







SPOTLIGHT: Households With Low Educational Attainment

FIGURE 1: People With Low Educational Attainment (less than a high school degree) Prior to and During COVID-19

Prior to COVID-19			During COVID-19		
 Hunger	 Poverty	 Health	 Hunger	 Poverty	 Health
More than double the national rates of hunger	More than double the national rates of poverty	Increasing disparities in mortality rates by education in the South and Midwest	Almost triple the national rates of hunger	Half of households with less than a high school degree have had difficulty paying for regular expenses	COVID-19 deaths are inversely correlated with county-level education

Source: Food Research & Action Center 2021 ©

Prior to COVID-19

Hunger: In 2016, food insecurity rates¹ were 27.4 percent among households with less than a high school degree, 16.2 percent among households with a high school education, 13.4 percent among households with some college education, and 4.2 percent among households with a college degree or higher (the national food insecurity rate in 2016 was 12.3 percent).²

Poverty: In 2019, poverty rates were 23.7 percent among individuals with less than a high school education, 11.5 percent among those with a high school degree, and 7.8 percent among those with some college. In comparison, only 3.9 percent of individuals with a bachelor's degree or higher lived in poverty.³

Using the Supplemental Poverty Measure, this disparity slightly increases: 27.5 percent of individuals with less than a high school degree live in poverty compared to 5.7 percent of individuals with a bachelor's degree or higher.⁴

Health: Health disparities have been increasing by education level. Individuals with lower education have

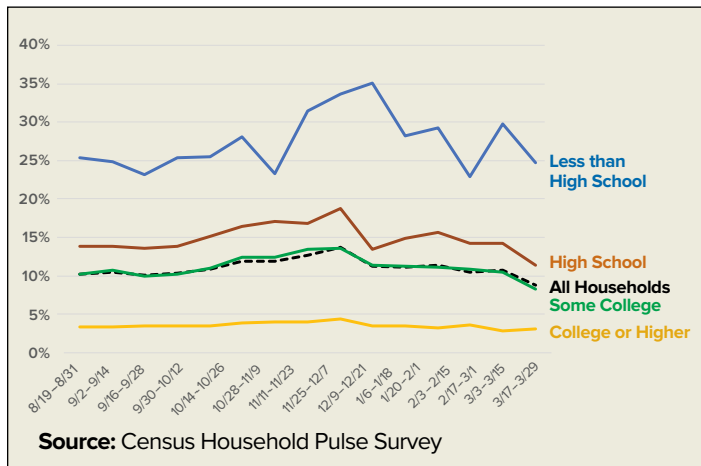
poorer physical health, higher health care utilization, and are more likely to be uninsured.^{5,6} Disparities in adult mortality by education level have been increasing over time because mortality rates have steadily decreased for adults with higher education but have stagnated for adults with lower education, particularly in the South and Midwest.⁷

During COVID-19

Hunger: In early January 2021, food insufficiency rates among respondents with less than a high school education peaked at 35 percent compared to 11 percent overall and 4 percent of respondents with a college degree.⁸ While this disparity has declined, rates are still high for households with less than a high school degree.

Poverty: As of March 2021, 48 percent of households with less than a high school degree found it sometimes or very difficult to pay usual expenses, compared to 29 percent of households overall and 16 percent of households with at least a college degree.⁹

FIGURE 2: Food Insecurity Rates and Educational Attainment



Between February 2020 and April 2020, individuals with a high school degree or some college experienced a 15 and 16 percentage point decrease in employment, respectively, compared to a 9-percentage point decrease among those with a college degree or higher. Conversely, those with less than a high school degree experienced a 12-percentage point decrease in employment.

Those with less than a high school degree likely experienced a lower rate of unemployment than workers with a high school degree or some college education because a larger share are essential workers, while college graduates are able to work from home, a difference that has important implications for wages and risk of exposure to COVID-19.¹⁰

Health: Counties with a higher proportion of residents with less than a high school education have been associated with higher rates of COVID-19 cases and deaths.^{11,12}

Impact of the Federal Nutrition Programs

Participation in school meals are associated with improved attendance, behavior, academic performance; and the Special Supplemental Nutrition Program for Women, Infants, and Children is associated with stronger cognitive development.¹³ In the long term, participation in the Supplemental Nutrition Assistance Program and school meals are associated with higher educational attainment.^{14,15} These programs are key resources for populations with low educational attainment and are experiencing disproportionate rates of hunger and poverty. That is because the federal nutrition programs reduce food insecurity, improve physical and mental health, and promote economic stability.

