discuss novel scholarship and applied research in environmental gerontology from the micro to macro scale. The symposium inspires methodological innovation and critical research directions, and informs place-based policymaking to address diverse contexts of aging in place.

OLDER ADULT DISASTER RECOVERY FOLLOWING HURRICANE KATRINA
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This study explores the effects of environmental disruption on older adult well-being, recovery and resilience following Hurricane Katrina. It is based upon the Gulf Coast Child and Family Health Study, a longitudinal cohort of 1,079 residents from Louisiana and Mississippi highly affected by the storm. Using five waves of data collected over the last 12 years, analyses examine the drivers of long-term recovery by age group, including factors such as household income, physical health, mental health, stable housing and social support. Path analyses compare the influence of these drivers on recovery among younger adults (18-54), the young-old (55-64), mid-old (65-74) and old-old (75+). Results demonstrate that each age group relies on specific factors to improve their recovery, and that only a small number of factors are critical for older adult recovery. Results can help identify points of intervention for disaster recovery planning that can facilitate long-term recovery for older adults.

CHARACTERIZING THE EFFECTS OF HOSTILE ARCHITECTURE ON THE HEALTH GOALS OF HOMELESS OLDER ADULTS
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Over 12,000 residents of Seattle experienced houselessness in 2018—among them, 70% reported having health conditions, 17.5% were over 50, and over half do not access emergency housing services. Local governments increasingly use strategies aimed at deterring unhoused populations from using public space. This research aimed to characterize the effects of urban planning interventions on the health goals among older disabled adults experiencing houselessness. Agency-based focus groups were conducted with adults over 50 who self-identified as disabled and met the federal criteria for homelessness. Through participatory mapping methods, constituents identified places where opportunities and barriers toward achieving health goals were experienced. Findings indicate lived experiences of confinement, exclusion, and loss of autonomy as well as creative negotiation and reclamation of space. This research equips advocates and providers with spatial data to increase public awareness, enrich local advocacy efforts, and offer new methodologies for enhancing social work perspectives on place and aging.

COMMUNITY-BASED PARTICIPATORY RESEARCH FILMMAKING WITH FORMERLY HOMELESS OLDER ADULTS
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This methodological paper discusses the process of co-creating a documentary film with seven formerly homeless older adults, highlighting some of the tensions carrying out community-based participatory research (CBPR). This paper is part of a larger study that explored ‘finding home’ through a series of individual and group audio and video-recorded interviews (including walk and drive alongs) with seven adults (aged 50+) with diverse homeless histories. In addition to the main findings, participants shared their experience of filmmaking and CBPR. Findings revealed four main tensions: 1) openness of sharing stories versus privacy and anonymity; 2) balancing participation/engagement and over-burdening; 3) negotiating interpersonal conflict and community building; and 4) ethical issues surrounding copyright and ownership of the film. Ultimately, we advocate for more CBPR film projects, as they not only provide a rich contextualized window into people’s everyday lives but serve to advance the voices of marginalized populations beyond traditional academic circles.

SOCIAL HEALTH, MOBILITY, AND TECHNOLOGY: ACCESSIBILITY WITHIN AGE-FRIENDLY COMMUNITIES
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To explore how access to transportation and technology/social media influence social connectivity among an ethnically diverse group of vulnerable low-income older adults, six focus groups were conducted (N=48) in English, Spanish, and Korean at a senior services agency. Qualitative thematic analyses revealed overarching themes that fit within the World Health Organization’s Age-Friendly Domains of Livability. The sub-theme “barriers and facilitators to accessibility” ran through each of the overarching themes, demonstrating how specific factors of the built, social, and community health environments intersect to promote or hinder social connection. Although transportation and technology uses were linked to social engagement, challenges with the built environment and limited financial resources hindered older adults’ abilities to remain engaged in their communities, both in-person and electronically. Age-Friendly initiatives must continue to consider the community-specific barriers and facilitators for older adults to remain physically and socially connected to the community.

