

adults aged 50-64 who were diagnosed with hearing loss (HL) and whether they used HAs or not ( $n=1,247,113$ ). We applied multivariable generalized linear models, adjusting for age, gender, hierarchical condition categories (HCCs). To control for potential selection bias, we applied an inverse propensity score weighting. Our outcomes of interest included: (1) utilization and (2) total and out-of-pocket costs of HAs (inflation adjusted to 2016 dollars), comparing HDHPs with non-HDHPs. Number of enrollees in HDHPs increased by 343%, from 1,717 in 2009 to 7,615, in 2016. The percentage of patients who used HA increased from 9.5% (95% CI:0.09-0.10) to 15% (95% CI:0.14-0.15) within non-HDHPs and from 5% (95% CI:0.04-0.06) to 16% (95% CI:0.15-0.17) within HDHPs. The average adjusted cost sharing and total cost of HAs increased by 74% (\$85 to \$148) and 52% (\$589 to \$894), respectively, among non-HDHPs; they increased by 80% (\$173 to \$312) and 91% (\$589 to \$1,126), respectively, among HDHPs. Average out-of-pocket costs for HAs in HDHPs were twice as much as in non-HDHPs ( $p < 0.0001$ ). Total and out-of-pocket costs for hearing aids were substantially higher among HDHPs compared with non-HDHPs. Many employers have started offering only HDHPs, leaving their employees with no other health insurance option. Higher cost sharing may worsen the existing socioeconomic disparities in access to HAs.

#### OPPRESSIVE EXPERIENCES AMONG DEAF DIVERSE SENIOR CITIZENS

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None of the limited literature on deaf seniors focuses on their experiences of oppression. There is an article that demonstrates that not many mental health professionals have the skills to work with deaf seniors. Obstacles have been noted in the literature among deaf people in general terms of being oppressed with employment, doctors, education, family discrimination, stereotyping, stigmas and cultural conflicts because they are deaf. The obstacles facing deaf seniors had not been specifically explored before this research. The shift attention to deaf seniors is needed in order to make their experiences known and at the same time their lives, values, and strengths need to be understood and recognized. Ninety-one deaf seniors from five states aged between 50 years and 93 years were interviewed to describe their recent experience on oppression. They shared their common experiences on oppression such as lack of communication with their doctors, hearing co-workers, and family members, struggling to get promoted at work, and being left out in the neighborhood. According to the deaf seniors, the community did not acknowledge or accommodate the special needs they had as deaf seniors. Their detailed descriptions provide consistent evidence that supports the importance of cultural awareness for medical and mental health professionals. The professionals are to enhance better understanding of experiences among deaf seniors. This lack of awareness highlights the need for research about deaf seniors' experiences of oppression and for research on what professionals should know about the special needs of this population.

#### LIFE EXPECTANCY WITH CHRONIC DISEASE AMONG OLDER MEXICAN AMERICANS

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The Hispanic Paradox research consistently shows a survival advantage among Hispanics, where they have significantly longer life expectancy compared to non-Hispanic Whites. However, less is known about the quality of these additional years of life. Our goal was to calculate life expectancy for older Hispanics in the US, and to determine what proportion of their lives they could expect to live with chronic conditions. We used data from 2004-5 of the Hispanic Established Population for the Epidemiological Study of the Elderly (Hispanic-EPESE), linked to vital status data through 2016. To determine life expectancy with/without chronic conditions, we used Sullivan's method. Chronic conditions included: diabetes, stroke, heart attack, arthritis, hypertension, and cancer. Finally, we mapped life expectancy without chronic conditions across neighborhood characteristics. The sample consisted of 2,069 Mexican Americans aged 75 and older. Results showed that at age 75, Mexican Americans could expect to live a large portion of their lives with at least one chronic condition (88%). The largest proportion of life lived with disease was for hypertension (61%), arthritis (59%), and diabetes (33%). There was no pattern by neighborhood characteristics for disease-free life expectancy. Gender differences could not be examined because of small sample sizes. Our findings show that regardless of neighborhood characteristics, Mexican Americans can expect to live a high proportion of their life with at least one chronic condition. This is particularly high for hypertension, diabetes, and arthritis. It is important to consider quality as well as quantity of life when exploring the Hispanic Paradox.

#### META-SYNTHESIS: OLDER ADULT SURVIVORS' RESILIENCE

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This paper presents the results of a meta synthesis of 8 qualitative studies that examined resilience among 270 older adult survivors following potentially traumatic adverse events (Bonanno, 2004). The primary data involved information about survivors' critical events during the Holocaust, the Cambodian genocide, and the discriminatory practices of the Jim Crow U.S. South. A narrative approach to gerontology was used to collect and analyze the original data. known as a constant comparison data analysis (Glaser & Strauss, 2009; Miles & Huberman, 1994). This allowed for the understanding of risks such as such as discrimination, imprisonment, genocide, and possible loss of life and the development of themes of resilience at the personal, interpersonal, sociocultural, and societal levels (Kenyon & Randall, 2001) The meta synthesis of secondary data involved coding the original findings, grouping them into descriptive themes, and generating new overarching analytical themes (Thomas & Harden, 2008). The most prevailing theme at the personal-level (internal feelings) was overcoming the grief of losing a loved one. Interpersonal-level themes (relationships between people) were related to staying connected to family. Sociocultural-level themes (the beliefs and mores of the time) centered on making meaning of a critical event within its