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Media Advisory: To contact Monique Anderson Starks, M.D., M.H.S., email Sarah Avery at sarah.avery@duke.edu.

**Related material:** The commentary, “**Neighborhood-Level Disparities in Resuscitation and the Potential of Connected Health**,” by Raina M. Merchant, M.D., M.S.H.P., and Peter W. Groeneveld, M.D., M.S., of the University of Pennsylvania, Philadelphia also is available at the For The Media [website](http://media.jamanetwork.com).

**To place an electronic embedded link to this study in your story:** Link will be live at the embargo time: <http://jamanetwork.com/journals/jamacardiology/fullarticle/10.1001/jamacardio.2017.2671>

***JAMA Cardiology***

**Out-Of-Hospital Cardiac Arrest Treatment, Outcomes Varies by Racial Make-up of Neighborhood**

Individuals who experienced an out-of-hospital cardiac arrest (OHCA) in neighborhoods with higher percentages of black residents had lower rates of bystander CPR and defibrillator use and were less likely to survive compared to patients who experienced an OHCA in predominantly white neighborhoods, according to a study published by *JAMA Cardiology.*

Approximately 350,000 patients experience OHCA each year in the United States. The survival rate is 8.3 percent to 10 percent annually; however, there is regional variation in the incidence of and survival from OHCA. The incidence of OHCA has been consistently higher in black individuals compared with white individuals in the United States.

Using data from the Resuscitation Outcomes Consortium for January 2008 to December 2011, Monique Anderson Starks, M.D., M.H.S., of the Duke University Medical Center, Durham, N.C., and colleagues examined whether differences in care and outcomes exist in predominantly black neighborhoods vs neighborhoods with a lower proportion of black residents. Neighborhoods where OHCA occurred were classified by census tract, based on percentage of black residents.

The study included 22,816 adult patients with OHCA. The researchers found that the percentage of patients with OHCA receiving bystander cardiopulmonary resuscitation or a lay automatic external defibrillation was inversely associated with the percentage of black residents in neighborhoods. And compared with OHCA in predominantly white neighborhoods (less than 25 percent black), those with OHCA in mixed to majority black neighborhoods had lower adjusted survival rates to hospital discharge.

Despite lower survival in predominantly black neighborhoods, survival was no different for black and white patients having a cardiac arrest in any neighborhoods.

“Improving bystander treatments in [predominantly black neighborhoods] may improve cardiac arrest survival,” the authors write.

The study notes some limitations, including that the observational data demonstrate an association between neighborhood race and survival, but this association does not prove causation.

For more details and to read the full study, please visit the For The Media [website](http://media.jamanetwork.com/).

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