

# Rural Food Insecurity: A Longitudinal Analysis of Low-Income Rural Households with Children in the South



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*Researchers have noted large spatial variations in rates of food insecurity. But little research exists on why this is so and the impacts it has on rural families. Drawing on a mixed-methods longitudinal study with 124 poor and working-class households in North Carolina, we analyze the processes that shape lower-income rural families' access to food. We trace the narratives of three families whose stories are emblematic of themes from the larger data set to illumine how space and context influence families' experiences across the life course. As the caregivers in our study navigated how to feed their families, living in a rural area shaped the resources and often precarious forms of support that they drew on from their social networks, local communities, and the state.*

**Keywords:** poverty, food insecurity, rural families, southern United States, rural food insecurity, food access

At the end of 2019, one in ten U.S. households was classified as food insecure, meaning they did not have “enough food for an active, healthy life for all household members” (Coleman-Jensen et al. 2021, i). In the early months of the COVID-19 pandemic, rates of food insecurity in the United States doubled overall and tripled among households with children (Schanzenbach and Pitts 2020). Surprisingly to many, the U.S. Department of Agriculture’s (USDA) comprehensive report on U.S. food insecurity in 2020, released in September 2021, estimated that the overall prevalence of food insecurity did not increase from 2019 to 2020, but it did

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among specific groups, including households headed by Black people and households in the South (Coleman-Jensen et al. 2021).

Both before and during the pandemic, large spatial variations in rates of food insecurity suggest that place shapes experiences of food insecurity, but researchers do not fully understand why. Although many of the best-known qualitative accounts of how families cope with and experience food insecurity focus on major cities (Dickinson 2020; Poppendieck 1998; Reese 2019), the counties with the highest rates of food insecurity—the top 10 percent of counties—are disproportionately rural and located in the South (Feeding America 2019). Before and during the pandemic, rates of food insecurity have been higher in rural (nonmetropolitan) areas and city cores than in suburban area (Coleman-Jensen et al. 2021). The South was the only region where food insecurity increased between 2019 and 2020, and the prevalence of food insecurity in the South is higher than in other parts of the country (12.3 percent relative to between 9.3 and 9.5 percent) (Coleman-Jensen et al. 2021).

As noted in the introduction to this issue (Clark, Harper, and Weber 2022), low population density and remoteness from urban centers are two defining characteristics that fundamentally alter social and economic relationships in rural areas. These in turn shape and contribute to other factors—for example, lower access to food retailers but potentially greater access to emergency food outlets and gardens and farms—that influence how rural residents access food. However, few studies have asked why food insecurity rates are higher in rural areas or looked at the lived experiences of food-insecure rural residents. In this article, drawing on a large mixed-methods study that followed 124 poor and working-class households in North Carolina over eight years, we analyze the social processes that shape poor rural families' access to food.

### EXISTING LITERATURE

As noted, rates of food insecurity are higher in rural areas and city cores than in suburban areas: 11.6 percent of nonmetropolitan (rural) households and 12.7 percent in city centers were classified as food-insecure in 2020, com-

pared to 8.8 percent of suburban households (Coleman-Jensen et al. 2021). Beyond this, regional variation in the prevalence of food insecurity across the United States is considerable, and many of the most food-insecure places are in the South (Feeding America 2019; Gundersen et al. 2017).

Few studies have explicitly looked at food insecurity in rural areas, but the literature on food insecurity in the United States (also summarized in Bowen, Elliott, and Hardison-Moody 2021) offers insights into some of the forces that influence and shape food insecurity in rural places. Geography shapes access to food retail outlets and other sources of food. As large food retailers have consolidated and populations have decreased in some rural areas, the number of grocery stores has declined steadily in those areas over the last three decades; meanwhile, dollar stores have proliferated (Stevens et al. 2021). Relative to their urban counterparts, people in rural areas travel farther to get to supermarkets and spend more time traveling to shop for food, and rural Supplemental Nutrition Assistance Program (SNAP) households are farther from food stores than rural non-SNAP households at the median (Rhone et al. 2019). On the other hand, rural residents' access to land and natural resources also likely shapes food access. Based on a small study, Lois Morton and her colleagues (2005) find that rural residents were more likely than residents urban to share or receive produce from gardens and to hunt or fish. Somewhat surprisingly, some evidence suggests that rural areas have greater access to food pantries and other emergency food resources, although this research also notes that the South has fewer emergency food resources than other areas of the country (Gundersen et al. 2017).

