

the number of weaker ties was more strongly predictive of positive age-related changes in both aspects of well-being (i.e., less depressed affect and more positive affect) than the number of close ties. Our findings imply that focusing investment on the outer circles may have the unintended benefit of compensating for losses in the inner circle, and that contrary to popular theoretical orientations, weaker ties may offer older adults an avenue for both promoting positive affect and decreasing negative affect.

#### COHORT DIFFERENCES IN THE IMPORTANCE OF SEXUALITY AND EVALUATION OF ONE'S SEX LIFE IN LATE MIDLIFE

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Age-related declines in multiple aspects of sex life are well documented, but we know little about historical change in key sexuality facets. We examine cohort differences in the perceived importance of sexuality and the evaluation of one's sex life among middle-aged adults. We compare data from 55 to 64-year-olds in the Longitudinal Aging Study Amsterdam (LASA) obtained in 1992–1993 ( $n = 718$ ) vs. 2012–2013 ( $n = 860$ ). Results revealed that later-born adults perceive sexuality as more important than their earlier-born peers. Effect sizes were small at the sample level ( $d < .15$ ), but substantial for particular subpopulations (women without partner:  $d = .56$ ). In zero-order models, later-born adults evaluated their sex life as slightly less pleasant, but differences did not hold when covarying relevant individual and cohort difference factors. We conclude that historical changes in late-midlife sexuality are multifaceted and discuss theoretical and practical implications of our findings.

#### SESSION 4020 (PAPER)

##### FUNCTIONAL STATUS AND MOBILITY

##### LIFE-SPACE MOBILITY AS A PREDICTOR OF MEDICARE UTILIZATION AMONG COMMUNITY-DWELLING OLDER MEXICAN AMERICANS

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Hispanics are a large and growing group of older adults, with higher rates of morbidity and disability than other racial/ethnic groups. Mexican Americans make up more than half of this population and are well represented in the Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) survey, a longitudinal study of community-dwelling older Mexican Americans. The University of Alabama Birmingham Life-Space Assessment (LSA) is a measure assessing patterns of functional mobility in and around the home, neighborhood, and community.

This study addresses the gap in research of life-space mobility and healthcare utilization with linked insurance claims data. Four hundred eight participants with 1-year continuous Medicare enrollment from wave 7 (2010) of the HEPESE were linked with Medicare claims. Logistic regression analysis was used to estimate the odds ratio of hospitalization and ER admissions. Negative binomial regression was used to estimate the rate ratio of physician visits. LSA score ranges 0 to 120, with higher scores indicating greater life-space mobility; LSA was analyzed as a 10-point decrease or dichotomously as restricted  $\leq 59$  or not restricted  $\geq 60$ . A restricted LSA score among older Mexican American Medicare beneficiaries was associated with OR of 2.73 for hospitalizations (95% CI= 1.18-6.31). In addition, a 5-point decline in LSA score was associated with OR of 1.12 for hospitalizations (95% CI= 1.04-1.22). LSA score was not significantly associated with ER admission or physician visit. Interventions aimed to increase mobility in the home and the community may reduce the risk of hospitalizations in this population.

##### POST-TRANSPLANT FUNCTIONAL STATUS TRAJECTORY AMONG ADULT KIDNEY TRANSPLANT RECIPIENTS

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Frailty and disabilities are highly prevalent among kidney transplant (KT) recipients, but are not routinely measured in KT recipients. The Karnofsky Performance Scale (KPS) is a clinically perceived measure used to evaluate patient's ability to manage daily activities, but little is known about its post-KT trajectories and its relationship to frailty and disability in KT recipients. We leveraged a cohort of 159,992 adult KT recipients from SRTR (1/2005-6/2018) and a cohort of 1,106 adult KT recipients from a prospective cohort study on aging and KT with recorded KPS (range 10%-100% integers). In each separate cohort, we used mixed effects models to assess differences in trajectories of KPS post-KT. In 159,992 KT recipients in SRTR, the mean unadjusted KPS score was 88.34% (95%CI: 88.28%, 88.40%) and declined at a rate of -0.59%/year (95%CI: -0.61%, -0.57%) post-KT, such that by 2-years post-KT the average was 87.00% (95%CI: 86.94%, 87.05%). Age at KT was associated with steeper decline in KPS ( $p < 0.05$ ). KPS is a measure of functional status distinct from frailty, ADL, IADL, and SPPB at KT admission that declines with older age post-KT. Older KT recipients should be monitored closely for declines in physical function, and potentially undergo prehabilitation to improve functional status post-KT.

##### PREFRONTAL CORTICAL ACTIVITY DIFFERENCES WHILE DUAL-TASK WALKING IN OLDER ADULTS WITH IMPAIRED MOBILITY

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Mobility impairments are prevalent in older adults. Whereas walking had traditionally been viewed as an autonomous process, evidence over the last decade has shown