Introduction: Risk factors for coronary heart disease (CHD) are at epidemic proportions among older women, yet women seldom perceive risk for heart disease. Reasons for lack of understanding regarding risk are unclear and not well established. Purposes of this study were to: 1) Explore older women’s perceived CHD risk to identify factors that influence beliefs, 2) Compare factors per race.

Method(s): A descriptive, naturalistic qualitative study using a semi-structured interview guide elicited in-depth, narrative data which was recorded and transcribed verbatim. Participants completed a demographic and medical questionnaire. Narrative data was analyzed using content analysis with constant comparison.

Results: Twenty-four (n=9 Black; n=15 White), older (>60 years) women with CHD risk factors were recruited from a senior-health clinic. Participants had a mean of 4.42 risk factors, 80% with at least a high school education, and 33% impoverished. Mean perceived personal CHD risk was 1.95 (+ 1.57) on 0-7 scale. Preliminary qualitative analyses reveal five major factors that influenced beliefs of heart disease risk: 1) Lack of awareness of women’s CHD; 2) Limited understanding of CHD etiology; 3) Competing priorities, which emphasized gender-based caretaker roles; 4) Lack of healthcare provider’s influence for change; and 5) denial, transference and minimization of CHD. Racial differences in beliefs were explicated.
**Discussion & Conclusions:** Black and White older women perceived their risk for heart disease to be low. They had limited CHD awareness and knowledge with misunderstandings of the link between risk factors and heart disease. To be effective, tailored interventions for older women are needed that consider knowledge and beliefs about CHD risk.

**Abstract History:**
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

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