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# Americans on Healthy Food and Eating

*About half say healthiness of food is important when deciding what to eat. But taste and cost matter more*

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## How we did this

Pew Research Center conducted this study to understand Americans' eating behaviors and priorities. For this analysis, we surveyed 5,123 U.S. adults from Feb. 24 to March 2, 2025.

Everyone who took part in the survey is a member of the Center's American Trends Panel (ATP), a group of people recruited through national, random sampling of residential addresses who have agreed to take surveys regularly. This kind of recruitment gives nearly all U.S. adults a chance of selection. Interviews were conducted either online or by telephone with a live interviewer. The survey is weighted to be representative of the U.S. adult population by gender, race, ethnicity, partisan affiliation, education and other categories. Read more about the [ATP's methodology](#).

Here are the [questions used for this analysis](#), the [topline](#) and the [survey methodology](#).

# Americans on Healthy Food and Eating

*About half say healthiness of food is important when deciding what to eat. But taste and cost matter more*

As [food prices have crept up](#), eating healthy has gotten tougher for many Americans. An overwhelming majority (90%) of adults say healthy food has gotten more expensive in recent years.

And 69% say these price hikes make it more difficult for them to eat healthy. These are among the findings from a Pew Research Center survey conducted from Feb. 24 to March 2, 2025, among 5,123 U.S. adults.

## Most Americans say the increased cost of healthy food makes it harder for them to eat healthy

*% of U.S. adults who say the increased cost of healthy food makes it \_\_\_ for them to eat healthy*



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Feb. 24-March 2, 2025.

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Beyond supermarket sticker shock, Americans' mealtime choices also are playing out against the backdrop of several other dynamics: rising [obesity levels](#), [proliferation of food delivery options](#), and a [wave of diet trends and recommendations on social media](#). We conducted this survey to understand U.S. adults' priorities and behaviors around healthy food and eating. This study builds on our previous work looking at Americans' attitudes about and experiences with emerging health issues.

## Key highlights

- About two-in-ten Americans describe their own diets as extremely or very healthy, with a far larger share saying their diets are somewhat healthy (59%). One-fifth say their diets are not too or not at all healthy.
- When deciding what to eat, how the food tastes is a high priority for a large majority (83%) of Americans. About half say the same of food healthiness.
- Eating home-cooked meals is far more common than ordering takeout or delivery or eating at restaurants. Nearly nine-in-ten eat home-cooked meals at least a few times a week, compared with 17% ordering takeout or delivery and 12% eating at restaurants that frequently.

- Americans who eat a home-cooked meal every day are more likely to describe their diets as extremely or very healthy, compared with those who have home cooking less frequently (29% vs. 12%).
- Roughly seven-in-ten Americans say the increased cost of healthy food in recent years has made it more difficult to eat healthy. A larger share of lower-income adults than upper-income express this view (77% vs. 54%).

*Jump to:* [How Americans rate their own diets](#) | [What's important to Americans when making food choices?](#) | [Where Americans get their food](#) | [Healthy food cost, access and knowledge](#)

## How Americans rate their own diets

Poor diets are a driver of major public health challenges in the United States, like [obesity and heart disease](#). And nutrition experts say that [many U.S. adults have unhealthy diets](#).

When asked how healthy their own diets are, U.S. adults largely give middling reviews.

**About six-in-ten say that, overall, their diet is somewhat healthy.** A much smaller share say their diets are extremely or very healthy (21%). And one-in-five say their diets are not too or not at all healthy.

Older, upper-income and highly educated adults are more likely to say they have healthy diets than younger, lower-income and less educated Americans.

Notably, Republicans and Democrats offer similar views of the healthiness of their own diets, as well as the factors that shape their food choices more broadly. Food and diet have been emphasized in the current presidential administration, with Health and Human Services Secretary Robert F. Kennedy Jr. prioritizing [tackling obesity](#) and [working to ban certain food dyes](#).

Findings by additional demographic characteristics are presented in the [appendix](#).

### About 1 in 5 Americans say their diets are extremely or very healthy

*% of U.S. adults who say that overall, their diet is ...*



Note: Respondents who did not give an answer are not shown.  
Source: Survey of U.S. adults conducted Feb. 24-March 2, 2025.  
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## What's important to Americans when making food choices?

Busy schedules, tight budgets, taste preferences and health concerns all can play a role in eating decisions. This survey asked U.S. adults about how important each of four considerations are when deciding what food to get: taste, cost, healthiness and convenience.

