

Autism All Grown Up

THE AUTISM NEXUS OF OREGON

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Mission

The mission of Autism All Grown Up (AAGU) is to empower autistic adults in Oregon by serving as a nexus that provides accessible information, resources, and services tailored to their unique needs. By bridging gaps in the existing infrastructure, we connect and interconnect the adult autistic community and their supporters, facilitate information exchange, and promote collaboration. This ensures that autistic individuals can access the support and opportunities they need to thrive, enhancing their well-being and independence throughout the state.

Executive Summary

Background

Dr. Ariel Balter, an experienced scientist and data analyst, was diagnosed with ADHD and ASD later in life and is raising a teenager with both diagnoses. His desire to understand these challenges led him to study the scientific and social aspects of neurodiversity. Recent changes driven by autistic self-advocates and researchers have reshaped our understanding of autism, revealing significant gaps in support for autistic adults. These changes have led to controversies and arguments that are still unfolding, emphasizing the evolving nature of the understanding of autism.

Through his personal journey and interactions with the local autistic community, Dr. Balter identified significant gaps in services, support, and understanding for autistic adults without intellectual disabilities. He was struck by the level of unmet need he heard from his peers—people with skills,

education, and abilities but struggling for reasons related to autism. These personal experiences led Dr. Balter to found Autism All Grown Up (AAGU) to address these gaps.

Goals

Autism All Grown Up has four key objectives:

1. Facilitate connections and collaboration within the adult autistic community
2. Identify the unmet needs of autistic adults and report on the causes
3. Provide accurate, accessible content *for* autistic adults that we will continuously review and update as knowledge evolves
4. Provide accurate, accessible content *about* autism and *about* the autistic community that we will continuously review and update as knowledge evolves

Autism All Grown Up

Autism is all grown up now, and it isn't always pretty. The phrase "All Grown Up" captures the bittersweet realization that often occurs when one encounters an individual they knew as a child, only to find that their preconceived notions no longer fit the adult standing before them.

For decades, autism was seen as a challenge that primarily affected children. Outdated notions of what constitutes genuine autism have caused adults to be overlooked by key stakeholders. Because so little research has acknowledged the lives of adults with autism, we know close to nothing about what successful adult development looks like. Some existing research suggests that autistic adults face reduced life expectancy, increased risk for physical disability, and an earlier onset of age-related cognitive concerns^{1,2}. Late-identified and never-identified autistic adults face unique challenges with respect to aging, and most of these "lost generations"³⁻⁶ have not yet even been identified, accounted for, or documented.

The Nexus Approach

Rather than working on advocacy, Dr. Balter feels he can more directly serve the autistic community in Oregon by solving problems on the ground. Systemic and societal problems can only be addressed through advocacy. But many of the real-world problems can be solved without waiting for systemic changes by increasing the connectivity and information flow within existing infrastructure. Rather than being a hub that consumes resources and provides services, AAGU will catalyze and strengthen relationships around it to form a *nexus*.

Autism All Grown Up (AAGU): A Nexus for Change

Origin

AAGU was born out of Dr. Balter's desire to use his personal experiences and analytical skills to help his newfound community. By conducting root cause analyses and working with local organizations, he identified key areas where AAGU could make an immediate impact, such as:

- Creating accessible guides for obtaining adult autism diagnoses through Oregon's Medicaid and Vocational Rehabilitation systems
- Establishing *The Uncommons*, autism-friendly co-working and community spaces
- Improving online resources for autistic adults and providing consulting services to others to do the same
- Participating in data analysis and research efforts to better understand the needs of autistic adults in Oregon

What We Have Started

AAGU has already made strides in achieving its objectives through initiatives such as:

- Partnering with Health Share Oregon to create guides for accessing autism assessments through Medicaid and developing a template Letter of Medical Necessity to facilitate evaluations through I/DD and Vocational Rehab programs
- Securing temporary spaces for *The Uncommons*, autism-friendly co-working and community spaces
- Consulting with the Autism Society of Oregon to improve their online resources
- Participating in the Oregon Commission on Autism Spectrum Disorder's data working group
- Planning a State-wide conference to bring together parties and organizations that work with or provide services for autistic adults to facilitate communication and collaboration.

