



**MCD
Public Health**
Insight Innovation Impact

For Immediate Release:

February 13, 2014

FMI Contact:

Tina Love, tlove@mcdph.org / 622-7566 EXT 226

\$600,000 Federal Grant to Provide 300 Lifesaving Devices for Maine's Rural Areas

Augusta, Maine – MCD Public Health along with the Maine Cardiovascular Health Council (MCHC) has been awarded 3 years of funding to place automatic electronic defibrillators (AEDs) throughout Maine's rural communities. Funding is from the Health Resources and Services Administration, Office of Rural Health Policy¹, with the purpose of purchasing FDA approved AED units, placing them into rural areas after providing defibrillation and basic life support training. MCD Public Health is one of seven nationally to receive the award.

The project entitled, ***"Promoting Early CPR and Defibrillation through Maine HeartSafe Communities"*** will consist of placing 100 AED units per year, for a total of 300 units in 3 years within six of the public health districts located in central, western, eastern and northern Maine in communities designated as rural and *Heartsafe*.

Maine Heartsafe Communities is a collaborative, statewide emergency response and recognition program. The *Heartsafe* designees are local Emergency Medical Services (EMS) providers, working with state and regional EMS and public health partners, hospitals and community organizations, to improve cardiovascular health and disease outcomes throughout the state. Their efforts are focused on strengthening each link of the cardiovascular chain of survival, including early access, early cardiopulmonary resuscitation (CPR), early defibrillation, and early advanced care for sudden cardiac arrest and stroke.

These EMS providers will assist with training communities in the use of the AED units for defibrillation. Further, they will assist in training "Hands Only" CPR as outlined by the American Heart Association.

"Survival rates drop as much as 10% for every minute that goes by without intervention. Having access to AEDs and Hands-Only CPR training are especially crucial in Maine's rural communities," said Dr. Adam Putschoegl of the American Heart Association in Maine. "If you see a teen or adult collapse, call 9-1-1 and push hard and fast in the center of the chest to the beat of the Bee Gees' disco classic "Stayin' Alive." Performing Hands-Only CPR at this beat can more than double a person's chances of survival."

In addition to the AED placement and training, there will be a focus on the ongoing maintenance and use of the AED units. This will include the development of a statewide database to track the AEDs location, maintenance and use. Collaborating partners include the Maine Heartsafe

Community Designees, Maine CDC Cardiovascular Health Program, Maine Emergency Medical Services, American Heart Association, Maine Primary Care Association, Maine CDC Office of Rural Health /Primary Care and the Maine Sudden Cardiac Arrest Survival Program.

In the U.S. alone, approximately 359,400 people of all ages experience EMS-assessed out-of-hospital non-traumatic Sudden Cardiac Arrest (SCA) each year (about 1,000/day) and nine out of 10 victims die¹. This is especially true in rural areas where response by emergency medical services are frequently well outside short time windows (4-5 minutes) critical to survival, this is known as the “survival zone.” With these additional resources and training, Maine will be able to strengthen each link in the cardiovascular chain of survival by community intervention and support.

For more information regarding this very important initiative, please contact Tina Love RN, Project Manager, at tlove@mcdph.org or 622-7566 EXT 226.

####

¹ <http://www.sca-aware.org/about-sca>

ⁱ This project is funded by the US Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy (HRSA) CFDA No. 93.259. Authority: Public Health Improvement Act Title IV –Cardiac Arrest Survival, Subtitle B –Rural Access to Emergency Devices, Section 413 Public Law 106-505 (42 U.S.C. 254c); Public Law 113-6.