

who were chronologically older at baseline. More favorable ATOA scores were associated with less increase in hearing problems. Higher scores on continuous growth went along with less increase in hearing problems, whereas higher social loss scores were associated with a steeper increase in vision problems. Several associations increased with advancing age. Our findings suggest that subjective age views indeed predict late-life changes in sensory problems.

#### ARE DIFFERENT DISEASES IN OLD AGE CONNECTED WITH DIFFERENT ATTITUDES TOWARD OWN AGING AND SUBJECTIVE AGE?

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Subjective views on aging (VoA; e.g., subjective age, attitude toward own aging "ATOA") are regarded as important biopsychosocial markers of aging but their antecedents are not entirely clear. Besides general risk factors (depression, cognition, activities of daily living), we compared multiple disease groups to establish connections between specific morbidities and risk for negative VoA. Data was drawn from the ActiFE-Ulm study for which a representative sample of community-dwelling older people (65-90 years) was recruited. Follow-ups were conducted 7.7 years (median) after recruitment (T2; N=526). Self-reported depression at T1 was the strongest general risk-factor for negative VoA at follow-up (both subjective age and ATOA). Back pain predicted negative ATOA, whereas rheumatism was associated to both negative ATOA and older subjective age. We conclude that diseases are differentially associated with VoA. Further, mental health problems such as depression seem to be of higher importance for VoA as compared to other factors.

### SESSION 5585 (SYMPOSIUM)

#### FACTORS ASSOCIATED WITH AGING BIOMARKERS: FINDINGS FROM THE NATIONAL HEALTH AND AGING TRENDS STUDY

Chair: Laura Samuel

Co-Chair: Thomas KM Cudjoe

Discussant: Eileen Crimmins

Few studies have examined associations between socioeconomic, psychosocial and environmental characteristics with biological markers of aging among nationally representative older adult samples. This symposium will present results from four studies that examine the associations between 1) socioeconomic factors (i.e. financial strain and income to poverty ratio), 2) environmental characteristics (i.e. home disorder, street block disorder and

community social cohesion) 3) social isolation (i.e. household size and social network), and 4) subjective well-being (i.e. positive affect, self-realization and personal mastery) as they relate to biomarkers of aging (hemoglobin A1c, IL-6, high-sensitivity CRP, and cytomegalovirus). Biomarker samples were obtained in 2017 via dried blood spots from 4,648 (88%) of the 5,265 self-responding participants of the National Health and Aging Trends Study (NHATS). NHATS is an ongoing study that conducts annual in-home interviews, which recruited a nationally representative cohort of Medicare beneficiaries aged 65+ residing in the contiguous United States in 2011 and replenished the sample in 2015. All analyses for the four studies presented in this symposium adjusted for demographic and socioeconomic characteristics and other potential confounders. Sampling weights were applied to account for study design and non-response so that inferences can be generalized to US adults aged  $\geq 67$  in 2017. Sessions of this symposium will highlight the socioeconomic, psychosocial and environmental characteristics that are associated with aging biomarkers. These results have clinical, policy and public health implications. These results can inform the development of interventions and policies aimed at improving biologic aging across the lifespan and reducing disparities in biologic aging.

#### FINANCIAL RESOURCES AND BIOMARKERS OF AGING IN THE NATIONAL HEALTH AND AGING TRENDS STUDY

Laura Samuel,<sup>1</sup> Laken Roberts,<sup>2</sup> Danielle Boyce,<sup>2</sup> Melissa Hladik,<sup>1</sup> Sarah LaFave,<sup>1</sup> and Sarah Szanton,<sup>1</sup> 1. *Johns Hopkins University, Baltimore, Maryland, United States*, 2. *Johns Hopkins University School of Nursing, Baltimore, Maryland, United States*

Lower income and financial strain (i.e. difficulty making ends meet) are associated with worse aging biomarkers, but evidence among nationally representative samples is limited. This cross-sectional study tested whether income to poverty ratio (analyzed separately for those  $< 500\%$  vs.  $\geq 500\%$  poverty threshold) and financial strain are associated with biomarkers of aging among NHATS participants aged  $\geq 65$  years ( $n=4,648$ ), adjusting for age, race/ethnicity, gender, smoking, BMI, and diabetes diagnosis for hemoglobin A1c. Sampling weights were applied. Among those with incomes  $< 500\%$  poverty, higher income was associated with lower hemoglobin A1c ( $b = -0.0196$ ,  $p = 0.007$ ), CMV ( $b = -0.0689$ ,  $p < 0.001$ ) and CRP ( $b = -0.0428$ ,  $p = 0.012$ ). Among those with incomes  $\geq 500\%$ , higher income was associated with lower IL-6 ( $b = -0.0001$ ,  $p = 0.023$ ) and lower CMV ( $b = -0.0001$ ,  $p < 0.001$ ). Financial strain was not associated with biomarkers. Income is more strongly associated with biomarkers among the lower income group, calling for special attention to this vulnerable population.

#### GETTING UNDER THE SKIN: THE ASSOCIATION BETWEEN SOCIAL ISOLATION AND INFLAMMATORY MARKERS

Thomas KM Cudjoe,<sup>1</sup> Carl Latkin,<sup>2</sup> David Roth,<sup>3</sup> Roland Thorpe, Jr.,<sup>3</sup> and Cynthia Boyd,<sup>1</sup> 1. *Johns Hopkins University School of Medicine, Baltimore, Maryland, United States*, 2. *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*, 3. *Johns Hopkins University, Baltimore, Maryland, United States*