

SD = 6.53) wore accelerometers (Actigraph GT3X+) during 7 consecutive days. Activity intensity was categorized as light, moderate, or vigorous based on Freedson Adult Vector Magnitude cutpoints. Participants completed a battery of executive function tests: Digit Symbol Substitution Test, Verbal Fluency, Trail Making Test, and Stroop Color-Word Test. A cognitive composite score was created using confirmatory factor analysis. Women had a higher mean MVPA (4.57%) than men (2.64%, $t(19.04) = -2.49$, $p = .022$). However, executive function performance did not differ by sex ($t(26.20) = 1.67$, $p = .107$). The interaction between sex and time in MVPA did not predict performance on executive function, adjusting for age and education. Older age was the only significant predictor of poorer executive function ($\beta = -0.038$, $p = .003$). The current sample had limited engagement in MVPA (range 0.18-10.87%). These findings suggest that the amount of engagement in MVPA in a free-living environment may not be sufficient to demonstrate sex-associated differences in executive function performance. Future studies should explore executive function performance with other intensity levels and examine other areas of cognition.

ACTIVITIES OF DAILY LIVING DIFFICULTIES AND TOILETING AMONG OLDER GHANAIS: AN APPLICATION OF WHO-ICF FRAMEWORK

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The aim of the study was to analyze the prevalence of activities of daily living (ADL) difficulties among older Ghanaians and specifically how one ADL, toileting difficulty, predicts care and supports needs using the World Health Organization International Classification of Disability and Health framework (WHO-ICF). Toileting difficulty requiring upper extremity strength is among ADLs that can lead to functional loss of independence among older people globally. A sample of $n=5,096$ adults aged 50 years and older from the WHO Study on global AGEing and adult health (SAGE) Ghana Wave 1 was used to analyze difficulties with ADLs and toileting. Level of difficulty was assessed against 22 other functioning items from the interview. Out of the 22 functioning items, climbing one flight of stairs without resting was the most difficult activity to be completed by older Ghanaians, and difficulty eating being the least endorsed item. Toileting was ranked the 16th in terms of reported difficulty and was related to other ADLs. Logistics multivariate regression was used to analyze data. Including significant variables from the univariate analysis in parsimonious model based on WHO-ICF framework, age, self-report health, memory, bodily pain, short distance vision,

stroke, neighborhood trust, toilet facility type, and religious meeting attendance, were significantly independently associated with toileting difficulty. Gender was significant at the univariate level but became insignificant after adjusting for body function and structural variables. Toileting difficulty was associated with factors across different components in the WHO-ICF making the WHO-ICF an appropriate tool for understanding health and disability.

FACTORS ASSOCIATED WITH LIFE-SPACE CONSTRICTION IN LATER LIFE: EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY

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This study aimed to examine factors associated with life-space constriction, using the data from the Health and Retirement Study, a nationally representative sample. We limited our analysis to those who were 65 years and older and answered to the 2012 experimental module on life-space ($N=895$; mean age=75.3; 59.4% women). Life-space was assessed with the modified version of the UAB Study of Aging Life-Space Assessment, ranging nine zones: room, home, own property, immediate neighborhood, town, community, county, state, and region. A series of logistic regression models were used to estimate odds ratios for life-space constriction by sociodemographic and health characteristics. The results showed that 3.0% and 6.7% of older adults reported that they had never been to places beyond their home and own property/apartment building for the past four weeks, i.e. the critical boundaries in terms of social isolation. The significant factor associated with the life-space constriction within home, immediate neighborhood, and town was physical mobility limitation (OR: 1.18, 1.09, 1.11, respectively), while the constriction within county was associated with education level (OR: 0.91). Driving a car was negatively associated with the life-space constriction within own property/apartment building and home (OR: 0.48 and 0.22, respectively). Policy makers need to pay more attention to social and environmental factors influencing social isolation among older adults such as transportation options and social class disparity.

ACTIGRAPH'S LOW-FREQUENCY EXTENSION FILTER FOR ESTIMATING WRIST-WORN PHYSICAL ACTIVITY IN OLDER ADULTS

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Advancements in body-worn activity devices make them valuable for objective physical activity measurement. Research-grade monitors utilize software algorithms developed with younger populations using waist-worn devices. ActiGraph offers the low frequency extension (LFE) filter which reduces the movement threshold to capture low acceleration activity that is more common in older adults. It is unclear how this filter changes activity variable calculations in older adults. We investigated the effects of the LFE filter on wrist-worn activity estimates in this population. Participants were 21 older adults who wore the GT9X on