Frail older adults represent a heterogeneous group. As the pathophysiology of frailty remains unknown, identification of factors predictive of adverse outcomes among this group could advance our understanding of ways to prevent or delay frailty and improve patient-centered care. This work aims to determine the joint association of overall health, might be a surrogate of resilience among frail older adults, and improve patient-centered care.

We included 14,887 participants, and equally categorized them into three groups (low, intermediate, and high IC). Compared with those with a low IC, older adults with an intermediate level or high level of IC had a significant reduction of outpatient use (OR=0.80, 95% CI=0.72-0.90; OR=0.61, 95% CI=0.53-0.69) and inpatient use (OR=0.69, 95% CI=0.58-0.81; OR=0.58, 95% CI=0.49-0.70), after adjusting for demographics, lifestyles, and chronic conditions in old age is not well understood. Data were from the China Health and Retirement Longitudinal Study. We used a validated, multidimensional tool (motor, cognitive, psychological capacity, sensory capacity, and vitality) for assessing IC at baseline (Wave 2011). Outcomes include outpatient and inpatient use, and their expenditure measured in Wave 2013. We used logistic and linear regression models to identify the association of IC with healthcare utilization, adjusting for demographics, lifestyles, and multi-morbidity (the presence 2+ out of 14 chronic conditions).

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