Goals

Autism All Grown Up (AAGU) seeks to activate and empower the autistic community in Oregon by improving communication channels and information resources. Our immediate actions include:

- Establishing *The Uncommons*, a meeting and coworking space for autistic adults
- Creating comprehensive guides on navigating healthcare, employment, and social services
- Building partnerships with local organizations to enhance service delivery
- Participating in data analysis and research to inform policy and advocacy efforts

Our growth plan consists of three phases:

1. Seed (Weeks 1-8): Set up organizational structure, solicit initial funds, establish community presence, and build initial partnerships
2. Sprout (Weeks 9-26): Continue building community connections, develop *The Uncommons*, create informational materials, and identify large funding opportunities
3. Grow (Beyond Week 26): Expand *The Uncommons*, apply for large grants, build information and communication infrastructure, and establish a sustainable model for ongoing operations

Growth Plan

Our growth plan consists of three phases:

1. Seed (Weeks 1-8 approx)

- **Budget:** \$2,310/week, approx \$18,480 total
- **Effort:** 1.5 FTE
- **Actions:**
 - Set up organizational structure
 - Solicit initial funds
 - Establish community presence
 - Build initial partnerships

2. Sprout (Weeks 9-26)

- **Budget:** \$4,840/week, \$38,720 total
- **Effort:** 2.75 FTE
- **Actions:**
 - Continue building community connections
 - Develop *The Uncommons*
 - Create informational materials
 - Identify large funding opportunities

3. Grow (Beyond Week 26)

- **Budget:** \$4,840/week, \$87,120 total
- **Effort:** 4.25 FTE
- **Actions:**
 - Expand *The Uncommons*
 - Apply for large grants
 - Build information and communication infrastructure
 - Establish a sustainable model for ongoing operations


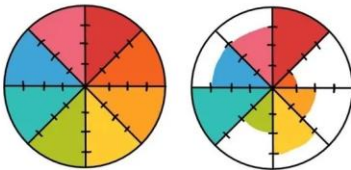
By establishing a comprehensive support system for autistic adults, AAGU aims to improve their quality of life, promote independence, and foster a sense of community and belonging. Through a phased growth plan, AAGU will continue to expand its reach and impact, with a strong emphasis on hiring autistic individuals and providing them with meaningful employment opportunities. By leveraging the strengths and talents of the autistic community, AAGU is uniquely positioned to create lasting, positive change for autistic adults in Oregon.

Autism in 2024

The New World of Autism

Recent advancements in the understanding of autism, largely driven by autistic self-advocates and researchers, have highlighted the need for a paradigm shift in understanding, coexisting with, and when necessary, supporting autistic individuals.

Key findings include^{7,8}:

- # Autism Spectrum
- The Autism spectrum is NOT linear
- 
- less autistic very autistic
- The Autism Spectrum looks more like:
- 
- Social differences
 - interests
 - repetitions
 - sensory sensitivities
 - emotional regulation
 - perception
 - executive functioning
 - other
- Terms like "high functioning", "low functioning" are harmful and outdated.
- Autism-sketches

- **Misconceptions Abound:** New research has reshaped our understanding of autism and refuted many harmful misconceptions. Some autistic people do have accompanying conditions that can result in problems with body awareness, identifying their emotional state, or using speech. However, autistic people do not intrinsically lack feelings, empathy, social skills, or the ability to communicate^{9,10}. Many autistic people who are unable to speak (for one or more reasons) do have language skills and can be competent writers and speakers with assistive technology¹¹⁻¹³.
- **Autism is a Full-Body Experience:** Autism frequently comes with physiological differences that are just beginning to be studied and understood¹⁴⁻¹⁶. Autistic people may experience higher or lower risk for certain diseases and conditions as well as different levels of physical traits such as hypermobility. Many autistic people experience pain, sound, touch, taste and other physical sensations either heightened or diminished^{17,18}. Few doctors are aware of these issues, and most are poorly trained in most aspects of supporting autistic patients.¹⁹⁻²¹
- **Disability can be Contextual:** Most autistic individuals are not intellectually or physically disabled but face substantial challenges navigating a neurotypical world. It can feel like being a left-handed person using right-handed scissors: difficult and unwieldy at best. According to research, most autistic people do not desire to be “cured”, “fixed”. Instead, autistic people seek a life where they can exercise self-determination, and engage in meaningful social activities, self-actualization, and employment within an inclusive society that respects their neurodivergence and values their authentic selves²².

The medical establishment once considered autism and intellectual disability to be virtually inseparable. In the 1980s, as much as 69 percent of people with an autism diagnosis also had a diagnosis of [intellectual disability]. By 2014, the figure for a dual diagnosis...had declined to 30 percent, as researchers had sharpened the diagnostic criteria for autism.”²³

- **Double Empathy:** The double empathy problem in autism is a theory that goes against the common belief that autistic people don’t have empathy. Instead, it says that communication problems are caused by autistic and non-autistic people not understanding each other. This isn’t because autistic people can’t talk to each other; it’s because they use two different communication styles that are hard for each other to understand^{24,25}.
- **Stigma, Ableism, and Discrimination are the Biggest Challenges:** Many autistic people will tell you that the hardest part about being autistic isn’t being autistic but navigating a neurotypical world that includes unconscious bias and ableism^{26–32}. Research backs this up, indicating that discrimination, not autism, is a significant barrier in society³³, especially in the workplace^{34,35}.
- **Neurodiversity & Neurodivergence:** The *neurodiversity paradigm* recognizes autism as a natural variation in human neurology. Individuals with significantly atypical neurotypes are termed *neurodivergent*, and sometimes need different things than *neurotypical* people do. These terms are not scientific and can sometimes lead to confusion: see [Appendix D](#).

