INTRODUCTION

Older adults (OA) are more likely to experience hypertension, hypercholesterolemia, and cardiovascular disease than are younger adults (YA). To an extent, OA also often engage in more health-preservation efforts (e.g. following a healthy diet and exercising).

Although these patterns of behavior may lead to the conclusion that older adults perceive a larger risk toward their health than do younger adults, risk perception varies greatly--especially when predicting persons' susceptibility to future illness. The current study used measures of risk perception and participant reports of physical activity to compare younger and older adults' perception of risk. We also examined the role of age-based stereotypic threat in risk perceptions. If older adults are reminded of their age and their greater susceptibility to future illness due to their age, their mindset may be altered such that they experience an increased perception of disease-related risk compared to those in a control condition. We therefore hypothesize that older adults will report an overall increased perception of disease-related risk, increased action self-efficacy, and greater motivation for health preservation than will younger adults, and this difference will be larger following older adults' exposure to our age-based stereotypic threat manipulation.

METHOD

Younger adult data was gathered from UWEC undergraduate students who participated through the SONA online research pool; participants received course credit or extra credit for their participation. Older adult data was gathered using Amazon's Mechanical Turk, where participants received monetary compensation.

RESULTS

In order to test our hypothesis that younger and older adults in our stereotype condition, would perceive greater risk towards their health. Results show a significant difference between younger and older adult risk percentages for only high blood pressure and preservation efforts (e.g. following a healthy diet and exercising).

Although these patterns of behavior may lead to the conclusion that older adults perceive a larger risk toward their health than do younger adults, risk perception varies greatly--especially when predicting persons' susceptibility to future illness. The current study used measures of risk perception and participant reports of physical activity to compare younger and older adults' perception of risk. We also examined the role of age-based stereotypic threat in risk perceptions. If older adults are reminded of their age and their greater susceptibility to future illness due to their age, their mindset may be altered such that they experience an increased perception of disease-related risk compared to those in a control condition. We therefore hypothesize that older adults will report an overall increased perception of disease-related risk, increased action self-efficacy, and greater motivation for health preservation than will younger adults, and this difference will be larger following older adults' exposure to our age-based stereotypic threat manipulation.

METHOD

Younger adult data was gathered from UWEC undergraduate students who participated through the SONA online research pool; participants received course credit or extra credit for their participation. Older adult data was gathered using Amazon's Mechanical Turk, where participants received monetary compensation.

After answering demographic questions, participants were asked to report their frequency of physical activity using the Godin-Shephard Leisure-Time Physical Activity Questionnaire (Godin, 2011). Participants also answered questions pertaining to their motivation for exercise and their current diet. Next, participants were randomly assigned to take either the Standard Rating Scale for Risk Perceptions (Gurmanink et al., 2005) in the stereotype threat group or asked questions about their walking ability in the non-stereotype threat group. Both groups then completed the Perceived Risk Scale (Lituchy et al., 2016) and the Geriatric Depression Scale (Sheehy & Yesavage, 1986). Finally, participants completed the Multidimensional Locus of Control (MHLC) Scale and answered more questions pertaining to their motivation for exercise and action self-efficacy (Wallston et al., 1978).

DISCUSSION

We hypothesized that older adults, when reminded of their age in our stereotype condition, would perceive greater risk towards their health. Results show a significant difference between younger and older adult risk percentages for only high blood pressure and preservation efforts (e.g. following a healthy diet and exercising), suggesting that the other conditions (e.g. stroke), were not statistically different based on age. This could be due to the overall low probability of a participant experiencing an affliction in their lifetime, such as stroke (33% lifetime chance), contrasted with the high probability of experiencing high blood pressure (33% lifetime chance). Younger adults may have reported a greater perceived chance for high blood pressure because they know it may happen to them in the future, whereas older adults, if they do not have it yet, may think that they will not acquire it in their lifetime if they have not already.

Additionally, we predicted that older adults would have an overall higher percentage of risk when asked to complete the Perceived Risk Scale (Lituchy et al., 2016) due to the nature of the incidents occurring more in the older adult population. However, we found that there were no significant differences between younger and older adults in all incidents. This suggests the need for further research to more acutely identify the interactions between age and the specific types of incidents tested.

Finally, future research is needed to refine the effect of our stereotype manipulation so that our non-stereotype threat condition will not be stereotype threat inducing. A different non-health-related survey could be used as the non-stereotype threat to create a larger difference between the two conditions.

FUTURE DIRECTIONS

Our goal in performing this pilot study was to investigate the differences between younger and older adults in their perception of their own health. If we can determine trends for how people of different ages perceive their health risk, we can provide education towards effective health preservation efforts to lower perceived risk. Further research is necessary to determine the interactions between age and the perceived chance of experiencing a certain affliction or the perceived likelihood of experiencing a certain incident.

ACKNOWLEDGEMENTS

This study was supported by the UW-Eau Claire Blugold Fellowship Program, which is jointly funded by Differential Tuition and Foundation, and by the UW-Eau Claire Office of Research and Sponsored Programs. We thank Learning and Technology Services for printing the poster.