



FACTS

Every Second Counts

Rural and Community Access to Emergency Devices

OVERVIEW



Each year, at least 164 thousand Americans experience sudden cardiac arrest (SCA) outside of a hospital.¹⁻³ SCA affects people of all ages and with many types of heart problems, but occurs most commonly in adults with coronary artery disease, and so it will only become more

common as America ages.⁴ On average in the U.S., just 6% of SCA victims survive.² Cardiopulmonary resuscitation (CPR) and early defibrillation with an automated external defibrillator (AED) more than double a victim's chance of survival.⁵ In fact, early defibrillation with CPR is the only way to restore the SCA victim's heart rhythm to normal.⁵ For every minute that passes without CPR and defibrillation, the chances of survival decrease by 7-10%.⁶ However, there are not enough AEDs and persons trained in using AEDs and performing CPR to provide this life-saving treatment, resulting in lost opportunities to save more lives. Tragically, 64% of Americans have never even seen an AED.⁷

AED PROGRAMS CAN IMPROVE SURVIVAL RATES

- Communities with comprehensive AED programs that include training of anticipated rescuers in both CPR and AED use have achieved survival rates of 40 percent or higher.⁵
- Making AEDs more available to lay responders trained in their use could save more lives.

Distribution of AEDs – FY 2002	
Location	Percentage
EMS, Police, and Fire	59%
Schools and Government	17%
Faith-Based and Recreation	12 %
Nursing Homes & Senior Centers	4 %
Hospitals, Clinics, and Other	8 %

FEDERAL AED PROGRAMS HELP, BUT MORE FUNDING IS NEEDED

- Congress created the *Rural and Community Access to Emergency Devices Program*, enacted through legislation⁸ and administered by the Health Resources & Services Administration (HRSA).
- This program helped communities to buy AEDs and train lay responders in their use outside the hospital.
- In 2002, 6,400 AEDs were purchased, and 38,800 individuals were trained.⁹
- During 2005, 48 states and 4 cities received funding.¹⁰
- From FY 2002-2004, less than half of the grant dollars requested by states were awarded.¹¹

TESTIMONIALS FROM THOSE SAVED BY THIS PROGRAM: 2002-2005

- **Butch Gibbs**, 57, of rural Humeston, Iowa suffered SCA after performing in a play at the local elementary school. His wife, a trained community volunteer, brought him back to life by providing CPR and shocking his heart 22 times with an AED. The nearest ambulance in his area is nearly 30 miles away, so Butch knows the AED in the school saved his life. He was quite familiar with the device even before his SCA, because it was

the one of the AEDs that he and fellow EMS volunteers received through a grant from the *Rural and Community Emergency Access to Devices Program*. Butch, now an even stronger advocate for the program, has visited his lawmakers in Washington, D.C., showing them how easy it is to use an AED and urging them to keep this lifesaving program alive.

- **Richard O'Connor**, 62, of Groton, New Hampshire, suffered SCA from a potassium imbalance while undergoing a routine examination in his doctor's office. An office nurse administered CPR and used an AED to shock him back to life. That very nurse had purchased the AED for the Plymouth Family Practice Center through a grant from the *Rural and Community Access to Emergency Devices Program*. Richard is extremely grateful that the AED was readily available in the office and urges all Members of Congress to restore funds to the program that saved his life.
- Police lieutenant **R.J. Thibodeaux**, 55, of Abbeville, Louisiana suffered SCA while attending a movie with his sons. CPR administered on the scene was not enough – but, luckily, his police department had just received an AED through the *Rural and Community Access to Emergency Devices Program*, and Lt. Thibodeaux was the first person to be treated with the device. Thanks to the AED, he survived and has since returned to the police force. He and his children urge Members of Congress to provide adequate funding for this vital and lifesaving program.
- Former state legislator **Ron Nichols**, 62, of Palermo, North Dakota went to the emergency room complaining that he felt tired and achy. Doctors decided to send Ron to a larger hospital 55 miles away, but during the ambulance transport, he suffered SCA. The ambulance nurse used an AED several times to shock his heart back to a normal rhythm. Ron credits the AED – purchased through the *Rural and Community Access to Emergency Devices Program* for the Stanley, North Dakota ambulance service – with saving his life. He hopes that federal lawmakers will fund this critical program adequately, so that others can have a second chance at life.

ACTION PLAN FOR THE RURAL AND COMMUNITY ACCESS TO EMERGENCY DEVICES PROGRAM

Appropriations for the program have decreased \$11.1 million (89%) from 2002 to 2006, Cuts made in FY 2006 will reduce rural grants from 48 to 4. This funding level is inadequate to provide the access to AEDs that rural and community America needs. The American Heart Association urges Congress to restore funding for the *Rural and Community Access to Emergency Devices Program* to the FY 2005 level of \$9 million, so that more lives can continue to be saved each year.

References

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