

## Original Article

**Title:** Socio-economic status has a limited association with knowledge and attitudes towards Bystander Cardiopulmonary Resuscitation: A cross-sectional study in North England.

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1 **Abstract**

2

3 **Background**

4 Bystander cardiopulmonary resuscitation (BCPR) is a critical link in the 'Chain of Survival', yet  
5 in the UK, is undertaken in only 40% of out of hospital cardiac arrests (OHCA). Lower rates of  
6 BCPR have been correlated with lower socio-economic status (SES). This study aimed to  
7 explore how knowledge and attitudes about BCPR linked to SES across North East and North  
8 Cumbria in England.

9

10 **Methods**

11 Cross-sectional study between July-December 2021 surveying individuals from areas of  
12 varying SES.

13

14 **Results**

15 Six hundred and one individuals completed the survey instrument (mean age=51.9 years,  
16 range=18-95, standard deviation=17.7; 52.2% (n=313) female). Increased age was associated  
17 with being less willing to call 999 ( $p<0.001$ ) and follow call handler advice ( $p<0.001$ ). Female  
18 respondents were less comfortable performing BCPR than male respondents ( $p=0.006$ ).  
19 Individuals from least deprived areas were less likely to report comfort performing CPR,  
20 ( $p=0.016$ ) and less likely to know what a Public Access Defibrillator (PAD) is for, ( $p=0.025$ ).  
21 Higher education level was associated with increased ability to recognise OHCA ( $p=0.005$ ) and  
22 understanding of what a PAD is for ( $p<0.001$ ). Individuals with higher income were more likely  
23 to follow advice regarding BCPR ( $p=0.017$ ) and report comfort using a PAD ( $p=0.029$ ).

24

25 **Conclusion**

26 SES is a poor indicator of knowledge, willingness, and perceived competency to perform BCPR.  
27 Policy makers should avoid using SES alone to target interventions and focus more on  
28 individual characteristics such as age and ethnicity. Future research should examine how  
29 cultural identity and social cohesion intersect with these characteristics to influence  
30 willingness to perform BCPR.

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45 Key words: Cardio-pulmonary resuscitation, bystander help, defibrillator, deprivation

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## 67 **Background**

68 Out of hospital cardiac arrest (OHCA) is a time-critical event. National Health Service (NHS)  
69 ambulance services treat approximately 30,000 OHCA's annually in the United Kingdom (UK)<sup>1</sup>,  
70 but survival rates remain low, around 7-8% in the UK<sup>2</sup> and 10% in the United States (US).<sup>3</sup>  
71 Bystander cardiopulmonary resuscitation (BCPR), CPR provided by witnesses to an OHCA not  
72 part of an organised emergency response system,<sup>4</sup> is a critical link in the 'Chain of Survival', is  
73 known to improve the rate of return of spontaneous circulation (ROSC) and more than  
74 doubles the chance of survival.<sup>5,6</sup> For every 30 patients who receive BCPR, one additional life  
75 will be saved.<sup>6</sup>

76

77 The proportion of members of the public trained to deliver BCPR, or use a public access  
78 defibrillator (PAD), remains poor<sup>7,8</sup>; in the UK, BCPR is undertaken in only 40% of OHCA's.<sup>9</sup> In  
79 comparison, King County (Seattle, US)<sup>10</sup> and Norway<sup>11</sup>, report BCPR rates of 70% and 79%<sup>12</sup>  
80 respectively, and there are clear opportunities for improvements in the UK. Community  
81 characteristics in which individuals live and work have an important influence on the  
82 likelihood they will suffer an OHCA, receive BCPR and survive.<sup>13</sup> Neighbourhoods with lower  
83 rates of BCPR have been correlated with lower income, lower education level, and older or  
84 ethnically diverse populations.<sup>14-16</sup>

85

86 Across England significant variation exists in the proportion of patients receiving BCPR. North  
87 East and North Cumbria (NENC) is one of the most socially deprived regions in England,  
88 comprises a large concentration of high-risk neighbourhoods (high incidence of OHCA and low  
89 provision of BCPR), and is an outlier in BCPR rates compared to other English regions.<sup>5, 17</sup> A  
90 significant body of evidence exists supporting the effectiveness of BPCR, but initiatives aimed  
91 at improving the uptake of CPR training have yet to make an impact in high-risk  
92 neighbourhoods.<sup>18,19</sup> A paucity of evidence exists explaining the factors preventing individuals  
93 in these neighbourhoods delivering BCPR, or how markers of socio-economic status (SES) may  
94 influence this. These are important considerations when designing interventions to improve  
95 the uptake of BCPR, or when targeting initiatives at high-risk populations and  
96 neighbourhoods. The aim of this study was to explore knowledge and attitudes of individuals  
97 across NENC towards BCPR, including the association between people's individual  
98 characteristics and markers of SES.

99

## 100 **Methods**

### 101 **Study design**

102 A cross-sectional survey between July and December 2021.

103

### 104 **Setting**

105 The study was conducted in areas of varying SES across NENC, an area covered by two NHS  
106 ambulance services.

107 North East Ambulance Service NHS Foundation Trust (NEAS) covers North East England and  
108 serves a population of 2.71 million people across urban and rural locations.<sup>20</sup> North Cumbria  
109 is covered by North West Ambulance Service NHS Foundation Trust (NWAS) and serves a  
110 predominantly rural population of 496,200.<sup>21</sup>

111

### 112 **Data sources**

113 Postcode areas of interest were identified by the number of OHCA's attended by the  
114 ambulance service, the rate of BCPR as reported in the OHCA outcomes registry<sup>22</sup> and the  
115 areas level of deprivation identified using the Indices of Multiple Deprivation (IMD) (2019).<sup>23</sup>  
116 Each lower layer super output area (LSOA) in NENC was obtained. The IMD ranks every LSOA  
117 by deprivation. The study targeted busy commercial areas within LSOAs from least to most  
118 deprived, to approach participants.

119

### 120 **Design and development of the survey instrument**

121 The survey instrument was based upon the Restart a Heart participant survey 2019<sup>18</sup> and was  
122 further developed to meet the specific study aims. The survey captured participant  
123 demographics, general health, knowledge and experience of CPR and use of a PAD, willingness  
124 and competency to deliver BCPR and use a PAD, and how the Coronavirus pandemic has  
125 changed willingness to help. The survey comprised a combination of categorical questions  
126 and 10-point Likert scales, chosen to maximise expression of feeling. <sup>24</sup> Questions were  
127 separated into four relevant domains: 1) experience of CPR and PAD use, 2) knowledge of CPR  
128 and defibrillation, 3) willingness to perform CPR and use a PAD, and 4) competency,  
129 confidence and comfort of performing CPR and using a PAD (Supplementary file 1).