As Angela Piaskoski, Kristen Reilly, and Jason Gilliland (2020) note, achieving food security requires having food that is not only physically accessible, but also economically accessible, adequate, and acceptable. Previous studies suggest that income and resource constraints are more critical barriers to food access than distance (Rhone et al. 2019). The prices of some foods—especially fresh produce and other foods considered healthy—are sometimes higher in rural areas because of geo-

graphic isolation (distance from highways) (Hardin-Fanning and Rayens 2015). Given fewer (and more distant) food retailers, some rural residents—such as immigrants seeking specific ingredients from their home countries—may have a more difficult time finding culturally relevant foods (Bowen, Hardison-Moody, and Elliott 2021; Greder and Reina 2019). Scholars also note that rurality may influence people’s experiences of stigma and shame in regard to receiving food assistance, which act as a barrier to accessing food (Haynes-Maslow, Andress, et al. 2020; Piaskoski, Reilly, and Gilliland 2020). For example, Lindsey Haynes-Maslow, Lauri Andress, and their colleagues (2020) note that due to the low population density in rural areas, residents worried that they would be recognized when they sought assistance from local food pantries or other programs. At the same time, Haynes-Maslow, Annie Hardison-Moody, and their colleagues (2020) find that rural residents’ perceptions of SNAP were largely positive.

Researchers widely recognize that food insecurity is a structural problem, fundamentally linked to the factors, at multiple levels, that contribute to poverty and material hardship and undermine social mobility—for example, a lack of affordable housing and an inadequate social safety net (Bowen, Elliott, and Hardison-Moody 2021). These factors, too, are tied to place and rurality. Many rural areas are characterized by persistent poverty, unemployment, and economic disinvestment, and most counties with very high food insecurity rates are places defined by concentrated and persistent poverty (Feeding America 2019). As discussed in the introduction to this issue (Clark, Harper, and Weber 2022), with the exception of Appalachia, many persistently poor counties have a disproportionate share of non-White residents. Daniel Lichter, Domenico Parisi, and Michael Taquino (2012) note that people of color, especially Black people, are more likely to live in areas of concentrated poverty, and that rural Black residents are especially likely to be concentrated in poor places, many of which are in the South. They write, “Because

spatial and social mobility often go hand-in-hand, the segregation of the minority poor from the nonpoor connotes persistent racial injustice, limited opportunities for upward social mobility, and the reproduction of poverty and inequality from one generation to the next” (2012, 383).

Noting, as discussed, that people of color are more likely to live in places with high rates of food insecurity, scholars argue that experiences of food insecurity are not just tied to the allocation of material resources, but rooted in racism. The prevalence of food insecurity among Black and Latino/a/x-headed households has historically been at least double that of White households, and between 2019 and 2020, food insecurity rose in Black households but remained steady overall and dropped among White households (Coleman-Jensen et al. 2021). As we argue in another paper (Bowen, Elliott, and Hardison-Moody 2021; see also Burke et al. 2018; Odoms-Young 2018; Phojanakong et al. 2019), racism contributes to racial disparities in income and wealth and other economic resources that can help buffer against food insecurity (Fitzpatrick 2017; Gjertson 2016; Guo 2011), and racism is linked to food insecurity independent of poverty and socioeconomic status. For example, people of color are more likely to experience racial discrimination, itself directly linked to food insecurity (Burke et al. 2018; Phojanakong et al. 2019), and to live in states, many of them in the South, where stricter regulations and harsher punishments are tied to social assistance programs (Soss, Fording, and Schram 2011), including food assistance programs. Analyzing why poverty has long been persistently higher in the South than in other regions, Regina Baker (2020) finds, among other things, that government assistance is lower in the South, where the combined maximum TANF/SNAP benefit for a family of three is \$236.70 less than outside the South, and a maximum unemployment benefit that is \$86.66 less.<sup>1</sup>

In addition to recognizing the structural roots of food insecurity, scholars note that food insecurity is linked to accumulating experi-

1. Regina Baker (2020) also finds that per capita GDP and economic growth are lower in the South. In general, Baker concludes that power resources (class-based collective political actors, such as labor unions and parties,

ences across the life course and across generations (Chilton et al. 2015; Chilton, Knowles, and Bloom 2017; Jackson et al. 2019; Jackson and Vaughn 2017). Even within places with high rates of food insecurity, many poor families manage to avoid becoming food insecure, which has long puzzled researchers (Gundersen, Kreider, and Pepper 2011). Households move in and out of food insecurity as they experience hardships such as unemployment, unexpected medical expenses, or loss of SNAP benefits (Heflin, Corcoran, and Siefert 2007). Sonya Jones and her colleagues (2018) find that food-insecure households experience more negative life course events (such as the death of a spouse or losing a job) and draw on fewer economic resources and lower levels of social support to weather these crises. Nonnegative life course events, such as the birth of a child, can also contribute to food insecurity by upending families' care and financial arrangements (Dubowitz et al. 2007). Karla Hanson and her colleagues (2016) find that, relative to at-risk households that remain food secure, households with food-insecure children have shifting and complex living and care arrangements, rely on jobs that are temporary or seasonal or have highly variable schedules, and frequently have to skip bills because of unpredictable earnings.

