

or more days of poor mental health (aOR=1.3, 95% CI=1.0-1.7) in the past 30 days. Transgender participants in medium and low/negative ranked states were more likely to report fair/poor health (lowest aOR=1.75, 95% CI=1.3-2.5) compared to transgender individuals in high equality states. Similar results were not found for the matched heterosexual and cisgender groups. These results suggest that LGBT-related laws and policies may play a role in LGBT health.

#### EVALUATING THE ECONOMIC IMPACT OF MARRIAGE VERSUS COHABITATION IN SAME-SEX COUPLES AGE 50+

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Utilizing the first set of 5-year American Community Survey data available since the United States' legalization of same-sex marriage in mid-2015, this poster investigates the economic security of older adults (age 50+) in same-sex marriages compared to those in same-sex partnerships who are cohabiting but not married. Viewed through the lens of cumulative disadvantage theory, we consider differences in the economic circumstances of same-sex couples by gender and by geographic location. Findings point to gender differences in economic well-being, but relatively few differences based on marital status. For example, rates of low income are somewhat higher among female couples than among their male counterparts, but marital status differences are not substantial. These findings suggest that the benefits of being married that have long been recognized among older adults may not extend equally to same-sex couples. Findings are discussed with respect to the emerging salience of marriage within the LGBTQ older community, future research opportunities, and important policy implications.

#### THE RELATIONSHIP BETWEEN SOCIAL ISOLATION AND SENSE OF COMMUNITY AMONG OLDER ADULTS IN PUERTO RICO

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Psychological sense of community (SOC) is linked to key health and wellbeing outcomes for older adults and among Latin American populations. Prior research shows that social factors may affect SOC, but this has yet to be studied among Puerto Rican older adults. This study draws on Social Resource Theory to test the hypothesis that social isolation is associated with SOC among older adults in Puerto Rico. We collected data through face-to-face interviews in a non-probability sample of community dwelling adults aged 60+ throughout Puerto Rico in 2019-2020 (N = 154). We measured social isolation with the Spanish translation of the LSNS-6 (range 0-30, mean= 14.00, SD= 5.99), where higher scores indicate less isolation, and SOC with the Spanish translation of the Brief Sense of Community Scale (range 0-32, mean= 24.75, SD= 6.04). This cross-sectional study used multiple linear regression to test the association between social isolation and SOC, while controlling for gender, age, income and living arrangement. Higher scores on the LSNS-6 were associated with higher SOC ( $\beta=0.31$ , SE=0.08,  $p<0.001$ ). Among the sociodemographic covariates, increased age was

associated with higher SOC ( $\beta=0.12$ , SE=0.05,  $p<0.05$ ). This study demonstrates that older adults in Puerto Rico who are more socially isolated have lower SOC, and that SOC increases with age. In order to promote SOC in this population, interventions should focus on reducing social isolation and may benefit from targeting young-old older adults. Future research should continue to examine these relationships and extend to other Latin American cultures.

#### WHAT'S RACE GOT TO DO WITH IT? HOW PALLIATIVE CARE CONSULTATION MAY MITIGATE RACIAL DISPARITIES IN FUTURE CARE

Lauren Starr,<sup>1</sup> Connie Ulrich,<sup>2</sup> G. Adriana Perez,<sup>3</sup> Subhash Aryal,<sup>2</sup> Paul Junker,<sup>4</sup> Nina O'Connor,<sup>5</sup> and Salimah Meghani,<sup>2</sup> 1. *University of Pennsylvania, Philadelphia, Pennsylvania, United States*, 2. *University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, United States*, 3. *University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, United States*, 4. *University of Pennsylvania Health System, Philadelphia, Pennsylvania, United States*, 5. *Penn Medicine, Perelman School of Medicine, Philadelphia, Pennsylvania, United States*

It is unknown if care and cost outcomes differ by race and ethnicity following discharge from a hospitalization involving palliative care consultation to discuss goals-of-care (PCC). In this secondary analysis of 1,390 seriously-ill patients age 18+ alive at discharge who self-identified as Black, Hispanic, Asian, white, or other race and received PCC at an urban, academic medical center, we used binomial logistic regression and multiple linear regression controlling for demographic and clinical variables to identify factors associated with care experiences and costs following discharge from a hospitalization with PCC. In adjusted analyses, discharge to hospice was associated with Medicaid ( $p=0.016$ ). Thirty-day readmission was associated with age 75+ ( $P=0.015$ ), Medicaid ( $P=0.004$ ), admission 30 days prior ( $P<0.0001$ ), and Black race compared to white ( $P=0.016$ ). Number of future days hospitalized was associated with Medicaid ( $P=0.001$ ), admission 30 days prior ( $P=0.017$ ), and Black race compared to white ( $P=0.012$ ). Having any future hospitalization cost was associated with patient ages 65-74 ( $P=0.022$ ) and 75+ ( $P=0.023$ ), Medicaid ( $P=0.014$ ), admission 30-days prior ( $P<0.0001$ ), and Black race compared to white ( $P=0.021$ ). Total future hospitalization costs were associated with female gender ( $P=0.025$ ), Medicaid ( $P=0.009$ ), admission 30 days prior ( $P=0.040$ ), and Black race compared to white ( $P=0.037$ ). Race or ethnicity was not a predictor of hospice enrollment. Randomized controlled trials are needed to understand if PCC is an intervention that reduces racial disparities in end-of-life care. Qualitative insights are needed to explain how PCC and socioeconomic factors such as Medicaid may mitigate future acute care use among racial and ethnic groups.

