







FIGURE 1: Black Communities Prior to and During COVID-19

| Prior to COVID-19 | | | During COVID-19 | | |
|--|---|--|--|---|--|
|  Hunger |  Poverty |  Health |  Hunger |  Poverty |  Health |
| Almost double the national average | Job and wage discrimination lead to high poverty rates | Disproportionate rates of chronic disease; racial bias in health care system | Almost double the national average | High job loss and slower job recovery compared to other racial/ethnic groups | March 2021: Black Americans were 2.0 times more likely to have died from COVID-19 as White people |

Source: Food Research & Action Center 2021 ©

Prior to COVID-19

Hunger: In 2019, 19.1 percent of Black households were food insecure¹ (11.5 percent low food security and 7.6 percent very low food security), compared to 7.9 percent of White households (4.6 percent low food security and 3.3 percent very low food security).² Black school-age students are also more likely to rely on free or reduced-price school meal programs than White students.³

Poverty: Systemic racism has resulted in Black-White disparities in education, housing, economic stability, incarceration rates, and access to healthcare.^{4,5} In 2019, Black people experienced a poverty rate of 18.8 percent, compared to a national average of 10.5 percent and 9.1 percent among White people⁶ (the Supplemental Poverty Measure was 18.3 percent among Black households and 10.5 percent among White households).⁷ Black adults are less likely to be employed than White adults,⁸ and those who are employed get paid 22 percent less than White adults doing comparable work.⁹ Due to occupational segregation, Black adults are also more likely to be essential workers. From 2014–2018, Black

workers made up 11.9 percent of the total workforce, but 17 percent of essential workers.¹⁰

Health: These disparities in food security, employment, income, and other social determinants of health limit disease prevention and treatment.¹¹ As a result, Black individuals are more likely to have higher rates of comorbidities associated with COVID-19 infection and mortality, including diabetes, obesity, high blood pressure, and cancer, and are more likely to be underinsured or not have health insurance at all when compared to White individuals.^{12,13,14} Due to widespread medical mistreatment, many Black Americans don't trust the health care system.¹⁵

During COVID-19

Hunger: Black adults have reported the highest rates of food insufficiency compared to other racial and ethnic groups during COVID-19, ranging from a low of 18 percent in late September 2020 (compared to the national rate of 10 percent) to a high of 25 percent in December 2020 (national rate: 14 percent).¹⁶

FIGURE 2: Food Insecurity Rates During COVID-19 From the Census Household Pulse Survey, August 2020–March 2021

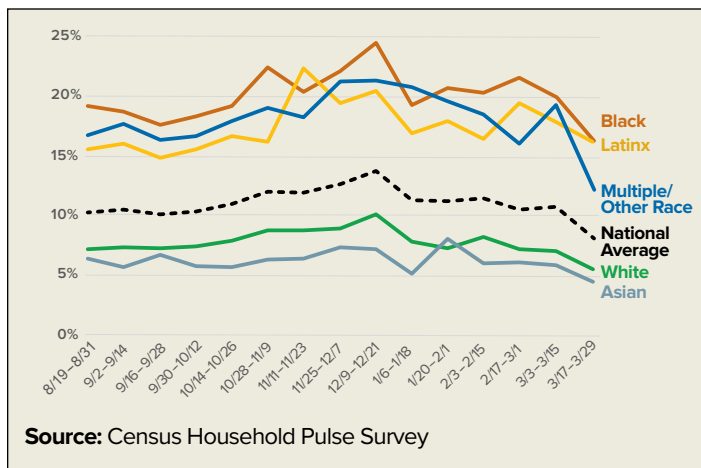
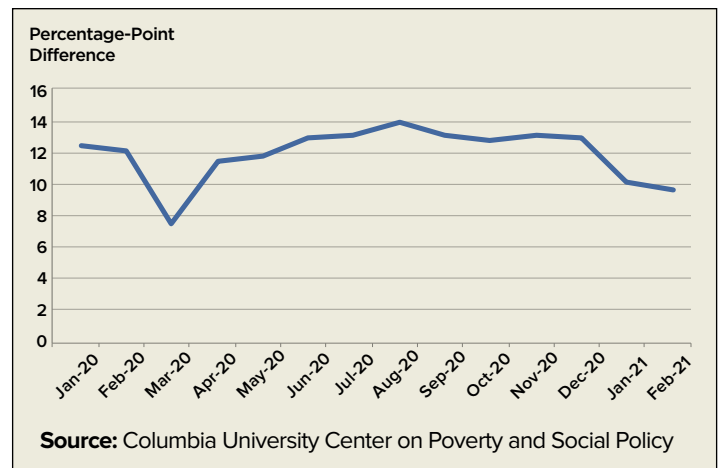


