SOCIAL ISOLATION AND ITS RELATED FACTORS IN PARTICIPANTS OF A SENIOR CITIZENS’ COLLEGE IN JAPAN
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The aim of this study was to clarify the social isolation and its related factors of participants in senior citizen’s college in Japan. The participants were 104 persons (age 73.3+/-.4.3) aged sixty-five years or over living in Hyogo Prefecture, Japan. They were the students of a senior citizens’ college established by Himeji City, Hyogo Prefecture in 1981. We conducted a cross-sectional study that included age, family structure, employment status, financial status, self-related health, presence of chronic disorders, instrumental activities of daily living, dietary variety score (1-10). The mental health well-being was assessed using the Japanese version of the World Health Organization Mental Health Well-being Index-five items (WHO-5). We defined social isolation as seeing friends or relatives less than two or three times a month. We carried out the survey in November in 2019. Selected variables were compared after dividing the participants into “socially isolated group” and “not socially isolated group”. A t-test, a chi-square test, and logistic regression analysis were conducted to examine the related factors of social isolation in this study. Of the 104 participants who were analyzed for social isolation, 21 (20.2%) were found to be socially isolated. From the results of multivariate logistic regression analysis, “lower mental health” (OR=4.013, 95%CI=1.745-10.435) and “lower self-related health” (OR=2.583, 95%CI=1.103-9.564) were independently associated with social isolation. These results suggest that, to prevent the social isolation of the participants in senior citizen’s college in Japan, it is necessary to develop and implement the approach which promote mental health and self-related health.

SOCIAL MEDIA USE AND LONELINESS AMONG OLDER ADULTS: THE MEDIATING ROLE OF SOCIAL CONTACT AND PERCEIVED SOCIAL SUPPORT
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Loneliness is a risk factor for poor quality of life among older adults. Social media use provides a new dimension of communication for older adults to connect with people and to maintain social relationships. However, research has been inconclusive about whether social media use reduces loneliness among older adults, which is due in part to a lack of appropriate measures for capturing different types of social media use. Furthermore, little is known about the underlying mechanisms through which social media use is associated with loneliness. This study investigates the association between social media communication with close social ties and loneliness among community-dwelling older adults (65+), and further examines the mediating role of social contact and social support in the association. Data from the 2014 wave of the Health and Retirement Study (HRS) are analyzed to address our research questions (N = 4,184). Path analyses are employed to examine the relationships among social media communication with close social ties (i.e., children, family, and friends), frequency of contact with social ties (i.e., phone, in-person contact, write/email), perceived social support from social ties, and loneliness (R-UCLA loneliness scale). The results show that a higher level of social media communication is associated with lower levels of loneliness through social contact and perceived social support. Moreover, the relationship between social media communication and perceived social support is partially mediated by social contact. These findings suggest that social media communication may be considered an intervention that may reduce loneliness among older people.

SOCIAL PROBLEM-SOLVING AND SUICIDE RISK ACROSS THE LIFESPAN: A QUALITATIVE INVESTIGATION
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Social disconnectedness, or thwarted belongingness (TB) is a risk factor for suicide across the lifespan. Perceived time left (PTL) to live may impact perceptions of hopefulness for future social connectedness, and thus the generation of problem-solving strategies for decreasing TB and the risk for suicide. We conducted an exploratory analysis of the quantity and quality of older and younger adults’ recommendations for decreasing TB of characters in vignettes who were depicted as having high or low TB (i.e., described as lonely or not lonely) and high or low PTL (i.e., described as being 35-years-old or 85-years-old). We also examined the relation between participants’ social recommendations and suicide risk. Participants with higher suicide risk endorsed higher hopelessness on the High TB/Low PTL vignette and were more likely to recommend contact with family as a means of reducing TB (χ^2(1) = 4.25, p = 0.04) than were participants with lower suicide risk. Participants with higher suicide risk were also more likely to recommend social activity with friends than were participants with lower suicide risk on the High TB/High PTL vignette, (χ^2(1) = 6.66, p = 0.01) and on the High TB/Low PTL vignette (χ^2(1) = 6.14, p = 0.02). Additionally, age differences were observed such that older participants made fewer recommendations involving socializing with family and friends than did younger adults, and provided more nonsocial or made no recommendations across vignettes. The results suggest that social problem-solving may be an important differentiating variable among older and younger adults at risk for suicide.

