

THE STATE OF SIKH AMERICAN HEALTH

Insights from the First National Sikh American Health Survey Highlighting Health Inequities and the Need for Community-Led Initiatives



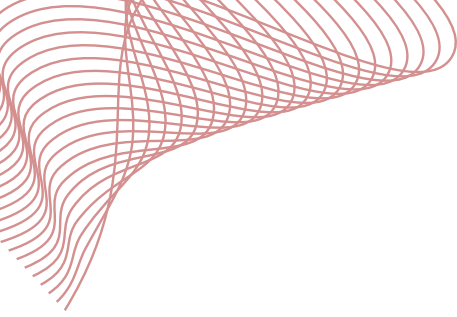
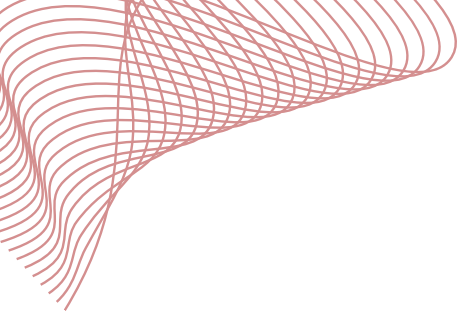


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ABOUT SALDEF

SALDEF (The Sikh American Legal Defense and Education Fund) is the nation's oldest Sikh American civil rights and advocacy organization. Based in Washington D.C., SALDEF works to build Sikh American capacity through education, fostering community, and civic engagement. By engaging with federal and state leaders, publishing critical policy reports, placing Sikh Americans in government and advocacy internships across the nation, SALDEF is paving a brighter path for future generations.

ACKNOWLEDGEMENTS

We express our deepest gratitude to the members of the survey project team and all of the experts and advocates who have remained committed to advancing health equity for Sikh Americans who supported this effort. We are especially grateful for the following individuals for their contributions to the report.

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PREFACE

This report was prepared by SALDEF based on data generated in a national survey asking members of the Sikh American community to describe their sociodemographics, health behaviors, health outcomes, and experiences with accessing healthcare.

To better understand the health experiences and outcomes of Sikh Americans, SALDEF launched the first National Sikh American Health Survey in 2022. Through 758 fully completed surveys (and 1,374 total responses), this survey generated a national dataset exploring the demographic makeup, chronic health conditions, vaccination trends, and healthcare access challenges faced by Sikh Americans. This report summarizes key findings for policymakers, as well as sows the ground for future research, innovations, and needs assessments in this space.



INTRODUCTION

Sikh Americans face unique health challenges rooted in immigration experiences, cultural barriers, and religious discrimination, yet their health needs are often masked within aggregated South Asian data. This health report presents findings from the first National Sikh Health American Health Survey and centers community voices to address critical gaps in health research, policy, and clinical care practices.

Sikhs have been immigrating to the United States since the early 19th century, yet research on their health remains limited. Sikh Americans face numerous healthcare barriers including language difficulties, lack of insurance, cultural stigma, discrimination, mistrust, and low health literacy. The most highly prevalent factors to morbidity and mortality such as cardiovascular disease (CVD), diabetes, and high cholesterol are anecdotally cited by patients and community physicians, but quantitative data is limited.

The Mediators of Atherosclerosis in South Asians Living in America (MASALA) study stands out as one of the first and largest longitudinal cohort studies of South Asians in the U.S., emphasizing the value of ethnicity-specific research to address disparities. The MASALA study examines cardiovascular disease risk factors among South Asians, with 906 participants aged 40–84, 8% of whom identified as Sikh, across several U.S. communities. MASALA explores genetic, lifestyle, and socio-cultural contributors to elevated CVD risk, helping to guide targeted interventions and health policies for the broader South Asian population.

Although the MASALA study provides important preliminary insights into the health trajectories of South Asians in the U.S., it does not comprehensively capture the distinct cultural and social determinants that shape the health of Sikh Americans. Emerging community-based interventions targeting

chronic disease risk factors have begun to fill this gap by demonstrating that culturally tailored health programs can improve behavioral health outcomes in Sikh community enclaves. For example, The Sikh American Families Oral Health Promotion Program, conducted in 2016 by NYU public health researchers and dentists in partnership with United Sikhs and five gurdwaras in New York and New Jersey, showed that faith-based, community health worker-led education significantly improved oral hygiene practices and increased dental care utilization.

