

Health and Social Justice in CPR Training and Provision

A Gender and Racial Bias
Awareness Curriculum



Hands2Heart NOLA
Reduce gender and racial bias in CPR

Mission

Hands2Heart NOLA is a New Orleans-based education initiative and campaign that seeks to reduce known gender biases in citizen CPR administration to women and increase the gender-and-racially-sensitive representation of women's bodies in CPR training to improve survival outcomes for women and vulnerable individuals experiencing Out-of-Hospital Cardiac Arrest (OHCA).

Learning Objectives

- Identify gender disparities in bystander CPR provision to persons experiencing OHCA
- Identify implicit biases that may lead to gender disparities in bystander CPR provision to persons experiencing OHCA
- Identify racial, ethnic, and gender disparities in CPR training
- Identify systemic inequities that lead to poor survival outcomes for high-risk individuals experiencing OHCA
- Discuss practical solutions to address the health and social inequities that can lead to bias in bystander CPR provision and CPR training

Disparities

- Female bodies are underrepresented in CPR training- most CPR dolls represent only male torsos and do not conform to the shapes of women's bodies, especially women's breasts
- Women are less likely than men to receive CPR from a bystander during OHCA and women experiencing OHCA are more likely to die than men
- Gender disparities illustrate an implicit bias informed by reported fears of 1) physically harming a woman during CPR and 2) touching a woman inappropriately or being accused of doing so, and misconceptions that 1) breasts make providing CPR difficult and 2) women do not experience cardiac events or are more likely to exaggerate them
- CPR dolls do not equitably represent the range of natural skin tones, most are colorless or pink
- Flat-chested, colorless CPR dolls are currently used as the standard in CPR courses, especially in courses offered by major CPR trainers
- Persons with low socioeconomic statuses and less than college-level education are less likely to be trained in CPR
- Black Americans experiencing OHCA are less likely than white Americans to receive CPR from someone in their home due to limited availability of CPR training opportunities in Black communities

Systemic Inequities

- Under-resourced communities experience environmental and economic barriers to accessing CPR training and often have fewer community members trained in citizen CPR
- Under-served communities experience slower response times from Emergency Medical Services (EMS) and ambulances during a cardiac emergency, when every minute matters
- Under-resourced communities do not have easily accessible Automated External Defibrillators (AEDs) in public spaces during a cardiac emergency
- Current standard CPR trainings, including hands-on training and training videos, do not include the use of CPR dolls with breasts representing female victims or dolls representing cardiac arrest victims of color
- Disparities and biases exist downstream as a result of systemic inequities and the lack of normalization of CPR training that includes equitable gender, racial, and ethnic representation of real-world cardiac arrest victims

Solutions & Discussion

- Promote neighborhood, city, county, and statewide investment in widespread CPR training in communities, schools, community centers, sports, workplaces
- Promote neighborhood investment in local CPR training to increase the number of bystanders capable of providing quick and decisive life-saving interventions prior to the arrival of EMS during a cardiac emergency, encourage EMTs to reach out to EMS leadership to advocate for improving EMS response times in under-served neighborhoods
- Promote city-wide investment in placing AEDs in public spaces and ensuring that the public know where and how to access those AEDs
- Encourage local and national CPR trainers to invest in gender-and-racially sensitive CPR dolls and breast attachments, advocate for legislators to compel CPR doll manufacturers to produce gender-and-racially sensitive CPR dolls, advocate for national CPR trainers to include gender-and-racially sensitive training materials in hands-on CPR training and in CPR training videos
- Promote widespread education and awareness among communities, nonhealthcare providers, and healthcare providers regarding existing gender disparities in OHCA CPR provision to women and the disparities in gender-and-racially representative CPR dolls and the current standard of CPR training resources
- Learn CPR, work within your communities to educate friends, neighbors, and family members on the existing inequities and disparities in CPR provision and training and advocate for local CPR education and resources that make communities safer and healthier for all

