during a time of stress. Thirty-five older African American couples (N=70 individuals), representing 11 states in the U.S., were interviewed regarding the dynamics of deferred religious coping in the marital dyad. Following the digital recording and transcription of the narrative data, the interviews were analyzed with an open coding procedure consistent with grounded theory and Numeric Content Analysis (Marks, 2015). Analyses reveal that nearly 75% of the couples interviewed utilized deferred religious coping in response to stressors that could threaten marital stability. Further, salient themes include: (1) The Three-Party, Divine Triangle of Marriage, (2) Deferring Health Problems Reduces Worry, and (3) A Healthy Work-Family-Prayer Balance. Implications for practice are also discussed.

ALCOHOL USE SCREENING AND INTEGRATED BEHAVIORAL HEALTH IN GERIATRIC PRIMARY CARE IN THE DEEP SOUTH

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This longitudinal behavioral health surveillance and integrated care project aims to assess physical and mental health and substance use in a geriatric primary care setting. Approximately 230 patients (mean age = 76; 74% female; 16% African American) attending an interdisciplinary geriatrics clinic in Alabama have taken part in baseline behavioral health screenings since 2014. Behavioral health measures include cognitive status, self-reported mood, subjective and objective health literacy, and alcohol use. All measures are administered by clinical psychology graduate students. Patients had an average of 5.83 medical diagnoses. Only 26.2% of patients had scores indicating cognitive functioning within normal limits; 32.6% had scores indicative of mild neurocognitive disorder, and 41.2% had scores indicative of dementia. Over 80% of patients had adequate self-reported health literacy; however, measurements of objective health literacy indicated a significant number of individuals have difficulty following medical directions independently. Over 30% of patients reported clinically significant levels of depression or anxiety, and 16.5% of patients reported at least one indicator of hazardous alcohol use. Specifically, 50.7% of patients consume alcohol on at least a yearly basis with 38.2% endorsing at least one problematic drinking behavior and 11.6% scoring in the clinically significant range for alcohol misuse. Moreover, 22.7% report use of opioid pain medication. The results of this study demonstrate that routine hazardous alcohol use screening as one component of integrated behavioral health care within geriatric primary care increases detection of hazardous alcohol use among older adults.

FAMILY DEMENTIA CAREGIVER RECRUITMENT STRATEGIES IN LONG-TERM CARE FACILITIES

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Recruitment of dementia caregivers whose family members reside in long-term care facilities (LTCFs) poses unique challenges as it traditionally relies on the assistance of facility administrators. The purpose of this presentation is to examine and evaluate new recruitment strategies to determine their effectiveness in an ongoing Stage I randomized clinical trial testing the effects of a Chronic Grief Management Intervention, Video-streamed (CGMI-V) on caregivers' mental health (grief, depression, anxiety) and facility-related outcomes (conflict with staff, satisfaction with care). A total of 144 caregivers will be randomly assigned to the CGMI-V or to the minimal treatment conditions. The initial recruitment plan was to build on already-established relationships with more than 35 LTCFs that helped recruit in a previous study. The usual approach was to offer written materials and onsite presentations about the study to facility staff and to dementia family caregivers of facility residents. Within the first six months, recruitment efforts yielded less than a dozen participants, thus we had to refine our approach. Revised recruitment strategies included the adoption of resources from the National Institute on Aging's ADORE (Alzheimer's and Dementia Outreach, Recruitment, and Engagement) and ROAR (Recruiting Older Adults into Research) platforms. This new approach included online study advertising on NIH and Alzheimer's Association research study repositories and advertising on parent institution's on-hold messaging system. Adoption of these new strategies is yielding an increase in participant screening and enrollment. Results are pending.

PREDICTORS OF MEDICAL, SOCIAL SERVICE, AND MENTAL HEALTH USE AMONG PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS

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People with Alzheimer's disease use more medical services (Eaker et al., 2002) and are admitted to inpatient facilities at higher rates (Zhu et al., 2015) than normal controls. In addition, social services provide support for caregivers and are associated with positive outcomes for care-recipients and their caregivers (Neville, Beattle, Fielding, & MacAndrew, 2014). Despite high level of need, utilization of mental health services and social agencies for caregiver support remains low (Goodarzi, Mele, Roberts & Holroyd-Leduc, 2017; Weber, Pirraglia & Kunik, 2011). Following the Andersen and Newman model (1973), we examined whether predisposing factors (i.e., age of the caregiver and type of PWD-caregiver relationship), needs (i.e., memory impairment, disruptive behaviors, depression, anxiety, pain, functional impairment, caregiver burden, total number of prescribed medications), and enabling factors (i.e., PWD and caregiver income, quality of the PWD-caregiver relationship) differentially predicted the presence of medical, social, and mental health service use. A total of 228 dyads (PWD and the caregiver) were included. We examined each PWD and caregiver characteristic individually (univariate models) and then as a unique predictor of each of the three service use outcomes (multivariate models). A greater number of medications uniquely predicted higher medical service use, greater pain severity and PWD income were uniquely associated with higher social service use,