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# Decreasing Health Inequities in Sudden Cardiac Death

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# Agenda

- **Background**
- **HANDDS Case Study**
- **Recommendations**



# Questions for Group

- **How can we use lessons learned to decrease health inequities?**
- **Potential national partnerships, sponsorships and/or strategic alliances?**
- **Recommendations for moving forward?**



# Scope of the Problem

- **9 out of 10 people will die from a cardiac arrest event.**
- **Minutes count: quick CPR is crucial to cardiac arrest survival**
- **African-Americans and Latinos are 30% less likely to have CPR performed by someone nearby (bystander)**



**As compared to higher-income white neighborhoods, 51% less likely to have bystander CPR performed.**

**Likelihood of Having Bystander CPR Performed**

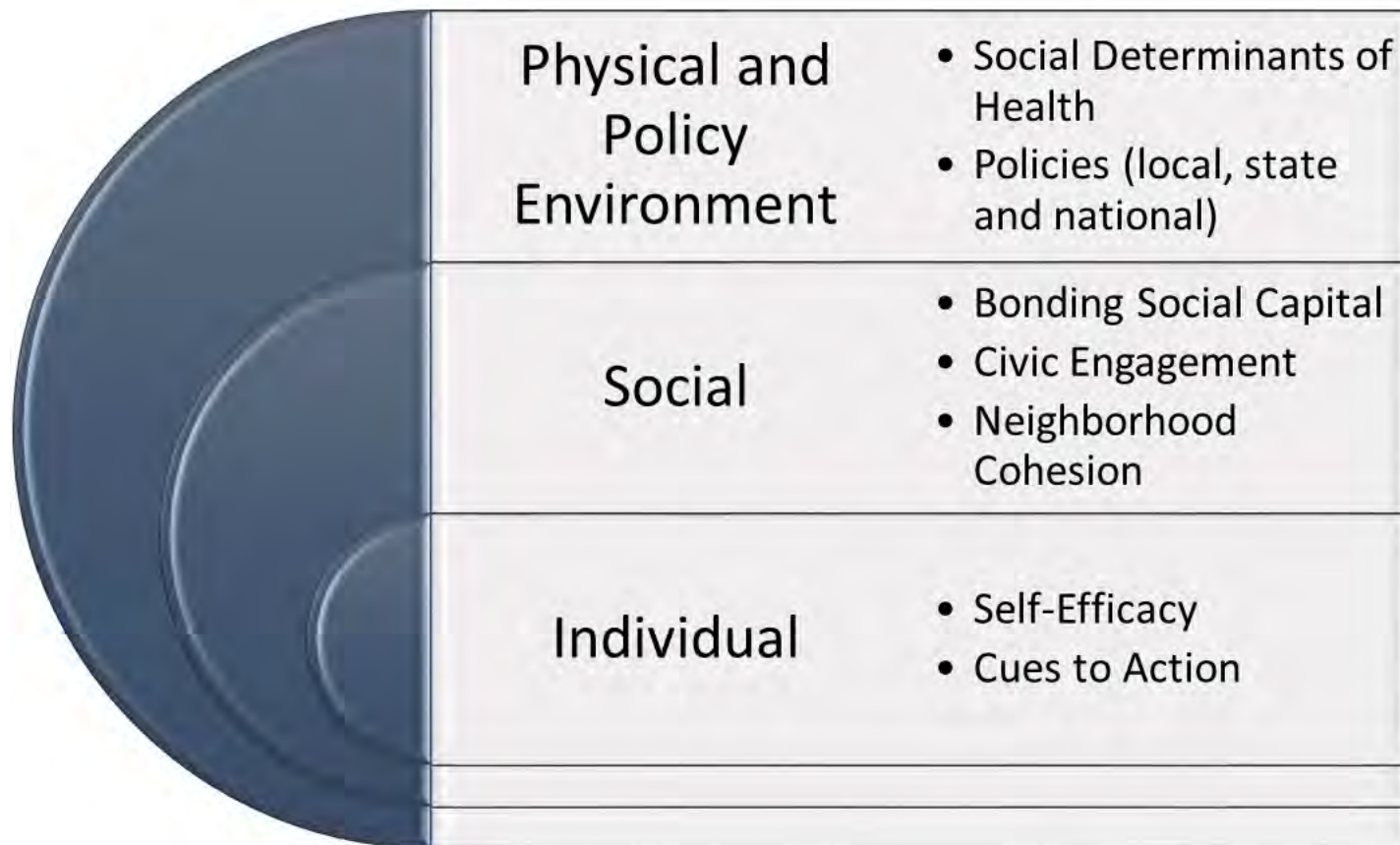


# What can we do to change this?

- **Target resources (e.g. bystander CPR and sudden cardiac arrest awareness) in the neighborhoods where it can have the most impact.**



