

Few Women Participate in Cardiac Rehabilitation, Despite a Slew of Benefits

Analysis by [Dr. Joseph Mercola](#)

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STORY AT-A-GLANCE

- › Fewer than 20% of women take part in cardiac rehabilitation (CR) programs, which is one of the most proven ways to recover and prevent another heart event
- › Women who complete cardiac rehab lower their risk of hospitalization by up to 42% and reduce their risk of death from heart disease by as much as 58%, gaining both longer life and better quality of life
- › Referral bias is a major reason for low participation – women are referred for cardiac rehab less often than men, and rates are even lower among Black, Hispanic, and Asian women, where participation averages just 10% to 12%
- › Automatic referrals, flexible scheduling, home-based or hybrid options, and women-only programs are powerful, research-backed strategies that dramatically increase enrollment and completion rates
- › Cardiac rehab isn't just exercise – it's a personalized recovery plan that rebuilds heart strength, lowers stress, and restores confidence, giving women a structured way to take back control of their health and their future

Heart disease is the leading cause of death in women today, with higher mortality rates than all forms of cancer combined.¹ Over 60 million women, or nearly half of the female population, have this condition, affecting them at any age, the U.S. Centers for Disease Control and Prevention (CDC) reports. In 2023, more than 300,000 women succumbed to heart disease.²

Despite these alarming numbers, only a small percentage of women take advantage of cardiac rehabilitation (CR) programs, which is one of the most proven methods to recover after a cardiac event. A recent report found that attendance to cardiac rehabilitation in women is only less than 20% even though they provide benefits, such as reducing hospital readmissions and improving quality of life.

What Is Cardiac Rehabilitation and Who Qualifies?

Cardiac rehabilitation, often called cardiac rehab, is a medically supervised program that helps you strengthen your heart and improve your overall cardiovascular health after a major cardiac event. However, cardiac rehab is not just exercise; it is a comprehensive course that includes monitored aerobic training, nutritional counseling, and stress management.

- **Who can participate in cardiac rehab?** According to the American Heart Association (AHA), this evidence-based program is designed for people who experienced a cardiovascular event or had a heart surgery. It doesn't change your past, but it helps you build a healthier future for your heart. To be more specific, you become eligible for cardiac rehab if you've had:^{3,4}
 - A **heart attack** (myocardial infarction)
 - A heart condition such as coronary artery disease (CAD), angina, or heart failure
 - A heart procedure or surgery, such as coronary artery bypass graft (CABG), angioplasty or stent placement, valve replacement, or device implantation like a pacemaker or implantable cardioverter defibrillator (ICD)
- **The treatment plan is mostly centered on minimizing or reversing atherosclerosis** – This is when plaque builds up in the inner walls of the arteries. **Atherosclerosis** is a major risk factor for coronary artery disease, and with cardiac rehab, the

treatment plan is mostly centered on lifestyle changes and medications that can help reverse this condition.

- **There are three cardiac rehab phases** — The first is exercise counseling and training, which gets your heart pumping in a controlled way so your cardiovascular system becomes stronger and more efficient. Second is education for heart-healthy living, which teaches you how to manage risk factors such as smoking, high blood pressure, and poor diet. The third is counseling to reduce stress, because stress directly harms your heart and contributes to disease progression.
- **Cardiac rehab is a team effort** — As the AHA notes, individuals who are going through this need the support of other people, including doctors, nurses, pharmacists, and even family members working with you to take charge of your health. This will help them create a plan that includes setting goals, tracking progress, taking medications correctly, and responding quickly if new or worsening symptoms appear.
- **But is cardiac rehab participation effective?** Apparently, it is. According to studies, people who go through cardiac rehab are up to 42% less likely to be hospitalized again and experience up to 58% lower cardiovascular mortality than those who don't participate.

Dr. Jessica Golbus, a cardiologist at the University of Michigan Health Frankel Cardiovascular Center, said that "cardiac rehabilitation has universal benefits for anyone who participates by reducing risk factors for future cardiovascular events."⁵

Why Do Fewer Women Enroll or Complete Cardiac Rehab?

Despite its well-established benefits, women's participation in cardiac rehabilitation (CR) remains lower than men's. According to a scientific statement from the AHA, published by Golbus and a team of researchers, women are underrepresented in CR programs across all phases (referral, enrollment, and completion). While men and women benefit equally from cardiac rehab, multiple studies confirm that women's access and engagement are consistently lower.

- **There are gender-associated barriers to cardiac rehabilitation programs** – The scientific statement compiled evidence from multiple research sources, including observational studies, clinical trials, and meta-analyses, to evaluate differences in participation and outcomes between women and men.