Multiple studies also find that people with stronger social networks are less likely to become food insecure (Martin et al. 2004; Morton et al. 2005; Vozoris and Tarasuk 2003). Conventional wisdom suggests that people in rural areas have stronger social networks than those in urban areas, but relatively few studies have investigated this claim, and existing studies find mixed results (Hofferth and Iceland 1998; Klärner and Knabe 2019; Sørensen 2016). Rural sociologists tend to agree, however, that place shapes (but does not determine) social capital. A recent Robert Wood Johnson Foundation report (2018) finds that a majority of rural Americans (67 percent) have received help or support from others in their community. Most rural Americans (81 percent) report a strong attachment to their local community (RWJF 2018).

In sum, research identifies multiple processes and pathways that contribute to food insecurity. The literature also clearly suggests that place plays a role—for example, through its effect on the resources people have access to, the job market in their region, and their social networks and connections. However, we do not understand a great deal about the causes and consequences of food insecurity and how place matters. Moreover, rural residents' experiences have been particularly understudied. In this article, drawing on a longitudinal, mixed-methods study of 124 poor and working-class households in North Carolina, we use qualitative longitudinal analysis to trace families' food insecurity trajectories over time. Our analysis focuses on household food insecurity between 2012 and 2017, before the COVID-19 pandemic. It offers important insight into the economically precarious status of low-income families prior to the major social and economic crisis that unfolded in 2020 as a result of the pandemic. We offer some preliminary thoughts on the impacts of COVID-19 for low-income rural families' food security in the conclusion.

The study took place in three counties in North Carolina, one urban and two rural. Many households moved in and out of food insecurity over the course of the study. Although our analysis is informed by the broader study, our focus is on the experiences of households in the two rural counties. Our findings are organized around three case studies of rural families.

## METHODS

This analysis stems from a longitudinal, mixed-methods project, *Voices into Action: The Families, Food, and Health Project*, funded by the USDA and Russell Sage Foundation. The project examined low-income families' food practices, beliefs, and experiences. In 2012, we recruited and interviewed 124 low-income female caregivers of young children. Research took place in one urban and two rural counties in North Carolina; in this paper, we focus mainly on the two rural counties but provide some comparative context from the urban county. We took mea-

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and the social policies they are able to institutionalize) are an important source of the poverty gap between the South and the non-South, although economic structure and other factors also play a role.

asures to ensure that participants came from diverse networks and that the racial and ethnic composition of our sample corresponded with that of the low-income population in our study sites. Participants were screened over the phone prior to scheduling the interview. In order to be included in the study, the participant had to identify as a woman and be the primary caretaker of at least one child between the ages of two and nine. Only grandmothers who were primary caretakers were included; the sample included ten grandmothers and 114 mothers. We chose to interview women because women are still primarily responsible for preparing meals in American households (Taillie 2018) and play key roles in mitigating food insecurity (Martin and Lippert 2012). Screening questions were used to exclude participants with household incomes over 200 percent of the poverty line (\$22,350 for a family of four in 2011). However, because of discrepancies in how participants answered the screening questions, six households had incomes between 200 percent and 252 percent of the poverty line at baseline. Many households' economic circumstances fluctuated over the course of the study. Our final sample of 124 women in year 1 was 42 percent Black ( $n = 52$ ), 33 percent White ( $n = 41$ ), 24 percent Latina ( $n = 30$ ), and 1 percent mixed or other race ( $n = 1$ ). At baseline, 48.4 percent of households ( $n = 60$ ) were classified as food secure, and 50.8 percent ( $n = 63$ ) of households were classified as food insecure. (One household had missing data.)

The project involved three major waves of data collection: in years 1, 3, and 5 (as well as short check-in interviews during the COVID-19 pandemic in year 8, which are not analyzed in this article). We conducted semi-structured interviews, a survey, and twenty-four-hour dietary recalls with female caregivers in all three major waves. We also conducted interviews with one child in each family in year 5 about their food preferences and habits and experiences of food insecurity (following Fram et al. 2011).<sup>2</sup> Of the 124 households that participated in year 1, 90 percent participated in year 3 ( $n =$

112) and 73 percent participated in year 5 ( $n = 90$ ). Interviews, surveys, and recalls were conducted in English or Spanish (according to participant preference) by a team of Black, White, Latino/a/x, and Asian American researchers from diverse class backgrounds. Interviews generally lasted between one and a half and two hours, and almost all took place in participants' homes. Our first round of interviews focused on caregivers' beliefs, decisions, and practices related to food and feeding.

After analyzing the data from year 1, we incorporated questions in years 3 and 5 about broader issues tied to food beliefs and practices, including experiences of domestic violence and discrimination, fears of deportation, precarious employment, and religious beliefs and practices. In 2020 (year 8), we reached back out to the families from the study and were able to conduct brief interviews (approximately thirty minutes, to reduce participant burden during the pandemic) with fifty-four caregivers about their experiences during COVID-19. We were able to follow up with only one of the families featured in this article and thus our longitudinal analysis does not include the 2020 interviews.

