Framing Heart Disease: A Qualitative Study
Exploring the Perceptions of African American Women on Heart Disease Awareness

by
Johari Hamilton

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Thesis Committee:

Dr. Sally Ann Cruikshank, Chair

Dr. Ken Blake, Member

Dr. Jennifer Woodard, Member

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Abstract

Compared to men and other women, African American women have the highest rate of mortality related to heart disease. Heart disease awareness is often disseminated through the media, with public health initiatives targeting specific groups. This qualitative study examines African American women's perspectives on heart disease awareness. Using framing theory from the audience's perspective, data were collected and analyzed based on feedback from 12 African American women aged 18-22 across four focus groups. Thematic and critical discourse analyses were conducted, and four themes were identified: perceptions of risk, perceptions of the leading cause of death, perceptions of heart disease awareness in the media, and lack of representation. Most participants said they were not at risk for heart disease and believed childbirth was the leading cause of death among African American women. Participants mentioned that African American women were underrepresented regarding race and gender in most health-related messages in the media.

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CHAPTER I

Heart Disease Awareness

Introduction

As an African American woman and former healthcare worker, understanding how health messages are framed is crucial because health disparities disproportionately affect African Americans' mental and physical health. Specifically, health disparities among African American women lead to chronic and life-threatening diseases like cancer, stroke, and heart disease (National Heart, Lung, and Blood Institute, 2023; CDC, 2024). According to the National Heart, Lung, and Blood Institute (NHLBI) (2023), African American women are more likely to die from heart attacks than women of other races. Additionally, in 2023, the NHLBI reported that only 30% of African American women were aware of their significant risk of heart disease (NHLBI, 2023). While economic, social, and environmental factors influence health disparities, a study by Laz and Berenson (2013) indicates that African American women are less likely than White and Hispanic women to seek general health-related information online due to mistrust of online sources and a lack of relevant health messages.

An accurate representation of African American women in health messaging is critical to thwart health disparities like heart disease among the demographic (Ogunniyi et al., 2022). According to Ogunniyi et al. (2022), "The ethnic diversity, regions of origin, and acculturation of Black women should be considered in the design of research studies and culturally tailored strategies" (p. 1763). There are limited qualitative studies on African American women and heart disease awareness (Guenther et al., 2020).

This qualitative study will use framing theory to examine how African American women perceive heart disease awareness. Framing involves salient themes embedded in the text and helps the audience make sense of the world around them (Goffman, 1974; Entman, 1993). This study will examine African American women's perceptions of heart disease awareness through focus groups and thematic and critical discourse analyses of participants' feedback.

Background

Since the beginning of the 20th century, heart disease has been viewed as a "death sentence" and was the leading cause of death in the U.S., prompting cardiovascular research and the launch of the American Heart Association (Dalen et al., 2014; American Heart Association, 2025b). During the 1930s and 40s, 1 in 2 Americans died from heart disease (Mahmood et al., 2014; Levy, 2018). Public awareness of the disease remained obscure until President Franklin D. Roosevelt died of a massive stroke and heart failure in 1945 (Levy, 2018). Three years later, the American Heart Association (AHA) launched "Walking Man," the first heart disease fundraiser, as a radio contest on "Truth or Consequences." (AHA, 2025b). However, it was not until 1955, when President Dwight Eisenhower successfully recovered from a heart attack, that heart disease awareness became more widespread (AHA, 2025b).

Conversely, the mortality rate decreased as the public became more informed of the risks, prevention, and treatment options (Dalen et al., 2014; AHA, 2025b). In 1964, President Lyndon B. Johnson established February as *National Heart Month* (AHA, 2025b). In 1968, the American Heart Association launched a public health nutrition pamphlet titled *The Way to a Man's Heart,* which educated women on how to keep their husbands' hearts healthy through diet (Williamson,

2024). According to Williamson (2024), the pamphlet followed a 1960s conference held by the organization titled *"How Can I Help My Husband Cope with Heart Disease?"*

Over the years, scientific research and the media have focused on heart disease primarily as a man's disease (Williamson, 2024). Several newspaper and magazine articles were published regarding the impact of heart disease in men. For example, in 1972, the New York Times published an article sharing new data about the death rates caused by heart attacks that had risen since 1950 in men aged 25 to 44 (Altman, 1972). The article highlighted the sudden death of Major League Baseball player and New York Mets manager Gil Hodges, who had died from a heart attack the week the article was published. A doctor representing the American Heart Association was interviewed for the story, including data regarding a 4% increase in mortality rates among men ages 45 to 64 (Altman, 1972).

In 1981, a *Time* magazine cover story, "*Taming the No. 1 Killer: Heart Disease,"* featured several stories about men who suffered from heart disease and received interventions and treatments (Toufexis, 1981). Amongst those stories about the impact of heart disease in men was one story about a woman who had had a successful heart-lung transplant. More unremarkably, regarding the risk factors of heart disease in African Americans, the article mentioned that "more Blacks" have hypertension (Toufexis, 1981, para. 9). According to the American Heart Association, women were not widely included in heart disease awareness until the mid-80s (Williamson, 2024). During that time, the Framingham Heart Study, "the first in-depth, long-term cardiovascular investigation in the U.S., began reporting "sex-specific patterns of heart disease, questioning whether the magnitude of this condition in women was being overlooked" (Williamson, 2024, Left out of research section, para. 2).

According to Williamson (2024), more women are dying from heart disease, which calls for more inclusive research. The Framingham Heart Study included both men and women and emphasized the importance of involving women in heart disease research for over 40 years (Mahmood, 2024; Williamson, 2024). Although legislation was passed in 1989 to include women in medical research, heart disease awareness among women remained limited. Women continued to be treated for heart disease based on studies on “middle-aged men" (Williamson, 2024, Left out of research section, para. 5).

In 2001, the National Academy of Medicine (then the Institute of Medicine) reported the "underrepresentation of women in clinical trials and sex biases in medicine" (Williamson, 2024, Left out of research section, para. 7). In 2002, *The Heart Truth*, the first government-funded national heart disease awareness campaign for women was launched (NHLBI, 2023). The campaign symbol is the "Red Dress," which emphasizes that heart disease is not just a "man's disease" (NHLBI, 2023, para. 5). In 2014, *The Heart Truth* campaign collaborated with the American Heart Association's *Go Red for Women* campaign and was initially launched targeting women of color aged 40-60 (NHLBI, 2023).

In 2003, *Time* magazine published an article, *The No. 1 Killer of Women*, highlighting the research and data regarding women and heart disease. The article aimed to demystify the typical heart attack symptoms that had traditionally been connected to men and portrayed in the media. For example, Kathy Kastan, a 43-year-old psychotherapist from Memphis, Tennessee, shared how she underwent bypass surgery after experiencing atypical and typical symptoms that were initially overlooked by her physician (Gorman, 2003).

