

Presence of Large Racial-Ethnic Differences in ADHD Prevalence among U.S. Children

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As the ADHD prevalence rate has [continued to increase over time](#), racial-ethnic differences persist. In a [recent study](#), we used nationally-representative data on U.S. children ages 5-17 to examine racial-ethnic differences in ADHD diagnoses among a wider range of racial-ethnic groups. We found the highest rates among Non-Hispanic (NH) Alaskan Native/American Indian children (11.9%), followed by NH White (11.3%), NH Black (10.7%), and NH Other Race (10.3%) children. ADHD prevalence rates were substantially lower for Hispanic (6.0%) and NH Asian (2.2%) children (Figure 1). Our study demonstrates the need to increase the use of culturally sensitive procedures to ensure adequate ADHD recognition and treatment for all racial-ethnic groups. This may especially be the case for Hispanic and NH Asian children. The differences we found may be related to sociocultural differences in parent referrals, academic performance factors in school referrals, and racial-ethnic biases among teachers or other professionals responsible for recognizing difficulties in learning. Clinicians should consider these factors when discussing ADHD with children and parents and be mindful of potential biases when making diagnoses. Such efforts may help address racial-ethnic differences in ADHD prevalence rates.

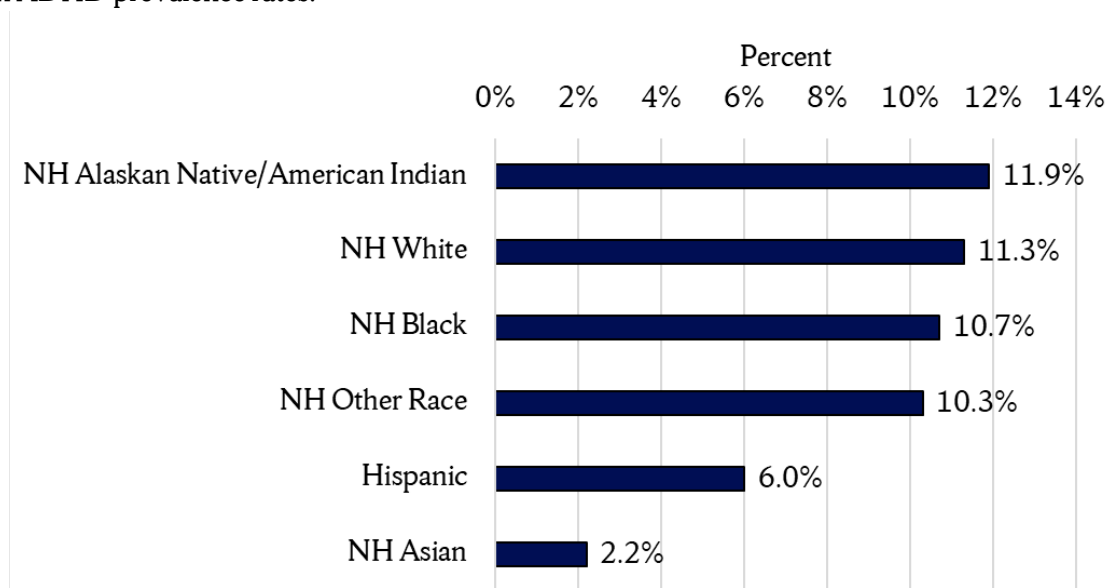


Figure 1. ADHD Prevalence Rates by Race-Ethnicity among Children ages 5-17

Data Source: National Health Interview Survey, 2004-2018 (N=120,129). Percentages for ADHD prevalence were weighted per recommendation by the National Center for Health Statistics. Prevalence rates represent diagnoses by a health care professional.

About the Author

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