

AFFINITY GROUP DETAILS AT-A-GLANCE

Title	<p>Improving Support for Women that Need Cardiac Rehabilitation</p> <p>March 25, 2021</p>
Purpose	<ul style="list-style-type: none"> To provide practical suggestions for how CR programs can better support women eligible for CR; both by encouraging more women to enroll in CR and helping them to successfully graduate
Format	<ul style="list-style-type: none"> A moderated panel discussion with two panelists, with additional input from the 125 event participants
Special Thanks to our Moderator and Panelists	<p>Moderator:</p> <ul style="list-style-type: none"> Hicham Skali, MD, MSc, TAKEheart's Principal Investigator and Director of the Cardiac Rehabilitation program at Brigham and Women's Hospital Haley Stolp, MPH, IHRC, Inc., Million Hearts®, Division for Heart Disease and Stroke Prevention, Centers for Disease Control and Prevention <p>Panelists:</p> <ul style="list-style-type: none"> Annie DeVelasco, RN, WomenHeart Champion, Cardiac Rehabilitation Graduate Janna Myrick, Cardiac Rehabilitation Graduate, Entrepreneur, Grandmother
TAKEheart Update	<p>TAKEheart is resuming training activities in May 2021. Partner hospitals have received information about re-start activities; other programs interested in participating can contact us at: https://takeheart.ahrq.gov/join-takeheart</p>
Resource Link	<p>Slides and a recording of the event along with links to other relevant resources for addressing COVID-19 are available online at: https://takeheart.ahrq.gov.</p>

OVERALL EVENT THEMES

Women Are Underrepresented in CR Programs

Most programs are not taking steps to specifically recruit or support women (see graph); changes are needed to increase eligible women's participation in CR.

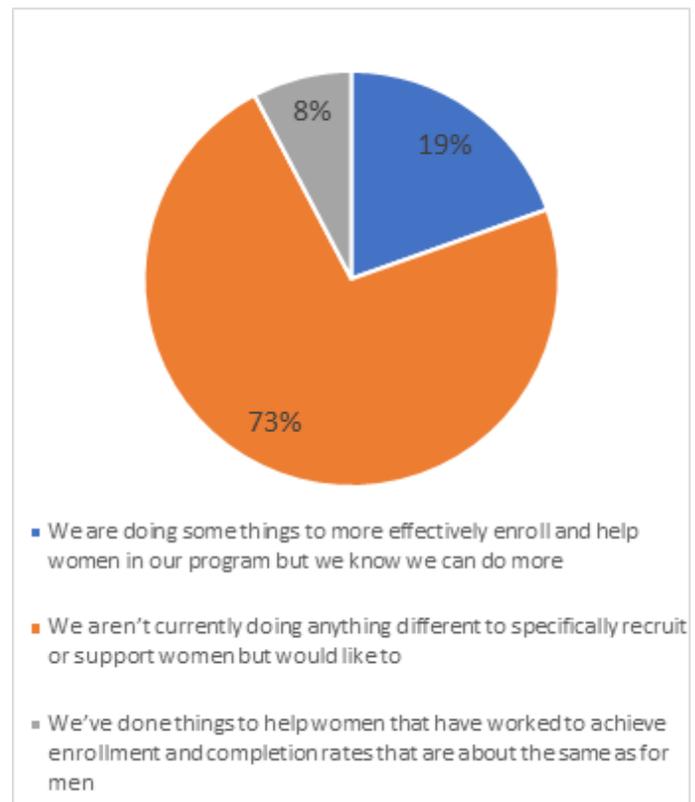
- The number of women eligible for CR is growing
- The percentages of women enrolling and completing CR are much lower than for men
- The largest gaps are for women of color and women who are poor

Major Reasons Why Women are Underrepresented in CR

- Different presentation of cardiac conditions in women affects how and when they should be referred.
- Patient factors such as available time, need for transportation, family obligations, and awareness of the need for CR pose challenges for many women.
- Cardiologists less frequently recommend or refer women to CR, particularly women of color or women who are poor.
- CR programs inadvertently add challenges for women related to scheduling, social support, psychological safety and childcare.

Most Programs Can Do More to Support Women in CR

Over 70% of persons registering for the event were from programs that don't do anything different to support women; just 8% reported using successful strategies to improve women's enrollment or completion rates.



