we analyzed the interview data from the Aging Concerns, To understand the activity challenges of these older adults, (ADLs) and instrumental activities of daily living (IADLs). We selected interview data that focused on the conduct of ten activities at home: bathing, dressing, moving around, toileting, transferring, doing hobbies, housekeeping, home maintenance, managing diet and nutrition, and caring for others. This archival study used the coding schemes from the ACCESS study that were developed using both conceptual- and data-driven approaches (Koon et al., 2019). The ecological theory of adaptation and aging (Nahemow and Lawton, 1973) was the underlying framework to identify the challenges related to older adults’ functional capacity (personal) and physical environmental barriers (environmental). We identified five main challenges: physical strength, general health limitations, mobility limitations, physical access, and transferring. Older adults’ responses to overcoming the challenges involved personal, environmental, and person-environment interaction strategies. This study provides insights into the relationship between the source of environmental barriers and personal coping strategies to guide the design of appropriate aging in place supports for older adults with mobility disabilities.

PATHWAYS TO REDUCED OVERNIGHT HOSPITALIZATIONS: EVALUATING 62 PHYSICAL, BEHAVIORAL, AND PSYCHOSOCIAL FACTORS
Jean Oh,1 Julia Nakamura,2 and Eric Kim,1 1. University of British Columbia, Vancouver, British Columbia, Canada, 2. University of British Columbia, University of British Columbia/Vancouver, British Columbia, Canada

As healthcare costs rise steadily and rapidly, researchers and policymakers are increasingly interested in reducing healthcare utilization costs. Growing evidence documents many factors that may influence healthcare utilization; however, less is known about how changes in candidate predictors influence subsequent healthcare utilization. Using data from 11,374 participants in the Health and Retirement Study (HRS)—a diverse, longitudinal, and nationally representative sample of older adults in the United States, we evaluated a large range of candidate predictors of overnight hospitalizations. Using generalized linear regression models with a lagged exposure-wide approach, we evaluated if changes in 62 predictors over four-years (between t0;2006/2008 and t1;2010/2012) were associated with subsequent hospitalizations during the two years prior to t2 (2012-2014 (Cohort A) or 2014-2016 (Cohort B)). After adjustment for a rich set of baseline covariates, changes in some health behaviors (e.g., frequent physical activity), physical health conditions (e.g., no physical functioning limitations), and psychosocial factors (e.g., higher purpose in life, lower anxiety, more volunteering) were associated with decreased hospitalizations four years later. However, there was little evidence that other factors (e.g., smoking, obesity) were associated with subsequent hospitalizations. Notably, some psychosocial factors had effect sizes as large as some physical health conditions. Several indicators of physical health, health behaviors, and psychosocial well-being may predict subsequent hospitalizations, and these factors may be novel targets for interventions and policies aiming to reduce healthcare costs in older adults.

PERSONAL AND ENVIRONMENTAL CHALLENGES OF AGING IN PLACE WITH LONG-TERM MOBILITY DISABILITIES
Widya Ramadhani,1 and Wendy Rogers,2 1. University of Illinois Urbana-Champaign, Urbana, Illinois, United States, 2. University of Illinois Urbana-Champaign, Champaign, Illinois, United States

Maintaining independence while aging in place at home requires support, especially for older adults aging with long-term mobility disabilities. As age-related changes progress, individuals with long-term mobility disabilities experience more challenges engaging with daily living activities (ADLs) and instrumental activities of daily living (IADLs). To understand the activity challenges of these older adults, we analyzed the interview data from the Aging Concerns, Challenges, and Everyday Solution Strategies (ACCESS) study, a comprehensive user needs assessment of 60 older adults who have had mobility disabilities for at least ten years (Koon et al. 2019). The ecological theory of adaptation and aging (Nahemow and Lawton, 1973) was the underlying framework to identify the challenges related to older adults’ functional capacity (personal) and physical environmental barriers (environmental). We identified five main challenges: physical strength, general health limitations, mobility limitations, physical access, and transferring. Older adults’ responses to overcoming the challenges involved personal, environmental, and person-environment interaction strategies. This study provides insights into the relationship between the source of environmental barriers and personal coping strategies to guide the design of appropriate aging in place supports for older adults with mobility disabilities.

PREDICTORS OF FOOD INSECURITY BEFORE AND DURING COVID-19 AMONG MIDDLE-AGED AND OLDER ADULTS
Jianjia Cheng,1 and Emily Nicklett,2 1. School of Public Health, Ann Arbor, Michigan, United States, 2. The University of Texas at San Antonio, San Antonio, Texas, United States

The indirect impact of COVID-19 on food security of middle aged and older adults is not well understood. This study examines changes in risk factors for food security from 2018-2020 in a population-based sample. Using data from the Health and Retirement Study (2018 and 2020 waves), we utilized generalized estimating equations (GEE) with repeated measures to examine factors associated with food insecurity among US adults aged 50 and older (n=3170) before COVID-19 and since COVID-19. The prevalence of food insecurity doubled from 2018 (4.83%) to 2020 (9.54%). In multivariate analyses, the population-averaged odds of experiencing food insecurity was 81% higher in 2020 compared to 2018. Other factors significantly associated with higher odds of food insecurity included being female (OR: 1.29), Black (OR: 1.46), lowest quintile for wealth (OR: 1.82), not working due to a disability (OR: 3.29), renting (OR: 2.04), greater IADL limitations (OR: 1.32), and greater number of chronic illness comorbidities (OR: 1.14). Factors significantly associated with lower odds of food insecurity included older age (65-74: OR: 0.73; 75+: OR: 0.56) and being above the median income level (OR: 0.47). Partnership status, education level, and ADL limitations were not significantly associated with the population-averaged odds of experiencing food insecurity. This study identified factors related to food insecurity among a community-dwelling sample of middle aged and older adults in the U.S. Future research should examine the impact of policies and intervention strategies to address the disproportionate impact of COVID-19 on populations at increased risk of experiencing food insecurity.