Similarly, Project RICE (Reaching Immigrants through Community Empowerment), a pilot adaptation of the CDC's Diabetes Prevention program implemented for the Sikh community through collaboration among community health educators, researchers, and healthcare providers, led to improvements in diet, physical activity, and weight management. Other research has highlighted the health impacts of discrimination against Punjabi Sikhs who wear turbans and maintain unshorn hair with qualitative funding linking such experiences to tendencies towards adverse self-reported mental and physical outcomes.

While these community-level interventions and broader South Asian health studies offer foundational insights, there is still an absence of longitudinal research aimed to address the unique health determinants of Sikh Americans shaped by systemic racism and cultural marginalization in the 21st century.

Our Proposed Research Areas:

Discrimination

Sikh Americans face disproportionate mental health challenges due to discrimination, acculturation stress, and cultural stigma. These challenges stem from both individual experiences and collective trauma from hate crimes such as the Oak Creek gurdwara shooting of 2012 or the Indianapolis FedEx facility shooting of 2019.

Sociodemographic Characteristics

Cultural and genetic factors shared across South Asian populations suggest elevated rates of cardiovascular disease, diabetes, cholesterol, and obesity for Sikhs. Tailored research is needed to identify the most prevalent risk factors for our community and develop targeted prevention and disease management strategies.

Healthcare Barriers

Multiple systematic barriers hinder Sikh Americans' access to quality, cost-effective preventive health services. These include language barriers, cultural differences, overt anti-BAMEMSA bias, and lack of insurance.

METHODS

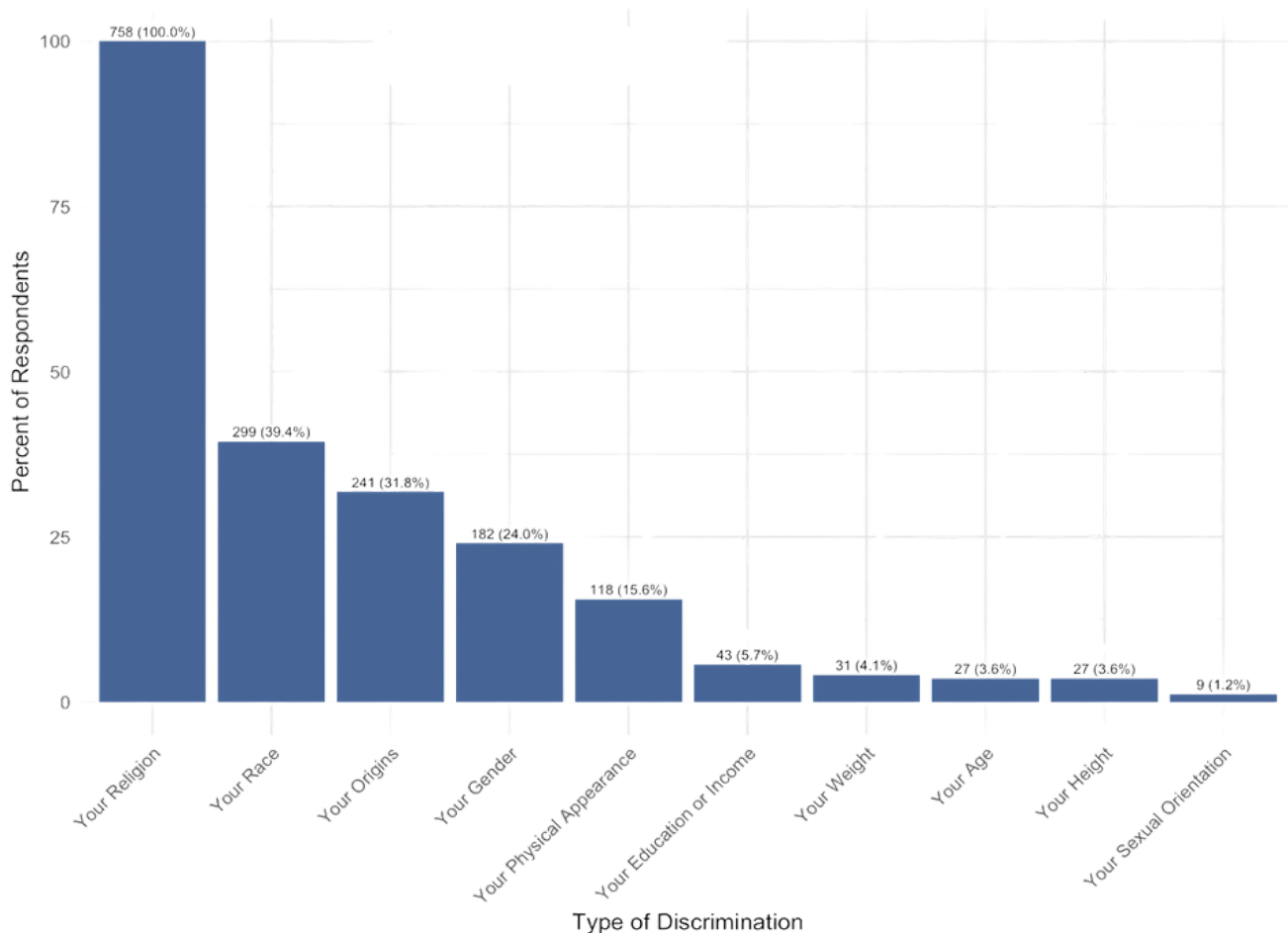
Our survey was created on SurveyMonkey and made available in both English and Punjabi and aimed to cover four key domains: sociodemographics, health behaviors, healthcare access, and experiences with discrimination. The survey was distributed nationwide between June and December 2022 through SALDEF community-based outreach and social media platforms. Distribution channels included SALDEF staff, project team

