

individuals over time. We analyze six waves of the Korean Longitudinal Study of Aging (KLoSA) from 2006 to 2016. Our primary outcomes of interest are the total number of outpatient visits and total out-of-pocket spending on outpatient services per year. Our independent variable of interest is private health insurance holding status. We use simple OLS regressions for each year to test if differences exist and change over time, controlling for age, sex, education, income, and various indicators of health conditions. The difference between those who never had private health insurance and those who always or sometimes had private health insurance becomes larger over time. When comparing total out-of-pocket expenditure, those who always had private health insurance have the lowest spending at the beginning of the study period (2006); however, their spending increases sharply by 2010 and remains higher than the other groups for the rest of the study period. Findings suggest that those who always had supplemental insurance use outpatient services more frequently and spend more out-of-pocket for services as a result. In addition, discrepancies become larger over time. As private health insurance holders age, the risk of higher utilization of outpatient services grows.

TRENDS IN HEARING AID USE AMONG OLDER ADULTS IN THE UNITED STATES, 2011-2018

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Hearing loss among older adults is prevalent and associated with dementia and health care utilization. However, cross-sectional data suggest less than 20% of adults with hearing loss use hearing aids. There is a paucity of studies examining trends in hearing aid ownership over time. This study analyzed data from the 2011, 2015, and 2018 cycles of the National Health Aging and Trends Study (NHATS), a nationally-representative longitudinal study of Medicare Beneficiaries. Participants were asked "in the last month, [have you/has [he/she]] use a hearing aid or other hearing device?" ("yes" or "no"). Among a weighted sample of Medicare Beneficiaries 70 years and older (26.47 million in 2011; 29.70 million in 2015; and 33.28 in 2018), the overall proportion who own and use hearing aids rose from 14.96% in 2011 to 16.90% in 2015 to 18.45% in 2018. As age increased so did the proportion of older adults who used hearing aids. A smaller proportion of Black Americans used hearing aids across time and experienced a smaller overall increase in the proportion in hearing aid ownership over the 8-year period compared to White Americans (+0.78% vs. +4.30%). Black women had the lowest rates of hearing aids use across the 8-year period. Notably, older adults at less than 100% of the federal poverty level experienced an overall decrease in proportion of hearing aid ownership and use. This study lays the groundwork to examine the impact of the Over-the-Counter Hearing Aid Act of 2017 across subpopulations when it takes effect in 2021.

TRENDS IN MORTALITY IN PUERTO RICO BETWEEN 1979 AND 2018: AN ANALYSIS OF THE PUERTO RICO HEALTHCARE REFORM

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Between 1993 and 2000, the Government of Puerto Rico decided to transform the role of the government from a provider of healthcare to an insurer. Despite claims about the success of the reform, no study has assessed whether it improved the health of the population or reduced mortality. The aim of this study is to assess whether the implementation of the Puerto Rico Healthcare Reform of 1993 reduced mortality and infant mortality in Puerto Rico in a significant way. I calculated crude death rates (CDR), age-standardized death rates, infant mortality rates, total deaths and life expectancy between 1980 and 2018. I used a quasi-experimental design to study the effect of the implementation of the Puerto Rico Healthcare Reform on these indicators. The primary objective was to estimate changes in trends after 2000. The Age-Specific Mortality Rates have reduced since 1980. The least pronounced change for 2018, in comparison to 1980, was for young adults (20-24 years, 25-29 years, and 30-34 years). The CDR was affected based on the implementation of the reform, but the Infant Mortality Rates was not. The Standardized Death Rate and deaths indicate that there was a small reduction in these indicators. I also found that the gains in life expectancy were concentrated in older adults (aged 65 and older). Analysis of all-cause mortality indicators allows for the evaluation of this healthcare reform. The reduction in mortality in the post-2000 period was not entirely due to the trend that existed before the healthcare reform was implemented.

SESSION 2867 (POSTER)

SOCIAL DETERMINANTS OF HEALTH AND AGING

A SCOPING REVIEW OF HOW FINANCIAL HARDSHIP IS MEASURED AMONG OLDER ADULTS IN THE UNITED STATES

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The association between socioeconomic status and health/healthcare related outcomes across the life course is well established; however, the specific mechanisms that underlie this complex association are not well understood. There have been calls in the health disparities literature for greater explication of the socioeconomic factors associated with differential outcomes for racial/ethnic minorities and socioeconomic groups. Recent research offers an expanded notion of socioeconomic circumstances by including indicators of financial hardship; however, there has been little conceptual and measurement clarity for gerontology research. To fill this gap, we conducted a scoping review of how financial hardship has been defined and measured in research with older adults. Using an adapted version of the Preferred Reporting Items for Systematic reviews and Meta-Analyses