SESSION 2545 (SYMPOSIUM)
REDUCING HEALTH DISPARITIES IN THE ERA OF VALUE-BASED CARE
Chair: Amit Kumar, Northern Arizona University, Flagstaff, Arizona, United States
Role of Social Determinants in Enrollment and Disenrollment in Medicare Insurance Plans among Older Mexican Americans

Amit Kumar,1 Maricruz Rivera-Hernandez,2 Lin-Na Chou,3 Amol Karmarkar,1 Yong-Fang Kuo,1 and Kenneth J. Ottenbacher1,1 Northern Arizona University, Flagstaff, Arizona, United States, 2. Brown University, Providence, Rhode Island, United States, 3. University of Texas Medical Branch, Galveston, TX, Galveston, Texas, United States

Objective: The objective of this study is to examine the association between social-medical risk factor with disenrollment from Medicare Fee-for-Service (FFS) and enrollment in a Medicare Advantage (MA) plan in older Mexican Americans. Methods: The sample included older adults participating in the Hispanic Established Populations for the Epidemiologic Study of the Elderly linked with Medicare data. We used logistic regression to estimate odds ratios (OR) for the association of each sociodemographic and clinical factor with insurance plan switching. Results: FFS enrollees were more likely to speak Spanish, less educated, lower income, disability, and be dual eligible compared to MA enrollees. At 2-year follow up, older adults with social support had higher odds of switching from FFS to MA after controlling for all covariates (OR; 1.73, 95% CI: 1.11-2.69).

Conclusion: Having social support from family and the community was strongly associated with disenrollment from FFS and transition to an MA plan.

DIFFERENCES IN HOSPITALIZATIONS, ER ADMISSIONS, AND OUTPATIENT VISITS FOR MEXICAN-AMERICANS AGE 75 AND OLDER

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Few studies have investigated the healthcare utilization of Mexican-American Medicare beneficiaries. We used data from 1,196 Hispanic-EPESE participants aged >75 years that has been linked with Medicare claims to describe the healthcare utilization of older Mexican-Americans and determine common reasons for hospitalizations. Participants were followed for two-years (eight-quarters). We estimated the probability of >1 hospitalization, emergency room (ER) admissions, and outpatient visits per quarter. The percentage of participants who had >1 hospitalizations, ER admissions, and outpatient visits for each quarter ranged from 10.6%-13.2%, 14.6%-19.5%, and 77.2%-80.5%, respectively. Twenty-three percent of hospitalizations were for circulatory conditions and 17% were for respiratory conditions. Older age (OR=1.26) and Spanish language (OR=1.51) were associated with hospitalizations. Women had higher odds than men to have an outpatient visit (OR=1.61). Greater education was associated with ER admissions (OR=0.72). Continued research is needed to identify social determinants and health characteristics associated with healthcare utilization among older Mexican-Americans.

NEPHROLOGY CARE AND MORTALITY RATES AMONG PATIENTS WITH END-STAGE RENAL DISEASE IN PUERTO RICO AND THE UNITED STATES

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Hispanics with incidence of end-stage renal disease (ESRD) have shown lower mortality despite their high incidence rates; However, prior research has excluded Puerto Rico (PR). This study compared mortality rates and predialysis nephrology care among Hispanics in the US, Hispanics in PR, and Whites in the US with ESRD from 2006-2015. We identified 791,443 patients using the Renal Management Information System. The primary outcome was age-adjusted 1-year mortality beginning with the 91st day following dialysis initiation. Secondary outcomes were the presence of arteriovenous fistula or graft at dialysis initiation, and receipt of predialysis nephrology care. Despite higher rates of insurance coverage, we identified substantial disparities in access to recommended nephrology care between PR and the US. In addition, the adjusted absolute difference in mortality rates was higher for PR Hispanics. This finding indicates shortcomings in quality of care for Puerto Rico with serious chronic illness and complex care needs.