approach. CBOs contributed to care through 1) adding new services that focus on clients' social needs (e.g., assistance locating affordable housing, reliable transportation, applying for social security benefits) that were foundational to effective depression care; 2) strengthening core aspects of existing care; 3) incorporating a lay health workforce to enhance care; and/or 4) adding home visits that supported deeper understanding of patient's life context, enhanced trust and improved access to care. CBOs can enhance depression care through increasing access and quality of care. Findings can inform conversations about the value CBOs offer when partnering with health care systems and improve partnership efforts. Such conversations are worth revisiting as organizations deepen their connections and work together over time.

Session 4055 (Paper)

Developmental Challenges in Later Life

DIFFERENTIAL TREATMENT OF OLDER WORKERS DUE TO COVID-19: POTENTIAL FOR AGEISM AND AGE DISCRIMINATION AT WORK

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This paper examines the implications of employers' current COVID-19 protective workplace attendance policies toward older workers, potentially creating the outcomes of increased numbers of involuntary retirees and the discouraged older worker syndrome among otherwise qualified older workforce participants. How potential ageist assumptions and age discrimination under COVID-19 affect workplace decisions in reflection on the Age Discrimination in Employment Act (1967) guidelines is discussed. Older workers may remain in the workforce longer than ever before due to having healthier life expectancies. Workplace policies need to be increasingly sensitive to older employees' rights to sustain their workplace engagement (Cummins, 2014; Cummins, Harootyan, & Kunkel, 2015). The author reviewed current unemployment trends in 2020 and emerging litigation in reflection upon general issues of COVID-19 related age discrimination in the older workers' workplace attendance decisions by employers and the historical framework of the Age Discrimination in Employment Act (1967, with significant amendments in 1978 and 1986). The policy analysis paper presents the implications of employers' COVID-19 protective policies on older workers and how it may affect the "health" of the workplace and older adults and the economy beyond the pandemic. Lastly, strategies to address an "age-friendly" workplace during a pandemic and post-pandemic are discussed.

EARLY RETIREMENT AND SENSORY IMPAIRMENTS: THE MODIFYING EFFECT OF TOTAL ASSETS

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Sensory impairments are common among older adults. Little is known on the association between sensory impairments, which impact labor productivity, and the effect modification of wealth. We used the 2006-2018 rounds of the Health and Retirement Study. Hearing (HI) and vision (VI) impairments (self-report) at baseline, and working status throughout the study period was observed. Logistic regression models, adjusted for demographic, socioeconomic, and health characteristics, were used to characterize the association of sensory impairment and early retirement (i.e., before age 65). Secondary analysis stratified by assets. Among 1,688 adults ages 53-64, 1,350 had no impairment, 140 had HI only, 141 VI only, and 57 had dual sensory impairment (DSI). Only adults with HI had higher odds of early retirement (Odds Ratio [OR]: 1.6; 95% Confidence Interval [CI]: 1.0,2.5) relative to those without sensory impairment. Among those with large assets, those with HI had higher odds (OR:2.6, 95% CI: 1.4,5.2) and those with VI had lower odds (OR. 0.37; 95% CI: 0.2,0.8) of early retirement. Among the low asset group, we found no differences across impairment groups for the odds of retirement. In sample of older adults, we provide evidence that the presence of hearing impairment is associated early retirement. Secondary analyses suggest wealth may modify this association which highlights the wealth disparities faced by people with sensory impairments.

ELDERCARE RESPONSIBILITIES AND PHYSICAL HEALTH SYMPTOMS AMONG MANUFACTURING WORKERS

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Working adults responsible for providing care to older relatives at home (eldercare) have reported greater psychological health problems such as depressive symptoms and stress than workers without eldercare responsibilities. Less is known about how eldercare is associated with physical health symptoms such as sleep-related problems and pain. Among manufacturing workers, such physical health symptoms have the capacity to diminish productivity. Therefore, we explored associations between eldercare responsibilities and physical health symptoms that could affect work performance in a sample of 357 adult employees from five manufacturing companies in a northeastern US state. Research questions were: are workers with eldercare responsibilities more likely than those without eldercare responsibilities to report sleep-related and pain-related symptoms, and are the number of eldercare tasks associated with these physical health symptoms? Among sample members, 52 (14.6%) provided eldercare, 62% were male, mean(standard deviation) age=49.8(12.7), and 77% were non-Hispanic White; no demographic differences were found between those with and without eldercare responsibilities. In bivariate analyses, we found that providing eldercare was associated with lower sleep quality (p=.05), fewer hours of sleep during the workweek (p=.04), more pain interference at home and at work (p=.02), and more pain on average in the past week (p=.01). Providing more types of eldercare tasks ranging from personal care to providing transportation was associated with more pain on average in the past week (p = .04). We conclude that eldercare is associated with physical health symptoms that could directly affect job performance among