members, and volunteers; official SALDEF social media accounts and email lists; and gurdwaras (Sikh houses of worship that also serve as community centers) affiliated with those involved in the project. Data analysis and visualization were conducted in R. Of the 1,374 individuals who took part in the survey, 758 provided fully complete responses and represent the final analytical sample size.

RESULTS

Discrimination Impacts Survey Respondents' Life Experiences

Figure 1: Reported Reasons for Experiencing Discrimination in the Past Year



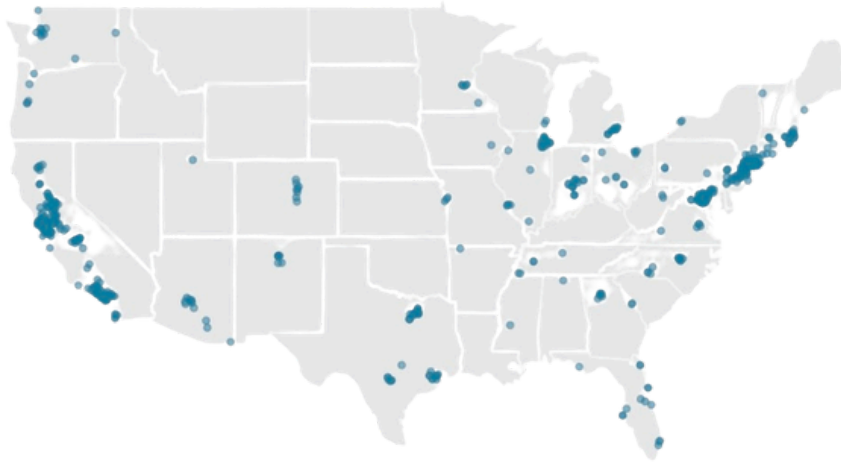
All 758 respondents who fully completed survey respondents (out of 1,374 total responses) reported experiencing discrimination at least once a year. As shown in Figure 1, all respondents identified religion (N= 758, 100%) as a cause for discrimination, followed by race (N= 299, 39.4%), origin (N= 241, 31.8%), gender (N=182, 24%), and physical appearance (N= 118, 15.6%). Fewer than 10% of respondents cited education,

income, weight, age, height, or sexual orientation as reasons for discrimination. Given that our sample is predominantly composed of high socioeconomic status Sikh Americans living in affluent urban and suburban areas, these findings show that discrimination remains a prominent experience for Sikhs, even among the socioeconomically advantaged individuals in our community.

