Goals often involve close others such as spouses, but we know little about how this helps or hinders goal progress and what couple consequences arise. To examine these questions, we investigate associations between joint goals, goal progress, and relationship satisfaction by applying multi-level modeling to data from 119 couples (50% female; Mage=71 years). Participants listed their most important goals and reported if they wanted to achieve these together with their partner (self-rated joint goals). 85% self-reported at least one joint goal. Two raters classified goals as “joint” if both partners mentioned the same goal. Positive illusions—i.e., older adults thinking a goal was joint although it was not reported by the spouse—were frequent. Number of joint goals was related to increased goal progress but only for those with low positive illusions, whereas positive illusions were linked to higher relationship satisfaction. We discuss theoretical and practical implications of our findings.

**SELECTION 4015 (SYMPOSIUM)**

**FACETS OF CLOSE, ROMANTIC, AND INTIMATE RELATIONSHIPS IN LATER LIFE**

Chair: Karolina Kołodziejczak, Humboldt University Berlin, Berlin, Germany
Co-Chair: Denis Gerstorf, Humboldt University Berlin, Berlin, Germany
Discussant: Karen Rook, University of California, Irvine, Irvine, California, United States

Research on the role of close social relationships for physical health and well-being in later life has received increased attention over the past decades. Yet, we are still only beginning to understand potentially underlying mechanisms such as joint goals and affectionate touch. Likewise, we also know little about the relevance of particular social facets such as the role of friends and the nature of sexuality. In this symposium, we have compiled four empirical projects that showcase current and future endeavors to address some of these long-standing questions. Ungar et al. use dyadic data from older couples to examine how shared goals with the partners and positive illusions about these joint goals relate to goal progress and relationship satisfaction. Zhaoyang and Martire analyze long-term longitudinal dyadic data from older couples to examine if and how the frequency of affectionate touch between romantic partners predicts physical health, well-being, and relationship satisfaction five years later. Fiori et al. make use of three-wave longitudinal dyadic data from a large and representative US sample to examine the unique roles that close social ties and weaker social ties have independently of one another for age-related changes in two central aspects of affective experience. Kołodziejczak et al. use time-lag data from two cohorts of adults in late midlife to capture historical changes in the perceived importance of sexuality and the evaluation of one’s sex life. Karen Rook will integrate the insights gained from these four papers, discuss their potential and limitations, and consider directions for future research.

**JOIN GOALS IN OLDER COUPLES: ASSOCIATIONS WITH GOAL PROGRESS AND RELATIONSHIP SATISFACTION**

Nadine L. Ungar,1 Victoria I. Michalowski,1 Stella Bähring,1 Denis Gerstorf,2 Maureen C. Ashe,1 Kenneth M. Madden,3 and Christiane A. Hoppmann4, 1. University of British Columbia, Vancouver, British Columbia, Canada, 2. Humboldt University Berlin, Berlin, Germany, 3. University of British Columbia and Center for Hip Health and Mobility, Vancouver, British Columbia, Canada

Participants listed their most important goals and reported if they wanted to achieve these together with their partner (self-rated joint goals). 85% self-reported at least one joint goal. Two raters classified goals as “joint” if both partners mentioned the same goal. Positive illusions—i.e., older adults thinking a goal was joint although it was not reported by the spouse—were frequent. Number of joint goals was related to increased goal progress but only for those with low positive illusions, whereas positive illusions were linked to higher relationship satisfaction. We discuss theoretical and practical implications of our findings.
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**

Karolina Kołodziejczak,1 Johanna Drewelies,1 Dorly J. Deeg,2 Martijn Huisman,2 and Denis Gerstorf1
1. Humboldt University Berlin, Berlin, Berlin, Germany, 2. Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam, Noord-Holland, Netherlands

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**

Jason P. Johnson,1 Lin-Na Chou,1 Yong-Fang Kuo,1 Kenneth Ottenbacher,1 and Soham Al Snih1, 1. University of Texas Medical Branch, Galveston, Texas, United States, 2. University of Texas Medical Branch at Galveston, Galveston, Texas, United States

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 ≤59 or not restricted ≥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**

Nadia M Chu,1 Zhan Shi,1 Christine Haugen,1 Dorry Segev,1 and Mara McAdams-DeMarco2, 1. Department of Surgery, Johns Hopkins School of Medicine, Baltimore, Maryland, United States, 2. Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States

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<.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**

Manuel E. Hernandez1, 1. University of Illinois at Urbana-Champaign, Urbana, Illinois, United States

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