# SOCIAL ECOLOGICAL MODEL FOR INCREASING BYSTANDER CPR





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# CASE STUDY





# HANDDS Program: To decrease health inequities in minority populations by:

## Short-Term Goals

- Train-the-trainer approach to educate thousands of high-risk neighborhood residents

## Intermediate Goals

- Increase awareness of sudden cardiac death and calling 9-1-1 for emergencies

## Long-Term Goals

- Increase bystander CPR rates  
- Increase sudden cardiac death survival rates



# Identify

**Neighborhoods with high rates of cardiac arrest and low rates of CPR**





# Implement

**Community-based CPR train-the-trainer program in targeted high-risk neighborhoods**

Phase  
One:  
Identify



Phase  
Two:  
Implement



Phase  
Three:  
Track





# Track

## Metrics for success

- **Community bystander CPR, numbers of people trained, family and friend confidence in hands-only CPR, health impact of CPR training on neighborhoods, program evaluation**

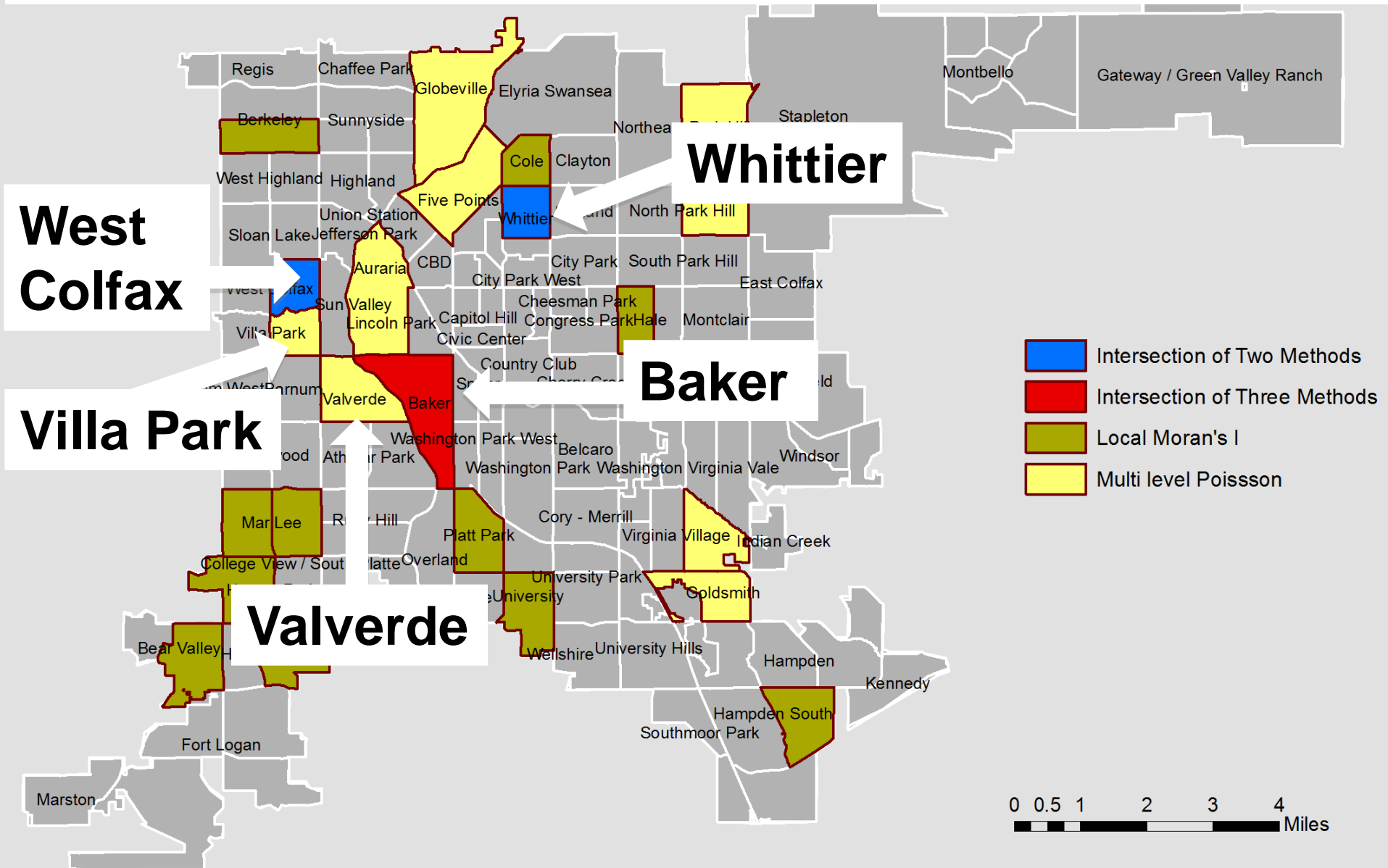




# Successful Denver HANDDS Program (Phase 1)

- **12-week community CPR training program**
- **344 CPR Anytime Kits used**
- **Targeted 5 high-risk neighborhoods in Denver, Colorado**

