**REPORT**

###### Wednesday, August 30, 2017

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**“Neighborhood Demographics and Cardiac Arrest Treatments and Outcomes”**

**TEASE RUNS: 7 seconds**

**DOES THE RACIAL MAKEUP OF A NEIGHBORHOOD MATTER WHEN IT COMES TO THE LIKELIHOOD OF SURVIVING CARDIAC ARREST? A NEW STUDY INVESTIGATES. … THAT’S NEXT.**

**JAMA 4062**

**TRT: 2:09**

**Wednesday, August 30, 2017, 11 AM ET**

**INTRO: In a cardiac arrest, the heart suddenly stops beating. About 350,000 patients have a cardiac arrest outside the hospital each year in the United States. Only 8% to 10% survive and that number varies regionally. But does the racial make-up of a neighborhood influence the likelihood that a bystander will deliver CPR or use an electrical shock device known as a defibrillator to rescue the person, and does it influence survival from cardiac arrest? Laura Berger has more in this week’s JAMA report.**

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| **B ROLL:**  **CPR training, CPR pushing, AED machine**  **SOT/FULL**  **Monique Anderson Starks, MD, MHS, Cardiologist, Duke Clinical Research Institute, Duke University Medical Center**  **Super@:16**  **Runs: 26** | **WHEN OUT-OF-HOSPITAL CARDIAC ARREST HAPPENS THERE IS LITTLE TIME TO TRY TO SAVE SOMEONE’S LIFE. OUT-OF-HOSPITAL CARDIAC ARREST IS MORE COMMON AMONG BLACKS, AND DIFFERENCES EXIST IN BLACK AND WHITE COMMUNITIES WHEN IT COMES TO CPR TRAINING AND BYSTANDER CPR.**  **“We conducted a large observational analysis to determine whether the racial composition of blacks living in a neighborhood is associated with both treatments and outcomes of out-of-hospital cardiac arrest. Bystander treatments included CPR or chest compressions, bystander defibrillation, and we also examined emergency medical services’ response times and treatments.”** |
| **B-ROLL:**  **Dr. Starks walking down hall and talking to co-worker, working in office, neighborhood b-roll, public AED, AED sign, Defibrillator on wall** | **IN THAT NEW STUDY, DR. MONIQUE ANDERSON STARKS OF THE DUKE CLINICAL RESEARCH INSTITUTE AND CO-AUTHORS LOOKED AT DATA FOR ALMOST 23,000 PATIENTS WHO HAD OUT-OF-HOSPITAL CARDIAC ARREST. CENSUS DATA WERE USED TO CLASSIFY NEIGHBORHOODS BY THEIR PERCENTAGE OF BLACK RESIDENTS.**  **RESEARCHERS EXAMINED CPR USE AND DEFIBRILLATOR USE AND THE PERCENTAGE OF PEOPLE WHO SURVIVED LONG ENOUGH TO LEAVE THE HOSPITAL.**  **THE STUDY APPEARS IN JAMA CARDIOLOGY.** |
| **SOT/FULL**  **Monique Anderson Starks, MD, MHS, Cardiologist, Duke Clinical Research Institute, Duke University Medical Center**  **Super@: 1:06**  **Runs: 26** | **“Our study had three main findings, first as the percent of black residents in a neighborhood increased, the use of bystander CPR and defibrillation decreased. Second as the percent of black residents in a neighborhood increased, survival significantly decreased. Lastly, within each neighborhood black and white cardiac arrest patients had similar survival.”** |
| **B ROLL:**  **Family walking dog, CPR training, two neighborhood shots** | **THE STUDY OFFERS SOME POSSIBLE EXPLANATIONS FOR THE RESULTS, INCLUDING A LACK OF KNOWLEDGE ABOUT CPR AND A LACK OF DEFIBRILLATORS IN BLACK COMMUNITIES. DR. ANDERSON STARKS SAYS MORE RESOURCES ARE NEEDED.** |
| **SOT/FULL**  **Monique Anderson Starks, MD, MHS, Cardiologist, Duke Clinical Research Institute, Duke University Medical Center**  **Super@: 1:43**  **Runs:24** | **“Mixed to predominately black neighborhoods have significantly lower bystander treatments and survival from cardiac arrest... Directing attention to telephone assisted CPR, mandated high school CPR training, culturally tailored and inexpensive mass community training, as well as deploying AEDs in these communities could improve survival.”** |
| **B-ROLL: AED on wall** | **LAURA BERGER, THE JAMA REPORT** |

**TAG: THE STUDY WAS CONDUCTED FROM 2008 THROUGH 2011.**

**Please see the complete study for additional information, including other authors, author contributions and affiliations, financial disclosures, funding and support, etc.**

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**ADDITIONAL SOUNDBITES:**

**QUOTE 1 Runs: 20 seconds**

**“Our study was not designed to answer the why of this association. But we believe that in general, there’s a lack of awareness of cardiac arrest, lack of CPR training possibilities in the community, as well as lack of AED or automated external defibrillators within the community.”**

**QUOTE 2 Runs: 23 seconds**

**“A study like this is so important because we have lots of data already on health care disparities with cardiac arrest. We understand that blacks have higher rates of cardiac arrest and they may have lower survival from cardiac arrest. Black neighborhoods have lower opportunities for CPR training and have lower bystander CPR.”**