take an active role in self-managing their health is feasible and can impact their QoL.

SESSION 775 (SYMPOSIUM)

PSYCHOSOCIAL AND CULTURAL PAIN EXPERIENCES AND SELF-MANAGEMENT ACROSS DIVERSE OLDER ADULT POPULATIONS

Chair: Staja Booker, *The University of Florida, Gainesville, Florida, United States*
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Racial/ethnic minority older adults experience a disproportionate burden of functionally-disabling chronic pain. However, minimal research in pain and aging has fully explicated the unique and endemic psychosocial and cultural factors that strongly influence appraisal, communication, and management/coping of pain. Yet, to fully engage with and care for diverse racial/ethnic older adults, intentional responsiveness to these factors is necessary. This symposium features under-represented racial/ethnic older adult populations and multiple methodologies, including advanced imaging techniques, to understand various psychosocial and cultural factors associated with chronic pain. Our first presenter, Dr. Lor, uses qualitative inquiry to examine pain-associated language and expression of pain in Hmong older adults, which is often laden with stress and misunderstanding. Following is Dr. Taylor who will discuss the mediating effect of stress and coping on bodily pain in inner-city Black older adults. Dr. Terry will present novel findings on the association between catastrophizing (i.e., negative cognitive and emotional response to actual or anticipated pain resulting in feelings of helplessness) and brain structure in non-Hispanic Black and White adults with or at high-risk for knee osteoarthritis pain. This presentation will segway into culturally-relevant pain self-management practices and the role of social support specifically for Blacks from urban Detroit, as presented by Dr. Janevic. We will conclude with Dr. Booker presenting mixed-level data on the lack of familial and social networks and provider support for osteoarthritis pain self-management in Southern-dwelling older Blacks. This symposium extends the knowledge on the nuanced complexity of biopsychosocial and cultural dynamics underlying the pain experience.

OH, YOU JUST GOT ARTHRITIS: OLDER AFRICAN AMERICANS LACK FAMILIAL, SOCIAL, AND PROVIDER SUPPORT FOR PAIN MANAGEMENT

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Self-management support from family, friends, and providers is a crucial element in controlling osteoarthritis pain. 110 African-Americans (50-94 years) were surveyed regarding social and provider self-management support, and 18 of the African-American participants were also individually interviewed. This mixed-methods analysis unveiled that 77% were not receiving familial/social or provider support, and a conventional qualitative content analysis confirmed the lack of expected support for self-management

with sentiments such as "I'm doin' this all on my own." Nonetheless, older African-Americans respected providers' professional opinion, and 82% believed that treatment from a provider would be helpful. They desired more education and treatment options because they "need somebody to help with these joints and muscles". However, participants were forced to learn how to care for osteoarthritis pain: "I was taking pain medication, but when I went to the doctor last time he told me to stop… Told me to deal with it [pain]."

CHRONIC PAIN SELF-MANAGEMENT PRACTICES AND PREFERENCES AMONG URBAN AFRICAN AMERICAN OLDER ADULTS

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African American older adults experience disproportionate burden from disabling chronic pain. Pain self-management interventions for this group are most effective when they integrate culturally-relevant preferences into intervention design. In the STEPS pilot trial, we collected focus group (n=23) and survey (n=57) data from African Americans age 60+ years about pain-management practices. Participants were recruited from the community and reported pain for 3+ months, with intensity >4 (0 to 10 scale). The most frequently-used pain-management strategies were exercise (75%) and prayer/Bible reading (74%). Also commonly used were healthy eating (61%), OTC medications (65%), and herbal supplements (51%). Focus group themes provided more nuanced information, including reasons for avoiding prescription pain medications, positive experiences with topical treatments, the value of movement, and the role of social support. Findings reveal strong engagement in pain self-care in this population. Interventions can build on existing practices by incorporating spirituality and appealing options for physical activity.

THE RELATIONSHIP BETWEEN PAIN AND STRESS IN OLDER BLACKS

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Older Blacks have higher rates of undermanaged and undertreated pain than other racial/ethnic groups. Pain can lead to disability and poor quality of life. It is essential that we identify modifiable factors related to pain in this population. This study examined if stress was associated with pain among older Blacks. Data were taken from the Baltimore Study on Black Aging, (N=602, mean age 69 [SD= 9.76]). A total of 78% of participants reported bodily pain in the past month. Women had an increased odds of reporting bodily pain (OR 1.89, 95% CI 1.17, 3.07) compared to men. Using logistic regression controlling for age, self-rated