Their findings, published in the journal *Circulation*, said that overall, women are 36% less likely to enroll after a qualifying cardiac event than men. What's more, those who start are less likely to complete all prescribed sessions.

- **One reason for the disparity is referral bias** – Women are referred for cardiac rehab less often than men, even when they have the same qualifying diagnosis. In fact, referral rates vary sharply by race and ethnicity. One study notes that referral rates were only 48% for white women, 34% for Black women, and only 15% for Hispanic women. These inequities start early in the care pathway and can persist through completion.⁶
- **Socioeconomic and caregiving pressures play major roles as well** – Many women shoulder primary caregiving responsibilities, making it difficult to attend thrice-weekly sessions at hospital-based centers. Transportation challenges, copays, time off work, and limited social support further compound the problem.

Compared to white women, female patients who belong to underrepresented racial or ethnic groups are also more likely to cite cost as a barrier to cardiac rehab. "Non-Hispanic Black, Hispanic, or Asian women have particularly low rates of participation, ranging between 10% and 12%," the researchers reported.⁷

- **Age is another factor** – Women are, on average, older at the time of their first cardiac event, often with multiple health conditions such as hypertension, diabetes, or arthritis, which are factors that can make exercise more challenging and recovery slower.
- **Emotional and psychosocial hurdles** – Emotional barriers are another overlooked dimension. Women more frequently report fear of overexertion, anxiety, and feeling out of place in programs dominated by men. Depression and psychosocial distress

are more common among women after a cardiac event as well.

"Women with CVD [cardiovascular disease] are more likely to have depression and, after coronary revascularization, women have smaller improvement in health-related quality of life with CR," a report from Cardiology Advisor said.

In summary, lower attendance rates for cardiac rehabilitation in women are not a result of lesser benefit, but of systemic, social, and emotional obstacles that limit access and continuity. The challenge lies not in convincing women of its value, but in making cardiac rehab feasible, affordable, and supportive for every woman who needs it.

What Works to Increase Women's Participation in Cardiac Rehabilitation Programs?

The AHA statement also highlights that people who take part in cardiac rehabilitation see major improvements in key heart health factors. They're more likely to quit smoking, lower their blood pressure and cholesterol, and improve their blood sugar control.

"Cardiac rehabilitation improved exercise capacity, reduced depressive symptoms, and supported medication adherence," an article in Conexiant reported.⁸

- **In particular, women who join these programs tend to gain even greater survival benefits than men** — For example, a large study involving nearly 400,000 adults, found that engaging in 300 minutes of aerobic exercise each week lowered the overall risk of death by 24% in women, compared with 18% in men. Similarly, doing resistance training three times per week reduced mortality by 28% in women, versus 14% in men.
- **Encouragingly, the gender gap in cardiac rehabilitation is not an unsolvable problem** — Several research-backed strategies have already been shown to dramatically improve women's participation, and they all share a common theme — reducing friction at every step of the process. When systems are designed to meet women where they are, enrollment and completion rates rise sharply.

- **Automatic referral systems are one of the most powerful tools to increase cardiac rehab participation rates** – In hospitals that use these systems, every eligible patient, regardless of gender, age, or socioeconomic status, is automatically referred for CR before leaving the hospital. This approach removes the dependence on individual clinicians to initiate referrals, which is where bias and oversight often occur, and the results were significant.

"Automatic referral systems were associated with large gains in access – up to a 25-fold increase when combined with case management and more than 10-fold with automated referrals alone," Conexiant reported.

This single intervention transforms rehab access from a matter of luck or advocacy into a standard part of post-cardiac care. In other words, it makes cardiac rehab attendance the default rather than the exception.

- **Another powerful solution involves flexibility** – Traditional cardiac rehab programs typically operate during standard work hours, a major barrier for women who balance caregiving, jobs, and recovery. Offering more flexible solutions, such as evening classes, weekend sessions, or drop-in options can make all the difference.
- **Hybrid (in-person and virtual) setups extend that accessibility even further** – For example, instead of regularly attending sessions in the clinic, participants can use wearable heart-rate trackers and do telehealth check-ins, allowing them to complete exercise sessions from the comfort of their home.⁹

These programs are especially beneficial for female patients living in rural areas or those without reliable transportation, and could deliver comparable improvements in physical outcomes, adherence, and patient satisfaction when properly supervised. Women enrolled in these models are more likely to complete the full program because it fits their lifestyle instead of disrupting it.