Although heart disease awareness has doubled since the campaign launched in 2002, African American women are at the most significant risk for heart disease and have the highest rate of mortality among all other races and ethnic groups (NHLBI, 2023; AHA, 2025a). A study examining cultural intersectionality from the perspective of *The Heart Truth* campaign suggests that future campaigns include counterhegemonic content that reduces or eliminates knowledge barriers and overall awareness (Vardeman-Winter & Tindall, 2010). Women of color who participated in the study identified hegemony and the use of dominant social norms in factors like skin tone, socioeconomic status, and diet (Vardeman-Winter & Tindall, 2010, p. 9). The study participants used examples of recipes primarily used by White people or images of light-skinned Black women within the content.

Literature Review

According to the U.S. Centers for Disease Control and Prevention (CDC) (2024), heart disease is the leading cause of death among adults in the United States. Heart disease includes coronary artery disease, which causes heart attacks due to blockages forming inside the walls of the arteries, and cardiac arrhythmias, which can cause atrial fibrillation, a potentially fatal rhythm in the heart. Heart failure can also be caused by weakening of the heart muscle (CDC, 2024). Studies of patients experiencing heart attacks show that symptoms can vary by gender (Brush et al., 2020; Roos et al., 2020; Pratesi, 2024).

For example, unlike men, women may experience nausea, vomiting, and pain between the shoulders. Because women can experience atypical symptoms without the typical chest pain and sweating that men usually experience, they commonly receive misdiagnosis and are undertreated for heart-related issues (Molix, 2014). Furthermore, Breathett et al. (2020) found

that "bias related to gender and race could lead to delayed allocation and inequity in patient outcomes" (p. 11). Molix (2014) suggests that women do not receive the medical care that men do, further suggesting a relationship between heart disease and gender.

According to Pratesi (2024), the risk of heart disease reverses between genders around age 65 due to the biological effects of postmenopausal hormonal changes and an increased prevalence of chronic diseases like diabetes and hypertension (high blood pressure). Although the risk factors of heart disease commonly include hypertension, diabetes, high cholesterol, and smoking, gender-specific risk factors like hormonal changes, gestational diabetes, and autoimmune diseases like systemic lupus also increase a woman's chances of developing heart disease (Pratesi, 2024; Salehi & Leppert, 2024).

Traditionally, women have lacked representation in medical research and public health awareness regarding heart disease (Lerner & Kannel, 1986). Among men and women in the U.S., African American women have the highest rate of heart disease (Martin et al., 2024). Moreover, African American women are at greater risk for heart disease than other races of women (Mehta et al., 2023; AHA, 2024). However, research shows that younger African American women are even less likely to know their risk of heart disease than older African American women (Kalinowski et al., 2019).

Although menopause puts women at greater risk, heart disease also impacts younger African American women. Almost 60% of African American women 20 years and older already have some form of the disease (AHA, 2025a). Furthermore, due to risk factors such as high blood pressure and diabetes, heart disease causes more complications and deaths among African American women during pregnancy and postpartum. According to the American Heart

Association, African American women are 3.5 times more likely to die from complications due to heart disease during pregnancy than White women (AHA, 2025a). Moreover, the mean age at first birth for African American women in 2022 was 25.8 (Statista, 2024).

A study examining the prevalence of heart failure in White and Black young adults found that African American men and women were 20 times more likely to develop heart failure than White men and women (Bibbins-Domingo et al., 2009). The same study found that the prevalence of heart failure in African Americans was higher before the age of 50, and the mean age for diagnosis was 39. Conversely, the associated risk factors for heart failure, such as hypertension and obesity, were present 10 to 15 years before diagnosis (Bibbins-Domingo et al., 2009). Over a decade ago, Bibbins-Domingo et al. (2009) suggested that the findings were critical in preventing heart failure among the demographic.

Moreover, a study examining the early onset of risks associated with the disease in younger African American women highlights the prevalence of "environmental factors and social justice inequities" that impact African American women, thus increasing their risks of chronic diseases such as heart disease (Kalinowski et al., 2019). The authors posit that such perilous historical factors and inequities persist among the demographic. According to Kalinowski et al. (2019), "The added burden of racial and sex discrimination and of socioeconomic adversity has contributed to a dangerous environmental exposure with effects that reach across generations: chronic stress."

The impact of stress on African American women's health may be associated with the "Strong Black Woman" trope, an internal and external illusion that Black women can handle immense stress and pressure (Herndl, 1995). In a study examining stress and its effects on

African American women's health, Woods-Giscombé (2010) explores the descriptions and perceptions of African American women regarding "The Strong Black Woman/Superwoman" role. The study showed how specific experiences, such as mistreatment and single parenting, influenced how African American women perceived the "Strong Black Woman" role (Woods-Giscombé, 2010).

Another study on eating disorders among African American women explored how the "Strong Black Woman" stereotype affected their health (Godbolt et al., 2022). The study used structured interviews to examine how the "Strong Black Woman" stereotype relates to stress factors in African American women. Godbolt et al. (2022) suggest that sexist and racist influences may contribute to unhealthy eating habits such as overeating, causing other health issues among the demographic.

However, the inherent correlation between stress and heart disease is underresearched. Nonetheless, research shows that African American women's exposure to stress related to parenting can contribute to the development of hypertension, which also increases their risk for heart disease (Kalinowski et al., 2019). Furthermore, as stress becomes normalized, it may contribute to decreased awareness of heart disease among younger African American women. Symptoms of anxiety and stress can mimic atypical symptoms of a heart attack, which might contribute to the dismissal or denial of heart-related issues among the demographic (Kalinowski et al., 2019).

Despite the increased risk of heart disease, African American women face race and gender discrimination and bias and are underrepresented within the healthcare system in the U.S. (Ogunniyi et al., 2022). Health disparities contribute to the prevalence of heart disease among

African Americans (Carnethon et al., 2017). According to the National Institute of Minority Health and Health Disparities (2024), a health disparity is defined as:

> A health difference that adversely affects disadvantaged populations compared to a reference population, based on one or more health outcomes. All populations with health disparities are socially disadvantaged due in part to being subject to racist or discriminatory acts and are underserved in health care (para. 2).

More specifically, due to "institutional and structural discrimination," African Americans are more likely to experience unemployment and a lack of access to healthcare, which contribute to health disparities (Kalinowski et al., 2019, p. 1003).

Therefore, African American women are less likely to be aware of the risks and symptoms of heart disease because of health disparities related to race, gender, socioeconomic status, education, and environment (Mehta et al., 2023; Wenger et al., 2022; AHA, 2024). In 2023, only 30% of African American women knew about their significant risk of heart disease (NHLBI, 2023). According to the American Heart Association, heart disease awareness among African American women began to decline after 2009 (Cushman et al., 2020). Online surveys of U.S. women aged 25 and older were performed in 2009 and 2018. In 2019, the age range was decreased to include women aged 18 to 24. These online surveys also oversampled Hispanic and non-Hispanic Black women to better represent the demographics (Cushman et al., 2020).

