LEEDS BECKETT UNIVERSITY
CARNEGIE SCHOOL OF SPORT

Missing from Cardiac Rehabilitation:

Intersectional Inequalities Among Ethnically Diverse Women in the UK.

Laura Correia*[1], Antonis Stravropoulos-Kalinoglou[1], Alexandra J. Potts[1],
[1]Carnegie School of Sport, Leeds Beckett University, Leeds, United Kingdom.

Why This Matters

Cardiovascular disease is the **leading cause of morbidity and mortality** among women in the UK.[1] Yet women, and especially those from ethnic minority communities, remain profoundly underrepresented in cardiac rehabilitation programmes.[2]

Despite national priorities to reduce health inequalities, limited qualitative evidence exists on how **intersecting social identities** shape engagement. This constrains NHS efforts to deliver equitable, person-centred care.

⚠ Women from ethnic minority backgrounds face compounded, overlapping barriers, not single, isolated challenges.[3]

Aims

To explore how **gender**, **ethnicity**, **culture**, **religion**, **immigration status** and **socioeconomic position intersect** to shape access to and participation in cardiac care and rehabilitation among ethnically diverse women in the UK.

Methods

4 Focus Groups
Community settings & online

19 Women
Diverse ethnic backgrounds across the UK

Reflexive Thematic Analysis[4]
Informed by intersectionality theory[5]

What Women Told Us : Four Key Themes

"My health is being failed by the system"
Delayed diagnosis, dismissal, and structural racism blocked access to care.

"I care for others more than myself"
Gendered caregiving roles left no room for self-prioritising health.

"We do NOT talk about health"
Cultural stigma around illness acted as a powerful barrier to seeking help.

"Reimagine CR as a community hub"
Women want locally delivered, culturally safe, relationship-centred support.

What Needs to Change

Co-Design
With ethnically diverse women, as active partners

Cultural Safety
Locally embedded, trust-based delivery

Equity-Driven
Address structural and systemic barriers

Equity-driven, intersectional, culturally responsive cardiac rehabilitation is needed in the NHS. Co-designed care must dismantle structural barriers and centre the lived experiences of marginalised women.

References

1. Tayal et al. (2024). Advancing Access to Cardiovascular Diagnosis and Treatment among Women. Heart, 110(22), e4–e4.
2. NACR (2023). National Audit of Cardiac Rehabilitation Quality and Outcomes Report. British Heart Foundation.
3. Correia et al. (2025). Race and Sex Inequalities in Cardiac Rehabilitation: Perspectives from UK Healthcare Professionals – A Delphi Study. J. Racial and Ethnic Health Disparities. https://doi.org/10.1007/s40615-025-02732-y.
4. Braun & Clarke (2019). Reflecting on Reflexive Thematic Analysis. Qualitative Research in Sport, Exercise and Health, 11(4), 589–597.
5. Crenshaw (1989). Demarginalizing the Intersection of Race and Sex. University of Chicago Legal Forum, 139–167.

★ *Corresponding author:*
Dr Laura Correia
L.Correia@leedsbeckett.ac.uk | Carnegie School of Sport, Leeds Beckett University