THE DEVELOPMENTAL CONTEXT OF SOCIAL HOPEFULNESS AND SUICIDE RISK
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Social disconnectedness, or thwarted belongingness (TB) has been documented as an important risk factor for suicide across the lifespan. Perceived time left (PTL) may impact perceptions of hopelessness for social connectedness and therefore inform developmentally sensitive trajectories of suicide risk. This study examined interpersonal conditions...
associated with social hopelessness in younger and older adults in order to identify variables important for conceptualizing suicidality across the lifespan. We compared younger and older adults’ perceptions of social hopelessness for characters in vignettes that were depicted as having high or low TB (i.e., described as lonely or not lonely) and high or low PTL (i.e., described as being 35-years-old or 85-years-old). Additionally, we examined the relation between social hopelessness and suicide risk (using the Suicide Behaviors Questionnaire—Revised). Participants included 135 younger (M = 19.32) and 69 older (M = 74.91) adults. Older adults endorsed less social hopelessness than did younger adults on the High TB/Low PTL vignette, t(102.15) = -4.88, p < 0.001, as well as the Low TB/Low PTL vignette, t(194) = -2.04, p = 0.04. Participants with higher suicide risk also endorsed higher social hopelessness on the High TB/Low PTL vignette than did participants with lower suicide risk, t(194) = -2.10, p = 0.04. Younger adults and participants with higher suicide risk across both age groups reported less optimism for characters’ future social connectedness, particularly for those portrayed as older. This study provides support for the importance of developmentally informed conceptualizations of risk factors for suicide, including social hopelessness.

THE EFFECT OF COGNITIVE IMPAIRMENT ON LONELINESS IN OLDER ADULTHOOD: EVIDENCE FROM HRS 2008-2018
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Background: People experience loneliness when there is a mismatch between desired and actual social interaction. Demographic and health factors have been implicated in loneliness; less is known about the unique association of cognitive impairment on loneliness in older adulthood. Purpose: This study examined the link between cognitive impairment status and level and change in loneliness over a 9-year period and whether it is independent of physical health, depression, and social isolation. We examine the associations for overall and the emotional and social loneliness sub-domains of loneliness. Methods: Data were from the Health and Retirement Study 2008-2018 waves (N = 8,269, age 50+). Cognitive impairment status was categorized using mTICS. Loneliness was measured with 11-item UCLA Loneliness scale. Multilevel modeling was used to analyze the effects of cognitive status on loneliness, controlling for time-varying functional limitation, disease burden, social contact, and depression. Results: Cognitive impairment not dementia (CIND) was associated with higher loneliness (b = .04, p < .001). CIND (b = .03, p = .036) and dementia (b = .09, p = .017) were linked to higher emotional loneliness but were not independent of social isolation and depression. Those with CIND had higher social loneliness (b = .04, p = .016), even after adjusting for covariates. The trajectory of loneliness did not vary by cognitive status. Conclusions: Cognitive impairment is a risk factor for loneliness among older adults. Those with mild cognitive impairment experienced heightened loneliness, especially for social belongingness. Cognitive function should be considered in designing interventions for loneliness.

THE EFFECT OF LONELINESS ON COGNITION: A LONGITUDINAL STUDY
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A panel study was conducted among 244 older adults (52-years-old to 92) to explore whether social engagement and loneliness are associated with cognitive ability. Measures of crystallized (Gc) and fluid (Gf) ability were collected at two points in time. Using latent variable SEM with separate models for men and women, Gc and Gf at W2 were regressed on perceived general health, social support, sociability, loneliness and involvement in organizational activities, controlling for Gc and Gf at W1. Fit statistics were adequate. Among women, Gc at W1 was associated with perceived health (B=1.03, p=.000), while Gf at W1 was associated with perceived general health (B=1.28, p=.010) and organizational involvement (B=1.8, p=.019). Gc at W2 was associated with Gc at W1 (B=.61, p=.000), and age (B=-.12, p=.007), while Gf at W2 was associated with Gf at W1 (B=.74, p=.000), age (B=.08, p=.008), and loneliness (B=-.78, p=.038). Among men, there were no significant associations between either Gc at W1 or Gf at W1 and other variables. Gc at W2 was associated with Gc at W1 (B=.29, p=.031), while Gf at W1 was associated with Gf at W2 (B=.79, p=.000) and perceived general health (B=2.46, p=.006). These findings suggest that loneliness and organizational involvement are associated with lower Gf scores among women but not among men. Gc was not associated with loneliness or organizational involvement for either women or men. This suggests that interventions targeting the prevention of loneliness and the promotion of organizational involvement may enhance cognitive functioning in later life among women.

THE EFFECTS OF PET OWNERSHIP ON PSYCHOLOGICAL WELL-BEING AMONG SOCIALLY ISOLATED OLDER ADULTS
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Accumulating evidence suggests that pet ownership associates with positive psychological outcomes (i.e., less loneliness, lower depression, etc.) in older adults. Yet, the role of pet ownership in psychological well-being (PWB) of socially isolated older adults is not fully explored. In this study, we hypothesized that pet (i.e., dog or cat) ownership would have positive effects on PWB among socially isolated older adults. The study used cross-sectional data of 9875 community-dwelling older adults collected in 2016 in a metropolitan area of Japan. Overall, 2841 (28.8%) participants were socially isolated (i.e., having social interactions with others less than once a week). Stratified by dog and cat ownership, 3143 (31.8%) were current or previous dog owners, and 1724 (17.5%) were current.