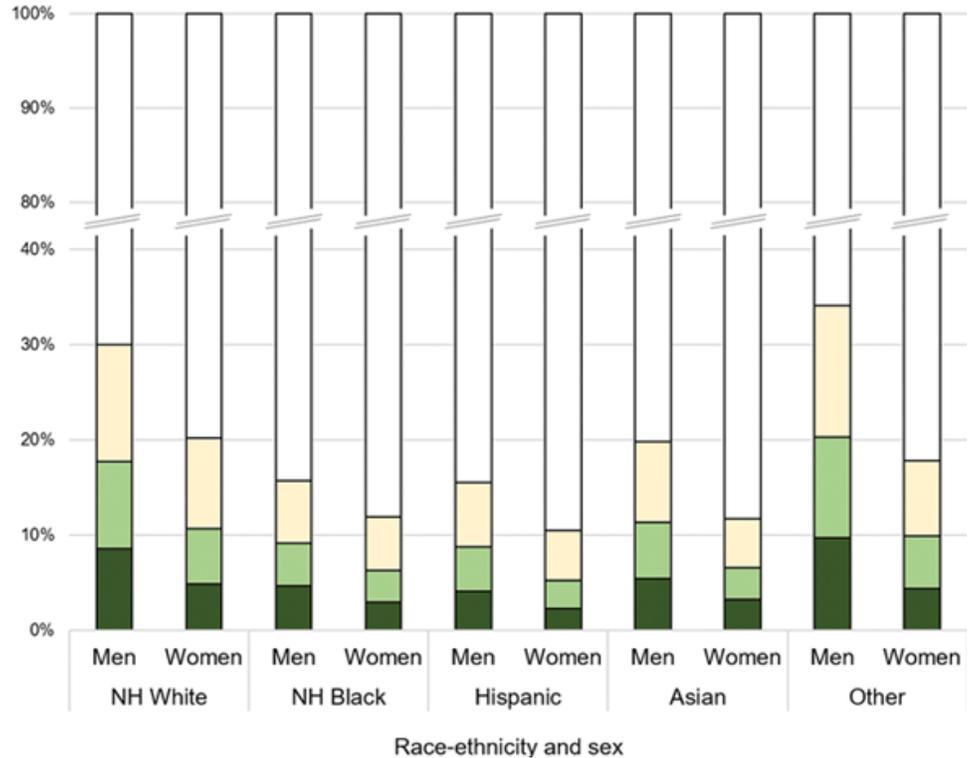
CR Programs Can Do More to Help Women Eligible for CR to Enroll and Succeed

- Strategies exist to increase the number of women who enroll in CR (e.g., more cardiologist support, leveraging family members, women's support groups, better tracking of eligible patients, immediate follow-up in the hospital).
- Some programs have developed methods to help women enrolled in CR to successfully complete their programs (e.g., expanded social support, adjusting session schedules, women-only sessions, childcare, offering virtual CR).
- Listening to and working with women CR patients is essential to increasing the numbers who successfully enroll and graduate.

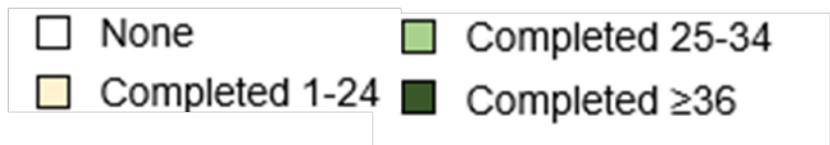
DISCUSSION HIGHLIGHTS

Underrepresentation of Women in CR

- Recent data show large differences in CR participation between men and women.
- Black, Hispanic, and Asian women had the lowest enrollment and completion rates.
- Major causes of low participation in CR by African American women identified in a research study by Akiba Drew included:
 - Physician failure to explain CR benefits
 - Lack of referral followup
 - Logistical barriers
- Panelist **Annie DeVelasco** described her failure to be recommended to CR by her physician. Encouragement by a nurse co-worker to enroll led Annie to participate-- a decision that "changed [her] life"



