Moreover, when older adults develop mobility limitations, experience falls, become hard of hearing, or experience other such impairments of age related disability, they do not think of themselves as aging into disability, or being disabled. This lack of disability identity may protect them from stigma and from low self-esteem. At the same time, it stands in the way of seeking accommodations and from developing a bond with other older adults who are aging into disability. This paper explores the dynamics of disability avoidance as an ideal that can harm older adults and their caregivers. It aims to bring disability more fully into the normal life-course, and to suggest lines of inquiry for gerontological research, to broaden the field, and to make service communities more inclusive .

EVALUATION OF MINNESOTA'S LONG-STAY NURSING HOME QUALITY INDICATORS

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The Minnesota Nursing Home Report Card provides 19 clinical quality indictor (QI) ratings. Currently, face validity and expert opinions are employed to group the 19 long-stay QIs into 10 different domains. However, we do not know whether these domains are supported by the data. Under the current scoring program, some QIs may not discriminate very well between facilities. The objective was to evaluate the dimensionality of the QIs and the current scoring approach used to assign points to the domain and total QI scores. Risk-adjusted facility-level rates for the 19 QIs over the 2012-2019 period were used. Our findings indicate it is reasonable to categorize these QIs into 4 domains. Moreover, the current scoring approach is best suited for a facility QI distribution that is approximately normal. However, 11 QIs display a skewed distribution with facilities tightly grouped at the very bottom (floor) or top (ceiling) of the QI distribution. Our findings suggest that the current scoring approach may distort or exaggerate the differences in the QI rates with skewed distributions, assigning widely varying points to facilities that vary little in their QI rates. We recommend a zero-error approach for highly skewed QIs where the QI outcome is achievable and it reflects a serious quality problem. Our study of the QI scoring system is part of a package of recommendations to improve the Minnesota Nursing Home Report Card and value-based reimbursement system. Lessons learned from the study are readily applicable to Medicare's Nursing Home Compare report.

PREFERABLE USE OF INFORMATION AND COMMUNICATION TECHNOLOGIES IN LONG-TERM CARE SETTINGS: A VIGNETTE SURVEY OF JAPAN

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The remarkable development of information and communication technologies (ICT), considering the rapidly aging global population, could eliminate the physical and mental burdens involved in caregiving and enhance the perceived dignity and autonomy of older adults. However, the introduction of ICT in long-term care (LTC) in Japan has not yielded good results yet, and the social acceptance of ICT remains understudied. This study aimed to understand and examine people's views on ICT use in LTC settings. An online vignette survey was conducted in August 2020, among community-dwelling persons between the ages of 40–89 years, throughout Japan. A set of four vignettes of different physical and cognitive functional situations, at either a home or nursing home, with or without ICT use, was presented to select a preferred care setting. Multinomial regression analyses were used to examine the relationships between participants' choices and individual characteristics. A total of 4,457 participants (52.8% of whom were women) were analyzed (mean age = 60.8 years). Participants were more likely to choose nursing homes in cognitively dependent situations. Participants who were women, relatively younger, and had higher education were more likely to choose care settings employing ICT for physically and cognitively dependent situations. Those who experienced either informal or formal caregiving were more likely to choose care settings that used ICT. This study revealed that individuals preferred different levels of ICT use based on physical and cognitive situations. Barriers to introducing ICT in LTC settings will be discussed.

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Mental Health Interventions

ANALYSIS OF 29 ITEMS OF THE MEANINGFUL ACTIVITY PARTICIPATION ASSESSMENT-MEANINGFUL SCALE THROUGH RASCH ANALYSIS

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Individuals find meaning in their personal activities. Meaningful activities can improve an individual's emotional and physical health and quality of life. The Meaningful Activity Participation Assessment-Meaningful Scale (MAPA-M), which can measure these meaningful activities, is measured in 29 items. In this study, the psychometric properties of 29 items of MAPA-M were investigated through Rasch analysis. The data used in this study was the Well Elderly Study 2 data among public data provided by the Inter-university Consortium for Political and Social Research (ICPSR). We used 480 randomized samples from the Well Elderly Study 2 data. Before proceeding with the Rasch analysis, as a result of checking the unidimensionality assumption of 29 items, 19 items satisfied the unidimensionality assumption. As a result of Rasch analysis of 19 items, the Driving item was removed as misfit (infit mean-square = 2.04, infit z-standardized fit statistics = 9.90, outfit mean-square = 1.86, outfit z-standardized fit statistics = 8.99). The 18 items with the misfit items removed show a conceptual item-difficulty hierarchy, and there was no differential item functioning that worked for sex and age groups. The person strata value is 3.97, which corresponds to the confidence value of 0.88. These results indicate that the 18 items in MAPA-M show appropriate item-level psychometric properties. In other words, the modified MAPA-M 18 indicates that meaningful activities can be accurately and stably measured.