



American Heart Association®
Bernard J. Tyson
Office of Health



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Health
**HELP
WANTED**

THE DAKOTAS

CPR AND AED AVAILABILITY
IN RURAL AREAS

DISCUSSION GUIDE

In the Dakotas, extreme weather and vast distances between hospitals and residents make accessing health care arduous. Also, 90% of first responders are volunteers, and it may take 20 minutes or more to respond, stabilize a patient and transport the person to a health care facility.



The American Heart Association and its partners are working to improve outcomes in cardiac arrest, heart attack and neurovascular emergencies such as stroke. Through public outreach, teaching people how to recognize warning signs, emphasizing when to call 911 and empowering bystanders to begin CPR, residents can support their neighbors in medical distress.



DISCUSSION QUESTIONS

1. How do the unique geographical and weather-related challenges in the Dakotas affect emergency response times and access to cardiac care? What practical strategies could overcome these barriers?

2. What steps can increase public awareness and recognition of cardiac arrest, heart attack and stroke symptoms in North and South Dakota communities?
3. How can advocates improve CPR training rates and bystander intervention in sparsely populated areas? What role can community organizations and local government play in promoting these lifesaving skills?
4. What policy measures and funding could support widespread AED placement in community gathering spots across the Dakotas? How can the AHA contribute to the development and success of such policies?
5. What recruitment and retention strategies could alleviate the shortage of health care professionals in rural areas? How might telehealth services complement these efforts?
6. How could the health of aging communities in rural areas be better supported? What resources or programs could help ensure their safety, well-being and access to health care?



RESOURCES

- American Heart Association rural health portal: <https://www.heart.org/en/about-us/rural-health>
- Rural Health Information Hubs: <https://www.ruralhealthinfo.org/states/south-dakota> and <https://www.ruralhealthinfo.org/states/north-dakota>
- Center for Rural Health at the University of North Dakota School of Medicine & Health Sciences: <https://ruralhealth.und.edu/what-we-do>
- The South Dakota Department of Health assessment of rural health: <https://doh.sd.gov/healthcare-professionals/rural-health>
- AHA resources on CPR skills and training, first aid and more: <https://cpr.heart.org/en/>
- A recent article on elder support care in North Dakota: <https://www.npr.org/2024/09/04/nx-s1-5089234/rural-health-seniors-support-network-north-dakota>
- Life's Essential 8, the AHA's checklist for lifelong good health: <https://www.heart.org/en/healthy-living/healthy-lifestyle/lifes-essential-8>
- Empowered to Serve Health Lessons and Toolkits that include 19 science-based toolkits covering topics such as lifesaving skills, advocacy, healthy living, risk factor management and substance abuse: <https://www.empoweredserveserve.org/en/community-resources/health-lessons>



POTENTIAL PARTNERS

- Local volunteers or workers such as firefighters, EMTs and other first responders
- Local public health representatives
- People from local schools, churches and volunteer groups that address and support nutrition and housing security, mental health and addiction interventions
- Local health care professionals
- Local media



ENGAGEMENT ACTIVITIES

- Demonstrate how an automated external defibrillator is used.
- Organize a community audit of local places where groups gather and note where AEDs are present. If AEDs are needed, create a plan for adding them to high-priority spaces.
- Download and discuss the AHA's Community CPR Training Guide: https://cpr.heart.org/-/media/CPR-Files/Courses-and-Kits/Comm-Training/Community-CPR-Training-Guide.pdf?sc_lang=en
- Demonstrate CPR and provide information on local training opportunities.
- Role-play scenarios in which people experience acute physical symptoms in a variety of situations, and brainstorm ways to encourage people to seek medical help as soon as possible.
- Invite systems-of-care stakeholders to discuss the goals and resources of Mission Lifeline®, a national AHA initiative to improve the quality of care and outcomes for patients with acute, high-risk conditions: <https://www.heart.org/en/professional/quality-improvement/mission-lifeline>