

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

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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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