The results of each survey were compared to examine how many women were aware that heart disease was the leading cause of death. The report revealed that awareness had declined among Hispanic and non-Hispanic Black women from 2009 to 2019 (Cushman et al., 2020). Moreover, respondents reported breast cancer as the leading cause of death (Cushman et al., 2020). According to Cushman et al. (2020), women were seven times more likely to die from heart disease than from breast cancer. The report also revealed that most women were unaware

of the symptoms of heart disease (Cushman et al., 2020). An appeal was made for public health organizations to intensify efforts to increase heart disease awareness among the relevant demographics (Cushman et al., 2020; Wenger et al., 2022). According to Carnethon et al. (2017), a multidisciplinary approach is needed to decrease the multiple factors contributing to the prevalence of health disparities related to heart disease in African Americans. Williams and Cooper (2019) suggest that mitigating health disparities "requires dismantling the systems that initiate and sustain inequities in a broad range of societal institutions that are the drivers of inequities in health" (p. 2).

CHAPTER II

Theoretical Framework

Framing Theory

Framing theory posits that people use frames to construct and make sense of the world (Goffman, 1974). Entman (1993) defines framing as "salience" and "selection" (p. 52). According to Hall (1973), framing theory comprises the media (encoding) and audience (decoding) of the text. Consistent with Hall's (1973) definition of media frames, salience is defined as pieces of text that the communicator highlights to help the receiver interpret the meaning of the text (Entman, 1993). Conversely, the audiences' frames "raise the salience or apparent importance of certain ideas... that encourage target audiences to think, feel, and decide in a particular way" (Entman, 2007, p. 164). Although media frames are included in framing

theory, they are outside the scope of this study. This research will use audience frames to examine African American women's perceptions of heart disease awareness.

Furthermore, framing uses "selection and salience, and use of the highlighted elements to construct an argument about problems and their causation, evaluation, and/or solution" (Entman, 1993, p. 53). Entman (1993) states that framing highlights keywords, symbols, metaphors, concepts, and visual images. Through these factors, framing guides the audience's thinking and understanding by highlighting salient themes within the text. However, salience can represent what is included and excluded from the text, depending on the frame.

Frames and themes are used interchangeably and are connected to meaning (Pan & Kosicki, 1993). Themes are "the central idea collating the threads to form a coherent whole" (Pan & Kosicki, 1993, p. 9). Themes and meanings can be understood through shared experiences or norms. When applying frames to news stories, Pan and Kosicki (1993) suggest four aspects of framing: "syntactical structure, script structure, thematic structure, and rhetorical structure" (p. 59). The thematic structure application focuses on a hierarchical integration of themes and subthemes to emphasize the frames embedded in the text. Again, these themes and subthemes guide the audience to make sense of the news story or text.

Framing in Quantitative Research

Previous quantitative research on gain-and loss-framed health messages (Rothman & Salovey, 1997; Heideker & Steul-Fischer, 2017) provides a basis for this qualitative study. Rothman and Salovey (1997) suggest three essential steps when determining the influence of framed health messages:

- The receiver must adequately process the message to become a cognitive image related to the issue.
- The frame must be accepted before it can be perceived.
- A frame is more likely to impact a person's behavior when the frame and recommended behavior are congruent.

Customized framed health messages are more effective at reducing perceived risk than generic ones (Heideker & Steul-Fischer, 2017). Public health organizations should consider incorporating personal context and avoid distributing generic information to all audiences. Furthermore, source credibility is a crucial factor influencing risk perception across different demographics (Heideker & Steul-Fischer, 2017). Future research exploring framing effects beyond gains and losses could enhance understanding of health risk perception (Heideker & Steul-Fischer, 2017; Guenther et al., 2020).

Framing in Qualitative Research

Qualitative studies have been done on thematic and visual health message frames amongst minorities (Brunton, 2007; Guenther et al., 2020; Lama et al., 2022). Two significant themes arise in qualitative research. Minority groups seek health messages with representation and are more likely to reject the status quo (Brunton, 2007; Lama et al., 2022). Distrust is a key factor for risk perception among various demographics (Brunton, 2007; Lama et al., 2022).

Although public health resources were seen as mainly credible, Marsh et al. (2014) found that women connect with health information through their communities and look for messages that include social and family themes. Additionally, African American women might prefer receiving health information through social media (Marsh et al., 2014). Limited qualitative

research has been conducted on framing using a qualitative approach (Brunton, 2007; Marsh et al., 2014; Guenther et al., 2020; Lama et al., 2022). Lama et al. (2022) recommend that more visual images representing African Americans are needed.

Framing Health Messages

Although framing health messages has become more common over the past 20 years, more research is needed on framing heart disease. (Guenther et al., 2020). A meta-analysis found that most research related to framing and health has focused on cancer, nutrition, and vaccination (Guenther et al., 2020). Framing health communication has been used in both quantitative and qualitative studies (Rothman & Salovey, 1997; Brunton, 2007; Marsh et al., 2014; Heideker & Steul-Fischer, 2017; Guenther et al., 2020; Lama et al., 2022). Most studies have employed quantitative methods (Guenther et al., 2020). Quantitative research has mainly examined gain and loss frames (Rothman & Salovey, 1997), while qualitative studies have used textual analysis to explore the themes and nuances of health-related texts.

According to Guenther et al. (2020), more research on visual frames is needed at the time of the analysis. Assuming quantitative and qualitative approaches apply, Brunton (2007) suggests that "Questions which arise from the differing responses to framed communication reflect the crucial importance of recognizing the information needs of diverse populations in any communication strategy, which indicates the important need for future research in this area" (p. 127).

Stuart et al. (2017) suggest there is a need for greater understanding of how medical practitioners frame messages. They argue that biases shape the way medical practitioners frame

patients. Race, gender, and diagnosis determine how patients are framed and treated (Stuart et al., 2017).

Framing Heart Disease Awareness

A study examining the framing of *The Heart Truth* campaign revealed salient themes that arose in the messaging that feminized heart disease (Gonsalves et al., 2015). Findings also suggest "the portrayals of cardiovascular disease and the implications for the social construction of identities for women at risk, in relation to *The Heart Truth* campaign, were identified" (Gonsalves et al., 2015, p. 144).

Heart disease symptoms in men have historically been the primary focus of the disease (Fallon, 2019). As heart disease has traditionally been viewed through a male-centric lens and awareness efforts have centered on men, Fallon (2019) suggests that "heart disease was examined, evaluated, and warned about in men and rendered virtually invisible in women" (p. 578). Despite progress in raising awareness about women's heart health, including African American women, disparities among these groups persist.

Gamson and Modigliani (1989) suggest that frames or "media discourse can be conceived of as a set of interpretive packages that give meaning to an issue. Hall (1973) describes mass media, specifically television broadcasting programs, as "institutional structures" that produce and disseminate framed messages based on the producer's "ideologies and assumptions about the audience" (p. 509). Furthermore, Entman (1993) describes the concept of framing as emphasizing or highlighting pieces of information throughout the communication process to help the audience make sense of the text.

Although African Americans favor media for health-related information, they lack media representation (Brodie et al., 1999; Friedman et al., 2012). Regarding health-related communication, African Americans seek information that includes racial and cultural representations (Friedman et al., 2012; Nielsen, 2021). One study found that middle-aged African American men preferred culturally specific information related to the benefits of physical activity (Friedman et al., 2012).

