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*
Discussant: Keesha Roach, *The University of Florida, Gainesville, Florida, United States*

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

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

Maichou Lor,[1] Xia Vang,[2] David Rabago,[2] Roger Brown,[3] and Miroslav Backonja[4], *1. Columbia University, New York, New York, United States, 2. University of Wisconsin-Madison, School of Medicine and Public Health, Department Family Medicine and Community Health, Madison, Wisconsin, United States, 3. University of Wisconsin-Madison, School of Nursing, Madison, Wisconsin, United States, 4. School of Medicine and Public Health, Department of Neurology, Madison, Wisconsin, United States*

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

Ellen Terry,[1] Ellen L. Terry,[1] Josue S. Cardoso,[1] Kimberly T. Sibille,[1] Jared J. Tanner,[1] Burel R. Goodin,[2] Catherine C. Price,[1] and Roger B. Fillingim[1], *1. University of Florida, Gainesville, Florida, United States, 2. University of Alabama at Birmingham (UAB), Birmingham, Alabama, United States*

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