Lost Generations of Autistic Adults

We have good reason to believe that autism has been part of humanity for a very long time and that the rate of occurrence has not drastically changed^{36,37}. There are four times as many adults as there are children in the US, so we should expect there to be a very large number of autistic adults. But past research and services have predominantly focused on children and neglected the needs of adults, especially those of us without profound disabilities. Society has failed, and continues to fail, to adequately study autistic life after high school when children lose many supports^{38,39}.

Missed Opportunities

Despite the challenges, many autistic adults possess valuable skills, talents, and perspectives that society misses out on by not acknowledging their needs, hearing their voices, and making room for them at the table. Autistic people possess a variety of strengths and abilities that can be highly valuable in both personal and professional settings. Research highlights that autistic individuals often exhibit exceptional cognitive abilities, such as superior creativity, focus, and memory, which can lead to increased efficiency and unique perspectives in the workplace^{40–43}. These cognitive strengths are complemented by personal qualities like honesty, dedication, and a strong sense of integrity, making them reliable and trustworthy members of society. In contrast to the prevalent focus of helping autistic people “overcome disabilities” or “learn social skills”, strengths-based interventions have been shown to improve mental health outcomes, increase knowledge in areas of interest, and promote positive social engagement and self-advocacy among autistic individuals^{44–47}.

Unmet Needs

Autistic adults who are impacted more profoundly or who have accompanying intellectual or cognitive challenges are generally able to find support through systems of support designed for people with disabilities. Autistic adults perceived as having lower support needs face a conundrum. While we rarely qualify for existing systems of support, many of us face significant challenges that are often overlooked, dismissed, or disbelieved^{48–50}. Therefore, autistic adults without intellectual disabilities often lack access to appropriate healthcare and support services, if they even exist^{51–56}.

Misaligned Research Priorities

Past and current funding from the US Government and private sources has prioritized searching for the origins and mechanisms of autism in the hope that we can prevent autistic people from being born, prevent people from developing autistic, and “cure” or “treat” autistic people to make them less autistic. These include [^{57;58;59}; :

- **Biological and Genetic Studies**
- **Early Detection and Diagnosis**
- **Behavioral Interventions**
- **Pharmacological Treatments**

However, studies repeatedly find that a large majority of the autistic community holds a different set of priorities^{60–70}:

1. **Quality of Life:** Research aimed at improving the overall quality of life for autistic individuals.
2. **Services and Supports:** Studies focused on the availability, accessibility, and effectiveness of services and supports, including educational, employment, and social services.
3. **Mental Health:** Research on co-occurring mental health conditions such as anxiety, depression, and sensory sensitivities.
4. **Understanding and Acceptance:** Promoting understanding, acceptance, and social inclusion of autistic people in society.
5. **Autistic Adults:** Research on the needs and experiences of autistic adults, who have historically been underrepresented in autism research.

Despite decades of encouragement from autism advocates and autism researchers that funding bodies and policymakers should consider the priorities of the autistic community when allocating resources for research^{58,71–76}, this has not happened. Our current research funding continues to vastly overemphasizes basic science questions and neglect real-world changes, health and well-being, socialization, community awareness, co-occurring conditions, lifespan issues, and participatory methods to align with the autistic community’s needs.

Funding

We plan to fund AAGU in three phases: *Seed, Sprout, and Grow*.

We will primarily fund the *Seed* phase through a GoFundMe crowdsource campaign. We hope to raise seed money of \$2k-\$3k per week to jump start formal operations, set up *The Uncommons*, create our databases, build out our web presence, and position ourselves for the *Sprout* phase, ideally within 8 weeks. This will require raising commitments for the \$34k we will need to staff that phase. Equally important, we will complete our initial projects, which will serve as tangible proof of our effectiveness to potential supporters.

During the 8-week *Sprout* phase, we will create a comprehensive calendar of funding deadlines and proactively communicate with funders to prioritize our grant-writing efforts. We will also populate the database with as much information as we can gather and soft-launch *The Uncommons*. At the end of the phase, we will provide a detailed report to our umbrella organizations and all funders/sponsors.

