

associated with EF only for participants who retired on-time ($b=0.58$, $SE=0.21$, $p=.007$).

Conclusion: Education and occupational position may influence cognition after retirement differently based on retirement timing, with effects most apparent for on-time retirement and substantially reduced for late retirement.

SEX DIFFERENCES IN SPEECH AND HIGH-FREQUENCY HEARING LOSS ASSOCIATION WITH COGNITIVE IMPAIRMENT AMONG OLDER ADULTS

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Objectives: The purpose of this study was to investigate the relationship between speech-frequency hearing loss (SFHL), high-frequency hearing loss (HFHL), and cognitive impairment (CI). Then to determine whether there are any differences in gender among older community dwellers in China.

Methods: This study involved 1,012 adults aged ≥ 60 years (428 male; average age, 72.61 ± 5.51 years). The participants had their hearing and cognition measured using pure tone audiometry and Mini Mental State Examination (MMSE), respectively. We used the audiometric definition of hearing loss (HL) adopted by the World Health Organization (WHO). Speech-frequencies were measured as 0.5 kHz, 1 kHz, 2 kHz, and 4 kHz; high-frequencies were measured as 4 kHz and 8 kHz. Pure tone average (PTA) was measured as hearing sensitivity.

Results: Our studies demonstrated a 37.6% prevalence of HL in males and a 36.0% prevalence of HL in females. Adjusted for confounding variables, the results from a multivariate analysis showed that SFHL was associated with CI in females ($OR=2.400$, 95% Confidence Interval= $1.313-4.385$) and males ($OR=2.189$, 95% Confidence Interval= $0.599-2.944$). However, HFHL was associated with CI only in females ($OR=2.943$, 95% Confidence Interval= $1.505-5.754$). HL was associated with poorer cognitive scores ($P<0.05$). "Registration" ($P<0.05$) in MMSE was associated with speech and high-frequency hearing sensitivity.

Conclusion: The associations between HL and CI varied according to gender in older community-dwellers, suggesting that different mechanisms are involved in the etiology of HL. Moreover, hearing sensitivity was negatively associated with cognition scores; therefore, early screening for HL and CI among older community-dwelling adults is advised.

TELEPHONE-BASED WORD LIST RECALL AND HEARING ABILITY

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Certain consonant sounds called fricatives (e.g., "s" and "f") are difficult to hear over the telephone; phones exclude high-frequency sounds that affect their intelligibility. This may be problematic for older adults responding to phone-based memory tests. Many older adults have some degree of hearing loss, and older men have it more in the high-frequency range. Hearing loss, in combination with phone bandwidth restrictions, may reduce older adults' recall of

fricative words. Participants ($n=3,612$, mean age= 64.2 , 60% women) in the 1998 wave of the Health and Retirement study (HRS) completed a word list immediate recall task over the phone. List 4 recall was examined because it was evenly split (5 each) between words with and without fricative consonant sounds. Subjective ratings of hearing and health, age, depression, and education were also measured. A Wilcoxon signed-rank test showed participants recalled fewer fricative ($M=2.8$) than nonfricative ($M=3.0$) words, $Z=-8.47$, $p<.001$. An ordinal regression for fricative word recall indicated a sex by hearing interaction; males with worse hearing were less likely to recall more fricative words, $OR=.94$, 95% CI [$.88$, 1.01], $p=.076$, after controlling for age, education, health, and depression. An ordinal regression for nonfricative word recall did not show a main effect for hearing or a hearing by sex interaction. For both models, age, education, and health were related to recall. Consonant sounds may influence phone-based word recall, particularly for older men. Attention should be paid to word selection when designing phone-based cognitive tests in order to avoid memory impairment overestimation.

THE EFFECT OF CHILDHOOD EMOTIONAL ADVERSITY AND LATER LIFE FRIEND SOLIDARITY ON COGNITION

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Early life experiences can influence later life outcomes such as physical, mental, and cognitive health. Previous research investigated the effect of childhood socioeconomic status in relation to mid-to-later life cognition (Liu & Lachman, 2019); however, the effects of childhood emotional adversity on cognition have not been examined. Controlling for age, education, sex, and race, the current study investigated the influence of childhood emotional adversity and later life friend solidarity on change in later life episodic memory, executive functioning, and subjective memory (i.e., perceived memory compared to others same age). Utilizing the Midlife in the United States (MIDUS) database, we studied 2,752 participants (50-75 years, $M=60.09$, $SD=6.97$, 53% female, 84% White) with completed measures on MIDUS 1 retrospective childhood adversity, MIDUS 2 friend solidarity, and MIDUS 2/3 cognition. Multilevel modeling (Mplus) was used. Higher friend solidarity was associated with higher executive functioning ($b=0.122$, $p<.01$) and higher subjective memory ($b=0.267$, $p<.001$), suggesting the positive impact of supportive friendships. Higher childhood emotional adversity was associated with lower perceived subjective memory ($b=-0.037$, $p<.05$). There was no significant friend solidarity by emotional adversity interaction. Together, these findings suggest that later life friend solidarity may be important for objective and subjective cognition; whereas, childhood emotional adversity may play a role in subjective cognition. Given the associations in prior research between lower perceptions of memory and lower mental well-being and quality of daily life, experiencing childhood emotional adversity may increase risk of lower perceptions of well-being, including cognitive functioning.