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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

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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