We have already identified almost 100 grants and sponsorships (see [Appendix C](#)) for which we meet the basic requirements. These include grants from the State of Oregon (e.g. Oregon Health Authority), Oregon healthcare companies (Legacy, Pacific Source, Cambia, etc.), and a mixture of private and public foundations and trusts. We have missed the 2024 funding cycle for some of these, but many have multiple cycles per year or do not run in cycles. Some of these are small pots of money, and others regularly award hundreds of thousands of dollars. We will also collect sliding-scale fees for using *The Uncommons* co-working spaces.

During our *Grow* phase, we hope to show that we can collect, analyze, and disseminate information for and about the adult autistic community with a very high level of capacity and efficiency. We hope this expertise will enable us to secure outside contracts as subject matter experts, analysts, and report writers, providing another avenue for revenue. We will complete the *Grow* phase with a report to our umbrella organization and our financial supporters.

Budget

The kable format is: pipe

Autism All Grown Up will place a strong emphasis on hiring autistic and neurodiverse Oregon adults and paying them a market wage. The wages will be at the low end during the initial *Seed* and *Sprout* phases and increase during the later phases. The hourly rates shown represent full compensation on a 1099 and do not include benefits. We will make necessary adjustments when we are able to provide benefits as well.

We have created our budget estimate based on the minimum staffing we believe can meet our performance goals combined with market-rate salary estimates from [ZipRecruiter](#) for approximate job titles in the Portland, OR area (see [Appendix B](#)). We project a budget of approximately \$150,000 for the first six months (26 weeks) of operation.

Seed Phase

Table 1: Seed Phase Budget

Responsibility	Description	FTE	Rate	Weekly Rate	Overhead
Coworking space manager	Research how coworking spaces run. Create a budget and game plan for initial set-up. Begin planning marketing and promotion.	0.2	\$30.00	\$300.00	\$30.00
Research support	Collect and organize information. Writing.	0.2	\$30.00	\$300.00	\$30.00
Web Development	Design and build website.	0.2	\$30.00	\$300.00	\$30.00
Organizing and Directing	Implement business systems--payrol, formal job descriptions, insurance, etc. Hold regular meetings with select partner organizations and individuals. Solicit and apply for funding for Sprout phase.	0.8	\$40.00	\$1,200.00	\$120.00
Subtotal per Week		1.5		\$2,100.00	\$210.00
Total per Week		1.5		\$2,310.00	
Total for 8 Weeks				\$18,480.00	

Sprout Phase

Table 2: Sprout Phase Budget

Responsibility	Description	FTE	Rate	Weekly Rate	Overhead
Coworking space manager	Research how coworking spaces run. Solicit community feedback. Run trails.	0.5	\$30.00	\$600.00	\$60.00
Data engineering	Create databases. Research portal design.	0.5	\$45.00	\$900.00	\$90.00
Research support	Collect and organize information. Writing.	0.5	\$35.00	\$700.00	\$70.00
Web Development	Design and build website.	0.5	\$35.00	\$700.00	\$70.00
Organizing and Directing	Complete current information product projects. Investigate access gaps. Locate resources. Continue building relationships. Oversee and participate in research on community resources and funding opportunities.	0.8	\$50.00	\$1,500.00	\$150.00
Subtotal per Week		2.8		\$4,400.00	\$440.00
Total per Week		2.8		\$4,840.00	
Total for 8 Weeks				\$38,720.00	

Grow Phase

Table 3: Grow Phase Budget

Responsibility	Description	FTE	Rate	Weekly Rate	Overhead
Jr. Data management	Collect data. Enter data. Basic reporting.	0.2	\$30.00	\$240.00	\$24.00
Web Development	Maintain website.	0.2	\$45.00	\$450.00	\$45.00
Data engineering	Maintain databases and portal. Assist with analysis and reporting.	0.3	\$50.00	\$600.00	\$60.00
Coworking space attendant	Oversee operation.	0.5	\$25.00	\$500.00	\$50.00
Research and analysis	Perform analysis and generate reports. Lead grant-writing efforts. Be responsible for obtaining necessary approvals, meeting all grant requirements, and submitting on time.	0.5	\$45.00	\$900.00	\$90.00
Research support (Jr.)	Locate resources. Collect and organize information. Conduct surveys.	0.5	\$25.00	\$500.00	\$50.00
Coworking space manager	Determine best practices. Maintain the physical space. Set and enforce policies.	1.0	\$40.00	\$1,600.00	\$160.00
Organizing and Directing	Seek out partners and funding opportunities. Work with stakeholders to define contract requirements. Direct grant writing.	1.0	\$65.00	\$2,600.00	\$260.00

