adults employed at baseline, ages 50-94, 3,436 reported retirement, and 4254 reported a disability as a reason for not working. In Fine-Gray models, treating retirement as a competing risk and adjusting for sociodemographic and clinical characteristics, we found that compared to older adults without impairments, DSL was associated with a 50% increase in the rate of departures from the labor force due to disability among adults in the in the risk group (SHR=1.51; 95% CI=1.09,2.11). In contrast, when treating disability as the competing risk, HL was associated with a 22% increase in the rate of departures labor force due to retirement (SHR=1.22; 95% CI=1.10,1.36) among adults in the risk group when compared to those without impairments. In sample of older adults, we provide evidence that the presence of sensory impairments is associated with departures from the workforce. Our results highlight differences in the type of departures by sensory loss.

STICKING WITH THE UNION? LABOR UNION MEMBERSHIP, WORKING CONDITIONS, AND POSTRETIREMENT HEALTH IN THE MIDWEST Michal Engelman, and Yue Qin, University of Wisconsin-Madison, Madison, Wisconsin, United States

American Employment experiences over the past five decades have been shaped by growing prevalence of bad jobs – those that are precarious and offer few pension or health insurance benefits – and a marked decline in unionization. Previous health research has highlighted the deleterious implications of bad jobs and yielded mixed or inconclusive findings about union membership. However, most of this research focused on working-age adults, and few studies have examined the long-term impacts of working conditions and union membership. We fill this gap via data from the Wisconsin Longitudinal Study – a sample of men and women who graduated from Wisconsin high schools in 1957 and have been followed through their working years, past retirement, and into oldest-old ages. We estimated regression models examining the impact of union participation in 1975 on subsequent self-rated health and depressive symptoms (measured in 1993, 2004, and 2011). Our findings suggest that union participation was associated with poorer self-rated health in 1993 (OR=0.67, 95% CI (0.48, 0.96)), with a stronger negative effect for more active union members (OR=0.58, 95% CI (0.36, 0.96)), even after controlling for socioeconomic status in childhood and adulthood. This effect dissipated by 2004, when most WLS participants were nearing retirement and further diminished by 2011, when participants were in their 70s. We found no significant effects of union activity on depressive symptoms. Job characteristics and the historical decline in the prevalence and power of unions over the cohort’s lifetime provide important contexts for interpreting these results.

TOWARD AGE-FRIENDLY WORKPLACES: IDENTIFYING FACTORS THAT SUPPORT COGNITIVE FUNCTION IN OLDER WORKERS
Ashley Price1, and Soomi Lee2, 1. University of South Florida-Tampa, Tampa, Florida, United States, 2. University of South Florida, Tampa, Florida, United States

Older adults in the workforce face natural age-related decline that may impede their work performance. Sleep and cognitive function, both of which are degraded with age, may affect work performance in older workers. Workplace demands and support may also play roles in older workers’ performance. Yet there remains a lack of effort in identifying modifiable factors that contribute to older workers’ performance. This review compiled previous studies on modifiable factors across personal and workplace domains that support or impede older workers’ performance at work. Databases utilized for this systematic review include Google Scholar, AgeLine, and APA PsycINFO. Inclusion criteria were empirical studies conducted in developed countries, published in 2000 or later, that focused on older adults (age >55) working full-time (≥ 35 hours/week). Keywords included: sleep, older adults, workforce, cognition, aging, work performance, aging workforce, workplace support, management strategies. Of the 32 studies initially identified, 13 qualified for this analysis. In 6 studies, poorer sleep (measured by actigraphy) was prevalent in older workers and was negatively associated with their cognitive performance at work. Across 7 studies, demanding and non-supportive workplace characteristics (i.e., greater job demands, lower supervisor support, and higher agism) were identified as common risk factors for poorer sleep, poorer cognitive function, and lower work performance in older workers. Bridging this information together may help identify specific factors that may be modifiable by workplace interventions to support optimal performance in workers and promote more age-friendly work environments.

SESSION 6720 (POSTER)

END OF LIFE, HOSPICE, AND PALLIATIVE CARE

TO TELL OR NOT TO TELL: TYPOLOGIES OF OLDER ADULTS PREFERENCES ON DIAGNOSIS DISCLOSURE OF CRITICAL ILLNESS IN CHINA
Yifan Lou1, and Jinyu Liu2, 1. Columbia University, New York, New York, United States, 2. Columbia University, New York City, New York, United States

Background: A priori of advance care planning, that older adults should know their diagnosis, is not guaranteed nor legally supported in China. Typically, doctors will inform the family members of the diagnosis and prognosis of critical illness and let family members decide whether to inform or not. This study aims to explore how older Chinese prefer diagnosis disclosure of their critical illness and the factors related to each typology of desired roles.

Methods: We surveyed 571 older adults in Shanghai from late-2021. We included 7 items measuring values of diagnosis disclosure on three levels: to self, to significant others, and regarding physician disclosure approach. We characterized preference types using latent class analysis. Multinomial regression models on class memberships were used with cultural, sociodemographic, and healthcare experiences predictors.

Results: Three latent classes were identified: 34% of respondents preferred control over own diagnosis and respected significant others’ rights to know their own diagnosis (“transparent”). 50% of respondents has conflicted values.