Using Geographic Information Systems to Identify High-Risk Neighborhoods for Community-Based Interventions to Increase Cardiac Arrest Survival: A Mixed Methods Approach ESRI Health Users Group Meeting: October 19th, 2010

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Overview

- Background on out-of-hospital cardiac arrest
 - What we know
 - What we don't know
- HANDDS Trial
 - Mixed Methods Approach to Increasing CPR Rates in High-Risk Communities

What we know: 1. No change in survival in 30 years

Temporal Trends on OHCA Survival



Sasson, C. et. al. Circulation Cardiovascular Quality and Outcomes, 2009

What we know:

 No change in survival in 30 years
 Huge variation in OHCA survival

 0.3% in Detroit¹ to 20.4% in Seattle²
 Denver³- 8.0%

1. Dunne et. al. Resuscitation 2007

2. Nichols et. al. JAMA 2008

3. Haukoos et. al. Annals of Emergency Medicine 2009

What we know:

- 1. No change in survival in 30 years
- 2. Huge variation in OHCA survival by city

3. CPR matters

Number Needed to Treat to Save One Life

		Low Performing EMS Systems		High Perfor EMS Syster	rming ms
	Pooled % of Patients	Pooled Survival Rate	NNT	Pooled Survival Rate	NNT
CPR	32%	3.9 (1.8-6.0)	36	16.1 (11.5-20.7)	24
No CPR	68%	1.1 (0.5-1.8)		12.0 (10.0-14.0)	

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What we know:

- 1. No change in survival in 30 years
- 2. Huge variation in OHCA survival by city
- 3. CPR matters
- Likelihood of receiving bystander CPR is affected by the neighborhood one lives in



Date: 10/1/2006 - 11/30/2009, Cardina Arrest, Registry to Estranzo Servicel

Date: 1910208- 1930208, Carden-Arreal Pegistry in Enhance Survival

Cardiac Arrest Bystander Status by Median Household Income

	Private Unwitnessed	Private Witnessed	Public Unwitnessed	Public Witnessed
Median Income <\$21,600	0.15	0.23	0.28	0.41
Median Income \$21,601-\$30,500	0.14	0.20	0.25	0.35
Median Income \$30,501-\$42,000	0.15	0.22	0.30	0.44
Median Income \$42,001-\$62,000	0.19	0.29	0.38	0.48
Median Income >\$62,000	0.28	0.38	0.41	0.55

What we know:

- 1. No change in survival in 30 years
- 2. Huge variation in OHCA survival by city
- 3. CPR matters
- 4. Likelihood of Receiving Bystander CPR is affected by the Neighborhood one lives
- 5. Difficult to Translate Bench Research to Community

How can we use public health surveillance tools and GIS to understand this issue, and help communities plan the utilization of scarce healthcare resources?

Translating Science into Practice

 2008- American Heart Association recommends "Hands only CPR"





(Sayre, M. et. al. Circulation, 2008)

Identifying <u>High Arrest</u> <u>Neighborhoods</u> to <u>Decrease Disparities in</u> <u>Survival (HANDDS) Trial</u>

- Four Phase Study Design
- Incorporates GIS, Spatial Epidemiology, Qualitative Methods, RCT, and Community-based Participatory Research Methods

HANDDS Study Design

ID Tracts and Potential Targets Qualitative Study of Barriers to CPR Pilot Intervention in Denver Multi-Center Intervention Using CARES Sites

HANDDS Study Design

ID Tracts and Potential Targets Qualitative Study of Barriers to CPR Pilot Intervention in Denver Multi-Center Intervention Using CARES Sites

Phase One: ID Tracts/Targets

- Identify high-risk census tracts in pilot community- Denver, Colorado using GIS and Spatial Statistics
- High-Risk Census Tracts have high incidence of OHCA events and low prevalence of CPR

Cardiac Arrest Registry to Enhance Survival (CARES)

- Surveillance Registry of OHCA due to cardiac etiology
- 30 U.S. Cities Nationwide in 17 States





Distribution of CARES Cities



CARES National Dataset

- National Dataset (Oct 2005-Dec. 2009) (n=20018)
 - Bystander CPR Rate= 24.0% (n=4298)
 - AED Used= 2.1% (n=379)
 - Survived to Hospital Discharge= 8.8% (n=1762)
- Denver Dataset (Jan. 2009-Dec. 2000 (n=356)
 - Bystander CPR Rate= 29.8% (n=106)
 - AED Used= 3.1% (n=11)
 - Survived to Hospital Discharge= 10.7% (n=38)

Denver Subset

- 356 Total Arrests
 - 61 excluded for arrest occurring in airport, medical facility or nursing home
 - 1 lost to f/u
 - 2 out of county and 1 address unable to be geocoded
- 291 in Subset
 - 94 Admitted to Hospital (32.3%)
 - 30 Survived to Hospital Discharge (10.3%)
 - 105 Census Tracts
- 263 Eligible for Bystander CPR

