special education students in **Arkansas** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Arkansas, 9.0 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Arkansas**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Arkansas	United States
Receiving special education services	9%	12.2%
Received disciplinary action	9%	5.3%
Received diploma	95.4%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

76.6 percent of Arkansas autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **slightly higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Arkansas**.

	Arkansas	United States
Received VR services	76.6%	79.9%
Employed after VR	50.9%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

ARKANSAS

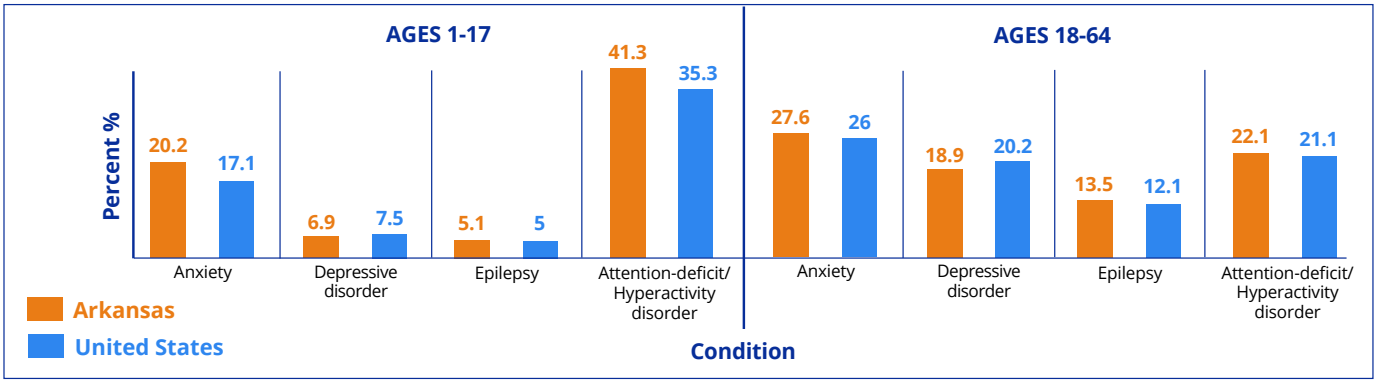
Unmet Healthcare Needs in Children

12.5 percent of parents in **Arkansas** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Arkansas	United States
Unmet healthcare needs for children with autism	12.5%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Arkansas** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Arkansas	United States
Developmental screening	$161	$101
Emergency department	$1,084	$1,474
Physical therapy	$69	$69
Psychiatry	$222	$259
Speech/language	$149	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

29.7 percent of parents in **Arkansas** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

29.7%
of autistic households in Arkansas experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

CALIFORNIA

Autism Rate – *Prevalence and provider types diagnosing autism*

2.5 percent of **California** parents reported that their child had autism. This is **less than** the national prevalence of **2.9** percent. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Using 2016-2019 data from the same survey, parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

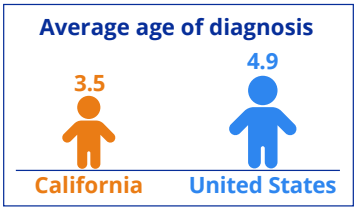
	California	United States
Specialist	25%	32%
School/Other Psychologist	24.7%	30.4%
Other Provider Type	50.3%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **California** is **3.5 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 16.1 percent** of students of special education students in **California** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **California, 2.4 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **California**, rates of students graduating with a diploma were **slightly higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	California	United States
Receiving special education services	16.1%	12.2%
Received disciplinary action	2.4%	5.3%
Received diploma	74.3%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

84.3 percent of **California** autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **California**.

	California	United States
Received VR services	84.3%	79.9%
Employed after VR	41.2%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

CALIFORNIA

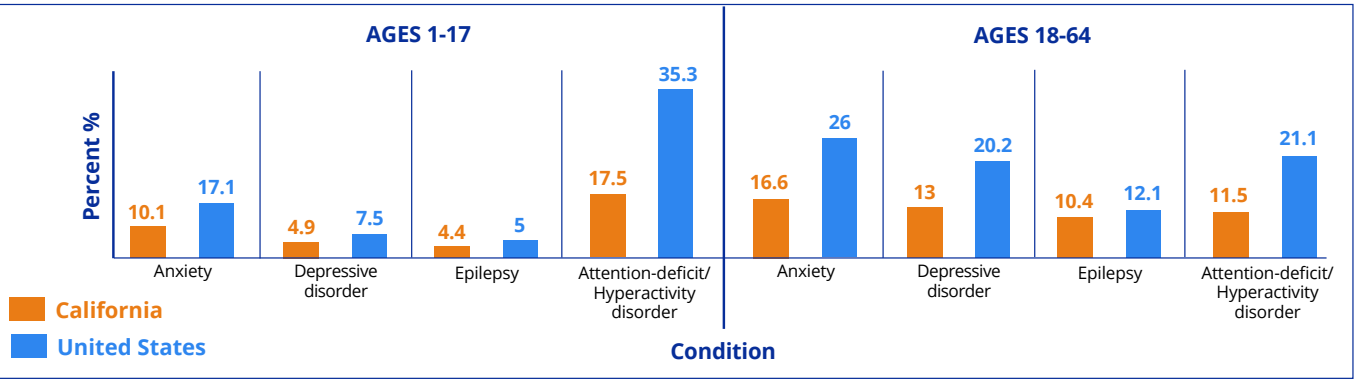
Unmet Healthcare Needs in Children

9.4 percent of parents in **California** reported their child experienced unmet healthcare needs. This is **slightly lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	California	United States
Unmet healthcare needs for children with autism	9.4%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **California** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	California	United States
Developmental screening	$210	$101
Emergency department	$2,395	$1,474
Physical therapy	$114	$69
Psychiatry	$371	$259
Speech/language	$408	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

30.6 percent of parents in **California** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

30.6%
of autistic households in California experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

COLORADO

Autism Rate – *Prevalence and provider types diagnosing autism*

2.7 percent of Colorado parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

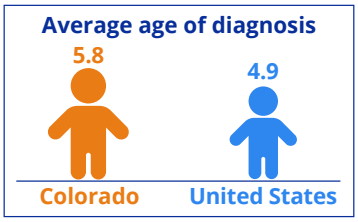
	Colorado	United States
Specialist	33.2%	32%
School/Other Psychologist	31.2%	30.4%
Other Provider Type	35.6%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Colorado is 5.8 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 9.4 percent** of special education students in **Colorado** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Colorado, 7.0 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Colorado**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Colorado	United States
Receiving special education services	9.4%	12.2%
Received disciplinary action	7%	5.3%
Received diploma	86.1%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

72.6 percent of Colorado autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Colorado**.

	Colorado	United States
Received VR services	72.6%	79.9%
Employed after VR	52.4%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

COLORADO

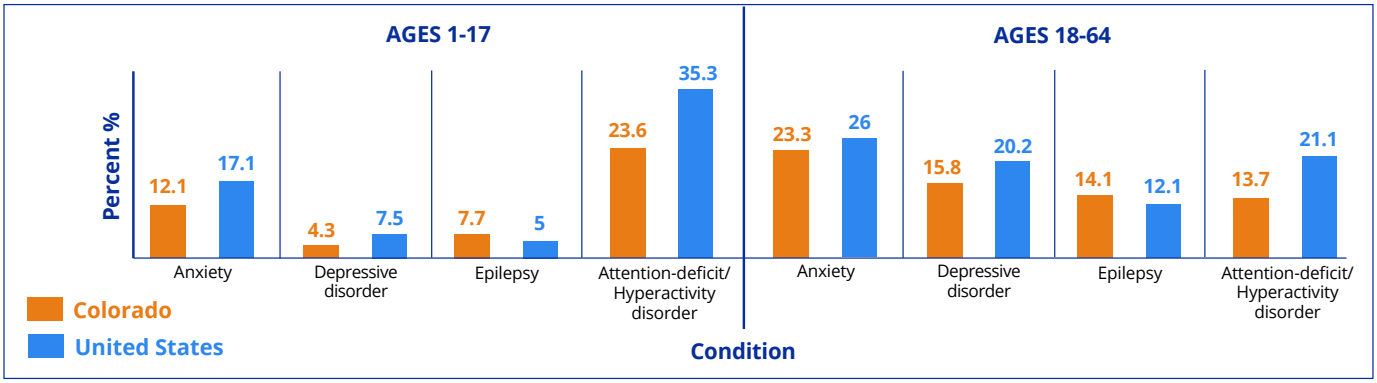
Unmet Healthcare Needs in Children

18.0 percent of parents in **Colorado** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Colorado	United States
Unmet healthcare needs for children with autism	18%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Colorado** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Colorado	United States
Developmental screening	$193	$101
Emergency department	$2,673	$1,474
Physical therapy	$94	$69
Psychiatry	$446	$259
Speech/language	$237	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

24.4 percent of parents in **Colorado** reported experiencing food or housing insecurity. This is **slightly lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

24.4%
of autistic households in Colorado experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

CONNECTICUT

Autism Rate – *Prevalence and provider types diagnosing autism*

3.0 percent of Connecticut parents reported that their child had autism. This is **slightly higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

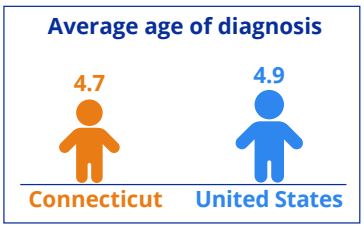
	Connecticut	United States
Specialist	27.6%	32%
School/Other Psychologist	21.8%	30.4%
Other Provider Type	50.6%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Connecticut is 4.7 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 13.8 percent** of special education students in **Connecticut** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Connecticut, 3.5 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Connecticut**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Connecticut	United States
Receiving special education services	13.8%	12.2%
Received disciplinary action	3.5%	5.3%
Received diploma	87.5%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

86.6 percent of Connecticut autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Connecticut**.

	Connecticut	United States
Received VR services	86.6%	79.9%
Employed after VR	45.7%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

CONNECTICUT

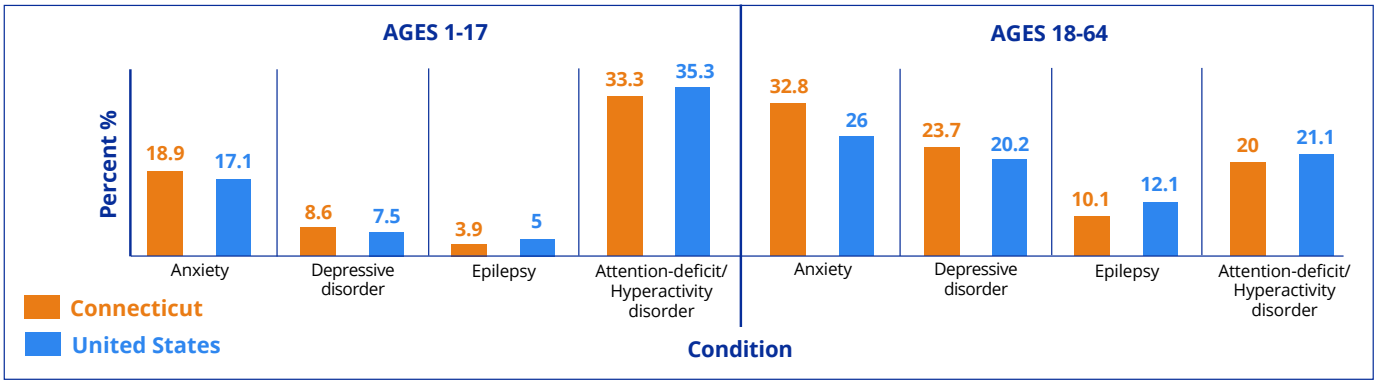
Unmet Healthcare Needs in Children

4.6 percent of parents in **Connecticut** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Connecticut	United States
Unmet healthcare needs for children with autism	4.6%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Connecticut** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Connecticut	United States
Developmental screening	$169	$101
Emergency department	$1,690	$1,474
Physical therapy	$79	$69
Psychiatry	$262	$259
Speech/language	$212	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

16.3 percent of parents in **Connecticut** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

16.3%
of autistic households in Connecticut experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

DC

Autism Rate – *Prevalence and provider types diagnosing autism*

1.5 percent of Washington, DC parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

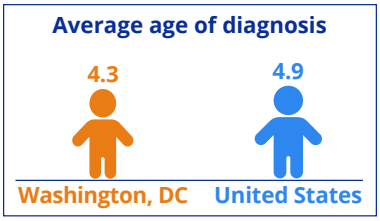
	Washington, DC	United States
Specialist	28.1%	32%
School/Other Psychologist	26.5%	30.4%
Other Provider Type	45.4%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Washington, DC is 4.3 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 10.5 percent** of special education students in **Washington, DC** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Washington, DC, 1.4 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Washington, DC**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Washington, DC	United States
Receiving special education services	10.5%	12.2%
Received disciplinary action	1.4%	5.3%
Received diploma	60.4%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

91.0 percent of Washington, DC autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was lower than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Washington, DC**.

	Washington, DC	United States
Received VR services	91%	79.9%
Employed after VR	25.2%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

DC

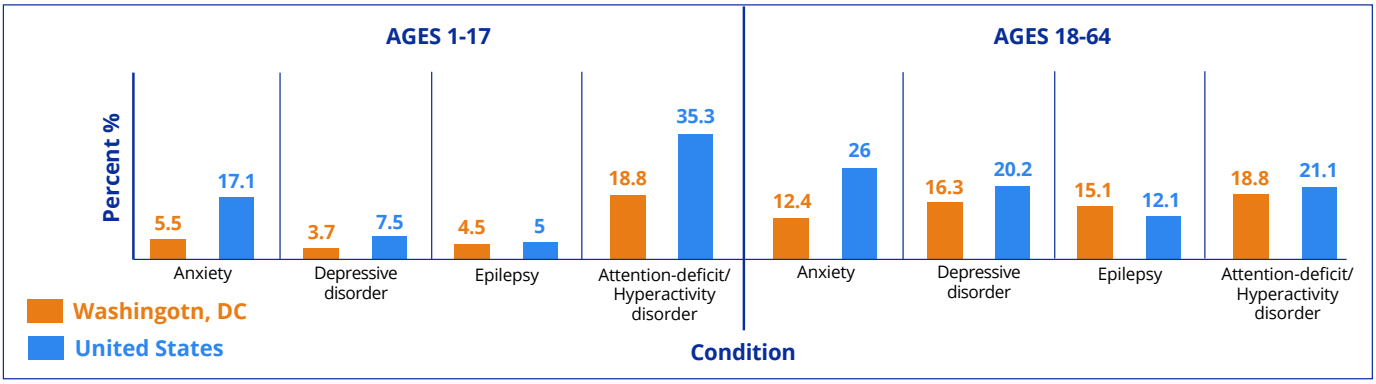
Unmet Healthcare Needs in Children

9.1 percent of parents in **Washington, DC** reported their child experienced unmet healthcare needs. This is **slightly lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Washington, DC	United States
Unmet healthcare needs for children with autism	9.1%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Washington, DC** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Washington, DC	United States
Developmental screening	$225	$101
Emergency department	$1,684	$1,474
Physical therapy	$100	$69
Psychiatry	$410	$259
Speech/language	$252	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

12.8 percent of parents in **Washington, DC** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-202*

12.8%
of autistic households in Washington, DC experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

DELAWARE

Autism Rate – *Prevalence and provider types diagnosing autism*

2.8 percent of Delaware parents reported that their child had autism. This is **slightly less** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

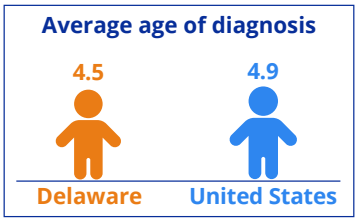
	Delaware	United States
Specialist	45.2%	32%
School/Other Psychologist	18.6%	30.4%
Other Provider Type	36.2%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Delaware is 4.5 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.1 percent** of special education students in **Delaware** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Delaware, 3.3 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Delaware**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Delaware	United States
Receiving special education services	11.1%	12.2%
Received disciplinary action	3.3%	5.3%
Received diploma	66.7%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

87.8 percent of Delaware autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Delaware**.

	Delaware	United States
Received VR services	87.8%	79.9%
Employed after VR	60.4%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

DELAWARE

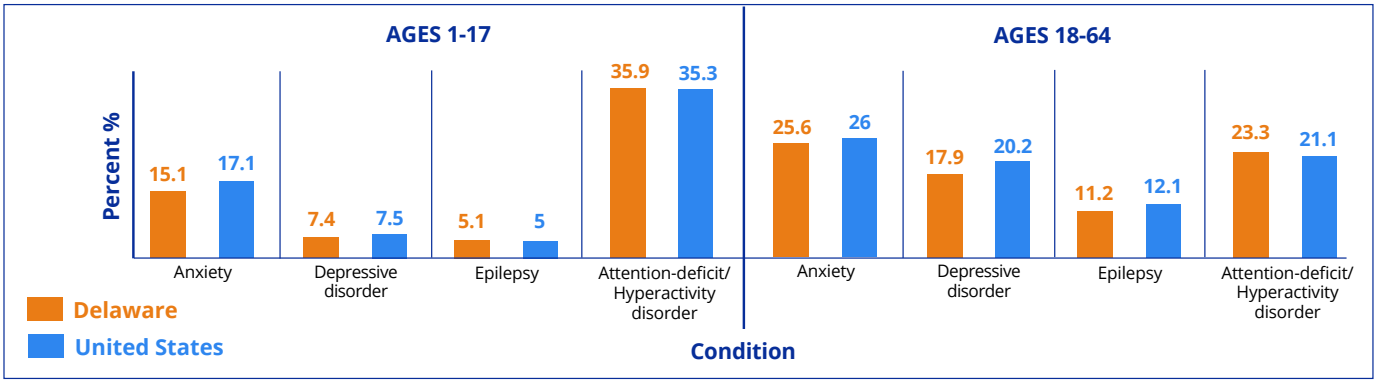
Unmet Healthcare Needs in Children

2.9 percent of parents in **Delaware** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Delaware	United States
Unmet healthcare needs for children with autism	2.9%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Delaware** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Delaware	United States
Developmental screening	$159	$101
Emergency department	$1,026	$1,474
Physical therapy	$51	$69
Psychiatry	$167	$259
Speech/language	$177	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

26.3 percent of parents in **Delaware** reported experiencing food or housing insecurity. This is **slightly higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

26.3%
of autistic households in Delaware experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

FLORIDA

Autism Rate – *Prevalence and provider types diagnosing autism*

3.7 percent of Florida parents reported that their child had autism. This is **more than** the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

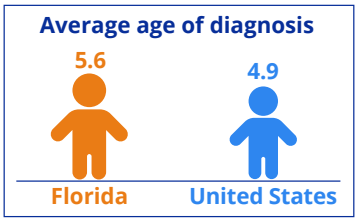
	Florida	United States
Specialist	26.2%	32%
School/Other Psychologist	33.9%	30.4%
Other Provider Type	39.9%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Florida is 5.6 years old**. This is **higher than** the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 12.6 percent** of special education students in **Florida** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Florida, 7.2 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Florida**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Florida	United States
Receiving special education services	12.2%	12.6%
Received disciplinary action	7.2%	5.3%
Received diploma	94.4%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

78.2 percent of Florida autistic VR applicants (ages 14-64 years) received VR services. This is **slightly lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was lower than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Florida**.

	Florida	United States
Received VR services	78.2%	79.9%
Employed after VR	41.9%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

FLORIDA

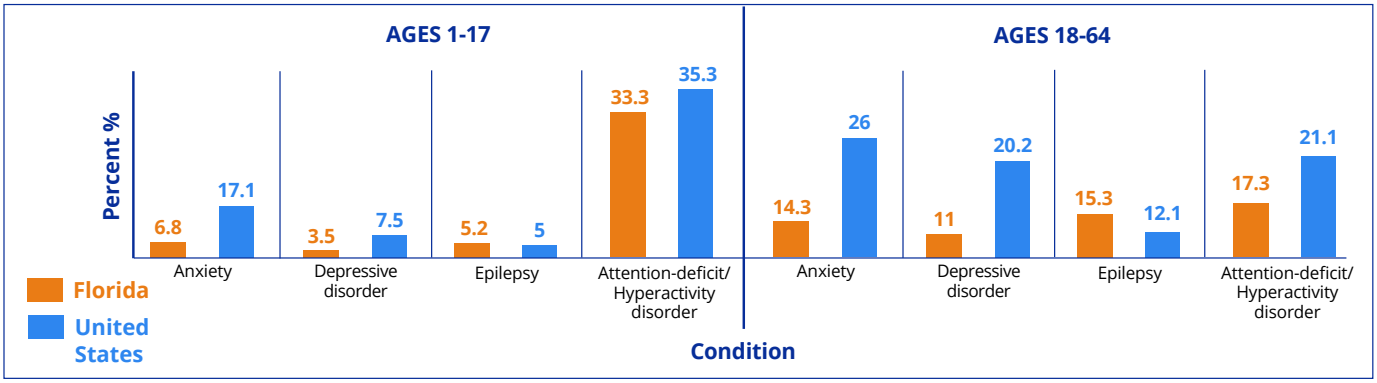
Unmet Healthcare Needs in Children

11.8 percent of parents in **Florida** reported their child experienced unmet healthcare needs. This is **slightly higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Florida	United States
Unmet healthcare needs for children with autism	11.8%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much Florida families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Florida	United States
Developmental screening	$194	$101
Emergency department	$2,322	$1,474
Physical therapy	$59	$69
Psychiatry	$309	$259
Speech/language	$186	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

21.8 percent of parents in **Florida** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-202*

1 in 5
autistic households in Florida experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

GEORGIA

Autism Rate – *Prevalence and provider types diagnosing autism*

2.9 percent of Georgia parents reported that their child had autism. This is **the same** as the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

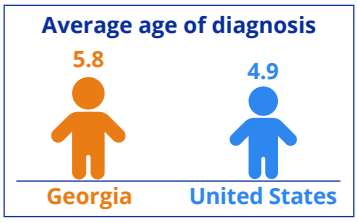
	Georgia	United States
Specialist	15.9%	32%
School/Other Psychologist	28.3%	30.4%
Other Provider Type	55.8%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Georgia is 5.8 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.8 percent** of special education students in **Georgia** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Georgia, 8.5 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Georgia**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Georgia	United States
Receiving special education services	11.8%	12.2%
Received disciplinary action	8.5%	5.3%
Received diploma	62.9%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

77.1 percent of Georgia autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Georgia**.

	Georgia	United States
Received VR services	77.1%	79.9%
Employed after VR	38.8%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

GEORGIA

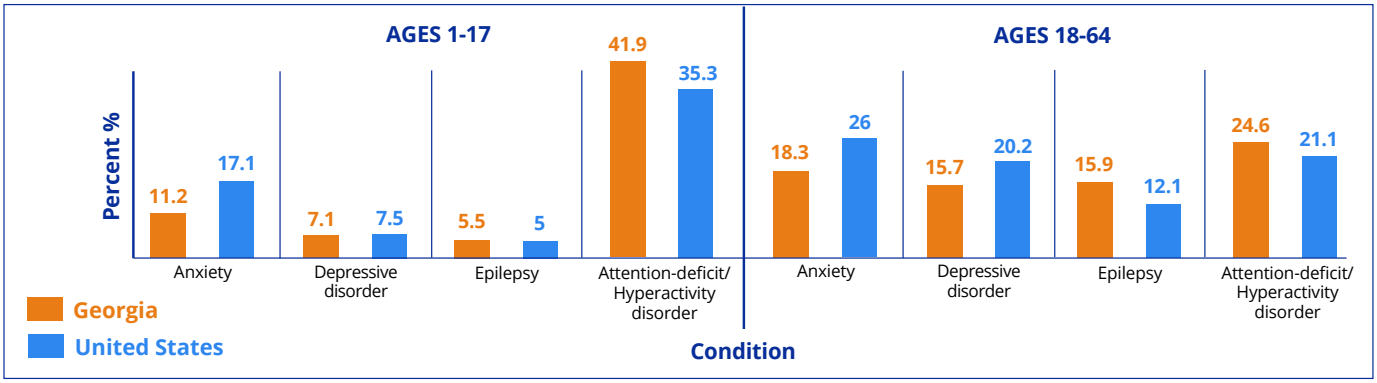
Unmet Healthcare Needs in Children

16.0 percent of parents in **Georgia** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Georgia	United States
Unmet healthcare needs for children with autism	16%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Georgia** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Georgia	United States
Developmental screening	$204	$101
Emergency department	$1,280	$1,474
Physical therapy	$75	$69
Psychiatry	$356	$259
Speech/language	$162	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

14.8 percent of parents in **Georgia** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

14.8%
of autistic households in Georgia experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

HAWAII

Autism Rate – *Prevalence and provider types diagnosing autism*

1.7 percent of Hawaii parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

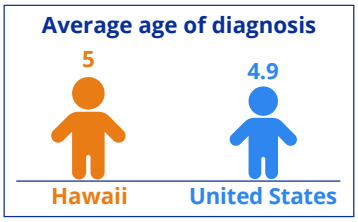
	Hawaii	United States
Specialist	24%	32%
School/Other Psychologist	30.2%	30.4%
Other Provider Type	45.8%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Hawaii is 5.0 years old**. This is **about the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.2 percent** of special education students in **Hawaii** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Hawaii, 1.8 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Hawaii**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Hawaii	United States
Receiving special education services	11.2%	12.2%
Received disciplinary action	1.8%	5.3%
Received diploma	62.4%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

90.1 percent of Hawaii autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Hawaii**.