Regarding heart disease awareness and public health messages for women, Beery (1995) suggests that women experience gender bias and have historically lacked representation. Heart disease has historically been framed as something men have (Curry & O'Brien, 2006). Messages and medical research on heart disease have predominantly included men (Fallon, 2019). According to Beery (1995) and Curry and O'Brien (2006), women suffering from heart disease symptoms were more commonly diagnosed and treated for mental or psychological illnesses.

For example, in a study using semiotics and content analysis of images in health-related advertisements for depression and cardiovascular disease, images depicting males and cardiovascular drugs were higher than those depicting males and antidepressant drugs. However, images depicting females and antidepressant drugs were higher than those depicting females with cardiovascular drugs (Curry & O'Brien, 2006). Media-integrated sex stereotypes continue to marginalize women regarding health communication. Aronowitz (2008) suggests that "these framing effects shape population health by influencing health and illness beliefs; patterns of consumption and other behaviors; perceptions of what interventions and policies work; class, ethnic, and other social dynamics; and clinical and public health practices" [Abstract, p. 1].

Although sex and gender biases exist among all women, African American women are disproportionately impacted by health inequities related to sex, gender, and race (Chinn et al., 2021; Ogunniyi et al., 2022). According to Chinn et al. (2021), the lack of access to health care has caused the prevalence of health-related issues in African American women. Regarding racism in the health context, Lukachko et al. (2014) suggest that "structural racism may harm the health of groups that are targeted with discrimination, but at the same time benefit those in a position of dominance" (p. 48). Moreover, Lukachko et al. (2014) found that structural racism and myocardial infarctions (heart attacks) have a positive correlation. Furthermore, Feagin and Bennefield (2014) argue that White healthcare practitioners have racially discriminated against Black patients and, at best, generally portrayed them using racialized framing.

Furthermore, studies show that African American women suffer from a lack of representation in health communication (Vardeman-Winter, 2016). For example, a qualitative study examining why women of different races engage with health information found that women want customized communication that focuses on their needs (Aldoory, 2009). Framing involves how the audience makes sense of the message (Goffman, 1974; Entman, 1993). In the same study, African American women's sense-making was linked to their identification with their race within the information (Aldoory, 2009). Identification as sense-making was not associated with White women. According to Aldoory (2009), "There seemed to be a chasm between the women who saw themselves in health messages every day and the women who rarely saw people similar to themselves in health messages (p. 181).

Regarding news framing and clinical trial participation, Kirkpatrick et al. (2022) suggest that messages featuring prior participants from the target demographic will elicit greater

involvement in clinical trials. This statement is consistent with Nielsen (2021), who reported that African American women are more likely to seek media representations that accurately depict them.

Since the early 2000s, *The Heart Truth* and *Go Red for Women* campaigns have used social media to disseminate heart health information to women. In 2012, the American Heart Association and actress Elizabeth Banks created the film *Just a Little Heart Attack*. Posted on YouTube, the short film starring Banks is based on the real-life experiences of a woman who is so overwhelmed with her responsibilities that she ignores the symptoms of having a heart attack until she can no longer stand and ends up calling 911 while lying on the floor (AHA, 2012). Although the video garnered almost a million views, Vardeman-Winter and Tindall (2010) suggest that for campaigns targeting women of color to be effective, designers should "understand women from racial minorities' perspectives on health not as the 'other' to White women, but equally or more deserving of attention at the initiation of campaign work, particularly when health disparities exist" (p. 10).

Research Questions

The following research questions aim to explore how African American women perceive their awareness of heart disease.

1. How do African American women perceive their risk of heart disease?
2. How do African American women perceive heart disease awareness campaigns?
3. How do African American women perceive racial representation in heart disease campaigns?

4. How do African American women perceive gender representation in heart disease campaigns?

CHAPTER III

Methodology

Focus Groups

African American women have the highest rate of heart disease (CDC, 2024; Martin et al., 2024; AHA, 2025a). Despite the increased risk of heart disease, African American women are less likely to know the risks and symptoms of heart disease due to health disparities, including race, gender, socioeconomic status, education, and environment (Mehta et al., 2023; AHA, 2024). Moreover, research shows that the risks of heart disease in African American women can begin as early as age 20 (Bibbins-Domingo et al., 2009; AHA, 2025a). Knowing the risk of heart disease as a young adult could reduce the mortality rate in African American women (Bibbins-Domingo et al., 2009; CDC, 2024; AHA, 2025a).

A 2019 American Heart Association survey on heart disease awareness revealed a decline in Hispanic and non-Hispanic Black women among younger demographics (Cushman et al., 2020). This research study uses focus groups to examine the perceptions of African American women aged 18-22 regarding heart disease awareness. A qualitative approach using focus groups was selected to gain deeper insights into participants' perceptions and attitudes regarding framed health messages in media (Brunton, 2007; Lama et al., 2022). The impact of health awareness can be influenced by media messages and public health campaigns (Harrison et al., 2016).

Focus groups offer valuable feedback from participants' discussions related to a specific topic or issue, making this an effective method for examining perceptions of health awareness (Stevens, 1996; Miller et al., 2004; Lama et al., 2022). To capture themes that may arise during discussions, focus groups typically consist of four to ten participants (Casey & Krueger, 1994). However, smaller or mini focus groups can include four to five participants, while two or three participants are considered a dyad or triad (Webster & Goldstein, 2023).

Although four to eight participants are ideal, smaller focus groups or dyads can provide substantial feedback about a topic or issue (Webster & Goldstein, 2023). In this study, the first two focus groups were considered dyads because they each had two participants (Appendix B). However, the data collected during the first two focus group sessions provided in-depth discussions, with overlapping themes also present in focus groups 3 and 4.

Furthermore, including a minimum of four focus groups was required to obtain sufficient data, and reaching saturation was also considered. The point of saturation is reached when overlapping themes are present and no new themes emerge across all groups (Hennink & Kaiser, 2022). Researchers should consider conducting four to eight focus groups before reaching saturation (Hennink & Kaiser, 2022).

Participants and Protocol

Purposive and convenience sampling were used to obtain African American women aged 18-22 (Moser & Korstjens, 2018). These ages were chosen based on previous findings that suggest that the risk for heart disease affects younger demographics of African American women. Twelve women participated in four focus groups, each comprising between two and four women (Appendix B). Participants were recruited using various strategies, including sending

emails, posting flyers, and presenting to students during class time. Although those strategies yielded some participation, actively approaching students who fit the criteria and demographic proved the most effective strategy. As an incentive, faculty were asked to give students extra credit for participating.

Focus group sessions were held on the MTSU campus. The first two sessions were held on different days in the same classroom in the School of Concrete and Construction Management (SCCM). Because participants were scheduled for the first two sessions, they lasted longer. The first one lasted approximately 1 hour and 15 minutes, and the second 50 minutes. The last two sessions were held on the same day in the John Seigenthaler conference room inside the Bragg building. Due to limited time during or between classes, the last two sessions were shorter in duration. The third session lasted approximately 21 minutes, and the fourth was 38 minutes. The SCCM classroom worked well for sessions scheduled after 3 p.m. However, the Seigenthaler conference room setting was convenient for recruiting participants on the spot.