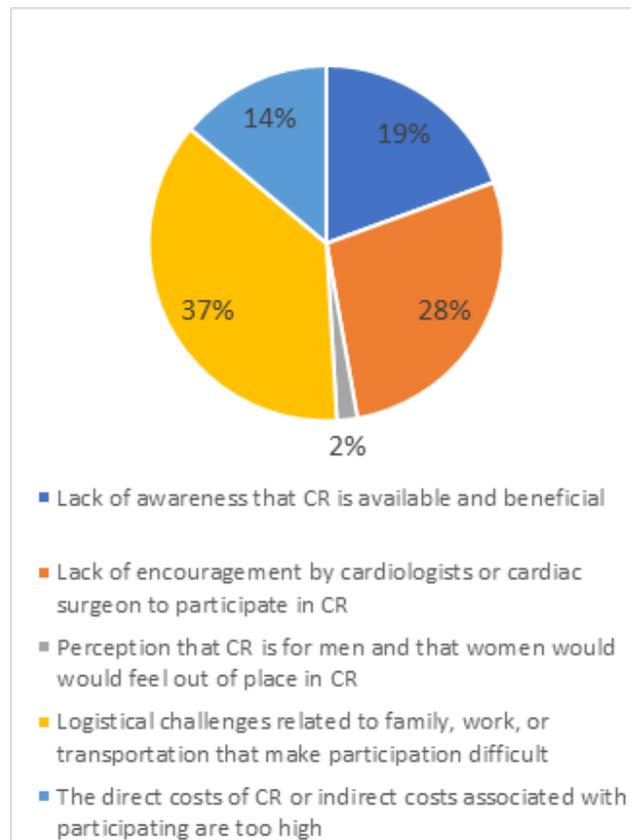
Sessions Completed



Ritchey MD et al. *Circ Cardiovasc Qual Outcomes*. 2020;13(1):e005902.

- Dr. Skali noted the need for cardiologists to advocate for CR referrals to their peers, since peer endorsements are a highly effective form of influence. Lack of cardiologist referrals and logistical challenges were also identified by event participants as the two largest reasons many women eligible for CR in their communities fail to enroll (see table below).

Reasons Eligible Women Don't Start CR



provide peer support at the bedside. Additionally, she initiated “WomenHeart of Miami,” followed by the Spanish-language equivalent “WomenHeart en Espanol” to promote the use of patient ambassadors. Now, the group conducts Zoom calls that “alternate education and support” for female cardiac patients.

- **Dr. Skali** stressed the need to increase awareness among healthcare providers that CR should be offered to all eligible patients. For example, there is frequently an uptick in CR referrals after medical conferences about CR.
- **Haley Stolp** emphasized the value of collecting and monitoring data on referral, enrollment, and completion rates of women in CR. Without accurate and timely data on participation broken out by sex and race/ethnicity CR programs may not realize how low their rates are or be able to see whether efforts to improve these rates are succeeding.

Strategies to Enroll More Women in CR

- According to panelist **Janna Myrick** many women experience barriers to starting CR due to competing responsibilities, particularly in the realms of childcare and work. In fact, many women have a “superwoman” mentality in which they “think we can do it all... We ignore the signs that our body is telling us, but we have to put our own health first.” Janna emphasized the importance of getting spouses and children to understand the value of CR and support their wife/mother’s need to enroll and complete CR.
- **Annie DeVelasco** emphasized the importance of timely conversations around CR: “It’s so important for patient ambassadors to visit patients immediately after their cardiac event.” At the time of her own heart attack, Annie didn’t know anyone else with a similar experience (besides her mother, who had died from a heart attack), so her “frame of reference was bad.” For this reason, Annie advocates for programs to

Audience Appreciation for WomenHeart

“Annie you and the WomenHeart support network here in Miami have made an incredible impact on our female patients. Thank you!”

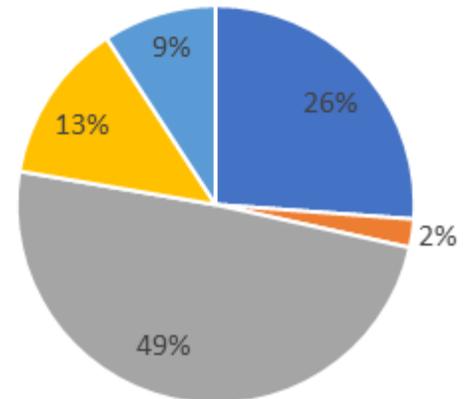
Strategies to Help Enrolled Women Complete CR

Even if women enroll in a CR program, they are less likely than their male peers to graduate. Based on the experiences of event participants (see pie chart), logistical challenges are the largest reason for this, followed by the perception that CR isn't helpful or can be done independently.