130

131 Categories of employment status derived from the UK Household Longitudinal Study<sup>25</sup>;  
132 categories of household income from the Government Statistical Service<sup>26</sup> and occupation  
133 classifications from the Office of National Statistics.<sup>28</sup> Patient/public involvement helped  
134 develop relevant questions and piloted the survey instrument to ensure face validity,  
135 appropriateness and brevity. Feedback was incorporated into the final version of the survey  
136 instrument.

137

### 138 **Data collection and participants**

139 Research paramedics (RPs) wearing ambulance uniform targeted members of the public  
140 regarding study participation. Eligible participants were aged  $\geq 18$  years and had mental  
141 capacity. Potential participants received a verbal explanation of the study and a short  
142 participant information sheet with a unique study identification number; participation was  
143 voluntary.

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148 **Statistical analysis**

149 Participants with missing data were excluded from relevant analyses. Answers consisting of  
150 'not applicable' or 'prefer not to say' were deemed to be missing data and 'unsure' answers  
151 were combined with 'no' where applicable to generate a dichotomous variable ('yes' or 'no  
152 or unsure'). Office of National Statistics Standard Occupational Classification<sup>27</sup> was used to  
153 group occupations into levels 1-4. The age variable met parametric assumptions whilst all  
154 other variables were considered to be non-parametric as they were either categorical or  
155 ordinal. We used an independent samples t-test when determining differences in  
156 dichotomous categorical data by age, with 95% confidence intervals. Pearson correlations  
157 were used when examining associations between either ordinal characteristic variables or age  
158 and the dependent ordinal variables, and we used either Mann Whitney U with Monte Carlo  
159 Simulation or Kruskal-Wallis with Monte Carlo Simulation (Dunn's pairwise test used for post-  
160 hoc analysis) when examining ordinal characteristic variables and categorical outcome  
161 variables. Fisher's Exact Test with Monte Carlo Simulation was used when examining  
162 associations between categorical characteristic and categorical outcome variables. All Monte  
163 Carlo Simulations used a random seed and 99% confidence intervals. SPSS version 26 was  
164 used for all analyses and the alpha level was set at 0.05.

165

166 **Ethics**

167 Health Research Authority approval was not required as participants were members of the  
168 public in non-healthcare settings, and were not patients (IRAS: 299065, 4<sup>th</sup> May 2021). The  
169 study received ethical approval from NEAS Research Ethics Committee on 1st July 2021  
170 (NEAS/2021/299065). Willing participants provided verbal consent prior to completion of the  
171 survey instrument.

172

173 **Results**

174 A total of 603 individuals completed the survey instrument. Two participants later withdrew,  
175 resulting in 601 surveys for analysis. Results are reported in relation to participant  
176 characteristics and their relationship with the outcome variables, followed by SES  
177 characteristics and their relationship with the outcome variables. Outcome variables are  
178 reported in tables 1-4, each representing one of the four domains.

179

180 **Participant characteristics**

181 *Age*

182 600 (99.8%) participants reported their age, with a mean age of 51.9 years (range=18 to 95,  
183 SD=17.7). Age had a significant negative correlation with all five questions relating to  
184 participants' willingness to help; increased age was associated with being less willing to call  
185 999 ( $r(597)=-1.61$ ,  $p<0.001$ ), follow advice ( $r(597)=-0.158$ ,  $p<0.001$ ), help a family member  
186 ( $r(598)=-0.135$ ,  $p<0.001$ ), help someone familiar ( $r(598)=-0.160$ ,  $p<0.001$ ) and help a stranger  
187 ( $r(598)=-0.120$ ,  $p<0.003$ ).

188 Age was not associated with any other aspect of the four domains: experience of CPR,  
189 knowledge of CPR or competency, confidence and comfort of performing CPR (all  $p>0.05$ ).

190

#### 191 *Gender*

192 Slightly more respondents ( $n=600$ , 99.8%) were female ( $n=313$ , 52.2%) than male ( $n=287$ ,  
193 47.8%). There was a significant difference in being comfortable performing CPR ( $U=38835.5$ ,  
194  $p=0.006$ ) with females ( $n=311$ , median=5) reporting less comfort than males ( $n=287$ ,  
195 median=7). Gender was not associated with any aspect of experience or knowledge of CPR,  
196 or competency of performing CPR (all  $p>0.05$ ). There were no associations between gender  
197 and any other variable across the four domains (all  $p>0.05$ ).

198

#### 199 *Ethnicity*

200 A total of 597 (99.3%) participants reported their ethnicity, with the majority reporting white  
201 ethnicity ( $n=570$ , 95.5%). Ethnicity was significantly associated with knowledge of what CPR  
202 is for ( $p<0.001$ ); Asian/Asian British participants only constituted 2.3% of the overall valid  
203 sample but constituted 12.2% of respondents who reported not knowing what CPR is for.  
204 Ethnicity was also associated with knowledge of what a defibrillator is for ( $p<0.001$ ), where  
205 Asian/Asian British participants constituted 10.1% of respondents who reported not knowing  
206 what a defibrillator is for. There were no associations between ethnicity and any other  
207 variable across the four domains (all  $p>0.05$ ).

208

#### 209 *General health*

210 Participants ( $n=600$ , 99.8%) reported a median general health rating of 8 (range=1-10, IQR=3),  
211 with a statistically significant but very weak positive correlation with participants' comfort  
212 using a defibrillator ( $r(598)=0.153$ ,  $p<0.001$ ); those with higher general health were slightly  
213 more likely to be comfortable using a defibrillator. There were no associations between  
214 general health and any other variable across the four domains (all  $p>0.05$ ).

215

#### 216 **Socio-economic status characteristics**

##### 217 *Indices of Multiple Deprivation*

218 Of participants that provided their postcode ( $n=586$ , 97.5%), the median IMD score was 4  
219 ( $n=586$ , range=1-10, IQR=5), with results slightly positively skewed with 134 (22.9%)  
220 participants from postcodes representing most deprived areas (IMD score of 1), and 52 (8.9%)  
221 participants from postcodes representing least deprived areas (IMD score of 10). IMD had a  
222 statistically significant but very weak negative correlation with comfort performing CPR  
223 ( $r(582)=-0.100$ ,  $p=0.016$ ), with those from least deprived areas being slightly less likely to be  
224 comfortable performing CPR.

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227



228 There was also a significant difference in IMD score between those who reported knowing  
229 what a PAD is for (n=483, median=4) versus those who didn't (n=103, median=3; U=21349.5,  
230 p=0.025), those from more deprived areas were more likely to report knowing what a PAD is  
231 for. There were no associations between IMD and any other variable across the four domains  
232 (all p>0.05).

