

# Cost, fear, lack of information may limit CPR usage for urban minorities

September 10 2013

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Cost, fear and a lack of information are barriers for minorities in urban communities to learn and perform CPR, according to new research in the American Heart Association journal *Circulation: Cardiovascular Quality and Outcomes*.

In a small study, researchers interviewed 42 residents in Columbus, Ohio. The majority of participants were age 30 or older, African-American and female. Participants attended six focus groups and were asked about their knowledge of and [training](#) in CPR. Almost half of the participants lived in economically struggling, high-crime neighborhoods, and two-thirds had an annual [household income](#) of less than \$20,000.

Researchers found that:

- Eighty-eight percent were familiar with CPR, but only 43 percent had taken a course within the previous three years.
- Money was the biggest barrier to learning CPR. Participants didn't take a CPR course because of the costs of the class, childcare and transportation.
- Participants were afraid to perform CPR, particularly on children, and to perform mouth-to-mouth resuscitation on a stranger, unaware that Hands-Only™ CPR can be effective in saving a life.
- Participants lacked information about the importance of CPR and where to receive training. Information also wasn't available in other languages.

- Participants feared performing CPR on a stranger would threaten their personal safety (particularly in neighborhoods where violence was an issue), lead to problems with the police or put them at risk of being sued.

"Traditionally, CPR courses were promoted to babysitters, daycare workers and lifeguards, and the model was that we set up a training center and the community came to us," said Comilla Sasson, M.D., lead researcher and [emergency medicine](#) expert and assistant professor at the University of Colorado School of Medicine. "Our research suggests a community-based approach is needed, such as partnering with local churches. Bringing our knowledge and expertise about CPR to their doorstep, instead of the other way around, could help address these issues and reduce healthcare disparities among minorities requiring immediate medical care."

Study participants' suggestions included:

- make CPR classes free or provide allowances for childcare, gift cards for food or bus tokens for transportation;
- combine CPR training with basic first aid training, offer certification or academic credit or promote CPR as a job skill to help residents advance their professional careers; and
- emphasize that CPR starts at home to save the lives of family members and loved ones.

"There is also a real opportunity to adjust CPR training to focus on coming to the aid of family members, since four out of every five out-of-hospital cardiac arrests occur at home," said Sasson, who is also part of the American Heart Association's Emergency Cardiac Care program.

In 2008, the American Heart Association released a science advisory on Hands-Only CPR, which involves using only chest compressions for

cardiac arrest. However, many of the study [participants](#) were unaware of the advisory.

Provided by American Heart Association

Citation: Cost, fear, lack of information may limit CPR usage for urban minorities (2013, September 10) retrieved 24 April 2024 from <https://medicalxpress.com/news/2013-09-lack-limit-cpr-usage-urban.html>

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