	Hawaii	United States
Received VR services	90.1%	79.9%
Employed after VR	24%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

HAWAII

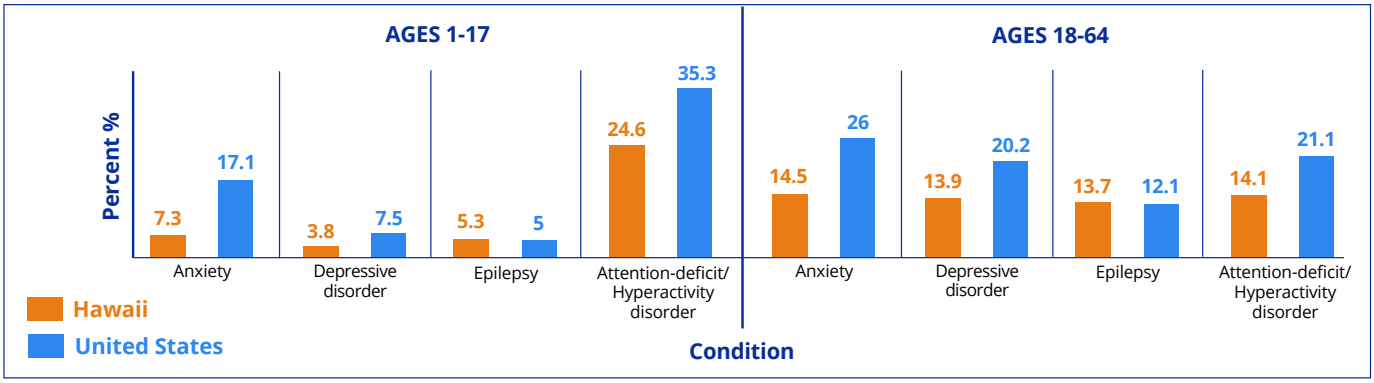
Unmet Healthcare Needs in Children

20.9 percent of parents in **Hawaii** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Hawaii	United States
Unmet healthcare needs for children with autism	20.9%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Hawaii** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Hawaii	United States
Developmental screening	$136	$101
Emergency department	$1,675	$1,474
Physical therapy	$100	$69
Psychiatry	$195	$259
Speech/language	$283	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

29.9 percent of parents in **Hawaii** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

29.9%
of autistic households in Hawaii experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

IDAHO

Autism Rate – *Prevalence and provider types diagnosing autism*

2.8 percent of Idaho parents reported that their child had autism. This is **slightly lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

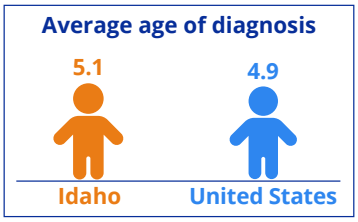
	Idaho	United States
Specialist	40.5%	32%
School/Other Psychologist	24.8%	30.4%
Other Provider Type	34.7%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Idaho is 5.1 years old**. This is **about the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.3 percent** of special education students in **Idaho** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Idaho, 4.2 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Idaho**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Idaho	United States
Receiving special education services	11.3%	12.2%
Received disciplinary action	4.2%	5.3%
Received diploma	65.6%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

82.0 percent of Idaho autistic VR applicants (ages 14-64 years) received VR services. This is **slightly higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Idaho**.

	Idaho	United States
Received VR services	82%	79.9%
Employed after VR	36.7%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

IDAHO

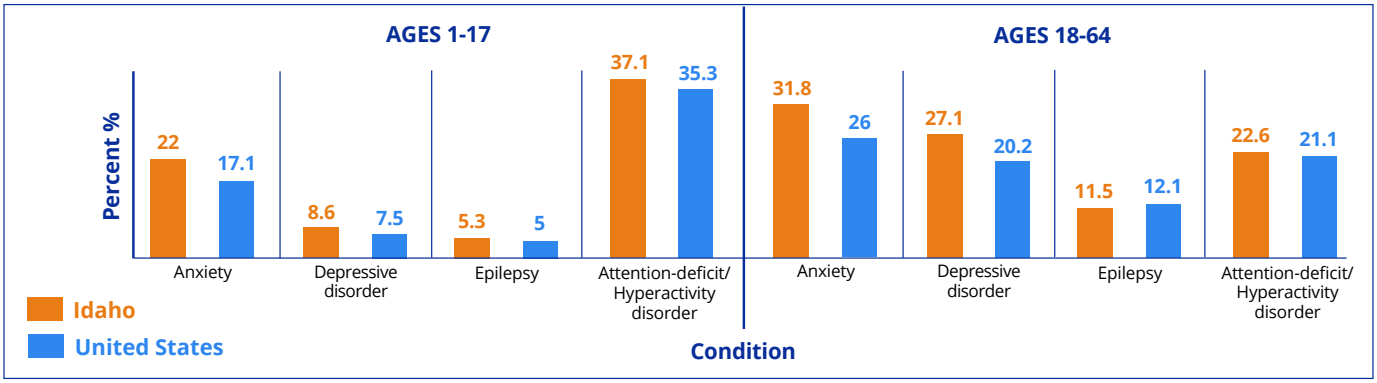
Unmet Healthcare Needs in Children

8.8 percent of parents in **Idaho** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Idaho	United States
Unmet healthcare needs for children with autism	8.8%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Idaho** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Idaho	United States
Developmental screening	$126	$101
Emergency department	$1,233	$1,474
Physical therapy	$77	$69
Psychiatry	$172	$259
Speech/language	$276	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

21.5 percent of parents in **Idaho** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

21.5%
of autistic households in Idaho experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

ILLINOIS

Autism Rate – *Prevalence and provider types diagnosing autism*

3.4 percent of Illinois parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

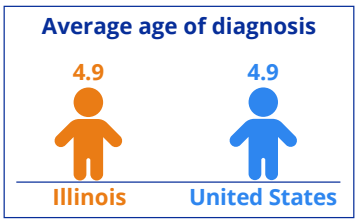
	Illinois	United States
Specialist	43%	32%
School/Other Psychologist	31.6%	30.4%
Other Provider Type	25.4%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Illinois is 4.9 years old**. This is **the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 10.6 percent** of special education students in **Illinois** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Illinois, 2.3 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Illinois**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Illinois	United States
Receiving special education services	10.6%	12.2%
Received disciplinary action	2.3%	5.3%
Received diploma	85%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

84.3 percent of Illinois autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was lower than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Illinois**.

	Illinois	United States
Received VR services	84.3%	79.9%
Employed after VR	45.6%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

ILLINOIS

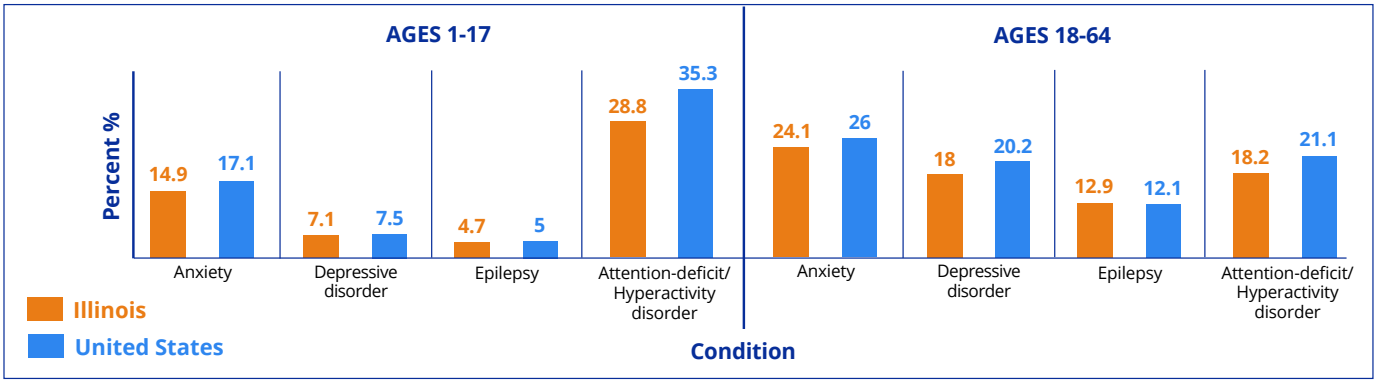
Unmet Healthcare Needs in Children

15.4 percent of parents in **Illinois** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Illinois	United States
Unmet healthcare needs for children with autism	15.4%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Illinois** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Illinois	United States
Developmental screening	$177	$101
Emergency department	$1,343	$1,474
Physical therapy	$88	$69
Psychiatry	$265	$259
Speech/language	$191	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

33.6 percent of parents in **Illinois** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

33.6%
of autistic households in Illinois experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

INDIANA

Autism Rate – *Prevalence and provider types diagnosing autism*

2.6 percent of Indiana parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

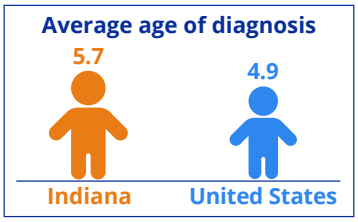
	Indiana	United States
Specialist	36.1%	32%
School/Other Psychologist	29.1%	30.4%
Other Provider Type	34.8%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Indiana is 5.7 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 9.8 percent** of special education students in **Indiana** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Indiana, 8.5 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Indiana**, rates of students graduating with a diploma were **slightly higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Indiana	United States
Receiving special education services	9.8%	12.2%
Received disciplinary action	8.5%	5.3%
Received diploma	75.6%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

86.5 percent of Indiana autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Indiana**.

	Indiana	United States
Received VR services	86.5%	79.9%
Employed after VR	45.7%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

INDIANA

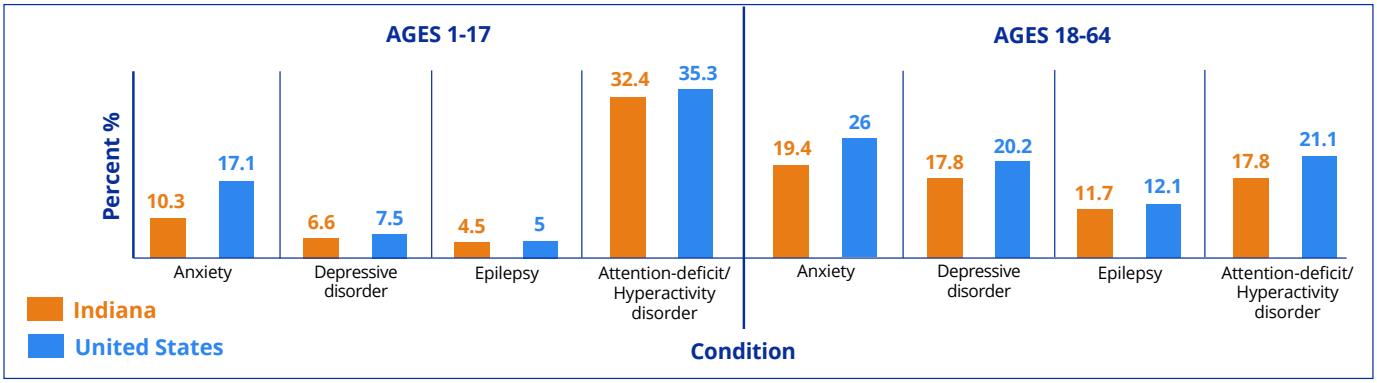
Unmet Healthcare Needs in Children

17.5 percent of parents in **Indiana** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Indiana	United States
Unmet healthcare needs for children with autism	17.5%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Indiana** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Indiana	United States
Developmental screening	$119	$101
Emergency department	$1,625	$1,474
Physical therapy	$57	$69
Psychiatry	$189	$259
Speech/language	$136	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

12.6 percent of parents in **Indiana** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

12.6%
of autistic households in Indiana experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

IOWA

Autism Rate – *Prevalence and provider types diagnosing autism*

2.3 percent of Iowa parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

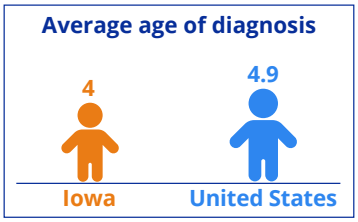
	Iowa	United States
Specialist	40.2%	32%
School/Other Psychologist	20.7%	30.4%
Other Provider Type	39.1%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Iowa is 4.0 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, * percent** of special education students in **Iowa** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Iowa, * percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Iowa**, rates of students graduating with a diploma were ***** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Iowa	United States
Receiving special education services	*	12.2%
Received disciplinary action	*	5.3%
Received diploma	*	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022.*
Data about special education and outcomes are unavailable for the state of Iowa.

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

90.5 percent of Iowa autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Iowa**.

	Iowa	United States
Received VR services	90.5%	79.9%
Employed after VR	53%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

IOWA

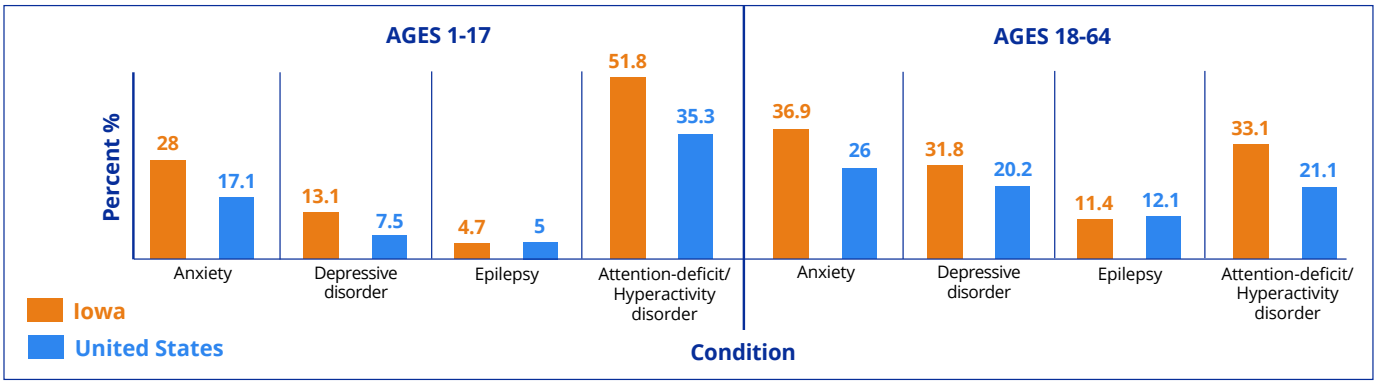
Unmet Healthcare Needs in Children

6.2 percent of parents in **Iowa** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Iowa	United States
Unmet healthcare needs for children with autism	6.2%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Iowa** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Iowa	United States
Developmental screening	$173	$101
Emergency department	$768	$1,474
Physical therapy	$77	$69
Psychiatry	$227	$259
Speech/language	$216	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

34.0 percent of parents in **Iowa** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

34%
of autistic households in Iowa experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

KANSAS

Autism Rate – *Prevalence and provider types diagnosing autism*

2.2 percent of Kansas parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

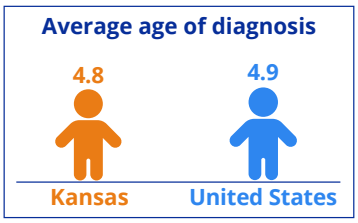
	Kansas	United States
Specialist	34.1%	32%
School/Other Psychologist	20.5%	30.4%
Other Provider Type	45.3%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Kansas is 4.8 years old**. This is **about the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 7.2 percent** of special education students in **Kansas** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Kansas, 7.6 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Kansas**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Kansas	United States
Receiving special education services	7.2%	12.2%
Received disciplinary action	7.6%	5.3%
Received diploma	91.2%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

80.9 percent of Kansas autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Kansas**.

	Kansas	United States
Received VR services	80.9%	79.9%
Employed after VR	58.5%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

KANSAS

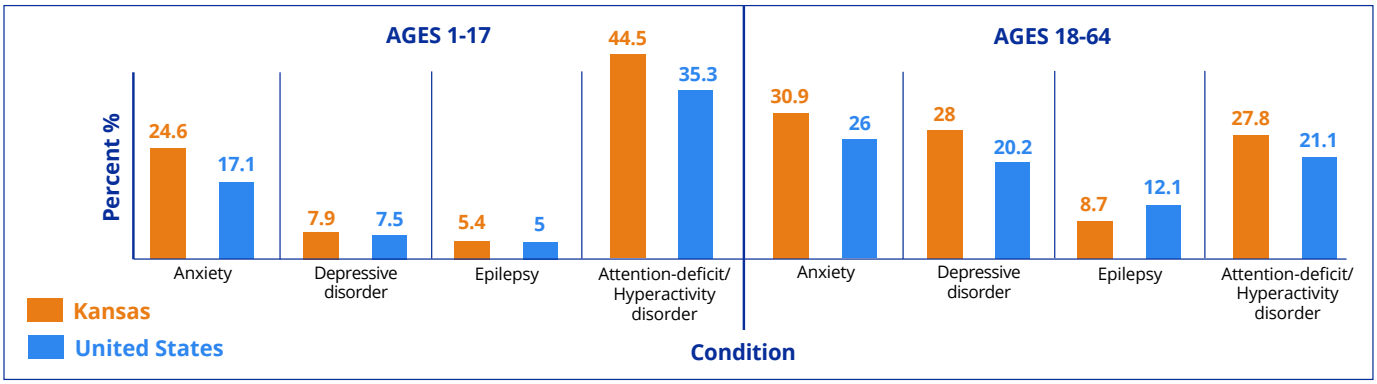
Unmet Healthcare Needs in Children

20.7 percent of parents in **Kansas** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Kansas	United States
Unmet healthcare needs for children with autism	20.7%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Kansas** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Kansas	United States
Developmental screening	$136	$101
Emergency department	$1,300	$1,474
Physical therapy	$71	$69
Psychiatry	$239	$259
Speech/language	$163	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

38.9 percent of parents in **Kansas** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

38.9%
of autistic households in Kansas experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

KENTUCKY

Autism Rate – *Prevalence and provider types diagnosing autism*

2.8 percent of Kentucky parents reported that their child had autism. This is **slightly lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

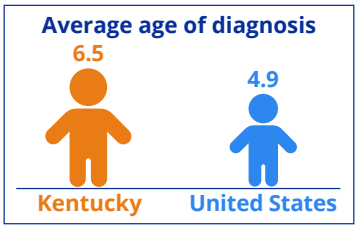
	Kentucky	United States
Specialist	33.5%	32%
School/Other Psychologist	21.9%	30.4%
Other Provider Type	44.6%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Kentucky is 6.5 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 9.3 percent** of special education students in **Kentucky** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Kentucky, 5.9 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Kentucky**, rates of students graduating with a diploma were **slightly higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Kentucky	United States
Receiving special education services	9.3%	12.2%
Received disciplinary action	5.9%	5.3%
Received diploma	72.8%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

74.1 percent of Kentucky autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Kentucky**.

	Kentucky	United States
Received VR services	74.1%	79.9%
Employed after VR	45.6%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

KENTUCKY

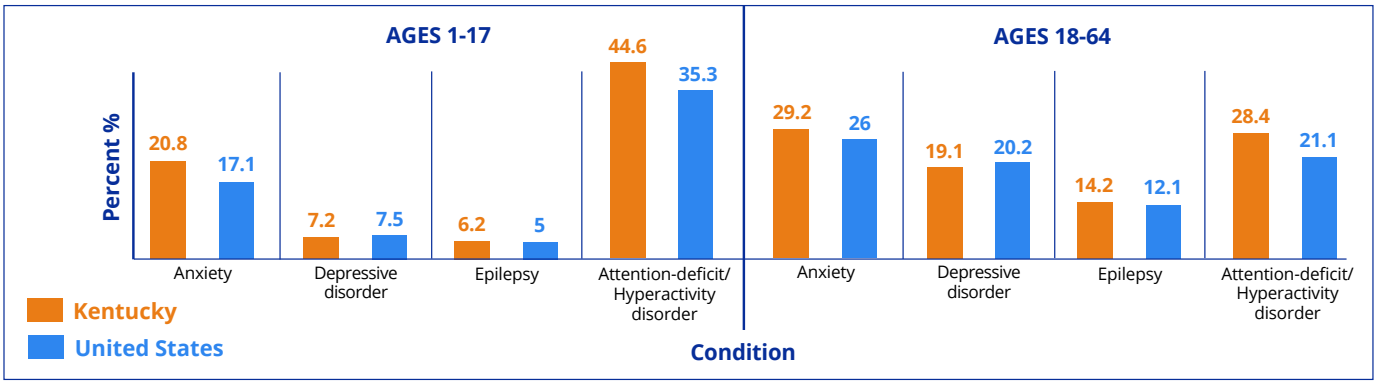
Unmet Healthcare Needs in Children

8.7 percent of parents in **Kentucky** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Kentucky	United States
Unmet healthcare needs for children with autism	8.7%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Kentucky** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Kentucky	United States
Developmental screening	$156	$101
Emergency department	$1,416	$1,474
Physical therapy	$57	$69
Psychiatry	$237	$259
Speech/language	$162	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

29.5 percent of parents in **Kentucky** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

29.5%
of autistic households in Kentucky experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

LOUISIANA

Autism Rate – *Prevalence and provider types diagnosing autism*

3.8 percent of Louisiana parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

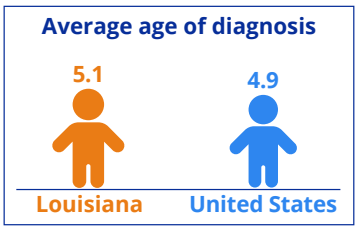
	Louisiana	United States
Specialist	22.5%	32%
School/Other Psychologist	31.5%	30.4%
Other Provider Type	46%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Louisiana is 5.1 years old**. This is **about the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 8.3 percent** of special education students in **Louisiana** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Louisiana, 6.3 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Louisiana**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Louisiana	United States
Receiving special education services	8.3%	12.2%
Received disciplinary action	6.3%	5.3%
Received diploma	48.9%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

64.7 percent of Louisiana autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Louisiana**.

	Louisiana	United States
Received VR services	64.7%	79.9%
Employed after VR	51.8%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

LOUISIANA

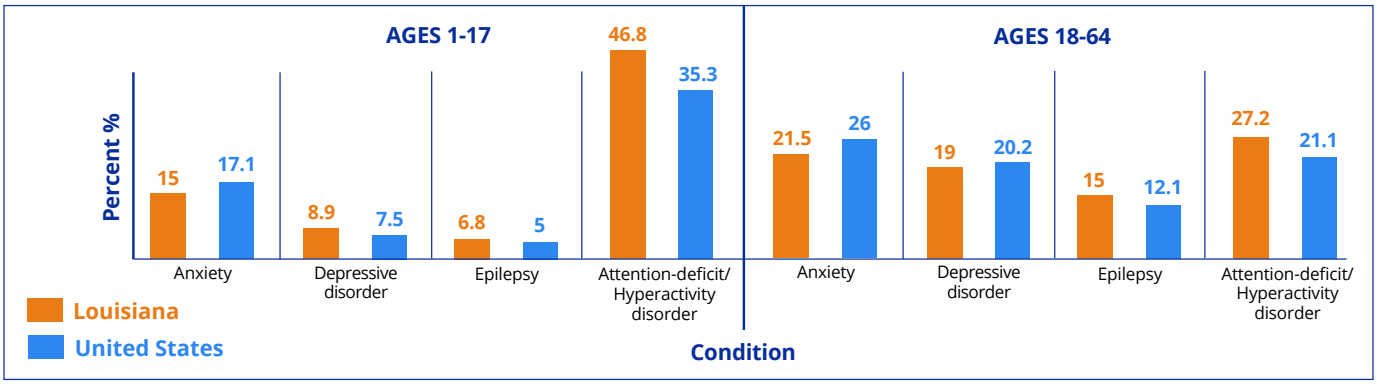
Unmet Healthcare Needs in Children

13.5 percent of parents in **Louisiana** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Louisiana	United States
Unmet healthcare needs for children with autism	13.5%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Louisiana** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Louisiana	United States
Developmental screening	$117	$101
Emergency department	$1,025	$1,474
Physical therapy	$72	$69
Psychiatry	$184	$259
Speech/language	$189	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

43.8 percent of parents in **Louisiana** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

43.8%
of autistic households in Louisiana experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

MAINE

Autism Rate – *Prevalence and provider types diagnosing autism*

3.3 percent of Maine parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

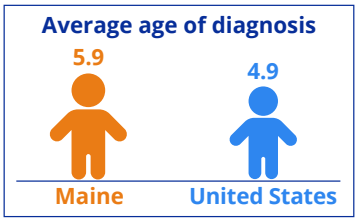
	Maine	United States
Specialist	26.4%	32%
School/Other Psychologist	32.7%	30.4%
Other Provider Type	40.8%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Maine is 5.9 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.7 percent** of special education students in **Maine** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Maine, 3.4 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Maine**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Maine	United States
Receiving special education services	11.7%	12.2%
Received disciplinary action	3.4%	5.3%
Received diploma	90.8%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

82.8 percent of Maine autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Maine**.

