In such a context, access and health care options. We reviewed calendar year (CY)2021 fee-for-service Medicare claims to determine if a beneficiary ever: elected hospice, had an end-of-life care conversation with their physician, and/or received advanced care planning services. We obtained beneficiary characteristics ratings to identify poorer quality hospices (one- or two-stars). As a measure of the quality-of-care processes of hospice, we calculated Hospice Visits in the Last Days of Life (HVLDL). Using logistic regression, we calculated:

1.14-1.29, Hispanic AOR 1.16, 95% CI 1.09-1.24).

We examined whether end-of-life care racial disparities persist even within groups with similar geographic characteristics.
Religion and spirituality for transgender and gender expansive people (whom we refer to collectively as trans) are complicated by mainstream religions’ history of stigmatizing and marginalizing sexual and gender minorities. We conducted an interpretive content analysis of biographical interviews with 88 trans older adults from across the United States, applying six tenets of spiritual psychotherapy to their life narratives. Our findings suggest that some trans older adults’ spirituality is experienced both implicitly and explicitly. Implicit spirituality reflects the ways in which meaning, purpose, and connection in one’s life are nurtured with respect to one’s gender identity. Explicit spirituality reflects the process of consciously renegotiating one’s spiritual beliefs and religious practices to validate one’s gender identity and place in society. This knowledge is potentially helpful for gerontological practitioners who seek to nurture trans people’s spirituality and well-being as they age.