CORONARY BY-PASS: THE IMPACT OF HANDS-ONLY **CPR IN BATTLING HEALTH DISPARITIES**

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INTRODUCTION

- More than 350,000 Americans experience OHCA annually - 90% resulting in death
- Black and Hispanic individuals are less likely to receive bystander CPR
- Poorer outcomes and survival rates
- Lack of accessible CPR training in these communities

METHODOLOGY

- Free AHA hands-only CPR course
- Administered by DPAP students in collaboration with the CHC
- Multi-site: churches, community centers, health fairs, and other community spaces
- Eliminated cost and transportation requirements
- Pre and post surveys assessing participants' confidence
- Deidentified data entered into **REDCap for analysis**
- Compared pre- and post-course survey responses using paired t test

• N = 61

- Age rang
- 24 w • 45 fema
- Majority Black/A not Hisp
- 33 colled pursued
- 39 receivition training
- 15 had p
- an AED
- 18 witne arrest, 5

- NC community • Measure levels of bystander CPR confidence
- Remove the following barriers: financial, geographical, course duration
- Assess if bystander CPR confidence levels increase when access to CPR education is provided

RELATED LITERATURE • Focus on Black and Hispanic populations in the greater Durham, • A study analyzing 110,054 100 witnessed OHCAs found that ⁸⁰ Black and Hispanic individuals 60 were less likely to receive bystander CPR compared to White individuals both at home²⁰ and in public locations



| PARTICIPANIS | | | | |
|-------------------------|---|------------|-------------|---------|
| | Survey Question | Pre Course | Post Course | p-value |
| ige: 18 - 66+ | How comfortable would you be assisting someone with sudden cardiac arrest? | 2.367 | 3.317 | 0.000 |
| were 66 years or older | | | | |
| ale, 16 male | How likely are you to perform CPR in a situation when it is needed? | 2.82 | 3.558 | 0.000 |
| y (83%) identified as | Do you have reservations about performing CPR? | 0.483 | 0.069 | 0.000 |
| African American and | How confident are you that you can place the AED on the individual? | 1.9 | 3.683 | 0.000 |
| panic/Latinx (91%) | | | | |
| ege educated, 25 | How confident are you that you can check for responsiveness from the individual? | 2.484 | 3.6 | 0.000 |
| d graduate school | How confident are you that you can perform CPR if needed to in a real-life situation? | 2.22 | 3.593 | 0.000 |
| ived previous CPR | How confident are you that you can continuously perform CPR until a medical team arrived and took over? | 2.322 | 3.542 | 0.000 |
| | new connuclit are you that you can continuously perform of it until a medical team arrived and took over. | 2.022 | 0.042 | 0.000 |
| prior experience with | How much would concern of doing CPR wrong get in the way of you doing CPR right now? | 3.017 | 1.407 | 0.000 |
| essed real-life cardiac | How much would lack of CPR training get in the way of you doing CPR right now? | 3.121 | 1.362 | 0.000 |
| 5 performed CPR | How much would being unsure about the signs of cardiac arrest get in the way of you doing CPR right now? | 2.7 | 1.35 | 0.000 |

CONCLUSION

- Timely bystander CPR can significantly improve survival rates
- Our data demonstrates that increasing accessibility to CPR education increases confidence and likelihood of performing CPR
- Following completion of a hands-only CPR course, participants reported a statistically significant decrease in barriers to performing CPR

FUTURE Disparities in CPR administration reveal inequities in access

- This data illustrates the benefit of promoting inclusive CPR education to address barriers to timely intervention and thereby ensuring equitable healthcare outcomes
- Encourage PA students and programs to offer accessible CPR courses to their
- communities

REFERENCES 1. GARCIA RA, SPERTUS JA, GIROTRA S, ET AL. RACIAL AND ETHNIC DIFFERENCES IN BYSTANDER CPR FOR WITNESS CARDIAC ARREST. N ENGL J MED 2022; 387: 1569-1578

OUR PARTICIPANTS