Responsibility	Description	FTE	Rate	Weekly Rate	Overhead
	Meet regularly with partner organizations and individuals.				
Subtotal per Week		4.2		\$7,390.00	\$739.00
Total per Week		4.2		\$8,129.00	
Total for 18 Weeks				\$146,322.00	

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Glossary

ADLs

When a person applies for Medicaid long-term care services in Oregon, we look at how much help they need to perform Activities of Daily Living. Because funding is limited, we use this information (called a

service priority level) to decide who is eligible for services. Activities of Daily Living are the basic personal activities all of us need to do that are essential for health and safety. These activities are defined in OAR 411-015-0006 <https://www.oregon.gov/odhs/aging-disability-services/pages/adl.aspx>

Alexithymia

Alexithymia is the inability for someone to recognize, identify, and describe feelings or emotions. It is sometimes referred to as emotional blindness. <https://www.health.com/alexithymia-8361963>

Asperger's Syndrome

Asperger's syndrome (sometimes called high-functioning autism) is part of a wide diagnosis called autism spectrum disorder (ASD). Since 2013, Asperger's syndrome is replaced by the broader diagnosis of ASD within the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) revised criteria.

<https://my.clevelandclinic.org/health/diseases/6436-asperger-syndrome>

Co-Occurring Conditions

The preferred term in the autistic community as a replacement for “comorbid” for conditions, traits, and behaviors that are commonly found along with autism.

Double Empathy

Double empathy refers to how: 1. It is easier to understand the mindset of people who are similar to you 2. It is more difficult to understand the mindset of those who are different from you This concept was specifically developed by the autistic autism researcher Damian Milton to explain how autistics and neurotypicals empathize with each other. It explains how allistics (non-autistics) struggle to understand the lived experiences of autistics and autistics struggle to understand the lived experiences of allistics. Likewise, autistics are better at understanding other autistics and allistics are better at understanding other allistics. <https://embrace-autism.com/autism-and-the-double-empathy-problem/>

Dyslexia

Dyslexia is a specific learning difficulty which primarily affects reading and writing skills. However, it does not only affect these skills. Dyslexia is actually about information processing. Dyslexic people may have difficulty processing and remembering information they see and hear, which can affect learning and the acquisition of literacy skills. Dyslexia can also impact on other areas such as organisational skills. It is important to remember that there are positives to thinking differently. Many dyslexic people show strengths in areas such as reasoning and in visual and creative fields.

<https://www.bdadyslexia.org.uk/dyslexia/about-dyslexia/what-is-dyslexia>

Dyspraxia

Dyspraxia is a term that refers to lifelong trouble with movement and coordination. It's not a formal diagnosis. But you may still hear people use this term, especially in the U.K. The formal diagnosis is developmental coordination disorder (DCD). <https://www.understood.org/en/articles/understanding-dyspraxia>

fMRI

Functional MRI is a type of MRI scan that can show which areas of your brain are most active. Tracking and comparing that activity to what you were doing at the time can help “map” your brain activity. It's most often used for planning surgery or similar procedures in the brain.

<https://my.clevelandclinic.org/health/diagnostics/25034-functional-mri-fmri>

Gender identity

One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their

sex assigned at birth. <https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions>

Genome

The genome is the entire set of DNA instructions found in a cell. In humans, the genome consists of 23 pairs of chromosomes located in the cell's nucleus, as well as a small chromosome in the cell's mitochondria. A genome contains all the information needed for an individual to develop and function. <https://www.genome.gov/genetics-glossary/Genome>

Health Share Oregon

One of Oregon's Community Care Organizations (CCO) for OHP. <https://www.healthshareoregon.org/>

I/DD

Oregon Department of Human Services: Intellectual and Developmental Disabilities.

Letter of Medical Necessity

A Letter of Medical Necessity (LMN) is the written explanation from the treating physician describing the medical need for services, equipment, or supplies to assist the claimant in the treatment, care, or relief of their accepted work-related illness(es).

https://www.dol.gov/sites/dolgov/files/OWCP/energy/regs/compliance/Outreach/Outreach_Presentation/lmn_mba06222022.pdf

Neurodivergent

See Appendix 4: Neurodiversity and Neurodivergence

Neurodiversity

See Appendix 4: Neurodiversity and Neurodivergence

Non-Speaking

When an autistic person doesn't speak, it's known as nonspeaking autism. You may also see it described as nonverbal autism. However, the term nonverbal isn't completely accurate, since it means "without words. Even if an autistic person is nonspeaking, they may still use words in other ways (such as in writing). They may also understand the words that are spoken to them or that they overhear.

