

## SESSION 3190 (SYMPOSIUM)

### INTEGRATION OF OBJECTIVE AND SUBJECTIVE EXPERIENCES OF HEALTH IN OLD AGE

Chair: Shannon T. Mejia, *University of Illinois, Urbana-Champaign, Champaign, Illinois, United States*

Co-Chair: Johanna Drewelies, *Humboldt University Berlin, Berlin, Germany*

Discussant: Cynthia Berg, *University of Utah, Salt Lake City, Utah, United States*

Life-span perspectives on adult development and aging highlight the processes of understanding and acting to support one's own health and well-being. Within this framework, subjective measures offer insight into the experience of objective measures of health. This symposium brings together four papers that highlight the overlap and discrepancy between subjective and objective measures of health and how these are shaped by individual development in different contexts and phases of adult development over various time-scales. Mejía and colleagues consider the intraindividual dynamics of older adults' perceived and actual fall risk. Using 30 days of subjective and objective balance assessment, they illustrate individual differences in how awareness of fall-risk relates to physical activity on that day. Koffer and Kamarck use data from the Pittsburgh Healthy Heart Project to examine how reactivity of cardiovascular response and affective experience to daily experiences of stress changes with age. Drewelies and colleagues consider how objective aging feels. Using data from the Berlin Aging Study II, they examine how chronological and subjective age are linked to biological age in older adults. Gonzalez and colleagues use self-reported and behavioral data from an in-context biosocial research lab to comment on the theoretical and methodological implications of integrating objective and subjective measures of experience. The discussion by Berg integrates the four papers, highlights their theoretical and methodological contributions, and considers challenges and opportunities for subjective and objective inquiries of older adults' experiences of health.

### THE DAILY BALANCE PROJECT: AN INQUIRY INTO THE INTRAINDIVIDUAL DYNAMICS OF PERCEIVED AND ACTUAL FALL RISK

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An accurate understanding of one's abilities and limitations allows adaptive response to the challenges that are faced in daily life. However, older adults may over or under estimate their actual abilities. The Daily Balance Project examined the intraindividual dynamics of older adults' perceived balance with objective measures of balance and physical activity. For 30 consecutive days, following a comprehensive fall risk assessment, 20 older adults rated their balance confidence (Activities Balance Confidence scale) at that moment and then performed five standardized balance assessments

measured via smartphone accelerometer held to their chest. Physical activity was measured with an activity monitor. Baseline measurements of fall risk differentiated the extent of intraindividual variation and co-variation of balance and physical activity. For some participants, actual and perceived balance became more closely aligned as the study progressed. The implications of the findings for life-span perspectives on aging and fall prevention are discussed.

### LONGITUDINAL EVIDENCE FOR DISCREPANT CHANGES IN NEGATIVE AFFECT REACTIVITY AND BLOOD PRESSURE REACTIVITY WITH AGE

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Both affective and blood pressure (BP) reactivity are associated with long term risk of chronic disease and mortality. Thus, understanding age-related changes in negative affect and BP responses to everyday demands is vital for promoting healthy aging. However, few studies have examined both psychological and BP reactivity simultaneously, which would provide more comprehensive understanding of regulatory processes at play. For the present study, 232 adults aged 50-70 years were assessed at baseline and 6 years later with ambulatory BP monitoring and momentary electronic diaries. Reactivity coefficients were output from multilevel models and used to test changes in negative affective and ambulatory BP reactivity to task demand, longitudinally. Results indicate that both systolic and diastolic BP reactivity increase with age, while negative affect reactivity does not change with age. Results are discussed in the context of life course theories of role strain and role changes and socioemotional theories of aging.

### FEELING YOUNGER, BEING YOUNGER: ASSOCIATIONS BETWEEN BIOLOGICAL AGE AND SUBJECTIVE AGE IN OLDER ADULTS

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Subjective age has been shown to be a strong predictor of both subjective and objective health outcomes. However, little is known about the extent to which individuals' subjective age is related to one's biological age or not. In our study, we examine how subjective age relates to biological age—a comprehensive multi-indicator biomarker algorithm aggregating information of metabolic, cardiovascular, inflammatory, lung, and kidney functioning. We used data from 996 older adults from the Berlin Aging Study II (mean age = 68.40 years, range 60 to 85, 52% women) who provided information about chronological age, biological age, and subjective age. Multiple regression analyses revealed that subjective age was associated with biological age among older women with and without controls for age, education, and physician-observed comorbidity, but not older men. Our findings suggest that subjective age might provide unique