	Maine	United States
Received VR services	82.8%	79.9%
Employed after VR	33.8%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

MAINE

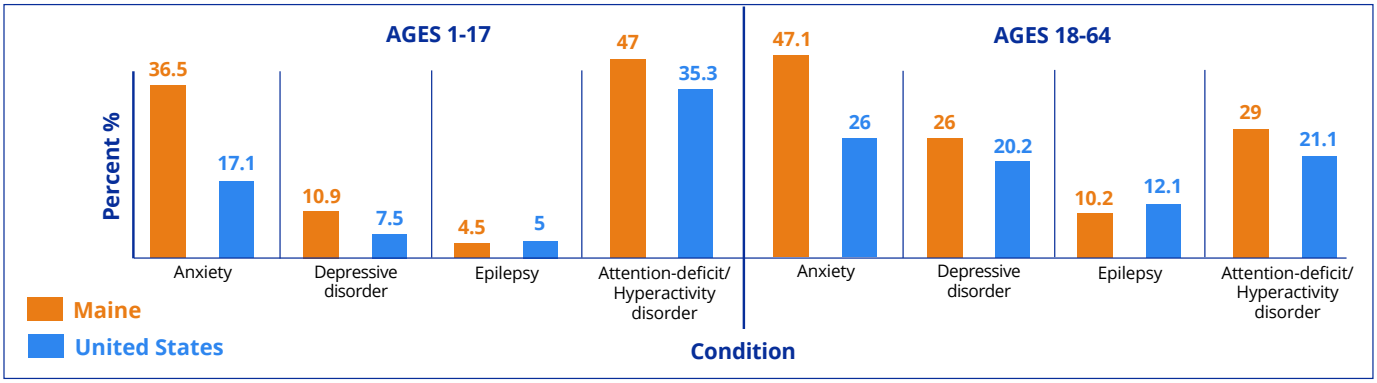
Unmet Healthcare Needs in Children

8.3 percent of parents in **Maine** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Maine	United States
Unmet healthcare needs for children with autism	8.3%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Maine** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Maine	United States
Developmental screening	$111	$101
Emergency department	$705	$1,474
Physical therapy	$81	$69
Psychiatry	$164	$259
Speech/language	$208	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

30.7 percent of parents in **Maine** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

30.7%
of autistic households in Maine experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

MARYLAND

Autism Rate – *Prevalence and provider types diagnosing autism*

2.5 percent of Maryland parents reported that their child had autism. This is **less** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

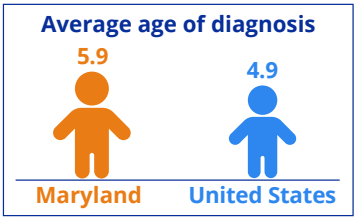
	Maryland	United States
Specialist	34.1%	32%
School/Other Psychologist	45.4%	30.4%
Other Provider Type	20.5%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Maryland is 5.9 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 13.1 percent** of special education students in **Maryland** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Maryland, 3.4 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Maryland**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Maryland	United States
Receiving special education services	13.1%	12.2%
Received disciplinary action	3.4%	5.3%
Received diploma	65.1%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

79.8 percent of Maryland autistic VR applicants (ages 14-64 years) received VR services. This is **about the same** as the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Maryland**.

	Maryland	United States
Received VR services	79.8%	79.9%
Employed after VR	42.3%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

MARYLAND

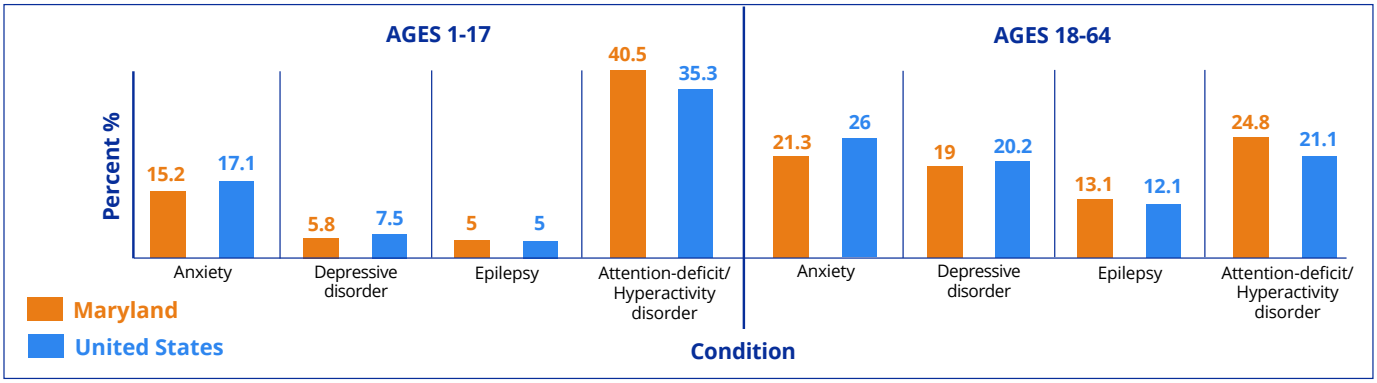
Unmet Healthcare Needs in Children

8.4 percent of parents in **Maryland** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Maryland	United States
Unmet healthcare needs for children with autism	8.4%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Maryland** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Maryland	United States
Developmental screening	$154	$101
Emergency department	$467	$1,474
Physical therapy	$55	$69
Psychiatry	$254	$259
Speech/language	$170	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

14.5 percent of parents in **Maryland** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-202*

14.5%
of autistic households in Maryland experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

MASSACHUSETTS

Autism Rate – *Prevalence and provider types diagnosing autism*

3.9 percent of Massachusetts parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

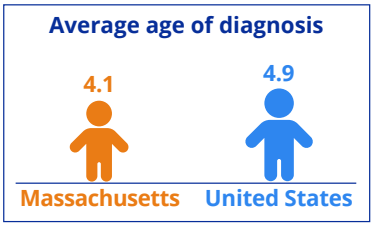
	Massachusetts	United States
Specialist	58.6%	32%
School/Other Psychologist	12.5%	30.4%
Other Provider Type	29%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Massachusetts is 4.1 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 14.3 percent** of special education students in **Massachusetts** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Massachusetts, 2.5 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Massachusetts**, rates of students graduating with a diploma were **slightly higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Massachusetts	United States
Receiving special education services	14.3%	12.2%
Received disciplinary action	2.5%	5.3%
Received diploma	72.5%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

86.8 percent of Massachusetts autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Massachusetts**.

	Massachusetts	United States
Received VR services	86.8%	79.9%
Employed after VR	47.9%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

MASSACHUSETTS

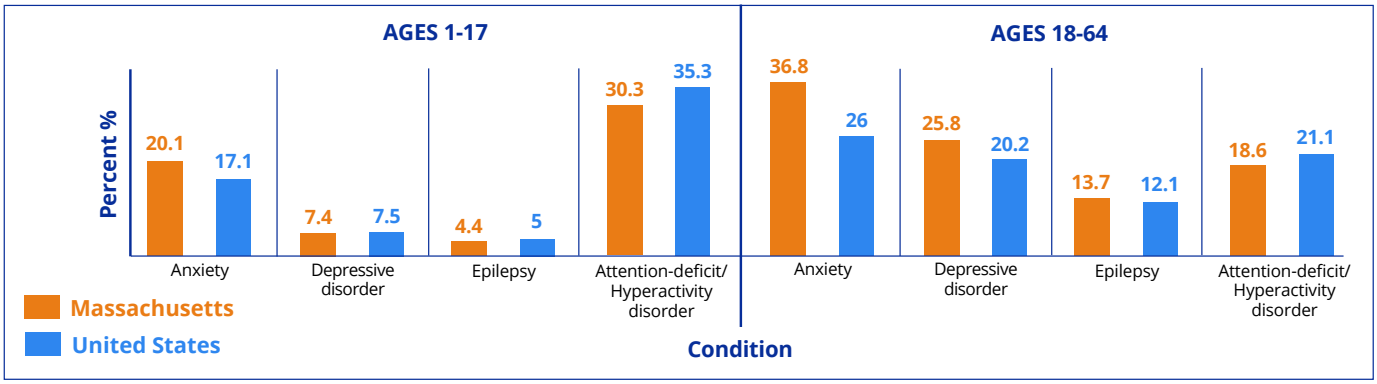
Unmet Healthcare Needs in Children

7.9 percent of parents in **Massachusetts** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Massachusetts	United States
Unmet healthcare needs for children with autism	7.9%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Massachusetts** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Massachusetts	United States
Developmental screening	$151	$101
Emergency department	$1,045	$1,474
Physical therapy	$93	$69
Psychiatry	$271	$259
Speech/language	$289	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

21.9 percent of parents in **Massachusetts** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

21.9%
of autistic households in Massachusetts experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

MICHIGAN

Autism Rate – *Prevalence and provider types diagnosing autism*

2.9 percent of Michigan parents reported that their child had autism. This is **the same** as the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

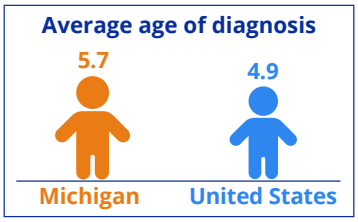
	Michigan	United States
Specialist	32.5%	32%
School/Other Psychologist	31.5%	30.4%
Other Provider Type	36%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Michigan is 5.7 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.3 percent** of special education students in **Michigan** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Michigan, 7.0 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Michigan**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Michigan	United States
Receiving special education services	11.3%	12.2%
Received disciplinary action	7%	5.3%
Received diploma	65.6%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

79.6 percent of Michigan autistic VR applicants (ages 14-64 years) received VR services. This is **about the same** as the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Michigan**.

	Michigan	United States
Received VR services	79.6%	79.9%
Employed after VR	54.1%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

MICHIGAN

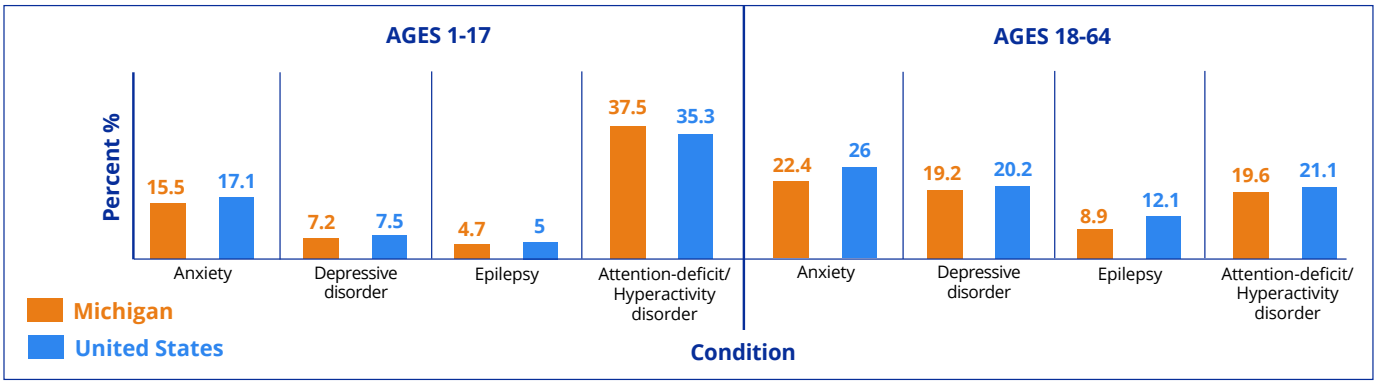
Unmet Healthcare Needs in Children

3.1 percent of parents in **Michigan** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Michigan	United States
Unmet healthcare needs for children with autism	3.1%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Michigan** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Michigan	United States
Developmental screening	$145	$101
Emergency department	$1,091	$1,474
Physical therapy	$83	$69
Psychiatry	$199	$259
Speech/language	$226	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

26.8 percent of parents in **Michigan** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

26.8%
of autistic households in Michigan experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

MINNESOTA

Autism Rate – *Prevalence and provider types diagnosing autism*

3.6 percent of Minnesota parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

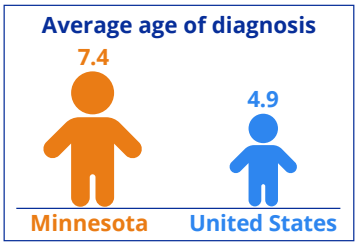
	Minnesota	United States
Specialist	27%	32%
School/Other Psychologist	36.1%	30.4%
Other Provider Type	37%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Minnesota is 7.4 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 15.8 percent** of special education students in **Minnesota** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Minnesota, 5.5 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Minnesota**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Minnesota	United States
Receiving special education services	15.8%	12.2%
Received disciplinary action	5.5%	5.3%
Received diploma	95.5%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

87.8 percent of Minnesota autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **about the same** as the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Minnesota**.

	Minnesota	United States
Received VR services	87.8%	79.9%
Employed after VR	49%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

MINNESOTA

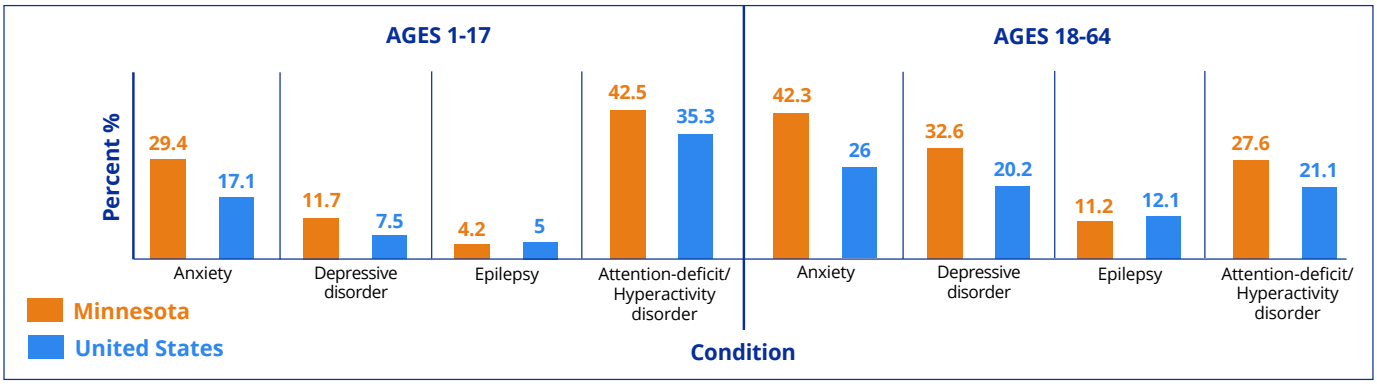
Unmet Healthcare Needs in Children

5.2 percent of parents in **Minnesota** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Minnesota	United States
Unmet healthcare needs for children with autism	5.2%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Minnesota** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Minnesota	United States
Developmental screening	$142	$101
Emergency department	$793	$1,474
Physical therapy	$94	$69
Psychiatry	$211	$259
Speech/language	$273	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

22.7 percent of parents in **Minnesota** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-202*

22.7%
of autistic households in Minnesota experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

MISSISSIPPI

Autism Rate – *Prevalence and provider types diagnosing autism*

2.5 percent of Mississippi parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

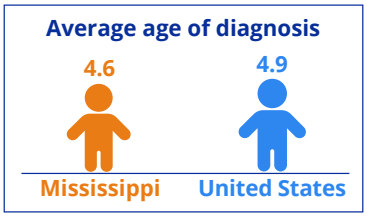
	Mississippi	United States
Specialist	42%	32%
School/Other Psychologist	22.9%	30.4%
Other Provider Type	35.1%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Mississippi is 4.6 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 8.9 percent** of special education students in **Mississippi** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Mississippi, 9.3 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Mississippi**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Mississippi	United States
Receiving special education services	8.9%	12.2%
Received disciplinary action	9.3%	5.3%
Received diploma	64.1%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

70.0 percent of Mississippi autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Mississippi**.

	Mississippi	United States
Received VR services	70%	79.9%
Employed after VR	45.9%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

MISSISSIPPI

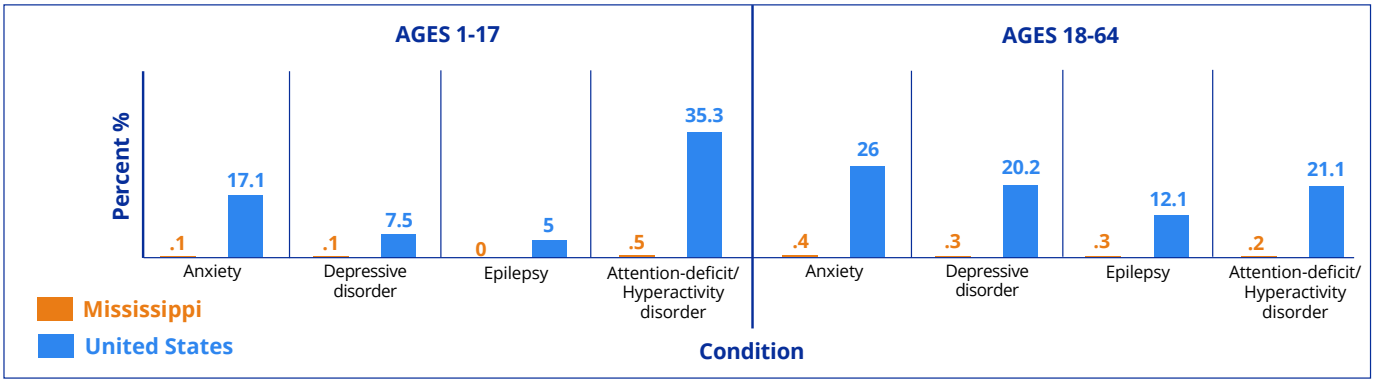
Unmet Healthcare Needs in Children

15.1 percent of parents in **Mississippi** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Mississippi	United States
Unmet healthcare needs for children with autism	15.1%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Mississippi** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Mississippi	United States
Developmental screening	$128	$101
Emergency department	$1,172	$1,474
Physical therapy	$64	$69
Psychiatry	$221	$259
Speech/language	$180	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

21.2 percent of parents in **Mississippi** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-202*

21.2%
of autistic households in Mississippi experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

MISSOURI

Autism Rate – *Prevalence and provider types diagnosing autism*

1.7 percent of Missouri parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

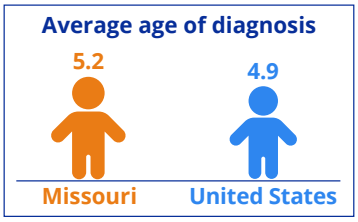
	Missouri	United States
Specialist	31.8%	32%
School/Other Psychologist	18.1%	30.4%
Other Provider Type	50.1%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Missouri is 5.2 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 12.4 percent** of special education students in **Missouri** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Missouri, 11.1 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Missouri**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Missouri	United States
Receiving special education services	12.4%	12.2%
Received disciplinary action	11.1%	5.3%
Received diploma	85%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

81.3 percent of Missouri autistic VR applicants (ages 14-64 years) received VR services. This is **slightly higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Missouri**.

	Missouri	United States
Received VR services	81.3%	79.9%
Employed after VR	63.4%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

MISSOURI

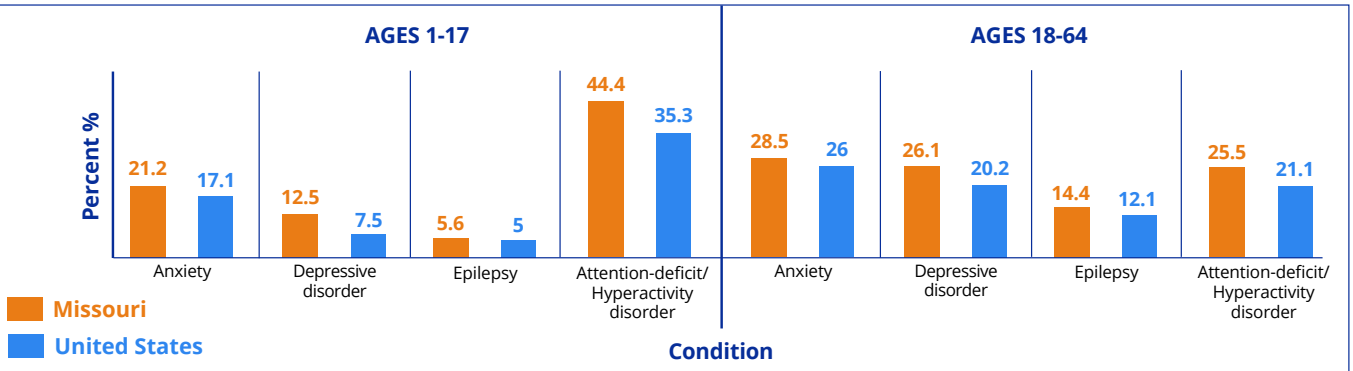
Unmet Healthcare Needs in Children

12.1 percent of parents in **Missouri** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Missouri	United States
Unmet healthcare needs for children with autism	12.1%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Missouri** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Missouri	United States
Developmental screening	$153	$101
Emergency department	$1,210	$1,474
Physical therapy	$76	$69
Psychiatry	$234	$259
Speech/language	$192	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

12.3 percent of parents in **Missouri** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-202*

12.3%
of autistic households in Missouri experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

MONTANA

Autism Rate – *Prevalence and provider types diagnosing autism*

3.1 percent of Montana parents reported that their child had autism. This is **more** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

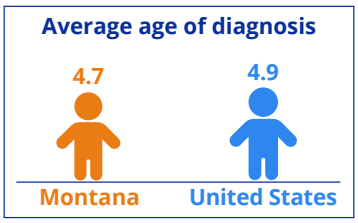
	Montana	United States
Specialist	54%	32%
School/Other Psychologist	19.3%	30.4%
Other Provider Type	26.7%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Montana is 4.7 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 5.6 percent** of special education students in **Montana** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Montana, 5.5 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Montana**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Montana	United States
Receiving special education services	5.6%	12.2%
Received disciplinary action	5.5%	5.3%
Received diploma	86.8%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

57.1 percent of Montana autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Montana**.

	Montana	United States
Received VR services	57.1%	79.9%
Employed after VR	58.2%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

MONTANA

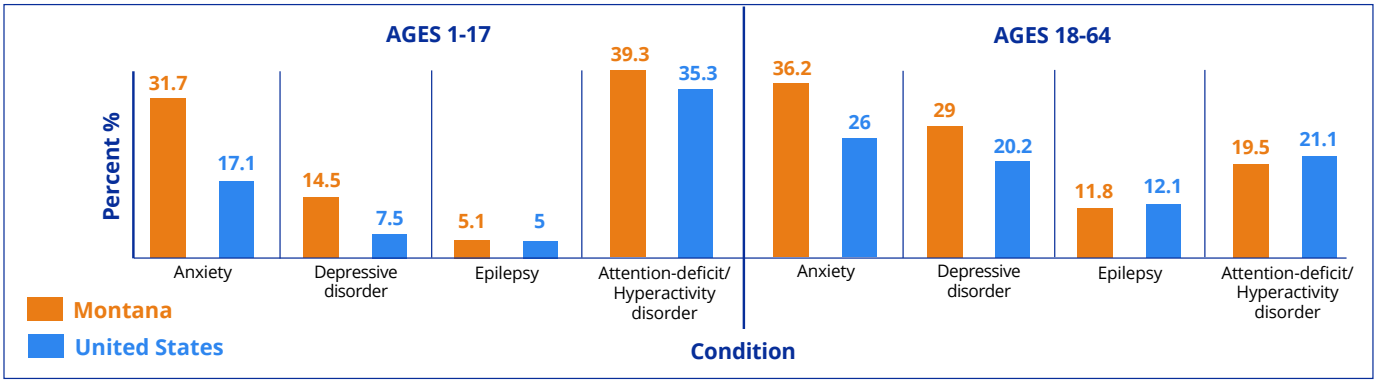
Unmet Healthcare Needs in Children

12.9 percent of parents in **Montana** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Montana	United States
Unmet healthcare needs for children with autism	12.9%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Montana** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Montana	United States
Developmental screening	$92	$101
Emergency department	$693	$1,474
Physical therapy	$71	$69
Psychiatry	$143	$259
Speech/language	$200	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

21.8 percent of parents in **Montana** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-202*

21.8%
of autistic households in Montana experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

NEBRASKA

Autism Rate – *Prevalence and provider types diagnosing autism*

1.9 percent of Nebraska parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

There was not enough data for the state of **Nebraska** to report who made autism diagnoses. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

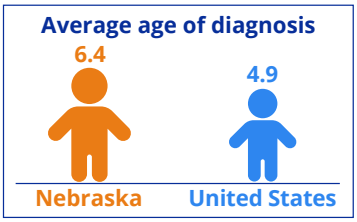
	Nebraska	United States
Specialist	*	32%
School/Other Psychologist	*	30.4%
Other Provider Type	*	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*
**Data not available*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Nebraska is 6.4 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 9.8 percent** of special education students in **Nebraska** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Nebraska, 8.9 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Nebraska**, rates of students graduating with a diploma were **slightly higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Nebraska	United States
Receiving special education services	9.8%	12.2%
Received disciplinary action	8.9%	5.3%
Received diploma	74.8%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

66.6 percent of Nebraska autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Nebraska**.