All interviews were audio recorded and transcribed verbatim, and pseudonyms were applied to conceal participants' identities. Interviews were coded for key analytic concepts using NVivo software by a team of researchers, including all of the authors. Throughout the project, we engaged in critical, self-reflective analysis (Elliott, McKelvy, and Bowen 2017). We used a grounded theory approach to develop the codebook, focusing on understanding women's experiences and how their food and eating beliefs and practices were influenced by their food environments and by social, cultural, and economic factors (Charmaz 2014). The total of seventy-five codes were coded in two rounds. We purposefully kept the codes broad so that we could conduct focused coding of these more general concepts. During coding, we reviewed 10 percent of the transcripts, re-coding or adjusting coding categories as neces-

2. In year 1, we selected one child in the household between ages two and eight as the focal child for the study. The dietary recalls and some survey questions (such as self-reported health) focused on the caregiver and this one child.

sary. We also wrote extensive memos that deepened the analytic process by elaborating on our insights and linking them to specific pieces of data (Emerson, Fretz, and Shaw 2011).

We used qualitative longitudinal analysis to trace households' trajectories over time. Longitudinal research designs enable "the identification and meaning of temporal change across lives," allowing researchers to examine how people interpret, negotiate, and respond to such changes (Hermanowicz 2013, 190). Focusing in particular on the ninety participants who completed all three waves of data collection, we followed participants and social processes across the full five years of our study, paying attention to "changes and continuities across biographical time and historical time" (Doucet 2015, 229). Following Sheila Henderson and her colleagues (2012), we developed case profiles for each household. We wrote memos on each case, reading all transcripts and field-notes related to the case and writing a summary tracing changes in each family's lives over the full course of the study. Treating each participant as a case (Small 2009), we looked for within-case patterns; we then examined the entire dataset to see how and where these initial analytic insights applied (for a similar example, see Fong 2020), exploring continuities and divergences across participants.

For this paper, our analysis focuses primarily on the narratives of the families living in the two rural counties, although our argument is informed by the experiences of families in the urban county. After our initial round of memoing, as described above, we divided households into three groups: those that remained food secure throughout the study, those that experienced intermittent food insecurity during the study, and those that experienced persistent food insecurity (throughout all five years of the study). We compared case profiles within each group to identify patterns in households that remained food secure and those that experienced intermittent and persistent food insecurity. Finally, we selected one

emblematic case from each group to illuminate, in narrative form, the key themes related to food insecurity that emerged across the data. In the analysis that follows, we trace these three rural participants' trajectories over time. We use this method to honor the complex and nuanced stories that emerged across the years of this project, to illustrate how context and place shape families' experiences across time, and to give voice to the struggles and resilience of the families we worked with. With each case, we focus on the broader structural patterns that emerged across the data. Although they are not generalizable across all families living in poverty or all families in rural areas, the stories of these three families illustrate how some rural families move in and out of food insecurity, how some families are able to remain food secure, and how specific resources, coping strategies, and circumstances play a role.

## FINDINGS

As noted, we analyzed the narratives of the ninety families who participated in all three waves of the study. Although our analysis of the entire sample informs our argument, in this paper we focus primarily on the families in the two rural counties. As summarized in table 1, the prevalence of food insecurity in the rural counties fell over the course of our study, in line with national trends, as the United States recovered from the effects of the Great Recession.<sup>3</sup>

In analyzing the data, we grouped families into categories according to their food security status over the course of the study (consistently food secure, intermittently food insecure, and persistently food secure). One-third of rural households (33.8 percent,  $n=21$ ) remained food secure in all three waves, while nearly half of households experienced food insecurity during one or two waves (45.2 percent,  $n=28$ ). One-fifth of rural households (21.0 percent,  $n=13$ ) experienced food insecurity in all three waves. These patterns are in line with findings from national surveys; the USDA reports that although some

3. Only participants who participated in years 1 and 5 of the study are included. Most participants participated in all three waves (with the exception of 5, who did not participate in year 3). Households experiencing very low or low food security are considered to be food insecure, and households experiencing marginal or high food security are considered to be food secure according to the USDA definition.

**Table 1.** Prevalence of Very Low, Low, and Marginal or High Food Security among Participants in Rural Counties—Years One, Three, and Five

	Year One (n = 62)	Year Three (n = 57)	Year Five (n = 62)
Very low food security	25.8 percent (n =16)	14.0 percent (n = 8)	16.1 percent (n =10)
Low food security	27.4 percent (n =17)	29.8 percent (n = 17)	17.7 percent (n =11)
Marginal or high food security	46.8 percent (n = 29)	56.1 percent (n = 32)	66.1 percent (n =41)

Source: Authors' tabulation.

households are chronically food insecure, most experiences of food insecurity are intermittent, with households cycling in and out of food insecurity (Economic Research Service 2021).

