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Abstract citation ID: igad104.1653

FRAILTY

SESSION 4310 (PAPER)

housing precarity in late life.

their growing OA VLI renter populations with financial

lenges as metropolitan rental prices rise faster than most

form of rental assistance across time points. VLI OA renters

thirds of metropolitan VLI OA renters did not receive any

receive rental and utility assistance. Approximately two-

likely to be non-white, disabled, report poorer health, and

Across all years, metropolitan VLI OA renters were more

metropolitan OAs increased by an estimated 84%, OA VLI

VLI owners, non-VLI renters, and non-VLI owners. Results

rental assistance use, race, and health with other popula

(4,169) VLI renters and to compare their growth rate,

novel estimate of the number of metropolitan older adult

olds (very low-income (VLI)), this study aims to provide a

2000, 2010, and 2020 with HUD yearly 50% AMI thresh

Income eligibility for federal housing subsidies is based

on HUD calculations of area median income (AMI) and

family size. Frequently used measures of poverty and income

do not reflect the geographic economic variations on which

Consideration of poverty and income only, HUD eligibility is based. By integrating Current Population

Survey (CPS) data and the U.S. Census Bureau’s Current Population Survey with NHATS data, this study provides

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METROPOLITAN AREAS

LOW-INCOME OLDER ADULT RENTERS IN US

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Financial uncertainty is a potential threat in

effects of financial uncertainty.

pension and health insurance would help reduce the negative

Conclusion.

Seligman

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, Ariela

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, J. Michael

, and

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, Saadia

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, and

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Central South University,

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Cognitive frailty, the combination of physical frailty

and mild cognitive impairment, is a growing public health

concern in aging populations. We aimed to develop and

validate a risk prediction model for screening cognitive

frailty in community-dwelling older adults without prob-

able dementia (aged ≥ 65 years). We used Year 2011 data

from National Health and Aging Trends Study (NHATS),

with participants randomly divided into the training set

(N=4,222) and internal validation set (N=2,111). We used

Year 2015 data of NHATS as the external validation set

(N=3,380). Cognitive frailty was assessed with the Fried

phenotypic criteria and cognitive performance in three

domains (memory, orientation and executive function).

Independent risk factors were screened by multivariate lo-

gistic regression analysis. Model performance was assessed

by discrimination (area under the curve [AUC]) and cali-

bration (Hosmer-Lemeshow test). The final model included

13 key predictors (age, gender, education, smoke, walking

for exercise, vigorous activity, self-rated health, depressive

symptoms, balance impairments, arthritis, hospitalization,

activities of daily living, and instrumental activities of daily

living score). The model showed good discrimination with

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DEVELOP AND EXTERNALLY VALIDATE A RISK

PREDICTION MODEL FOR SCREENING COGNITIVE

FRAILTY IN OLDER ADULTS

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Cognitive frailty, the combination of physical frailty

and mild cognitive impairment, is a growing public health

concern in aging populations. We aimed to develop and

validate a risk prediction model for screening cognitive

frailty in community-dwelling older adults without prob-

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bration (Hosmer-Lemeshow test). The final model included

13 key predictors (age, gender, education, smoke, walking

for exercise, vigorous activity, self-rated health, depressive

symptoms, balance impairments, arthritis, hospitalization,

activities of daily living, and instrumental activities of daily

living score). The model showed good discrimination with
an AUC of 0.92 (95% CI: 0.90-0.93) for the training set, 0.92 (95% CI: 0.89-0.95) for the internal validation set, and 0.88 (95% CI: 0.85-0.91) for the external validation set. The Hosmer-Lemeshow test yielded P values of 0.10, 0.92, and 0.85 for the three sets, respectively, suggesting good calibration. Our risk prediction model has the potential to screen older adults at risk for cognitive frailty, enabling early interventions to prevent or delay cognitive decline and physical disability.