Cognitive impairment is a critical global public health problem that contributes to lower quality of life and greater medical costs. Despite the growing number of older adults in Costa Rica, few studies have examined cognitive impairment in this population. We drew data on participants (60 years+) with no cognitive impairment (Score of >=12 on MMSE) from wave 1 of the Costa Rican Longevity and Healthy Aging Study (CRELES; n=2,827). Guided by the diathesis-stress model, we used logistic regression to determine social and health predictors of cognitive impairment incidence (Score < 12 of on MMSE) 2 years later (wave 2). Incidence of cognitive impairment was 5.8% (95% CI, 5.0-7.0). Formal school education (elementary: OR=0.32; 95% CI, 0.17-0.60; high school or more: OR=0.11; 95% CI, 0.02-0.60) and being married or living as married (OR=0.52; 95% CI, 0.28-0.96) were identified as protective against cognitive impairment. Greater age (OR=1.09; 95% CI, 1.06-1.13), current smoking, income, bad health perception, depression, and cortisol (ug/dl) were not associated with the onset of cognitive impairment at wave 2. We consider that contextual (e.g., healthcare infrastructure), cultural factors (e.g., familism), as well as diet may help shape predictors and their effects on cognitive functioning. Researchers and practitioners should collaborate on implementation of culturally appropriate and contextually feasible interventions that address predictors of cognitive impairment.