Within our sample, we looked for patterns between and within categories, paying particular attention to how rurality shaped experiences of food insecurity and coping strategies. We selected three families as cases. One participant (Katina) lived in a household that managed to avoid becoming food insecure over the course of our study; one (Claudia) experienced intermittent food insecurity; and one (Clarissa) experienced severe food insecurity throughout the study. All three lived in mobile homes outside small towns or cities.<sup>4</sup> These three families' experiences represent many of the social processes we identified across our sample. A shortage of good jobs and affordable and adequate housing, combined with inadequate (and stigmatized) social assistance, made it hard to get ahead. Mothers and grandmothers sacrificed to feed the children they cared for, sometimes at the cost of their own health. Their rural communities offered both constraints (such as longer commutes) and opportunities (such as close-knit communities). Social support networks were critical to helping some families avoid food insecurity and these networks were closely tied to rurality. Across our sample, rural residents had lived in their homes and neighborhoods for longer, on average, and expressed a deeper sense of attachment to their communities than the urban caregivers we interviewed. Many had grown up in the communities in which they now lived, and they drew on these deeply rooted social networks for support during crises and tried to share food with oth-

ers when they had extra. But these ties were often contingent and fraught, not enough to help them get ahead or, in some cases, even get by. Additionally, for many of the women in the study, fraying state support—decreases in SNAP benefits, cumbersome bureaucracies, and decades of disinvestment in rural communities—meant that this contingent social support was even more essential. The three women profiled in this article, and the women who lived in rural communities in our larger study, vacillated between what we found to be precarious ties to the state, employers, and their social networks in order to feed their families.

#### **(Barely) Food Secure: Katina**

When we met her in year 1, Katina was a Black thirty-year-old mother of two, living with her mother, Leona, and her two daughters—Justice, age three, and LaFrea, age fourteen—in an old trailer on a sparsely populated rural dirt road just off a major highway. Katina had worked as a certified nursing assistant (CNA) for almost eleven years. Although the work did not pay well, Katina liked working with people and was good at what she did. She had lost her job three months before the interview, however, and still had not found a new one. She looked on the bright side. She had applied for school to get her associate's degree and hoped to start in a few months.

Katina was glad to be raising her children in the same rural community where she had grown up. "I just like the country setting, I like the privacy," she explained. Justice loved to chase the chickens around and splash in muddy puddles. Katina's grandfather, who

4. Rural places are not monolithic, and rural counties often include towns or small cities. Nearly all of the participants in one of the two rural counties lived in sparsely settled areas, away from towns, but some participants in one county lived in a city in that county.

lived close by, had always planted peas, turnip greens, and cucumbers. Katina felt that growing up near his garden was helping her children appreciate just how delicious fresh produce could be. Although many of the rural participants in our study did not have a garden, the share of rural residents with a garden (25 percent in year 1) was still substantially higher than the share of urban residents with a garden (8 percent).

But Katina's childhood had been far from idyllic. Pregnant with LaFrea when she was seventeen, Katina found herself tied to a man who was controlling and emotionally abusive, which continued to shape Katina's interactions with others. "I should've learned from that mistake, but I didn't," she said. Her past made her continue to question others' motives. But her faith in a "higher power" helped Katina see that it was important to give people the benefit of the doubt. With the support of her family, Katina was able to get her GED, become a certified nursing assistant (CNA), and support her daughter.

When we first met her, however, she was out of work. It was stressful. Their SNAP benefits had at least increased after she lost her job, and Katina was hoping she could claim unemployment until she could find another job. Until then, Leona and Katina managed to stay food secure by pooling their SNAP dollars, visiting local food pantries, and eating most of their meals at home. We "just kind of make it work," Katina said. Katina's mother, Leona, made breakfast for Justice and helped watch her throughout the day. Justice's and Katina's days were filled with the endless cycle of meals, playtime, and TV that many parents of preschool-age children know well.

Katina's story demonstrates how close many poor working families are to becoming food insecure. It also shows how social networks—perhaps especially in rural communities, where people are not able to rely on as many formal social service organizations (Johnson et al. 2018; Whitley 2013)—are an important buffer against food insecurity, as earlier studies reveal (Martin et al. 2004; Morton et al. 2005; Vozoris and Tarasuk 2003). Contrary to our expectations, rural residents did not express more trust in or support from their neighbors than

urban residents (see Bowen, Hardison-Moody, and Elliott 2021), although they did consider their neighborhoods to be safer. For example, rural and urban participants responded similarly to survey questions about whether people in their neighborhood "helped each other out" or "watched each other's children." The women in rural areas, however, had lived in their homes for much longer: an average of almost five years (fifty-nine months), versus just over two years (twenty-seven months) for their urban counterparts (measured in year 1 for the entire sample). Many of the women in rural counties had grown up nearby and lived close to friends and relatives they had known since childhood.

When she lost her job, Katina relied on SNAP and food pantries to feed her family. But she also had a home that was paid for, thanks to her great-grandfather, and she benefited from her mother's help with food and babysitting. Katina was able to avoid food insecurity even after losing her job because of the social support from her mother and her ability to tap into increased SNAP benefits that came through during her brief period of unemployment.