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.
- ² Tiehen, L., Vaughn, C., & Ziliak, J. P. (2019). *Food Insecurity in the PSID: A Comparison with the Levels, Trends, and Determinants in the CPS* (Research Discussion Paper Series DP2019-10). Available at: [www.ukcpr.org/http://ukcpr.org/research](http://ukcpr.org/research). Accessed on April 14, 2021.
- ³ Semega, J., Kollar, M., Shrider, E., & Creamer, J. (2020). *Income and Poverty in the United States*. Available at: <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-270.pdf>. Accessed on April 14, 2021.
- ⁴ Fox L. (2020). *The Supplemental Poverty Measure: 2019 Current Population Reports*. Available at: <https://www.census.gov/library/publications/2020/demo/p60-272.html>. Accessed on April 14, 2021.
- ⁵ Kaplan, R. M., Kirby, J., & Fang, Z. (2017). Educational Attainment and Health Outcomes: Data from the Medical Expenditures Panel Survey. *Health Psychol.* 36(6):598-608.
- ⁶ Zajacova, A., & Lawrence, E. M. (2018). The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. *Annu Rev Public Health.* 39(1):273-289.
- ⁷ Montez, J. K., Zajacova, A., Hayward, M. D., Woolf, S. H., Chapman, D., & Beckfield, J. (2019). Educational Disparities in Adult Mortality Across U.S. States: How Do They Differ, and Have They Changed Since the Mid-1980s? *Demography.* 56(2):621-644.
- ⁸ U.S. Census Bureau. (2021). Household Pulse Survey Data Tables. Available at: <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>. Accessed on April 14, 2021.
- ⁹ U.S. Census Bureau. (2021). Household Pulse Survey Data Tables. Available at: <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>. Accessed on April 14, 2021.
- ¹⁰ Montenovo, L., Jiang, X., Rojas, F. L., Schmutte, I. M., Simon, K. I., Weinberg, B. A., Wing, C. (2020). *Determinants of Disparities in Covid-19 Job Losses*. Available at: <https://www.nber.org/papers/w27132>. Accessed on April 14, 2021.
- ¹¹ Khanijahani, A. (2021). Racial, Ethnic, and Socioeconomic Disparities in Confirmed COVID-19 Cases and Deaths in the United States: A County-Level Analysis as of November 2020. *Ethn Health.* 26(1):22-35.
- ¹² Figueroa, J. F., Wadhwa, R. K., Mehtsun, W. T., Riley, K., Phelan, J., & Jha, A. K. (2021). Association of Race, Ethnicity, and Community-Level Factors with COVID-19 Cases and Deaths Across U.S. Counties. *Healthcare.* 9(1):100495.
- ¹³ Hartline-Grafton, H. (2017). *Hunger and Health – The Role of the Federal Child Nutrition Programs in Improving Health and Well-Being*. Available at: <https://frac.org/research/resource-library/hunger-health-role-federal-child-nutrition-programs-improving-health-well>. Accessed on April 22, 2021.
- ¹⁴ Hartline-Grafton, H. (2017). *Hunger and Health – The Role of the Supplemental Nutrition Assistance Program (SNAP) in Improving Health and Well-Being*. Available at: <https://frac.org/research/resource-library/snap-public-health-role-supplemental-nutrition-assistance-program-improving-health-well%e2%80%90being-americans>. Accessed on April 22, 2021.
- ¹⁵ Hartline-Grafton, H. (2017). *Hunger and Health – The Role of the Federal Child Nutrition Programs in Improving Health and Well-Being*. Available at: <https://frac.org/research/resource-library/hunger-health-role-federal-child-nutrition-programs-improving-health-well>. Accessed on April 22, 2021.