



The Mediators of Atherosclerosis in South Asians Living in America
MASALA Study

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The Honorable Frank Pallone
 Chairman
 Committee on Energy and Commerce
 United States House of Representatives
 Washington DC, 20515

The Honorable Cathy McMorris Rodgers
 Ranking Member
 Committee on Energy and Commerce
 United States House of Representatives
 Washington DC, 20515

Re: Statement for the Record in Support of the South Asian Heart Health Awareness Act

Dear Chairman Pallone and Ranking Member McMorris Rodgers,

As Principal Investigators of the Mediators of Atherosclerosis in South Asians Living in America (MASALA) Study, we are writing to offer our strong support for The South Asian Heart Health Awareness and Research Act of 2022 and to ask you to prioritize this bill to go to the floor as soon as possible.

Cardiovascular disease (CVD) remains the number one cause of death in Americans, and some communities are at even greater risk for this preventable disease. South Asian Americans have a higher risk of CVD, and a higher heart disease mortality rate than most other racial groups. We have created the MASALA study (continuously funded by the NIH since 2010) with a vision to provide the data to guide behavioral and therapeutic interventions to reduce cardiovascular disease disparities in South Asian Americans. Data from the MASALA study below show that South Asian Americans have the lowest levels of physical activity, highest prevalence of diabetes, and second highest prevalence of high blood pressure.

Comparing MASALA and MESA study participant characteristics, ages 45-84 years					
	MASALA		MESA race/ethnic groups		
	South Asian n=1,038	Non-Hispanic White n=2620	African American n=1892	Latino n=1494	Chinese American n=801
Current smoker, %	3	12 [‡]	18 [‡]	14 [‡]	6 [†]
BMI, kg/m ²	26±4	28±5 [‡]	30±6 [‡]	29±5 [‡]	24±4 [‡]
Physical activity, MET-min/week	982	1871[‡]	1680[‡]	1222[†]	1230[†]
HDL-cholesterol, mg/dl	48	50	50	45 [‡]	48
LDL-cholesterol, mg/dl	110±32	117±30 [‡]	116±33 [‡]	120±33 [‡]	115±29 [‡]
Hypertension[*], %	47	39[‡]	60[‡]	42[‡]	38[‡]
Diabetes^{**}, %	27	6[‡]	18[‡]	18[‡]	13[‡]

^{*}hypertension defined as systolic ≥140, diastolic ≥90 mmHg, or use of hypertension medication
^{**}diabetes defined by fasting glucose ≥126 mg/dl or use of a diabetes medication
[†]0.001<p<0.05; [‡]p<0.001 comparing South Asians to the MESA race/ethnic group

South Asian individuals have unique social, cultural, and linguistic needs that must be addressed to prevent and treat these risk factors and higher rates of cardiovascular disease. Our research has shown that culturally and linguistically tailored outreach and education programs are needed to help to address this significant public health issue. Your support of the South Asian Heart Health

Awareness Act would be a noteworthy step to address the burden of CVD among South Asians by authorizing grants to create awareness and conduct research on heart disease within populations that experience the greatest burden of cardiovascular disease, such as the South Asian population. These targeted efforts are crucial components in the fight against the growing burden of CVD in South Asians and in the U.S. population as a whole. The MASALA study's mission and activities are aligned well with your initiative to address the gap in cardiovascular research for South Asians.

We ask you to move this new bill to the floor without delay. Please do not hesitate to contact us directly with further questions.

Sincerely,



Alka Kanaya, MD
Principal Investigator, MASALA

Sincerely,



Namratha Kandula, MD, MPH
Principal Investigator, MASALA

Cc: House of Representatives Committee on Energy and Commerce