233

#### 234 *Highest education level*

235 Almost all participants (n=599, 99.7%) reported their highest education level, the most  
236 common of which was GCSE/GCE (n=196, 32.6%). Highest education level (A level,  
237 undergraduate degree, postgraduate degree) was associated with participants feeling able to  
238 tell if someone was having a cardiac arrest (p=0.005), compared to those with a lower  
239 educational level (none, GCSE). Highest education level was associated with knowing what a  
240 defibrillator is for (p<0.001); of the respondents reporting this, 16.5% had no education,  
241 whereas 33.0% of respondents who did not know or were unsure, had no education. A total  
242 of 348 (58.1%) participants said they would like more information about BCPR, with a greater  
243 proportion of those with A/AS level and postgraduate education reporting they would like  
244 more information (p=0.020). There were no associations between highest education level and  
245 any other variable across the four domains (all p>0.05).

246

#### 247 *Employment status*

248 Nearly all participants (n=599, 99.7%) reported their employment status, with most being in  
249 paid employment (n=240, 39.9%). There were no associations between employment status  
250 and any variable across the four domains (all p>0.05).

251

#### 252 *Occupation level*

253 Only 490 (81.5%) participants reported their occupation level, the most common of which  
254 was retired (n=165, 27.5%). Occupation level significantly affected reported willingness to  
255 follow advice (H(5)=17.018, p=0.005). The post-hoc test identified strong evidence (p=0.032,  
256 adjusted using Bonferroni correction) of a difference between those with level 2 occupations  
257 (mean rank=263) and those retired (mean rank=231); being retired was therefore associated  
258 with being less likely to be willing to follow advice than those in level 2 occupations (carer,  
259 clerical, plant and machine operatives, services and sales). There was no evidence of a  
260 difference between the other pairs. There were also no associations between occupation  
261 level and any other variable across the four domains (all p>0.05).

262

#### 263 *Income*

264 Only 478 (79.5%) participants reported their income, with the largest number of participants  
265 (n=112, 23.4%) reporting an income of between £20,800 to £31,199. Median income was  
266 £31,200 to £41,599 (IQR=3). Income was positively but very weakly significantly correlated  
267 with willingness to follow advice (r(475)=0.126, p=0.017), so individuals with a higher income  
268 were more willing to follow advice.

269 Income was positively but very weakly significantly correlated with being comfortable using  
270 a defibrillator ( $r(476)=0.100$ ,  $p=0.029$ ), meaning those with a higher income were more likely  
271 to be comfortable using a defibrillator. There was a significant difference in income based on  
272 whether people reported knowing what a defibrillator is ( $U=11217$ ,  $p=0.001$ ), with those  
273 saying yes ( $n=406$ , median=£20,800 to £31,199) having a higher income than those saying no  
274 or unsure ( $n=72$ , median=£10,400 to £20,799).

275

## 276 **Discussion**

277 This cross-sectional study aimed to explore knowledge and attitudes towards BCPR, and to  
278 understand how knowledge and attitudes potentially interact with individual characteristics  
279 and SES. We found individual characteristics and markers of SES were inconsistently  
280 associated with participants' knowledge and attitudes towards BCPR, with weak associations  
281 where present. These findings were unexpected given the previously identified association  
282 between BCPR rates and social deprivation in the region<sup>5,17</sup>, and evidence that individuals  
283 experiencing OHCA are less likely to receive BCPR in deprived areas.<sup>14-16</sup> However, the findings  
284 support more recent evidence; a review of BCPR in deprived communities identified that  
285 willingness to perform or learn BCPR was not influenced by deprivation<sup>28</sup>, rather a range of  
286 contextual and environmental factors determined administration of BCPR.<sup>29</sup> Factors other  
287 than individual SES are likely to contribute to lower levels of BCPR in deprived communities,  
288 such as cultural identity and social cohesion. Social capital, of which social cohesion forms a  
289 part, is increasingly linked with health outcomes including being related to improved  
290 cardiovascular mortality<sup>30</sup> and use of preventative services.<sup>31</sup> This links to recent theoretical  
291 developments in the field of health and care inequalities which emphasise the importance of  
292 applying an intersectional lens by looking beyond markers of SES as being solely  
293 representative of geographical 'place'.<sup>32</sup> It is pertinent to explore whether social cohesion has  
294 an interaction with BCPR, and whether it would explain the gap identified in this study.

295

296 Of individual and SES factors, only age was consistently associated with participants'  
297 willingness to perform BCPR, where older participants were less willing to call 999, follow  
298 advice, or help someone, irrespective of SES. This suggests older individuals are broadly  
299 similar in attitude towards BCPR, regardless of SES, may have the same fears, and are subject  
300 to the same barriers. Given most OHCA occur in the home and are witnessed by spouses,<sup>33</sup>  
301 an unwillingness to help family members is problematic, particularly as age is a risk factor for  
302 OHCA. Previous research has identified older individuals have lower levels of knowledge and  
303 self-confidence regarding BCPR,<sup>34</sup> although it is not possible to draw similar conclusions from  
304 our study, as we found no difference in knowledge, capability or confidence of performing  
305 BCPR based on participant age. Younger age was associated with comfort performing BCPR  
306 and has been reported elsewhere.<sup>35</sup> With regard to comfort performing BCPR, women were  
307 less comfortable than men.

308

309 Women being less likely to receive BCPR is well-documented,<sup>36</sup> but our study shows women  
310 are also less likely to be willing to deliver BCPR too. There were no further gender disparities  
311 regarding understanding of what BCPR is and the importance of delivering it. Ethnicity was  
312 associated with poorer knowledge of BCPR. Whilst our study was limited with small numbers  
313 of individuals from ethnic minorities, the findings support other studies which have identified  
314 ethnic minorities encounter barriers accessing BCPR training, exacerbated by language  
315 difficulties.<sup>37</sup> Participation in our study was generally reflective of regional ethnicity, but  
316 focused studies within the region with ethnic minority study populations would help to better  
317 explain these differences.

318

319 Regarding SES markers, participants from more deprived areas were more likely to be  
320 comfortable performing CPR and were more likely to know what a defibrillator is for. This may  
321 be because OHCA is more likely to occur in deprived areas. Our findings contrast a previous  
322 study that reported those in deprived areas believe resuscitation should be carried out by  
323 those trained and who have the necessary skills.<sup>29</sup> It is possible participants in deprived areas  
324 from our study were more likely to have some personal, direct or indirect, experience of  
325 OHCA. However, the lack of associations between other SES markers suggests there is some  
326 form of community effect rather than individual characteristics that contribute to being  
327 comfortable performing BCPR. There is also a perception that patients requiring BCPR may be  
328 more likely to be under the influence of illicit drugs or alcohol in areas of higher deprivation  
329 and this may influence level of comfort.<sup>29</sup> The association identified between higher  
330 education and an increased willingness to learn CPR suggests a better understanding of the  
331 consequences of not receiving BCPR, although this is not based upon having had delivered  
332 BCPR, or having used a PAD, and is not dependent on SES.<sup>38</sup> Health literacy is a mechanism  
333 that links education and health<sup>39</sup>, yet there is a need for research to explicitly examine this  
334 relationship in relation to OHCA and people's willingness to perform BCPR.

