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No Racial or Gender Disparities in Cardiac Rehabilitation Attendance after CABG

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Cardiac rehabilitation (CR) is an important element in improving the health and quality of life of patients with numerous cardiovascular disease diagnoses. In the United States, this form of monitored exercise and patient education provided by healthcare professionals is under prescribed and underutilized. Furthermore, research has revealed disparities in patient referral to and utilization of CR based on race and sex, among other characteristics. Previously, we demonstrated racial disparities in CR attendance in patients undergoing a percutaneous coronary intervention (PCI) procedure at a particular hospital.

PURPOSE: The purpose of this study was to determine if racial or gender disparities exist in CR attendance (defined as engaging in at least one session of CR) in patients who have undergone coronary artery bypass graft (CABG) surgery. **METHODS:** Data from patients who had undergone CABG surgery between 1/1/2017 and 1/31/2021 were provided by a local hospital. Data included age, race, gender, medical insurance, procedure, date of surgery/discharge, CR referral and CR attendance. Patients were grouped into white (W) vs nonwhite (NW), males vs females, attended vs not attended, referred (yes, no, N/A), types of insurance (none, one type, more than one type) and Pre COVID (1/1/2017-2/29/2020) vs Post COVID (3/1/2020-1/31/2021). Chi-Squared tests of independence were used to determine association between the aforementioned variables and CR attendance in those who were referred. **RESULTS:** There was no effect of race on CR referral with 92.9% of patients being referred ($p=0.877$). Of those referred, there was no effect of race on attendance (71.3% of W attended vs 75% of NW; $p=0.721$). There was also no effect of gender on attendance (72.7% of males attended vs 67.2% of females, $p=0.415$). There was an effect of insurance on attendance with 45.5% of patients with no insurance attending, 72.6% of patients with one type of insurance attending, and 75.5% of those with more than one insurance attending, $p=0.016$). Finally, there was no effect of COVID on attendance (72.0% attended pre COVID vs 69.6% post COVID, $p=0.725$). **CONCLUSION:** Racial and gender differences did not impact CR attendance. However, it was demonstrated that the insurance did play a role in CR attendance.