



# Health Inequalities Out of Hospital Cardiac Arrest (OHCA)

**Dr Jim Ward** 



## **Health Inequalities**



- Avoidable
- Unfair
- Systematic

....differences in health between different groups of people

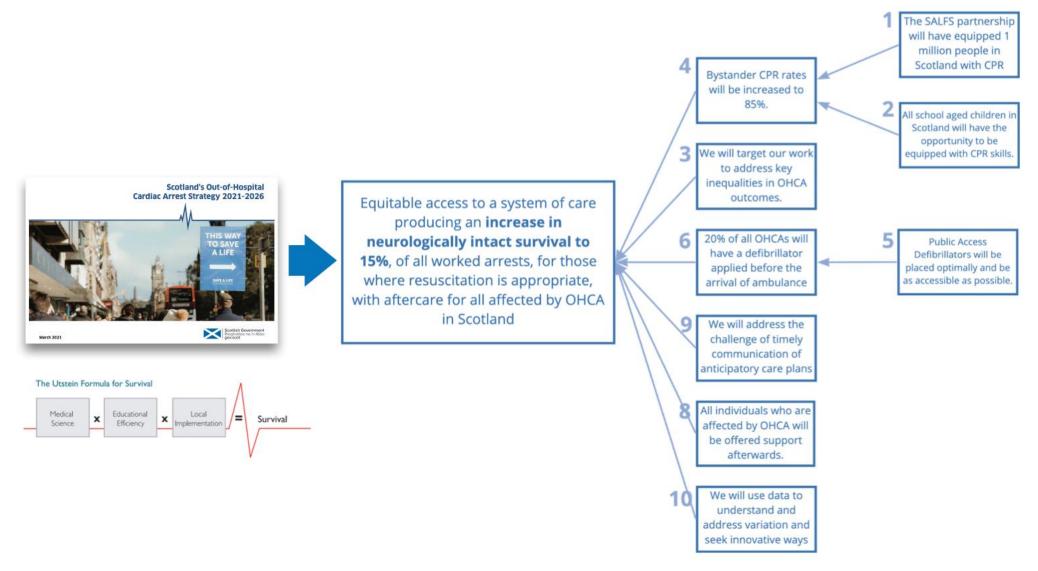


#### **Plan**

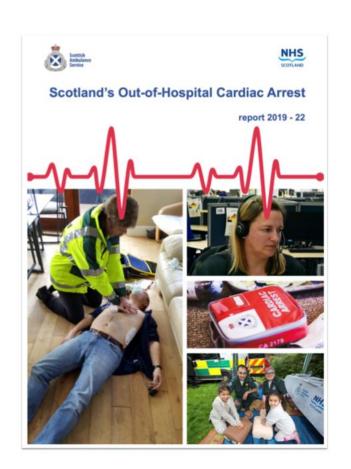


- Scotland's OHCA Strategy
- Data reflecting survival rates by SIMD
- Other inequality considerations
- Bystander CPR and PAD use data
- What can we do differently in different communities?

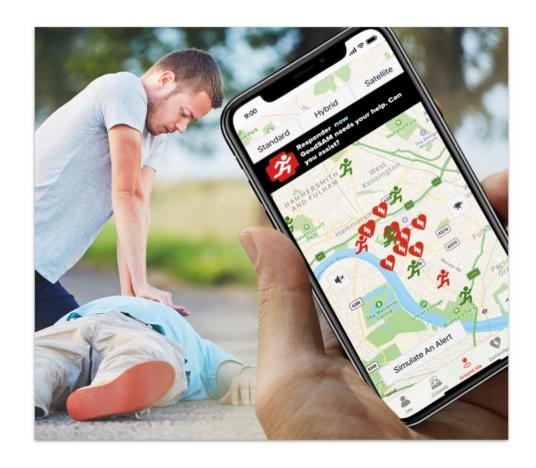
#### Scotland's Strategy for OHCA 2021-26



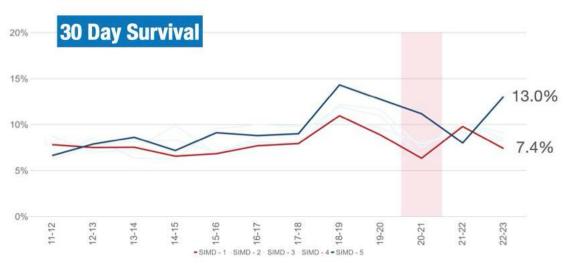
# We will use data to understand and address variation and seek innovative ways to improve outcomes after OHCA