335

336 That participants with higher levels of self-reported general health were more likely to be  
337 comfortable using a defibrillator could be explained by the physicality needed to acquire the  
338 PAD from community points and bring it to the patient prior to use. However, this  
339 interpretation may be placed in doubt as there was no such association identified between  
340 general health and comfort performing CPR, which may have been expected, as chest  
341 compressions require physical fitness in order to be performed effectively.<sup>40</sup> There is almost  
342 certainly a much more complicated interaction between general health and the physicality  
343 required for obtaining PADs or performing chest compressions, which we are unable to  
344 explore in this study.

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350 **Limitations**

351 We identified ceiling effects in many of the measures relating to knowledge of BCPR,  
352 willingness to help and competence of performing BCPR. This may have been influenced by  
353 social desirability bias where survey data were collected by uniformed paramedics, which may  
354 have influenced participants' responses to present their knowledge, willingness to help and  
355 competence as being higher. Future research should consider including a test of participants'  
356 knowledge of OHCA and BCPR. It may also be worthwhile testing whether different data  
357 collectors with or without uniforms would result in different results.

358  
359 **Conclusion**

360 Markers of SES and deprivation are a poor indicator of knowledge of, and willingness and  
361 competency to perform, BCPR. Interventions to improve levels of BCPR should avoid using  
362 SES or deprivation to identify target populations but focus on individual characteristic's such  
363 as age and ethnicity, though the latter requires further investigation. Future research should  
364 examine the role of these characteristics in willingness to perform BCPR and how they  
365 intersect with cultural identity and social cohesion.

366  
367 **Declaration of interest**

368 None

369  
370 **Authorship contribution statement**

371 KC, JS , SS and GM designed the study. AM provided data to facilitate LSOA identification for  
372 North East England and TD identified LSOA's in North Cumbria. KC, LB and EB collected  
373 study data. JS analysed study data. KC, JS and SS wrote the manuscript. GM, LB, TD, EB and  
374 AM provided critical review and comment on the manuscript.

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381 manuscript.

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**Table 1: Experience of performing CPR and using a defibrillator**

Variable	Have you ever performed CPR?				Have you ever used a defibrillator?			
	N	Yes	No or unsure	p value (MD, 95% CI)	N	Yes	No or unsure	p value (MD, 95% CI)
<b>Age, N (mean, SD)</b>	<b>600</b>	<b>64 (50.7, 16.1)</b>	<b>536 (52.1, 17.9)</b>	<b>0.550 (-1.4, -6.0 to 3.2)</b>	<b>599</b>	<b>11 (50.1, 18.9)</b>	<b>588 (52.0, 17.7)</b>	<b>0.721 (-1.9, -12.5 to 8.7)</b>
<b>Gender, N (%)</b>	<b>600</b>	<b>63 (10.5)</b>	<b>537 (89.5)</b>	<b>0.971</b>	<b>600</b>	<b>11 (1.8)</b>	<b>589 (98.2)</b>	<b>0.873</b>
Female N (%)	313 (52.2)	33 (52.4)	280 (52.1)		313	6 (54.5)	307 (52.1)	
Male N (%)	287 (47.8)	30 (47.6)	257 (47.9)		287	5 (45.5)	282 (47.9)	
<b>Ethnicity, N (%)</b>	<b>597</b>	<b>64 (10.6)</b>	<b>533 (89.4)</b>	<b>0.819</b>	<b>597</b>	<b>11 (1.8)</b>	<b>586 (98.2)</b>	<b>0.177</b>
White, N (%)	570 (94.8)	64 (100)	506 (94.9)		570 (94.8)	10 (90.9)	560 (95.6)	
Mixed/Multiple, N (%)	4 (0.7)	0 (0)	4 (0.8)		4 (0.7)	1 (9.1)	3 (0.5)	
Asian / Asian British, N (%)	14 (2.3)	0 (0)	14 (2.6)		14 (2.3)	0 (0)	14 (2.4)	
Black, African, or Black British, N (%)	4 (0.7)	0 (0)	4 (0.8)		4 (0.7)	0 (0)	4 (0.7)	
Other, N (%)	5 (0.8)	0 (0)	5 (0.9)		5 (0.8)	0 (0)	5 (0.9)	
<b>General health, N (MR)</b>	<b>600</b>	<b>64 (286.5)</b>	<b>536 (302.2)</b>	<b>0.491</b>	<b>600</b>	<b>11 (356.1)</b>	<b>589 (299.5)</b>	<b>0.282</b>
<b>Indices of Multiple Deprivation score, N (MR)</b>	<b>586</b>	<b>61 (260.8)</b>	<b>525 (297.3)</b>	<b>0.110</b>	<b>585</b>	<b>10 (260.0)</b>	<b>575 (293.6)</b>	<b>0.531</b>
<b>Highest education level, N (%)</b>	<b>599</b>	<b>64 (10.7)</b>	<b>535 (89.3)</b>	<b>0.630</b>	<b>599</b>	<b>11 (1.8)</b>	<b>588 (98.2)</b>	<b>0.715</b>
None, N (%)	117 (19.5)	10 (15.6)	107 (20.0)		117 (19.5)	1 (9.1)	116 (19.7)	
GCSE / GCE, N (%)	196 (32.7)	18 (28.1)	178 (33.3)		196 (32.7)	3 (27.3)	193 (32.8)	
AS / A level, N (%)	134 (22.4)	17 (26.6)	117 (21.9)		134 (22.4)	3 (27.3)	131 (22.3)	
Undergraduate, N (%)	86 (14.4)	13 (15.1)	73 (13.6)		86 (14.4)	3 (27.3)	83 (14.1)	
Postgraduate, N (%)	40 (6.7)	4 (6.3)	36 (6.7)		40 (6.7)	1 (9.1)	39 (6.6)	
Other, N (%)	26 (4.3)	2 (3.1)	24 (4.5)		26 (4.3)	0 (0)	26 (4.4)	
<b>Employment, N (%)</b>	<b>599</b>	<b>64 (10.7)</b>	<b>535 (89.3)</b>	<b>0.665</b>	<b>599</b>	<b>11 (1.8)</b>	<b>588 (98.2)</b>	<b>0.431</b>
Self-employed, N (%)	61 (10.2)	7 (10.9)	54 (10.1)		61 (10.2)	0 (0)	61 (10.4)	
Paid employment, N (%)	240 (40.1)	28 (43.8)	212 (39.6)		240 (40.1)	5 (45.5)	235 (40.0)	
Unemployed, N (%)	42 (7.0)	3 (4.7)	39 (7.3)		42 (7.0)	1 (9.1)	41 (7.0)	
Retired, N (%)	166 (27.7)	13 (20.3)	153 (28.6)		166 (27.7)	3 (27.3)	163 (27.7)	
Maternity leave, N (%)	4 (0.7)	0 (0)	4 (0.7)		4 (0.7)	0 (0)	4 (0.7)	
Looking after family, N (%)	37 (6.2)	6 (9.4)	31 (5.8)		37 (6.2)	1 (9.1)	36 (6.1)	
Full-time student, N (%)	8 (1.3)	1 (1.6)	7 (1.3)		8 (1.3)	1 (9.1)	7 (1.2)	
Long term sick / disabled, N (%)	37 (6.2)	6 (9.4)	31 (5.8)		37 (6.2)	0 (0)	37 (6.3)	
Something else, N (%)	4 (0.7)	0 (0)	4 (0.7)		4 (0.7)	0 (0)	4 (0.7)	

