

## Frequently Asked Questions

**Q. What is the South Asian Heart Center (SAHC)?**

**A. The SAHC at El Camino Hospital is the first program to respond to the epidemic of heart disease among South Asians by offering:**

- A comprehensive assessment that includes a detailed health questionnaire, physical exam and advanced blood screening
- Physician and community education
- Lifestyle approaches to risk management including nutrition, fitness and stress reduction, personally tailored and culturally appropriate
- Intense, individualized case management

SAHC will serve as a model for future programs nationally and throughout the world.

**Q. Why focus on South Asians?**

**A. South Asians are four times more likely to suffer a heart attack, and at younger ages, without prior symptoms or warning and without presenting the same risk factors as the general population. Although there is much we still do not know, it is clear that genetic factors play a key role in the global epidemic of heart disease among this population.**

**Q. How is this group different from other populations?**

**A. The risk of heart disease in South Asians is often underestimated using standard guidelines. They suffer a high rate of heart disease even though they may be lifelong vegetarians, exercise regularly, do not smoke, and are not overweight.**

- More than half of heart attacks among South Asians occur before age 50, compared to an average age of 65.8 for the general male population, and 70.4 for the general female population. In California, South Asians have four times the hospitalization rate compared to Caucasians and other Asian populations

- The epidemic equally affects both male and pre-menopausal female South Asians

**Q. How does the SAHC approach differ from what most South Asian participants have experienced previously?**

**A. Most physicians evaluate South Asian participants the same way they evaluate other participants when assessing for coronary artery disease risk. Applying western standards and traditional guidelines to South Asians leads to underestimating the risk in this population. Additional risk factors—beyond high blood pressure, smoking, and obesity—may play a causative role, and as a result, they must be screened and treated differently from other ethnic groups.**



**Q. What is SAHC's approach to this epidemic?**

- A. First, the SAHC strives to raise awareness in the South Asian community and among physicians about the unique heart disease risk factors in this population.

Then, we work with participants to identify all their traditional risk factors and emerging risk factors applicable specifically to South Asians.

Then the SAHC provides personalized recommendations for prevention focusing on lifestyle modifications and as necessary, medications. The SAHC also provides referrals to wellness resources in the community such as nutritionists knowledgeable in the South Asian diets, and fitness, yoga, meditation, and stress reduction centers that understand the SAHC program and help participants make long-term positive lifestyle changes. Finally, the SAHC rechecks participants to make sure they are on track. This intense, in-person case management ensures that participants stay and succeed on their heart-health management program.

**Q. How does SAHC determine risk for heart disease?**

Research shows that traditional risk factors such as high blood pressure, smoking, high LDL, low HDL, obesity, hypertension, and sedentary lifestyle, fail to account for the increased rate of cardiovascular disease in South Asians. In recent years, researchers have identified additional genetic and metabolic risk factors that play a causative role in premature heart disease among the South Asian population. In addition to traditionally applied risk factors, we screen for these emerging factors, such as:

- The dramatic prevalence among South Asians of Metabolic Syndrome/Insulin Resistance (a pre-diabetic condition that can include low HDL cholesterol, high triglycerides, abdominal obesity, high blood pressure and high fasting glucose) and full-blown diabetes.
- Higher levels of Lipoprotein (a) concentrations among South Asians, despite normal cholesterol levels. These are genetically determined and considered an emerging risk factor in the overall U.S. population.
- Lower levels of HDL2b, even with normal HDL levels. This particle is responsible for reverse cholesterol transport,
- Elevated levels of small, dense LDL particles associated with rapid progression of heart disease.
- Significantly higher levels of homocysteine associated with higher risk of cardiac death.

**Q. Why can't South Asians get this same test at their regular physicians' offices?**

- A. They can, and they should. The current guidelines do not include specific plans for South Asians:
- Lowering the age to start testing South Asians due to their earlier risk
  - Differentiating the defining levels for risk due to their unique metabolic factors
  - Including emerging risk factors specific to South Asians

Our goal is that, by building increased awareness of these needs among physicians, every physician's office can become a mini-South Asian Heart Center and all South Asians can have easy access to screening.

