1. Title (length 26):
Black-white differences in out-of-hospital deaths due to myocardial infarction

2. Writing Group:
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3. Timeline:
Analysis of available cohort and surveillance data could begin in 3-4 months.

4. Rationale:
Prior reports (Cooper et al, Am J Cardiol 1986; 57:208, and Strogatz, Am J Public Health 1990; 80:290) have suggested that blacks seek care for chest pain half as often as whites, and that delay time from symptom onset to hospitalization is significantly greater in blacks when compared to whites. The purpose of this paper is to validate to what extent, if any, the same is true in the ARIC cohort and surveillance populations (Maryland surveillance data excepted.)

5. Main Hypothesis:
The null hypothesis is that there is no difference between black and white individuals in the elapsed time from a) onset of symptoms which might indicate acute myocardial infarction, such as chest pain, to b) either admission to a hospital emergency room for myocardial infarction or death due to myocardial infarction. Both initial and recurrent infarction groups will be examined. We will examine the deaths of individuals who have been admitted to a hospital (either direct admissions or admissions after emergency room care) in order to account for individuals not dying out-of-hospital.

6. Data (variables, time window, source, inclusions/exclusions):
All available data on the incidence of initial and recurrent acute myocardial infarctions (definite and probable) in the ARIC cohort and community surveillance populations, by race and sex. We have reviewed manuscript proposals #123 and #126 and find no significant overlap.