### Session 9390 (Poster)

#### Mobility and Disability

#### ADULTS AGING WITH SPINAL CORD INJURY: PREVALENCE AND ASSOCIATED RISK FACTORS FOR DIAGNOSIS OF DIABETES MELLITUS

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With the increased life expectancy, people aging with spinal cord injury (SCI) are more likely to experience chronic conditions, including diabetes mellitus (DM). The results of previous literature related to the prevalence of DM are mixed and risk factors associated with diagnosis of DM after SCI are not well defined. This study aims to investigate the prevalence of DM and explore associated risk factors for diagnosis of DM among adults aging with long-standing spinal cord injury in the United States. This is a secondary data analysis using the National Spinal Cord Injury Model Systems Database. Participants included 516 people age 45 and older who have been living with SCI for more than 10 years. The prevalence of DM in this sample was 13.2%. Multivariate logistic regression, controlling for confounding variables, was conducted to identify risk factors associated with DM diagnosis in this sample. The multivariate logistic regression model found that the participants who responded with less severe SCI measured by the ASIA impairment scale were less likely to be diagnosed with DM (OR=0.332,  $p=.017$ ). Also, DM was found to be significantly associated with BMI (OR=1.043,  $p=.010$ ) and age (OR=1.038,  $p=.010$ ) respectively. Duration of disability was not significantly associated with DM. Future research is needed to validate these findings and identify other common risk factors for DM such as diet/nutrition. Further, exploration of the effect size of risk factors is also warranted. Such findings will inform interventions to aid prevention and early detection of DM.

#### AN INTERNATIONAL REVIEW OF MOTOR VEHICLE COLLISION RISK WITH MEDICAL CONDITIONS IN OLDER ADULTS

Mark Rapoport,<sup>1</sup> Joanne Wood,<sup>2</sup> Jamie Dow,<sup>3</sup> Desmond O'Neill,<sup>4</sup> Judith Charlton,<sup>5</sup> and Sjannie Koppel,<sup>5</sup>  
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The objective was to examine the impact of seven categories of medical illness on risk of Motor Vehicle Collisions (MVC) in older adults. In late 2019, a systematic review of the MVC risk associated with alcohol use disorders, psychiatric disorders, epilepsy, diabetes, hearing loss, vision disorders and sleep disorders was conducted. A total of 64,720 titles were screened, and 138 articles were included. Of these, only thirteen pertained to older adults, only six showed increased MVC risk in at least one condition, and only seven were rated of "Good" quality. Hearing impairment was associated with MVC only if associated with visual acuity or contrast sensitivity impairments (RR 1.52, 95% CI 1.01-2.3 and RR 2.41, 95% CI 1.62-3.57, respectively). A high depression score was associated with increased MVC (RR 1.5, 95% CI 1.1-2.1) in one study, but a similar relationship was not found in two other studies. Glaucoma increased at-fault MVC risk (RR 1.65, 95% CI 1.20-2.28) in one study, but no relationship was found in another. Visual field loss increased MVC risk in three of four studies (RR or HR ranging from 1.31 to 2.32). One negative study each were identified for alcohol use disorders, age-related macular degeneration, any eye disease, or any psychiatric disorder, and four negative studies were identified for reduced visual

acuity. No studies of older adults were found for epilepsy or sleep disorders. Interpretation of MVC risk in older drivers with medical illness is rendered challenging by the paucity and quality of studies.

#### BRAIN MAGNETIC SUSCEPTIBILITY IS ASSOCIATED WITH SLOWER GAIT IN COMMUNITY-DWELLING OLDER ADULTS

Victoria Poole,<sup>1</sup> Robert Dawe,<sup>1</sup> Sue Luegans,<sup>1</sup> David Bennett,<sup>1</sup> Aron Buchman,<sup>1</sup> and Konstantinos Arfanakis,<sup>2</sup> 1. *Rush University, Chicago, Illinois, United States*, 2. *Rush University, Rush Alzheimer's Disease Center, Illinois, United States*

Age-related slowing of gait is exceedingly common and a robust predictor of various adverse health outcomes in older age. Prior neuroimaging studies have documented diverse non-specific structural brain abnormalities which are related to slow gait; however, the extent to which quantitative susceptibility mapping (QSM), which measures regional magnetic susceptibility in the brain, associates with gait speed remains unexplored. In the current study, 415 non-demented community-dwelling older adults (91 males; 81+/- 7 years) underwent an MRI (Siemens 3T TIM Trio) and in-home motor assessment. Gait speed was measured and averaged across 2 timed 8-ft walks. MR-acquired QSM data were pre-processed, registered to ICBM template, and spatially smoothed with a 5mm FWHM Gaussian kernel. When these maps entered group-level GLMs, voxel-wise associations with gait speed were of interest, after adjusting for demographics. We observed very strong negative associations between gait speed and magnetic susceptibility, such that those with slower gait had higher susceptibility in bilateral inferior frontal, superior temporal, and angular gyri (corrected  $p<.0005$ ). Robust associations were also observed in the middle frontal, precentral, and postcentral gyri of the right hemisphere. These novel findings suggest that reduced myelination or increased iron accumulation in these brain regions may contribute to impaired gait. Future work will need to determine to what extent these cross-sectional QSM metrics are independent predictors of incident adverse health outcomes when controlling for other common brain imaging abnormalities observed in older adults.

#### DIFFERENTIAL INFLUENCE OF COVID-19 PANDEMIC ON LIFE-SPACE MOBILITY OF OLDER ADULTS

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Life-space mobility (LSM) is critical to aging successfully since it is essential to maintain independence, affecting the health and quality of life of older adults. During the COVID-19 pandemic older adults, who are at high-risk of serious illness and complications, are restricted by stay-at-home orders, limiting their outdoor activities. This study evaluated differences in LSM before and during the pandemic and factors related to limited pre-hospitalization mobility. We used a natural experiment design comparing LSM one month