<https://www.healthline.com/health/autism/nonverbal-autism>

OCD

Obsessive-compulsive disorder (OCD) is a disorder in which people have recurring, unwanted thoughts, ideas or sensations (obsessions). To get rid of the thoughts, they feel driven to do something repetitively (compulsions). The repetitive behaviors, such as hand washing/cleaning, checking on things, and mental acts like (counting) or other activities, can significantly interfere with a person's daily activities and social interactions. <https://www.psychiatry.org/patients-families/obsessive-compulsive-disorder/what-is-obsessive-compulsive-disorder>

ODDS

Oregon Office of Developmental Disabilities Services

OHP

Oregon Health Plan: Oregon Medicaid

Services Cliff

Many high school students on the autism spectrum get help through special education – most commonly including speech-language therapy, service coordination/case management, behavior management, and

special transportation. Each student has a team that works with the student and family to decide which services are needed to prepare him or her for young adulthood, and federal law requires schools to offer the necessary services. Sounds like a good plan for how to help vulnerable youth through a challenging period of life. But then, following the last day of high school, the legal mandate for help suddenly ends. <https://drexel.edu/autismoutcomes/blog/overview/2015/August/falling-off-the-services-cliff/>

Sexual orientation

An inherent or immutable enduring emotional, romantic or sexual attraction to other people. Note: an individual's sexual orientation is independent of their gender identity. <https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions>

Synesthesia

Synesthesia is when your brain routes sensory information through multiple unrelated senses, causing you to experience more than one sense simultaneously. Some examples include tasting words or linking colors to numbers and letters. It's not a medical condition, and many people find it useful to help them learn and remember information. <https://my.clevelandclinic.org/health/symptoms/24995-synesthesia>

Theory of Mind

In psychology, theory of mind refers to the capacity to understand other people by ascribing mental states to them. A theory of mind includes the knowledge that others' beliefs, desires, intentions, emotions, and thoughts may be different from one's own. Possessing a functional theory of mind is crucial for success in everyday human social interactions. People utilize a theory of mind when analyzing, judging, and inferring others' behaviors. The discovery and development of theory of mind primarily came from studies done with animals and infants. Factors including drug and alcohol consumption, language development, cognitive delays, age, and culture can affect a person's capacity to display theory of mind. Having a theory of mind is similar to but not identical with having the capacity for empathy or sympathy. https://en.wikipedia.org/wiki/Theory_of_mind

Representative Salaries

Data Analyst

Data Analyst

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
Top Earners	\$127,790.00	\$10,649.00	\$2,458.00	\$61.00
75th Percentile	\$102,900.00	\$8,575.00	\$1,979.00	\$49.00
Average	\$87,640.00	\$7,303.00	\$1,685.00	\$42.00
25th Percentile	\$66,300.00	\$5,525.00	\$1,275.00	\$32.00

Data Engineer

Data Engineer

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
Top Earners	\$171,801.00	\$14,316.00	\$3,303.00	\$83.00
75th Percentile	\$145,800.00	\$12,150.00	\$2,803.00	\$70.00
Average	\$138,279.00	\$11,523.00	\$2,659.00	\$66.00
25th Percentile	\$121,400.00	\$10,116.00	\$2,334.00	\$58.00

Database Administrator

Database Administrator

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
Top Earners	\$150,061.00	\$12,505.00	\$2,886.00	\$72.00
75th Percentile	\$130,400.00	\$10,867.00	\$2,508.00	\$63.00
Average	\$108,448.00	\$9,037.00	\$2,086.00	\$52.00
25th Percentile	\$84,800.00	\$7,067.00	\$1,631.00	\$41.00

Director Of Operations

Director Of Operations

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
Top Earners	\$171,801.00	\$14,316.00	\$3,303.00	\$83.00
75th Percentile	\$143,700.00	\$11,975.00	\$2,763.00	\$69.00
Average	\$102,922.00	\$8,576.00	\$1,979.00	\$49.00
25th Percentile	\$80,100.00	\$6,675.00	\$1,540.00	\$39.00
Top Earners	\$171,801.00	\$14,316.00	\$3,303.00	\$83.00
75th Percentile	\$143,700.00	\$11,975.00	\$2,763.00	\$69.00
Average	\$102,922.00	\$8,576.00	\$1,979.00	\$49.00
25th Percentile	\$80,100.00	\$6,675.00	\$1,540.00	\$39.00

Grant Writer

Grant Writer

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
Top Earners	\$91,733.00	\$7,644.00	\$1,764.00	\$44.00
75th Percentile	\$77,900.00	\$6,492.00	\$1,498.00	\$37.00
Average	\$70,107.00	\$5,842.00	\$1,348.00	\$34.00
25th Percentile	\$55,100.00	\$4,592.00	\$1,060.00	\$26.00

