

SAPHA Policy Statement:  
Cardiovascular Health

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## Topic: Cardiovascular Health

### Purpose

The purpose of this policy statement is to underscore SAPHA's commitment to highlighting discrepancies in rates of cardiovascular disease (CVD) that currently exist among South Asian communities. This includes supporting the dissemination and implementation of research and evidence-based interventions, as well as ensuring it is a priority consideration for policymakers, organizations, and healthcare practitioners.

### Problem Statement

South Asians are disproportionately affected by CVD, facing significantly higher risks compared to other racial and ethnic groups. More research is needed to identify effective prevention and treatment strategies for CVD, specifically in South Asian Americans. However, understanding the reasons for this elevated risk is challenging, as limited studies focus on CVD health in this population.

### Background

Compared to other racial and ethnic groups, South Asians (those considered to have origins from India, Pakistan, Bangladesh, Sri Lanka, Nepal, the Maldives, and Sri Lanka) are disproportionately affected by atherosclerosis, a type of CVD marked by the buildup of fats, cholesterol, and other harmful substances in and on arterial walls (1). The increased risks of cardiovascular disease, consequently leading to higher mortality, are due in part to other traditional risk factors, such as insulin resistance and diabetes as primary risk factors, and others like smoking and hypertension (2). Effective and sustainable health behavior change must take into consideration the formation of one's South Asian and American identities, since they are both inextricably linked to South Asian acculturation, i.e., the process through which certain beliefs and behaviors between cultures are retained and adopted (3). The inclusion of both biological and socio-cultural factors that lead to CVD in South Asian Americans is thus critical as they incorporate certain eating patterns of this community (4). Those who hold stronger traditional cultural beliefs have a higher likelihood of eating foods higher in sugar and fat. Furthermore, certain socioeconomic positions, immigration, and neighborhood characteristics may also influence the incidence of cardiovascular diseases among South Asians (5).

The South Asian Heart Health Awareness and Research Act of 2022 was a bill passed by the House, authorizing the Department of Health and Human Services (HHS) to establish programs to create awareness and support for South Asian Americans disproportionately affected by CVD. Notable aspects of the program include providing grants for education materials and awareness

initiatives, and research for heart-related diseases that affect South Asian American populations (6).

### SAPHA's Key Positions

1. **Raising Awareness:** SAPHA is committed to providing awareness for and education of, South Asian CVD and CVD risk factors in order to bridge these essential gaps in South Asian health.
2. **Creating Pathways for Dissemination:** SAPHA is dedicated to creating pathways for providing relevant information on South Asian Americans CVD health through regular panel discussions, advocacy workshops, and webinars.
3. **Disseminate CVD Toolkit:** SAPHA has created a [toolkit](#) with OurHealth for cardiovascular health that provides access to educational materials, like the CVD health fact [sheet](#), prevention and management strategies, and advocacy resources.
4. **SAPHA strives to support ongoing efforts in the disaggregation of data aimed at unveiling health disparities.** During the 2025 APAICS Health Summit, SAPHA President, Samira Khan, joined a panel discussing the critical role that data disaggregation plays in highlighting the unique health needs of different South Asian communities. The panel explored ways this would help inform more culturally-responsive and tailored health programs and systems.

### Supporting Evidence + Impact

- The Mediators of Atherosclerosis in South Asians Living in America (MASALA) study (1), is one of the first cardiometabolic longitudinal studies in South Asian Americans that seeks to guide treatment and prevention of CVD through research. With many ongoing studies of South Asian groups, additional research findings will hopefully illustrate the determinants of health that affect South Asians.
- South Asian ancestry is considered as a risk-enhancing factor for CVD, although no specific genes have yet been indicated. However, several clinical risk factors exist among South Asians that are shown to be linked to diabetes, increased blood pressure, and smoking (7).

### Recommendations

It is necessary to provide recommendations for healthcare professionals, policymakers, and South Asian individuals to ensure that there are strategies to prevent CVD in South Asian Americans.

### Direct Service Provision

- Certain lifestyle modifications are necessary to combat the high burden of disease in South Asians, including healthy eating and physical activity. Transitions to culturally tailored diet therapy can insist on creating diets that are higher in fruits, lean protein, and limiting diets consisting mainly of refined carbohydrates, sugary or processed foods.
- Educating healthcare professionals and researchers on for more culturally competent levels of care, including culturally competent education strategies to address CVD health disparities in South Asian Americans.
- Preventive screenings for cardiovascular health and disease measures for at-risk individuals in primary healthcare settings. These may include general wellness visits, annual bloodwork, and/or other healthcare visits.

### Promoting Health Literacy

- Creating and promoting more community-level CVD programs to promote health literacy and provide more culturally competent levels of care (8).
- Through community-based lifestyle interventions, there will be a lower risk of type 2 diabetes in South Asians, thereby also decreasing the risks of CVD (9,10).

### Research

- By allowing for more research overall, there will be more information that will allow for more direction in screening, prevention, and population-wide interventions available for CVD (8,9).

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