

## Session 1275 (Paper)

### Long-Term Care I (SRPP Paper)

#### NURSING HOME SATISFACTION SURVEYS: DIFFERENCES BY RACE, AGE, AND GENDER

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Nursing home satisfaction information has gained substantial traction as a quality indicator representing the consumers perspective. However, very little research has examined differences in satisfaction related to race, age and gender. As a quality metric, satisfaction measures are variously used for quality improvement, benchmarking, public reporting, and for adjustment to payments. As such, valid comparisons among facilities are important. To our knowledge, no adjustment to satisfaction scores are currently used for nursing homes. However, in many other settings this is a common practice. In this research, nursing home resident, family, and discharge satisfaction scores were examined from >4,000 participants. The data were collected in 2020 and come from 420 facilities. Satisfaction information came from the CoreQ surveys, which include 23 individual questions four of which can be combined to produce an overall satisfaction score. These CoreQ nursing home surveys are endorsed by NQF. Generally lower overall satisfaction scores were found for family members compared to current residents or discharged residents. Minorities (Black, Asian, Hispanic) had lower overall satisfaction scores compared to whites; however, the differences were not significant at conventional levels. Participants of the lowest age (<65 years) were significantly ( $p<.05$ ) less satisfied than older participants (>75 years) and males were significantly ( $p<.05$ ) less satisfied than females. The findings indicate that some case-mix adjustment may be applicable for nursing home satisfaction scores.

#### QUALITY-OF-LIFE SCORES FOR NURSING HOME RESIDENTS ARE STABLE OVER TIME: EVIDENCE FROM MINNESOTA

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**Objective:** Quality of life (QoL) is a multidimensional construct that assesses the quality of lived experience in nursing homes (NHs). QoL is directly important to NH residents. However, QoL is only publicly reported in a few states, partly because of concerns regarding measure stability. To address these concerns, we tested the stability of Minnesota's NH QoL measure over one year. **Study Design:** A pair of two-year cohorts of Minnesota NH residents who responded to the 2012-2013 (N = 4,448) or 2014-2015 (N = 4,644) QoL survey in consecutive years. Stability was measured using the intra-class correlation (ICC) from hierarchical linear models.

Models were fit without any covariates, then individual and facility-level characteristics were added. **Principal Findings:** Overall QoL had ICCs of 0.602 and 0.614 in the earlier and later cohort respectively. Domain-level ICCs were lower, ranging from 0.374 (positive mood) to 0.571 (lack of negative mood) in the 2012-2013 cohort, with similar trends for the later cohort. Adjusting for important covariates reduces the ICCs slightly, but they remained at 0.565 or higher for the summary score. **Conclusions:** Person-reported summary QoL has adequate stability over a period of one year. Our results provide impetus to assess and report NH QoL on a national level. Consumers can be confident that if an NH's QoL scores improve from year to year, that represents a real improvement, and not just the scores varying due to which residents were sampled. Some caution, however, is warranted when presenting facility-level domain scores, as these are less stable.

## Session 1280 (Paper)

### Mobility II

#### MOBILITY AND MUSCLE STRENGTH TRAJECTORIES: THE EFFECT OF MEDITERRANEAN DIET, PHYSICAL ACTIVITY, AND SOCIAL SUPPORT

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Decline in physical function varies substantially across older individuals due to several biological and extrinsic factors. We aimed to determine the effect of modifiable factors -such as dietary patterns, physical activity and social support- and their interaction with mobility and muscle strength decline after age 60. We analyzed data from 1686 individuals aged 60+ from the population-based Swedish National Study on Aging and Care in Kungsholmen. The Mediterranean Diet Score was calculated based on a validated food frequency questionnaire. Physical activity was categorized based on current recommendations, and social support was measured according to participants' perceived material and psychological support. Participants' physical function was assessed over 12 years through changes in walking speed (m/s) and chair stand time (s). Linear mixed models adjusted for socio-demographic and clinical factors were used. Subjects with high adherence to Mediterranean diet were <78 years (82.3%), women (56.1%), married (61.1%), with university education (52.8%), high levels of social support (39.3%) and health-enhancing physical activity (51.5%). One-point (over nine) increase in the MDS was associated with a slower annual worsening in walking speed ( $\beta^*_{\text{time}}=0.001$ ;  $p=0.024$ ) and chair stand time ( $\beta^*_{\text{time}}=-0.014$ ;  $p=0.008$ ). The protective effect of Mediterranean diet was highest among subjects reporting high social support ( $\beta^*_{\text{time}}=-0.065$ ,  $p=0.026$  for chair stands) and high physical activity ( $\beta^*_{\text{time}}=0.010$ ,