Each participant verbally consented to participate in the study in accordance with MTSU's Institutional Review Board (IRB). Focus group session schedules were as follows: (a) welcome and introduction, (b) completion of demographic questionnaire, (c) debriefing with the participants, (d) discussion based on study questions, (e) debriefing with the committee chair/observer. All focus groups were recorded via phone and a Tascam recording device for backup. Participants were asked a series of questions that supported the goal of the study and aligned with the four research questions. Development of the focus group questions was guided by previous studies on heart disease awareness and framing theory based on audience frames.

(Appendix A.) Follow-up questions were asked and varied depending on participants' responses across all four focus groups.

Data Analysis

Audio recordings were transcribed using Microsoft Word transcription. Notes taken during the focus groups were incorporated into the data. Transcriptions were compared to the audio for accuracy. Data were organized by systematically categorizing, highlighting, and ranking patterns and themes that emerged in the data.

Thematic and critical discourse analyses were conducted to examine themes and patterns that aligned with the research questions and framing theory regarding audience frames. Critical discourse analysis (CDA) was also performed to examine how participants interacted with the text and with other focus group participants (Mogashoa, 2014). Fairclough (2001) suggests that CDA reveals subjective information based on how group participants interpret verbal and nonverbal language through a "mental context" (p. 109).

CHAPTER IV

Results and Discussion

This study examined African American women's perspectives on heart disease awareness in the media by collecting data from four focus groups consisting of 12 women aged 18-22. Data analysis identified four main themes: perceptions of heart disease risk, perceptions of the leading cause of death, heart disease awareness in the media, and lack of representation. Thematic and critical discourse analyses showed that participants' overall understanding of heart disease

awareness is limited and influenced by the "Strong Black Woman" stereotype, shared experiences with family and community, racial and gender portrayals, and historical biases in research specific to women, especially African American women. Most participants reported having little or no knowledge about heart disease awareness. Many did not know the risks or how heart disease affects them. Overall, participants felt that heart disease awareness lacks racial and gender representation. Additionally, the data revealed that most participants were aware of the insufficient amount of medical research conducted on African American women. Phrases like "not enough" and "lack of" appeared during CDA, highlighting concerns about research and health messaging related to African American women.

African American women's underrepresentation in heart research may be related to age (NHLBI, 2023). For example, women 18-24 were not included in surveys performed on women 25 and older between 2009 and 2018, which revealed that heart disease awareness had declined among Hispanic and Non-Hispanic Black women (Cushman et al., 2020). The study highlights the correlation between heart disease awareness and the perceived leading cause of death among women, revealing that most women perceived breast cancer to be the leading cause of death. This study highlights the connection between awareness and women's perception of the leading cause of death, along with social and environmental factors that may influence how African American women perceive heart disease awareness.

Perception of Risks of Heart Disease

Regarding RQ1, how African American women perceive their risk of heart disease, this study identified three primary subthemes related to the perception of heart disease risks: stress, cholesterol, and age. These subthemes were derived from research that highlights key risk factors

associated with heart disease, ranked by the frequency of responses from the highest to lowest. The responses addressed the questions about the risk factors of heart disease.

Stress

Stress among African American women was a salient subtheme in discussions about the risk of heart disease and was mentioned by several participants across all four focus groups. Specifically, one participant said, "…making a choice to be stress-free and also …care for your mental health, as well, which I feel like impacts stress as well" (Focus Group 2). A participant from focus group 3 made this statement:

> As a community of Black women, we have stress on us, especially like us in college…. We… hear that thing of work[ing] 10 times harder just to get to the same place as any other race. I think we run a lot on pressure [and] on stress.

Another participant added:

> I feel like… stress is… leading things in African-American women because there's so much around in the environment, whether it's kids, [or] whether it's like your job or something like that, …I feel like stress is just one of those things that daunts African American women's… being as a whole (Focus Group 4).

Stress was inevitably the main risk factor among participants. Historically, the "Strong Black Woman" stereotype has impacted generations of African American women, creating an illusion that African American women can handle high levels of stress or pressure (Herndl, 1995; Woods-Giscombé, 2010; Kalinowski et al., 2019; Godbolt et al., 2022). Unfortunately, many African American women may view chronic stress as a way of life and not something damaging or detrimental to their health (Woods-Giscombé, 2010). Thus, African American women may not seek healthcare when experiencing particular signs and symptoms related to stress (Molix, 2014).

Stress is inherently shared among African American women, but it also remains a collective challenge (Herndl, 1995; Kalinowski et al., 2019). Often, children share the responsibilities, as African American women try to care for family and community needs while balancing social and professional expectations (Woods-Giscombé, 2010). For example, African American girls and teens may experience stress through delegated roles and responsibilities, such as caring for younger siblings or taking a job after school to help pay the bills. On the contrary, the opposite may also occur as African American women rely on their mothers to help with or become guardians and providers for their grandchildren (Woods-Giscombé, 2010; Kalinowski et al., 2019).

Circumstantially, many African American women are the breadwinners or sole providers in their households. As a double minority, African American women face discrimination in the workplace regarding hiring, promotions, and wages, which also affects stress levels (Godbolt et al., 2022). Stress is also exacerbated in African American women through the prevalence of social injustice among African American men (Godbolt et al., 2022). For example, African American women may experience anxiety due to their sons' or husbands' driving, fearing they might be pulled over or stopped by police (Kalinowski et al., 2019).

Cholesterol

Cholesterol was mentioned as a risk or sign of heart disease in three of the four focus groups. When asked what comes to mind when thinking about heart disease, one participant said, "I think about cholesterol. I know it's bad" (Focus Group 1). The same participant mentioned Cheerios as her first introduction to heart disease. When thinking about heart disease, another

participant said, “When I hear about heart disease, high cholesterol [comes to mind], and I know that definitely impacts the Black community” (Focus Group 2). A participant from focus group 4 said, “I definitely know high blood pressure and cholesterol are a major thing,” referring to the leading cause of death in African American women.

Unsurprisingly, cholesterol was the second leading cause of death among participants. One participant mentioned seeing commercials about cholesterol, such as those for Cheerios, which claimed that Cheerios could help lower cholesterol levels. Conversely, participants also noted seeing prescription drug commercials more often than heart disease-related ones. Although participants did not specifically mention seeing ads for cholesterol-lowering medications, research shows that these medications are among the most advertised prescription drugs (Niederdeppe et al., 2013; Chang et al., 2017).

Cholesterol, along with other risks such as hypertension and diabetes, is highest among African Americans. Shared experiences with family and community about the effects of cholesterol may be the connection between heart disease and cholesterol. The participant who mentioned the Cheerios commercial said she learned of cholesterol's effects through her grandparents, who changed their diet to lower their cholesterol levels.

