For People Faced With Cardiac Arrest, Where They Live May Matter

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When a person's heart suddenly stops beating and he or she receives cardiopulmonary resuscitation (CPR) from a passerby before emergency medical services arrive on the scene, that individual is twice as likely to survive. Now, new findings published in JAMA Cardiology reveal that those who experience cardiac arrest in Black neighborhoods are less likely to receive CPR or defibrillation (a medical technique that applies an electric shock to restore a regular, synchronized rhythm to the heart) from a bystander, which lowers their chances of survival, reports Duke Clinical Research Institute.

For the study, researchers used data from a medical services registry to examine 22,816 patients with out-of-hospital cardiac arrests (OHCA) between 2008 and 2011. Scientists collected the information from seven cities across the United States: Birmingham, Alabama; Dallas-Forth Worth, Texas; Pittsburgh, Pennsylvania; Portland, Oregon; San Diego, California; Seattle and King County, Washington; and Milwaukee, Wisconsin.

In addition, researchers used data from the U.S. Census to classify neighborhoods according to the proportion of its residents who were Black: less than 25 percent, 25 to 50 percent, 51 to 75 percent and more than 75 percent.

Findings showed that, overall, nearly 40 percent of those who experienced OHCA received CPR from a bystander. But in primarily white areas almost 47 percent of those who experienced OHCA got help compared with just 18 percent of individuals in predominantly Black neighborhoods. The researchers' findings point to a lack of education about cardiac arrest and CPR among people living in Black neighborhoods as well as a shortage of defibrillators in public places in those neighborhoods.

The study's authors also noted that 4.5 percent of cardiac arrest sufferers were more likely to receive defibrillation from an onlooker in mostly white neighborhoods compared with only 0.9 percent of those in Black neighborhoods. Furthermore, the inquiry showed that people who lived in mixed- to majority-Black neighborhoods faced a significantly lower adjusted survival rate at the time of discharge from the hospital.

"We have known that there are differences in the rates of survival from cardiac arrest between Blacks and whites, but it was surprising to see how the demographics of a neighborhood affected

outcomes of residents who experience cardiac arrest," said Monique Anderson Starks, MD, a cardiologist at the Duke Clinical Research Institute in North Carolina and the lead author of the study. "This is absolutely a call to action to improve and expand CPR training and defibrillator access."

Starks suggested that medical centers and public health departments could create relatively low-cost solutions to these issues with educational programs specifically customized for Black neighborhoods.

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