### Taste of food

Solid majorities of U.S. adults say all four aspects are at least somewhat important. But **how the food tastes tops the list by a sizable margin** when it comes to what Americans feel is *extremely* or *very* important.

A strong majority (83%) says taste is this important.

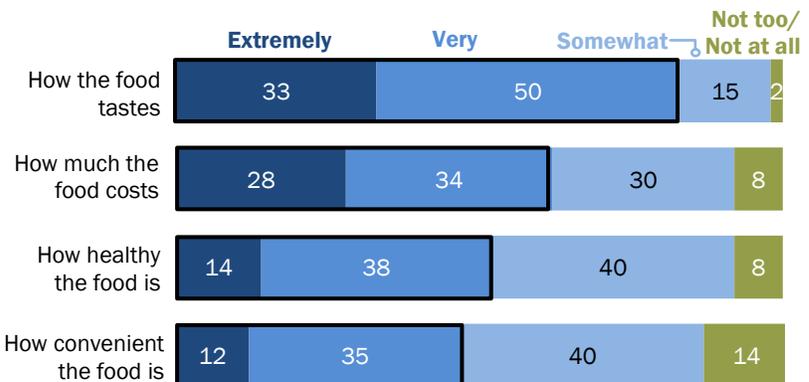
Large majorities of Americans across gender, race and ethnicity, age, and income say taste is extremely or very important in deciding what to eat. Across all these subgroups, at least seven-in-ten strongly prioritize taste.

### Price consciousness

Sticker price can affect eating choices, and cost ranked second as a priority among the four criteria we asked about. **Cost is highly important to roughly six-in-ten Americans** when it comes to choosing what food to get, and it plays a bigger role among lower-income respondents than those who are upper income. Three-quarters of lower-income Americans say cost of food is extremely or very important when deciding what food to get, 36 percentage points higher than among upper-income adults.

### Taste matters most to Americans when deciding what food to get – then cost, healthiness and convenience

% of U.S. adults who say that in general, each of the following is \_\_\_ important to them when deciding what food to get



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Feb. 24-March 2, 2025.

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## **Healthiness of food**

About half (52%) say the healthiness of food is highly important when deciding what to eat. And **prioritizing healthiness in food tracks with reporting a healthier diet.** Among Americans who say healthiness in food is extremely or very important, 35% describe their own diets as highly healthy, compared with 3% of adults who say healthiness is not too or not at all important.

Larger shares of Black (58%) and Hispanic adults (57%) than of White adults (49%) say healthiness of food is extremely or very important.

By 11 points, women highly value healthiness of food more than men (58% of women vs. 47% of men). And more women than men feel all four priorities we asked about are highly important: taste (86% of women vs. 79% of men), cost (66% of women vs. 57% of men) and convenience (50% of women vs. 43% of men).

## **Convenience of getting and preparing food**

Of the four criteria we asked about, the smallest share (47%) strongly prioritize how convenient the food is to get and prepare. How much value Americans place on convenient eating varies by age, with younger adults prioritizing convenience more than older.

## Where Americans get their food

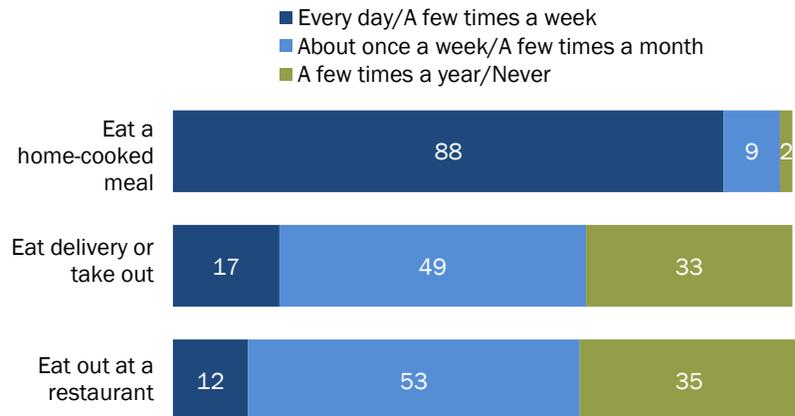
Mealtime decisions are about *what* to eat as well as *where* to get food. Home cooking typically is considered **healthier and cheaper** than eating out or ordering in. At the same time, the growth of food delivery apps and online take out ordering can make it easier and faster to eat restaurant-made meals.

