Introduction
Cardiac Rehabilitation (CR) aims to promote recovery after heart attack, attain a healthy life style to avoid further coronary attack, facilitate return to work and back to the community. Despite its proven effectiveness in preventing further cardiovascular attacks and unplanned readmission the participation rate for Phase II CR is low. Guo (2016) stated that the enrollment was low (only 20% of patients) especially in hospital-based CR programs and the dropout rate was high. The mode of CR needs to be refined to increase patients’ awareness of their diseases and engage them in their disease management. Community Based Cardiac Rehabilitation Support Program, an alternative model, was piloted.

Objectives
It aims to empower patients in their disease management, engage them in their recovery; develop their peer support network; promote rehabilitation and psychological well-being via mutual support.

Methodology
Education helps patients have better understanding of their diseases and increase their compliance (Guo, 2016) and is the initial step in engaging patients to their disease management journey. Four seminars were organized in alternate month from February to September. The seminars were taught by experts and covered areas in dietary advices; benefits and potential risks of exercises, stress management and resources in community. Seminars provided opportunities for participants to interact group settings, share and voice out their problems and concerns. Participants were asked to join the peer support group and/or future events on voluntary base.

Result
147 participants attended the seminars and their opinions were collected at the end of each seminar. Most of them fed back positively. 94.5% satisfied with the topics which strengthen their knowledge in managing heart disease; 88.6% stated that those
seminars enhanced their confidences in their recovery; 86.5% showed ability in managing stress; 83% expressed positive ways in managing stress and 83% knew more about the community resources which support them during their recovery. 39 participants joined the peer support groups and further events/functions.

Conclusion: Community Based Cardiac Rehabilitation Support Program engages and empowers patients for self-management, stratifies patients' needs and improves their mutual support via peer support group. Patients share their experiences in their disease-management journey through group interactions.