

individualistic cultures. Results will be discussed in the context of cultural variation developmental processes.

#### A MEGA-ANALYSIS OF PERSONALITY PREDICTION: ROBUSTNESS AND BOUNDARY CONDITIONS

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Decades of studies identify prospective associations between personality characteristics and life outcomes. However, previous investigations of personality characteristic-outcome associations have not taken a principled approach to sampling strategies to ensure the robustness of personality-outcome associations. In a preregistered study, we test whether and for whom personality-outcome associations are robust against selection bias using prospective associations between 14 personality characteristics and 14 health, social, education/work, and societal outcomes across eight different person- and study-level moderators using individual participant data from 171,395 individuals across 10 longitudinal panel studies in a mega-analytic framework with propensity score matching. Two findings emerged: First, personality characteristics remain robustly associated with later life outcomes. Second, the effects generalize, as there are few moderators of personality-outcome associations. In sum, personality characteristics are robustly associated with later life outcomes with few moderated associations. We discuss how these findings can inform studies of personality-outcome associations.

#### AGE DIFFERENCES IN PERSONALITY STRUCTURE

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Most investigations in the structure of personality traits do not adequately address age, as few studies look at the structure of personality traits a-theoretically, instead presupposing a theoretical structure e.g., Big Five. As a result, the relationship among indicators within a trait (coherence) are often highlighted but relationships across traits (differentiation) are not thoroughly examined. Using a large-scale sample of 369,151 individuals ranging in age from 14 to 90, the present study examines whether personality indicators show differential relationships as a function of age. Results indicate that coherence shows few changes across the lifespan, while differentiation weakens across adulthood into old age. These findings suggest that Big Five indicators only parallel the Big Five structure among young but not older adults. Thus, using standard Big Five personality trait assessments in older adults may, at best, not reflect reality and, at worse, undermine the predictive utility of personality traits.

### Session 4520 (Symposium)

#### COMMUNITY MOBILITY IN OLDER ADULTS: NOVEL METHODOLOGIES, RISK FACTORS, AND INTERVENTIONS

Chair: Andrea Rosso  
Co-Chair: Michelle Carlson  
Discussant: Jana Hirsch

Community mobility is an individual's movement outside the home. It is essential for the completion of many instrumental activities of daily living, such as shopping and healthcare, and promotes physical function, social engagement, independent living, and quality of life. Mobility research often focuses on gait speed measured in clinical settings, a critical but not sufficient determinant of community mobility. Here we present four talks that assess community mobility and its determinants using novel methodologies to enhance our understanding of how to maintain independence in older ages. First, Andrea Rosso presents characteristics of individuals with the strongest associations between environmental walkability, as assessed by virtual audits, and walking. Second, Kyle Moored demonstrates associations of self-reported fatigability with life space among older men, independent of their physical functioning. Breanna Crane introduces GPS-based objective measures of community mobility and their associations with cognitive and physical function of older adults. Finally, Pam Dunlap presents results of a randomized clinical trial of a physical therapy intervention to improve walking in older adults on subjective and objective measures of life space. These talks will provide a better understanding of the factors related to community mobility, introduce attendees to novel methodologies in the assessment of both community mobility and risk factors associated with the loss of community mobility, and demonstrate approaches to improve community mobility in at-risk older adults. The discussant, Jana Hirsch, will provide perspectives on how these data inform our current view of community mobility and will lead a discussion with the audience.

#### WHAT DETERMINES VULNERABILITY TO NEIGHBORHOOD WALKABILITY IN OLDER ADULTS?

Andrea Rosso,<sup>1</sup> Caterina Rosano,<sup>1</sup> Alyson Harding,<sup>2</sup> Stephanie Studenski,<sup>1</sup> and Philippa Clarke,<sup>3</sup> 1. *University of Pittsburgh, Pittsburgh, Pennsylvania, United States*, 2. *University of Minnesota, Minneapolis, Minnesota, United States*, 3. *Institute for Social Research, Ann Arbor, Michigan, United States*

Environmental influences are recognized as important predictors of walking behaviors in older adults. However, individuals may differ in vulnerability to low environmental walkability. We determined associations of a walkability index (factor analysis of 16 variables; range -1.65 to 2.23) from audits of online images with self-reported walking behaviors in 406 adults mean age=82 (44% male, 39% Black). Effect modification by 12 variables representing sociodemographics, physical and mental health, and neighborhood characteristics was tested in general linear models. Effect modification was evident for knee pain, marital status, and neighborhood socioeconomic status (nSES) (all p-interaction<0.05); associations were present only in those with knee pain, those who were unmarried, and those in the highest race-specific tertile of nSES. For example, a 1 point higher walkability score was associated with 1.06 (CI: 0.78, 1.44) higher odds of walking in those without knee pain compared to 1.91 (CI: 1.25, 2.90) in those with knee pain.