**Eating home-cooked meals is far more common than eating out or ordering in.** Nearly nine-in-ten adults eat a home-cooked meal at least a few times a week. Much smaller shares (17%) say they eat delivery or takeout at this clip, and 12% say the same of eating at a restaurant.

Eating out and ordering in are infrequent occurrences for some. One-third say they order takeout or delivery a few times a year or never, and 35% say the same of eating at a restaurant.

### Americans eat home-cooked meals much more often than they eat out or order in

*% of U.S. adults who say they typically do each of the following ...*



Note: Respondents who did not give an answer are not shown.  
Source: Survey of U.S. adults conducted Feb. 24-March 2, 2025.  
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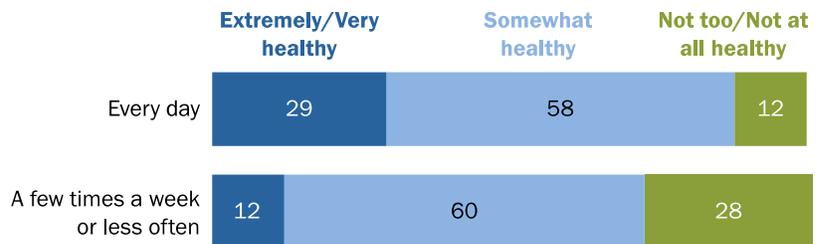
## Where Americans get food is related to how healthy they say their diets are

Our survey finds that the more Americans say they eat home-cooked meals, the healthier they say their diets are. About three-in-ten Americans who eat home cooking every day say their diets are extremely or very healthy. This drops to 12% among adults who have home-cooked meals less frequently.

Conversely, 28% of Americans who eat home cooking a few times a week or less describe their diets as not too or not at all healthy, compared with 12% of those who have home cooking daily.

### Americans who say they eat home cooking every day report healthier diets

% of U.S. adults who say that overall, their diets are \_\_\_, by how often they eat a home-cooked meal



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Feb. 24-March 2, 2025.

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In contrast, Americans who order takeout or delivery most frequently report *less* healthy diets than those who order in less often. About one-third of adults who order in at least a few times a week say their diets are not too or not at all healthy. That percentage drops to 18% for Americans ordering in about once a week or a few times a month, and to 15% for those who rarely or never do.

### Ordering takeout or delivery is more common among those who prioritize convenience

Among adults who say convenience is extremely or very important to their food choices, 23% order delivery or takeout at least a few times a week. That's about twice the share that order in this often among Americans who say convenience is not too or not at all important.

### Dining out and ordering in is less common among lower-income Americans

Americans at the lower end of the income scale don't eat out or order in as much as higher-income adults. About half of lower-income Americans eat out at a restaurant a few times a year or never. In contrast, 18% of upper-income adults say the same.

The income gap is less pronounced for ordering takeout or delivery. The share of lower-income adults (38%) who say they rarely or never order in is 10 points higher than among upper-income Americans (28%).

## Healthy food cost, access and knowledge

In addition to looking at individual preferences when it comes to food choices, we asked about three influences on Americans' ability to get healthy food: cost, access and knowledge.

### Price pressures

Food prices have [crept up in recent years](#) – [and are expected to keep rising in 2025](#).

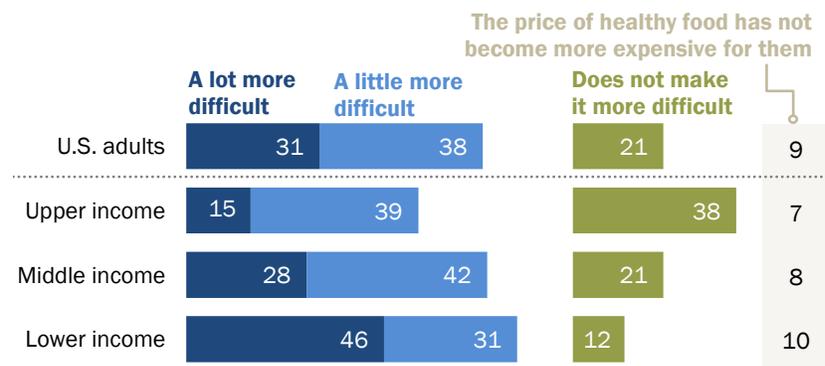
Americans resoundingly agree: 90% say that over the last few years, the price of healthy food has become a lot or a little more expensive.

But does this affect Americans' ability to eat healthy?