Helping women successfully complete CR will require changes that directly address current obstacles women encounter. These include:

- Providing additional social support.** According to **Janna Myrick**, Emory Saint Joseph's Hospital had a "terrific" and "supportive" CR program that encouraged women to communicate with each other and open up about their concerns. This was achieved in part by "leveraging women who had been through CR as patient ambassadors." These ambassadors as well as staff and other patients supported women who often feel guilty about taking time away from childcare or work or spending money to participate in CR that is needed to support their families. **Annie DeVelasco** also suggested that an informal buddy system within the CR program can create accountability between patients.
- Panelist **Janna Myrick** noted the importance of being referred to CR by her cardiologist. She also emphasized the need "to reach women (particularly women of color) and support them along the way." She encouraged everyone to speak up and support women, especially those who don't know that CR exists.
- Using well-planned and executed initial intake visits.** **Annie DeVelasco** emphasized the importance of the initial intake visit, during which a nurse or other CR staff member interview the patient in a one-on-one setting. Intake visits work best when there is "cultural sensitivity; figuring out where the patient is coming from and making them comfortable in that setting." The intake session also is a good time to uncover patients' psychosocial needs.
- Ensuring CR feels safe and positive.** Panelists noted the importance of "ensuring there is no harassment or political agenda, or anything that would make the patient uncomfortable" within the CR facility. But beyond avoiding negative experiences, women will be more successful if CR feels rewarding and positive. **Janna Myrick** recounted participating in a session where the instructor

Common Reasons Women Do Not Complete CR



- Perception that CR isn't helpful or is something that can be done on one's own
- Because most participants are men, women feel uncomfortable
- Logistical challenges related to family, work, or transportation prevent regular attendance
- Lack of support or encouragement from others is discouraging

wasn't upbeat and she left the session feeling "down." She was able to attend other sessions where positive energy helped motivate her to continue. **Haley Stolp** also noted that in exit interviews, many patients cite the encouragement of clinicians as a major reason they successfully completed CR.

- **View CR activities from a woman's perspective.** Because women are a minority in most CR program sessions it is easy to overlook program elements that can make them uncomfortable. Generational and cultural factors may make some women uncomfortable exercising (and sweating) in group rehabilitation sessions with men or cause them to be uncomfortable asking questions about diet, nutrition, or mental health. Women-only CR programs tailored specifically to meet the needs of women can create a more comfortable space for women to experience CR. Childcare, assistance with transportation, and comfortable locker rooms also can help women have a positive experience in CR.
- Participants shared strategies that have been successful in making their own CR programs more supportive of women patients. Childcare, expanded session times, and strategies mentioned in the box to the right were identified as beneficial to women in their programs.
- **Haley Stolp** also noted other strategies proven to expand women's participation in CR. These included:
 - Leveraging data to track and improve women's completion rates;
 - Enhancing social support for women CR patients;
 - Adjusting the scheduling of CR classes to accommodate women's needs;
 - Adjusting outreach and recruitment strategies offered by and for women; and
 - Adding a hybrid CR option that allows women to do more CR at home while continuing to receive support and guidance from CR program staff.

Suggestions from Participants

"We have an ambassador program to help patients get acclimated or orientated to CR. We have a separate women's only CR class to help decrease dropouts"

"We staff the women's-only class with all female clinicians"

"We also find that the women in CR enjoy the stress management component and group support component more than the males"

"I think having a Cardiac Rehab Liaison helps tremendously to go in the hospital at the bedside and talk to the women patients."

"We find it helpful to offer a modified CR program twice a week or 6 weeks when copay is too high. We also find it helpful to provide 12 -educational." topics (1 each week) specific for women."

Additional Details

Event slides and a recording of the event provide additional details that complement the insights shared in this document. Event slides include references to other relevant resources, including the Akiba Drew presentation mentioned above. The event slides and recording are available online at: TAKEheart.ahrq.gov