Sociodemographic Characteristics Affecting Sikh Health Equity

Geographic Distribution

Respondents zip codes collected from **over 30 states**



Residence



69.4% Urban
30.6% Rural/Suburb

Place of Birth



56.8% India
33.0% U.S.A.
11.1% Elsewhere

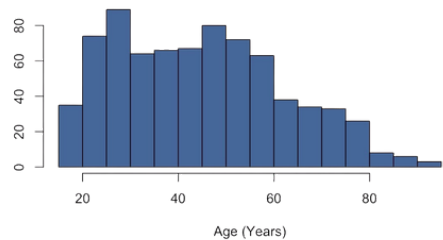
Race/Ethnicity



92.0% South Asian
4.0% White
3.0% Other

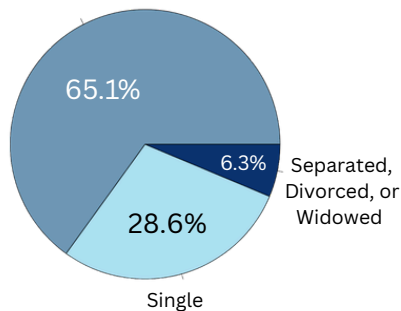
Age Distribution

Median: 44 yrs. Range: 18-92 yrs.



Marital Status

Married/Living with a Partner



Gender



50.0% Male
49.0% Female
1.0% Other

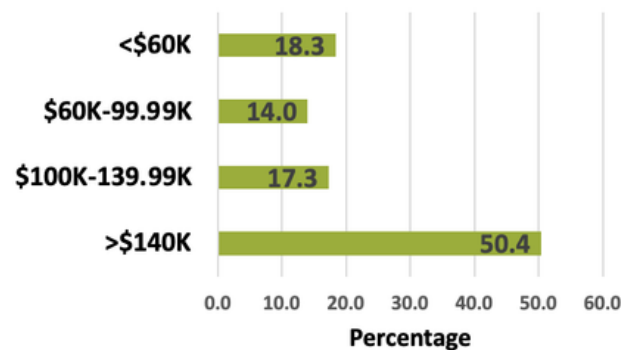
Sexual Orientation



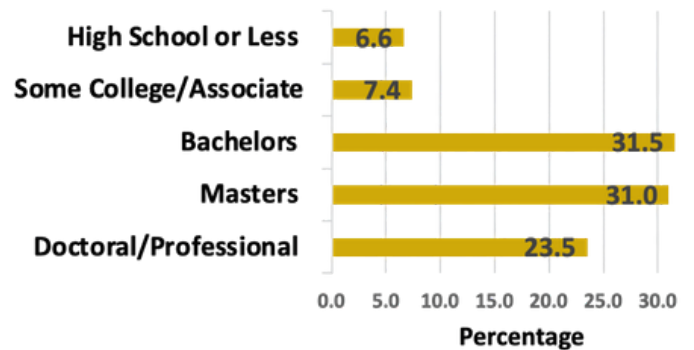
81.4% Heterosexual
11.6% LGBTQ+
7.0% Did not Answer

