

health, sex, depressive symptoms, and chronic conditions, higher levels of stress were associated with increased odds of bodily pain (OR 1.04, 95% CI 1.00, 1.07). Identification of effective coping mechanisms to combat stress may lead to pain relief among older Blacks, particularly Black women.

IT HURTS AS IF: PAIN LANGUAGE, VISUAL CHARACTERIZATION, AND STORY-TELLING IN HMONG OLDER ADULTS

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Culture and language affect pain reporting, diagnosis, and treatment. Ethnic subgroup populations, such as the Hmong, are understudied in pain research. The study's purpose is to qualitatively understand older Hmong adults' pain expression and their pain communication with providers. Sixty-seven participants were recruited from one healthcare system and community. A directed content analysis revealed that all Hmong participants describe pain using stories with reference to the temporal context, causal attribution, co-occurring symptoms or related experiences, magnitude, and consequences of pain. Several participants also characterized their pain by associating it with visual metaphors as objects and animals. Some participants shared that their stories are often underappreciated by providers, and are therefore not understood by providers. This leads to subsequent feelings of stress, not receiving needed medication or other healthcare, and having less frequent contact with providers or switching providers. These findings have implications for more culturally attentive and appropriate pain care.

PAIN-RELATED BRAIN STRUCTURE AND PAIN CATASTROPHIZING IN BLACKS AND WHITES WITH KNEE OSTEOARTHRITIS

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Pain catastrophizing is a cognitive-affective response during painful experiences and is implicated in the facilitation of pain processing. Non-Hispanic blacks (NHB) more often engage in catastrophizing as a coping strategy compared to non-Hispanic whites (NHW). Hence, pain catastrophizing may contribute to poorer pain-related outcomes and greater disability in NHBs. Functional neuroimaging studies have linked high levels of catastrophizing with increased cerebral responses to pain in the insula and primary somatosensory cortex [S1], but associations between brain structure and catastrophizing remain largely unexplored. Moreover, no neuroimaging studies have investigated whether catastrophizing is differentially associated with pain-related

brain structure across racial/ethnic groups. We examined the association between race/ethnicity, catastrophizing, and pain-related brain structure (insula, S1) among 176 participants with and without knee pain. Findings provide evidence for differing associations of catastrophizing with pain-related brain structures in NHBs and NHWs. It is therefore important to develop culturally-relevant, neural-mediated interventions targeting catastrophizing for NHBs.

SESSION 780 (SYMPOSIUM)

SOCIAL NETWORKS, HEALTH, AND WELL-BEING AMONG PEOPLE LIVING WITH DEMENTIA

Chair: Eleanor S. McConnell, *Duke University, Durham, North Carolina, United States*

Co-Chair: Kirsten Corazzini, *Duke University, Durham, North Carolina, United States*

Discussant: T. Robert Konrad, *University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States*

Although the impact of dementia on the health and well-being of those living with Alzheimer's Disease and related Disorders (ADRD) and their care partners has been widely studied, less attention has been paid to how the disease impacts individuals within the context of their larger social networks. This symposium presents findings from a series of integrated studies aimed at strengthening measurement of health and well-being among older adults with living with dementia and well-being among members of their social networks. Findings will be presented from five studies: (1) a scoping review of social network measurement in older adults in chronic illness, including dementia, that emphasizes the use of technology in measuring older adults' social networks; (2) a simulation study to evaluate the feasibility and reliability of sensor technology to measure social interaction among a person living with dementia and others in their immediate surroundings; (3) development of a web-based application that allows older adults to map and activate their social networks; (4) a qualitative analysis of interviews from persons living with dementia, their unpaid caregivers, and paid caregivers from an adult day health program concerning well-being focused outcomes; and (5) a mixed methods analysis of the feasibility of using both traditional and novel measures of health and well-being deployed among networks of people living with dementia. Emerging technologies for measuring social networks health and well-being hold promise for advancing the study of the relationship-based nature of care for people living with dementia.

MEASURING NETWORK WELL-BEING AND HEALTH AMONG PEOPLE LIVING WITH DEMENTIA: A MIXED-METHODS STUDY

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The feasibility and utility of measuring social networks of people living with mild to moderate stage dementia to improve care quality was examined by comparing information obtained using Antonucci's social network mapping