Operations Manager

Operations Manager

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
Top Earners	\$115,064.00	\$9,588.00	\$2,212.00	\$55.00
75th Percentile	\$82,200.00	\$6,850.00	\$1,580.00	\$40.00
Average	\$68,498.00	\$5,708.00	\$1,317.00	\$33.00
25th Percentile	\$43,500.00	\$3,625.00	\$836.00	\$21.00

Policy Analyst

Policy Analyst

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
Top Earners	\$123,548.00	\$10,295.00	\$2,375.00	\$59.00
75th Percentile	\$123,500.00	\$10,291.00	\$2,375.00	\$59.00
Average	\$97,464.00	\$8,122.00	\$1,874.00	\$47.00
25th Percentile	\$88,000.00	\$7,333.00	\$1,692.00	\$42.00

Research Associate

Research Associate

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
Top Earners	\$94,915.00	\$7,910.00	\$1,825.00	\$46.00

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
75th Percentile	\$81,700.00	\$6,808.00	\$1,571.00	\$39.00
Average	\$71,781.00	\$5,982.00	\$1,380.00	\$35.00
25th Percentile	\$57,800.00	\$4,817.00	\$1,112.00	\$28.00

Senior Manager

Senior Manager

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
Top Earners	\$178,695.00	\$14,891.00	\$3,436.00	\$86.00
75th Percentile	\$144,800.00	\$12,066.00	\$2,784.00	\$70.00
Average	\$93,748.00	\$7,812.00	\$1,802.00	\$45.00
25th Percentile	\$52,000.00	\$4,333.00	\$1,000.00	\$25.00

Website Designer

Website Designer

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
Top Earners	\$109,232.00	\$9,103.00	\$2,101.00	\$53.00
75th Percentile	\$84,800.00	\$7,067.00	\$1,631.00	\$41.00
Average	\$77,227.00	\$6,436.00	\$1,485.00	\$37.00
25th Percentile	\$56,700.00	\$4,725.00	\$1,090.00	\$27.00

Website Programmer

Website Programmer

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
Top Earners	\$119,306.00	\$9,942.00	\$2,294.00	\$57.00
75th Percentile	\$100,700.00	\$8,392.00	\$1,937.00	\$48.00
Average	\$85,087.00	\$7,091.00	\$1,636.00	\$41.00

Earner Class	Annual Salary	Monthly Pay	Weekly Pay	Hourly Wage
25th Percentile	\$67,300.00	\$5,608.00	\$1,294.00	\$32.00

Potential Funders

Healthcare

Adventist

- [Sponsorship Request](#)
- [Community Benefit](#)

Cambia

- [Healthy and Connected Aging](#)
- [Sponsorship](#)

CareOregon

- [Community Giving grants and sponsorships](#)
- [HRSN Services](#)

Central Oregon Health Council

- [Standard Grants](#)

Health Share

- [Sponsorship](#)
- [HRSN Services](#)
- [HRSN Services](#)

Kaiser

- [HRSN Services](#)
- [HRSN Services](#)
- [HRSN Services](#)
- [HRSN Services](#)
- [Community Benefit](#)

Legacy

- [Community Health Grant](#)
- [Legacy Research Institute](#)
- [Sponsorship](#)
- [HRSN Services](#)

Ochin

- [NA](#)

OHSU

- [Community Partnership Program](#)
- [Community Partnership Program](#)
- [Community Partnership Program](#)
- [Tiered Grants](#)
- [HRSN Services](#)
- [Rural Population Health Incubator Program](#)

Pacific Source

- [Community Health Excellence Grants](#)
- [Community Capacity-Building Funding for HRSN services](#)
- [Community Health Excellence Grants](#)
- [All](#)
- [PacificSource Foundation for Health Improvement](#)
- [Healthy Communities Program](#)

Providence

- [Community Grants/Donations](#)
- [Sponsorship](#)
- [HRSN Services](#)

St Charles Health System

- [Community Benefit Grants and Sponsorships](#)

Trillium

- [Community Benefit Initiatives](#)
- [Community Benefit Initiatives](#)
- [Community Capacity Building Funding](#)

Foundatons and Trusts

Anna May Family Foundation

- [Grant](#)

Autzen Foundation

- [Grant](#)

Ben B Cheney Foundation

- [Grant](#)

Benton Community Foundation

- [Community Grants](#)

Carpenter Foundation

- [Grant](#)

Chambers Family Foundation

- [Grant](#)

Collins Foundation

- [Responsive Grant](#)
- [Responsive Grant](#)