**Q. Why this program at El Camino Hospital?**

- A. The South Asian Heart Center is El Camino Hospital's response to a health crisis unique to the South Asian population – a four-fold risk of heart disease compared to the general population. South Asians trace their origins to the countries of India, Pakistan, Sri Lanka, Bangladesh, and Nepal. This epidemic affects the South Asian population worldwide. The hospital brought a team of more than 80 health professionals together with South Asian community leaders to discuss the abnormally high incidence of heart disease among South Asian populations and explore the idea of a cardiac wellness center to address the problem.

The Center's program of early evaluation with advanced screening for heart disease, and prevention through lifestyle modification is currently available to adults (over the age of 18) of South Asian descent in Silicon Valley. The Center will also provide information on advanced screening to other populations (non-South Asian) and refer them to their primary care physician (or recommend physicians in its network if they do not have one) who can evaluate their need for advanced screening and/or treatment.

South Asians from anywhere in the world also can visit the SAHC Web site and learn about the program.

**Q. How is this program funded?**

- A. El Camino Hospital provided the seed funding for the SAHC. The program currently depends on donations from the community, and grants from foundations and corporations.

All the consultative office visits and ongoing case management are provided free of charge to the participants. The nominal cost of the lab testing is dependent on a patient's insurance coverage and billed directly by the lab.

**Q. Why is this program at El Camino Hospital?**

El Camino Hospital has always been a leader in cardiac care. In 2004, the hospital's physicians identified the epidemic among its patients; just three percent of the El Camino Hospital community is South Asian but 6% of total ER visits with heart attack were South Asians. The hospital brought a team of more than 80 health professionals together with South Asian community leaders to discuss the abnormally high incidence of heart disease among South Asian populations and explore the idea of a cardiac wellness center to address the problem.

**Q. How many South Asians are affected?**

- A. A report from WHO indicated that by the year 2010, 60 percent of the world's heart disease burden would be born by people of South Asian descent. Ten percent of the South Asian population in urban areas globally is affected by heart disease.

**Q. Where does SAHC derive its expertise around the epidemic of South Asian heart disease?**

- A. The SAHC has drawn interest and support from some of the world's leading cardiologists and physicians, such as Dr. Kanu Chatterjee, the Ernest Gallo Distinguished Professor of Medicine at the UCSF Medical Center and Dr. Enas Enas, director of the Coronary Artery Disease Among Asian Indians (CADI) Research Foundation whose pioneering research initially inspired El Camino Hospital physicians to develop the program. A team of top physicians is involved in assessment, physician outreach, and research. Both Dr. Enas and Dr. Chatterjee serve on the Center's Physician Advisory Council, along with Dr. Naras Bhat, Dr. Anmol Mahal and Dr. Robert Superko.

**Q. What is the SAHC Budget for this program?**

- A. The SAHC budget for the first five years of operation is \$4.3 million, which the organization plans to raise through leadership contributions, corporate grants, annual fundraisers, and in-kind services provided by El Camino Hospital.

These funds will allow the SAHC to accomplish its goals of serving 1000 participants per year. It will screen individuals and case-manage their on-going wellness. It will launch its community outreach efforts to raise awareness of the epidemic. The SAHC will hold regularly scheduled symposia and seminars and conduct physician outreach aimed at changing how South Asian patients are evaluated and treated for heart disease. Additionally, the SAHC will introduce the latest evidence-based practices to manage and mitigate risks—through recommendations for medication, and comprehensive programs focused on lifestyle modification, around exercise and fitness, diet and nutrition, and stress and addition management. Finally, the SAHC intends to serve as a model center of excellence that could be replicated at physician offices and hospitals worldwide.

The SAHC plans to achieve these goals with a small team of 3.5 medical personnel and professional staff, and a larger team of skilled and committed volunteers.

**Q. How can someone reach the SAHC?**

- A. To schedule a screening, volunteer time, or donate to the center, visit the web site at [www.southasianheartcenter.org](http://www.southasianheartcenter.org) or call (650) 940-SAHC (7242).

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