For an easy-to-understand comparison between center- and home-based CR programs, check out the table below:

Center-based cardiac rehab Home/virtual cardiac rehab

Access	Requires travel and set schedule	Flexible hours; no travel
Adherence	Moderate; drop-offs common	Higher for caregivers and rural patients
Monitoring	Onsite ECG and medical staff	Remote tracking via telehealth and wearables
Outcomes	Proven improvement in survival and function	Equal results when adherence is strong
Cost	Copays, travel, and parking	Often lower total cost

- **The environment and culture of rehab programs matter deeply** – Many women feel uncomfortable in mixed-gender settings, especially when most participants are men recovering from similar procedures. Offering tailored programs specifically for women may help reduce anxiety and improve participation.

Integrating emotional support groups and mental health counseling within rehab programs further strengthens engagement. Many women experience depression or fear of recurrence after cardiac events, and these feelings can derail recovery if left unaddressed. When programs combine exercise with emotional resilience training, completion rates rise substantially.

- **Alternative exercise formats for comfort and confidence** – Some women hesitate to attend cardiac rehab because they imagine strenuous workouts or high-tech gym settings. In reality, exercise sessions can be adapted to any comfort level. Programs that incorporate gentle movement, yoga, tai chi, or water-based exercises attract more female participants and improve adherence.

They "provide greater social interaction and psychosocial support, and address insecurity concerns that women may have, such as feeling self-conscious about their appearance or physical abilities."¹⁰

- **Technology as a motivator** – Modern cardiac rehab programs are increasingly integrating digital tools like smartphone apps and other wearable devices to improve motivation and accountability. This "gamified" approach, where you can see your progress bar fill up or receive achievement notifications, taps into motivation psychology, turning recovery into an empowering challenge rather than a chore.

*"Digital technologies can be used as an adjunct to in-person CR or to facilitate the delivery of remote or virtual CR, including video conferencing for education and remote physiologic monitoring and activity tracking," the study authors said.*¹¹

The good news is that most major insurance plans cover cardiac rehab for approved diagnoses. That means if you've had a heart attack, stent placement, coronary artery bypass graft (CABG) surgery, valve surgery, or chronic heart failure, your treatment is likely eligible for coverage. To confirm eligibility and learn about available support, call your insurer's member services line.

Frequently Asked Questions (FAQs) About Cardiac Rehabilitation Programs

Q: Do women really attend cardiac rehab less often than men?

A: Yes, and the gap is significant. A study published in the journal *Circulation* shows that women's enrollment in cardiac rehabilitation is about 36% lower than men's, and completion rates lag even further behind. Women are also referred for rehab less often after a heart attack or surgery, despite facing equal or greater risk of recurrence.

Among non-Hispanic Black, Hispanic, and Asian women, participation averages only 10% to 12%, underscoring the urgent need for more inclusive outreach and program accessibility.

Q: What are the biggest barriers for women?

A: The most common barriers include referral gaps, caregiving responsibilities, transportation challenges, and out-of-pocket costs. Emotional hurdles matter too. Fear of overexertion, anxiety, and lack of social support all discourage participation. Some women often describe cardiac rehab as intimidating or inconvenient unless programs offer flexible hours and personalized support.

Q: Is home-based cardiac rehab as effective?

A: Yes. According to the AHA's recent Scientific Statement, well-structured, home-based and hybrid cardiac rehab programs deliver equivalent improvements in survival, blood pressure control, and quality of life compared to traditional in-person sessions. The key is consistent monitoring – either through wearable heart-rate devices, telehealth coaching, or periodic in-person check-ins.

These models work particularly well for women balancing work and caregiving, allowing them to rebuild strength safely at home while maintaining flexibility.

Q: How soon after a heart attack or surgery should women start rehab?

A: The earlier, the better. Early participation accelerates healing, improves energy levels, and reduces the likelihood of another cardiac event. Booking your first session before leaving the hospital is one of the simplest and most effective ways to stay on track.

Q: Is cardiac rehab covered by insurance?

A: Yes. Most private insurers cover cardiac rehab for conditions like heart attack, stent placement, bypass surgery, valve replacement, and heart failure with reduced ejection fraction (HFrEF). Always ask your rehab coordinator about financial assistance programs, as many hospitals offer reduced or bundled pricing for qualifying patients.

Q: What's the bottom line?

A: Cardiac rehabilitation is one of the most effective, evidence-based treatments for heart recovery – and women have just as much to gain from it as men. The challenge isn't whether it works, but whether it's accessible and designed to fit women's realities.

Automatic referrals, flexible scheduling, and home-based options help increase participation and save lives. Every woman who completes cardiac rehab reclaims not only her physical health but also her confidence, independence, and quality of life.

Sources and References

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