# IDENTIFY: High-Risk Census Tracts





# Barriers to Calling 9-1-1

- **Fear of getting involved**
- **Immigration status**
- **Language**
- **Financial**
- **Lack of recognition of cardiac arrest event**
- **Violence**



# Barriers to Performing CPR

- Age
- Gender
- Language
- Racism
- Immigration status
- Knowledge
- Legal consequences
- Emotional disconnection from community
- Risk to personal health

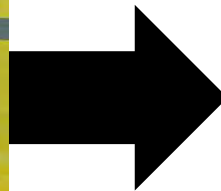




# IMPLEMENT:

## High-Risk Neighborhood Member

1. Fills out Pre/ Post Knowledge Survey
2. Receives CPR Anytime Kit



## Family and Friends

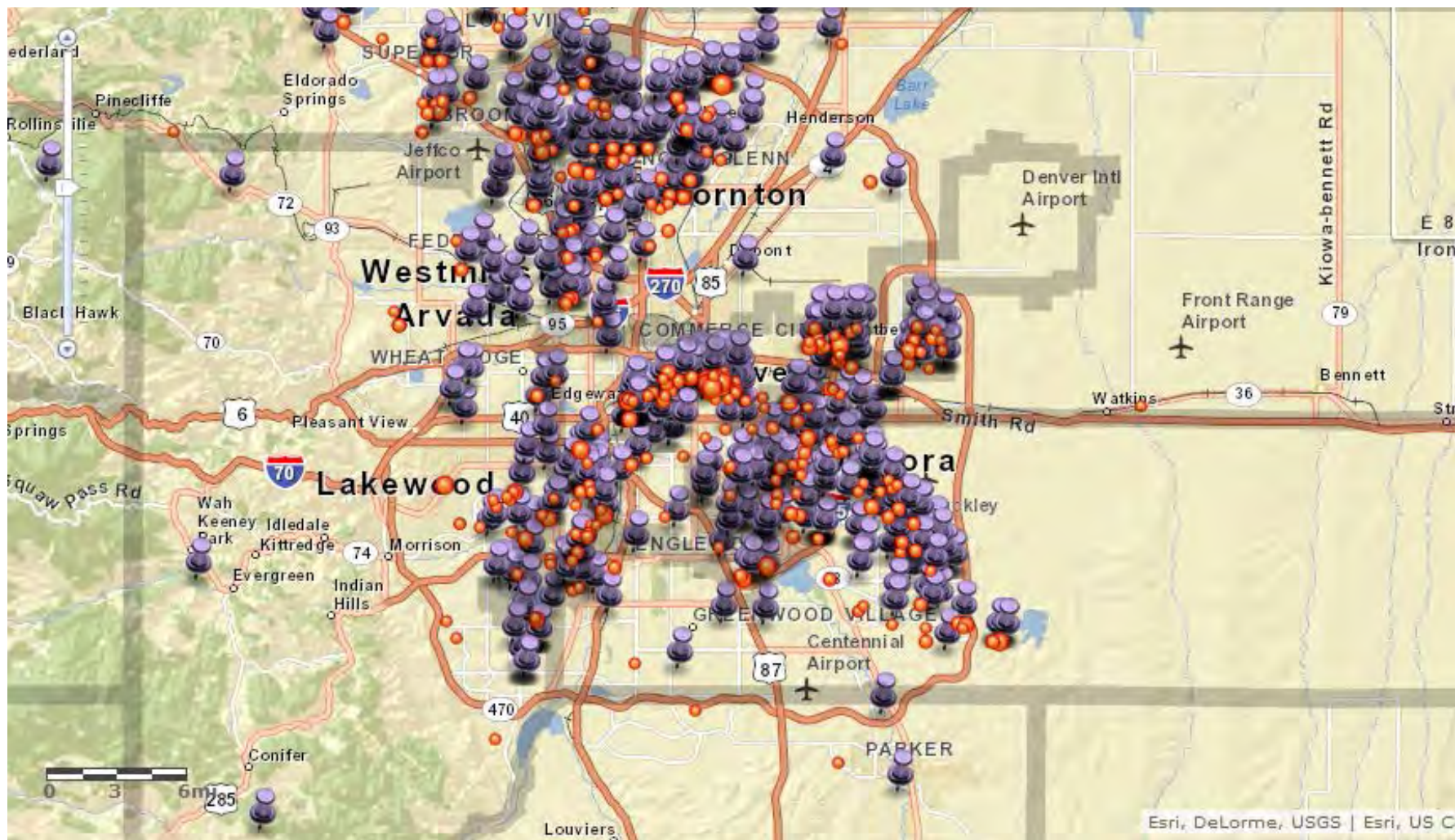


## Project Team

1. Data Sheet of All Family and Friends Educated
2. 5 Family and Friends Pre/Post Knowledge Survey
3. \$10 Gift Card/ Certificate of Recognition
4. Back to Site for Health Impact Summary



