brain health and cognitive function in older adults. This presentation sets the stage for the remainder of the symposium, which presents empirical findings examining these mechanisms from a social network perspective.

NEUROLOGICAL CORRELATES OF SOCIAL BONDING AND BRIDGING
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Social connectedness has been linked to decreased rates of cognitive decline in later life. However, recent work suggests that particular social network characteristics (i.e., bonding and bridging) may buffer against age-related degeneration. The present study analyzes social network and structural MRI data of 176 older adults from the Social Networks and Alzheimer’s Disease (SNAD) study. Results indicate that increased social bridging is associated with greater grey matter (GM) volume in several limbic structures. Increased social bonding is associated with greater GM volumes in several cerebral cortex structures as well as greater volumes in some components of the limbic system. Most notably, the effects of bridging are primarily lateralized in the left hemisphere while the effects of bonding are observed mostly in the right hemisphere. These results suggest that the neurocognitive benefits of social connectedness depend on the preponderance of bridging and/or bonding ties in older adults’ social networks.

LINKS BETWEEN SOCIAL CONNECTEDNESS AND COGNITIVE HEALTH OPERATE THROUGH SOCIAL STIMULATION AND COGNITIVE RESERVE
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The link between social connectedness and dementia risk and resilience has been examined using a diverse set of measures. Though different measures of connectedness reflect distinct social processes and underlying mechanisms (e.g., stress buffering, cognitive stimulation), few studies have compared them. Using data from two social network studies of older adults (N=283), we compare associations between 29 measures of social connectedness and general cognitive function (MoCA), and non-verbal (Rey) and episodic memory (Craft). Measures of social participation (e.g., volunteering, working, attending church) and social support were unassociated with cognitive outcomes, net of controls. Quality of friendships (<.05), family relationships (p<.01), and marriage (p<.05) were sporadically associated. Measures indicating large, diverse, and expansive networks were strongly and consistently related to all cognitive outcomes (e.g., number of phone contacts [p<.001], network size [p<.001], density [p<.001], racial homophily [p<.05], age heterogeneity [p<.01], and diversity [p<.001]). We discuss implications for theories of cognitive reserve.

SOCIAL COGNITIVE DEFICITS RELATE TO KEY ASPECTS OF OLDER ADULTS’ SOCIAL NETWORKS
Anne Kendell, and Brea Perry, Indiana University, Bloomington, Indiana, United States

Social connectedness confers benefits to older adults’ cognition, including slowing the progression of Alzheimer’s disease (AD). Social connectedness is facilitated by social cognitive function – how people understand, store, and apply information about others – which declines over the lifespan. We examined whether two core social cognitive skills – face memory and theory of mind (the ability to infer others’ mental states) – predicted older adults’ social network structure and composition. Cognitively normal older adults (OA; N=119) and OA with mild cognitive impairment (MCI) or AD (N=96) completed a social network interview, a face memory task, and a theory of mind measure. Social cognitive deficits were highest among OA with MCI and AD. Face memory predicted network size, whereas theory of mind predicted network composition. Neuroimaging results describing OAs’ social cognitive deficits are also discussed. Social cognitive function may be an important intervention target for preserving older adults’ social connectedness.

TO LOVE AND LOATHE: EXAMINING THE COSTS AND BENEFITS OF AMBIVALENT TIES IN OLDER ADULTHOOD
Lucas Hamilton, Siyun Peng, Anne Kendell, and Brea Perry, Indiana University, Bloomington, Indiana, United States

Ambivalent ties are relationships that offer support but beget stress, which generally has a detrimental impact on health. Existing theory suggests that older adults gradually remove such ties over time; however, it is not uncommon for ambivalence to exist in older adults’ close relationships (i.e., partners, children). Social network data was used from 286 older adults with about half having mild cognitive impairment. Roughly two-thirds of the sample reported at least one ambivalent tie, most commonly partners, children, and friends. Logistic regressions revealed distinct characteristics of these ties. Participants who reported at least one ambivalent tie (most notably, partners and friends) had social networks with structures known to confer cognitive benefits. Importantly, these effects dissipate with diminished cognitive status. Altogether, ambivalent ties may confer benefits when resources are available to manage such relationships. When resources are taxed, however, ambivalent ties may contribute to cascading health declines.

SESSION 3580 (SYMPOSIUM)

KUAKINI HHP CENTER FOR TRANSLATIONAL RESEARCH ON AGING: LATEST FINDINGS FROM MICE TO HUMANS
Chair: BRADLEY WILLCOX Co-Chair: Richard Allsopp Discussant: Peter Martin

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