Cases like Katina's help us see how important but fragile these social and state ties are, and how much hangs in the balance when and if they fail. "It doesn't take much," Katina said. "I mean especially when you know you're not working and then everything is just like I can't do this. How am I going to pay this bill? And this is coming up and it's just like, I need me a drink, you know."

When we first interviewed Katina in year 1, she was hopeful that she would land on her feet, and she did. Six months later, she secured a full-time position as a CNA at a nursing home. Unfortunately, the job was in a neighboring county, about a forty-minute drive from her house, and Katina's car had broken down, forcing her to rely on friends or family members to give her rides to work. Rural participants in our sample were more likely to have a car (with 85 percent reporting they had a car in year 1, versus 51 percent in the urban county), but for rural residents who did not have a car, getting to and from work and to go shopping and take care of basic errands could be very difficult. Al-

though she loved the privacy and space of her rural community, living out in the country meant that Katina could not find a steady job within thirty minutes of home. Sixty-two percent of residents in Katina's county travel outside the county to work, with an average commute time of thirty minutes, illustrating the challenges of finding work in rural areas (NC Chamber of Commerce 2021). Often the only jobs that are available in rural communities are low-wage and shift jobs that offer few benefits or labor protections. In describing the steady increase of rural working poverty over the past decade, Brian Thiede, Daniel Lichter, and Tim Slack (2018, 191) argue that the "good life," which includes "a secure job that pays a living wage," is far from realizable for many rural Americans. As they write, "In many, if not all (or more) of these cases, workers are employed in low-quality jobs that provide little stability and few benefits. . . . Poverty, as we have defined it, is likely just one dimension of the many disadvantages and limited prospects faced by these workers."

Katina was relieved to be working again, but as her hours at work increased, her SNAP benefits decreased, a common cycle that makes it hard for the working poor to get ahead (Haynes-Maslow, Hardison-Moody, et al. 2020). Like many of the families in the study, Katina wanted to feed her children the healthiest food she could, but struggled to do so with her limited food budget. A recent study finds that SNAP benefits are not adequate to cover the costs of what the USDA defines as a healthy diet (Mulik and Haynes-Maslow 2017). Katina managed to pay her bills but found it difficult: "It's stressful—it's stressful but I mean, I know people, friends or whatever, I can always get a little help." She laughed. "But I—I try to stay on a budget so that I won't have to have that problem. . . . But if something just happened to come up, then yeah."

Katina's nervous laughter conveyed the fragility of their living situation. Her utilities and phone had both been disconnected a few months earlier when she fell behind on the bills. Her job did not offer health insurance, so she paid for medical care out of pocket. And even with her steady income, Katina's SNAP benefits were critical to her family's food secu-

rity, and she continued to visit a food pantry when she ran low on food. Given her long commute to and from work, which left less time to cook, Katina's family relied more on convenience and fast foods. In year 5, Justice said that they ate a lot of "freeze meals," like chicken nuggets and macaroni and cheese, because her mother was working.

For an entire year, friends and family members gave Katina rides to work. When she finally did get a car, she was extremely excited to not have to "depend on other people to get back and forth to work." Having a car also made it easier to shop around at various grocery stores to get the best prices. As she told us, "And then if you run out of something, I can just jump in the car. Shoot up the street and get it. Instead of having to wait until I could get a ride to the store." Katina wasn't far from a grocery store, but this is not true of all rural residents. On average, people in rural areas live farther from their nearest food retailer (Economic Research Service 2009). This was also true of the households in our study. Lillian MacNell (2018) traced the shopping patterns of all of the women in our study. On average, rural participants were farther both from the closest store and the store where they preferred to shop the most (2.7 and 2.9 miles to the nearest store, compared to 1.1 miles in the urban county; 5.8 and 7.3 miles to the preferred store, relative to 2.9 in the urban county).

As a CNA, Katina worked two consecutive twelve-hour shifts followed by two days off and then a half day on Friday each week. Although juggling childcare and her job took a toll on her, Katina was eventually promoted to a better-paying position after her boss encouraged her to take a qualifying test. Katina liked her new job so much that she was reluctant to look for a job closer to home. "Even if something else better does come along I might just try to stay with them," she said, "because I really like my supervisor a lot. She's got a good heart and I like being there."

As Katina moved up the career ladder at work, her social networks changed as well. Around the same time, Katina's daughter LaFrea got pregnant and had her first child at seventeen. In year 5, LaFrea and the baby were both living with Katina in the same trailer

where Katina had lived throughout the study. Katina hoped that once the baby got a little bigger, LaFrea would be able to go to “community college and try to finish getting her education.” The same year, Katina’s mother Leona moved out to live with her boyfriend. This meant that unlike in previous years, Katina no longer had Leona’s help getting Justice ready in the morning or making dinner each night. LaFrea’s boyfriend stepped in to help, coming to put Justice on the bus during the mornings that Katina had to get to work for her 7:00 a.m. shift. Studies find that children in low-income families like Katina’s are more likely to be cared for by relatives than in formal childcare centers (Chaudry et al. 2017; Ruzek et al. 2014). Katina couldn’t afford childcare, so she relied on informal arrangements—first her mother, then her daughter’s boyfriend.