Traditionally, high cholesterol has been associated with men (AHA, 2025c). Participants’ knowledge of cholesterol as a risk factor for heart disease may be more strongly related to men than to women (Aronowitz, 2008). Another participant discussed how she was concerned about her father, who was diagnosed with high blood pressure and cholesterol (Focus Group 4). Another participant in the same group mentioned watching television shows that focused explicitly on the father’s health. She mentioned watching an episode of *The Fresh Prince of Bel-*

Air about Uncle Phil's health related to poor eating habits: "that was … a recurring trope, in a lot of the sitcoms" (Focus Group 4). Previous findings suggest that media messages about health influence public health awareness (Dalen et al., 2014; Harrison et al., 2016; AHA, 2025b). Although this study examines heart disease awareness through audience framing, media discourse also affects how people perceive health-related information (Gamson & Modigliani, 1989).

Age

During the discussion about how heart disease awareness impacts African American women aged 18-22, most participants did not feel they were at risk. One participant said, "…it's hard because I think… people say oh you're young, you're too young to have a heart attack, or you're too young to experience heart problems" (Focus Group 1). A participant from the second focus group said, "We definitely aren't on the radar, according to my community." Another participant in the same group responded similarly, saying, "For like a middle to older age, Black men and women, but heart disease as a general concept…. I don't feel like I've seen much information on how it impacts us." However, another participant in the same focus group responded, saying, "We are, in fact, it can happen to us, and we should watch out for it, but I don't think we're the prime target demographic."

Furthermore, when asked who comes to mind when thinking about heart disease awareness, one participant mentioned "A[n] older to middle-aged… man. …Not [a] Black woman" (Focus Group 2). The other participant agreed, saying, "Yeah, a middle-aged …50-year-old man." Additionally, when asked the same question, participants felt that people in their 30s and 40s were more at risk than younger adults (Focus Group 4).

Previous perceptions have been that heart disease is associated with much older individuals (Cushman et al., 2020). The overall perception of how heart disease awareness affects younger African American women was mixed among participants in this study. Some said they lacked information about heart disease awareness. Others noted that heart disease awareness impacts men and older people in general.

Age was also a factor influencing whether participants noticed and engaged with specific health-related messages. Participants may overlook media campaigns aimed at older demographics. When asked who comes to mind when thinking about heart disease awareness, one participant mentioned people in their 50s and 60s (Focus Group 4). Traditionally, heart disease awareness campaigns have focused on men and postmenopausal women (Brush et al., 2020; Roos et al., 2020; NHLBI, 2023; Pratesi, 2024).

Although recent studies have included younger women, research on heart disease among younger African American women remains limited. Most participants did not view themselves at risk based on their age. When discussing age, they referred to their parents, grandparents, and teachers. Participants' misconceptions about age-related risks support previous calls for more research (Guenther et al., 2020). Heart messages that reflect the age of this demographic may increase awareness. Current findings indicate that increased awareness and education could lower the risk of heart disease in African American women (Cushman et al., 2020; Wenger et al., 2022).

Perception of the Leading Cause of Death

Concerning RQ2, how African American women perceive heart disease awareness, participants were asked what the leading cause of death was among African American women.

Heart disease awareness includes examining perspectives on the leading cause of death among women (Krummel et al., 2002; Cushman et al., 2020). One participant made this statement: "When it comes to specifically Black women's issues, and… health and medical malpractice, it's usually mistreatment during childbirth (Focus Group 2). A participant from the same group said, "As far as I know, that's… a more common problem that our community faces." Another participant responded, "I feel like it's kind of been known for like African-American women to always be at a higher risk than anybody when it comes to birth" (Focus Group 3). Two other participants said childbirth was the first thing that came to mind when thinking about the leading cause of death (Focus Group 1).

Most participants believed that childbirth complications were the leading cause of death among African American women. Previous findings revealed that most women thought breast cancer was the leading cause of death (Cushman et al., 2020). Only two participants mentioned breast cancer. One participant said she learned about breast cancer through family members (Focus Group 4). Similarly, only two reported heart disease as the leading cause of death. Of those, one participant said women in her family died of congestive heart failure (Focus Group 3).

Although childbirth was identified as the leading cause of death among participants in this study, the connection between heart disease and childbirth was not mentioned. Like heart disease, maternal mortality impacts African American women across all socioeconomic statuses and education levels. According to the American Heart Association (2025a), African American women are 3.5 times more likely to die from complications of heart disease during pregnancy and postpartum than women of all other races and ethnicities (AHA, 2025a).

Prominent Black women, such as Beyoncé and Serena Williams, have used their platforms to speak out about their experiences and to advocate for equitable healthcare and increased awareness. Public health organizations have taken more widespread measures to raise awareness about disparities in maternal mortality rates. Compared to them, actor and talk show host Star Jones, singer and Grammy Award winner Toni Braxton, comedian ShanteQuillet Carter-Williams, and former CTV news anchor Tara Robinson have used their platforms to share their experiences with heart disease. However, names like Serena Williams and Beyoncé are more relevant to younger audiences.

Public health campaigns focused on maternal mortality have attracted the attention of younger African American women. Participants said they learned of complications and deaths related to childbirth in their community through the media. This increased awareness aligns with previous findings suggesting that African American women prefer health-related information relevant to them (Brodie et al., 1999; Aldoory, 2009; Heideker & Steul-Fischer, 2017). When asked why they thought childbirth was the leading cause of death, one participant said, “I see that [childbirth complications] in the media more” (Focus Group 3). Furthermore, the participant confirmed her reference to ‘media’ included social media, television, and news. More specifically, TikTok and Instagram were mentioned several times in discussions on using social media platforms for health-related information. Based on previous findings, African American women are more likely to use social media when seeking health messages (Marsh et al., 2014).

Additionally, African American women seek health information from other trusted sources. According to a previous study, the credibility of health information based on shared experiences within their community and family was higher among African American women

(Marsh et al., 2014). Although breast cancer and heart disease were not among the top leading causes of death among participants, the findings suggest that shared experiences can boost overall knowledge and awareness.

Lastly, participants may pay closer attention to media messages about complications related to childbirth because they see being pregnant as a near-future reality more than having a heart attack. Based on their age range, participants are within childbearing age, which increases their chances of becoming pregnant (Statista, 2024). One participant said knowing about maternal mortality is important because she is married and wants to have children soon (Focus Group 4). Therefore, the more relevant African American women perceive the health issue to be, the more likely they are to notice it (Brunton, 2007; Lama et al., 2022; Nielsen, 2021).

Perception of heart disease awareness in the media

When asked how heart disease awareness impacts them, one participant said, “I don’t have enough knowledge on it…. I feel like you just hear, you just see heart disease awareness, but it’s like, what am I supposed to be aware of?” (Focus Group 3). Responding to the same question, another participant said, “… I haven’t gotten this information anywhere” (Focus Group 4). Another participant in the same group agreed, saying, “I would say the same…, I know this isn’t … my first time hearing about heart disease, but I can’t name off specific times that it’s been spoken of” (Focus Group 4). Other participants said that when it comes to the media, they mainly see information related to prescription drugs for conditions like allergies, depression, and diabetes. Seeing more prescription drug ads for depression is consistent with previous research showing that women see more antidepressant drug ads with women than cardiovascular drug ads

with women (Curry & O'Brien, 2006). Noticing more ads for antidepressants may be linked to an increased awareness of stress and anxiety among the demographic.