References

- American Heart Association (n.d.). CPR Stats and Facts. Retrieved from https://ahainstructornetwork.americanheart.org/AHA/ECC/CPRAndECC/AboutCPRFirstAid/CPRFactsAndStats/UCM_475748_CPR-Facts-and-Stats.jsp
- Blanford, R. (2019). Can Gender Bias During CPR Pose a Risk to Women? Retrieved from <https://caehealthcare.com/blog/can-gender-bias-during-cpr-pose-a-risk-to-women/>
- Blewer, A., et al. (2017). Cardiopulmonary Resuscitation Training Disparities in the United States. Journal of the American Heart Association. Retrieved from <https://www.ahajournals.org/doi/full/10.1161/JAHA.117.006124>
- Centers for Disease Control and Prevention (n.d.). Women and Heart Disease. Retrieved from <https://www.cdc.gov/heartdisease/women.htm>
- European Society of Cardiology (2019). Women are less likely to be resuscitated and survive a cardiac arrest than men. Retrieved from <https://www.sciencedaily.com/releases/2019/05/190521193732.htm>
- Healthline (n.d.). Cardiac Arrest. Retrieved from <https://www.healthline.com/health/cardiac-arrest>
- Heartbeat NOLA (n.d.). Retrieved from <https://www.heartbeatnola.org/>
- Laino, C. (2006). Racial Gap Found in CPR Rates. WebMD. Retrieved from <https://www.webmd.com/heart-disease/news/20061116/racial-gap-found-in-cpr-rates>
- LiveStories (n.d.). Heart Disease. Retrieved from <https://www.livestories.com/statistics/louisiana/heart-disease-deaths-mortality>
- Mastroianni, B. (2019). Risk of Sudden Cardiac Death Nearly 3 Times Higher for Black Women. Retrieved from <https://www.healthline.com/health-news/why-are-women-of-color-at-higher-risk-for-sudden-cardiac-death>
- Mayo Clinic (n.d.). Sudden Cardiac Arrest. Retrieved from <https://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/symptoms-causes/syc-20350634>
- Preidt, R. (2019). CPR Less Likely for Poor Black Kids Study Finds. WebMD. Retrieved from <https://www.webmd.com/first-aid/news/20190711/cpr-less-likely-for-poor-black-kids-study-finds>
- Wendling, P. (2020). Seattle Study Hints at Low COVID-19 Risk from Bystander CPR. Medscape. Retrieved from <https://www.medscape.com/viewarticle/932095>
- Womankin (n.d.). Retrieved from <https://womankin.org/>
- USAID (n.d.). Interventions to Counter Gender Discrimination. Retrieved from <https://www.capacityplus.org/technical-brief-7/content/interventions-counter-gender-discrimination.html>

HOW TO Promote Health and Social Justice in CPR Training and Provision



Hands2Heart NOLA
Reducing gender and racial disparities in CPR

Normalize Bodies of Women and BIPOC in CPR Training

The bodies of women and BIPOC are underrepresented in standard CPR training. Most CPR dolls and CPR training videos portray cardiac arrest victims with white or colorless flat-chested male torsos.

Women experiencing Out-of-Hospital Cardiac Arrest (OHCA) are less likely than men to receive CPR from a bystander.

When the bodies of women and BIPOC are not represented as cardiac arrest victims in standard CPR training courses and tools, citizen rescuers can experience hesitation before providing CPR to a real-life victim of OHCA when every minute counts toward survival.

Train More Citizens in CPR and Place More Local AEDs

Under-resourced communities do not have easily accessible Automated External Defibrillators (AEDs) in public spaces during a cardiac emergency.

Under-resourced communities experience environmental and economic barriers to accessing CPR training and have fewer community members trained in CPR.

Individuals with low socioeconomic status and less than a college-level education are less likely to be trained in CPR.

Black Americans experiencing OHCA are less likely than white Americans to receive CPR from someone in their home due to lack of available CPR training opportunities in Black communities.

Reduce Gender and Racial Disparities in CPR Provision

Learning CPR on women and BIPOC can save the lives of women and BIPOC.

Advocating for and participating in community-specific CPR training and AED placement opportunities can increase local skills and resources needed to save the life of a friend or neighbor.

Encouraging local leaders within and outside of healthcare to reduce structural inequities that promote CPR training disparities and to prioritize equitable CPR training opportunities and gender-and-racially sensitive CPR training materials can change the current standard in CPR training and reduce implicit biases during a real-life OHCA.

Hands2Heart NOLA is a New Orleans-based education initiative that seeks to reduce known gender biases in citizen CPR provision to women and increase the gender-and-racially-sensitive representation of women's bodies in CPR training to improve survival outcomes for women and vulnerable individuals experiencing OHCA. We are a partnership between the Albert Schweitzer Fellowship and Heartbeat NOLA.

For more information, please visit our website: www.h2hnola.com