the minimum tertile, HR=1.21 (95% CI=0.88-1.68, p=0.25). Frailty and SDOH may represent independent constructs in risk stratification for older adults. Future work will explore associations within healthcare utilization.

THE IMPACT OF THE RISK FOR SARCOPENIA ON FRAILTY AMONG OLDER ADULTS WITH PHYSICAL FUNCTIONAL DEPENDENCY

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Objective: 1) to assess the prevalence of the risk for sarcopenia, as well as frailty among older adults with physical functional dependency in a nationally representative sample; and 2) to identify the impact of the risk for sarcopenia on frailty in this vulnerable population in China. Methods: A total of 2,323 participants (age ≥ 60 years old) with physical functional dependency in five provinces in China were enrolled using a multistage cluster sampling scheme. Physical function was measured by the Barthel Index (BI), the risk for sarcopenia was defined as "calf circumference (< 34 cm in men, < 33 cm in women)" according to the 2019 consensus proposed by the Asian Working Group for Sarcopenia, and frailty was assessed by the FRAIL scale. Multivariate binary logistic regression was used to assess the impact of the risk for sarcopenia on frailty. Results: The prevalence of the risk for sarcopenia and frailty were 41.0% and 30.9%, respectively. Logistic regression analysis shows that the risk for sarcopenia was significantly associated with frailty (odds ratio 1.51, 95% confidence interval 1.19-1.90, p = 0.001) after adjustment for demographic and psychosocial factors, as well as health-related factors. Conclusion: This study shows that the risk of sarcopenia and frailty are prevalent, and the presence of the risk of sarcopenia increased the risk of frailty in older Chinese adults with physical functional dependency. Key Words: the risk for sarcopenia; frailty; older adults; physical functional dependency.

THE QUANTILE FRAILTY INDEX: A CUTPOINT-FREE APPROACH TO BIOMARKER-BASED HEALTH ASSESSMENT

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We develop a frailty index (FI) from continuous valued biomarker measurements that does not use thresholds to binarize deficits. In this work we construct a quantile frailty index (FI-Q) directly from risk quantiles, without binarizing the deficits. FI-Q is the average risk quantile for an individual in the population with respect to the set of measured biomarkers. We show that FI-Q predicts adverse health outcomes better than either a quantile-based cutpoint approach or an FI-Lab method used in previous studies. We also address practical questions such as how to use longitudinal data. We use data from the English Longitudinal Study of Ageing (ELSA) for longitudinal analysis and data from the National Health and Nutrition Examination Survey (NHANES) and the Canadian Study of Health and Aging (CSHA) to compare predictive value of FI-QM with previous FI-Lab studies.

SESSION 2889 (POSTER)

LONG-TERM CARE

ASSESSING FUNCTIONAL NEED OF MINORITY OLDER ADULTS ACROSS TWO LONG-TERM SERVICES AND SUPPORTS SETTINGS

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Research has suggested that growth in Black and Hispanic older adults' nursing home (NH) use may be the result of disparities in options for long-term services and supports (LTSS). To investigate this issue, we aimed to determine whether there were no differences in the functional needs of racial and ethnic groups who received care in NHs versus the community. We identified respondents aged ≥65 years in the 2016 Health and Retirement Study who reported requiring caregiving help. We compared the site of care for Black and Hispanic older adults (minority group) to White older adults (comparison group). We performed unadjusted analyses to assess the association of functional need with community vs. NH care. Functional need was operationalized using a functional-limitations score and six individual activities of daily living (ADL). There were 186 minority older adults (community=78%, NH=22%) and 357 White older adults (community=50%, NH=50%). Across settings, minority older adults did not differ in age, marital status, and income, but a greater percentage of men were in NHs (48% versus 28%; p=0.01). The functional-limitations score was higher in NHs than in the community for both groups. Functional needs for the minority group were similar across the two settings in 2/6 ADLs (dressing p=0.11, toileting p=0.09), while White older adults in NHs were more impaired in all ADLs. Functional need for minority older adults primarily differed by setting while demographics did not. These are important factors to consider when implementing programs to keep older adults out of NHs and in the community.

DIRECT CARE WORKFORCE: WHERE THE BOYS REALLY ARE

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Purpose: This study describes the continued growth of male direct care workers (DCWs) and identifies the occupations with the greatest concentrations of male DCWs by utilizing the expanded information available in the 2018 American Community Survey (ACS). Design and Methods: Data were taken from the 1% Public Use Microdata Sample (PUMS) from the 2018 ACS. Beginning in 2018, the ACS separated the single occupation category nursing, psychiatric, and home health aides into three categories: home health aides, nursing assistants, and orderlies and psychiatric