

How one doctor works to meet the needs of 6 million patients

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It isn't easy to serve as the health care advocate for a population nearing 6 million people, but for endocrinologist Meena S. Murthy, MD, it is her calling.

For more than 40 years, Dr. Murthy has been working to provide early detection of type 2 diabetes and cardiovascular disease in patients living in New Brunswick, New Jersey, focusing on culturally appropriate care and support for underserved populations, including patients of South Asian descent.

She helped organize the first International South Asian Cardiovascular Health Conference that brought physicians and researchers from all over the world to New Brunswick in September 2022, and also recently co-wrote a study on using the lipoprotein insulin resistance index as a reliable risk indicator for diabetes in South Asian patients.



Saint Peter's Meena S. Murthy, MD, works to ensure that patients at high risk for type 2 diabetes have access to care.

Dr. Murthy practices at Saint Peter's University Hospital, part of Saint Peter's Healthcare System, where she is the chief of the Division of Endocrinology, Nutrition and Metabolism, director of Saint Peter's Thyroid and Diabetes Center, and director of the South Asian Institute, Department of

Medicine. She serves as community outreach and development director for the Shri Krishna Nidhi (SKN) Foundation South Asian Diabetes Center.

Saint Peter's Healthcare System is a member of the AMA Health System Program, which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

The New Jersey Hospital Association named Dr. Murthy its "Healthcare Professional of the Year" in 2020 and noted her dedication to "educating and empowering individuals with the understanding that diabetes cannot only be delayed, but also prevented."

She recently spoke with the AMA about her work to raise awareness of the high-risk South Asians face for diabetes, hypertension and related complications, and the importance of early detection and access to treatment.

AMA: The news release announcing your award stated that "Dr. Murthy goes above and beyond to build connections, and foster trust between patients and the medical community." Why do you do that and how long have you been at it?

Dr. Murthy: This is my 42nd year at Saint Peter's. I came to Saint Peter's University Hospital for my internal medicine residency training in 1981 and did my endocrinology fellowship here and have continued as faculty because the hospital values match my own.

I still work with my mentor of 42 years, Dr. Nayan Kothari. He's still my chair, my boss. He's in his 80s and fully active in academics, practice, and administration. So I have a home here—a home away from home. I came from India, and I worked in the villages there. In New Jersey, as immigrant populations have grown, there has been a progressive increase in the South Asian immigrant population. In the more than 40 years I have been here, the population statistics have been rapidly increasing, but that is true throughout the United States. A quarter of the world's population is South Asian, and about 30 million live outside of South Asia. And of those, almost 6 million are in the United States with a lot of them concentrated on the East Coast, West Coast and major cities.

New Jersey is a mixing ground. There is a big heterogeneity in this population. They're from many different countries and so there are differences within the culture—and also as far as education and economics.

People usually think the South Asians coming here are well-educated and economically sound. But that's not always true—especially where we live in New Jersey. There are undocumented and underinsured people in the community, whether they're working as gas-station attendants, in restaurants, or working in grocery stores.

So we have a low-income population, and it has been a concern because of issues with language and transportation—so, there are a lot of social determinants of health to consider when providing care.

AMA: In describing your work, the release also stated that your focus has been on raising awareness, education, advocacy, assessment, care, population health and access to support and services. This covers a lot of ground. Which of these is the most important?

Dr. Murthy: The most important is access to care. Also important is early detection if you are talking about the South Asian, or any under-resourced community, so as to prevent complications effectively.

For early detection, you have to be able to reach out to the community and make them aware, at least to get the evaluation or assessment done. If you do detect early—whether it's the risk factors or the disease that you detect—we need access to care and support to meet the needs and to connect the needs to the resources. Otherwise, you are just giving them a diagnosis and not doing anything about it.

The biggest resource we have is the institution of Saint Peter's University Hospital, which has the infrastructure and has created access for the historically marginalized population.

People ask me, "Why do you stay at Saint Peter's for so long?" It's because we have the resources, such as the charity care clinic. As I do community outreach, I need a place for those I diagnose for care and support services—not only physician services, but educators, coaches and community health workers. All of those things are necessary.

AMA: What kind of awareness and education is necessary?

Dr. Murthy: It's what we think of as culturally appropriate education. We have to be able to go to where they live, see how they live and learn what makes them tick.

If they are only visiting temples, and they're not visiting hospitals and doctors' offices, then awareness of why they should care about the problem has to spread in the temples where they are.

And the other thing is to explain to the South Asian people why this risk is so specific and special and different for this particular population, and to develop that trust with them so they know that we are not trying to scare them, but we are trying to give them the facts.

Because here are the facts: South Asians have at least twice the risk, if not more, for cardiovascular diseases than people of European ancestry. But more importantly, they are at risk at an earlier age, almost 10, 20 years earlier, for related risk factors like diabetes or metabolic diseases, but also for cardiovascular complications.

AMA: You were involved with organizing the first international conference to focus on South Asian cardiovascular health. Do you think it made an impact?

Dr. Murthy: It made an impact at several levels. On the research community, because of who was there, researchers and key delegates from the American Medical Association, American Heart Association, American Diabetes Association and National Institutes of Health, and how they met with each other and what they talked about: Where is the missing data? What kind of studies should be done? What works in this population? There will be more work both nationally and internationally because of these conversations.

And then for physicians like me, and physicians in training and the students who were there, it was extremely valuable. How can we deliver care and support with the least amount of expense and what would work?

A lot of talk was around all these studies in so many continents, so many countries—what do we know? What should the researchers focus on? But, also, what clinicians can be doing with what we know already. And how can we develop community health workers to coach the community in lifestyle modification? There's a lot of wisdom from the people who have worked on this for 40, 50 years, and I invite people to go and listen to these lectures that are available through the SKN Foundation on YouTube.

AMA: There is often discussion about immigrants' health issues being linked to the American diet and fast food. Is this accurate or are there other factors?

Dr. Murthy: Research shows the first generation, second generation are doing worse than their parents. The longer they stay in a high-income country, risk factors go up. All of that is true. But they have studies in 40, 50 countries over several continents, in low-income, middle-income, high-income countries, how South Asian patients are doing there. What they find is the risk factors are the highest in the high-income countries, but the mortality and morbidity are the highest in low-income nations.

What does that tell us? If you have access to resources including health care, if you have education, if you are provided with tools and medications—even if your risk factors go up—you do better. You live longer and you prevent complications.

In low-income countries where there's no access, where there's low income or education—even with lower comorbid conditions—they're not doing well. That's what we find.

So everywhere it's a problem. And then of course, the bigger the population, like in India, the bigger the problem, because the volume of what one has to work on is so high. And there are not enough physicians for this. That's why we have to engage the community to become care leaders, to become community health workers to extend our care.

AMA: What is your focus for 2023?

Dr. Murthy: I think Saint Peter's University Hospital is a wonderful place. Whatever we have been doing, we want to develop and expand more. We have a family health center, which is planning to grow from 60,000 visits to 100,000 visits over the next five years. That's the goal.

We want to build a South Asian culturally specific support system. So, it's training more people, more volunteers, more support staff, more educators. There is a vast need. Whatever we do is always a drop in the ocean. We want to spread the message.

But it's all about developing a sustainable partnership with the community to make sure that there is culturally appropriate care access, and that they have quality support.