“It was a whole total program. And that’s what I think... didn’t come out here. It has to be explained. There’s more to it than just getting on the treadmill or running around the track.” – Former CR participant

BACKGROUND
Heart disease is the No. 1 cause of death in the United States today. Cardiac rehabilitation (CR), consisting of exercise and diet modifications, have been proven to promote and maintain a healthy lifestyle that can extend life, particularly for survivors of cardiovascular events. Nonetheless, there is concern regarding the underutilization of CR in general and especially by women. One important aspect is whether a patient receives a CR referral upon discharge. According to analysis of data from the American Heart Association’s Get With The Guidelines program, 56% of eligible coronary artery disease (CAD) patients were referred to CR. There appears to be a referral information gap, and thus the authors set out to conduct focus groups to examine cardiac rehabilitation referral experiences with former CR participants.

STUDY PARTICIPANTS
• Former CR participants
• 10 men and 4 women

What did CR mean for these former CR participants?
• Improving one’s physical condition
• Learning not to overdo it
• Knowing how to keep yourself going when you leave
• Changing lifestyle and improving habits
• Emotional and supportive component

How did participants find out about CR?
• Some were referred and some were not
• Follow-up phone calls
• Personal referrals

What information should prospective CR program participants receive?
• Information about all aspects of CR should be explained early on
  • Address assumptions about CR
• Different modes of delivery, such as print, video, smart phones and face-to-face should be used
• Presented multiple times

DISCUSSION
Based on our initial focus groups, we report the following preliminary findings:
• Introductory information about CR should explain aspects of CR that prospective participants may not know initially and address possible preconceptions.
• Regarding modes of information presentation and delivery, participants found it important that information be presented multiple times and in multiple formats
• Personal referrals by both health care practitioners and former CR participants could be helpful.

The results from these two focus groups are part of a larger study involving CR participants and prospective participants. Future focus groups will attempt to investigate perceptions of CR, suitable recruitment strategies and appropriate design of CR informational materials tailored to different demographic audiences, including underrepresented demographic groups.

REFERENCES