<b>Occupation, N (%)</b>	<b>490</b>	<b>50 (10.2)</b>	<b>440 (89.8)</b>	<b>0.059</b>	<b>490</b>	<b>9 (1.8)</b>	<b>481 (98.2)</b>	<b>0.566</b>
<i>Level 1, N (%)</i>	63 (13.2)	10 (20.0)	53 (12.0)		63 (13.2)	2 (22.2)	61 (12.7)	
<i>Level 2, N (%)</i>	146 (30.5)	16 (32.0)	130 (29.5)		146 (30.5)	2 (22.2)	144 (29.9)	
<i>Level 3, N (%)</i>	57 (11.9)	2 (4.0)	55 (12.5)		57 (11.9)	0 (0)	57 (11.9)	
<i>Level 4, N (%)</i>	49 (10.3)	9 (18.0)	40 (9.1)		49 (10.3)	2 (22.2)	47 (9.8)	
<i>Retired, N (%)</i>	165 (34.5)	12 (24.0)	153 (34.8)		165 (34.5)	3 (33.3)	162 (33.7)	
<i>Other, N (%)</i>	10 (2.1)	1 (2.0)	9 (2.0)		10 (2.1)	0 (0)	10 (2.1)	
<b>Income, N (MR)</b>	<b>478</b>	<b>53 (246)</b>	<b>425 (239)</b>	<b>0.724</b>	<b>478</b>	<b>10 (241)</b>	<b>468 (239)</b>	<b>0.973</b>

522 \* significant at p<0.05

523 CI = confidence interval, CPR = cardiopulmonary resuscitation, MD = mean difference, MR = mean  
524 rank, SD = standard deviation

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**Table 2: Knowledge of cardiac arrest, CPR and defibrillator**

Variable	Do you know how to tell if someone is having a cardiac arrest?				Do you know what CPR is for?				Know what a defibrillator is for?				Would you like more information on CPR?			
	N	Yes	No or unsure	p value (MD, 95% CI)	N	Yes	No or unsure	p value (MD, 95% CI)	N	Yes	No or unsure	p value (MD, 95% CI)	N	Yes	No or unsure	p value (MD, 95% CI)
Age, N (mean, SD)	600	144 (50.2, 16.2)	456 (52.5, 18.2)	0.182 (-2.3, -5.6 to 1.1)	600	526 (51.9, 7.4)	74 (52.6, 20.0)	0.740 (-0.7, -5.1 to 3.6)	600	491 (51.9, 17.3)	109 (52.3, 19.7)	0.818 (-0.4, -4.1 to 3.3)	600	348 (48.9, 7.2)	252 (56.1, 17.7)	<0.001 (-7.2, -10.0 to -4.4)*
Gender, N (%)	600	143 (23.8)	457 (76.2)	0.443	600	526 (87.7)	74 (12.3)	0.063	600	491 (81.8)	109 (18.2)	0.751	600	348 (58.0)	252 (42.0)	0.246
Female, N (%)	313 (52.2)	79 (55.2)	234 (51.2)		313 (52.2)	244 (46.4)	43 (58.1)		313 (52.2)	258 (52.5)	55 (49.5)		313 (52.2)	189 (54.3)	124 (49.2)	
Male, N (%)	287 (47.8)	64 (44.8)	223 (48.8)		287 (47.8)	282 (53.6)	31 (41.9)		287 (47.8)	233 (47.5)	54 (50.5)		287 (47.8)	159 (45.7)	128 (50.8)	
Ethnicity, N (%)	597	144 (23.8)	457 (76.2)	0.520	597	523 (87.6)	74 (12.4)	<0.001 *	597	488 (81.7)	109 (18.3)	<0.001 *	597	345 (57.8)	252 (42.2)	0.135
White, N (%)	570 (95.5)	139 (97.9)	431 (94.7)		570 (95.5)	508 (97.1)	62 (83.8)		570 (95.5)	476 (97.5)	94 (86.2)		570 (95.5)	323 (93.6)	247 (98.0)	
Mixed/Multiple, N (%)	4 (0.7)	0 (0)	4 (0.9)		4 (0.7)	4 (0.8)	0 (0)		4 (0.7)	4 (0.8)	0 (0)		4 (0.7)	3 (0.9)	1 (0.4)	
Asian / Asian British, N (%)	14 (2.3)	1 (0.7)	13 (2.9)		14 (2.3)	5 (1.0)	9 (12.2)		14 (2.3)	3 (0.6)	11 (10.1)		14 (2.3)	12 (3.5)	2 (0.8)	
Black, African, or Black British, N (%)	4 (0.7)	1 (0.7)	3 (0.7)		4 (0.7)	3 (0.6)	1 (1.4)		4 (0.7)	2 (0.4)	2 (1.8)		4 (0.7)	3 (0.9)	1 (0.4)	
Other, N (%)	5 (0.8)	1 (0.7)	4 (0.9)		5 (0.8)	3 (0.6)	2 (2.7)		5 (0.8)	3 (0.6)	2 (1.8)		5 (0.8)	4 (1.2)	1 (0.4)	
General health, N (MR)	600	144 (310.3)	456 (297.4)	0.429	600	526 (301)	74 (298)	0.878	600	492 (300)	108 (303)	0.850	600	349 (307)	251 (292)	0.305
Indices of Multiple Deprivation score, N (MR)	586	140 (277)	446 (299)	0.176	586	517 (294)	69 (287)	0.717	586	483 (301)	103 (259)	0.025*	586	343 (295)	243 (291)	0.748
Highest education level, N (%)	599	143 (23.9)	456 (76.1)	0.005*	599	525 (87.6)	74 (12.4)	0.059	599	490 (81.8)	109 (18.2)	<0.001 *	599	348 (58.1)	251 (41.9)	0.020*
None, N (%)	117 (19.5)	23 (19.7)	94 (20.6)		117 (19.5)	95 (18.1)	22 (29.7)		117 (19.5)	81 (16.5)	36 (33.0)		117 (19.5)	59 (17.0)	58 (23.1)	
GCSE / GCE, N (%)	196 (32.7)	36 (18.4)	160 (35.1)		196 (32.7)	168 (32.0)	28 (37.8)		196 (32.7)	167 (34.1)	29 (26.6)		196 (32.7)	110 (31.6)	86 (34.3)	

