

medical center, two Area Agencies on Aging in North Texas, and an Alzheimer's Association Chapter partnered to expand access to evidence-based programs into surrounding rural counties for older adults and caregivers of persons with Alzheimer's Disease. An interdisciplinary workgroup developed focus group questionnaires for older adults, caregivers, and health care providers in rural areas to identify perceived needs, barriers to accessing services, and strategic partnerships. The North Central Texas Council of Governments conducted 11 focus groups in late 2018 and early 2019. Of these, seven consisted of family members caring for persons with memory loss. Four consisted of professionals who treat persons with memory loss. Transcription and thematic analysis identified key themes of training needs (both providers' and laypersons'), resource needs, providers' best practices, barriers to quality care, and other support needs. Practice implications of the findings include cross-sector partners and integrating telehealth platforms for program delivery. Collaboration between academic and community partners can expand access to evidence-based programs for rural and other underserved communities and address areas of need.

EXPLORING VIDEO CHAT FOR SOCIAL ENGAGEMENT IN OLDER ADULTS WITH AND WITHOUT COGNITIVE IMPAIRMENT

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Social engagement technologies have the potential to benefit health and quality of life in older adults with and without mild cognitive impairment (MCI). However, technologies are rarely designed to accommodate the interests, capabilities, and limitations of these populations. In the current study, we focused on examining the potential of video chat to socially engage older adults with and without MCI by providing opportunities to link people with shared interests. Eight cognitively normal older adults (Mage: 73.3 years) and five with MCI (Mage: 70.0 years) completed a four-week experiential field trial using a novel online video chat platform called OneClick. System Usability Scale scores at both pre- and post-assessment revealed that OneClick was easy to use for older adults with and without MCI, however individuals with MCI experienced more technical issues and required additional assistance to use the system. Pre- to post- comparisons of questionnaire data revealed positive changes for the Quality of Life, Friendship/Social Isolation, and Loneliness scales in both groups. Of the 13 participants, five cognitively normal and four individuals with MCI reported that they would be interested in continuing to use the video chat system at home to connect with family and friends or to discuss topics of mutual interests. Overall, all participants enjoyed using the video chat system as a means for social engagement and showed trends for social health and quality of life benefits. This field trial illustrates the potential for video chat to provide social engagement opportunities for older adults with and without cognitive impairment.

GERIATRIC WORKFORCE ENHANCEMENT PROGRAM: EDUCATIONAL OUTCOMES OF DEMENTIA CAREGIVER CONFERENCES IN RURAL UTAH

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The University of Utah was awarded federal funds to establish a Geriatrics Workforce Enhancement Program (GWEP) focused on integrating geriatric training into 20 long-term care centers across the state of Utah. One specific objective of the GWEP was to: Provide community-based dementia education to 500 community participants from four geographically diverse urban and rural locations. In year four of the project, an interdisciplinary academic and community-based team planned and implemented dementia caregiver conferences in two rural areas in Utah that included American Indian (AI) tribal communities. Educational topics included an overview of dementia, engaging in goals of care discussions, managing caregiver stress, and finding local resources. Demographic surveys and pre-post modified 15-item version of the Alzheimer's Disease Knowledge Scale (ADKS; Carpenter et al., 2009) were administered. A total of 148 participants attended the conferences. Participants were primarily female (76.6%), white (84.2%), and self-identified as family/informal caregivers (35.0%). Of the participants, 17.8% self-identified as AI. Overall, there were no significant differences on the pre- and post ADKS scores (mean scores of 12.45 and 12.5 out of 15 possible points, respectively). However, AI ADKS mean scores were lower (10.2 and 10.5, respectively; range 9-13) than white participants (12.7 for both, respectively; range 12-13) reflecting a greater need for ADRD education in AI tribal communities. The conferences were well-received with 82.5% of attendees said that the conference met their educational needs and 83.9% reported that the information would improve the type of care they provide to someone with dementia.

LAY YOUR BURDENS DOWN: DEFERRED RELIGIOUS COPING AS A MARITAL STRESS BUFFER FOR OLDER AFRICAN AMERICAN COUPLES

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Although growing bodies of research explore the dynamics of minority families, few consider the African American family from a strengths-focused perspective. Stressors that threaten familial stability, such as financial strain, health disparities, and sporadic employment, disproportionately affect African American families and contribute to high rates of dissolution. In response, African American families often rely on religion as a source of coping and resilience. While existing literature adequately captures the frequency of religious-based responses to stress, opportunities to examine the nuances and underlying processes of religious coping for African American families exist. This study addresses the need to move beyond the broad measures of religiosity and religious coping, in exchange for a more in-depth exploration of how various forms of religious coping, specifically deferred coping, impact well-being. Deferred religious coping is characterized as a complete reliance on a higher power