

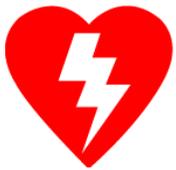
# FACTS

## Every Second Counts

### Rural and Community Access to Emergency Devices

#### OVERVIEW

**AED**  
Automated External Defibrillator



Each year in the U.S., there are approximately 424,000 cardiac arrests outside of a hospital setting and on average, just 5.2% of victims survive.<sup>1</sup>

Cardiac arrest affects people of all ages, but occurs most commonly in adults with coronary artery disease. It will

only become more common as Americans age.<sup>2</sup>

Immediate cardiopulmonary resuscitation (CPR) and early defibrillation, with an automated external defibrillator (AED), can more than double a victim's chance of survival.<sup>4</sup> In fact, early defibrillation, along with CPR, is the only way to restore the victim's heart rhythm to normal in a lot of cases of cardiac arrest.<sup>4</sup> For every minute that passes without CPR and defibrillation, however, the chances of survival decrease by 7–10%.<sup>3</sup> A recent study sponsored in part by the National Institutes of Health and the American Heart Association shows that most cardiac arrests that occur in public places are “shockable” arrhythmias, or those that respond to a shock from an AED, making AEDs in public places highly valuable<sup>5</sup> Yet, there are not enough AEDs and persons trained in using them 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.<sup>6</sup>

#### AED PROGRAMS IMPROVE SURVIVAL

Communities with comprehensive AED programs that include CPR and AED training for rescuers have achieved survival rates of nearly 40% for cardiac arrest victims.<sup>4</sup> Making AEDs more available to lay responders who are trained in their use could save even more lives.

Distribution of AEDs – FY 2002-2004 <sup>7</sup>	
Location	Percentage
EMS, Police, and Fire	59%
Schools and Government	17%
Faith-Based and Recreation	12 %
Nursing Homes & Sr Centers	4 %
Hospitals, Clinics, and Other	8 %

#### MORE SUPPORT IS NEEDED

Congress created the *Rural and Community Access to Emergency Devices Program*,<sup>8</sup> administered by the Health Resources & Services Administration (HRSA). This competitively awarded state grant program allows rural communities to buy AEDs, train lay rescuers and first responders in their use, and place them in public areas where cardiac arrest is likely to occur. The program has been successful, but underfunded.

- From February 2010 to March 2011, 4,064 AEDs were purchased and 28,776 individuals were trained in their use.<sup>9</sup>
- In FY 2013, HRSA could fund only 22% or just six of the approved applicants for the Rural Access to Emergency Devices Program.<sup>10</sup>

#### TESTIMONIALS

HRSA's program has had widespread impact. Below are the stories of just a few of those saved by the program.

- **Butch Gibbs**, of rural Humeston, Iowa suffered cardiac arrest 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 closest ambulance was nearly 30 miles away, so Butch knows the AED in the school saved his life. He was familiar with the device before his SCA, because it was an AED

that he and fellow EMS volunteers received through a grant from the *Rural and Community Emergency Access to Devices Program*. Butch, a strong AED advocate, visits his lawmakers in Washington, D.C., to show how easy it is to use an AED and urge them to keep this life-saving program alive.

- Police lieutenant **R.J. Thibodeaux** of Abbeville, Louisiana suffered SCA while attending a movie with his sons. The CPR administered on the scene was not enough to revive him. 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 returned to the police force. He and his children urge Members of Congress to provide adequate funding for this life-saving program.
- Former state legislator **Ron Nichols** of Palermo, North Dakota went to the local 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 ride, 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 others can have a second chance at life.
- **Mari Ann Wearda** of Hampton, Iowa, suffered SCA as a result of ventricular fibrillation while stopped at an intersection light. Drivers noticed her slump over as her car drifted across the highway and called 911. Within two minutes, an officer arrived and immediately began to administer a combination of CPR and defibrillation. Mari Ann firmly believes that, in rural areas such as hers, it is so important for law enforcement to carry these life-saving devices since they are often the first to respond to an emergency call. She credits the *Rural and Community Access to Emergency Devices Program* for awarding funds that allowed the police to purchase 10 AEDs, one of which saved her life.
- **Richard O'Connor** 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 doctor's office and urges all Members of Congress to restore funds to the program that saved his life.

## **THE ASSOCIATION ADVOCATES**

Funding for the *Rural and Community Access to Emergency Devices Program* decreased by \$7.4 million, or 83%, between 2005 and 2007. Cuts made in FY 2006, specifically, reduced rural grants from 47 to four states. More recently, for FY 2014, Congress and the President approved an appropriation of \$3.364 million. Currently, ten states are funded under the rural component and three states and one territory receive resources under the community portion.<sup>11</sup> Additional resources are needed to save the lives of more victims of out-of-hospital cardiac arrest. Americans deserve better. 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 \$8.927 million when nearly all states were funded for this live-saving initiative.

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