Doug Flutie Foundation

- [Autism Community Impact Grant](#)
- [Flutie Fellows – Career and Life Goal Support](#)
- [Financial Relief for Families](#)

Foster Foundation

- [Grant](#)

Gordon Elwood Foundation

- [Grant](#)

M J Murdock Charitable Trust

- [STRATEGIC GRANT](#)

Maybelle Clark Macdonald Fund

- [Grant](#)

Meyer Memorial Trust

- [Grant](#)

Oregon Community Foundation

- [Grant](#)

Reser Family Foundation

- [Responsive Grant Programs](#)

Robert Wood Johnson Foundation

- [Multiple](#)
- [Multiple](#)

Weyerhouser

- [Giving Fund](#)

State

Oregon Health Authority

- [Block Grants](#)
- [Community Capacity Building Funds](#)
- [Community Capacity Building Funds](#)
- [SHARE Initiative](#)
- [PUBLIC HEALTH EQUITY](#)

- [PUBLIC HEALTH EQUITY](#)
- [GRANT](#)
- [HTO CHIP Project Grants](#)

Oregon State

- [IMPACTS Grant Program](#)

Misc

Fidget Tech

- [Need info](#)

Organization for Autism Research

- [Community Grant Competition](#)

Patient Centered Outcomes Research Organization

- [Need info](#)

Neurodiversity and Neurodivergence

Many people find [this article](#) by Dr. Nick Walker to be the definitive overview of these terms and how they are used and misused. We put together the summary below with the help of [chatGPT](#):

Neurodiversity (concept)

Definition: Neurodiversity is the idea that neurological differences, like autism, ADHD, dyslexia, and others, are natural variations of the human genome. This concept emphasizes that these differences should be recognized and respected as a part of human diversity.

Historical and Social Context: The term “neurodiversity” is closely associated with Judy Singer who popularized it in the late 1990s⁷⁷. (There is some current disputation about who invented the concept and/or coined the term⁷⁸.) It arose from the disability rights movement and the autistic rights movement, which sought to challenge the medical model of disability that views neurological differences as deficits or disorders to be cured⁷⁹. Instead, neurodiversity advocates promote acceptance and understanding, emphasizing the strengths and contributions of neurodivergent individuals^{80,81}.

Neurodiversity (paradigm)

Definition: The neurodiversity paradigm is a framework that challenges traditional views of neurological differences. It posits that these differences should be seen as normal variations rather than abnormalities or deficits. This paradigm promotes the idea that society should adapt to accommodate these differences rather than forcing individuals to conform to a neurotypical standard.

Historical and Social Context: This paradigm shift gained momentum in the early 2000s, aligning with broader social movements advocating for civil rights and inclusion. It has influenced fields like education, employment, and healthcare, encouraging practices that support diverse ways of thinking and learning.

Neurodiversity (movement)

Definition: The neurodiversity movement is a social movement that advocates for the rights and inclusion of neurodivergent individuals. It seeks to promote understanding, acceptance, and accommodation of neurological differences. The movement has worked to reframe autism as a minority identity rather than a disorder.

Historical and Social Context: Emerging in the late 20th century, the neurodiversity movement has been driven by self-advocates and allies. It challenges stigmatizing narratives and calls for systemic changes in how neurodivergent individuals are treated in society. This movement has led to increased visibility and advocacy for policies that support neurodiversity in schools, workplaces, and communities.

Neurodivergence

Definition: Neurodivergence refers to the state of having a brain that functions differently from the typical standards of society. It is an umbrella term that includes various neurological conditions like autism, ADHD, dyslexia, and more.

Historical and Social Context: The term “neurodivergence” gained prominence alongside the neurodiversity movement. It helps to create a more inclusive language that recognizes the spectrum of neurological differences without implying pathology. This shift in terminology supports a more positive and accepting view of diverse cognitive profiles.

Neurodivergent

Definition: Neurodivergent describes individuals whose neurological development and functioning are atypical. This term is used to identify people who have conditions like autism, ADHD, dyslexia, etc.

Historical and Social Context: The adoption of the term “neurodivergent” reflects a growing acceptance of diversity in neurological functioning. It emphasizes identity and self-advocacy, allowing individuals to claim their differences as part of who they are rather than as something to be fixed or hidden.

Neurotypical

Definition: Neurotypical refers to individuals whose neurological development and functioning are considered standard or typical by societal norms. It is often used in contrast to neurodivergent.

Historical and Social Context: The term “neurotypical” originated within the neurodiversity community as a way to distinguish between those who conform to societal norms of neurological functioning and those who do not. It highlights that “typical” neurological functioning is not the only valid or acceptable way of being, promoting a more inclusive view of human diversity.