# TRACK: Health Impact





# Program Outcomes

- **344 people trained with CPR Anytime kits**
- **886 additional Family and Friends trained**
- **>80% of trainees and family/friends felt comfortable performing Hands-Only CPR**



# ROI

- **\$10,320 (344 CPR Anytime kits at \$30/kit)**
  - 1230 people trained total
  - 3.6 people/kit
  - = \$8.39 per person trained!**



# Recommendations

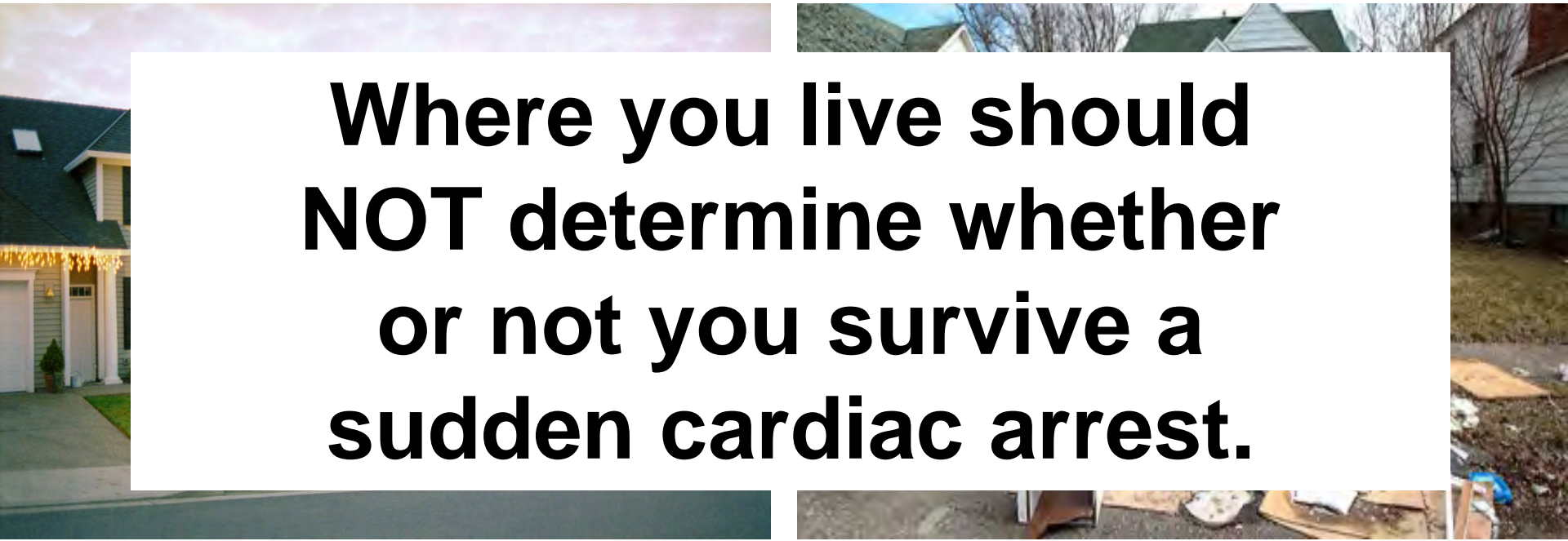
- **Use data to drive public health programming and outreach**
- **Culturally sensitive, tailored programming**
- **Share data (Nationally and Locally)**
- **Need to work at multiple levels (SEM)**
- **Systematic approach to overcoming barriers**





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**Where you live should  
NOT determine whether  
or not you survive a  
sudden cardiac arrest.**

**Together we can improve cardiac arrest  
survival**