Household Income

Annual income per household in dollars



Education Level

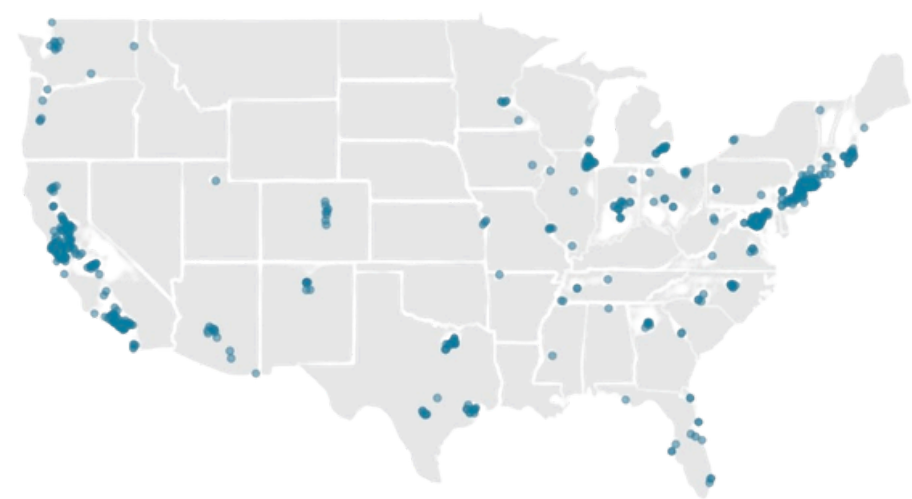


Sociodemographic Characteristics Affecting Health Equity

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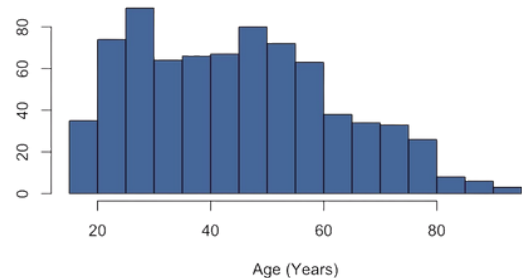
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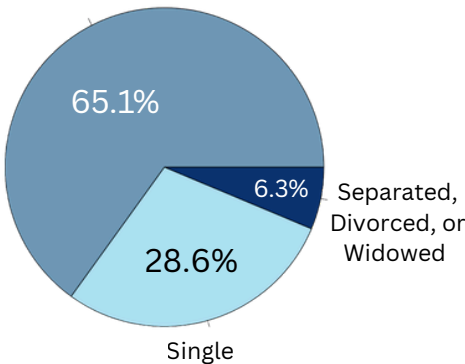
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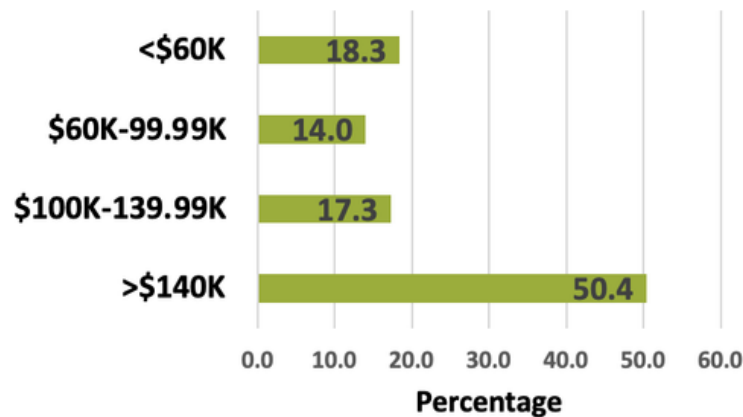
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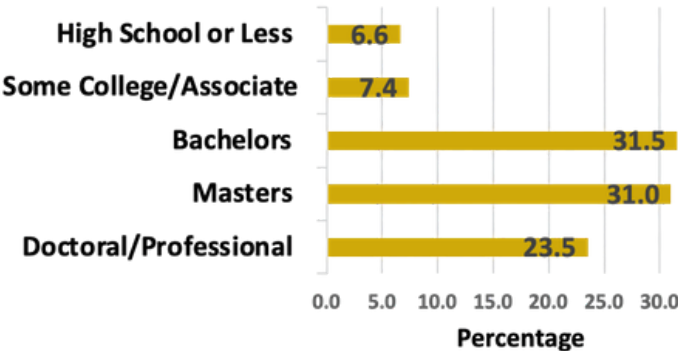
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Annual income per household in dollars



Education Level

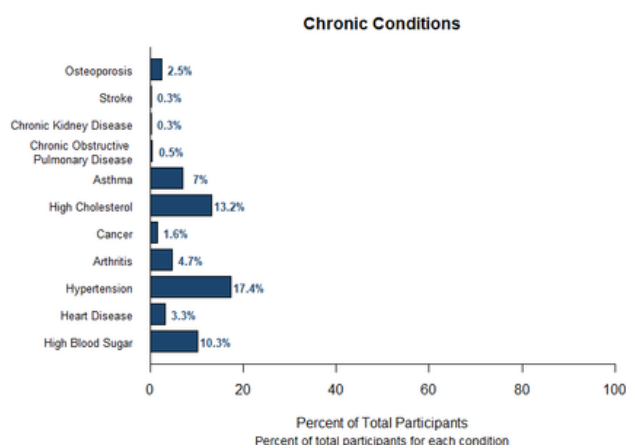


Education & Income Profile: Highly Educated and Affluent Sikhs Overrepresented

Socioeconomic attainment (SES) was operationalized by using self-reported educational attainment and household income levels as key variables characterizing respondents' social and economic statuses relative to the broader Sikh community. Among respondents, 23.5% (N=178) of respondents held doctoral/professional degrees, 31.0% (N=235) had master's degrees, 31.5% (N=239) held bachelor's degrees, 7.4% (N=56) had some college or associates degrees, and

