Blacks and Latinos Less Likely to Receive CPR Outside Hospital

Bystanders were more likely to assist white individuals experiencing cardiac arrest than racial minorities, according to a new study.

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Nearly 1,000 Americans experience cardiac arrest every day, but Black and Latino individuals are less likely to receive cardiopulmonary resuscitation (CPR) from a bystander than white individuals, a study presented at the American College of Cardiology's 71st Annual Scientific Session found.

Receiving CPR immediately during cardiac arrest makes a person two to three times more likely to survive without damage to the brain compared with those who do not receive CPR right away. However, Black and Latino individuals were 41% less likely to receive CPR than white individuals when suffering cardiac arrest in public, the study found. When at home, these individuals were 26% less likely to receive CPR.

"We found that bystander CPR rates are much higher in white communities compared with Black communities," said senior study author Paul S. Chan, MD, professor of medicine at the University of Missouri–Kansas City School of Medicine and the Saint Luke's Mid America Heart Institute. "In addition, there were patient-level disparities in getting bystander CPR regardless of the type of community the person was in, even though there were, in all of these cases, bystanders who could have provided aid and assistance."

The study analyzed over 110,000 cardiac arrests that were witnessed by a bystander and occurred between 2013 and 2019 outside a hospital setting. The results showed that when suffering cardiac arrest in public, 46% of Black and Latino people received CPR, compared with 60% of white people. While at home, 39% of Black and Latino people received CPR, compared with 47% of white people. These results were the same regardless of the income level or racial makeup of the area in which the cardiac event took place.

"This disparity wasn't only present in majority white communities but also in majority Black and Hispanic communities," Chan said. "A white person going into cardiac arrest in a community that was more than 50% Black and Hispanic was still more likely to get bystander CPR than a Black or Hispanic person in that community."

Overall rates of CPR were relatively low across all racial groups in the study, according to

researchers. Data showed CPR was attempted less than half the time, despite the presence of bystanders in all cases.

Researchers said access to CPR training likely plays a role in the rates of administration of CPR, as people are more likely to attempt CPR if they have been properly trained. The availability and cost of CPR training may act as a barrier in some communities as well.

To improve these rates, Chan suggested making CPR training available in public places such as Black churches or Latino community centers, at little to no cost to individuals.

“We need to think creatively about how to offer CPR instruction to vulnerable populations that have historically not received training and focus on conducting more trainings in the communities where the disparities are greatest,” Chan said.

To learn more about warning signs of cardiac arrest, read “Almost Half of Americans Don’t Recognize Heart Attack Symptoms.”

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