<i>AS / A level, N (%)</i>	134 (22.4)	41 (30.6)	93 (20.4)		134 (22.4)	123 (23.4)	11 (14.9)		134 (22.4)	118 (24.1)	16 (14.7)		134 (22.4)	89 (25.6)	45 (17.9)	
<i>Undergraduate, N (%)</i>	86 (14.4)	23 (26.7)	63 (13.8)		86 (14.4)	80 (15.2)	6 (8.1)		86 (14.4)	75 (15.3)	11 (10.1)		86 (14.4)	48 (13.8)	38 (15.1)	
<i>Postgraduate, N (%)</i>	40 (6.7)	17 (42.5)	23 (5.0)		40 (6.7)	37 (7.0)	3 (4.1)		40 (6.7)	35 (7.1)	5 (4.6)		40 (6.7)	30 (8.6)	10 (4.0)	
<i>Other, N (%)</i>	26 (4.3)	3 (11.5)	23 (5.0)		26 (4.3)	22 (4.2)	4 (5.4)		26 (4.3)	14 (2.9)	12 (11.0)		26 (4.3)	12 (3.4)	14 (5.6)	
<b>Employment, N (%)</b>	<b>599</b>	<b>143</b> <b>(23.9)</b>	<b>456</b> <b>(76.1)</b>	<b>0.534</b>	<b>599</b>	<b>525</b> <b>(87.6)</b>	<b>74</b> <b>(12.4)</b>	<b>0.242</b>	<b>599</b>	<b>490</b> <b>(81.8)</b>	<b>109</b> <b>(18.2)</b>	<b>0.215</b>	<b>599</b>	<b>348</b> <b>(58.1)</b>	<b>251</b> <b>(41.9)</b>	<b>0.136</b>
<i>Self-employed, N (%)</i>	61 (10.2)	19 (13.3)	42 (9.2)		61 (10.2)	48 (9.1)	13 (17.6)		61 (10.2)	48 (9.8)	13 (11.9)		61 (10.2)	34 (9.8)	27 (10.8)	
<i>Paid employment, N (%)</i>	240 (40.1)	57 (39.9)	183 (40.1)		240 (40.1)	215 (41.0)	25 (33.8)		240 (40.1)	206 (42.0)	34 (31.2)		240 (40.1)	148 (42.5)	92 (36.7)	
<i>Unemployed, N (%)</i>	42 (7.0)	11 (7.7)	31 (6.8)		42 (7.0)	36 (6.9)	6 (8.1)		42 (7.0)	33 (6.7)	9 (8.3)		42 (7.0)	27 (7.8)	15 (6.0)	
<i>Retired, N (%)</i>	166 (27.7)	33 (23.1)	133 (29.2)		166 (27.7)	148 (28.2)	18 (24.3)		166 (27.7)	137 (28.0)	29 (26.6)		166 (27.7)	84 (24.1)	82 (32.7)	
<i>Maternity leave, N (%)</i>	4 (0.7)	1 (0.7)	3 (0.7)		4 (0.7)	4 (0.8)	0 (0)		4 (0.7)	3 (0.6)	1 (0.9)		4 (0.7)	2 (0.6)	2 (0.8)	
<i>Looking after family, N (%)</i>	37 (6.2)	11 (7.7)	26 (5.7)		37 (6.2)	34 (6.5)	3 (4.1)		37 (6.2)	28 (5.7)	9 (8.3)		37 (6.2)	25 (7.2)	12 (4.8)	
<i>Full-time student, N (%)</i>	8 (1.3)	2 (1.4)	6 (1.3)		8 (1.3)	6 (1.1)	2 (2.7)		8 (1.3)	5 (1.0)	3 (2.8)		8 (1.3)	7 (2.0)	1 (0.4)	
<i>Long term sick / disabled, N (%)</i>	37 (6.2)	7 (4.9)	30 (6.6)		37 (6.2)	31 (5.9)	6 (8.1)		37 (6.2)	27 (5.5)	10 (9.2)		37 (6.2)	20 (5.7)	17 (6.8)	
<i>Something else, N (%)</i>	4 (0.7)	2 (1.4)	2 (0.4)		4 (0.7)	3 (0.6)	1 (1.4)		4 (0.7)	3 (0.6)	1 (0.9)		4 (0.7)	1 (0.3)	3 (1.2)	
<b>Occupation, N (%)</b>	<b>490</b>	<b>119</b> <b>(24.3)</b>	<b>371</b> <b>(75.7)</b>	<b>0.113</b>	<b>490</b>	<b>430</b> <b>(87.8)</b>	<b>60</b> <b>(12.2)</b>	<b>0.829</b>	<b>490</b>	<b>407</b>	<b>83</b>	<b>0.353</b>	<b>490</b>	<b>276</b> <b>(56.3)</b>	<b>214</b> <b>(43.7)</b>	<b>0.413</b>
<i>Level 1, N (%)</i>	63 (12.9)	16 (13.4)	47 (12.7)		63 (12.9)	55 (12.8)	8 (13.3)		63 (12.9)	51 (12.5)	12 (14.5)		63 (12.9)	38 (13.8)	25 (11.7)	
<i>Level 2, N (%)</i>	146 (29.8)	38 (31.9)	108 (29.1)		146 (29.8)	129 (30.0)	17 (28.3)		146 (29.8)	118 (29.0)	28 (33.7)		146 (29.8)	89 (32.2)	57 (26.6)	
<i>Level 3, N (%)</i>	57 (11.6)	11 (9.2)	46 (12.4)		57 (11.6)	48 (11.2)	9 (15.0)		57 (11.6)	47 (11.5)	10 (12.0)		57 (11.6)	33 (12.0)	24 (11.2)	
<i>Level 4, N (%)</i>	49 (10.0)	18 (15.1)	31 (8.4)		49 (10.0)	43 (10.0)	6 (10.0)		49 (10.0)	46 (11.3)	3 (3.6)		49 (10.0)	29 (10.5)	20 (9.3)	
<i>Retired, N (%)</i>	165 (33.7)	32 (26.9)	133 (35.8)		165 (33.7)	147 (34.2)	18 (30.0)		165 (33.7)	136 (33.4)	29 (34.9)		165 (33.7)	82 (29.7)	83 (38.8)	
<i>Other, N (%)</i>	10 (2.0)	4 (3.4)	6 (1.6)		10 (2.0)	8 (1.9)	2 (3.3)		10 (2.0)	9 (2.2)	1 (1.2)		10 (2.0)	5 (1.8)	5 (2.3)	

