The lack of conceptual clarity on social health in dementia research hinders its articulation. We aim to apply concept advancement for social health to provide conceptual clarity by building from a conceptual meaning to domains. The procedure is underpinned by theoretical models and epidemiological evidence on the relation between social health and cognitive functioning. This led to considering social health as a reciprocal relational concept that refers to the influence that an individual has on others (social environment), and vice versa. We distinguished three domains defining the individual level, representing the social competences of the individual, and three domains defining the social environmental level (structure, function and appraisal of the relationship). We hypothesize that social health acts as a driver for stimulating the use of cognitive reserve. This conceptual advancement promotes developments that integrate neuropsychological and social sciences and new interventions to support older people with and without dementia.

CONVOYS OF CARE
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Many existing Alzheimer’s disease (AD) caregiving interventions focus narrowly on the challenges and needs of a primary caregiver rather than the family systems in which they are embedded. We advance a family systems framework by invoking convoys of caregiving to adapt an existing AD caregiver intervention to Middle Eastern/Arab American families in metro-Detroit (N=56). The composition of caregiving networks is described, followed by assessment of care burden, depressive symptoms, care satisfaction and family conflict. Results show that siblings and children are the predominate support network members who accompanied the primary caregiver to the program. Paired t-tests show that care burden and family conflict decreased while caregiving satisfaction increased following program participation. Depressive symptoms did not change. Findings illuminate how convoys of care may serve as valuable support resources, yet may also be the source of stress and conflict.

SOCIAL HEALTH AND IMMUNE SYSTEM IMBALANCE: SEX-SPECIFIC ASSOCIATIONS AND CAUSAL LINKS TO BRAIN AGING
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Background: We explored whether the balance between innate and adaptive immune system links social health to cognitive brain aging in community-dwelling older adults.

Methods: Social health markers (social support, marital status, loneliness) were measured in the Rotterdam Study in 2002-2008. Balance of the immune system was assessed using white blood-cell-based indices (neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), systemic immune-inflammatory index (SII)) during the same visit. Cognitive function and total brain volume were measured at the 2009-2014 follow-up visit.

Results: In 8375 adults (mean age 65.7, 57% female), never married participants had higher NLR, PLR and SII compared to married peers, indicating imbalance towards innate immunity. Widowed/divorced males, but not females, had higher NLR, PLR and SII. Immune system balance did not mediate associations between social health and cognitive brain aging. Discussion: Social health is sex-differentially associated with immune system balance, but does not link to cognitive brain aging through mediation.

MAPPING THE INTERPLAY OF SOCIAL HEALTH AND COGNITIVE FUNCTIONING: A MIXED RESEARCH KNOWLEDGE SYNTHESIS
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Introduction: Dementia is a syndrome with complex underlying biopsychosocial mechanisms relevant for prevention and intervention. This work presents a mixed research knowledge synthesis, mapping the multidimensional interplay of social health and cognitive functioning in dementia.

Methods: Data integration from 1) systematic review, 2) group model building workshops, (3) iterative integration of multi-national cohort studies (4) ongoing revisions of the social health concept via expert discussions.

Results: The map comprises more than 50 markers, clustered in six domains (social health, physiological pathways, psychological pathways, health behavior pathways, brain/cognitive reserve, cognitive functioning). The social health domain is structured in six sub-domains representing a novel conceptual understanding. Three pathways (physiological, psychological, health behavior) reflect principal mechanisms connecting social health with brain/cognitive reserve and cognitive functioning.

Conclusion: The map depicts dynamic relationships between social health and cognitive functioning that can serve as a basis for recommendations, both for prevention and for improved dementia care.

SESSION 6000 (POSTER)

AGHE POSTER SESSION I
Explore innovative age-friendly, intergenerational, dementia-inclusive, and other approaches to gerontology education.

CONNECTING GENERATIONS AND PRESERVING LIVED EXPERIENCES: AN ILLINOIS AGE-FRIENDLY INITIATIVE
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