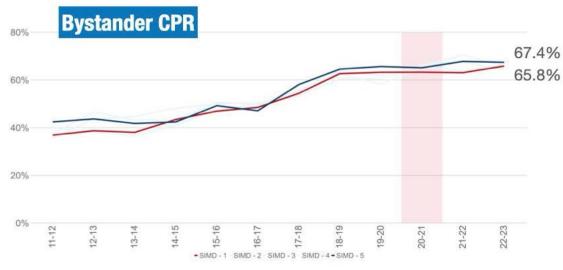


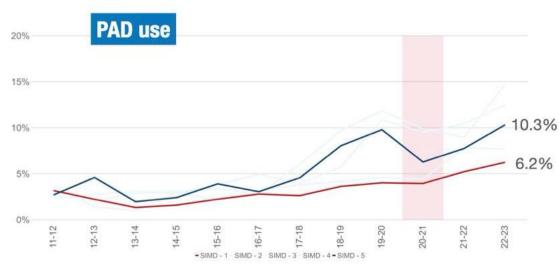




# The story so far...









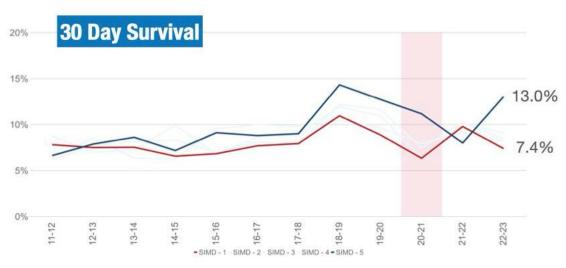
### Other inequalities considerations

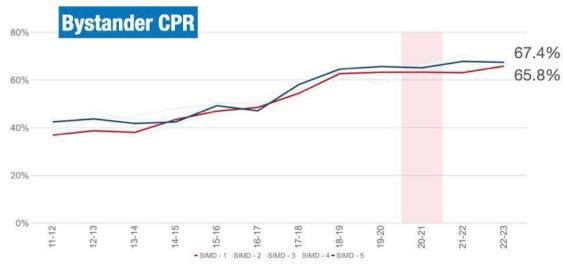


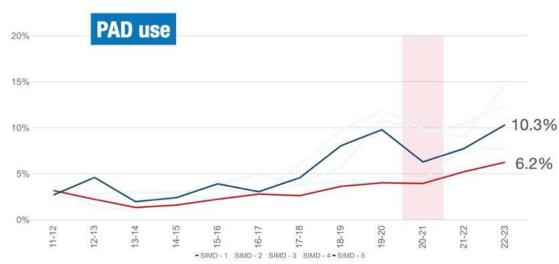


- Geography
- Race
- Excluded groups
- Mental Health

# The story so far...







#### We will target our work to address key inequalities in OHCA outcomes



Section: News

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## Mystery rise in fatal cardiac arrests for the most affluent

Mark McLaughlin

Paramedics are investigating a mysterious marked rise in fatal cardiac arrests among affluent Scots since the start of the coronavirus pandemic.

Overall the survival rates among people who had a cardiac arrest outside of hospital improved dramatically in the years before the pandemic. However, the gains were reversed during social distancing and the strain on hospitals resulting from coronavirus.

Figures show only 8 per cent of patients from Scotland's most affluent neighbourhoods survived a cardiac arrest last year compared with 10 per cent from the poorest households.

The Scottish Ambulance Service

very rich.

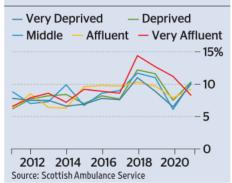
likely to suffer a cardiac arrest as the most affluent. The SAS report states: "From 2011-12 to 2020-21, 30-day survival gap between the very affluent and very deprived was widening, however, this was not the case in 2021-22 as the gap narrowed. This may potentially indicate that concerted efforts by those involved in improving the system of care after out of hospital cardiac arrests are starting to bear fruit for more deprived households.

"However, further analysis is required to understand the long-term significance of this apparent shift."

A cardiac arrest, when the heart

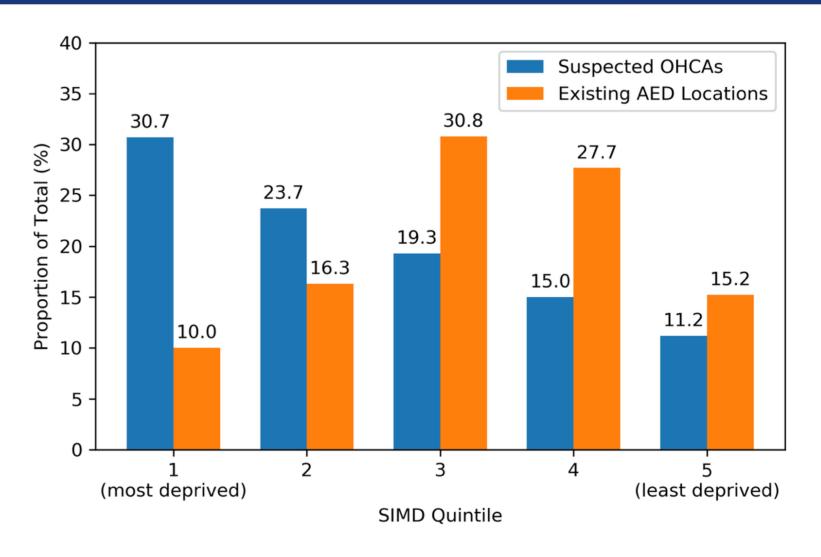
prived die in greater numbers than the covering. Two thirds of cardiac arrest victims received CPR from a bystander People in deprived areas are twice as last year, the highest since recording began in 2011-12.