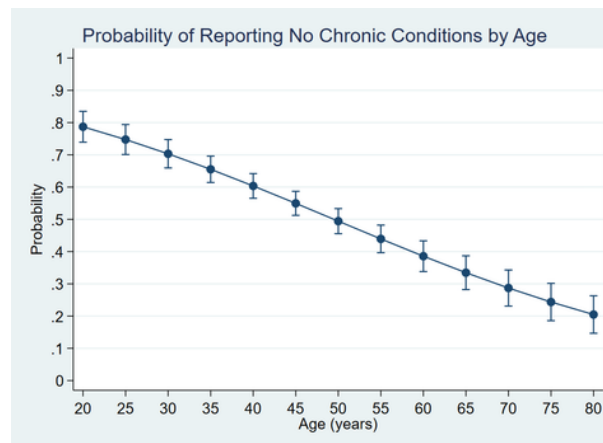
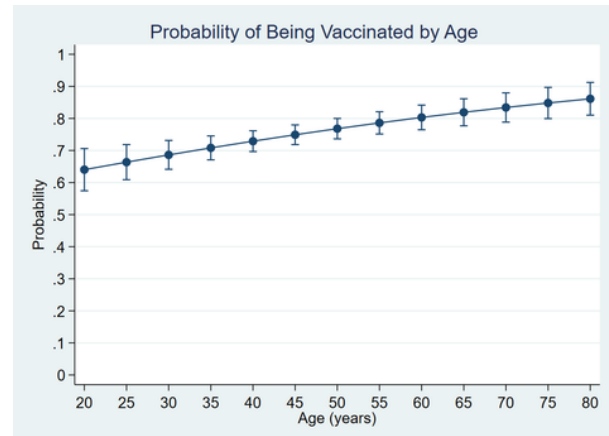
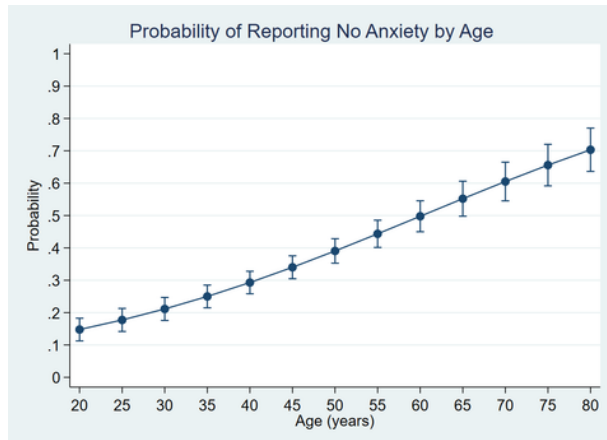
6.6% (N=50) had a high school diploma or less. For household income distribution, 50.4% (N=382) of respondents reported an annual household income of \$140,000 or more, 17.3% (N=131) at \$100,000–139,999, 14.0% (N=106) at \$60,000–99,999, and 18.3% (N=139) at less than \$60,000. These results indicate an overrepresentation of higher educational and affluent Sikhs and underline the importance of future surveys using more empirically rigorous, randomized sampling methods.

Insurance Coverage & Health Conditions: High Coverage Rates Yet Persistent Chronic Illnesses



The majority of respondents (96.7%, n=733) reported having health insurance, while only 2.90% (n=22) community members indicated they do not have health insurance. Additionally, 76.1% reported having private insurance and 20.8% were covered by Medicare/Medicaid or other public plans. 54.2% reported no chronic health conditions. The other 47.8% reported high blood pressure, high cholesterol, high blood sugar, and asthma as their most common health conditions and illnesses.