Most participants said they were unaware of, or had only minimal knowledge of, heart disease awareness. However, one participant said she knew about heart disease because she had open-heart surgery, while a few others mentioned they heard about heart disease through shared experiences with family members. Only a few mentioned being involved in community-driven campaigns like the American Heart Association's "Jump Rope for Heart" at their elementary, middle, or high schools, or through their church.

The lack of heart disease awareness among participants correlates with previous findings that reveal a decline in heart disease awareness among African American women, which is linked to health disparities related to race, gender, socioeconomic status, education, and environment (Mehta et al., 2023; AHA, 2024; Lukachko et al., 2014). Although these barriers to health-related messages impact African American women, participants admitted that they do not watch the news. However, the majority said they use their phones to find information and would pay attention to health-related messages on TikTok and Instagram.

The American Heart Association maintains a TikTok page with over 93K followers and an Instagram page with over 547K followers. Although organizations like the American Heart Association may have a well-established social media presence, specific demographics may not be aware of them. Hence, those demographics would not follow their social media pages or have access to their content. Additionally, the content and campaigns disseminated by the organizations may not be targeted at those specific groups. For instance, the AHA partnered with actress and influencer Elizabeth Banks in a commercial about the signs and symptoms of heart

attacks in women (AHA, 2012). While the YouTube video has nearly one million views, previous research suggests that health campaign creators give underrepresented groups equal or more consideration when disparities exist (Vardeman-Winter and Tindall, 2010).

Lack of Representation

Regarding RQ 3 and RQ 4, how African American women perceive racial and gender representation in heart disease campaigns, another salient theme that emerged through CDA was a lack of representation. Throughout the discussion, two subthemes also emerged: race and gender. Including authentic representations of African American women in health messaging is crucial for addressing health disparities (Ogunniyi et al., 2022; Vardeman-Winter & Tindall, 2010).

Race

Participants were asked, "What comes to mind when you think about heart disease?" One participant said, "Cheerios, honestly." When asked why Cheerios came to mind, she said, "… that was my first introduction to heart disease, was the branding, the commercials" (Focus Group 1). In a follow-up question, participants were asked, "Who comes to mind when you think about heart disease?" The same participant replied, "The bumblebee" in the Cheerios commercial.

Moreover, when asked how they had been informed of heart disease, one participant said, "I get it a lot in like media. … I watch TV shows. … That's why I think of heart attacks because … heart attacks are always in TV shows" (Focus Group 2). She also mentioned watching heart attacks depicted in cartoons like *Tom and Jerry* as a young child and on shows like *Grey's Anatomy* as she got older. When referring to *Grey's Anatomy*, she stated:

> I do genuinely think that it is important for people who are making all of these health hospital shows… to show a good… representation of the different types of people that certain things can happen to…. If we're looking at medical dramas or whatever, the patients that get heart attacks… they don't look like me. They aren't me, right? (Focus Group 2).

Another participant in the same group mentioned a TikTok video she watched about stress management by an African American woman who referred to something happening to her heart. The same participant said, "That's what I think about when I think about heart disease." However, later in the discussion, the same participant said, "...I don't know if the average young Black woman would know much about heart diseases... unless it's something specific to her lived experience..." When referring to media and representation, one participant said:

> I feel like [the] media is… the prescription that you're supposed to take, but they don't tell you about it… to add to that, I very rarely see African American women specifically represented… when I think of a medicine commercial. I don't see that many that represent a woman.… I see the commercial… I …don't think it applies to me (Focus Group 3).

Discussions revealed that only a few participants had seen heart disease covered in the media. Additionally, those who encountered heart disease awareness through various media stated that the content lacked racial and cultural representation—for example, non-human characters such as the bumblebee in Cheerios commercials and *Tom and Jerry*. Participants felt the lack of authentic representation, and seeing or hearing other African American women talk about heart disease in the media made them less likely to notice or engage with the content.

However, most participants agreed that content featuring women who look like them would grab their attention and motivate them to learn more about their risk of heart disease. One participant said she did not see people like her in an ad on social media that featured a White female country music singer and other White women sharing about issues around menstruation

(Focus Group 3). When asked how including African American women would have made a difference, the participant said she would have been more likely to pay attention to see how the information relates to her and do more research (Focus Group 3). Public health campaigns perpetuate the status quo by featuring few or no racial or cultural representations (Vardeman-Winter & Tindall, 2010; Lukachko et al., 2014).

The dehumanization of women in the media through animal or animal-like characters, such as mermaids, bears, and fairies, is quite common. However, these types of non-human portrayals are often not taken seriously. Additionally, women may struggle to distinguish between reality and fantasy. Nonetheless, African American women have faced significant misrepresentation in the media, often depicted as slaves, servants, sex objects, uneducated, or angry. Conversely, when African American women are not dehumanized or objectified, they are included in media and health messages as token minorities. Previous research recommends removing barriers to health messaging by eliminating hegemonic privilege and whiteness (Vardeman-Winter & Tindall, 2010).

Gender

African American women face both racial discrimination and gender biases related to heart disease (Molix, 2014; Breathett et al., 2020). As a double minority, African American women not only lack racial representation but also gender representation in the media (Ogunniyi et al., 2022; Williamson, 2024). Heart attacks continue to be portrayed as a man's disease in the media. One participant mentioned that she only learned about a pacemaker through the White male character Denny Duquette, a cardiac patient on *Grey's Anatomy* (Focus Group 2).

Historically, women have been seen as caregivers for men, with awareness primarily focused on men's health (Fallon, 2019; Williamson, 2024). The "Strong Black Woman" stereotype frequently appears in key roles and jobs portrayed by African American women characters on television (Herndl, 1995; Woods-Giscombé, 2010). For example, a participant in focus group 2 mentioned that the last time she saw anything related to heart disease was on the show *Bob Hearts Abishola*, which she also said was not aimed at her.

> I did hear the things that they were saying, but that was like one instance about one specific guy, one old man, and it was just very specific to that one situation, and that's the only thing I could remember (Focus Group 2).

In the pilot episode of the show, character Bob Wheeler, a middle-aged, overweight, White man, has a mild heart attack on a bus and is taken to the emergency room, where a cardiac nurse named Abishola, who is Nigerian, cares for him. Abishola represents the hardworking Black woman and single mother who often neglects self-care to prove herself as a professional and provide for her family. Recent research links the stress of parenting with an increased risk of developing hypertension. African American women are more likely to be single parents than White women, which increases their chances of developing hypertension (Kalinowski et al, 2019). Based on such findings, a more relevant storyline would have included Abishola having a heart attack on a bus commuting between home and work, and being welcomed by a White male physician who, without hesitation, listened to her share about her symptoms and promptly diagnosed her heart attack.

