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=7.9, 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.
or previous cat owners. PWB was dichotomized using a score of the WHO-5 Well-Being Index, and 2730 (27.6%) were identified as low levels of PWB. Logistic regression models, adjusted for demographic confounders, showed that social isolation was associated with lower PWB (OR: 2.39, 95% CI: 2.17, 2.64) and lower odds of having a dog (OR: 0.70; 0.63, 0.77). When social isolation and dog ownership were entered into a model simultaneously as independent variables, dog ownership was associated with greater PWB (OR: 0.90; 0.81, 0.99). There was a significant partial mediating effect of dog ownership found on the association between social isolation and PWB (Sobel test p=.034). No such associations were observed in cat owners. Our results suggest that having a dog may be effective for increasing PWB for socially isolated older adults.

THE JOINT EFFECTS OF LONELINESS AND DEPRESSION ON MORTALITY: DOES GENDER MATTER?
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Loneliness and depression are both associated with an increased risk of all-cause mortality among older adults. However, the evidence on the joint effect of loneliness and depression is scarce. Furthermore, previous research has rarely examined the modifying effects of gender. We investigated these questions using the Panel on Health and Aging of Singaporean Elderly, a nationally-representative cohort study of community-dwelling older Singaporean adults aged 60 and above, conducted in 2009 with two follow-up waves in 2011 and 2015 (N=4536). We operationalized six groups based on three categories of loneliness measured using the 3-item University of California, Los Angeles (UCLA) loneliness scale: always lonely, sometimes lonely, and never lonely; Two categories of depressive symptom scores were measured using the 11-item Center for Epidemiologic Studies Depression Scale (CES-D) scale: depressed and not depressed. Cox proportional hazards models were employed to estimate the mortality risks for each group, with an extensive set of covariates. Due to significant differences in the prevalence of loneliness and depression in different genders, we conducted gender-stratified analyses. Compared to being not depressed and never lonely, women who were depressed and sometimes lonely and who were not depressed but always lonely had a higher mortality risk. Men who were not depressed but sometimes lonely had a higher mortality risk. We conclude that loneliness appears to be the predominant construct in conferring excess mortality risk. Health policies and interventions addressing the factors common and unique to each gender may improve psychological well-being at older ages, thereby extending the lifespan.

Research has shown that perceived discriminations impact physical and mental health in later life. Discrimination experiences could make older adults consider themselves as a social misfit and decrease their social interactions, which finally increases their loneliness. Religious behaviors has been reported as a key factor of a lower sense of isolation. Considering that religious behaviors provide opportunities to engage in more extensive social networks and have supportive social ties with community members, attending religious services might decrease the impact of older adults’ perceived discrimination on loneliness. The current research aims to examine the moderating role of religious services attendance in the association between older adults’ perceived discrimination and loneliness. We used data of 4,488 adults aged 50 to 80 (M=66.27, SD=10.15) from the Health and Retirement Study (HRS) collected in 2012 and 2014. Linear regression analysis was performed to investigate whether older adults’ religious service attendance might decrease the impact of their perceived discriminations in daily life on the level of loneliness. The results indicated that more perceived discriminations older adults face on a daily basis were significantly associated with higher levels of loneliness. However, participants who frequently attended religious services showed a lower impact of perceived discriminations on their loneliness. These findings highlight the positive effects of engaging in religious activities on discriminated older adults’ social well-being. These findings also emphasize the role of the religious community as a social resource for socially marginalized older adults.

SESSION 2939 (POSTER)

ATTITUDES ABOUT AGING I

ARE OLDER ADULTS A BURDEN ON SOCIETY? ETHNIC DIFFERENCES IN WHAT YOUNGER NIGERIANS THINK
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Ageism is on the rise in Nigeria. Recently congress passed a bill on “not too young to rule” a campaign to advocate for younger Nigerians to take over leadership positions from older political officeholders. This paper focuses on ethnic differences among Nigerians who think older adults are a burden on society. Our sample included 1,693 randomly selected Nigerians (18 yrs-59yrs) who were in wave six of the world values survey conducted in 2012 comprising of the three major ethnic groups in Nigeria; Hausa (33%), Igbo (24%), and Yoruba (25%). Using multivariate logistic regression, results show that among the Hausas; life satisfaction, education, employment, gender, income, and geography predict bias towards older adults (OR=1.12**, .89**, .61**, .63*, 1.12**, .74***) respectively. Among the Igbo; only education predicts bias towards older adults (OR=.75***) . Among the Yorubas; income and geography predict bias towards older adults (OR=.86*, 1.20*) respectively. These findings underscore that several individual resources, as well as relationship status, are associated with a bias towards the elderly in Nigeria. The results reinforce the idea that the underlying causes of ageism might be structural such as political failure,