Income, N (MR)	478	122 (255)	356 (234)	0.164	478	428 (243)	50 (208)	0.093	478	406 (248)	72 (191)	0.001*	478	284 (244)	194 (234)	0.446
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\* significant at  $p < 0.05$

CI = confidence interval, MD = mean difference, MR = mean rank, SD = standard deviation

**Table 3: Willingness to seek help, follow advice and help someone experiencing OHCA**

Variable	Willingness to call 999		Willingness to follow advice		Willingness to help family		Willingness to help someone familiar		Willingness to help a stranger	
	<i>N</i>	<i>p value</i>	<i>N</i>	<i>p value</i>	<i>N</i>	<i>p value</i>	<i>N</i>	<i>p value</i>	<i>N</i>	<i>p value</i>
<b>Age, N (CC)</b>	<b>599 (-1.61)</b>	<b>&lt;0.001*</b>	<b>599 (-0.158)</b>	<b>&lt;0.001*</b>	<b>600 (-0.135)</b>	<b>0.001*</b>	<b>600 (-0.160)</b>	<b>&lt;0.001*</b>	<b>600 (-0.120)</b>	<b>0.003*</b>
<b>Gender, N</b>	<b>599</b>	<b>0.178</b>	<b>599</b>	<b>0.238</b>	<b>600</b>	<b>0.146</b>	<b>600</b>	<b>0.888</b>	<b>600</b>	<b>0.664</b>
Female, N (MR)	313 (304)		313 (305)		313 (306)		313 (300)		313 (298)	
Male, N (MR)	286 (296)		286 (294)		287 (295)		287 (301)		287 (303)	
<b>Ethnicity, N</b>	<b>596</b>	<b>0.570</b>	<b>596</b>	<b>0.590</b>	<b>597</b>	<b>0.150</b>	<b>597</b>	<b>0.278</b>	<b>597</b>	<b>0.501</b>
White, N (MR)	569 (299)		569 (298)		570 (299)		570 (299)		570 (301)	
Mixed/Multiple, N (MR)	4 (317)		4 (347)		4 (335)		4 (348)		4 (233)	
Asian / Asian British, N (MR)	14 (296)		14 (283)		14 (293)		14 (309)		14 (264)	
Black, African, or Black British, N (MR)	4 (244)		4 (347)		4 (186)		4 (199)		4 (229)	
Other, N (MR)	5 (317)		5 (347)		5 (335)		5 (348)		5 (320)	
<b>General health, N (CC)</b>	<b>599 (0.024)</b>	<b>0.563</b>	<b>599 (-0.008)</b>	<b>0.851</b>	<b>600 (-0.030)</b>	<b>0.461</b>	<b>600 (-0.011)</b>	<b>0.791</b>	<b>600 (-0.032)</b>	<b>0.432</b>
<b>Mean Indices of Multiple Deprivation score, N (CC)</b>	<b>586 (-0.051)</b>	<b>0.214</b>	<b>585 (-0.011)</b>	<b>0.792</b>	<b>586 (-0.056)</b>	<b>0.173</b>	<b>586 (-0.010)</b>	<b>0.812</b>	<b>586 (-0.025)</b>	<b>0.547</b>
<b>Highest education level, N</b>	<b>599</b>	<b>0.250</b>	<b>599</b>	<b>0.435</b>	<b>599</b>	<b>0.608</b>	<b>599</b>	<b>0.333</b>	<b>599</b>	<b>0.604</b>
None, N (MR)	117 (287)		117 (285)		117 (290)		117 (282)		117 (286)	
GCSE / GCE, N (MR)	196 (304)		196 (307)		196 (299)		196 (302)		196 (304)	
AS / A level, N (MR)	134 (305)		134 (294)		134 (311)		134 (309)		134 (307)	
Undergraduate, N (MR)	86 (297)		86 (302)		86 (300)		86 (310)		86 (309)	
Postgraduate, N (MR)	40 (311)		40 (320)		40 (306)		40 (306)		40 (298)	
Other, N (MR)	26 (294)		26 (311)		26 (289)		26 (279)		26 (268)	
<b>Employment, N</b>	<b>599</b>	<b>0.352</b>	<b>599</b>	<b>0.223</b>	<b>599</b>	<b>0.210</b>	<b>599</b>	<b>0.108</b>	<b>599</b>	<b>0.310</b>
Self-employed, N (MR)	61 (303)		61 (310)		61 (311)		61 (316)		61 (305)	
Paid employment, N (MR)	240 (303)		240 (305)		240 (305)		240 (306)		240 (306)	
Unemployed, N (MR)	42 (297)		42 (284)		42 (286)		42 (294)		42 (298)	
Retired, N (MR)	166 (289)		166 (283)		166 (287)		166 (282)		166 (286)	
Maternity leave, N (MR)	4 (318)		4 (349)		4 (336)		4 (270)		4 (283)	
Looking after family, N (MR)	37 (318)		37 (308)		37 (328)		37 (341)		37 (340)	
Full-time student, N (MR)	8 (282)		8 (315)		8 (261)		8 (274)		8 (240)	
Long term sick / disabled, N (MR)	37 (310)		37 (333)		37 (295)		37 (289)		37 (285)	
Something else, N (MR)	4 (318)		4 (269)		4 (336)		4 (349)		4 (377)	
<b>Occupation, N</b>	<b>489</b>	<b>0.068</b>	<b>489</b>	<b>0.005*</b>	<b>490</b>	<b>0.064</b>	<b>490</b>	<b>0.095</b>	<b>490</b>	<b>0.182</b>