Historically, African American men have received more media attention regarding heart issues than women. For example, in the late 70s, Fred Sanford is seen clutching his chest, pretending to have a heart attack to avoid consequences or conflict with his son

Lamont. Additionally, regarding African American men and heart disease awareness in the media, professional tennis player and world champion Arthur Ashe became one of the first male African American influencers to discuss the impact of heart disease on men. After suffering his first heart attack in 1979, Ashe joined the American Heart Association as a national campaign chairman and advocate for heart health, appearing on television shows like *The Dave Letterman Show* in the early 80s (Joe, 2014). Recent media portrayals, such as *The Fresh Prince of Bel-Air,* as mentioned, focus on African American men's health. When referring to the series *Black-ish*, a participant in focus group 2 said she remembered an episode that emphasized the impact of diabetes on African American men.

Nonetheless, diabetes is a significant risk factor for heart disease among African American women (AHA, 2025a; Pratesi, 2024). However, besides the episode of *Black-ish*, diabetes was only mentioned twice. Once referring to prescription drug commercials, and by a participant, who said it would rank in the top five diseases affecting African American women her age (Focus Group 2). Overall, participants noted that they see more health messages about African American men in the media than about African American women (Fallon, 2019). Although they expressed that seeing women who look like them would be more effective, observing men of the same race and culture has shaped their perception of heart disease in African American women. Additionally, even though the names Tom and Jerry are more commonly linked to men, exposure to cartoon characters experiencing heart attacks might influence how girls relate the disease to humans, especially women.

Lastly, although participants mentioned shared experiences related to men and women and heart disease in their families or communities, media representation appears to enhance the

perception of overall awareness more than shared experiences themselves. This perception may be linked to previous findings that suggest that African American women use social media to get information about their health (Marsh et al., 2014). Furthermore, knowing a family member or friend's diagnosis or leading cause of death might not prompt participants to learn more about heart disease; however, watching a video or advertisement on social media might provide additional information.

Lack of Representation in Research

When comparing the number of years men and women have been studied, aside from the Framingham Heart Study, which included both, women have received less than 40 years of heart-related research (Lerner & Kannel, 1986). Most health messaging is based on studies of men. Research influences the media, and the lack of gender representation in the media is linked to limited research on women and heart disease, as participants mentioned.

Participants were knowledgeable about the underrepresentation of African American women in medical research. Additionally, regarding research, one participant said the first image that comes to mind when thinking about heart disease is an overweight man because that is who she often sees portrayed as unhealthy (Focus Group 1). Another participant said, "What we know about… science or … our bodies and doctors in general, we're studied less than men are, or the issues that men go through are more socially highlighted rather than what women go through (Focus Group 4).

Participants also pointed out the scarcity of research involving African American women. One participant said:

> A long time ago, there [were] studies of … doctors who didn't believe that African American women have the same pain tolerance, and so when you account for that today, there are still doctors who consider the same thing or have… bias… that can play to advise roles in… the lack of education on women's body especially African American women (Focus Group 1).

Men and White women have benefited more from medical research than African American women (Ogunniyi et al., 2022). Previous research shows that African American women were not included in major studies on heart disease awareness until 2002 (Cushman et al., 2020). The lack of representation may be linked to structural and systemic racism and ideologies embedded in institutions responsible for medical research (Lukachko et al., 2014; Williams & Cooper, 2019).

CHAPTER V

Limitations, Recommendations, and Conclusion

Limitations

Since the participants were aged 18-22 and enrolled in undergraduate studies, they do not reflect the diversity within the demographic, which can vary by factors such as age, education level, location, and socioeconomic status. More efforts are needed to inform African American women about their risk factors and mortality rates associated with heart disease. Although this study focused on perceptions of heart disease awareness among African American women aged 18-22, further research is necessary to explore health disparities in messaging related to heart disease awareness within this demographic.

Recommendations

Future researchers should consider additional factors such as education level, socioeconomic status, and geographic location. Future studies could also examine how women of different ages perceive this issue to increase diversity in the findings. Furthermore, while qualitative data offer deeper insights and nuanced information, incorporating a quantitative approach should be considered to measure specific attitudes or behaviors and reinforce qualitative results that might not be broadly applicable.

Conclusion

African American women are at higher risk for heart disease, which leads to greater mortality rates compared to men and women of other races and ethnicities. Historically, heart research and awareness efforts have overlooked women. Additionally, heart disease in women has been broadly studied for less than 40 years. The risk of developing heart disease starts 10 to 15 years earlier in African Americans than in other groups. While African American women may face risk factors as early as age 20, they are less aware of these risks. Improved health messaging and public health campaigns by the media could help reduce the health disparities related to heart disease in this group.

This qualitative study explored African American women's perspectives on heart disease awareness. Using framing theory from the audience's perspective, data were collected and analyzed based on feedback from 12 African American women aged 18-22 across four focus groups. Thematic and critical discourse analyses were performed, and four themes were identified: perception of risks, perception of the leading cause of death, perception of heart disease awareness in the media, and lack of representation. Notably, complications of childbirth

emerged as the leading cause of death, despite previous research examining heart disease awareness, which suggested that women commonly thought that breast cancer was the leading cause of death. Although focus group results are not generalizable, this study achieved saturation with consistent overlapping themes across all focus groups.

The generational impact of stress on African American women also emerged through critical discourse analysis, with most of the participants stating that stress was the primary risk factor for heart disease. Additionally, CDA revealed common phrases like “lack of” or “not enough” representation in the areas of race, gender, and research. Regarding the issue of underrepresentation, one participant said: “Because women in general aren't really being focused [on] in health… and then Black women, no one cares, not to say, no one cares about you, but it feels like nobody cares about you” (Focus Group 2).

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APPENDICES

Appendix A

Focus Group Questions and Statements

1. "What is the leading cause of death in African American women?"
2. "What comes to mind when you think about heart disease?"
3. "How have you been informed about the risks of heart disease?"
4. "When did you first hear or read information about heart disease?"
5. "Describe the term heart disease awareness."
6. "Who comes to mind when you think about heart disease awareness?"
7. "How does heart disease awareness impact you?"
8. "How does heart disease awareness impact African American women?"
9. "How often do you find information about heart disease on television or social media?"
10. "When was the last time you saw an ad or social media post about heart disease?"
11. "How do you identify with the ads or social media posts you see about heart disease?"
12. "How does heart disease impact African American women 18-22?"
13. "What can African American women do to decrease their risks of heart disease?'
14. "Describe the signs and symptoms of heart disease."
15. "How are the symptoms of heart disease different in women than in men?

Appendix B

Focus Group Participants Ages

Focus Group 1 (Dyad)	**Age**
Participant	19
Participant	21
Focus Group 2 (Dyad)	**Age**
Participant	20
Participant	22
Focus Group 3	**Age**
Participant	19
Participant	20
Participant	20
Participant	22
Focus Group 4	**Age**
Participant	19
Participant	22
Participant	22
Participant	22

Note: This chart lists the ages of each focus group participant, from youngest to oldest, within each group.