(PR=2.24, 95%CI 1.89, 2.65, P-value <0.0001) and Blacks (PR=1.73, 95%CI 1.28,2.33, P-value 0.0003). The highest risk for T2D was among obese Whites (RR=3.35, 95%CI 2.93,3.82, P-value <0.0001) and Blacks (RR=1.60, 95%CI 1.28, 2.00, P-value <0.0001). Our findings found associations between PGS and T2D as well as some lifestyle factors among both Black and White individuals in a nationally representative sample with similar patterns in age, physical activity and poverty ratio. Our study supports the importance of including modifiable and non-modifiable life-style factors in the analysis of risk alleles for T2D to continue addressing the disparities between T2D risk between race/ethnicity groups

CROSS-GENERATIONAL UNDERSTANDING OF AGEISM AND ITS IMPACT ON PERSONAL-PUBLIC HEALTH

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In 2016, the World Health Organization (WHO) declared a call to combat ageism, labeling it "pervasive" and having "profound consequences on older adults' health and well being." This study explored generational differences in understanding the WHO's definition of ageism, between baby boomers (ages 65-72) and silent generation members (ages 78-85), as well as the perceived impact on personal and public health outcomes. A focus group protocol built around the WHO framing of ageism was administered to boomer (n=18) and silent generation members (n=11). Discussion was transcribed, reviewed in depth by each research team member, and themes were extracted by consensus. Members of both cohorts initially denied effects of ageism, stating that they reject discriminatory behavior; later sharing explicit examples of ageism's negative impact on their lives. Boomers conflated the words "ageism" and "aging", perhaps implying a lack of awareness of the terms and the issues as presented by WHO. A central finding was that older adults in both groups experienced economic and health care disparities due to their age. In both groups, perceived perpetrators of discriminatory behavior were found in various environments including places of employment, healthcare sites, restaurants, public transportation, retirement communities, and at home among family and care services. Our results are critical to understanding what environments to target for public health intervention efforts, which will include establishing future education and training for people of all ages to help society learn about ageism, and to advocate for inclusive and equitable treatment of older adults in the community.

SCHIZOPHRENIA EPIGENETIC AGING PATTERNS REFLECT ALTERED MORTALITY AND CANCER RISKS

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Schizophrenia (SZ) is associated with large increases in all-cause mortality, high smoking rates, and elevated levels of age-associated proteins—suggesting individuals with SZ may experience accelerated rates of biological aging. Yet surprisingly, multiple previous studies found no association between SZ and biological age using Horvath's epigenetic clock, a well-recognized and validated biomarker of aging based on DNA methylation (DNAm) levels. However, numerous epigenetic clocks have been developed to date, many of which are better indicators of differential lifespan and healthspan than the original Horvath clock. Thus, we hypothesize that these epigenetic clocks may be better proxies for the presumed accelerated aging rate in SZ. Here we investigate 14 epigenetic clocks using three publicly available DNAm datasets from whole blood, comparing SZ to non-psychiatric controls (NPC). In all data sets, we find SZ age acceleration in three clocks previously shown to be most predictive of age-related morbidity and mortality risk. In contrast, two clocks developed to capture mitotic rate are decelerated in SZ, consistent with low cancer rates despite smoking observed in epidemiological studies of SZ. We use these clocks to investigate the determinants of altered aging in SZ, such as smoking, alcohol, BMI, age-associated proteins, blood cell composition, and psychotropic medications. Principal component analysis suggests mortality clock acceleration, mitotic clock deceleration, and medication effects are independent phenomena in SZ. Our study demonstrates the importance of studying the various epigenetic clocks in tandem and highlights their potential utility for understanding how mental illness influences long-term outcomes including cancer and early mortality.

DO PERSONALITY TRAITS INFLUENCE PERCEPTIONS OF COGNITIVE CHANGE IN COMMUNITY DWELLING OLDER ADULTS?

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Recent research has linked personality traits and risk for cognitive impairment in advancing age. Associations with neuroticism are particularly robust. Both longstanding and recent elevations may predict dementia. Other traits – conscientiousness and openness to experience – also show unique associations. These findings derive mainly from large sample population studies and smaller clinical investigations. Relevance to the general population is unclear. We investigated the "big five" personality traits and cognition in 232 community-dwelling adults (73% female, 97% Caucasian, mean age 72 years). Scores on a self-report screen for dementia – the AD8 – framed the sample: 77% scored 0 points, no dementia; 23% scored 2+, possible dementia. Age and personality were independent variables in a binary logistic regression with AD8 status as dependent. All predictors but one, extraversion, were significant ($p < .05$), suggesting that personality traits may influence perceptions of cognitive change. Higher agreeableness and neuroticism predicted possible dementia status on the AD8, whereas higher openness and conscientiousness predicted normal cognition. Interestingly, most in the AD8 positive group (70%) denied having "more problems with memory than most" on the Geriatric Depression Scale. These perceptions would seem incompatible, especially for true positive cases. Our findings suggest that the role of personality in dementia screening (and, perhaps, diagnosis) may be more nuanced than indicated in other studies. Longstanding traits and present perceptions are both elements of the evaluative process, as much as test scores and reported history. Our findings speak to the value of a person-centered, context-aware approach in cognitive screening.