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Although functional independence is a health priority for patients with advanced CKD, 50% of those who progress to end-stage kidney disease (ESKD) develop difficulties carrying-out essential day-to-day activities. Functional independence is not routinely assessed at kidney transplant (KT) evaluation; therefore, it is unclear what percentage of candidates are functionally independent and whether independence is associated with access to KT and waitlist mortality. We studied a prospective cohort of 3,168 ESKD participants (1/2009-6/2018) who self-reported functional independence in basic Activities of Daily Living (ADL) and more complex Instrumental Activities of Daily Living (IADL). We estimated adjusted associations between functional independence (separately) and listing (Cox), waitlist mortality (competing risks), and transplant rates (Poisson). At evaluation, 92.4% were independent in ADLs, but only 68.5% were independent in IADLs. Functionally independent participants had a higher chance of listing for KT (ADL:aHR=1.55,95%CI:1.30-1.87; IADL:aHR=1.39,95%CI 1.26-1.52). Among KT candidates, ADL independence was associated with lower waitlist mortality risk (SHR=0.66,95%CI:0.44-0.98) and higher rate of KT (IRR=1.58,95%CI:1.12-2.22); the same was not observed for IADL independence (SHR=0.86,95%CI:0.65-1.12; IRR=1.01,95%CI:0.97-1.19). ADL independence was associated with better KT access and lower waitlist mortality; clinicians should screen KT candidates for ADL independence, and identify interventions to maintain independence to improve waitlist outcomes.

HEALTH, WORRY, AND FOOD INSECURITY IN LOW-INCOME U.S. ADULTS: AN EXPLORATION OF MIDLIFE VULNERABILITY

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Food insecurity, defined as the inability to afford and access nutritious foods to eat, is associated with poor health, higher healthcare costs, and increased risk of mortality (Gundersen et al., 2018). Moreover, food insecurity appears to accelerate aging processes. For example, food insecurity is associated with inadequate nutrition, which expedites the loss of muscle mass, increases mobility problems, increases financial worry, and increases the risk of frailty. While a good deal is known about food insecurity in later life, far less is known about midlife, which may be a time of unexplored vulnerability. We examined food insecurity in a sample (n=17,866; 2014 NHIS) of low-income (PIR<3) young, early-middle, late-middle, and older adults (18-84), focusing on health challenges (chronic conditions, functional limitations) and financial worry as predictors and whether their effects varied with age. Multinomial logistic regression was used to assess the association of predictors with food insecurity and determine whether associations differed by age group, adjusted for covariates (e.g., sex, race/ethnicity, education, social security). Food insecurity rates were highest in late- (37.5%) and early- (36.0%) midlife followed by young (33.7%) and older (20.2%) adults. Age moderated the relationship between food insecurity and risk factors ($p < .05$ for both) such that health was stronger- but financial worry was weaker- in midlife (due to higher food insecurity in low- and high- worry groups). Midlife is a period of increased vulnerability to food insecurity, particularly for those with health challenges. Research is needed to inform prevention strategies to help ensure optimal aging.

SESSION 2385 (POSTER)

HEALTH, MEDICAL AND SOCIAL SERVICES

FALL INJURY CHARACTERISTICS ASSOCIATED WITH EMERGENCY DEPARTMENT VISITS AND HOSPITALIZATIONS AMONG OLDER ADULTS

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Fall injuries and related healthcare use among older adults are increasing in the US. Based on the 2013-2017 US National Health Interview Survey public use data, this study examined fall injury characteristics that are associated with emergency department (ED) visits and hospitalizations among those aged ≥60 years who received medical attention for their fall injuries within a 91-day reference period (N=1,840). Our findings show that nearly a third of these older adults received care from emergency medical services (EMS), presumably for a "lift assist" to get off the floor and/or for ED or hospital transport; a little more than one-third had an ED visit only; and a little less than a fifth had an overnight hospital stay. Multivariable analysis showed that hip and head injuries, face injuries, and broken bones/fractures (from any type of injury) were likelier causes of hospitalization than injuries to other parts of the body. Fall injuries sustained inside the home, falls from loss of balance/dizziness, and living alone were also more likely to result in hospitalization, while fall injuries that occurred away from home and those with lung disease and memory problems were associated with higher risk of ED use only. These healthcare use data indicate the significant toll that fall injuries exact upon older adults and healthcare system. Fall prevention programs should target risk factors that are specific to serious injuries and be made more accessible. Strategies for implementing scalable, adaptable, and measurable fall prevention models by EMS providers and ED staff are also needed.

SEX DIFFERENCE IN EARLY FRAILTY TRANSITIONS, HEALTHCARE USE, AND MEDICARE PAYMENT IN OLDER MEXICAN AMERICANS

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