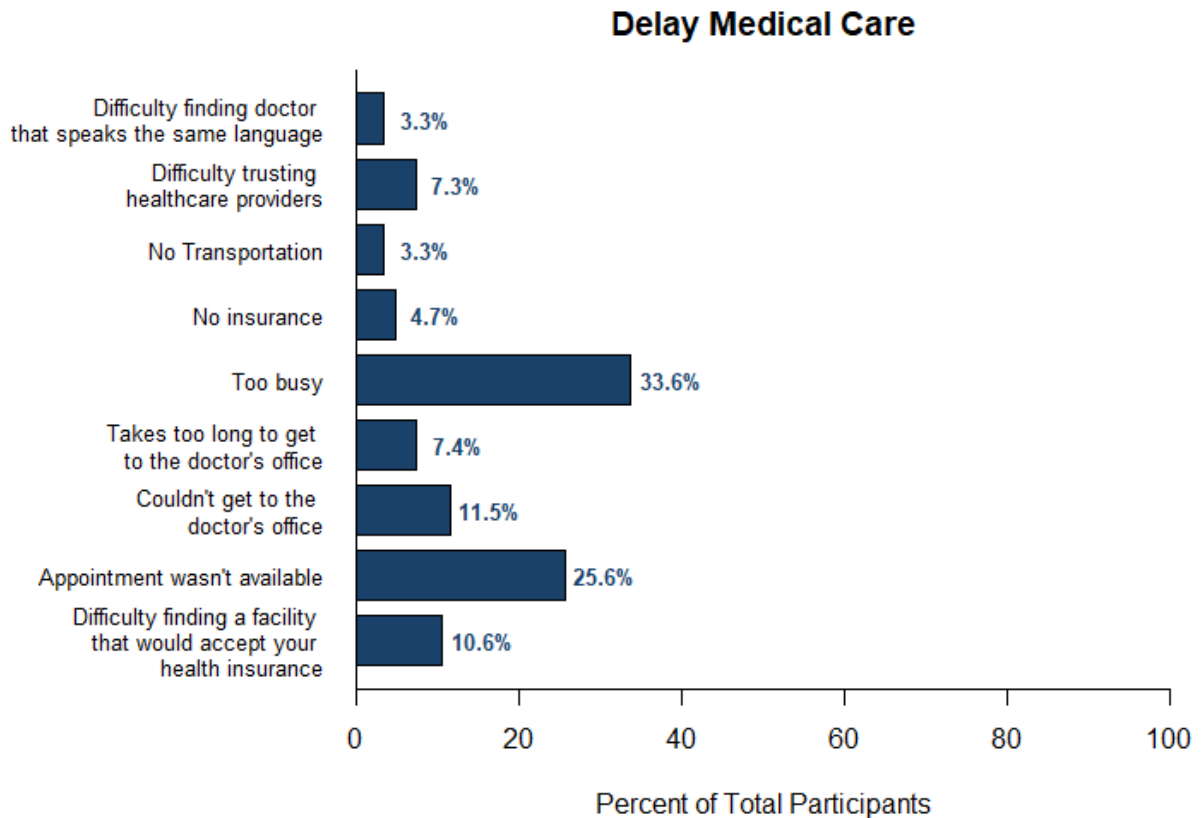
Age, Gender, and Income Shape Health Behaviors and Chronic Conditions



Multivariable logistic regression analyses of sociodemographic characteristic, chronic illness and vaccination status revealed several statistically significant trends. The probability of having the COVID-19 vaccination increased with age, consistent with prior literature. While older respondents were more likely to report no anxiety, they were less likely to report having no chronic conditions. These findings highlighted age-related disparities that warrant further investigation using larger sample sizes and a more comprehensive study design.

Additional covariates assessed included BMI, gender, income, education, and employment. Higher BMI correlated with reporting chronic conditions and lower self-rated health. Women and non-binary individuals were more likely to report anxiety and lower overall health status as measured by a composite health score variable. Higher levels of income and education were associated with better mental and physical health and higher vaccination rates. Employed individuals were more likely to be vaccinated and less likely to use drugs.

Healthcare Barriers Exacerbating Delay to Medical Care



Systemic barriers delay necessary medical checkups and evaluations, resulting in heightened risks for the development and progression of chronic diseases. These delays can exacerbate inflammation and further complicate disease management and associated stress from disease burden and costs. Work-related schedule conflicts affected most respondents' abilities to seek medical

care (33.6%), followed by appointment unavailability (25.6%), and insurance acceptance issues (10.6%). Additional barriers included difficulty trusting healthcare providers, limited transportation, and lack of trust for healthcare providers. These findings underscore the need for investment in quality healthcare access and delivery to safeguard the lives of the Sikh community.

