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

Eleanor S. McConnell,[1] Sijia Wei,[1] Bada Kang,[1] Samantha Woog,[1] Kayla Wright-Freeman,[1] and Kirsten N. Corazzini[1], *1. Duke University, Durham, North Carolina, United States*

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

approach and through information elicited through a series of open-ended questions regarding life story and well-being. Data were obtained from 24 interviews with 12 people belonging to one or more networks of people living with dementia receiving care in adult day programs. Concurrently we obtained measures of health and well-being using validated symptom checklists and the ICE-CAP suite of well-being measures. Parallel interviews were conducted with social network members who were in a care partner role, either paid or unpaid. Respondents were able to map social networks, and preferred open-ended questions to more standardized measures of quality of life and well-being. Findings from both sources were generally convergent, with open-ended questions providing richer information to guide care.

MHEALTH PROTOTYPE AND PILOT PROTOCOL TO ENHANCE SOCIAL SUPPORT FOR PERSONS LIVING WITH DEMENTIA

Kirsten Corazzini,[1] Donald (chip) Bailey,[1] Kayla Wright-Freeman,[1] and Eleanor McConnell[2], *1. Duke University, Durham, North Carolina, United States, 2. Duke, Hillsborough, North Carolina, United States*

An emerging component of mHealth is the use of tailored mobile applications (app) to facilitate self-management of chronic illnesses, including the mapping of social networks to assist adults living with chronic illnesses to help them be able to identify sources of social support. The purpose of this study is to describe a prototype app to support persons living with dementia (PLWD) in the community and their informal caregivers to map social networks and identify sources of emotional, instrumental, informational, and appraisal of social support. Adapting the Network Canvas open-source software and drawing upon a previously-developed mobile application for adults to self-manage chronic illnesses, we share the key specifications, including health care provider output, preliminary end user feedback, and the pilot protocol designed to test the feasibility. Findings illustrate the importance of leveraging social network data in novel ways to enhance self-management and well-being among PLWD and their caregivers

MEASUREMENT OF SOCIAL NETWORKS OF ELDERS USING TECHNOLOGIES IN THE CONTEXT OF HEALTH AND SOCIAL CARE: A SCOPING REVIEW

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Social networks impact the health and wellbeing of older adults. The importance of social networks drives the need to reliably measure social networks. Advancements and innovations in the internet, electronic and digital devices, social media and health care technology enriches our ability to collect social network and health data to overcome limitations in social network measurement. This scoping review will review approaches utilizing technology to assist the measurement and analysis of social networks among older adults in the context of health and social care. Joanna Briggs Institute methodology was followed; PubMed (MEDLINE), Sociological Abstracts, SocINDEX, CINAHL, and Web of Science were searched for related articles. Conference abstracts and proceedings were included. We discuss the gaps and advances in measurement of social networks of older adults using technology and implications for future research in social networks of older adults as a lever for improving health and well-being.

USE OF SENSOR TECHNOLOGY TO MAP THE SOCIAL NETWORKS OF PEOPLE LIVING WITH DEMENTIA: A FEASIBILITY STUDY

Kayla Wright-Freeman,[1] Sijia Wei,[1] Eleanor McConnell,[2] Kevin Caves,[1] Leighanne Davis,[1] Adrienne Hawkes,[1] Sarah Moninger,[1] and Kirsten N. Corazzini[1], *1. Duke University, Durham, North Carolina, United States, 2. Duke, Hillsborough, North Carolina, United States*

For older adults living with dementia, social network quality influences health outcomes. However, current social network measurement methods are time consuming and mentally draining for people living with dementia. This study aimed to accurately measure social networks using sensor technology. Bluetooth and radio-frequency identification (RFID) sensors were used to collect social network data in a simulation of a falling nursing home resident living with dementia. Participants wore sensors on their clothing, and video recordings were compared to sensor data. Bluetooth data reflected general direction of movement and instances of idling but were neither precise or accurate. RFID data was accurate after applying data filters. Both systems detected multiple sensors simultaneously. The Bluetooth system is not feasible for clinical use, but the RFID system shows potential for clinical application and accurate measurement of social network factors as interaction frequency and duration.

RELATIONSHIP-CENTERED CARE: ADULT DAY CARE FOR PERSONS LIVING WITH DEMENTIA AND THE SENSES FRAMEWORK

Samantha Woog,[1] Eleanor McConnell,[2] Deborah Gold,[1] and Kirsten Corazzini[1], *1. Duke University, Durham, North Carolina, United States, 2. Duke, Hillsborough, North Carolina, United States*

Relationship-centered dementia care (RCDC) has been related to improved quality of residential long-term care for persons living with dementia (PLWD). The senses framework supports accomplishing RCDC, whereby PLWD meet fundamental needs or senses through caregiving relationships. This study explored the application of the senses framework to a non-residential, long-term care setting, and included relationships across formal and informal caregivers. The study design is a qualitative, descriptive study of PLWD (N=3), with matched formal (N=3) and informal (N=3) caregivers in one adult day care setting in North Carolina. Semi-structured individual interviews explored each of the six senses of security, belonging, continuity, purpose, achievement, and significance. Interviews were analyzed using both inductive and deductive thematic analysis. Themes elucidate convergence and divergence of how senses are met or not met across triads of caregiving relationships. Findings inform our