	Nebraska	United States
Received VR services	66.6%	79.9%
Employed after VR	75.3%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

NEBRASKA

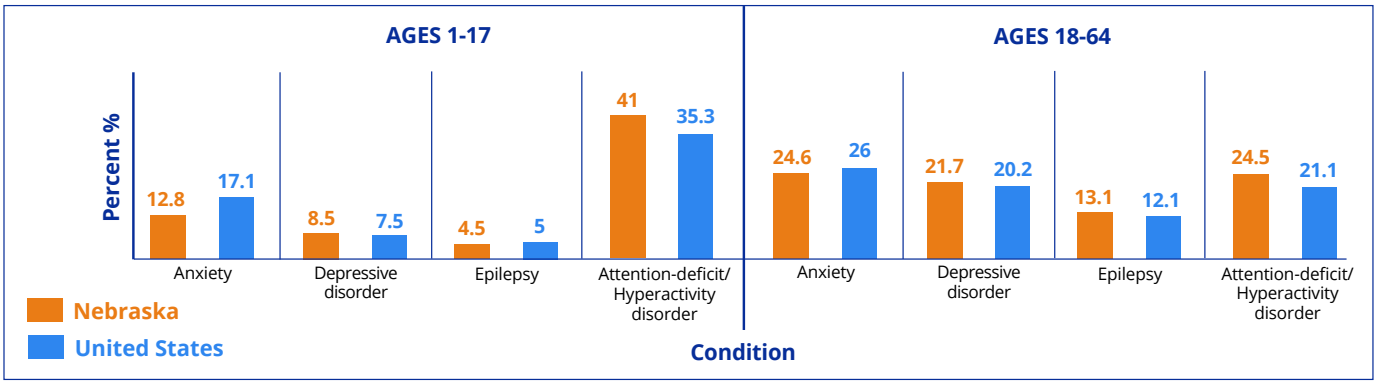
Unmet Healthcare Needs in Children

10.7 percent of parents in **Nebraska** reported their child experienced unmet healthcare needs. This is **about the same** as the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Nebraska	United States
Unmet healthcare needs for children with autism	10.7%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Nebraska** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Nebraska	United States
Developmental screening	$168	$101
Emergency department	$952	$1,474
Physical therapy	$84	$69
Psychiatry	$250	$259
Speech/language	$218	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

29.8 percent of parents in **Nebraska** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

29.8%
of autistic households in Nebraska experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

NEVADA

Autism Rate – *Prevalence and provider types diagnosing autism*

2.8 percent of Nevada parents reported that their child had autism. This is **slightly lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

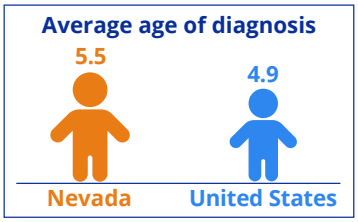
	Nevada	United States
Specialist	28.7%	32%
School/Other Psychologist	26%	30.4%
Other Provider Type	45.3%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Nevada is 5.5 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 15.3 percent** of special education students in **Nevada** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Nevada, 6.0 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Nevada**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Nevada	United States
Receiving special education services	15.3%	12.2%
Received disciplinary action	6%	5.3%
Received diploma	51.3%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

76.0 percent of Nevada autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Nevada**.

	Nevada	United States
Received VR services	76%	79.9%
Employed after VR	39.4%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

NEVADA

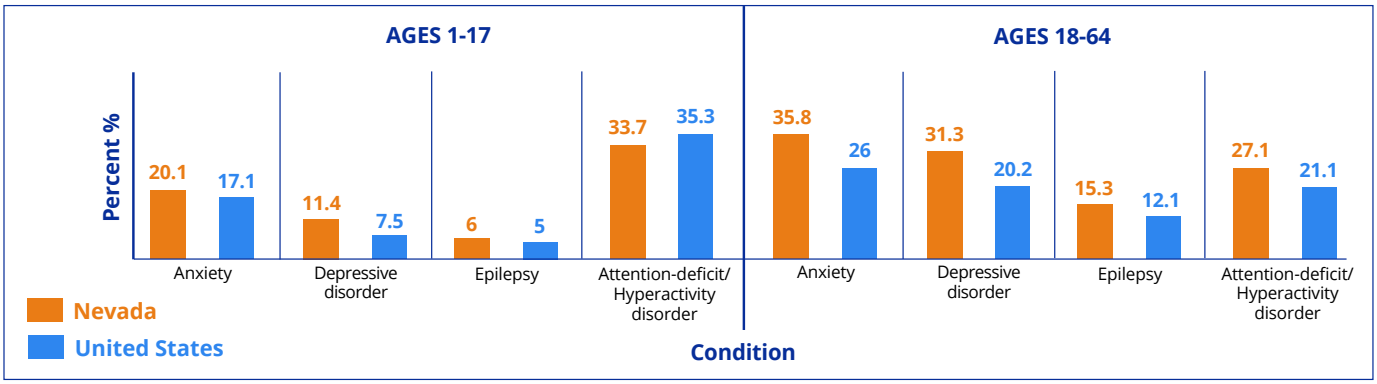
Unmet Healthcare Needs in Children

25.3 percent of parents in **Nevada** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Nevada	United States
Unmet healthcare needs for children with autism	25.3%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Nevada** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Nevada	United States
Developmental screening	$225	$101
Emergency department	$2,208	$1,474
Physical therapy	$77	$69
Psychiatry	$260	$259
Speech/language	$175	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

27.5 percent of parents in **Nevada** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

27.5%
of autistic households in Nevada experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

NEW HAMPSHIRE

Autism Rate – *Prevalence and provider types diagnosing autism*

4.2 percent of New Hampshire parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

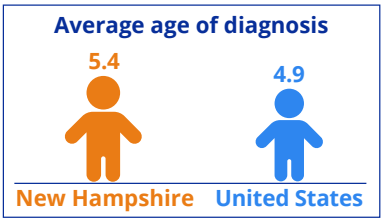
	New Hampshire	United States
Specialist	48.1%	32%
School/Other Psychologist	25%	30.4%
Other Provider Type	27%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **New Hampshire is 5.4 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 10.8 percent** of special education students in **New Hampshire** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **New Hampshire, 3.8 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **New Hampshire**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	New Hampshire	United States
Receiving special education services	10.8%	12.2%
Received disciplinary action	3.8%	5.3%
Received diploma	68.3%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

76.1 percent of New Hampshire autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **New Hampshire**.

	New Hampshire	United States
Received VR services	76.1%	79.9%
Employed after VR	46%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

NEW HAMPSHIRE

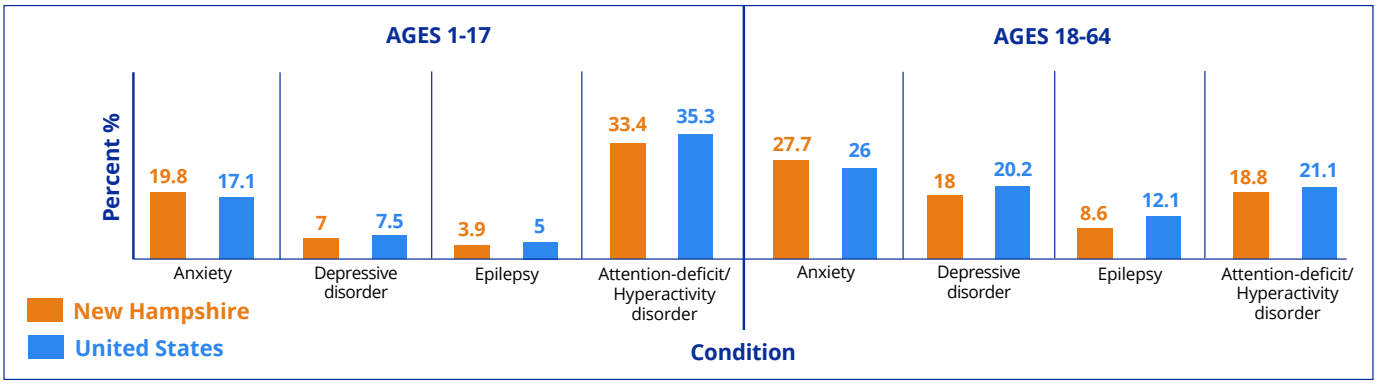
Unmet Healthcare Needs in Children

3.6 percent of parents in **New Hampshire** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	New Hampshire	United States
Unmet healthcare needs for children with autism	3.6%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **New Hampshire** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	New Hampshire	United States
Developmental screening	$182	$101
Emergency department	$1,092	$1,474
Physical therapy	$97	$69
Psychiatry	$229	$259
Speech/language	$214	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

21.3 percent of parents in **New Hampshire** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-202*

21.3%
of autistic households in New Hampshire experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

NEW JERSEY

Autism Rate – *Prevalence and provider types diagnosing autism*

2.1 percent of New Jersey parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

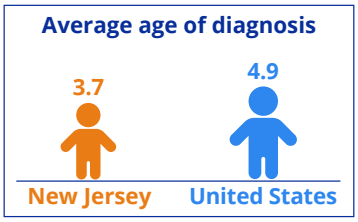
	New Jersey	United States
Specialist	62.3%	32%
School/Other Psychologist	11.8%	30.4%
Other Provider Type	25.9%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **New Jersey is 3.7 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.1 percent** of special education students in **New Jersey** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **New Jersey, 1.9 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **New Jersey**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	New Jersey	United States
Receiving special education services	11.1%	12.2%
Received disciplinary action	1.9%	5.3%
Received diploma	33.8%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

68.8 percent of New Jersey autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **New Jersey**.

	New Jersey	United States
Received VR services	68.8%	79.9%
Employed after VR	57.5%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

NEW JERSEY

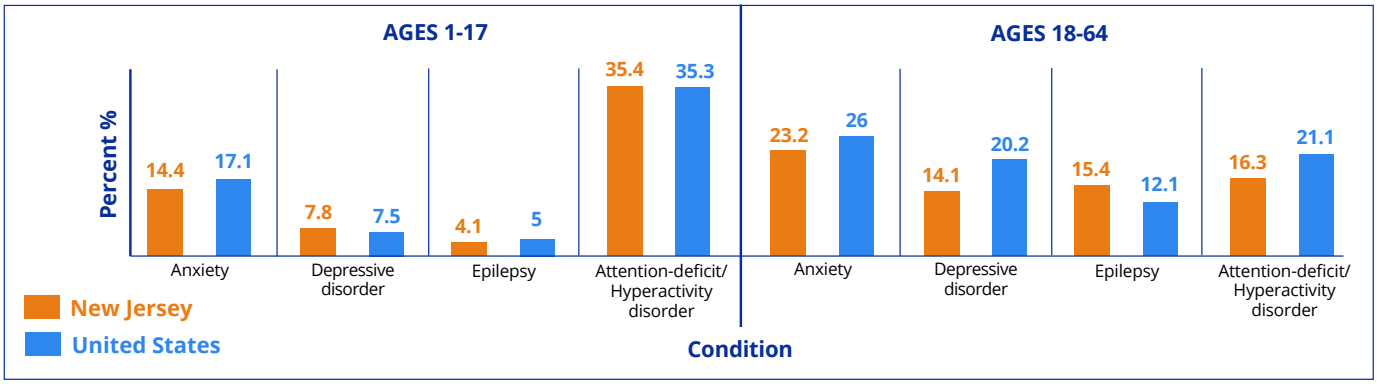
Unmet Healthcare Needs in Children

12.9 percent of parents in **New Jersey** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	New Jersey	United States
Unmet healthcare needs for children with autism	12.9%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **New Jersey** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	New Jersey	United States
Developmental screening	$289	$101
Emergency department	$2,185	$1,474
Physical therapy	$87	$69
Psychiatry	$441	$259
Speech/language	$324	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

17.3 percent of parents in **New Jersey** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

17.3%
of autistic households in New Jersey experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

NEW MEXICO

Autism Rate – *Prevalence and provider types diagnosing autism*

3.7 percent of New Mexico parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

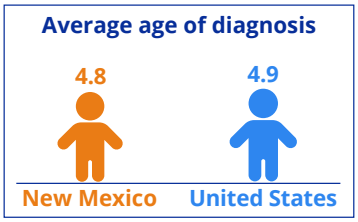
	New Mexico	United States
Specialist	16.6%	32%
School/Other Psychologist	28.5%	30.4%
Other Provider Type	54.9%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **New Mexico is 4.8 years old**. This is **about the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 7.9 percent** of special education students in **New Mexico** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **New Mexico, 3.4 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **New Mexico**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	New Mexico	United States
Receiving special education services	7.9%	12.2%
Received disciplinary action	3.4%	5.3%
Received diploma	89.2%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

73.3 percent of New Mexico autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **New Mexico**.

	New Mexico	United States
Received VR services	73.3%	79.9%
Employed after VR	37.6%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

NEW MEXICO

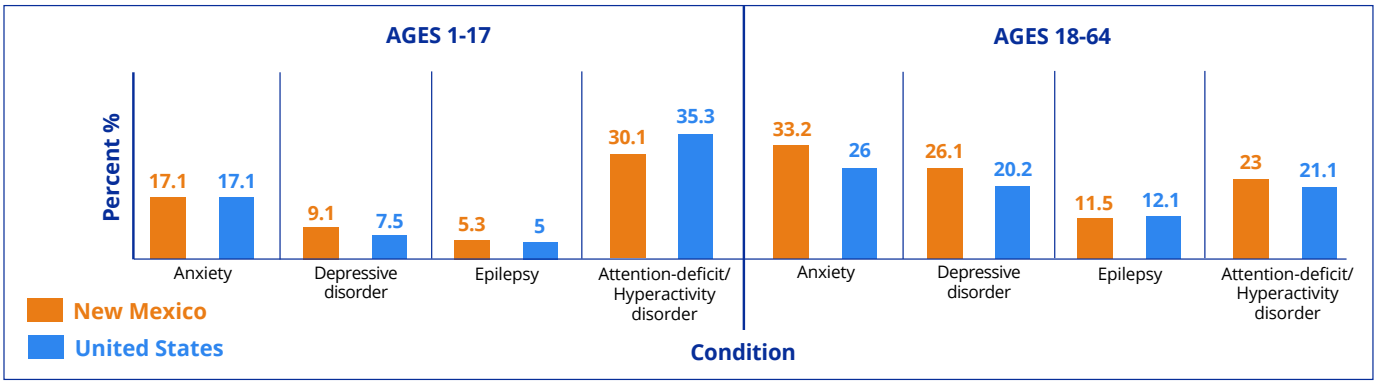
Unmet Healthcare Needs in Children

30.7 percent of parents in **New Mexico** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	New Mexico	United States
Unmet healthcare needs for children with autism	30.7%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **New Mexico** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	New Mexico	United States
Developmental screening	$113	$101
Emergency department	$915	$1,474
Physical therapy	$79	$69
Psychiatry	$172	$259
Speech/language	$262	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

33.9 percent of parents in **New Mexico** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

33.9%
of autistic households in New Mexico experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

NEW YORK

Autism Rate – *Prevalence and provider types diagnosing autism*

3.1 percent of New York parents reported that their child had autism. This is **more** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

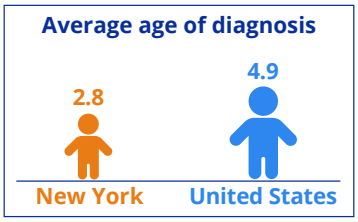
	New York	United States
Specialist	18.1%	32%
School/Other Psychologist	40.1%	30.4%
Other Provider Type	41.8%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **New York is 2.8 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.2 percent** of special education students in **New York** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **New York, 2.3 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **New York**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	New York	United States
Receiving special education services	11.2%	12.2%
Received disciplinary action	2.3%	5.3%
Received diploma	54.7%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

70.7 percent of New York autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **New York**.

	New York	United States
Received VR services	70.7%	79.9%
Employed after VR	42.4%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

NEW YORK

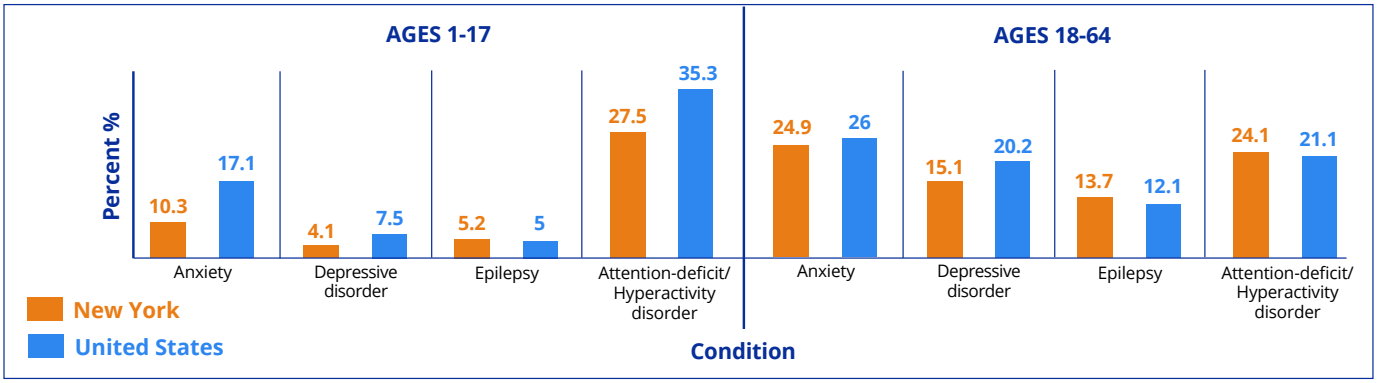
Unmet Healthcare Needs in Children

6.3 percent of parents in **New York** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	New York	United States
Unmet healthcare needs for children with autism	6.3%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **New York** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	New York	United States
Developmental screening	$190	$101
Emergency department	$1,421	$1,474
Physical therapy	$66	$69
Psychiatry	$285	$259
Speech/language	$230	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

29.3 percent of parents in **New York** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-202*

29.3%
of autistic households in New York experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

NORTH CAROLINA

Autism Rate – *Prevalence and provider types diagnosing autism*

2.3 percent of North Carolina parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

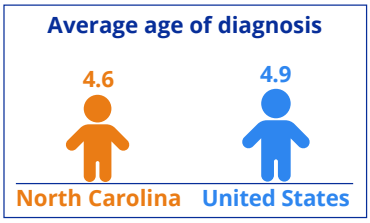
	North Carolina	United States
Specialist	22.8%	32%
School/Other Psychologist	34.1%	30.4%
Other Provider Type	43.1%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **North Carolina is 4.6 years old**. This is **about the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 12.4 percent** of special education students in **North Carolina** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **North Carolina, 9.8 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **North Carolina**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	North Carolina	United States
Receiving special education services	12.4%	12.2%
Received disciplinary action	9.8%	5.3%
Received diploma	76.8%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

79.1 percent of North Carolina autistic VR applicants (ages 14-64 years) received VR services. This is **about the same** as the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **North Carolina**.

	North Carolina	United States
Received VR services	79.1%	79.9%
Employed after VR	54.1%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

NORTH CAROLINA

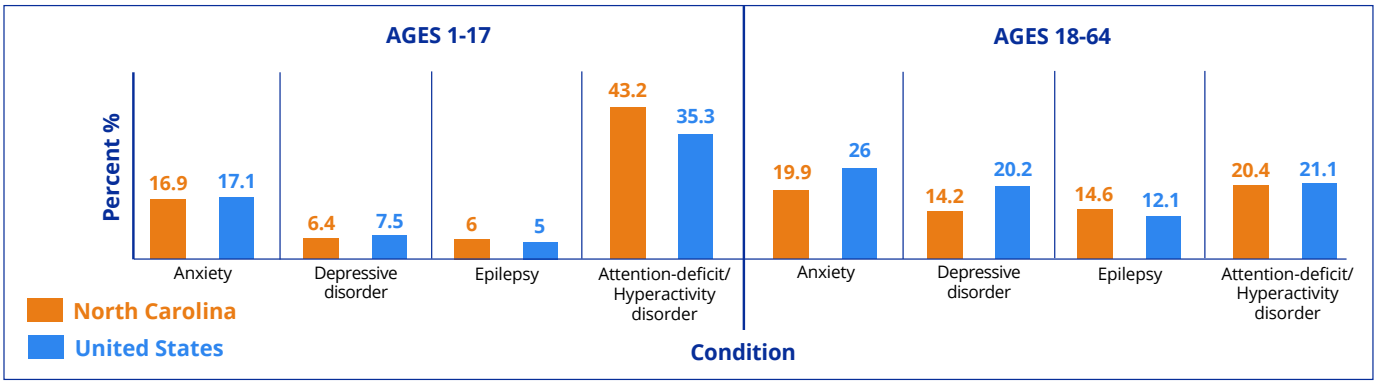
Unmet Healthcare Needs in Children

16.2 percent of parents in **North Carolina** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	North Carolina	United States
Unmet healthcare needs for children with autism	16.2%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **North Carolina** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	North Carolina	United States
Developmental screening	$141	$101
Emergency department	$1,624	$1,474
Physical therapy	$60	$69
Psychiatry	$186	$259
Speech/language	$147	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

26.4 percent of parents in **North Carolina** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

26.4%
of autistic households in North Carolina experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

NORTH DAKOTA

Autism Rate – *Prevalence and provider types diagnosing autism*

3.9 percent of North Dakota parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

There is not enough data to report on who made the autism diagnosis for the state of **North Dakota**. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

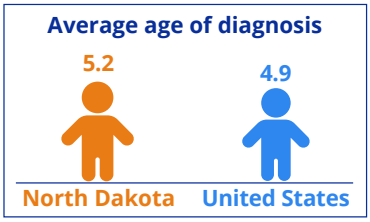
	North Dakota	United States
Specialist	*	32%
School/Other Psychologist	*	30.4%
Other Provider Type	*	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*
data not available

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **North Dakota is 5.2 years old**. This is **about the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 10.3 percent** of special education students in **North Dakota** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **North Dakota, 6.4 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **North Dakota**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	North Dakota	United States
Receiving special education services	10.3%	12.2%
Received disciplinary action	6.4%	5.3%
Received diploma	80%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

83.4 percent of North Dakota autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **slightly higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **North Dakota**.

	North Dakota	United States
Received VR services	83.4%	79.9%
Employed after VR	51.2%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

NORTH DAKOTA

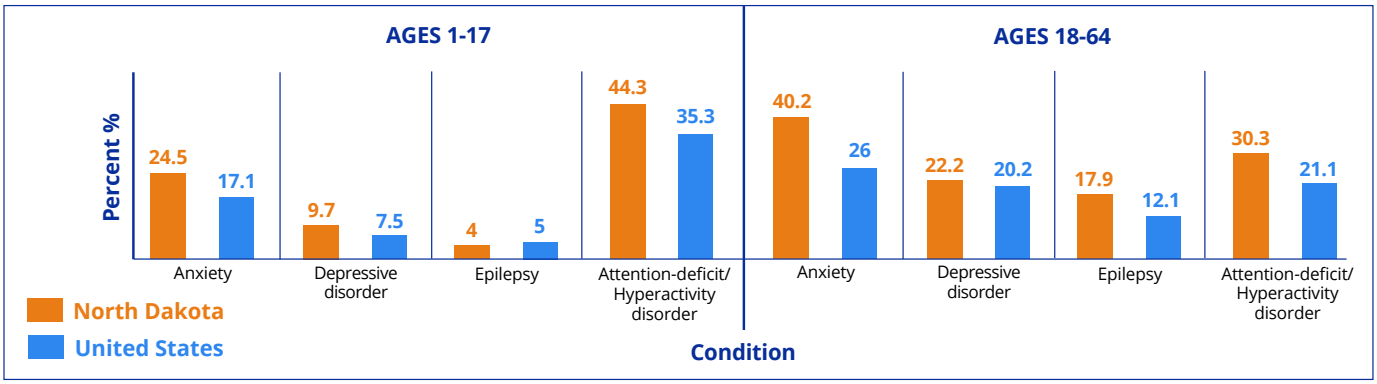
Unmet Healthcare Needs in Children

16.9 percent of parents in **North Dakota** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	North Dakota	United States
Unmet healthcare needs for children with autism	16.9%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **North Dakota** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	North Dakota	United States
Developmental screening	$128	$101
Emergency department	$713	$1,474
Physical therapy	$110	$69
Psychiatry	$178	$259
Speech/language	$302	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

36.3 percent of parents in **North Dakota** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

36.3%
of autistic households in North Dakota experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

OHIO

Autism Rate – *Prevalence and provider types diagnosing autism*

2.9 percent of Ohio parents reported that their child had autism. This is **about the same** as the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

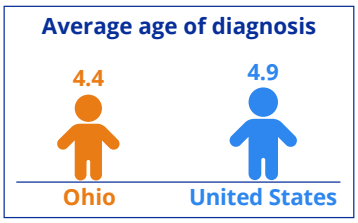
	Ohio	United States
Specialist	48.3%	32%
School/Other Psychologist	21.9%	30.4%
Other Provider Type	29.8%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Ohio is 4.4 years old**. This is **lower** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.4 percent** of special education students in **Ohio** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Ohio, 3.9 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Ohio**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Ohio	United States
Receiving special education services	11.4%	12.2%
Received disciplinary action	3.9%	5.3%
Received diploma	70.8%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

81.9 percent of Ohio autistic VR applicants (ages 14-64 years) received VR services. This is **slightly higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Ohio**.