- **A majority of Americans (69%) say yes, the increased cost of healthy food makes it a lot or a little more difficult for them to eat healthy.** About two-in-ten say it does not make it harder for them to eat healthy, while 9% say the price of healthy food has not become more expensive for them.

### Nearly half of U.S. adults with lower incomes say the increased cost of healthy food makes it a lot harder for them to eat healthy

% who say the increased cost of healthy food makes it \_\_\_ for them to eat healthy



Note: Family income tiers are based on adjusted 2023 earnings. Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Feb. 24-March 2, 2025. "Americans on Healthy Food and Eating"

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- **Lower-income adults are much more likely than upper-income adults to say it's become harder for them to eat healthy.** This gap is especially stark when it comes to Americans who say it's *a lot* more difficult to eat healthy. Nearly half of lower-income Americans (46%) say the increased cost makes it a lot more difficult to eat healthy, compared with 15% of upper-income adults – a 31-point gap.

## Access to healthy food

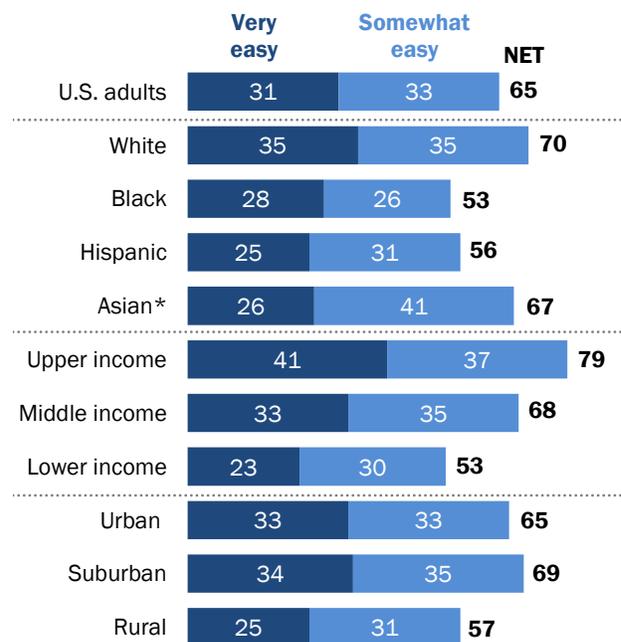
Having a healthy diet can be especially challenging for Americans who struggle to find healthy food where they live. People in racial and ethnic minority groups, those with lower incomes and those living in rural areas are more likely to [lack access to healthier foods](#).

On balance, Americans say it is easy to find healthy food close to where they live. **About two-thirds (65%) say it is very or somewhat easy to find healthy food close to them.** In contrast, 13% say it is very or somewhat *difficult* to find healthy food close to them. And 21% say it is neither easy nor difficult.

- More White and Asian adults than Black or Hispanic adults say it's easy to find healthy food nearby.** Solid majorities of White (70%) and Asian adults (67%) say it's easy to find healthy food close to where they live. Comparatively smaller shares of Black (53%) and Hispanic adults (56%) say the same.
- Upper-income adults have greater access to healthy food than those with lower incomes.** Adults with higher incomes are much more likely than lower-income adults to say it's easy to find healthy food close to them (79% vs. 53%).
- Larger shares of urban and suburban Americans say they can easily find healthy food nearby, compared with rural Americans.** About two-thirds of those who live in urban (65%) and suburban areas (69%) say it's easy to find healthy food close to them. A smaller majority of rural adults say the same (57%).

### 65% of Americans say it's easy to find healthy food close to them

% who say it is \_\_\_ to find healthy food close to where they live



\* Estimates for Asian adults are representative of English speakers only.

Note: White, Black and Asian adults include those who report being only one race and are not Hispanic. Hispanic adults are of any race. Family income tiers are based on adjusted 2023 earnings. Other response options included "Very difficult," "Somewhat difficult" and "Neither easy nor difficult." Respondents who gave other responses or did not give an answer are not shown.