High-Risk Census Tract Analysis

- Overlap of Census Tracts Identified based on Three Methods:
 - Multilevel Poisson Regression using Empirical Bayes Adjusted Rates to Identify Census Tracts in the Highest Quartile for OHCA Incidence and Lowest Quartile for CPR Prevalence
 - Local Moran's I to Identify Significant Areas of Clustering of OHCA Incidence and Low Prevalence of CPR
 - Gi* Statistic to Identify Significant Areas of Clustering of OHCA Incidence and Low Prevalence of CPR



Empirical Bayes Adjusted Incidence of OHCA by Census Tract



Empirical Bayes Adjusted Prevalence of CPR by Census Tract



Identification of Higher-Gain Census Tracts



Multi-Level Poisson Regression High-Risk Census Tracts











High Risk Census Tracts



Characteristics of High-Risk Census Tracts

	Tract 702 (West Colfax)	Tract 2100 (Baker)	Tract 2300 (Whittier)	Denver County Mean
White (%)	43.6	64.2	31.1	83.0
Hispanic (%)	73.6	53.6	32.6	34.3
Black (%)	4.6	3.4	44.8	10.0
High School Grads (%)	48.2	64.0	65.7	78.9
Median Household Income (\$)	25,011	31,719	31,964	46,305

HANDDS Study Design

ID Tracts and Potential Targets Qualitative Study of Barriers to CPR Pilot Intervention in Denver Multi-Center Intervention Using CARES Sites

Phase Two: Qualitative/CBPR Study Component

- Work with community partners advisory council for LUCHAR (Latinos Using Cardio Health Actions to Reduce Risk)
- Use qualitative methods to conduct focus groups and semi-structured interviews with community partners to address barriers to CPR training in January 2011
- Work with the LUCHAR Community to design and develop a CPR intervention

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Phase Three: Pilot Study

- Quasi-experimental Design
 - Pre-post intervention with 3 control census tracts and 3 intervention census tracts
- Identify community partners/churches and schools within target census tracts

Church-Based CPR Intervention

- Control Group
 - Will receive AHA National Media Campaign
 - Pre and Post Campaign survey (at 6 months)
- Intervention Group (train the trainer model)
 - Pre, post intervention survey and then 6 month follow-up survey via mail/phone followup

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Phase Four: National Implementation

- Conduct RCT, multi-centered HANNDS Trial evidence-based approach to CPR interventions
- Data Collection:
 - Examine trends in OHCA bystander
 CPR across cities
 - -Program evaluation at 6 months

Future Directions

- Completing Cluster Analysis of Full CARES dataset
- Conducting Focus Groups in Columbus, Ohio in primarily African-American high-risk census tracts based on HANDDS Methods
- Creating Partnerships with Academic, AHA, Public Health Department, Communities, Churches, Schools in Denver
- Building National Partnerships to create building blocks for national implementation strategy

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Reference Slides

Baseline Demographics

	Bystander CPR (n=60) (%)	No bystander CPR (n=203) (%)
Age (SD) (n=261)	58.6(18.8)	59.6(21.4)
Sex		
Female (n=96)	25.0	75.0
Male (n=167)	21.6	78.4
Witnessed Arrest (n=98)	31.6	68.4
Unwitnessed Arrest (n=165)	17.6	82.4
Location of Arrest Private (n=207)	18.9	82.1
Public Location (n=56)	41.1	58.9

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	Bystander CPR (n=60) (%)	No bystander CPR ((n=203)(%)
Presenting Rhythm VF/VT/Unknown Shockable (n=62)	40.3	59.7
Unknown Unshockable (n=92)	16.3	83.7
Asystole (n=83)	15.7	84.3
PEA (n=24)	25.0	75.0
Unknown (n=2)	50.0	50.0
Who First Applied AED Bystander (n=5)	80.0	20.0
First Responder (n=120)	21.7	78.3
EMS (n=135)	21.5	78.5

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	Bystander CPR (n=60) (%)	No bystander CPR (n=203) (%)
Race		
White (n=120)	27.5	72.5
Black (n=44)	18.2	81.8
Hispanic/Latino (n=49)	14.3	85.7
Other (n=12)	33.3	66.7
Unknown (n=38)	21.1	78.9
Survival to Hospital Discharge	10/60	13/203

Cardiac Arrests with Bystander CPR by Median Household Income CARES Data - Fulton County, GA





" Median Household Income range: Low = \$4,700 - 26,600; Middle = \$27,000 - 46,000; High = \$46,000 - 160,000



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Single Person Heusehold, Median Age of Census Tract, % High School Graduates or Above, % Adulta Living Beless Poverty Status, Quintile of Median Income)