Asians, Blacks and Latinos Less Likely to Go to Cardiac Rehab

At all income levels, the rates of cardiac rehabilitation among Asian, Black and Latino adults were lower than white adults.

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Asian, Latino and Black adults attend cardiac rehabilitation less frequently than white adults, according to a new study published in the Journal of the American Heart Association.

Cardiac rehabilitation programs are a proven method for reducing the risk for a recurrence of a cardiac event for anyone who has experienced a heart attack, heart failure, heart surgery or angioplasty. These programs blend physical activity and counseling about healthy living and ways to reduce stress.

For the study, researchers reviewed the health insurance claims of more than 107,000 people who had been diagnosed with and/or had procedures related to cardiac rehabilitation.

They found that overall only 26% of all patients attended one or more cardiac rehabilitation sessions and that compared with whites the probability of attending cardiac rehabilitation was 31% lower among Asians, 19% lower for Blacks and 43% lower for Latinos.

It also took Asian, Black and Latino adults longer than white adults to attend their first cardiac rehabilitation—nine days longer for Asians and Blacks and 10 days longer for Latinos. These minority groups were also less likely to attend rehabilitation despite income levels similar to those of white adults.

“Disparities in cardiac rehabilitation participation have been well documented; however, it is alarming to see the magnitude of the disparities that persist,” Joshua H. Garfein, MPH, co–lead study author and a medical student at the University of Pittsburgh, said in a news release. “We were surprised to find that the racial or ethnic disparities did not decrease at higher income levels, which means we need to do more research to identify the barriers.”

Senior study author Jared W. Magnani, MD, MSc, an associate professor of cardiology at the University of Pittsburgh’s Center for Research on Health Care, said clinicians should not only promote cardiac rehabilitation for eligible patients but also be aware of factors that may interfere with their attendance.

“Future studies should evaluate how other social variables—such as the ability to understand health information, the number of people in a household or employment status—may contribute to disparities in cardiac rehabilitation participation,” Magnani said.

He then emphasized the need to improve participation in these programs by including “automatic referral, virtual delivery options, development of rehabilitation facilities in underserved or rural areas, community-based cardiac rehabilitation, evening programs and home-based programs.”

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