Source: Survey of U.S. adults conducted Feb. 24-March 2, 2025. "Americans on Healthy Food and Eating"

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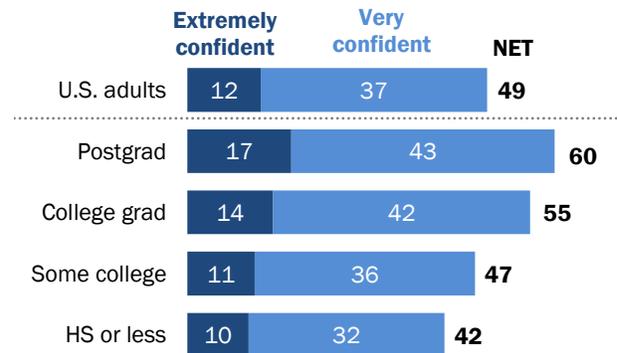
## Healthy food knowledge

Eating decisions also can be shaped by knowledge about which foods are healthy. But making sense of nutrition guidance and recommendations [isn't always easy](#).

- **About half of Americans (49%) say they are extremely or very confident that they know which foods are healthy for them.** About four-in-ten say they are somewhat confident; another 9% say they are not too or not at all confident.
- **Americans with higher levels of education express more confidence in their knowledge of healthy food than those with less formal education.** For example, those with a postgraduate degree are 18 percentage points more likely than those with a high school education or less to say they are highly confident they know which foods are healthy for them (60% vs. 42%).

## Roughly half of Americans say they are highly confident they know which foods are healthy for them

*% who say they are \_\_\_ that they know which foods are healthy for them*



Note: "Some college" includes those with an associate degree and those who attended college but did not obtain a degree. Other response options included "Somewhat confident," "Not too confident" and "Not at all confident." Respondents who gave other responses or did not give an answer are not shown.

Source: Survey of U.S. adults conducted Feb. 24-March 2, 2025. "Americans on Healthy Food and Eating"

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**Americans who are more confident in their knowledge of healthy food are more likely to say their diet is healthy.** A third of those who express high confidence in their healthy food knowledge say their diet is extremely or very healthy, compared with just 5% of those who express little to no confidence in their healthy food knowledge.

On the flip side, 53% of Americans who have little to no confidence in their healthy food knowledge say their diet is not too or not at all healthy. Just 11% of adults with high confidence in their healthy food knowledge say the same about their diet.

## Acknowledgments

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[pewresearch.org/science](http://pewresearch.org/science).

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## Methodology

### The American Trends Panel survey methodology

#### Overview

Data in this report comes from Wave 164 of the American Trends Panel (ATP), Pew Research Center’s nationally representative panel of randomly selected U.S. adults. The survey was conducted from Feb. 24 to March 2, 2025. A total of 5,123 panelists responded out of 5,737 who were sampled, for a survey-level response rate of 89%.

The cumulative response rate accounting for nonresponse to the recruitment surveys and attrition is 3%. The break-off rate among panelists who logged on to the survey and completed at least one item is 1%. The margin of sampling error for the full sample of 5,123 respondents is plus or minus 1.5 percentage points.

The survey includes an [oversample](#) of non-Hispanic Asian adults in order to provide more precise estimates of the opinions and experiences of these smaller demographic subgroups. These oversampled groups are weighted back to reflect their correct proportions in the population.

SSRS conducted the survey for Pew Research Center via online (n=4,939) and live telephone (n=184) interviewing. Interviews were conducted in both English and Spanish.

To learn more about the ATP, read “[About the American Trends Panel](#).”

#### Panel recruitment

Since 2018, the ATP has used address-based sampling (ABS) for recruitment. A study cover letter and a pre-incentive are mailed to a stratified, random sample of households selected from the U.S. Postal Service’s Computerized Delivery Sequence File. This Postal Service file has been estimated to cover 90% to 98% of the population.<sup>1</sup> Within each sampled household, the adult with the next birthday is selected to participate. Other details of the ABS recruitment protocol have changed over time but are available upon request.<sup>2</sup> Prior to 2018, the ATP was recruited using landline and cellphone random-digit-dial surveys administered in English and Spanish.

A national sample of U.S. adults has been recruited to the ATP approximately once per year since 2014. In some years, the recruitment has included additional efforts (known as an “oversample”)

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<sup>1</sup> AAPOR Task Force on Address-based Sampling. 2016. “[AAPOR Report: Address-based Sampling](#).”

<sup>2</sup> Email [pewsurveys@pewresearch.org](mailto:pewsurveys@pewresearch.org).

to improve the accuracy of data for underrepresented groups. For example, Hispanic adults, Black adults and Asian adults were oversampled in 2019, 2022 and 2023, respectively.

### **Sample design**

The overall target population for this survey was noninstitutionalized persons ages 18 and older living in the United States. It featured a stratified random sample from the ATP in which non-Hispanic Asian adults were selected with certainty. The remaining panelists were sampled at rates designed to ensure that the share of respondents in each stratum is proportional to its share of the U.S. adult population to the greatest extent possible. Respondent weights are adjusted to account for differential probabilities of selection as described in the Weighting section below.