#### Cardiac arrest survival rate



# The PAD problem

# The proportion of suspected OHCA incidents and existing AED locations within each SIMD quintile

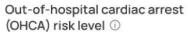




This yellow dot has a 200m diameter.

Aim to place your PAD close to the centre of the yellow dot. If you can't find a suitable location within the dot, place your PAD nearby.

Placing your PAD here will increase the chances of having a PAD nearby for future cardiac arrests.







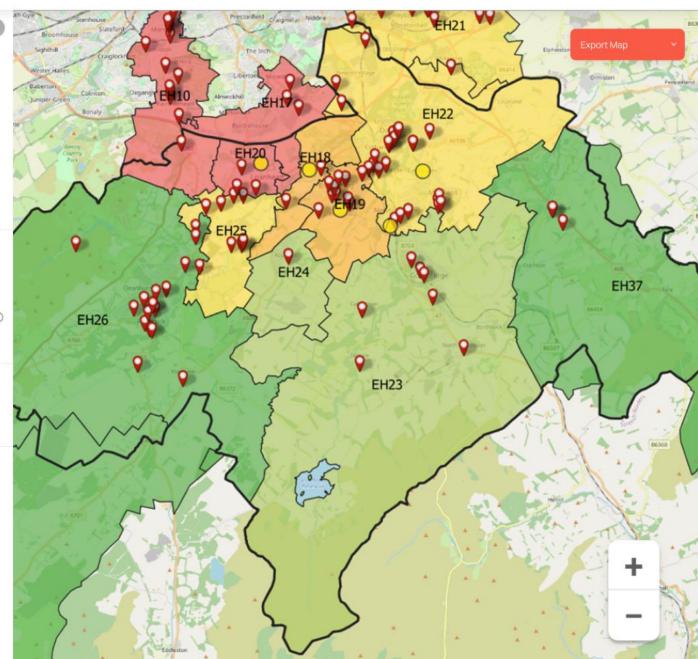


Existing PAD locations registered on The Circuit ①



Number of recommended PAD locations displayed  $\odot$ 







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#### Out-of-hospital cardiac arrest (OHCA) risk level ①



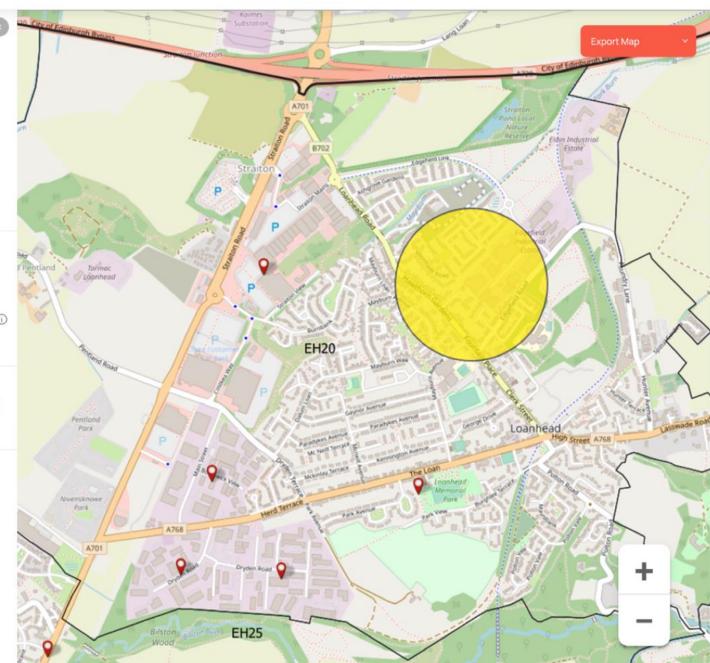


Existing PAD locations registered on The Circuit ①



Number of recommended PAD locations displayed  $\, \oplus \,$ 







### **Summary**



- Data is essential
- Devise strategies to reduce inequality of provision and outcome
- Deliver and measure
- Reflect change and improve
- Questions/Feedback