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ANNUAL MEETING & EXPO  
ATLANTA | NOV. 12 – 15

**CREATING THE HEALTHIEST NATION**  
OVERCOMING SOCIAL & ETHICAL CHALLENGES

**ENGAGE, COLLABORATE, GROW**

**Social inclusion and quality of life at the intersection of disability, neurodivergence, and LGBTQ2S+ identities.**

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Neurodivergent LGBTQ2S+ disabled people may experience compounding marginalizing factors affecting social inclusion and quality of life.

We explored the impact of perceived social inclusion on quality of life among disabled, neurodivergent\* 2SLGBTQ+ adults in a US sample of disabled adults.



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## What did we find and how did we interpret this?

Neurodivergent\* 2SLGBTQ+ people were more dissatisfied with social inclusion and quality of life than cisgender, straight, neurotypical\* disabled people.

Social inclusion had a greater impact on quality of life than identity.

Identity doesn't "cause" poor quality of life. It's factors we can do something about.



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**Neurodivergent**







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**Social  
inclusion**



**interpersonal  
relationships** family,  
staff, friends,  
acquaintances,  
partners



**community participation**  
leisure activities, political  
and civic activities,  
employment, education,  
access to goods, services,  
religious & cultural  
activities



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## Neurodivergence and 2SLGBTQ+ identities

Gender-diverse people

- higher rates of autism, etc
- score higher on self-report measures of autistic traits regardless of autism diagnosis.

Autistic people are more likely to be LGBTQ+ and Ace compared to allistic people.



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## Methods

- Data: 2022 National Survey of Health and Disability (N=2725)
- Analysis: Penalized logistic regression
- Model: social inclusion on self-rated quality of life between disabled, neurodivergent LGBTQ2S (n=361) and cis/het, neurotypical adults (n=2348)
- Results: crude and adjusted odds ratios (OR/aOR)



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**Neurodivergent (AutADHD) n=569**

Autism or ADHD listed as disability/condition (primary or otherwise)

**2SLGBTQ+ n= 937**

Endorsed sexual orientation and gender identity minority status

**Quality of Life**

**How would you rate your quality of life?** Very poor, poor, neither poor not good, good, very good

Poor QOL: "Poor/Neutral QOL (v.poor, poor, neither good/poor)"



## **Social Inclusion**

Not at all, A little bit , Some , Quite a bit Very much

**Dissatisfaction with leisure activities:** I am satisfied with the amount of time I spend doing leisure activities. (a little bit, not at all)

**Dissatisfaction with social activities:** I am satisfied with my current level of social activity. (a little bit, not at all)

**Perceived isolation:** I feel that I am isolated from other people. (quite a bit & very much)

**Loneliness scale score** (SUM of 8, 9 and 10; Min=3; Max = 9). Dichotomized at very lonely (the highest score)



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Unemployed

Inconsistent transportation (anything other than “has transportation all the time”)

Living alone

Age

Race: White “only”

Education(>=4year)

Income (<138% FPL)



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## Results

Disabled, neurodivergent LGBTQ2S adults

- 27%/96 ADHD
- 48%/174 Autistic
- 25%/91 AutADHD
- Half were gender diverse (55%/198)
- Most were White (87%/316)
- Over half had at least a four-year degree (60%/218)
- Just over a quarter were living below 138% of the federal poverty level (28%/102)



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- Most reported dissatisfaction with leisure (77%/277) and social (84%/304) activities
- About a quarter felt very lonely (26%/93) and more than half felt isolated (58%/211)
- Half had transportation all the time (53%/192)
- 19%/67 lived alone
- A third were unemployed (33%/121)
- Half reported poor quality of life (52%/188)





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Compared to straight, cisgender disabled adults who did not report Autism or ADHD, neurodivergent LGBTQ2S adults

- had higher rates of mental health conditions (64% vs 34%,  $p > 0.001$ )
- were more likely to endorse poor quality of life (OR 1.31 CI 1.05-1.64)
- more likely to feel isolation (OR 2.05 CI 1.64-2.57)
- more likely to feel dissatisfied with social (OR 1.46 CI 1.08-1.97) and leisure activity (OR 1.41 CI 1.08-1.83)



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## Adjusted Models

- Dissatisfied with leisure activities - aOR 5.3 95%CI (4.08-6.89)
- Dissatisfied with social activities - aOR 1.95 95%CI (1.42-2.67)
- Isolated - aOR 2.94 95%CI (2.37-3.64)
- Very lonely - aOR 2.29 95%CI (1.76-2.93)
- Unemployed - aOR 2.49 95%CI (2.00-3.10)
- Lacking consistent transportation - aOR 1.46 95%CI (1.20-1.79)



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## What did we find and how did we interpret this?

Queer and neurodivergent\* disabled adults

- ~1.4 times more likely to feel unhappy with leisure & social activities.
- ~ 2 times more likely to feel isolated
- ~ 1.3 times more likely to feel that their quality of life was poor

Disabled adults who were dissatisfied with leisure and social activities, isolated, very lonely, unemployed, and lacking consistent transportation were 1.5-5 times more likely to feel their quality of life was poor regardless of queer or neurodivergent identities.



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**Being queer and neurodivergent was NOT associated with poorer quality of life.**





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## Considerations

- Measuring social inclusion
- Meaningful social inclusion
- Sample is not very representative



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# Future Research





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**Thank you!**

**References**





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poor_qol	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
queer_nd	.943138	.1382447	-0.40	0.690	.7076305	1.257025
leisure_act	5.307343	.7102132	12.47	0.000	4.082929	6.898941
social_act	1.950999	.3144006	4.15	0.000	1.422614	2.675635
isolated	2.943908	.3203449	9.92	0.000	2.378481	3.643752
very_lonely	2.29369	.3077569	6.19	0.000	1.763293	2.983631
demo_age	.9978302	.0036156	-0.60	0.549	.9907688	1.004942
white_only	.8387862	.1120652	-1.32	0.188	.6455462	1.089871
edu	.6616986	.0693847	-3.94	0.000	.5387715	.8126731
income	1.159231	.1359162	1.26	0.208	.9212325	1.458716
not_employed	2.499261	.2784394	8.22	0.000	2.009002	3.109158
notrasp	1.468006	.1494292	3.77	0.000	1.202496	1.792141
alone	1.251961	.1447643	1.94	0.052	.9980822	1.570418
_cons	.0697108	.0178298	-10.41	0.000	.0422269	.1150829