concerns. Our work provides a basis to understand older adults' perceptions and usage of current voice technologies. We also identify opportunities for customizing voice technologies to better support aging in place.

SESSION 2938 (POSTER)

ISOLATION AND LONELINESS

A LONGITUDINAL STUDY OF THE IMPACT OF LONELINESS ON PERSONAL MASTERY AMONG OLDER ADULTS IN SINGAPORE

Emiko Takagi,[1] Yasuhiko Saito,[2] and Angelique WM Chan,[3] *1. San Francisco State University, San Francisco, California, United States, 2. Nihon University, Tokyo, Japan, 3. Duke-NUS Medical School, Singapore, Singapore*

This study uses longitudinal data to examine the association between older adults' sense of mastery and loneliness. We examined the data of a nationally representative sample of adults 60 years and older in Singapore (Wave1, n=4,990) from the Panel of Health and Aging among Older Singaporeans Survey. The initial participants were followed up in 2011 (Wave2, n=3,103) and in 2015 (Wave3, n=1,572). At each wave, emotional loneliness was assessed using the UCLA three-item loneliness scale and sense of mastery was measured with the five items from the Pearlin Mastery Scale. We conducted cross-lagged regression analyses where loneliness and personal mastery scores in each wave were treated as endogenous variables along with covariates including demographic characteristics, health conditions, and the overall strength of social network measured by Lubben Social Network Scale. The results showed that loneliness in wave 1 and wave 2 respectively predicted a lower level of personal sense of mastery in subsequent waves. However, the other direction, the influence of personal mastery in wave 1 and wave 2 on loneliness at subsequent waves, was not significant. Furthermore, the analysis showed that older adults' relatively strong social network was related to a lower level of loneliness and a higher sense of mastery at Wave 3. The finding suggests that loneliness plays a critical role in influencing older adults' personal sense of mastery and that the strength of social network is an important mediator of loneliness and personal sense of mastery amongst older adults and a potential area for intervention.

ASSOCIATIONS BETWEEN HEARING LOSS, LONELINESS, AND SOCIAL ISOLATION: A SYSTEMATIC REVIEW

Jonathan Suen,[1] Aishwarya Shukla,[1] Adele Goman,[1] Carrie Price,[1] Frank Lin,[2] and Nicholas Reed,[1] *1. Johns Hopkins University, Baltimore, Maryland, United States, 2. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States*

Hearing loss is highly prevalent among older adults, as is occurrences of loneliness and social isolation. Both loneliness and social isolation are also associated with insidious outcomes such as earlier mortality from all-causes and higher prevalence of chronic comorbidities. The purpose of this review is to synthesize published investigations that report on the associations between hearing loss with loneliness and social isolation. A systematic search through PubMed, Embase, CINAHL Plus, PsycINFO, and the Cochrane Library identified an initial total of 2495 references. Two independent reviewers screened articles for inclusion, with a third reviewer adjudicating. Studies published in English of older adults with hearing loss that also assessed loneliness and/or social isolation using a validated measure were included. Investigators used a modified Newcastle-Ottawa Scale (NOS) to appraise study quality. A final total of 14 articles were included in the review. The majority (12/14) were cross-sectional in design. Assessment methods were varied across hearing status, loneliness, and social isolation. Despite this heterogeneity, most multivariable adjusted investigations revealed that hearing loss was significantly associated with higher risks for both phenomena. Several studies also revealed this association to vary across gender, with women showing a stronger association than men. Our findings indicate that hearing loss is associated with both loneliness and social isolation, which have important implications for the cognitive and psychosocial health of older adults. Future investigations should examine possible underlying mechanisms of these relationships, as well as the efficacy of interventions through aural rehabilitation programs in addressing loneliness and social isolation.

ASSOCIATIONS OF DEPRESSION AND SOCIAL ISOLATION RISK AMONG ADULTS AGE 60 AND OLDER

Matthew Smith,[1] Lesley Steinman,[2] Matthew Barrett,[1] Leigh Ann Eagle,[3] Sue Lachenmayr,[3] and Basia Belza,[2] *1. Texas A&M University, College Station, Texas, United States, 2. University of Washington, Seattle, Washington, United States, 3. MAC, Salisbury, Maryland, United States*

Background. Depression and social isolation are believed to be strongly interrelated. Social isolation can lead to depression because of reduced human contact and connectivity. Depression can cause withdrawal from interpersonal encounters and fuel feelings of social isolation. Despite causality, this study aimed to examine the relationship between depression and social isolation risk among older adults. Methods. Using an internet-delivered survey, data were analyzed from a national sample of 4,082 adults age 60 years and older. The survey intended to validate the Upstream Social Isolation Risk Screener (U-SIRS), a 13-item screener (Cronbach's alpha=0.80) to assesses physical, emotional, and social support aspects of social isolation. Theta scores for the U-SIRS served as the primary independent variable, which were generated using Item Response Theory. Depression was the dependent variable for this study, which was identified using the PHQ-2 (scores of 3+ indicated risk for depression). Binary logistic regression was used to identify factors associated with depression. Results. Participants' average age was 69.6($\pm$5.2) years, 59% of participants were female, and 9% met depression criterion. Depressive symptomology and U-SIRS theta scores were positively significantly correlated (r=0.56, P<0.001). Participants with higher U-SIRS theta scores (OR=3.52, P<0.001), with more chronic conditions (OR=1.16, P<0.001), and without people they felt close to and could call for help (OR=1.76, P=0.004) were more likely to report depression. Conclusion. Given the strong interrelation