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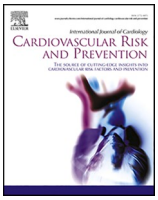

41Bridging the gender gap in Cardiac Rehabilitation. The first step: The equal opportunities project

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ABSTRACT

Women receive similar or greater benefits than men from Cardiac Rehabilitation (CR). However, they are less likely to participate. An integrated and gender-sensitive approach to cardiovascular disease is required to enhance the quality and experience of care for women with different cardiovascular issues throughout their lives.

The Italian Alliance for Cardiovascular Rehabilitation and Prevention (ITACARE-P) is committed to developing a gender-specific approach to CR that will more effectively meet the needs of both women and men.

1. Introduction

In recent years, there has been a significant increase in the number of women referred to Cardiac Rehabilitation (CR). However, women are less likely than men to participate. To address this issue, it is necessary to consider social, cultural, and structural biases that may influence women's participation.

Targeted interventions are essential to increase female participation rates. Analyzing and reporting the influence of sex and gender factors on the effectiveness and impact of CR activities is key to ensuring non-discriminatory clinical practice towards women [1].

2. Specificity of the CR intervention in women

To address sex and gender differences in CR, it is essential to prioritize initial clinical assessment and physical training.

Appropriate risk assessment can be hindered by gender bias, communication difficulties, lack of standardization and poor rehabilitation team training. Addressing these barriers will ensure all patients receive the best care.

Although women, particularly young women, have a higher level of risk factors than men [2] clinical practice frequently fails to provide an adequate clinical assessment. Furthermore, cardiologists may underestimate sex-specific risk factors, and standard methods for predicting the risk of heart disease may not be equally effective for both men and women.

Research has reported gender-specific differences in psychosocial distress, with women often reporting at higher levels than men [1]. Intimate partner violence is a prevalent form of violence experienced by women and has been found to be significantly associated with an increased risk of cardiovascular disease [3]. It is important for the rehabilitation team to have a better understanding of the psychosocial distress experienced by women, and to know how to recognize and address this sensitive issue.

Experience shows that women receiving a sub-optimal training prescription and more likely than men they drop out of a CR program due to musculoskeletal problems [4]. Recent studies suggest that women's preferences and expectations of exercise programs differ from those of men [4]. Women seem to appreciate less individual training session such as a bike or treadmill exercise and prefer group activities that allow social interaction [4].

Considering differences in health, illness, and diseases between men and women is crucial for achieving better outcomes. Furthermore, inadequate attention to sex and gender factors results in missed opportunities to address women's unmet needs and unresolved concerns about prioritizing their own health through meaningful engagement in CR. Although women are aware that cardiovascular disease is the leading cause of death, they do not necessarily identify it as the most important health problem and, even if they already suffer from it, their perception and assessment of their own cardiovascular risk profile remains underestimated.

Women are often perceived as communicating in more indirect, elaborate and emotional ways, which can lead to perceptions of insecurity, shyness and lack of authority. In contrast, men are often perceived as communicating in a direct, concise and instrumental way [5]. A man who asks too many questions may be perceived as someone

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who wants to know more about what is being said. A woman who asks too many questions may be perceived as someone who does not understand. The same behavior can often be interpreted and judged differently based on gender, which highlights the existence of a double standard. A gender-neutral communication style is essential for ensuring equal awareness and participation for all individuals.

Gender-specific approaches to support illness recognition and the shift from caregiver to care receiver are important for women who are reassessing and reprioritizing themselves while balancing multiple social roles. Other women who have experienced or recovered from similar illness can also provide beneficial support [1].

For all these reasons, the Italian Alliance for Cardiovascular Rehabilitation and Prevention (ITACARE-P) has set up a working group with the aim of developing a CR model that is sex- and gender-specific, and thus more responsive to the needs of people (women and men alike) in the real world.

3. Approach

The ITACARE-P Equal Opportunities Project (Table 1) is the first step in overcoming sex and gender gaps in CR. To do this, it is necessary to understand the context, conduct a gender analysis and implement specific positive actions. "Positive actions" are measures that aim to remove barriers to equal opportunities with a view to achieving substantive equality between men and women in a variety of contexts. At the same time, we consider it essential to initiate reflective processes. "Reflective processes" are learning processes that aim to change mental models, values and beliefs, such as those that reproduce sex and gender inequalities.

It's time to shift the focus to the empowerment of individual women to the transformation of processes that reinforce sex and gender inequalities in CR. The key principle for an effective sex and gender approach is to recognize that it is facilitated by a comprehensive, systemic and multidisciplinary approach. Instead, there are currently isolated events that recognize gender constraints but try to 'work around' these constraints to engage the individual woman, rather than addressing the barriers that limit women's participation in CR activities.

We are focusing on women, but they are not a homogeneous group and unfortunately there are other forms of bias discrimination, such as ageism or weight bias, can also occur in the care setting. When combined with sex and gender, these biases can create a double burden for women, resulting in a disadvantageous experience with CR and limiting the potential benefits.

Focusing on gender is only one aspect of creating a more inclusive CR context. It is clear that such an approach will not only benefit women, but will also contribute to increasing the capacity to engage with *diversity* in general.

Table 1
The Equal Opportunities Project: positive actions and reflective processes to remove barriers to equal opportunities in CR.

Multidisciplinary working group	Risk Assessment Focus	Physical Training Focus
Step 1 Positive actions	Develop a sex and gender risk assessment checklist.	Develop a checklist for prescribing exercise; identify alternative aerobic activities most preferred by women.
Step 2 Positive actions	Training in a more collaborative approach to assessment that takes account of the gendered style of communication.	Training in specific peer support activities for women's awareness and adherence promotion.
Step 3 Reflective processes	Training to recognize and identify team members' unconscious sex and gender related biases.	
Step 4 Recommendations	Make a list of the key activities that each member of the team will need to carry out to ensure a sex and gender sensitive approach.	

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Declaration of competing interest

The author declare they have no conflict of interest.

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