	Ohio	United States
Received VR services	81.9%	79.9%
Employed after VR	46.9%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

OHIO

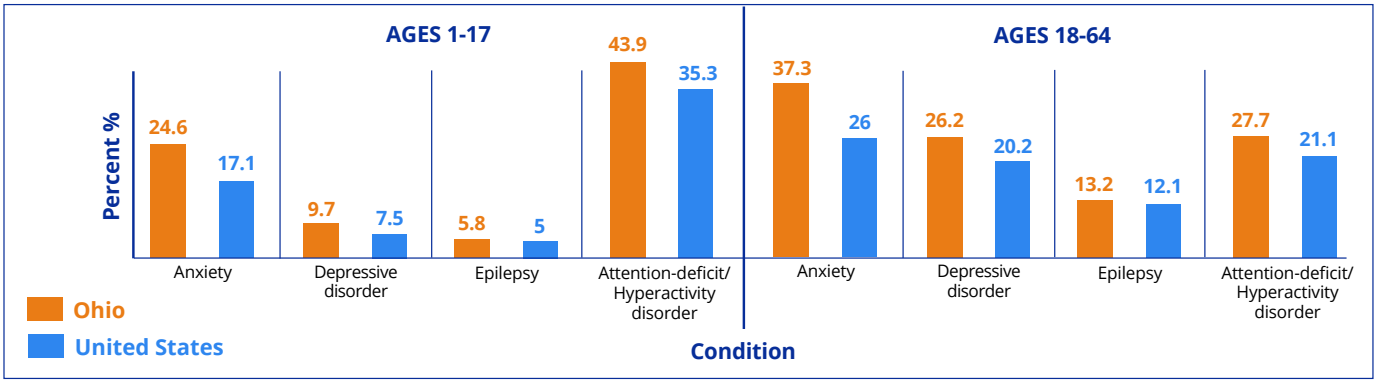
Unmet Healthcare Needs in Children

9.6 percent of parents in **Ohio** reported their child experienced unmet healthcare needs. This is **slightly lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Ohio	United States
Unmet healthcare needs for children with autism	9.6%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Ohio** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Ohio	United States
Developmental screening	$123	$101
Emergency department	$1,331	$1,474
Physical therapy	$86	$69
Psychiatry	$205	$259
Speech/language	$192	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

27.8 percent of parents in **Ohio** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

27.8%
of autistic households in Ohio experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

OKLAHOMA

Autism Rate – *Prevalence and provider types diagnosing autism*

3.5 percent of Oklahoma parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

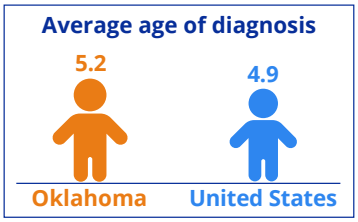
	Oklahoma	United States
Specialist	17.8%	32%
School/Other Psychologist	31.5%	30.4%
Other Provider Type	50.7%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Oklahoma is 5.2 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 7.4 percent** of special education students in **Oklahoma** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Oklahoma, 8.1 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Oklahoma**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Oklahoma	United States
Receiving special education services	7.4%	12.2%
Received disciplinary action	8.1%	5.3%
Received diploma	92%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

80.5 percent of Oklahoma autistic VR applicants (ages 14-64 years) received VR services. This is **about the same** as the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Oklahoma**.

	Oklahoma	United States
Received VR services	80.5%	79.9%
Employed after VR	36.4%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

OKLAHOMA

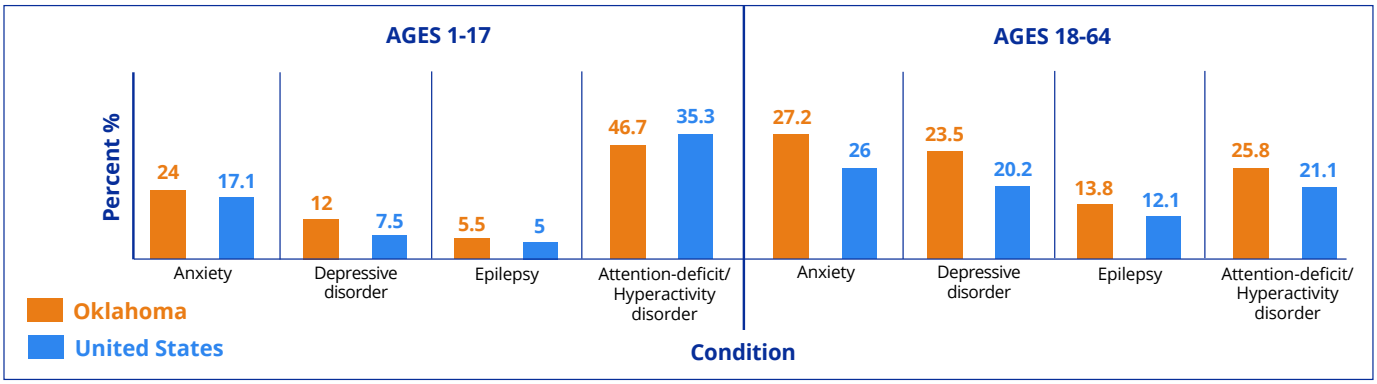
Unmet Healthcare Needs in Children

4.2 percent of parents in **Oklahoma** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Oklahoma	United States
Unmet healthcare needs for children with autism	4.2%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Oklahoma** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Oklahoma	United States
Developmental screening	$210	$101
Emergency department	$1,355	$1,474
Physical therapy	$80	$69
Psychiatry	$278	$259
Speech/language	$166	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

9.2 percent of parents in **Oklahoma** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

9.2%
of autistic households in Oklahoma experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

OREGON

Autism Rate – *Prevalence and provider types diagnosing autism*

2.8 percent of Oregon parents reported that their child had autism. This is **slightly lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

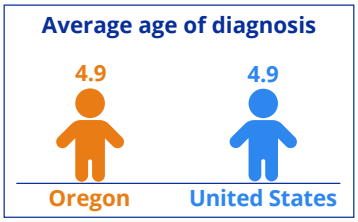
	Oregon	United States
Specialist	39.1%	32%
School/Other Psychologist	30.9%	30.4%
Other Provider Type	30%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Oregon is 4.9 years old**. This is **the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 13.5 percent** of special education students in **Oregon** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Oregona, 5.2 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Oregon**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Oregon	United States
Receiving special education services	13.5%	12.2%
Received disciplinary action	5.2%	5.3%
Received diploma	67.4%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

76.5 percent of Oregon autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Oregon**.

	Oregon	United States
Received VR services	76.5%	79.9%
Employed after VR	58.8%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

OREGON

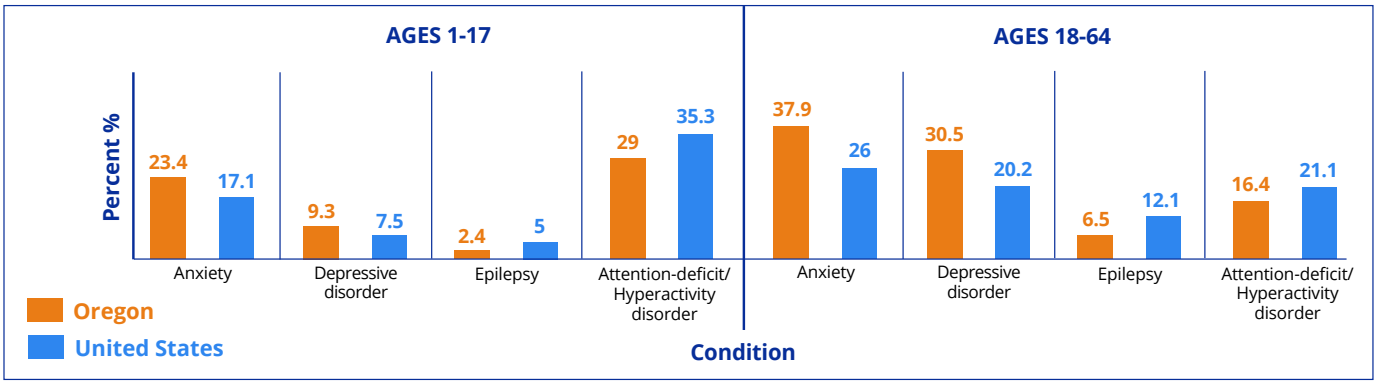
Unmet Healthcare Needs in Children

12.3 percent of parents in **Oregon** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Oregon	United States
Unmet healthcare needs for children with autism	12.3%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Oregon** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Oregon	United States
Developmental screening	$143	$101
Emergency department	$1,085	$1,474
Physical therapy	$104	$69
Psychiatry	$247	$259
Speech/language	$287	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

24.5 percent of parents in **Oregon** reported experiencing food or housing insecurity. This is **slightly lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

24.5%
of autistic households in Oregon experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

PENNSYLVANIA

Autism Rate – *Prevalence and provider types diagnosing autism*

4.5 percent of Pennsylvania parents reported that their child had autism. This is **more** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

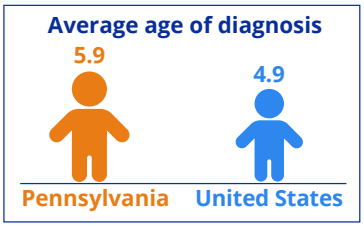
	Pennsylvania	United States
Specialist	19.6%	32%
School/Other Psychologist	35.1%	30.4%
Other Provider Type	45.3%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Pennsylvania is 5.9 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 12.6 percent** of special education students in **Pennsylvania** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Pennsylvania, 3.4 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Pennsylvania**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Pennsylvania	United States
Receiving special education services	12.6%	12.2%
Received disciplinary action	3.4%	5.3%
Received diploma	95.3%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

79.1 percent of Pennsylvania autistic VR applicants (ages 14-64 years) received VR services. This is **about the same** as the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Pennsylvania**.

	Pennsylvania	United States
Received VR services	79.1%	79.9%
Employed after VR	49.3%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

PENNSYLVANIA

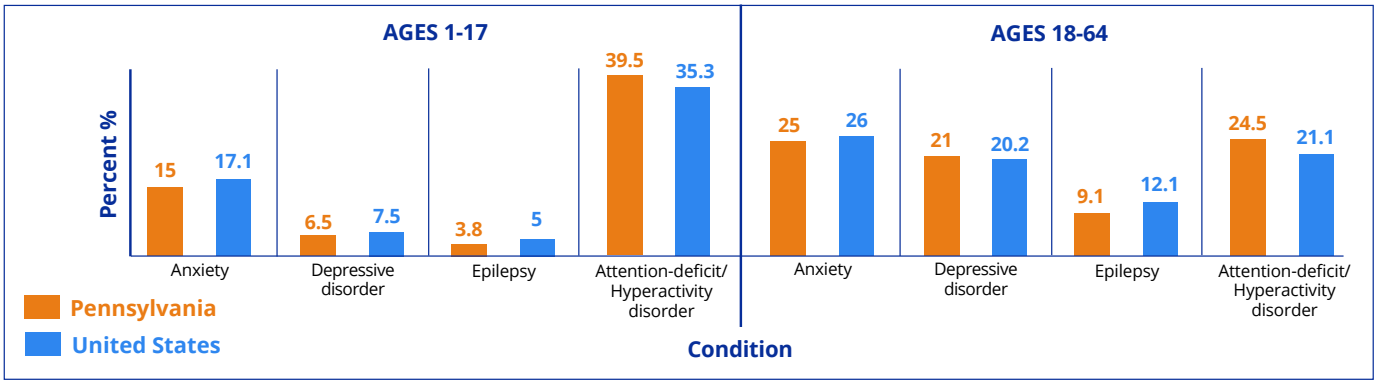
Unmet Healthcare Needs in Children

4.5 percent of parents in **Pennsylvania** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Pennsylvania	United States
Unmet healthcare needs for children with autism	4.5%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Pennsylvania** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Pennsylvania	United States
Developmental screening	$183	$101
Emergency department	$1,324	$1,474
Physical therapy	$81	$69
Psychiatry	$261	$259
Speech/language	$178	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

31.7 percent of parents in **Pennsylvania** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

31.7%
of autistic households in Pennsylvania experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

RHODE ISLAND

Autism Rate – *Prevalence and provider types diagnosing autism*

3.2 percent of Rhode Island parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

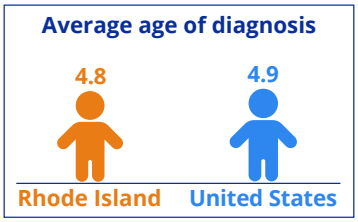
	Rhode Island	United States
Specialist	49%	32%
School/Other Psychologist	24.4%	30.4%
Other Provider Type	26.6%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Rhode Island is 4.8 years old**. This is **about the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.4 percent** of special education students in **Rhode Island** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Rhode Island, 3.6 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Rhode Island**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Rhode Island	United States
Receiving special education services	11.4%	12.2%
Received disciplinary action	3.6%	5.3%
Received diploma	77.7%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

89.9 percent of Rhode Island autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Rhode Island**.

	Rhode Island	United States
Received VR services	89.9%	79.9%
Employed after VR	45.6%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

RHODE ISLAND

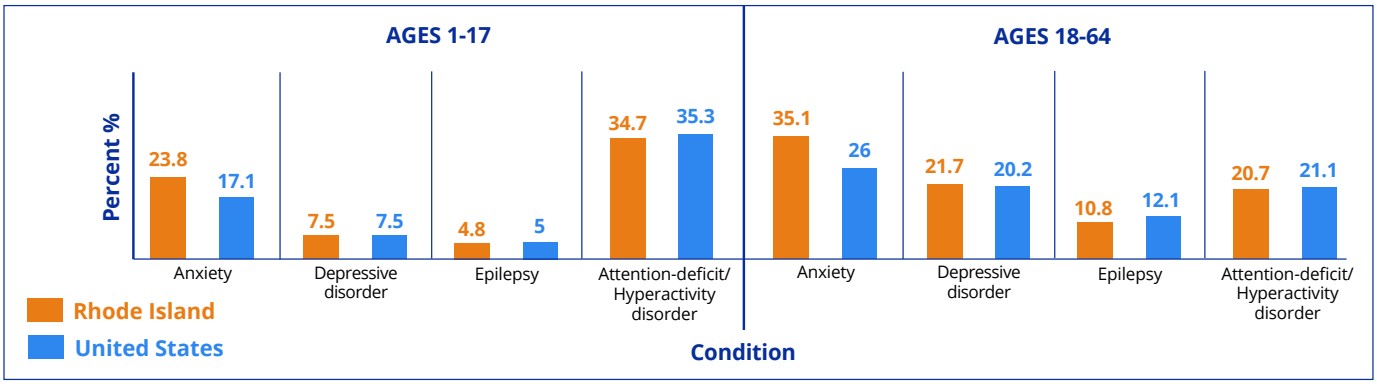
Unmet Healthcare Needs in Children

7.0 percent of parents in **Rhode Island** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Rhode Island	United States
Unmet healthcare needs for children with autism	7%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Rhode Island** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Rhode Island	United States
Developmental screening	$304	$101
Emergency department	$1,633	$1,474
Physical therapy	$84	$69
Psychiatry	$200	$259
Speech/language	$265	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

35.9 percent of parents in **Rhode Island** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

35.9%
of autistic households in Rhode Island experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

SOUTH CAROLINA

Autism Rate – *Prevalence and provider types diagnosing autism*

3.4 percent of South Carolina parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

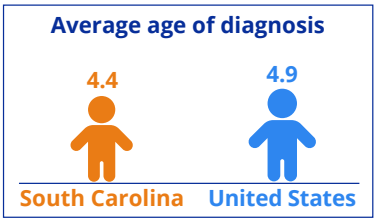
	South Carolina	United States
Specialist	35.4%	32%
School/Other Psychologist	28%	30.4%
Other Provider Type	36.6%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **South Carolina is 4.4 years old**. This is **less** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 10.2 percent** of special education students in **South Carolina** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **South Carolina, 12.1 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **South Carolina**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	South Carolina	United States
Receiving special education services	10.2%	12.2%
Received disciplinary action	12.1%	5.3%
Received diploma	50.6%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

87.7 percent of South Carolina autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **South Carolina**.

	South Carolina	United States
Received VR services	87.7%	79.9%
Employed after VR	46.4%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

SOUTH CAROLINA

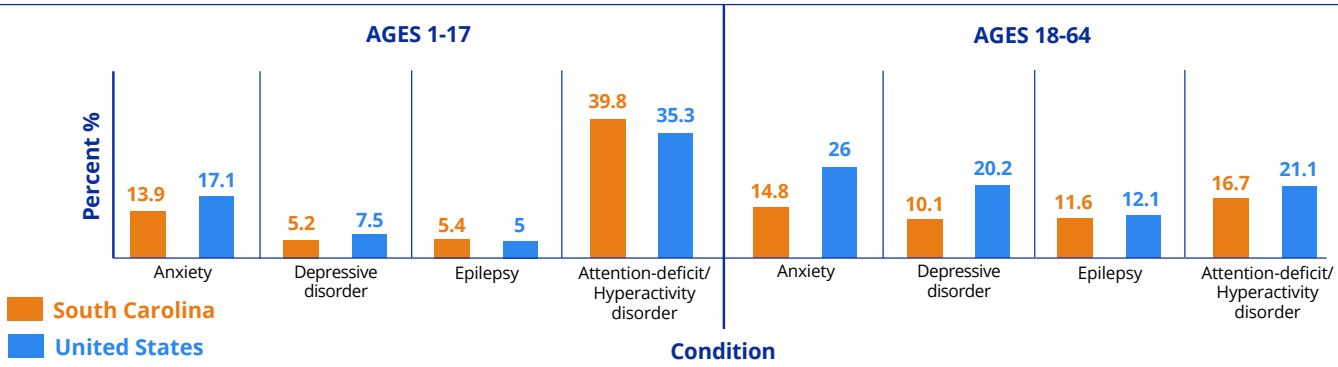
Unmet Healthcare Needs in Children

8.5 percent of parents in **South Carolina** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	South Carolina	United States
Unmet healthcare needs for children with autism	8.5%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **South Carolina** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	South Carolina	United States
Developmental screening	$127	$101
Emergency department	$1,661	$1,474
Physical therapy	$76	$69
Psychiatry	$203	$259
Speech/language	$173	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

23.3 percent of parents in **South Carolina** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

23.3%
of autistic households in South Carolina experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

SOUTH DAKOTA

Autism Rate – *Prevalence and provider types diagnosing autism*

1.9 percent of South Dakota parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

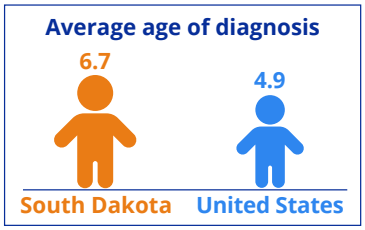
	South Dakota	United States
Specialist	*	32%
School/Other Psychologist	*	30.4%
Other Provider Type	*	37.7%

**Data about special education and outcomes are unavailable for the state of South Dakota.*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **South Dakota is 6.7 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 8.3 percent** of special education students in **South Dakota** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **South Dakota, 8.1 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **South Dakota**, rates of students graduating with a diploma were **slightly higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	South Dakota	United States
Receiving special education services	8.3%	12.2%
Received disciplinary action	8.1%	5.3%
Received diploma	73.0%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

84.4 percent of South Dakota autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **slightly higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **South Dakota**.

	South Dakota	United States
Received VR services	84.4%	79.9%
Employed after VR	50.3%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

SOUTH DAKOTA

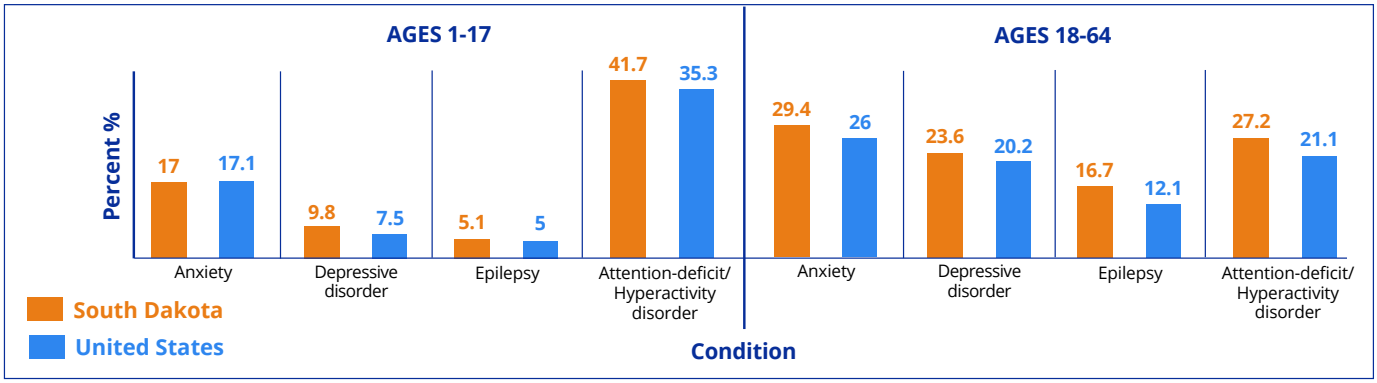
Unmet Healthcare Needs in Children

6.2 percent of parents in **South Dakota** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	South Dakota	United States
Unmet healthcare needs for children with autism	6.2%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **South Dakota** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	South Dakota	United States
Developmental screening	$114	$101
Emergency department	$799	$1,474
Physical therapy	$100	$69
Psychiatry	$183	$259
Speech/language	$234	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

20.1 percent of parents in **South Dakota** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

20.1%
of autistic households in South Dakota experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

TENNESSEE

Autism Rate – *Prevalence and provider types diagnosing autism*

2.2 percent of Tennessee parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

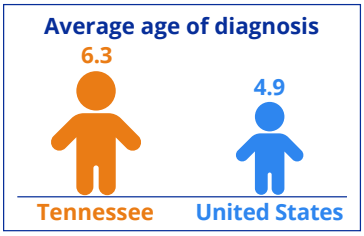
	Tennessee	United States
Specialist	35.9%	32%
School/Other Psychologist	25.5%	30.4%
Other Provider Type	38.6%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Tennessee is 6.3 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.5 percent** of special education students in **Tennessee** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Tennessee, 7.7 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Tennessee**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Tennessee	United States
Receiving special education services	11.5%	12.2%
Received disciplinary action	7.7%	5.3%
Received diploma	63.2%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

75.3 percent of Tennessee autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **about the same** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Tennessee**.

	Tennessee	United States
Received VR services	75.3%	79.9%
Employed after VR	49%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

TENNESSEE

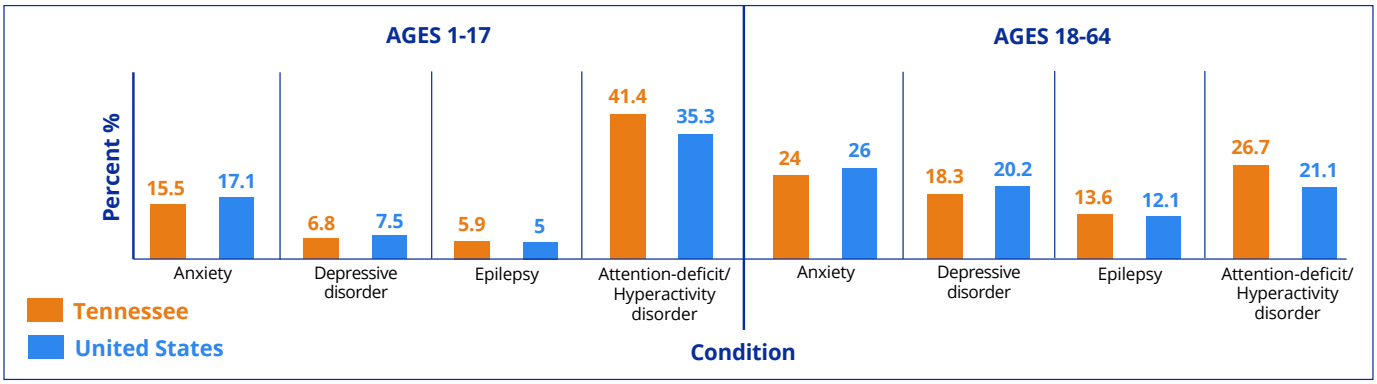
Unmet Healthcare Needs in Children

13.4 percent of parents in **Tennessee** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Tennessee	United States
Unmet healthcare needs for children with autism	13.4%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Tennessee** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Tennessee	United States
Developmental screening	$308	$101
Emergency department	$1,334	$1,474
Physical therapy	$68	$69
Psychiatry	$283	$259
Speech/language	$231	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

50.7 percent of parents in **Tennessee** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

50.7%
of autistic households in Tennessee experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

TEXAS

Autism Rate – *Prevalence and provider types diagnosing autism*

2.4 percent of Texas parents reported that their child had autism. This is **less** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

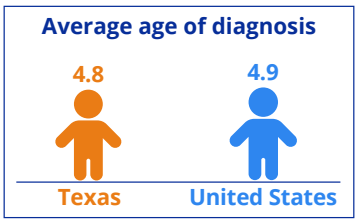
	Texas	United States
Specialist	27.7%	32%
School/Other Psychologist	52%	30.4%
Other Provider Type	20.4%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Texas is 4.8 years old**. This is **about the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 14.5 percent** of special education students in **Texas** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Texas, 6.0 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Texas**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Texas	United States
Receiving special education services	14.5%	12.2%
Received disciplinary action	6%	5.3%
Received diploma	50.7%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

84.0 percent of Texas autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Texas**.