Katina managed to avoid food insecurity; in all three waves of the study, her family was classified as food secure according to the USDA definition. With the exception of a short period of unemployment when we first met her, Katina held a job throughout our study. In Katina’s case, the combination of steady employment and SNAP benefits allowed her family to remain food secure. Other studies find that families like Katina’s actively strategize to make sure children have enough to eat, redirecting resources from other domains to pay for food (Heflin, London, and Scott 2011). Katina juggled her bills each month, keeping food at the top of the list. With a wry laugh, she explained, “We don’t have to worry about food. We don’t have to worry about staying warm or staying cool. . . . I’m not able to go out and splurge all the time and just buy stuff, but if they need something, you know, they don’t have holes in their shoes.” Although Katina managed to get by, she was never able to keep her head above water for long, because “something” always seemed to come up—a car payment, medical expense, or a new baby in the home. Like Katina, most SNAP recipients who can work, do. An analysis of nondisabled adults participating in SNAP found that 52 percent were employed for that particular month, and about 74 percent worked at some point in the year before or after (Keith-Jennings and Chaudhry 2018). As traditional

welfare programs like Temporary Assistance to Needy Families have been cut, programs like SNAP have simultaneously increased in total funding with a particular focus on supporting working families. Maggie Dickinson (2020) shows that policymakers and politicians have reframed SNAP in the last two decades as a “work support.” Rather than transforming food assistance programs to support poor families, or raising wages so that people can afford to eat and live, the social safety net has instead been designed to “subsidize low-wage work, encourage community organizations to take responsibility for poverty, and help individuals maintain work-ready bodies” (Dickinson 2020).

Katina’s ability to work depended on the support of family members who could put her daughter on the bus each morning and provide a free place to live, and her story shows how even when poor and working-class families manage to get by and remain food secure, they never seem to get ahead. Although Katina’s struggle to get by was not necessarily unique to rural areas, aspects of her story illumine the challenges of poverty in the rural United States. Since the 1980s, “good” jobs in rural areas have become scarcer, with the loss of relatively well-paying jobs in manufacturing and agriculture and growth of low-wage service jobs (Ulrich-Schad and Duncan 2018). Living in a rural area meant that Katina had to commute forty miles from home to find work in her field, and there was no public transportation she could rely on when she didn’t have access to a car. She worried constantly that “something” would happen that she couldn’t prevent or prepare for, and she didn’t have the savings—or social network—that could catch her when or if that happened. Examining economic well-being and levels of poverty and employment in the rural United States, Thiede and his colleagues (2018) argue that rural workers like Katina are “falling rapidly behind America’s middle-class income standard,” if poverty is benchmarked to median family income. They note that the reality is that the working poor in the United States are increasingly challenged to get by, let alone be able to live comfortably enough that they could engage in what some might call “the good life.”

**Intermittently Food Insecure: Claudia**

“My children? I want them to be able to have their dreams come true,” smiled Claudia, a mother of four. “Samuel says that he wants to be an attorney and a movie actor, and Angela said that she wanted to be a surgeon, but now she wants to be an attorney.” Claudia, a Mexican immigrant who had been in the United States for fourteen years at the time, was petite, with long curly brown hair and a warm, cheerful face. Her trailer, nestled among a cluster of others along a country road, was the best-looking one in the neighborhood. Flowers and potted plants adorned the front; in the back, Claudia had planted tomatoes, garlic, and chiles and was raising chickens for eggs.

Claudia shared the trailer with her partner, Adrian, and the four children: fourteen-year-old Angela, twelve-year-old Samuel, two-year-old Alan, and one-year-old Benjamin. Even though the trailer was small, Claudia was thankful that she could offer her children more than she’d had as a child. Growing up in rural Mexico, Claudia and her six siblings did not go hungry, subsisting on a diet of beans, rice, soup, and eggs. But her family only ever had enough food for that day, and her mother could rarely afford to add beef or even chicken to the soups she made regularly. “It made me sad,” Claudia recalled of what it was like to know how much her parents struggled to feed her and her siblings. “I wanted to grow quickly so I could work and give my mother some money to buy more food. I would say, when I work, we will eat beef every day.”

Claudia did start working at a very young age. When she was just twelve, she moved in with a wealthy family to care for their baby and help around the house. After that job ended, she worked in various others, including cleaning houses and working in restaurants and stores. Given all these jobs, Claudia was not able to attend school. In the late 1990s, when she was in her early twenties, she migrated to the United States to join her then-husband. Claudia remembers the day she arrived vividly. Initially, she recalled, she felt “sad and desperate.” “I wanted to go back soon because I didn’t have any family here and all the people I met when I arrived here were not part of my family and I had never seen them before.” Her hus-

band was abusive. “It got very ugly,” Claudia explained. After living with him for six years, she left him, taking their two children with her. A counseling center helped her get a temporary visa and relocate to a neighboring state, but she preferred North Carolina and returned several years later. She met Adrian and they had two more children.

