Environmental Instrument. We partitioned participants Sleep Quality Index (PSQI), and the Johns Hopkins Sleep data using the Epworth Sleepiness Scale (ESS), Pittsburg demographic, health, sleep, as well as enviro-behavioral adults (46.6% female, 63.9% Caucasian) reported basicences in sleep hygiene and new sleep disturbances. 323identifying at risk patients, we described cohort differMy Sleep Script, an app-based diagnostic checklist for sleep concerns vary across age cohorts. Using data from outcomes. However, we understand little about howRegarding cohort, we observed significant generational differences in new snoring and sleepiness complaints. Results confirm associations of suboptimal sleep hygiene with poor sleep outcomes and provide insights into their generational differences, warranting additional investigation.

SESSION 2425 (POSTER)

SOCIAL ISOLATION AND LONELINESS

THE ISOLATION OF OLDER ADULTS: A COMPARISON OF JAPANESE GENDERS AND HOUSEHOLDS

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As the aging population increases, large changes have occurred among household structures in Japan. Half of older adults lived with their children’s families in 1980. Now around 60 percent of them live by themselves: 27% in single households and 31% as older couples alone. Older adults in single households are said to be at higher risk of social isolation. A Japanese white paper reported that they had scanty social interactions compared to other types of households. This study examines differences in the social relationships and health statuses among household types by gender and explores the risk factors of social isolation. Nationally representative 2012 Japanese Social Survey data were used for analyses; a subsample comprised participants aged 60 to 74 years. A series of ANCOVAs were conducted. The distribution of the gender and household types were single male 105 (10.0%), married male 387 (36.8%), single female 180 (17.1%), and married female 381 (36.2%); the main effects were being female and married. An interaction effect between them (single males were less happy than married males) was observed. Neighborhood relationships were better among females and married participants. Married participants were more active in community meetings, social participation, and volunteering. However, no difference was observed in social network size. Thus, network size alone was not related to social isolation, but being active in social relationships and the quality of relationships influenced social isolation and well-being. Being married and female may facilitate higher quality relationships and may lead to activity and buffer social isolation.

IMPACT OF SOCIALIZATION IN LOW-INCOME URBAN ELDERLY COMMUNITIES

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Older adults who experience social isolation have higher rates of mortality relative to their counterparts. Social interactions are an important way to combat this isolation. This research aims to better understand how social isolation in older adults living in low-income households in Richmond, Virginia (RVA) is related to their economic, physical, and psychological health status. As part of the VCU iCubed Health and Wellness Aging Core and in collaboration with the Richmond Memorial: East End Housing Coalition for Older Adults, older adults from a selected public housing unit (n=28) self-reported their financial status, experiences with physical and psycho-social health, and feelings of social isolation. Survey participants were 71.4% female, the mean age was 69.75 years, and 25% were high school graduates. Participants averaged 34 years living in the area and reported an average of $300 to spend on rent monthly. Overall, 55% (n=20) reported having two or more supports and 61% (n=22) reported hardly ever feeling isolated. However, a small subset of the sample reported having either no supports (5.6%, n=2) and 41.7% (n=15) lacked companionship some of the time or often. A one-way ANOVA was conducted and it was determined that participants who reported feeling left out more often were significantly more likely to report stress, anxiety, and depression (F[2, 25] = 6.998). Findings support the existence of supportive communities formed in low-income areas. Findings also indicate some older individuals residing in public housing in RVA experience social isolation, linking them to poorer psycho-social health.

IMPACT OF OFFLINE AND ONLINE SOCIAL NETWORKS ON LONELINESS AND MENTAL HEALTH AMONG ITALIAN OLDER PEOPLE

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In the last decades the study of older people and social networks has been at the core of gerontology research. The literature underlines the positive health effects of traditional and online social connections and also the social networks’s positive impact on cognitive performance, mental health and quality of life. Aging in a Networked Society is a randomized controlled study aimed at investigating causal impact of traditional face-to-face social networks and online social networks (e.g. Social Network Sites) on older people’s health, cognitive functions and well-being. A social experiment, based on a pre-existing longitudinal study (InveCe - Brain Aging in Abbiategrasso) has involved 180 older people born from 1935 to 1939 living in Abbiategrasso, a municipality near Milan. We analyse effects on health and well-being of smartphones and Facebook use (compared to engagement in a more traditional face-to-face activity), exploiting the research potential of past waves of InveCe study, which collected information concerning physical, cognitive and mental health using international validate scale, blood samples, genetic markers and information on social networks and socio-demographic characteristics of all participants. Results of statistical analysis show that poor social relations and high level of perceived loneliness (measured by Lubben Scale and UCLA Loneliness scale) affect negatively physical and mental outcomes. We also found that gender and marital status mediate the relationship between loneliness and mental wellbeing, while education has not significant effect. Moreover, trial results underline the causal impact of ICT use (smartphones, internet, social network sites) on self-perceived loneliness and cognitive and physical health.

LONELINESS PREDICTS REDUCTIONS IN SLEEP QUALITY IN OLDER AMERICANS

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Research documenting loneliness as a factor predicting health decline accumulates, yet the mechanisms underlying this relationship remain obscure. A potential mechanism is sleep disturbance, which is associated with loneliness. However, it remains unclear whether loneliness is a risk factor for subsequent sleep disturbance. The present study aimed to examine loneliness (measured via the Hughes Loneliness Scale) as a risk factor for sleep disturbance in a nationally representative sample of older (>65) Americans. Weighted linear regressions (accounting for complex sampling) were conducted on data from the Health and Retirement Study (n=3,042; 2006 & 2012 waves). Higher levels of loneliness in 2006 predicted sleep disturbance in 2014 when controlling for baseline sleep (B=.08, 95% confidence interval [CI]=.04, .13)). This association remained after controlling for age, gender, race, ethnicity, education, net worth, and depressive symptoms (B=.07, 95% CI=[.04, .11]). These results identify loneliness as a risk factor for sleep disturbance over an eight-year span in older Americans. Further research is necessary to tease apart this relationship: specifically, to assess reciprocal effects over multiple timepoints, investigate the role of depression in loneliness and sleep disturbance, and employ experimental methods to address causality.

THE INFLUENCE OF SOCIAL ISOLATION AND NEIGHBORHOOD DANGER ON OLDER ADULTS’ FUNCTIONAL STATUS

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Social isolation is often associated with smaller social networks, bereavement, and chronic health problems. In addition, underserved neighborhoods, without the resources and social support of other areas, may further promote social isolation among older adults. This study utilized data from the 2nd wave of the nationally representative National Social Life, Health, and Aging Project (NSHAP) to examine if perceived neighborhood danger mediates the relationship between social isolation and functional impairment. We hypothesized that those who are less socially connected and feel less safe in their communities may experience worse health outcomes. Data for the total sample (N=1,804; 62-91 years of age) showed that partial mediation was supported, (F 2, 1801 = 22.91, p<0.01). Similar statistics were found by gender (men, F 2, 985 = 8.20, p<0.01; women, F 2, 813 = 14.79, p<0.01). This relationship, however, showed a stronger association among women (β = -.39, p<.01) than men (β = -.26, p<.05). Findings indicate that the relationship...