

homebound older adults utilized more health services utilization than non-frail homebound and were twice as likely to be hospitalized (49.8% versus 28.0%, $p=0.004$).

FRAILTY PHENOTYPE AND HEALTHCARE COSTS IN OLDER COMMUNITY-DWELLING MEN: THE MROS STUDY

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To determine the association of the frailty phenotype with subsequent healthcare costs, we studied 1514 men (mean age 79.3 years) participating in the 2007-2009 exam linked with their Medicare claims data. The frailty phenotype (5 components) was categorized as robust, pre-frail or frail. Multimorbidity and a frailty indicator (approximating the deficit accumulation index) were derived from claims data. Functional limitations were assessed by asking about difficulty performing 5 IADL. Total direct healthcare costs were ascertained during 36 months following the exam. Mean annualized costs (2018 dollars) was \$5707 among robust, \$8964 among pre-frail and \$20,027 among frail men. Compared with robust, pre-frailty and frailty were each associated with higher costs after accounting for demographics, multimorbidity, functional limitations and the frailty indicator (cost ratio 1.18 [1.02-1.36] among pre-frail and 1.87 [1.47-2.39] among frail). Findings suggest that assessment of the phenotype may improve identification of individuals at increased risk of costly care.

FRAILTY PHENOTYPE AND HEALTHCARE COSTS IN WOMEN IN LATE LIFE: THE SOF STUDY

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We used data from 1324 women (mean age 83) at the 2002-2004 exam linked with their Medicare claims to determine the association of the frailty phenotype with healthcare costs. The frailty phenotype was categorized as robust, pre-frail or frail. Multimorbidity and a frailty indicator (approximating the deficit accumulation index) were derived from claims. Functional limitations were assessed by asking about difficulty performing IADL. Total direct healthcare costs were ascertained during 36 months following the exam. Compared with robust, pre-frailty and frailty were associated with higher costs after accounting for demographics, multimorbidity, functional limitations and the frailty indicator (cost ratio 1.37 [1.10-1.71] among pre-frail and 1.63 [1.28-2.08] among frail). Discrimination of high-cost (top decile) women was improved by adding the phenotype and functional limitations to a model containing demographics and the claims-based measures. Findings suggest that assessment of the phenotype may improve identification of individuals at higher risk of costly care.

SESSION 7150 (SYMPOSIUM)

ESPO/ HEALTH SCIENCES SECTION SYMPOSIUM: LEVERAGING OLDER ADULTS' PERCEPTIONS OF CHRONIC ILLNESS TO IMPROVE CARE

Chair: Anyah Prasad

Co-Chair: Brianna Morgan

Discussant: Mary Naylor

In advanced years of life comorbidity of chronic illnesses is a common phenomenon. While chronic illnesses have been documented to impact overall quality of life, morbidity, and mortality, older adults may develop psychological resources in the years of coping and managing their illnesses. These psychological resources can be influenced by individual perceptions and context as people age, and include concepts such as psychological resilience, inner strength, subjective age, and illness perception. This symposium brings together emerging health science scholars' work on exploring and leveraging these psychological resources to improve care. Amy Ketcham will present a systematic review of psychological resilience and depression in adults with cardiac disease. Brianna Morgan will present a concept analysis exploring the nature of inner strength in people aging with serious illness and cognitive impairment. Anyah Prasad will present results examining the association between chronic illnesses and subjective age and discuss its clinical relevance. Eleanor Rivera will explore illness perception phenotypes in a longitudinal cohort study of older adults with chronic kidney disease. Together, the perspectives shared in this symposium improve understanding of and indicate ways to move toward person-centered and contextual clinical models of care in the management of chronic illnesses among older adults. In addition, the discussant will engage in a dynamic conversation about psychological resources in later life and the role these projects have played in advancing the presenters along their academic trajectories.

OLDER ADULTS' SUBJECTIVE AGE AS A POTENTIAL PSYCHOLOGICAL RESOURCE IN CLINICAL MANAGEMENT OF CHRONIC ILLNESSES

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Subject age is predictive of future morbidity and mortality and can be potentially viewed as a psychological resource. However, there seems to be a reciprocal relationship between subjective age and health. In a series of analyses, we demonstrated that various measures of health status such as number of chronic illnesses, self-rated health and sensory impairment have an adverse association with older adults' subjective age. Specifically, chronic illnesses seem to have a period effect and age effect. Living with chronic illness over a period of time seems to attenuate its association with subjective age. Similarly, the association between chronic illnesses and subjective age gets weaker with increase in older