	Texas	United States
Received VR services	84%	79.9%
Employed after VR	58.3%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

TEXAS

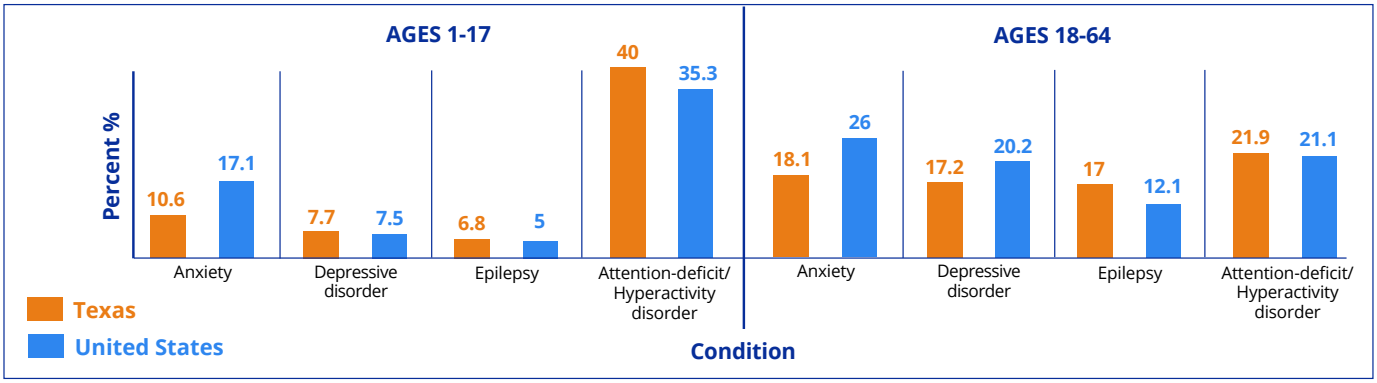
Unmet Healthcare Needs in Children

14.0 percent of parents in **Texas** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Texas	United States
Unmet healthcare needs for children with autism	14%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Texas** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Texas	United States
Developmental screening	$176	$101
Emergency department	$1,980	$1,474
Physical therapy	$77	$69
Psychiatry	$336	$259
Speech/language	$146	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

18.0 percent of parents in **Texas** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

18%
of autistic households in Texas experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

UTAH

Autism Rate – *Prevalence and provider types diagnosing autism*

1.8 percent of Utah parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

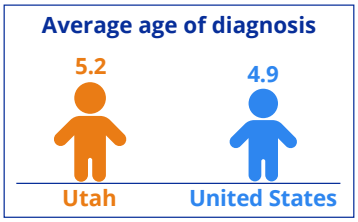
	Utah	United States
Specialist	27.5%	32%
School/Other Psychologist	34.3%	30.4%
Other Provider Type	38.2%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Utah is 5.2 years old**. This is **slightly higher** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 9.1 percent** of special education students in **Utah** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Utah, 3.9 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Utah**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Utah	United States
Receiving special education services	9.1%	12.2%
Received disciplinary action	3.9%	5.3%
Received diploma	60%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

79.3 percent of Utah autistic VR applicants (ages 14-64 years) received VR services. This is **about the same** as the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Utah**.

	Utah	United States
Received VR services	79.3%	79.9%
Employed after VR	56.8%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

UTAH

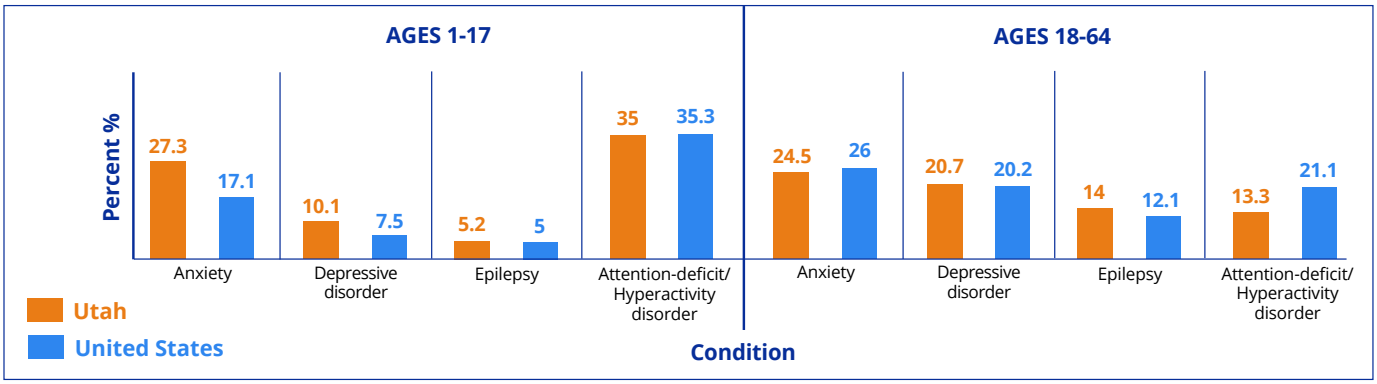
Unmet Healthcare Needs in Children

15.1 percent of parents in **Utah** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Utah	United States
Unmet healthcare needs for children with autism	15.1%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Utah** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Utah	United States
Developmental screening	$147	$101
Emergency department	$1,504	$1,474
Physical therapy	$71	$69
Psychiatry	$238	$259
Speech/language	$212	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

31.7 percent of parents in **Utah** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

31.7%
of autistic households in Utah experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

VERMONT

Autism Rate – *Prevalence and provider types diagnosing autism*

2.1 percent of Vermont parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

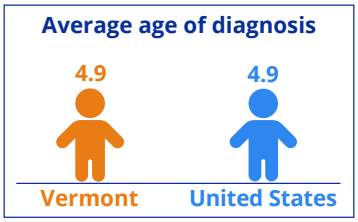
	Vermont	United States
Specialist	55.1%	32%
School/Other Psychologist	17.5%	30.4%
Other Provider Type	27.4%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Vermont is 4.9 years old**. This is **the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 8.2 percent** of special education students in **Vermont** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Vermont, 1.3 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Vermont**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Vermont	United States
Receiving special education services	8.2%	12.2%
Received disciplinary action	1.3%	5.3%
Received diploma	81.1%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

88.4 percent of Vermont autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Vermont**.

	Vermont	United States
Received VR services	88.4%	79.9%
Employed after VR	38.8%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

VERMONT

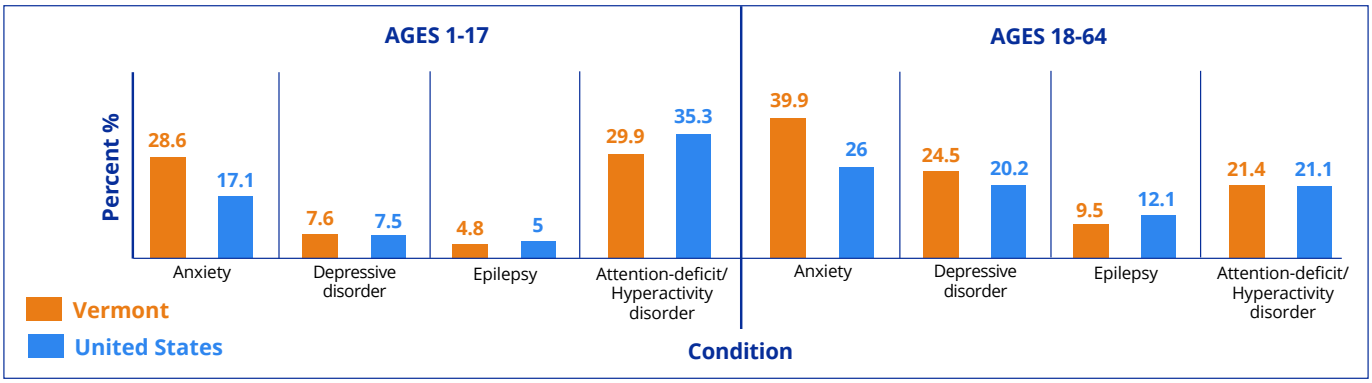
Unmet Healthcare Needs in Children

9.0 percent of parents in **Vermont** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Vermont	United States
Unmet healthcare needs for children with autism	9%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Vermont** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Vermont	United States
Developmental screening	$99	$101
Emergency department	$1,041	$1,474
Physical therapy	$90	$69
Psychiatry	$185	$259
Speech/language	$151	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

17.2 percent of parents in **Vermont** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

17.2%
of autistic households in Vermont experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

VIRGINIA

Autism Rate – *Prevalence and provider types diagnosing autism*

3.5 percent of Virginia parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents also reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

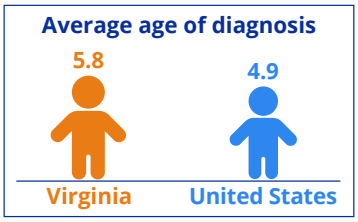
	Virginia	United States
Specialist	53.1%	32%
School/Other Psychologist	25.7%	30.4%
Other Provider Type	21.3%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Virginia is 5.8 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 14.8 percent** of special education students in **Virginia** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Virginia, 12.7 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Virginia**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Virginia	United States
Receiving special education services	14.8%	12.2%
Received disciplinary action	12.7%	5.3%
Received diploma	56.9%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

77.3 percent of Virginia autistic VR applicants (ages 14-64 years) received VR services. This is **slightly lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Virginia**.

	Virginia	United States
Received VR services	77.3%	79.9%
Employed after VR	54.8%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

VIRGINIA

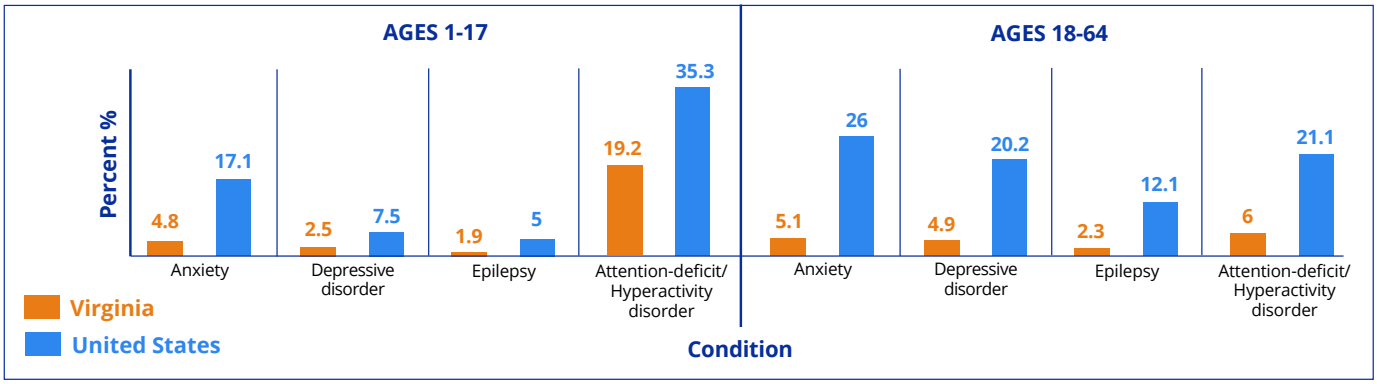
Unmet Healthcare Needs in Children

8.0 percent of parents in **Virginia** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Virginia	United States
Unmet healthcare needs for children with autism	8%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Virginia** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Virginia	United States
Developmental screening	$157	$101
Emergency department	$1,574	$1,474
Physical therapy	$72	$69
Psychiatry	$296	$259
Speech/language	$232	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

18.3 percent of parents in **Virginia** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

18.3%
of autistic households in Virginia experience food/housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

WASHINGTON

Autism Rate – *Prevalence and provider types diagnosing autism*

2.9 percent of Washington parents reported that their child had autism. This is **the same** as the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

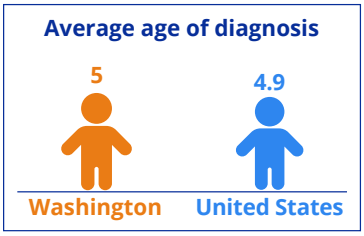
	Washington	United States
Specialist	42%	32%
School/Other Psychologist	14.9%	30.4%
Other Provider Type	43.2%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Washington is 5.0 years old**. This is **about the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 12.6 percent** of special education students in **Washington** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Washington, 4.6 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Washington**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Washington	United States
Receiving special education services	12.6%	12.2%
Received disciplinary action	4.6%	5.3%
Received diploma	79.7%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

72.5 percent of Washington autistic VR applicants (ages 14-64 years) received VR services. This is **lower** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Washington**.

	Washington	United States
Received VR services	72.5%	79.9%
Employed after VR	64.2%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

WASHINGTON

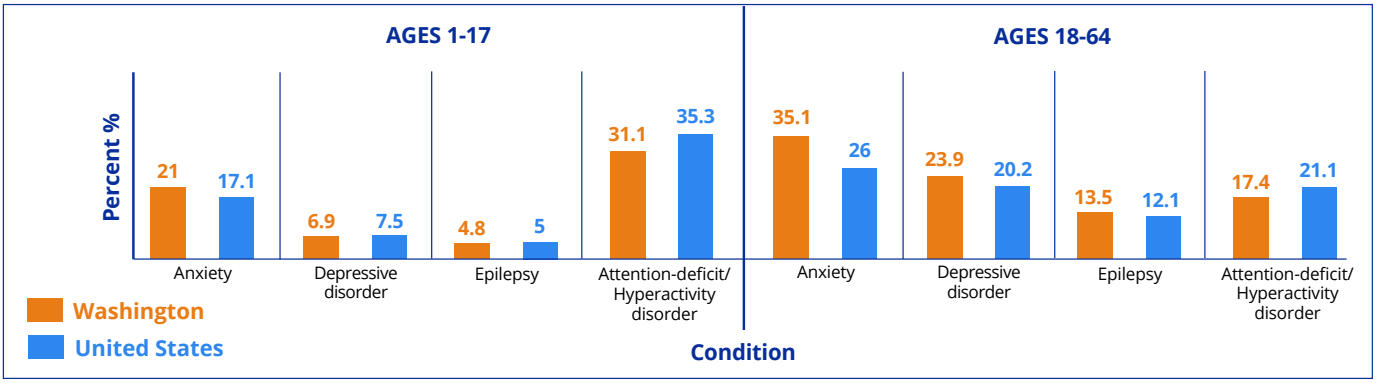
Unmet Healthcare Needs in Children

12.9 percent of parents in **Washington** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Washington	United States
Unmet healthcare needs for children with autism	12.9%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Washington** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Washington	United States
Developmental screening	$168	$101
Emergency department	$1,553	$1,474
Physical therapy	$92	$69
Psychiatry	$207	$259
Speech/language	$230	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

14.0 percent of parents in **Washington** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

14%
of autistic households in Washington experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

WEST VIRGINIA

Autism Rate – *Prevalence and provider types diagnosing autism*

3.9 percent of West Virginia parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

	West Virginia	United States
Specialist	20.4%	32%
School/Other Psychologist	35.5%	30.4%
Other Provider Type	44.1%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **West Virginia is 4.8 years old**. This is **about the same** as the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*

Average age of diagnosis

Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 7.2 percent** of special education students in **West Virginia** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **West Virginia, 7.2 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **West Virginia**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	West Virginia	United States
Receiving special education services	7.2%	12.2%
Received disciplinary action	7.2%	5.3%
Received diploma	66.3%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

81.7 percent of West Virginia autistic VR applicants (ages 14-64 years) received VR services. This is **slightly higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **lower** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **West Virginia**.

	West Virginia	United States
Received VR services	81.7%	79.9%
Employed after VR	41.7%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

WEST VIRGINIA

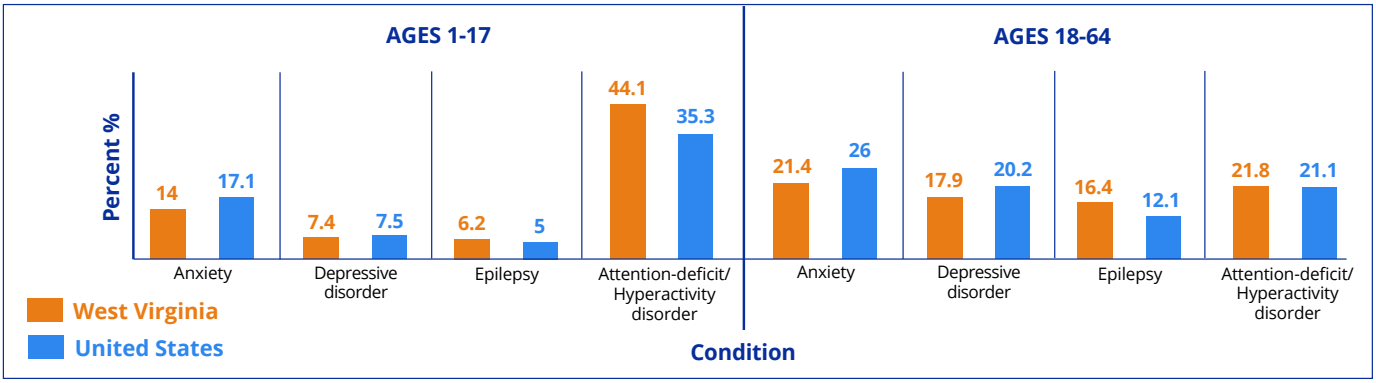
Unmet Healthcare Needs in Children

6.1 percent of parents in **West Virginia** reported their child experienced unmet healthcare needs. This is **lower** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	West Virginia	United States
Unmet healthcare needs for children with autism	6.1%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **West Virginia** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	West Virginia	United States
Developmental screening	$100	$101
Emergency department	$764	$1,474
Physical therapy	$58	$69
Psychiatry	$197	$259
Speech/language	$165	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

10.7 percent of parents in **West Virginia** reported experiencing food or housing insecurity. This is **lower** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

10.7%
of autistic households in West Virginia experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

WISCONSIN

Autism Rate – *Prevalence and provider types diagnosing autism*

3.0 percent of Wisconsin parents reported that their child had autism. This is **about the same** as the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

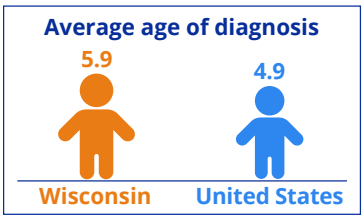
	Wisconsin	United States
Specialist	32.5%	32%
School/Other Psychologist	24.4%	30.4%
Other Provider Type	43.1%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Wisconsin is 5.9 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 11.6 percent** of special education students in **Wisconsin** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Wisconsin, 5.9 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Wisconsin**, rates of students graduating with a diploma were **higher** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Wisconsin	United States
Receiving special education services	11.6%	12.2%
Received disciplinary action	5.9%	5.3%
Received diploma	89.5%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

83.8 percent of Wisconsin autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Wisconsin**.

	Wisconsin	United States
Received VR services	83.8%	79.9%
Employed after VR	54.5%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

WISCONSIN

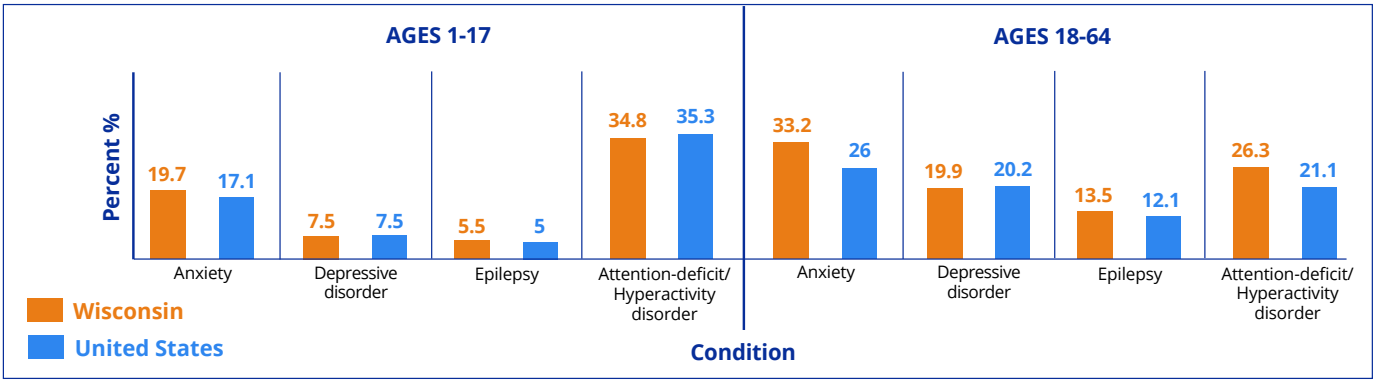
Unmet Healthcare Needs in Children

11.9 percent of parents in **Wisconsin** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Wisconsin	United States
Unmet healthcare needs for children with autism	11.9%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Wisconsin** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Wisconsin	United States
Developmental screening	$130	$101
Emergency department	$1,025	$1,474
Physical therapy	$112	$69
Psychiatry	$224	$259
Speech/language	$230	$164

Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

32.9 percent of parents in **Wisconsin** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

32.9%
of autistic households in Wisconsin experience food/ housing insecurity.

AUTISM BY THE NUMBERS
DATA TO HELP YOU PLAN AND ADVOCATE

WYOMING

Autism Rate – *Prevalence and provider types diagnosing autism*

3.2 percent of Wyoming parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for public services, including Medicaid, the primary insurer for autistic children, and special education, to make available the services and staff needed for autistic children.

Parents reported the type of provider that diagnosed their child with autism. This is important to track because large differences across states might indicate gaps in access to trained providers who can diagnose autism.

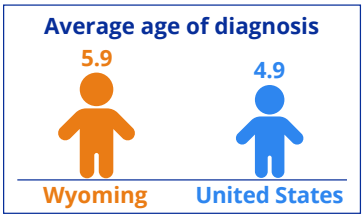
	Wyoming	United States
Specialist	29.2%	32%
School/Other Psychologist	42.8%	30.4%
Other Provider Type	28.1%	37.7%

Source: *National Survey of Children's Health, 2020-2021, parent survey data*

Early Intervention – *Age of diagnosis and first intervention*

The average age of autism diagnosis in **Wyoming is 5.9 years old**. This is **higher** than the U.S. average of **4.9 years old**. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. Parents also reported on the average age of the first formal plan for early intervention of special education services. The earlier the age, the better the long-term outcomes for autistic people.

Source: *National Survey of Children's Health, 2020-2021*



Education – *Special education services and outcomes for autistic students*

Compared to the U.S. average of **12.2 percent, 7.1 percent** of special education students in **Wyoming** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

In **Wyoming, 12.4 percent** of autistic students received at least a one-day suspension for disciplinary action, compared to **5.3 percent** in the U.S. This indicator describes how schools manage autistic students' behavior.

In **Wyoming**, rates of students graduating with a diploma were **lower** than those in the U.S. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may give insight into the effectiveness of supports for autistic students and the quality of the schools in the state.

	Wyoming	United States
Receiving special education services	7.1%	12.2%
Received disciplinary action	12.4%	5.3%
Received diploma	62.5%	72.4%

Source: *U.S. Department of Education, Part B Child Count Data 2021-2022*

Employment – *Receipt and outcomes of vocational rehabilitation (VR) services*

82.1 percent of Wyoming autistic VR applicants (ages 14-64 years) received VR services. This is **higher** than the national average of **79.9 percent**. The percentage of these service recipients who had a job when they left VR was **higher** than the national average. These numbers give us an idea of how many autistic youth and young adults are receiving VR services and their effectiveness and quality in **Wyoming**.

	Wyoming	United States
Received VR services	82.1%	79.9%
Employed after VR	57.6%	49.2%

Source: *U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2017-2019)*

For additional information, visit the Autism Speaks Autism by the Numbers dashboard.

WYOMING

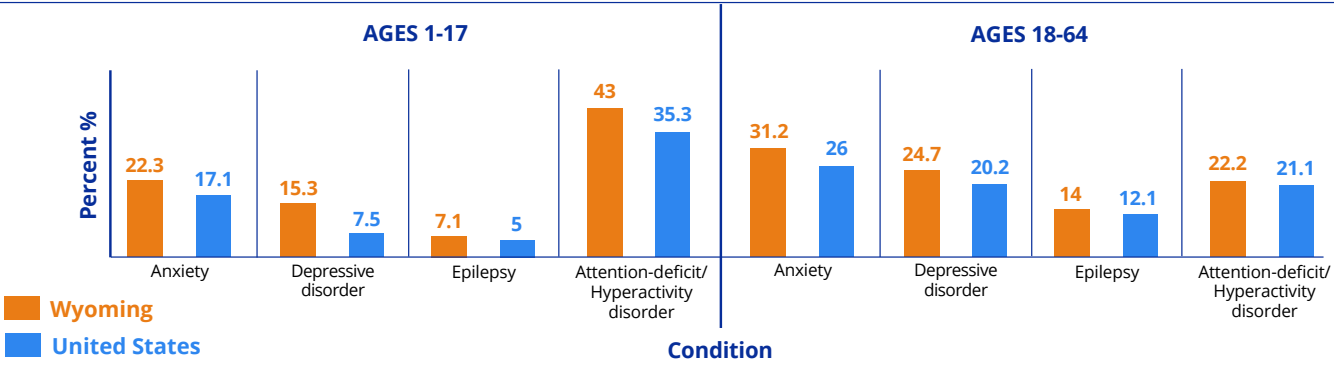
Unmet Healthcare Needs in Children

13.4 percent of parents in **Wyoming** reported their child experienced unmet healthcare needs. This is **higher** than the U.S. average of **10.9 percent**. Unmet healthcare needs mean not being able to get the medical help a child needs, like seeing a doctor, dentist, or mental health provider, often because it's not available or affordable. Reported unmet need shows there are gaps in healthcare where people aren't getting the care they require, which can seriously affect their health.

	Wyoming	United States
Unmet healthcare needs for children with autism	13.4%	10.9%

Source: *National Survey of Children's Health, 2020-2021*

Most Common Co-occurring Health Conditions



Common co-occurring conditions were explored among children and adults enrolled in Medicaid. It is helpful for healthcare providers to be aware of co-occurring conditions so that they can take a proactive approach in working with autistic patients to ensure they have good mental and physical health.

