communication. Participants were recruited from 9 Chinese churches (5 in U.S. and 4 in Taiwan; N=372). Mean age was 44.31, 60% males, 72% married, 85% college education, and 54% had family history. Overall 35.2% reported doctor recommended screenings and 27.7% talked with doctors about screenings (27.7%). Regressions showed Chinese 40+ years (OR=2.66 & 2.49), had annual health exam (OR=3.43 & 4.41), and been a primary cancer caregiver (OR=2.12 & 2.29) were more likely to report doctor recommended screenings (p<.001; 69% correct classification) and communicated with doctors about screenings (p<.001; 76% correct classification). There were no significant relationships between family history, gender, perceived cancer risk or health, and screening communications. Findings have implication on designing effective doctor-patient cancer communication programs among Chinese adults.

KNOWLEDGE AND ATTITUDES TOWARD LDCT LUNG CANCER SCREENING AND SMOKING AMONG AFRICAN AMERICANS: A MIXED METHODS STUDY

Tung-Sung Tseng[1], *1. Tulane University, New Orleans, Louisiana, United States*

The purpose of this study is to investigate knowledge, attitudes, and smoking cessation needs for African Americans who receive Low Dose Computed Tomography (LDCT) in an effort to reduce the health burden of lung cancer. A mixed method study was conducted among African Americans who received LDCT. The sample size for both the quantitative and qualitative approach was fifteen. The results showed that 73% of participants were male, the mean age was 61.8(SD=4.6) years old. Smoking history was long but 64% of the patients had a low nicotine dependence. Participants had a moderate/lower knowledge score (Mean=4.3 SD=2.6), and most had a positive attitude. Similar findings were also observed in the qualitative analysis. Understanding the factors associated with smoking cessation among at-risk African American smokers will help reduce disparities in lung cancer burden, and is important to improve health for medically underserved minority populations.

SESSION 1045 (SYMPOSIUM)

DETERMINANTS OF NEUROCOGNITIVE IMPAIRMENT AND DEMENTIA IN ENGLAND AND JAPAN

Chair: Dorina Cadar, *University College London, London, United Kingdom*
Co-Chair: Kokoro Shirai, *Graduate School of Medicine Osaka University, Suita, Osaka, Japan*

Dementia is one of the major contributors to disability and dependency amongst the elderly populations and a significant public health concern. Even though the prevalence of dementia in the UK is rising due to higher numbers of people surviving into older ages, recent evidence suggests that the UK is experiencing a decline in dementia incidence. By contrast, Japan has witnessed a different trend, with increases in both incidence and prevalence. This difference could be related to diagnostic practices within each country, or to the cultural variability in the risk and protective factors driving these emerging forecasts that remain fundamentally different between the UK and Japan. Research in this field has been dominated by clinical studies of dementia mostly conducted in the UK and US, and the current evidence lacks reliable national data on dementia incidence. Socioeconomic inequalities and social determinants of neurocognitive health and dementia risk in two longitudinal studies of ageing: the English Longitudinal Study of Ageing (ELSA) from the UK and Japan Gerontological Evaluation Study of Aging (JAGES). These studies are ideally placed for addressing pivotal research questions in gerontology: 1. What are the biopsychosocial determinants of cognitive impairment and dementia in England and Japan? 2. What are the potential exploratory mechanisms related to the divergent trends in dementia incidence observed in England and Japan? 3. What are the critical differences between the social determinants of dementia in England and Japan?

BIOPSYCHOSOCIAL DETERMINANTS OF NEUROCOGNITIVE IMPAIRMENT IN THE ENGLISH LONGITUDINAL STUDY OF AGEING

Dorina Cadar,[1] Dorina Cadar,[2] Jessica Abell,[2] David J. Llewellyn,[3] and Andrew Steptoe,[4] *1. University College London, London, United Kingdom, 2. University College London,, London, England, United Kingdom, 3. University of Exeter Medical School, Exeter, England, United Kingdom, 4. University College London, london, England, United Kingdom*

Biological and psychosocial risk factors, particularly those that are malleable across the life course, are important determinants of neurocognitive health in later life. We investigated several determinants of cognitive impairment using the Mini-Mental Status Examination (MMSE), as part of the Harmonised Cognitive Assessment Protocol in 1,200 individuals aged ≥65 years from the English Longitudinal Study of Ageing. More than half the participants (55%) were married, 15% had diabetes, 12% had CHD, and fewer than 10% had a stroke. A longitudinal investigation of various risk factors measured at wave 6 (2012-13) was conducted in relation to neurocognitive impairment ascertained with the MMSE ≤24 in 2018. Our results indicate that certain environmental compensatory factors such as education, a marker of cognitive reserve, wealth and psychological wellbeing are relevant determinants of subsequent neurocognitive impairment six years later. These findings are highly informative for the development of interventions aiming to maintain neurocognitive health.

LONELINESS, SOCIAL ISOLATION, AND DOMAINS OF COGNITIVE IMPAIRMENT IN THE ENGLISH LONGITUDINAL STUDY OF AGEING

Jessica G. Abell,[1] Jessica Abell,[2] Dorina Cadar,[2] David J. Llewellyn,[3] and Andrew Steptoe,[2] *1. University College London, London, United Kingdom, 2. University College London, London, England, United Kingdom, 3. University of Exeter Medical School, Exeter, England, United Kingdom*

Globally the numbers of older people who live alone and those who may experience certain risk factors have risen. In this study, we aim to examine associations between social isolation and loneliness with different domains of cognitive impairment. Data are from the English Longitudinal Study of Ageing (ELSA). Social isolation and loneliness were