### **Questionnaire development and testing**

The questionnaire was developed by Pew Research Center in consultation with SSRS. The web program used for online respondents was rigorously tested on both PC and mobile devices by the SSRS project team and Pew Research Center researchers. The SSRS project team also populated test data that was analyzed in SPSS to ensure the logic and randomizations were working as intended before launching the survey.

### **Incentives**

All respondents were offered a post-paid incentive for their participation. Respondents could choose to receive the post-paid incentive in the form of a check or gift code to Amazon.com, Target.com or Walmart.com. Incentive amounts ranged from \$5 to \$20 depending on whether the respondent belongs to a part of the population that is harder or easier to reach. Differential incentive amounts were designed to increase panel survey participation among groups that traditionally have low survey response propensities.

### **Data collection protocol**

The data collection field period for this survey was Feb. 24 to March 2, 2025. Surveys were conducted via self-administered web survey or by live telephone interviewing.

**For panelists who take surveys online:**<sup>3</sup> Postcard notifications were mailed to a subset on Feb. 24.<sup>4</sup> Survey invitations were sent out in two separate launches: soft launch and full launch. Sixty panelists were included in the soft launch, which began with an initial invitation sent on Feb.

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<sup>3</sup> The ATP does not use routers or chains in any part of its online data collection protocol, nor are they used to direct respondents to additional surveys.

<sup>4</sup> Postcard notifications for web panelists are sent to 1) panelists who were recruited within the last two years and 2) panelists recruited prior to the last two years who opt to continue receiving postcard notifications.

24. All remaining English- and Spanish-speaking sampled online panelists were included in the full launch and were sent an invitation on Feb 25.

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**Invitation and reminder dates for web respondents,  
ATP Wave 164**

	<b>Soft launch</b>	<b>Full launch</b>
Initial invitation	Feb. 24, 2025	Feb. 25, 2025
First reminder	Feb. 27, 2025	Feb. 27, 2025
Final reminder	March 1, 2025	March 1, 2025

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Panelists participating online were sent an email invitation and up to two email reminders if they did not respond to the survey. ATP panelists who consented to SMS messages were sent an SMS invitation with a link to the survey and up to two SMS reminders.

**For panelists who take surveys over the phone with a live interviewer:** Prenotification postcards were mailed on Feb. 21, 2025. Soft launch took place on Feb. 24 and involved dialing until a total of three interviews had been completed. All remaining English- and Spanish-speaking sampled phone panelists' numbers were dialed throughout the remaining field period. Panelists who take surveys via phone can receive up to six calls from trained SSRS interviewers.

### **Data quality checks**

To ensure high-quality data, Center researchers performed data quality checks to identify any respondents showing patterns of satisficing. This includes checking for whether respondents left questions blank at very high rates or always selected the first or last answer presented. As a result of this checking, two ATP respondents were removed from the survey dataset prior to weighting and analysis.

### **Weighting**

The ATP data is weighted in a process that accounts for multiple stages of sampling and nonresponse that occur at different points in the panel survey process. First, each panelist begins with a base weight that reflects their probability of recruitment into the panel. These weights are then calibrated to align with the population benchmarks in the accompanying table to correct for nonresponse to recruitment surveys and panel attrition. If only a subsample of panelists was invited to participate in the wave, this weight is adjusted to account for any differential probabilities of selection.

Among the panelists who completed the survey, this weight is then calibrated again to align with the population benchmarks identified in the accompanying table and trimmed at the 1st and 99th percentiles to reduce the loss in precision stemming from variance in the weights. Sampling errors and tests of statistical significance take into account the effect of weighting.

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### American Trends Panel weighting dimensions

<b>Variable</b>	<b>Benchmark source</b>
Age (detailed)	2023 American Community Survey (ACS)
Age x Gender	
Education x Gender	
Education x Age	
Race/Ethnicity x Education	
Race/Ethnicity x Gender	
Race/Ethnicity x Age	
Born inside vs. outside the U.S. among Hispanics and Asian Americans	
Years lived in the U.S.	
Census region x Metropolitan status	
Volunteerism	2023 CPS Volunteering & Civic Life Supplement
Voter registration	2020 CPS Voting and Registration Supplement
Frequency of internet use	2024 National Public Opinion Reference Survey (NPORS)
Religious affiliation	
Party affiliation x Race/Ethnicity	
Party affiliation x Age	
Party affiliation among registered voters	

Note: Estimates from the ACS are based on noninstitutionalized adults. Voter registration is calculated using procedures from Hur, Achen (2013) and rescaled to include the total U.S. adult population.

