

# ACC HEALTH EQUITY WEBINAR COMPANION GUIDE

## Dispelling Disparity - Achieving Health Equity for those of South Asian Ancestry

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### BACKGROUND

The ACC Health Equity Webinar Companion Guides are a complementary resource for the ACC Health Equity Webinar series. The webinar series, produced by the ACC D&I Committee, offers clinically relevant, evidence-based findings focused on health care disparities as it pertains to minority racial and ethnic groups and under-represented populations in cardiovascular care. This Companion Guide provides the background, highlights, and clinical pearls from the “Dispelling Disparity - Achieving Health Equity for those of South Asian Ancestry” webinar.



South Asians as those with origins from Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, or Sri Lanka.



South Asian men and women have higher cardiovascular mortality rates compared to other Asian populations, and the prevalence is increasing in U.S.



Risk prediction is challenging for the following reasons:

- Risk algorithms for U.S. populations have not been derived from or prospectively validated in South Asian adults.
- Limited considerations have been given for U.S.-born versus migrant populations.
- Paucity of disaggregated data.



South Asians are the fastest growing minority population in the United States.



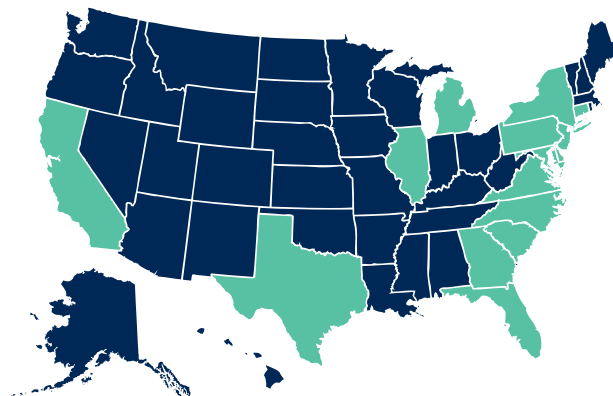
Disaggregation of South Asians into narrower groups based on their country of origin is required to highlight the disparities between sub-populations.



Cardiovascular risk is highest in Bangladeshi, Pakistani, and Indian adults.

### Highest concentrations of South Asian in the U.S.

(% of state population is >20% based on 2019 Pew Report)



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### HIGHLIGHTS

1



**Awareness of traditional risk factors** is essential.

2



**Prevention of risk factors early in life is best**, but optimal risk factor management at any age will help to reduce ASCVD risk.

3



**Calculate Cardiovascular risk** using the 2013 Pooled Cohort Equations and/or QRISK3.



4



**Consider use of coronary artery calcium (CAC)** to further stratify risk, particularly for those at borderline and intermediate risk.

5



If available, refer to **South Asian Cardiovascular and Metabolic specialty program**.



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### CLINICAL PEARLS



**Inquire about country of origin**  
and length of residency in U.S.,  
if applicable.



#### Alarms to trigger screening for traditional risk factors

- Blood pressure  $\geq 130/\geq 80$  mmHg - screen for smoking, diabetes, dyslipidemia, excessive weight, low fitness, unhealthy diet, psychosocial stress, and sleep apnea.
- Dyslipidemia - screen for diabetes. BMI  $\geq 23$  kg/m<sup>2</sup> or hwaist-to-hip ratio ( $\geq 90$  cm in men;  $\geq 80$  cm in women) - screen for diabetes.
- Family history of coronary artery disease (premature or any first degree) - screen for dyslipidemia.
- Family history of diabetes - screen for diabetes.
- For females, a history of gestational diabetes, hypertensive disorders of pregnancy, or polycystic ovary syndrome.



**A coronary artery calcium (CAC)**  
study may be a useful test to improve  
risk stratification and guide primary  
preventive efforts\*.

\*Particularly for Asian Indian adults based on available data.



#### Manage Risk Factors

- **Pre-Diabetes and Diabetes**
- **Hypertension:** Ideal  $\leq 130/\leq 80$
- **Overweight and Obesity Status**
- **Dyslipidemia - Common patterns:**
  - 'Atherogenic Dyslipidemia' -  $\downarrow$  HDL-C,  $\uparrow$  triglycerides,  $\uparrow$  total cholesterol
  - 'HDL-C Paradox' - dysfunctional HDL, even at  $\uparrow$  HDL values
- **Diet:** Emphasize moderation and encourage a culturally-conscious diet, rich in fresh fruit, vegetables, whole grains, low fat, and lean proteins.
- **Physical Activity:** Encourage at least moderate level of exercise, tailored to beliefs, norms, and modesty; consider gender-specific programs, and culturally-specific activities.
- **Tobacco:** Inquire about traditional and cultural tobacco products: smokeless (eg. gutkha, paan, paan masala) and smoked (eg. bidi, hookah).
- **Family History of Heart Disease:** Consider checking Lp(a) and Apolipoprotein B-100.
- **Social Determinants of Health:** Inquire about economic stability, discrimination/racism, language barriers, health literacy, food security, and living environment, for example.