DISCUSSION

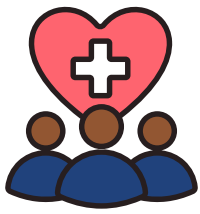
While this study provides valuable preliminary insights into the healthcare experiences of Sikh Americans, several limitations must be acknowledged. We relied on non-random, community-based sampling through networks connected to SALDEF, gurdwaras, and social media, likely oversampling individuals with higher socioeconomic attainment, stable insurance coverage, and strong Sikh-American community engagement. This survey, available only in English and Punjabi, may have excluded Sikhs speaking other languages and dialects. Additionally, our sample was geographically concentrated in the urban areas of New Jersey, New York, and California, limiting representation of healthcare experiences of prominent Sikh communities in the Midwest, South, and rural areas in the U.S.

The data collected were self-reported, which may have introduced recall bias. The cross-sectional design of our study limited ability to assess changes in chronic conditions or healthcare perceptions over time. Furthermore, a large majority of respondents reported being vaccinated for COVID-19 and the flu which could be due to recency bias. Updated data since 2022 would be necessary for understanding the full extent of vaccination dosing and trust within public health messaging among Sikh community members.

Despite these constraints, our study offers a foundation for future research exploring how discrimination, structural barriers, and identify factors shape Sikh American health behaviors and outcomes. It also highlights how religious-based discrimination transcends across socioeconomic boundaries for Sikhs, and still remains a critical area for addressing health equity related issues and intersectional vulnerabilities. Future studies should aim to capture the full diversity of our community across gender identity, education, occupation, age, and health status. Longitudinal study design frameworks could bolster understanding of health perception and behavioral health changes among Sikhs in response to evolving immigration, legislative developments at state and federal levels in America, and broader sociopolitical dynamics that shape minority health outcomes. Furthermore, other research should explore how gurdwaras and other Sikh community centers can serve as trusted spaces for culturally tailored interventions for chronic disease prevention, mental health support, and even lung cancer screening.

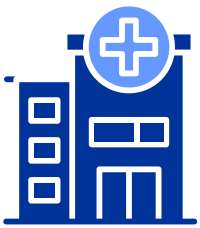
RECOMMENDATIONS

Despite our survey's limitations, our findings underscore the need for sustained funding to advance community-lead research and initiatives that address health inequities among Sikh Americans. We offer the following recommendations for policymakers and community leaders.



Invest in Health Education and Community Outreach

Develop culturally tailored health education programs led by Punjabi-speaking community health workers to deliver workshops on cardiovascular disease, diabetes, and mental health stigma at gurdwaras and community centers. Expand outreach through social media and digital partnerships with Sikh organizations to reach younger and geographically dispersed members.



Improve Access to Quality, Culturally Responsive Clinical Care

Leverage community health networks to train healthcare providers on culturally competent care that respects and addresses Sikh religious practices, dietary customs, and discrimination-related health inequities to strengthen patient-provider trust. Expand healthcare access by funding community clinics at gurdwaras and community health centers with expanded staff, resources, and weekend services.



Strengthen and Expand Mental Health Services

Partner with South Asian and Sikh-specific mental health organizations and cultural centers to provide counseling and group therapy tailored to Sikh Americans' experiences of discrimination, immigration stress, and intergenerational trauma. Expand peer support networks and telehealth services with bilingual providers who understand Sikh cultural experiences and can address related stigma.



Support Community-Driven Research Initiatives

Strengthen partnerships between Sikh community organizations and academic institutions to conduct longitudinal research that includes more blue-collar workers, rural residents, young adults, and those with language barriers. Support clinical trials examining age-related health disparities, discrimination's health impacts, and the efficacy of faith-based interventions.



Advance Policy and Advocacy for Health Equity

Advocate for data disaggregation policies that require separate Sikh American health reporting in the U.S. census and the National Health Care Survey to address healthcare data gaps hindering our community. Support stronger enforcement of anti-discrimination protections for Sikh patients and healthcare providers and increased funding for health screenings and services at faith-based clinics.