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The following table shows the unweighted sample sizes and the error attributable to sampling that would be expected at the 95% level of confidence for different groups in the survey.

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### Sample sizes and margins of error, ATP Wave 164

Group	Unweighted sample size	Plus or minus ...
Total sample	5,123	1.5 percentage points
Ages 18-29	760	4.1 percentage points
30-49	1,795	2.6 percentage points
50-64	1,333	2.9 percentage points
65+	1,212	3.0 percentage points
Black	513	4.8 percentage points
White	3,128	1.9 percentage points
Hispanic	693	4.3 percentage points
Asian	556	5.5 percentage points
Lower income	1,380	3.0 percentage points
Middle income	2,411	2.2 percentage points
Upper income	1,030	3.3 percentage points
Urban	1,201	3.3 percentage points
Suburban	2,626	2.1 percentage points
Rural	1,240	3.1 percentage points
Postgraduate	930	3.4 percentage points
College graduate	1,191	3.0 percentage points
Some college	1,460	2.8 percentage points
High school or less	1,529	2.9 percentage points

Note: This survey includes oversamples of non-Hispanic Asian respondents. Family income tiers are based on adjusted 2023 earnings. Unweighted sample sizes do not account for the sample design or weighting and do not describe a group's contribution to weighted estimates. See the Sample design and Weighting sections above for details.

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Sample sizes and sampling errors for other subgroups are available upon request. In addition to sampling error, one should bear in mind that question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of opinion polls.

## Dispositions and response rates

### Final dispositions, ATP Wave 164

	AAPOR code	Total
Completed interview	1.1	5,123
Logged in (web) / Contacted (CATI), but did not complete any items	2.11	102
Started survey; broke off before completion	2.12	32
Never logged on (web) / Never reached on phone (CATI)	2.20	478
Survey completed after close of the field period	2.27	0
Other non-interview	2.30	0
Completed interview but was removed for data quality	2.90	2
<b>Total panelists sampled for the survey</b>		<b>5,737</b>
Completed interviews	I	5,123
Partial interviews	P	0
Refusals	R	134
Non-contact	NC	478
Other	O	2
Unknown household	UH	0
Unknown other	UO	0
Not eligible	NE	0
<b>Total</b>		<b>5,737</b>
AAPOR RR1 = $I / (I+P+R+NC+O+UH+UO)$		89%

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### Cumulative response rate, ATP Wave 164

	Total
Weighted response rate to recruitment surveys	11%
% of recruitment survey respondents who agreed to join the panel, among those invited	73%
% of those agreeing to join who were active panelists at start of Wave 164	35%
Response rate to Wave 164 survey	89%
<b>Cumulative response rate</b>	<b>3%</b>

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## A note about the Asian adult sample

This survey includes a total sample size of 556 Asian adults. The sample primarily includes English-speaking Asian adults and, therefore, may not be representative of the overall Asian adult population. Despite this limitation, it is important to report the views of Asian adults on the topics in this study. As always, Asian adults' responses are incorporated into the general population figures throughout this report.

## How family income tiers are calculated

Family income data reported in this study is adjusted for household size and cost-of-living differences by geography. Panelists then are assigned to income tiers that are based on the median adjusted family income of all American Trends Panel members. The process uses the following steps:

1. First, panelists are assigned to the midpoint of the income range they selected in a family income question that was measured on either the most recent annual profile survey or, for newly recruited panelists, their recruitment survey. This provides an approximate income value that can be used in calculations for the adjustment.
2. Next, these income values are adjusted for the cost of living in the geographic area where the panelist lives. This is calculated using price indexes published by the U.S. Bureau of Economic Analysis. These indexes, known as [Regional Price Parities \(RPP\)](#), compare the prices of goods and services across all U.S. metropolitan statistical areas as well as non-metro areas with the national average prices for the same goods and services. The most recent available data at the time of the annual profile survey is from 2022. Those who fall outside of metropolitan statistical areas are assigned the overall RPP for their state's non-metropolitan area.
3. Family incomes are further adjusted for the number of people in a household using the methodology from Pew Research Center's previous work on [the American middle class](#). This is done because a four-person household with an income of say, \$50,000, faces a tighter budget constraint than a two-person household with the same income.
4. Panelists are then assigned an income tier. "Middle-income" adults are in families with adjusted family incomes that are between two-thirds and double the median adjusted family income for the full ATP at the time of the most recent annual profile survey. The median adjusted family income for the panel is roughly \$74,100. Using this median income, the middle-income range is about \$49,400 to \$148,200. Lower-income families

