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Promoting healthy aging does not end when people enter skilled nursing facilities (SNF) where the demands for clinical and psychosocial care are likely to be greatest. Many chronic conditions present opportunities for better SNF care and thus, healthier aging. Such conditions cannot wait for the often-long path to discovery that is typical of most traditional randomized controlled clinical trials. Conversely, pragmatic clinical trials are real-world investigations that offer the possibility of immediate benefit while answering important research questions. Depression and disrupted sleep are two examples of treatable conditions with opportunities for immediate benefit through pragmatic trials and applied best practices. How best to support best-practice integration has received increasing attention but identifying the most effective strategies continues to evolve. We report two different SNF-mentorship models utilizing Minimum Data Set (MDS) data for depression and environmental (noise-level) data for disrupted sleep, which have supported better SNF practices and presumably, healthier aging.

SESSION 1300 (POSTER)

AGEISM | DISPARITIES | DIVERSITY

RACIAL-ETHNIC DISPARITY IN DENTAL CARE IN NURSING HOMES

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Minority older adults are at higher risks of poor oral health. Little is known about the extent of and the contributing factors to racial/ethnic disparity in dental care quality in the long-term care settings. Previous studies suggest that organizational and system-level factors are key determinants of oral health among minority older adults. We examined the racial/ethnic disparity in dental care delivery in nursing homes (NHs) by facility and market characteristics. We analyzed the 2000-2016 national Inspection Survey data for all certified-NHs (n=248,975 facility-years). Two designated deficiency citations were used to measure dental care performance. Generalized estimating equations were used to compare the rates of deficiency citations among NHs in different quartiles of the share of minority residents, adjusting for facility characteristics, market characteristics, year and state fixed effects. Overall, compared to NHs in the lowest quartile of the share of minority residents (average % minority residents =0.24%), NHs in the highest quartile of the share of minority residents (average % minority residents = 46.5%) and those in the second highest share (average % minority residents=13.9%) had 46.8% and 31.2% higher odds of receiving dental care citations($p<0.001$ for both), respectively. The increased citation rates persisted over time ($p=0.40$) and were greater among for-profit NHs ($p=0.02$). Our study suggests that minority older adults in NHs are disproportionately affected by poorer dental care performance. There is a great need to improve quality of dental care in NHs, particularly for those that are for-profit and those that disproportionately serve minority residents.

SCALES FOR MEASURING AGEISM AS EXPERIENCED BY OLDER ADULTS: LITERATURE REVIEW AND METHODOLOGICAL CRITIQUE

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A growing body of research shows that ageism negatively affects older adults' psychological well-being and even physical functioning. However, the tools to measure ageism as experienced by older adults are not well developed. This study reviewed the literature on ageism scale with an emphasis on the methodological issues. Most standardized ageism scales have focused on younger people's attitudes and beliefs toward older adults. We found only one standardized scale that examined how older adults felt and thought about their experiences being treated as a stereotype. However, the scale is incomplete because it does not fully measure ageism and it has received far less rigorous analysis. Many studies have adopted and revised ageism scales that were developed specifically to measure younger people's attitudes toward older adults, meaning that the scales' validity has been problematic when administered to older adults. Furthermore, many studies that discussed older adults' experience of ageism used uni-dimensional or simple measures. Although significant efforts have been made to outline ageism's various dimensions and constructs, these efforts have not led to a common consensus on ageism and its characteristics. Lack of consensus, in turn, makes it harder to develop a standardized scale. Finally, existing scales are more suitable for Western societies. Socio-cultural uniqueness has not been considered when developing scales, nor has the scales' cross-cultural reliability and validity been tested. Our findings suggest that a new scale that applies only to measuring ageism as perceived by older adults and corresponds to the significant dimensions of ageism must be developed.

LONGITUDINAL MENTAL HEALTH CONSEQUENCES OF PHYSICAL DISABILITIES: THE MEDIATING ROLE OF PERCEIVED DISCRIMINATION

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Individuals with disabilities have been historically mistreated by discrimination. The detrimental mental health effects of self-reported interpersonal discrimination are well established. However, little empirical attention has been given to the role of perceived discrimination in the adverse mental health outcomes of adults with physical disabilities. This study aims to examine whether daily interpersonal discrimination (i.e., microaggression) mediates the prospective association between having a functional impairment and subsequent changes in the individuals' mental health outcomes over their midlife and old age. To address this question, this study used data from two waves of a population-based national study, the National Survey of Midlife Development in the United States, covering a 7- to 9-year period (n= 2,503; Mage at baseline = 57, SDage = 11). Physical disability or functional impairment was assessed with items adapted from the SF-36, capturing difficulty with nine activities of