FIGURE 3: Disparity in Poverty Rates Between Black and White Adults During COVID-19



Poverty: Poverty has been exacerbated during the pandemic, although the expansion of the social safety net due to government stimulus has helped decrease disparities. In January 2020, the Black-White disparity in poverty was 12.6 percentage points.¹⁷ This increased to a high of 14 percentage points in August (after supplemental unemployment benefits expired).

However, the magnitude of the disparity is still stark. As of March 2021, 42 percent of Black households sometimes or often had trouble paying for usual household expenses compared to 29 percent of all households and 23 percent of White households.¹⁸

Job recovery has also been slower for Black adults. Between February to April, the employment rate among Black adults fell by 14 percentage points compared to 12 percentage points for White adults. However, when states began reopening in May, Black workers were reemployed at relatively lower rates than other racial and ethnic groups,¹⁹ increasing the Black-White unemployment gap.²⁰

Health: As of March 2, 2021, Black Americans represented 14.9 percent of all COVID-19 deaths despite representing only 12.4 percent of the population. After adjusting for age, Black Americans have been twice as likely to die of COVID-19 than White Americans.²¹ At the state and county level, a higher proportion of Black residents has been associated with increased COVID-19 prevalence.^{22,23,24,25}

Impact of the Federal Nutrition Programs

The federal nutrition programs reduce food insecurity, improve educational outcomes, support physical and mental health, and promote economic stability.^{26,27} In addition, the programs are built around the core principle of decreasing stigma, including allowing for choice in the Supplemental Nutrition Assistance Program, the use of electronic benefit cards, and the increase in community eligibility for school meals programs. These program features are key to promoting inclusivity and access among populations suffering disproportionately from hunger, poverty, poor health, and the impacts of COVID-19.

Gains in program access and benefit adequacy during COVID-19 provide important best practices for strengthening and expanding the federal nutrition programs. The Biden administration and Congress must continue to invest in these critical programs. In addition, FRAC supports a broad range of policies to address the root causes of hunger, poverty, and poor health. For current recommendations, see FRAC’s [Action Center page](#).

Want to learn more? This brief summarizes information from the report [Hunger, Poverty, and Health Disparities During COVID-19 and the Federal Nutrition Programs’ Role in an Equitable Recovery](#). See [FRAC’s COVID-19 dashboard](#) for the full report and additional statistics on hunger during the pandemic.

Endnotes

- ¹ Food insecurity is the inability to acquire adequate nutritious food due to a lack of resources. Official estimates for food insecurity are measured through the Current Population Survey Food Security Supplement. Note, however, that official estimates for 2020 will not be available until September 2021. The Census Household Pulse Survey was developed to collect data quickly and frequently during COVID-19 and measures food insufficiency, which they define as “sometimes” or “often” not having enough to eat. Food insufficiency is more severe than food insecurity. See [Defining Food Insecurity and Measuring it During COVID-19](#) for more details.
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- ⁵ Sood, L., & Sood, V. (2021). Being African American and Rural: A Double Jeopardy from Covid-19. *J Rural Heal*. 37(1):217-221.
- ⁶ U.S. Census Bureau. (n.d.). 2019 American Community Survey 1-Year Estimates: Poverty status in the past 12 months, Table ID S1701. Available at: <https://www.census.gov/acs/www/data/data-tables-and-tools/subject-tables/>. Accessed on April 14, 2021.
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