Source: *Medicaid T-MSIS Analytic Files, 2018-2019*

Cost of Common Outpatient Services

Using 2021-2022 data from FAIR Health Inc., which includes private insurance claims, we explored state costs for certain health care. The table shows how much **Wyoming** families of autistic children paid compared to the U.S. average. It is important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Services Category	Wyoming	United States
Developmental screening	$106	$101
Emergency department	$818	$1,474
Physical therapy	$69	$69
Psychiatry	$177	$259
Speech/language	$159	$164

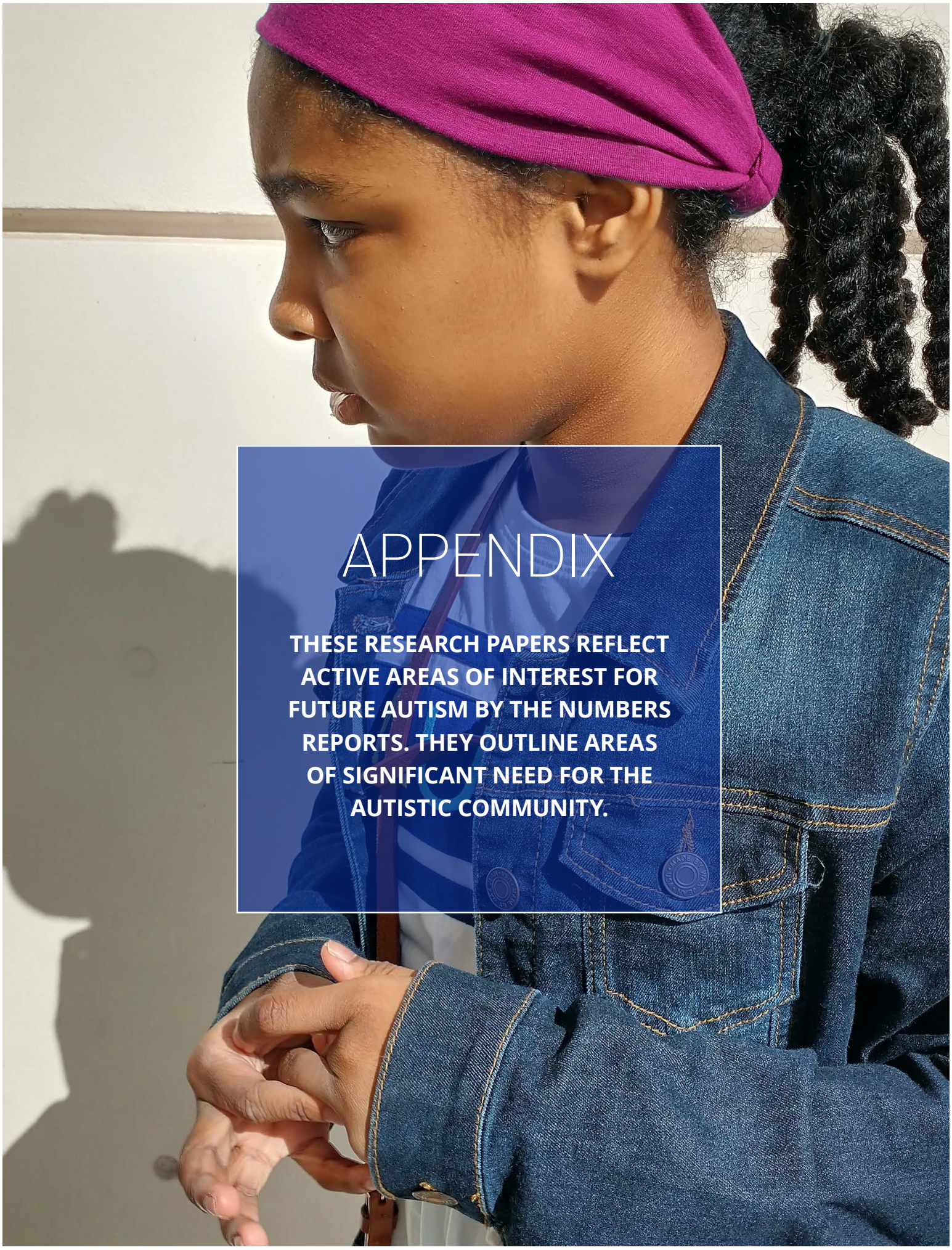
Source: *FAIR Health Inc. data, 2021-2022*

Family Supports – *Financial and Material Hardship*

27.2 percent of parents in **Wyoming** reported experiencing food or housing insecurity. This is **higher** than the U.S. average of **25.4 percent**. When families of autistic children struggle to afford basic necessities like food and housing, it causes a lot of extra stress and uncertainty. These financial hardships can impact a child's wellbeing as well as the wellbeing of the family.

Source: *National Survey of Children's Health, 2020-2021*

27.2%
of autistic households in Wyoming experience food/ housing insecurity.



APPENDIX

THESE RESEARCH PAPERS REFLECT ACTIVE AREAS OF INTEREST FOR FUTURE AUTISM BY THE NUMBERS REPORTS. THEY OUTLINE AREAS OF SIGNIFICANT NEED FOR THE AUTISTIC COMMUNITY.

From Neglect to Priority: Advancing Sexual and Reproductive Health in Autism

By Jennifer L Ames[1], Dena Gassner[2], Laura Graham Holmes[3], Morénike Giwa Onaiwu[4,5,6], Jessica E Rast[6]

[1]Division of Research, Kaiser Permanente Northern California, [2]Towson University, [3]Hunter College, The City University of New York, [4]Rice University Center for the Study of Women, Gender, and Sexuality, [5]Autistic Women and Nonbinary Network, [6]AJ Drexel Autism Institute, Drexel University

INTRODUCTION

Sexual and reproductive health is an important component of overall health that addresses a person's sexual well-being and the health of their reproductive system. A life course approach to sexual and reproductive health integrates not only all the biological stages of reproductive development but also a person's understanding of their gender identity, sexuality, bodily autonomy, and other experiences that accompany these changes. These factors significantly influence overall well-being and health. Sexual expression, for example, can be a positive part of a person's life, offering potential benefits such as pleasure, intimacy, self-esteem, relationship satisfaction, and even improved physical health.[1] In this short report, we briefly summarize the state of research and support resources addressing the reproductive health of autistic people from childhood through adulthood, identifying disparities and key gaps in knowledge and services (**Figure 1**). Although the report covers knowledge on these issues across all sexes and genders, it highlights specific reproductive health concerns for individuals assigned female at birth (AFAB) and notes a lack of research in some areas for autistic people assigned male at birth (AMAB) and with diverse gender identities.

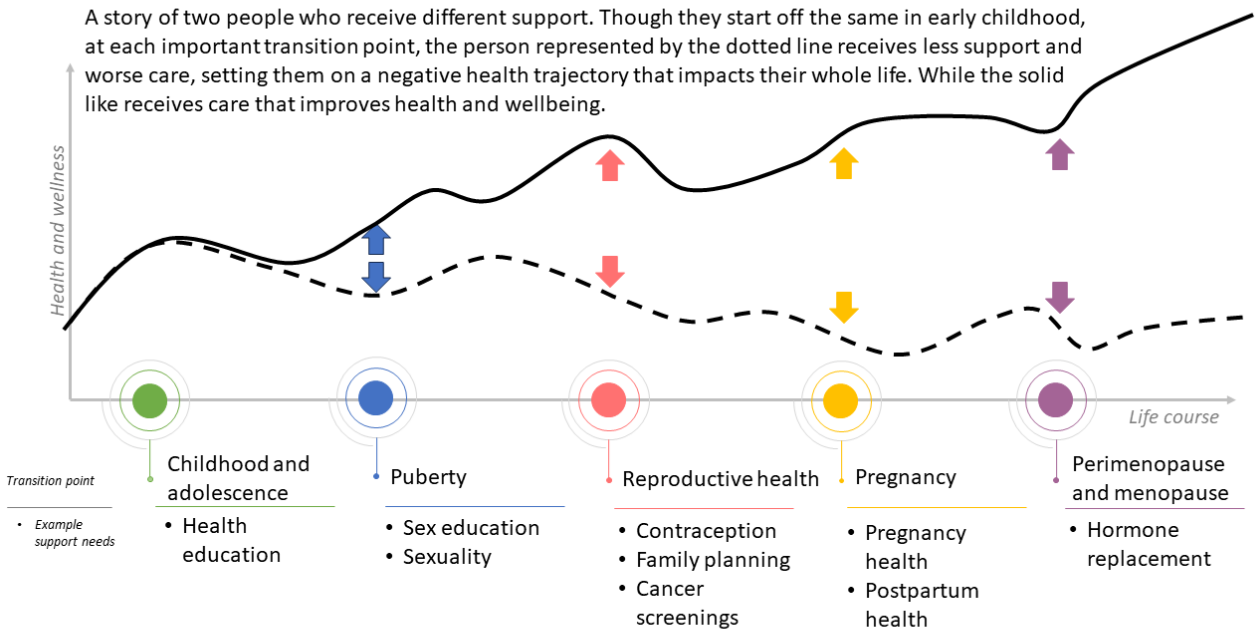
CHILDHOOD AND ADOLESCENCE

Sexuality, bodily autonomy, and sex education

Experiences during childhood and adolescence shape lifelong health trajectories. Children learn to understand their bodies, emotions, gender, bodily autonomy, and rules for healthy relationships from family, peers, schools, healthcare providers, and media. According to the American Academy of Pediatrics (AAP), accessible, comprehensive sexuality education provided by parents, teachers, and other trusted adults that begins early in life and continues throughout adolescence and early adulthood supports youth of all genders in making informed, positive, and safe choices about healthy relationships, responsible sexual activity, and their reproductive health. Sex education can prevent disparities in health and well-being across the life course.[2] Importantly, sex education is a key element of comprehensive abuse prevention strategies because it gives young people the language to ask for and receive consent and to understand and report physical, sexual, and emotional abuse. Indeed, sex education is associated with lower rates of sexual victimization for autistic people.[3] The AAP has stated that all youth with disabilities require developmentally appropriate, accessible, relevant, and accurate sexual health information, regardless of intellectual functioning.[4]

FIGURE 1

Reproductive health throughout the life course: barriers to appropriate care can impact reproductive health in autistic people. Here we highlight transition points.



Despite this, less than half of autistic youth served by the U.S. special education system who can read, write, and complete a survey independently report receiving reproductive health education in school, compared to over 60% of non-disabled youth.[5] Autistic youth with intellectual disability are even less likely to receive sex education in school.[6] Barriers to school-based sex education for autistic youth include lack of organizational policies and standards and limited education for teachers and school staff about providing accessible sex education.[7] As of 2021, only 5 states mandate the inclusion of students with disabilities in sexuality education; only 5 other states mandate the inclusion of students with disabilities in health education broadly.[8] In the absence of organizational policies and standards, whether youth are provided with information about sexual and reproductive health in school may rest on the choices of individual paraprofessionals (e.g., 1:1 aides) about what is developmentally appropriate and accessible to different learners, meaning that individual biases can readily impact who receives this important information.[9]

Autistic children and adolescents are less likely to receive comprehensive sex education

- As of 2021, only 5 states mandate the inclusion of students with disabilities in sexuality education
- Only 5 other states mandate the inclusion of students with disabilities in health education broadly

Sex education must include information about gender identity and sexual orientation. A substantial number of autistic youth are sexually-diverse (e.g., lesbian, gay, bisexual, asexual) or gender-diverse (e.g., transgender, gender non-conforming), and for many, awareness of these identities begins to develop during childhood.[10] Autistic adults have reported that their unfamiliarity with different identities and vocabulary to describe their experiences caused significant stress and damaged their self-esteem.[11] Current curricula focus on biology and safety more than personal sexuality and relationships.[12] As improvements to sex education programs continues, it is critical that it include this information and that it evolves beyond straight and cisgender experiences in order to be effective for autistic people.

Puberty

Healthcare providers can incorporate evidence-based, LGBTQ-inclusive sexual and reproductive healthcare into their practice with autistic children and adolescents. Puberty is a time of physical, cognitive, emotional, and behavioral change, beginning with adrenarche (when the adrenal glands begin making certain hormones that lead to puberty) and continuing on into early adulthood. Families need support from healthcare providers and their child's education team to prepare for puberty and adolescence. However, 44% of parents of autistic youth report never having talked to a healthcare provider about puberty or sexuality, and 64% had received no support from educators or school staff about these topics.[6] Thus, many parents must make decisions about delivering effective, developmentally appropriate sex education without evidence-based guidance or support. The vast majority of pediatricians agree with the AAP that this support is an important part of their role, yet they are constrained by time and limited training and generally address puberty and sexuality if a parent initiates a conversation rather than proactively providing education or resources.[13] However, many parents struggle to raise these topics with both their children and healthcare providers, assuming that their autistic child is not interested or not ready.[14] Based on existing research, there are many opportunities to improve sex education and trajectories of sexual and reproductive health for autistic children and adolescents.[9]

TRANSITION TO ADULTHOOD

Reproductive health

These disparities in sexual and reproductive health continue to reveal themselves, with growing frequency and implications, over the course of adolescence and adulthood. During puberty and beyond, autistic people face many unique challenges around reproductive health. Some evidence suggests that autistic children, including boys and girls, enter puberty earlier than non-autistic peers.[15,16] A small but growing literature indicates that autistic teens and adults AFAB are much more likely to have menstrual and hormonal problems including polycystic ovary syndrome (PCOS), irregular periods, and dysmenorrhea (painful periods).[17-21] Studies also report that autistic people are more likely to experience self-harm, anxiety, seizures, premenstrual syndrome, and premenstrual dysphoric disorder.[18,20,22] They may also have a harder time managing pain and regulating emotions and planning skills, especially in relation to their menstrual cycles, compared with non-autistic peers and peers with other developmental disabilities. These findings suggest that menstruation may aggravate autism-related sensory and behavioral challenges.[23,24]

There are many barriers and unique challenges to reproductive health care in autistic people

- Autistic people have lower access to hormonal contraception and preventative reproductive care than non-autistic peers.
- Reproductive health care needs often go unaddressed during the transition to adulthood.

Barriers to accessing reproductive health care

These health problems are made worse by a lack of access to comprehensive, high-quality, and accessible care. Autistic people commonly experience institutional, interpersonal, and intrapersonal barriers to accessing reproductive health care. Institutional barriers may include an absence of accommodations, such as sensory, communication, proactive pain management, and trauma-informed supports in reproductive health care settings. Interpersonal barriers may include routine neglect of reproductive health topics by family supporters and healthcare providers during the health care transition, low awareness of autism among adult healthcare providers, and overstepping of bodily autonomy and healthcare decision-making by caregivers and providers. Lack of access to sexual health knowledge and challenges with self-awareness of bodily discomfort and sensitivity to touch may also present intrapersonal-level barriers to autistic people seeking out these health care services. Lower access to these resources and information may put autistic youth at higher risk of sexual victimization and sexually-transmitted infections.[3,25,26]

Contraception

Access and choice around hormonal contraception options are considered key components of reproductive rights and comprehensive health care under the Affordable Care Act. Research on contraception use in Autistic people is sparse – this includes critically needed information on which methods are most accessible, acceptable, and effective. Further, the existing evidence suggests that this population, like other groups with disabilities, have less access to contraceptive care than people without disabilities.[17,27] This disparity is critical, as research, which focused on autistic women without intellectual disability only, demonstrates that autistic women are just as sexually active as neurotypical women. Additionally, contraception to reduce or stop menstruation has other important therapeutic benefits, such as alleviating menstrual-related pain and psychiatric symptoms, thereby promoting well-being and health management for some autistic people affected by debilitating menstrual symptoms.

The disparities among autistic people extend to other types of reproductive health care too including fewer visits to the gynecologist and lower rates of cervical cancer screenings than non-autistic people.[28,29] Experiences of gender dysphoria and gender fluidity are common among autistic individuals, which may further pose challenges in the OB/GYN setting. Though the possibility that these health care gaps lead to disparities in early detection of cervical cancer, gynecologic issues, and sexually-transmitted infections (STIs) has not yet been explored, the early evidence suggests this population likely has substantial unmet needs for reproductive and sexual health services.

Pregnancy and obstetric care

Pregnancy is an important transition point in life, one that many autistic people experience. Much like the transition from childhood to adulthood, pregnancy comes with many changes. Some of these changes are physical: the growth of a child and corresponding physical health and sensory changes and challenges. Some of the changes are social: a person who becomes pregnant experiences a shift in their social roles, from person to parent, with all responsibilities that are connected to this. Some of the changes are emotional: changing roles and responsibilities of parenting may bring varying degrees of joy, anxiety, excitement, and helplessness, while hormonal changes bring additional emotional impact. Transition points are key times in a person's life where events can overly influence their health and wellbeing for a lifetime, both positively and negatively. For example, during pregnancy, receipt of health care to screen for conditions like hypertension or diabetes could prevent poor health in the person and the fetus. But inappropriate or infrequent care could mean these conditions are not diagnosed early, in which case maternal and fetal health and safety would be compromised.

Lack of accessible care during pregnancy in autistic people is likely negatively impacting health and wellbeing. Not much research has focused on pregnancy in autistic people, but what is emerging suggests that physical and mental health may be worse in autistic people during pregnancy than in their peers.[30] These differences may in part be driven by differences in care. More research focuses on pregnancy in the larger group of people with intellectual and developmental disabilities (IDD), where research definitions often include autism. Studies suggest that prenatal care starts later in people with IDD, is often of lower quality, and more likely received from an emergency department than in peers without IDDs.[31] However, the unique nature of autism and the specific support needs a person may have for accessible care mean that much of the research into pregnancy in IDD is too broad to directly inform changes for autistic patients. Research specifically into the experiences and needs of autistic people is needed to inform practice and policy changes to improve population health.

There are many reasons care may suffer in autistic patients during this time. First, clinicians may be unprepared to treat autistic patients, especially OBGYNs as autism has traditionally been considered a childhood condition.[32] Transfer of knowledge from clinicians to autistic patients may then suffer due to communication and expectation barriers. Pregnancy begets a lot of changes, and explanation of what is normal and when to seek help is important. Second, autistic people more often have co-occurring physical and mental health conditions before pregnancy. Potential changes in management of co-occurring conditions during pregnancy and added health considerations during pregnancy make consistent care and medication continuation both more important and trickier.

In autistic people, pregnancy health is worse and accessible care is harder

- There are likely great disparities within autistic people by race and ethnicity and gender identity.
- Reproductive rights and support to become pregnant are important policy targets, as are provider bias and training, trauma informed care and child custody.
- Much research comes from the larger IDD population, which is too broad to inform relevant changes. We need more research.

Third, there are many sources of knowledge that are not medical but nonetheless are important to health behaviors. These sources may include family, friends, and community support, which may or may not be present. Fourth, awareness of pregnancy may be different in autistic people. Pregnancy is a time of great hormonal and bodily changes, and recognizing those changes may be difficult for some autistic people. To suspect pregnancy, a person must first know their body and recognize that something is different, and then they must suspect this difference is caused by pregnancy. The first is a question of interoception, the second of social, cultural, and educational context. Fifth, autistic people may have experiences of sexual or medical trauma that make the experience of seeking pregnancy health care difficult. This highlights the importance of trauma-informed care.

Emerging evidence supports the position that current models of care may be inadequate or inappropriate in autistic people during pregnancy. Many pregnancy health conditions are more common in autistic people than in non-autistic people, including pre-eclampsia and gestational diabetes, and maternal morbidity and mortality may be as much as twice as high for autistic people.[33] Other conditions may be more common but are not well researched, including hyperemesis gravidarum and hypermobility, and should be further explored. Deliveries are also often riskier in autistic people, including higher rates of pre-term birth, low birth weight babies, and cesarean section. Of critical importance in the conversation on pregnancy in the United States is the discussion of the Black maternal health crisis. Black mothers have significantly higher rates of maternal morbidity and mortality compared to white mothers. In fact, the maternal mortality rate of Black mothers in the United States in 2021 was twice as high as white mothers (69 per 100,000 births versus 27 per 100,000 births), and was comparable to rates in many middle-income countries, including Honduras (72 per 100,000), Morocco (72 per 100,000), and St. Lucia (73 per 100,000).[34,35] As we begin to understand that autistic people have worse pregnancy outcomes than non-autistic people, we must examine the impact of being Black and autistic, as this group is likely at compounded risk for poor health, inadequate services, and even death. Another identity of importance in autistic people in the context of pregnancy is gender identity. Autistic people are more often transgender than non-autistic people, and any person with a uterus may become pregnant. The care delivered to trans men and nonbinary autistic people during pregnancy need to be as appropriate as care received by autistic women who are pregnant.

In discussing pregnancy, it is also imperative to discuss reproductive rights, which include the both the ability to become pregnant, and the choice to prevent pregnancy. Reproductive health education, including the knowledge of preventing pregnancy via contraception, is an integral part of reproductive justice. As discussed above, we know that access to such knowledge is less accessible to autistic people than non-autistic people. Unintended pregnancy, one that is unexpected, mistimed, or unwanted, is a measure of reproductive health in a population, as it speaks to access to health services (contraception) and knowledge (of preventing pregnancy). There are no estimates of unintended pregnancy in autistic people, but people with disabilities have more risk factors for unintended pregnancy than people without disabilities, including intimate partner violence, lower levels of education, lower socioeconomic status and reproductive coercion.[36-41]

Postpartum and parenting

While pregnancy ends after delivery, typically after three trimesters, the postpartum period is often referred to as the fourth trimester. Many changes happen during this time, and health care is as important here as during pregnancy. Autistic people have higher risks of postpartum depression, anxiety and posttraumatic stress disorder than non-autistic people.[42] Other health concerns may emerge, such as hemorrhage. This is a time of many hormonal changes, the implications of which are not well understood in autistic people. The postpartum period is also the start of a new social role, parenting, and the role of social support is critical to success. An issue of particular concern to people with disabilities is custody loss and parental rights. Woman with IDD are much more likely to have a newborn discharged into state custody than people without IDD, a pressing fear in parents with IDD.[43,44] In some circumstances, autism can be used as a basis for custody loss. Autistic people should be supported in their desire to be parents, formally (via services and supports) and informally (socially and culturally). Parenting is a hands-on, high effort activity of daily living (ADL), but it is not an ADL that is covered under many support systems, including HCBS waivers. A parent, new or otherwise, may need executive functioning support for parenting activities. Parents who have difficulty with some of the executive functioning tasks expected of parenting may be seen negligent, when in fact they could be more successful with the appropriate supports. Further, parenting support is often focused on the birthing parent, an oversight that may preclude non-birthing partners from providing better co-parenting support.

OLDER ADULTHOOD

Menopause transition

Perimenopause and menopause, significant life stages marked by declining hormones like estrogen and the end of menstrual cycles, occupies a large part of the lifespan yet have received relatively little attention in autism research. Likewise, studies on andropause, an age-related decrease in androgen hormones among autistic people assigned male at birth, are even rarer. Autistic people AFAB have reported that they were not prepared for the biological changes of perimenopause and menopause, which may make sensory sensitivities, executive function, and emotions more challenging to regulate.[45] Autistic people may also struggle with self-awareness of pain, discomfort, and emotional distress during menopause, making it harder to communicate their needs to health care providers, friends and romantic partners. Further, many note that they were caught off guard by the distressing changes that would accompany menopause, with the health care system providing little support or guidance on symptom management.[46] The qualitative studies that comprise the menopause and autism research to-date further underline the invisibility of autistic experiences of reproductive health across the life-course and the lack of studies investigating how periods of hormonal change may uniquely impact autistic people. These cumulative experiences of lower access to health knowledge, suboptimal reproductive health care, and unmet health care needs throughout adolescence and adulthood may also influence some individuals to turn to the opportunistic market of alternative menopause therapies that are not evidence-based.

SUMMARY

A person's reproductive health, a fluctuating landscape of biological and social changes over the lifespan, is tightly tied to overall health, well-being, gender and sexual identity. The research to-date suggests a pattern of routine neglect by schools, families and health care systems of the reproductive health care needs of autistic people from childhood through adulthood. The trajectories of their reproductive health are too commonly marked by barriers in accessing health information, lack of individualized support and invalidation of their bodily autonomy and personal experiences. Furthermore, though autistic individuals make up a substantial and growing adult population, they remain invisible to many adult providers who have received little to no formal training in caring for these patients and may assume autism is a childhood condition. The inadequacies in our support systems have severe consequences, as they set a course of widening disparities in health and well-being (**Figure 1**), fail to safeguard or aid autistic individuals who have suffered sexual trauma, and risk re-traumatizing patients and fostering distrust in the healthcare system.

Opportunities for improvements

Opportunities for improving sex education and trajectories of sexual and reproductive health for autistic people are many. Autistic people and family supporters have identified potential barriers and facilitators to sexual and reproductive health services including sex education.[9] Note that improvements are needed on multiple levels including intrapersonal (e.g., providing knowledge about healthy relationships, self-advocacy skills), interpersonal (e.g., supporting families in effective conversations and practices like providing access to contraceptives, control over one's body and supported or shared decision-making), institutional (e.g., trainings for providers, ensuring access and accommodations are available for healthcare appointments), community (e.g., connections between local sexual health professionals and disability-focused agencies, care coordination that includes focus on sexual and reproductive health, person-centered care), and public policy or societal levels (e.g., Medicaid reimbursement for sexual health services,[47] the need for a sex positive approach to sexuality and a reduction in ableist beliefs about the sexuality of disabled people). (**Table 1**)

To reverse the harmful legacy of historical restrictions on the reproductive health and autonomy of disabled people, it is essential that autistic people be meaningfully involved in setting priorities and the research and policy agenda on these topics moving forward. For example, initiatives co-created with autistic community partners, such as the Healthy Relationships on the Autism Spectrum (HEARTS) program, show promise in promoting healthy relationships, setting and respecting boundaries, and improving well-being in Autistic adults.[48,49] These issues of sexual and reproductive health are particularly critical given the current political situation marked by the overturning of Roe vs Wade and growing restrictions on abortion access, gender-affirming care, trans rights and sexuality education in public schools playing out at the federal and state levels. The potential impacts of these policies on reproductive justice, civil rights and access to routine care, including hormonal contraception not only to prevent pregnancy but to regulate debilitating menstrual symptoms, are concerning. These policies are poised to disproportionally harm autistic people in the United States.