<i>Level 1, N (MR)</i>	<i>63 (238)</i>		<i>63 (240)</i>		<i>63 (248)</i>		<i>63 (245)</i>		<i>63 (242)</i>
<i>Level 2, N (MR)</i>	<i>145 (256)</i>		<i>145 (263)</i>		<i>146 (256)</i>		<i>146 (252)</i>		<i>146 (255)</i>
<i>Level 3, N (MR)</i>	<i>57 (240)</i>		<i>57 (234)</i>		<i>57 (231)</i>		<i>57 (243)</i>		<i>57 (235)</i>
<i>Level 4, N (MR)</i>	<i>49 (251)</i>		<i>49 (267)</i>		<i>49 (265)</i>		<i>49 (273)</i>		<i>49 (269)</i>
<i>Retired, N (MR)</i>	<i>165 (237)</i>		<i>165 (231)</i>		<i>165 (235)</i>		<i>165 (231)</i>		<i>165 (233)</i>
<i>Other, N (MR)</i>	<i>10 (261)</i>		<i>10 (189)</i>		<i>10 (249)</i>		<i>10 (261)</i>		<i>10 (283)</i>
<b>Income, N (CC)</b>	<b>477 (0.039)</b>	<b>0.397</b>	<b>477 (0.126)</b>	<b>0.006*</b>	<b>478 (0.037)</b>	<b>0.416</b>	<b>478 (0.069)</b>	<b>0.131</b>	<b>478 (0.037)</b> <b>0.420</b>

\* significant at  $p < 0.05$

CC = correlation coefficient, MR = mean rank

**Table 4: Competency, confidence and comfort of performing CPR or using a defibrillator**

Variable	Capable of helping		Confident of helping		Comfortable performing CPR		Comfortable using a defibrillator	
	N	p value	N	p value	N	p value	N	p value
<b>Age, N (CC)</b>	<b>601 (-0.058)</b>	<b>0.153</b>	<b>598 (-0.055)</b>	<b>0.184</b>	<b>599 (-0.097)</b>	<b>0.018*</b>	<b>601 (-0.001)</b>	<b>0.980</b>
<b>Gender, N</b>	<b>600</b>	<b>0.084</b>	<b>597</b>	<b>0.083</b>	<b>598</b>	<b>0.006*</b>	<b>600</b>	<b>0.178</b>
Female, N (MR)	313 (289)		311 (287)		311 (281)		313 (291)	
Male, N (MR)	287 (313)		286 (312)		287 (320)		287 (310)	
<b>Ethnicity, N</b>	<b>597</b>	<b>0.341</b>	<b>594</b>	<b>0.461</b>	<b>595</b>	<b>0.434</b>	<b>597</b>	<b>0.136</b>
White, N (MR)	570 (302)		567 (299)		568 (299)		570 (301)	
Mixed/Multiple, N (MR)	4 (276)		4 (356)		4 (388)		4 (315)	
Asian / Asian British, N (MR)	14 (218)		14 (221)		14 (243)		14 (197)	
Black, African, or Black British, N (MR)	4 (314)		4 (340)		4 (347)		4 (218)	
Other, N (MR)	5 (218)		5 (288)		5 (227)		5 (374)	
<b>General health, N (CC)</b>	<b>600 (0.035)</b>	<b>0.390</b>	<b>597 (0.005)</b>	<b>0.898</b>	<b>598 (0.067)</b>	<b>0.103</b>	<b>600 (0.153)</b>	<b>&lt;0.001*</b>
<b>Indices of Multiple Deprivation score, N (CC)</b>	<b>586 (-0.068)</b>	<b>0.098</b>	<b>585 (-0.071)</b>	<b>0.088</b>	<b>584 (-0.100)</b>	<b>0.016*</b>	<b>586 (0.020)</b>	<b>0.630</b>
<b>Highest education level, N</b>	<b>599</b>	<b>0.963</b>	<b>596</b>	<b>0.459</b>	<b>597</b>	<b>0.594</b>	<b>599</b>	<b>0.551</b>
None, N (MR)	117 (293)		116 (301)		117 (291)		117 (285)	
GCSE / GCE, N (MR)	196 (301)		194 (294)		196 (293)		196 (293)	
AS / A level, N (MR)	134 (302)		134 (320)		132 (317)		134 (308)	
Undergraduate, N (MR)	86 (311)		86 (296)		86 (312)		86 (327)	
Postgraduate, N (MR)	40 (284)		40 (260)		40 (288)		40 (305)	
Other, N (MR)	26 (309)		26 (280)		26 (264)		26 (286)	
<b>Employment, N</b>	<b>599</b>	<b>0.886</b>	<b>596</b>	<b>0.822</b>	<b>597</b>	<b>0.422</b>	<b>599</b>	<b>0.581</b>
Self-employed, N (MR)	61 (306)		61 (310)		60 (299)		61 (316)	
Paid employment, N (MR)	240 (307)		240 (302)		240 (316)		240 (303)	
Unemployed, N (MR)	42 (287)		41 (301)		42 (288)		42 (256)	
Retired, N (MR)	166 (294)		165 (295)		165 (278)		166 (296)	
Maternity leave, N (MR)	4 (386)		4 (317)		4 (312)		4 (314)	
Looking after family, N (MR)	37 (267)		36 (255)		37 (266)		37 (280)	
Full-time student, N (MR)	8 (298)		8 (262)		8 (311)		8 (283)	
Long term sick / disabled, N (MR)	37 (316)		37 (325)		37 (328)		37 (325)	



<i>Something else, N (MR)</i>	<i>4 (269)</i>		<i>4 (244)</i>		<i>4 (234)</i>		<i>4 (300)</i>	
<b>Occupation, N</b>	<b>490</b>	<b>0.508</b>	<b>487</b>	<b>0.705</b>	<b>488</b>	<b>0.090</b>	<b>490</b>	<b>0.150</b>
<i>Level 1, N (MR)</i>	<i>63 (261)</i>		<i>63 (260)</i>		<i>63 (283)</i>		<i>63 (267)</i>	
<i>Level 2, N (MR)</i>	<i>146 (246)</i>		<i>144 (243)</i>		<i>146 (246)</i>		<i>146 (229)</i>	
<i>Level 3, N (MR)</i>	<i>57 (228)</i>		<i>57 (228)</i>		<i>57 (232)</i>		<i>57 (240)</i>	
<i>Level 4, N (MR)</i>	<i>49 (273)</i>		<i>49 (263)</i>		<i>49 (267)</i>		<i>49 (287)</i>	
<i>Retired, N (MR)</i>	<i>165 (237)</i>		<i>164 (240)</i>		<i>164 (226)</i>		<i>165 (241)</i>	
<i>Other, N (MR)</i>	<i>10 (249)</i>		<i>10 (217)</i>		<i>9 (238)</i>		<i>10 (255)</i>	
<b>Income, N (CC)</b>	<b>478 (0.055)</b>	<b>0.232</b>	<b>476 (0.028)</b>	<b>0.536</b>	<b>476 (0.066)</b>	<b>0.150</b>	<b>478 (0.100)</b>	<b>0.029*</b>

\* significant at <0.05

CC = correlation coefficient, MR = mean ra

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