#### ASSOCIATIONS BETWEEN PERCEIVED PHYSICAL AND MENTAL FATIGABILITY AND LIFE SPACE MOBILITY IN OLDER MEN: THE MROS STUDY

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Physical performance and fatigue can limit mobility within the larger environment (life-space mobility). It is unknown whether perceived fatigability, fatigue anchored to activity intensity and duration, is independently associated with life-space. We assessed this cross-sectionally in the Osteoporotic Fractures in Men Study (MrOS; N=1,681, Mean age=85±4.1). The Pittsburgh Fatigability Scale (PFS, range: 0-50) measured physical (Mean=16.2±9.5) and mental fatigability (Mean=7.5±8.0). Life Space Assessment scores (range: 0-120, higher=greater life-space) incorporated level, frequency, and assistance used for life-space mobility (Mean=84.3±22.0). Compared to the lowest fatigability strata (Physical: PFS 0-4; Mental: PFS 0-3, modeled separately), men in the two highest physical strata (PFS 20-24: B=-4.10±1.67; PFS≥25: B=-6.23±1.72; p's≤.05) and men in the three highest mental strata reported significantly lower life-space mobility (PFS 13-15: B=-3.42±1.74; PFS 16-19: B=-5.38±1.83; PFS≥20: B=-7.96±1.66, p's≤.05), adjusted for physical performance and health covariates. Our results provide evidence linking fatigability and real-world mobility, independent of physical health, in older men.

#### METHODS AND RATIONALE FOR USING GPS-DERIVED OBJECTIVE TECHNOLOGIES TO EXAMINE COMMUNITY MOBILITY IN OLDER ADULTS

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Objective measures of community mobility are advantageous for capturing life-space activity. In contrast to subjective, self-reported approaches, GPS-derived objective measures leverage passive, real-time data collection techniques to mitigate recall bias and minimize participant burden. We present methods to quantify community mobility among a sample of 164 community-dwelling older adults (Mean age=77.3±6.5) from a physical therapy intervention aimed at improving walking ability. We characterized community mobility using activity space metrics (e.g., standard deviation ellipse (SDE) area), timing (e.g., time outside home), and shape (e.g., SDE compactness). We will discuss challenges and solutions to generating these metrics as well as their associations with physical and cognitive performance. Time outside of home and SDE area, but not SDE compactness, were correlated with better performance on the 6-Minute Walking Test and Trail-Making Test (Part B) ( $\rho=.20-.23$ , p's<.05). These findings will aid in understanding which community mobility measures are associated with functional capacity.

#### CHANGES IN GPS-DERIVED COMMUNITY MOBILITY AFTER MOTOR SKILL TRAINING IN OLDER ADULTS

Pamela Dunlap,<sup>1</sup> Breanna Crane,<sup>2</sup> Kyle Moored,<sup>1</sup> Michelle Carlson,<sup>3</sup> Subashan Perera,<sup>1</sup> Jennifer Brach,<sup>4</sup> Brooke Klatt,<sup>1</sup> and Andrea Rosso,<sup>1</sup> 1. *University of Pittsburgh, Pittsburgh, Pennsylvania, United States*, 2. *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*, 3. *Johns Hopkins University, Baltimore, Maryland, United States*, 4. *University of Pittsburgh, Pittsburgh, Pennsylvania, United States*

The study purpose was to identify the effects of a motor skill training intervention to improve gait speed on community mobility among community-dwelling older adults. The study included 249 participants randomized to standard physical therapy or a standard plus motor skill training program. Community mobility was measured using the Life Space Assessment (LSA) and GPS at baseline, 12 (post-intervention), 24 and 36 weeks. There were 124 participants (Mean age=77.4±6.7; 68.6% female; LSA: 76.2±17.6) randomized to the standard plus and 125 (Mean age=77.4±6.4; 62.4% female; LSA: 74.3±18.2) to the standard group. There was no significant between-group difference in pre- or post-intervention LSA scores and no significant pre- to post-intervention change over time in either group. GPS results are pending. While there were no differences in self-reported LSA, we anticipate objective GPS measurement of community mobility will better capture post-intervention changes and differences between groups.

#### Session 4525 (Symposium)

##### COVID-19 AND PSYCHOSOCIAL CHANGES: RESULTS FROM THE NATIONAL HEALTH AND AGING TRENDS STUDY (NHATS)

Chair: Laura Samuel

Discussant: Anthony Ong

The COVID-19 pandemic likely altered many aspects of daily life for older adults, including social connectedness, technology use, financial resources and hopefulness. This symposium examines these exposures and changes during the COVID-19 pandemic and tests their associations with health and related factors. Analyses are all conducted among a nationally representative sample of U.S. adults aged ≥65 years who participated in the NHATS COVID-19 supplement, which was a mail-in survey with participant and proxy respondents conducted between June and October of 2020. Additional NHATS participant data collected between 2011 and 2019 was used to account for individual characteristics before COVID-19, including demographic, socioeconomic and relevant health characteristics. Sampling weights were applied to analyses to account for study design and non-response so that inferences can be drawn to the US population of adults aged ≥65 years. This symposium will present results from five COVID-19 pandemic focused studies that examine the associations between 1) financial changes and health, 2) loneliness and behavioral changes, 3) hopefulness with function, sleep and loneliness, 4) technology use and mental health, and 5) predictors of technology use. These results offer insights into the mechanisms that influence health during the COVID-19 pandemic. Results have clinical, policy