have adjusted incomes less than \$49,400 and upper-income families have adjusted incomes greater than \$148,200 (all figures expressed in 2023 dollars and scaled to a household size of three). If a panelist did not provide their income and/or their household size, they are assigned “no answer” in the income tier variable.

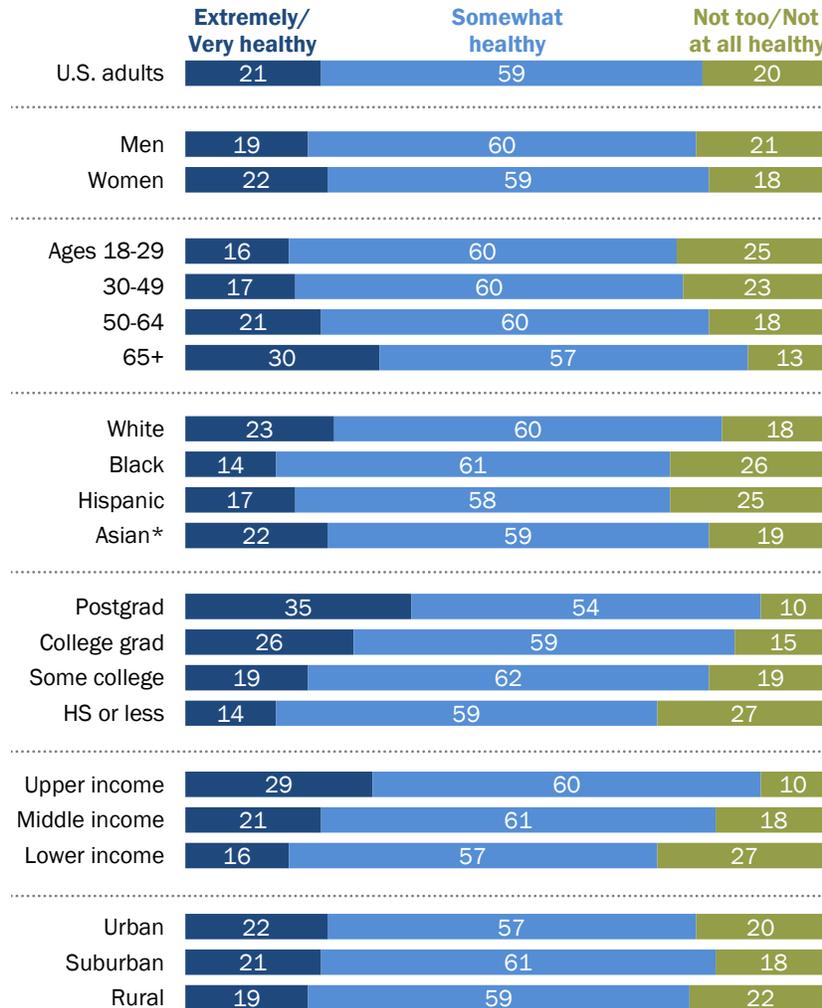
Two examples of how a given area’s cost-of-living adjustment was calculated are as follows: The Pine Bluff metropolitan area in Arkansas is a relatively inexpensive area, with a price level that is 19.1% less than the national average. The San Francisco-Oakland-Berkeley metropolitan area in California is one of the most expensive areas, with a price level that is 17.9% higher than the national average. Income in the sample is adjusted to make up for this difference. As a result, a family with an income of \$40,400 in the Pine Bluff area is as well off financially as a family of the same size with an income of \$58,900 in San Francisco.

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## Appendix: Detailed chart

### Upper-income and more educated Americans report healthier diets than lower-income, less educated adults

% who say that, overall, their diet is ...



\* Estimates for Asian adults are representative of English speakers only.

Note: White, Black and Asian adults include those who report being only one race and are not Hispanic. Hispanic adults are of any race. "Some college" includes those with an associate degree and those who attended college but did not obtain a degree. Family income tiers are based on adjusted 2023 earnings. Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Feb. 24-March 2, 2025.

"Americans on Healthy Food and Eating"

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