TABLE 1

Strategies for improving the sexual and reproductive health of autistic individuals across the life-course

Level of support	Types of support needed
Intrapersonal	• Providing autism-friendly education about healthy relationships, consent, and self-advocacy skills
Interpersonal	• Supporting families in effective conversations about control over one's body, sexuality, and relationships • Expanding supported or shared decision-making arrangements in healthcare • Providing information and choices on reproductive health and clinical procedures that are accessible and customized to communication preferences of the patient. • Providing trauma-informed, neurodiversity-affirming reproductive and obstetric care
Institutional	• Clinician education on autism and varying needs this population may have for successful support in care. • Ensuring access and accommodations are available for healthcare appointments • Care coordination that includes focus on sexual and reproductive health, person-centered care • Longer length of appointments to accommodate patient-provider communication
Community	• Connections between local sexual health professionals and disability-focused agencies • Supports for service navigation in sexual education and reproductive healthcare
Public policy or societal levels	• Expanding Medicaid reimbursement for sexual health services • Expanding State's school-based, comprehensive sexual education for children and teens with developmental disabilities, incorporating a sex positive approach to sexuality and a reduction in ableist beliefs about the sexuality of disabled people[8] • Support for parents with disabilities, including respect for custody
Research	• Research in this area should involve community needs and community perspectives (i.e., Community-engaged research) • Qualitative studies to guide research questions and areas of need • Enhance diversity of secondary data: increased representation of subpopulations of race/ethnicity and gender, including women, non-binary, transgender, and other gender-expansive participants.

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Disparities in the Prescribing of Neurologic and Mental Health Medications in Patients with Autism Spectrum Disorder versus Counterparts without ASD

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ABSTRACT

It is known that patients with autism spectrum disorder (ASD) may be more vulnerable to overprescribing, however this has never been explored among privately insured patients using national data. This study looks at discrepancies in on-label prescribing of psychotropic drugs in patients with ASD compared to the general population (referred to as "non-ASD controls"). Utilizing a large, nationally-representative commercial insurance claims database for the year 2021, we captured demographic, medical, and prescription insurance claim information for patients with ASD and matched them to demographically similar non-ASD controls at a ratio of 1:5 to compare trends in prescribing and medication use.

The results revealed differences in on-label prescribing in various neurologic and mental health conditions, where on-label prescribing was defined as a prescription fill for a medication within a week of receiving a corresponding diagnosis (for example, a prescription filled for an anti-depressant within 7 days of a depression diagnosis). ASD patients were more likely to receive on-label prescription medications after diagnosis compared to the general population non-ASD controls for 4 of the 5 conditions examined: depression, anxiety, bipolar, and seizure disorders. The exception was attention deficit hyperactivity disorder (ADHD); the only case where on-label prescribing was higher among non-ASD controls. Patients with ASD had higher numbers of on-label medications prescribed to them overall. These findings suggest that patients with ASD may be treated for neurologic and mental health conditions differently compared to their peers with the same demographic characteristics. We speculate that one potential reason for these trends is prescribers' prioritization of medication as part of a therapeutic treatment plan for patients with ASD compared to patients without ASD.

This study highlights the need to evaluate current prescribing practices for individuals with ASD and calls for further investigation into the appropriateness of prescribing among individuals with an ASD diagnosis. Moreover, it underscores the importance of considering alternative or non-pharmacologic interventions such as therapy alongside medication management for individuals with ASD.

INTRODUCTION

Individuals with ASD often experience co-occurring conditions at higher rates than the general population, including attention deficit hyperactivity disorder (ADHD), depressive disorders, anxiety, bipolar disorder and epilepsy; and it is known that patients with ASD are vulnerable to overprescribing to treat challenging behaviors. Nationally representative rates of on-label prescribing for these co-occurring conditions in patients with ASD compared to the general population are currently unknown.

The aim of this study is to compare the on-label prescribing of psychotropic medications in ASD patients to the general population. By examining medication utilization patterns, we investigate differences in treatment approaches and identify areas for improvement in the management of ASD and its co-occurring conditions.

METHODS

This study utilized data from a nationally representative U.S. claims database of commercially insured patients. Patients with ASD were identified based on specific diagnostic criteria, including inpatient and outpatient claims with an ASD diagnosis and continuous enrollment in medical and pharmacy benefits. Propensity score matching was employed to create a 1:5 control population without ASD, ensuring demographic similarity between groups.

On-label prescribing for various medication types; including ADHD medications, antidepressants, anxiolytics, antiepileptics, and mood stabilizers/antipsychotics; was the primary outcome. On-label prescribing was defined as patients with a diagnosis followed by a respective prescription fill within

7 days. Difference in number of medication types was examined between the ASD and control group using negative binomial regression.

RESULTS

The study sample included 98,945 ASD patients and 494,725 controls. On-label prescribing rates varied between the ASD and control groups, with ASD patients being less likely to receive ADHD medications but more likely to be prescribed other psychotropic drugs, including antidepressants, anxiolytics, antiepileptics, and mood stabilizers/antipsychotics. Patients with ASD were more likely to have a higher number of medication types compared to the control group.

DISCUSSION

This study observed heightened on-label prescribing in patients with ASD compared to the general population among privately insured American patients. This demonstrates that when co-occurring with ASD, the conditions examined are treated with a different pharmacologic approach compared to the general population. The underscores the need to scrutinize prescribing practices among patients with ASD to better understand whether current practices optimize patient outcomes. Further, these findings emphasize the importance of exploring alternative interventions, such as psychosocial strategies like therapy, to complement and/or replace pharmacological treatment strategies for ASD.

CONCLUSION

In conclusion, the disparities in on-label prescribing of psychotropic medications between ASD patients and non-ASD controls highlight the need for further research to evaluate the appropriateness of current pharmacological approaches in ASD management. By fostering a deeper understanding of these prescribing patterns, healthcare providers can better tailor treatment strategies to meet the diverse needs of individuals with ASD, ultimately improving their overall quality of life.

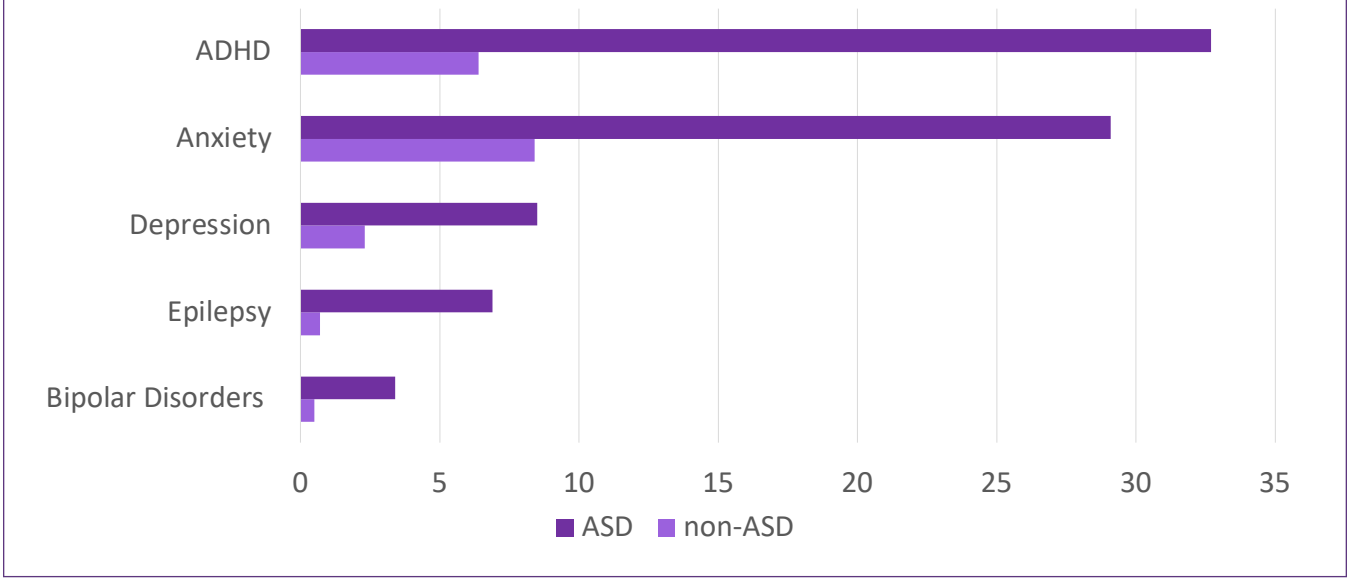
OVERVIEW OF FINDINGS

This study investigated how healthcare providers prescribe medications for various conditions in privately insured people of all ages with autism spectrum disorder (ASD) compared to the general public seeking healthcare in the United States. We looked at different types of medications commonly used to treat mental health conditions that often occur alongside ASD, like attention deficit hyperactivity disorder (ADHD), depression, anxiety, epilepsy and bipolar disorder. Though there are many ways in which people might be identified as having ASD, we used healthcare billing codes typically found in insurance claims systems. We also wanted to make sure that medications were being prescribed for the mental health conditions diagnosed in the claim, so we restricted the timing between the two events to precisely 7 days. This timeframe seemed to be a reasonable assurance that the medication was intended to treat the mental health condition which is often referred to as “on label” prescribing.

We found that people diagnosed with ASD were more likely to be prescribed certain medications compared to those without ASD. Specifically, they were less likely to receive ADHD medications but more likely to receive antidepressants, anxiety medications, epilepsy medications, and mood stabilizers or antipsychotics after being diagnosed with the condition by a healthcare provider. Overall, people with ASD were 42% more likely to be prescribed a medication after a diagnosis with a non-ASD neurologic or psychiatric condition.

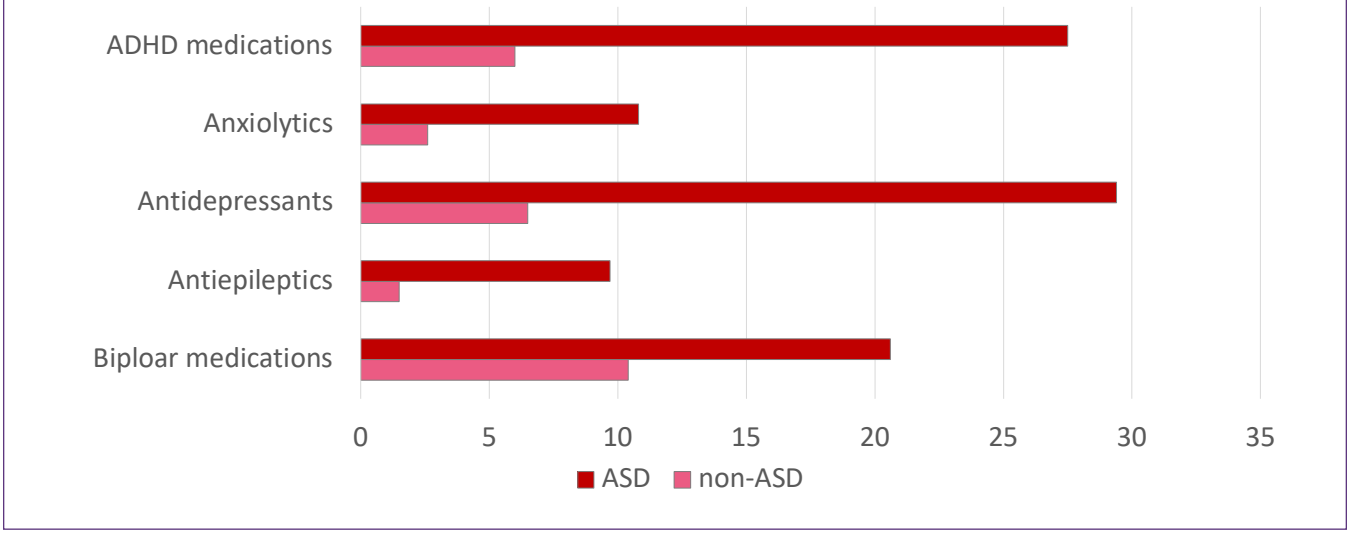
Compared to their counterparts without ASD, patients with ASD were more likely to be diagnosed with all of the neurologic and psychiatric conditions we examined. For example, 32.7% of ASD patients had a diagnosis of ADHD during the year we studied, whereas only 6.4% of matched patients without ASD had the diagnosis. Similarly, diagnoses for all other conditions examined were higher among those with ASD compared to those without ASD: 8.5% vs. 2.3% for depression, 29.1% vs. 8.5% for anxiety, 6.9% vs. 0.7% for epilepsy, and 3.4% vs. 0.5% for bipolar disorder, respectively.

Frequency of neuropsychiatric diagnosis (%) among patients with ASD versus matched controls



Compared to their counterparts without ASD, patients with ASD were more likely to be prescribed medication for all neurologic and psychiatric conditions of interests. The prescriptions described below were written even in instances where a diagnosis was not found in the claim. For example, 27.5% of ASD patients received a prescription medication used for treating ADHD during the study year, whereas only 6.0% of matched patients without ASD received these medications. Similarly, medications used for treating all other conditions examined in the study were higher among those with ASD vs. without ASD: 29.4% vs. 6.5% for depression, 10.8% vs. 2.6% for anxiety, 9.7% vs. 1.5% for epilepsy, and 20.6% vs. 10.4% for bipolar disorder medications, respectively.

Frequency of neuropsychiatric medication use regardless of diagnosis (%) among patients with ASD versus matched controls

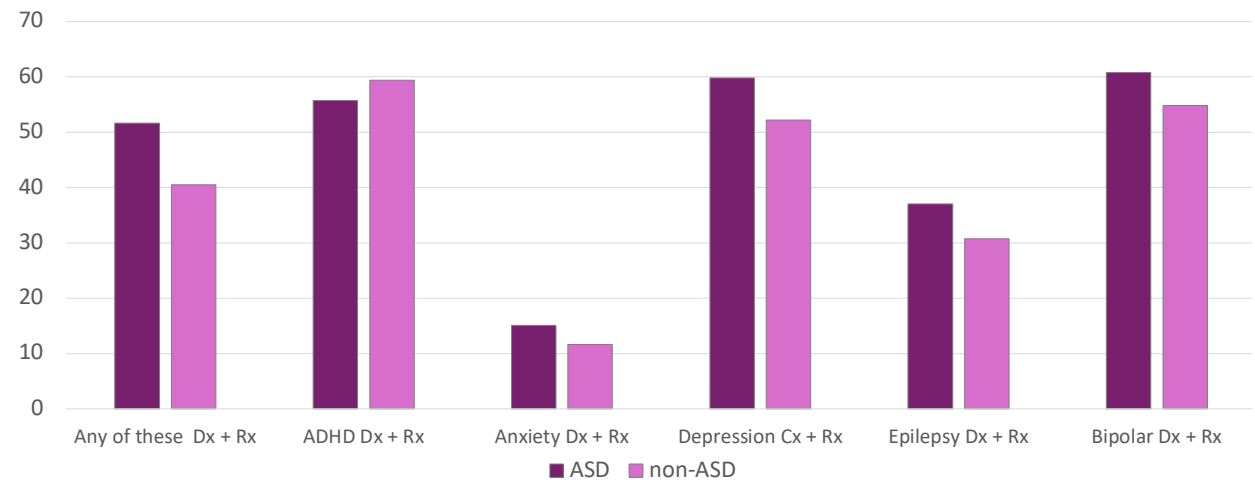


Compared to their counterparts without ASD, patients with ASD were more likely to receive medication following a corresponding diagnosis, approximated in this study as "on-label prescribing" for all neurologic and psychiatric conditions of interest, except ADHD. Among those diagnosed with ADHD during the study year, 55.7% of patients with ASD received on-label medication for ADHD, whereas 59.4% of those without ASD received medication for treating ADHD. The opposite trend was seen for all other conditions examined, where diagnosis more often led to a medication being prescribed for treatment among patients with ASD vs. without ASD: 59.8% vs. 52.2% for depression, 15.1% vs. 11.6% for anxiety, 37.0% vs. 30.7% for epilepsy, and 60.8% vs. 54.8% bipolar disorder, respectively. With any of these conditions, patients with ASD were more often treated with prescription medications after diagnosis compared to those without ASD (31.6% vs. 11.4%).

Of note, the most frequently prescribed medications were lisdexamfetamine (Vyvanse®) for ADHD, sertraline (Zoloft®) for depression, hydroxyzine (Atarax®) for anxiety, levetiracetam (Keppra®) for epilepsy, and quetiapine (Seroquel®) for bipolar disorder. These were the most frequently prescribed regardless of having an ASD diagnosis or not.

We also examined the geographic differences in receiving these medications by state and metropolitan statistical areas (MSA) across the United States. The latter gives us a sense of the urban (i.e., MSA) versus rural context of these prescribing behaviors.

Frequency of on-label prescribing (%) for neuropsychiatric medications following corresponding diagnosis among patients with ASD versus matched controls



STATE LEVEL

- On-label prescribing of ADHD medications was highest in North Dakota (69%), Montana (68%), and West Virginia (66%), while it lowest in Hawaii and Vermont (both 0%) and Alaska (27.8%).
- On-label prescribing of antidepressants was highest in Washington, DC (80%), Alabama (72%), and Connecticut (68%), while it was lowest in Hawaii (0%), North Dakota (33%) and Nebraska (33%).
- On-label prescribing of medications for anxiety was highest in Oklahoma (26%), North Dakota (25%), Alaska (25%), Wyoming (25%), and Nevada (25%), and lowest in Hawaii (0%), Rhode Island (8%), Utah (10%), and Vermont (10%).
- On-label prescribing of medications for epilepsy were highest in Vermont (100%), South Dakota (75%), and West Virginia (62.5%), while it was lowest in Montana (20%), Idaho (21%), and Rhode Island (25%).
- On-label prescribing of medications for bipolar disorder were highest in Arkansas (88%), Wyoming (80%), and Mississippi (89%), while it was lowest in Hawaii (0%), New Hampshire (36%), and Louisiana (44%).

Because some of the states had very few patients, these results should be interpreted with caution.

MSA LEVEL

Of the 98,945 individuals diagnosed with autism in our study, 1317 (1.3%) lived in non-MSA, which means the vast majority of our enrollees lived in urban areas. As expected, we had more total people with autism represented in more populated MSAs (408 total MSAs): 3,126 people in Atlanta-Sandy Springs-Roswell, GA, 2,719 people in New York-Jersey City-White Plains, NY-NJ, and 2,006 in Dallas-Plano-Irving, TX. Among MSAs with reliable counts for enrollees receiving an ADHD medication after a diagnosis (> 30), the range varied from 73% in Gainesville, GA MSA to 39.6% in Toledo, OH MSA.

Additional information can be found on the interactive dashboard at: **https://public.tableau.com/app/profile/ipop/viz/AutisticChildrenRate2019/Home**

CONCLUDING REMARKS

Overall, the study suggests that there might be differences in how healthcare providers treat people with ASD compared to those without ASD, especially when it comes to medication use. In examining the difference in on-label medication use among those with and without ASD, we see patients with ASD are more likely to be treated with prescription medication for these conditions, excepting ADHD. This may mean that alternatives such as "talk therapy," counseling, or other non-drug interventions are not being used as often with ASD, or could indicate a preference towards incorporating pharmaceutical products as part of treatment for patients with ASD compared to those without ASD. More research is needed to understand if these prescribing practices are appropriate and beneficial and to explore other ways to support people with ASD, such as non-pharmacy therapy, alongside medication.

Issuing an Urgent Call to Action for Autism and Mortality Data for Informed Action

By Lindsay Shea, DrPH, MS, Associate Professor and Director of the Policy and Analytics Center at the A.J. Drexel Autism Institute

INTRODUCTION

With the increasing prevalence of autism,[1] there is a growing call to action to understand health experiences and health outcomes. Understanding mortality, including its causes, is crucial for identifying avenues to enhance both the length and quality of life. Despite robust attention to an array of health outcomes among autistic individuals;[2-5] a critical gap remains in our understanding of mortality rates and causes of mortality within this population. The need for information about mortality among autistic individuals is urgent because there are opportunities to improve care and supports delivered to autistic individuals today. A necessary ingredient for this work is improving access to data about autism and mortality to propose avenues for future research and action.

UNDERSTANDING AUTISM AND MORTALITY

The Interagency Autism Coordinating Committee reported more than $400M in autism research in calendar year 2020 (the most recent year analyzed). The IACC reports that most autism research is centered in the needed areas of the biology of early development and co-occurring conditions. Research funded on autism that focuses across the lifespan represents less than 10% of the total amount of research focused on biology. The lack of parallel investment in both biology and lifespan (as well as services and supports) underscores that information about how autism develops does not have a parallel investment in how to support the lifelong needs of autistic individuals to prevent adverse outcomes, such as early mortality, or the conditions or experiences that may contribute to it. Research indicates that individuals with ASD have a higher prevalence of co-occurring medical conditions, such as epilepsy, gastrointestinal issues, and mental health disorders,[3,6-10] which can contribute to increased mortality rates.

Studies, often from outside the United States, indicate that mortality risk is higher and differently caused for autistic individuals than people in the general population. A study using Swedish data reported that the average age of death for autistic individuals was 15 years younger than the general population,[11] while a smaller community study found almost a 40-year difference.[12] Studies have identified elevated standardized mortality ratios (SMRs) for autistic individuals, with ratios ranging from 2 to 3 times greater than their peers who do not have autism.[11,13-16] Research on mortality among children with an autism diagnosis varies. Some studies have found higher mortality risks,17,18 particularly from unintentional injuries[19], and others have found no differences.[20] The same research has identified that nervous system and sense disorders, alongside injury and poisoning, are leading causes of death among autistic adults.[20] Death from circulatory system diseases and infectious diseases have been reported as common among autistic people across studies.[21] Findings from a Danish cohort study found that risk of death increased when an individual had both an autism diagnosis and a neurologic or psychiatric disorder.[15] Crude death rates among autistic individuals with epilepsy were 8.3 times higher than among autistic individuals without epilepsy.[22] Across these conditions that may heighten mortality risk, there are observed and unobserved challenges in accessing healthcare services, disparities in healthcare delivery, and differences in communication that contribute to further exacerbation of inequities in health outcomes for individuals with an autism diagnosis.

Research has identified alarming differences in risk and causes of death between autistic males and females. A Danish cohort study found that the mortality risk for autistic females was approximately double that for males.[21] A Finnish cohort study found that autistic females had a mortality risk five times greater than non-autistic females, and greater risk than autistic males[16]. However, research using a Swedish population-based registry and an Australian study found no sex differences in mortality among autistic individuals.[11,14] Sex differences also have been identified among causes of death for autistic individuals. Males have a higher risk for death from nervous and circulatory system diseases, in comparison to higher risks for females for endocrine diseases, congenital malformations and suicide.[11]

THE NEED FOR BETTER DATA

The majority of the information about autism and mortality has been generated outside of the United States, leaving an exceptional gap in the understanding of if and how the extant research applies to autistic individuals navigating the US health system. The significant lack of comprehensive data on mortality rates within the autism population in the United States may be especially prone to the nuances and siloes of

the US healthcare system, including differences in access to private health insurance, state variation in Medicaid policies and programs, and the resources necessary but differentially available to navigate coordination of care and access to services and supports.

Existing studies have also been prone to a distinct set of methodological limitations, including small sample sizes, short follow-up periods, and a lack of complete documentation related to co-occurring conditions. As a result, the understanding of the factors contributing to mortality among individuals with ASD is limited, hindering efforts to develop targeted interventions and support systems.

ADDRESSING DATA DISPARITIES

To address the gap in our understanding of autism and mortality, there is a critical need for robust epidemiological and system-relevant studies that employ rigorous methodologies and large sample sizes, especially in the US. Longitudinal studies that follow individuals or cohorts of individuals with an autism diagnosis across the lifespan can provide valuable insights into mortality trends, risk factors and health outcomes. Furthermore, research efforts should prioritize examining disparities in healthcare access and delivery to identify barriers and develop strategies for improving healthcare outcomes for autistic individuals. There are specific opportunities to examine mortality rates and causes of death among the growing group of autistic individuals across the lifespan who are enrolled in Medicaid and Medicare in the US, because data from these systems allows for a comprehensive examination of service use and diagnostic subgroup comparisons.

POLICY IMPLICATIONS

Improving data about autism and mortality is essential for informing policy decisions and allocating resources to support autistic individuals across health, mental health, and behavioral health outcomes, goals and needs. Policymakers should prioritize funding for research initiatives aimed at understanding mortality trends within the autism population and developing evidence-based interventions to improve health outcomes. Funding for research that focuses on populations that include diverse groups, such as the Medicaid system, is a particular priority to address examining inequities in access to services and differences across communities and individual clinical and demographic characteristics. Additionally, efforts to integrate autism-specific training into healthcare systems to enhance the provision of patient-centered care for autistic individuals are an important front-line step to advance immediately, nationwide.

CONCLUSION

Addressing the gap in our understanding of autism and mortality, particularly within the US, is crucial for improving the health and well-being of individuals with ASD. By prioritizing research efforts, advocating for policy changes and enhancing healthcare systems' capacity to support autistic individuals, efforts to reduce early mortality rates and ensure that autistic individuals have access to the care and support they need to thrive are in place. The gap between research, policy and practice must be bridged to address the unique healthcare needs of individuals on the autism spectrum and promote health equity.

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