Claudia’s stories of becoming a mother and migrating to the United States were intertwined; she couldn’t think of one without the other. “I can’t compare my life in Mexico and the United States,” she said, “because there I was alone, I was single, and I was younger. I could go anywhere and it was not complicated. Here, I have my children. It’s very different.” Although life in the United States was not easy, Claudia felt it was easier to raise kids in the United States than in Mexico. “Here you can provide things for children; in our country you can’t,” she noted. Especially without any formal education, she felt she would have a hard time finding a job that paid enough in Mexico. “And even the school for the children is very expensive there,” she said.

Still, Claudia and Adrian struggled to get by, and their family reported intermittent food insecurity during the course of the study, including at the time of the first interview. Claudia stayed home with the children, and spent a lot of time cooking—dishes like *estofado de pollo* (chicken stew), meatballs, tamales, and tacos, always with fresh tortillas. Adrian worked as a day laborer and, because work was scarce in their rural area, spent hours commuting to a nearby city. “He is sometimes gone all day—he has to work far away . . . so he spends a long time traveling and he isn’t paid for all of those hours he is away from home,” she said. Still, she felt it was worth it, because he was paid \$9.00 an hour. She explained that wages in Mexico were much lower; at the last job she had in Mexico, she worked six days a week and was paid \$9.00 for the entire week. But even though Adrian could earn a lot more in the United States, he was paid only when he could work, and their family experienced regular food shortages when he could not. Claudia described a recent time when he was off work for several weeks because of a health issue. “We suffered a lot, because for two days, we’d eat

just eggs and beans, and [the kids] didn't want it. I'd say, 'What can I do?' Because we didn't have anything else."

Their problems were exacerbated by complications with their SNAP benefits, which Claudia attributed to Adrian's irregular work schedule and outright discrimination by the case worker. She explained, "Last year, they took the [food] stamps away from me, because they said I was—I feel that the lady, the social worker that I have for my food stamps, that she's very racist. I've wanted to change [to a new caseworker] but I don't know where to call. I gave everything [required], and because [my partner] doesn't get checks, he gets a letter—I took the letter from his boss and everything and she said that I didn't qualify. We struggled a lot." Since then, their food stamps had been reinstated, but Claudia worried about what she would do when she had to go back to renew. Pamela Herd and Donald Moynihan (2018) use the term *administrative burden* to describe how public benefits are increasingly complicated or cumbersome to get and keep. They argue that administrative burdens are by design, used by politicians to reduce access to public benefits. In Claudia's case, her difficulties getting SNAP benefits were exacerbated by poor communication (perhaps due to language barriers) and discrimination from the person processing the paperwork. Research shows that food insecurity is linked to racial discrimination (Burke et al. 2018; Phojanakong et al. 2019); this is one example of how it might occur.

Claudia's story is also illustrative of the broader challenges faced by immigrant families, perhaps especially in new immigrant destinations such as North Carolina: unstable working conditions, tied to an increasingly restrictive labor market, and growing fears of surveillance and deportation in the face of "crimmigration" (the merging of immigration and criminal law) (Abrego and Schmalzbauer 2018; Menjívar and Abrego 2012; Straut-Eppsteiner 2020). Other studies note that in the late 1990s and early 2000s, when Claudia arrived in North Carolina, a more open policy and economic context made it relatively easy for immigrants to find work (Straut-Eppsteiner 2020). However, more restrictive immigration and employment policies, not just in North

Carolina but throughout the country, have made it harder for immigrants to obtain or move between jobs and more vulnerable to exploitation. To bypass the legal requirements, immigrants rely on temporary or gig jobs like Adrian's, which do not offer a steady income. Claudia's story also exemplifies how the threat of deportability, which increased over time, makes it difficult for immigrant families to seek the assistance they need (Menjívar and Abrego 2012). Claudia received a temporary visa but did not have permanent residency status, and Adrian was undocumented. As other research on immigrant families shows (Carney 2015), one of the reasons Claudia had migrated to the United States was because she did not want her children to experience hunger like she had as a child. Because feeding her children was a top priority, Claudia enrolled in federal food assistance programs like SNAP and Women, Infants, and Children (WIC), but doing so contributed to her fear and anxiety; some immigrant families—including some in this study—choose not to apply for government assistance in fear of repercussions for their family (Bovell-Ammon et al. 2019; Perreira et al. 2012; Perreira and Pedroza 2019). Claudia tried to compensate for her family's hardships with her extraordinary resourcefulness; like other rural mothers who harnessed skills they learned growing up in rural communities (see Morton et al. 2005) to feed their families, she raised chickens, grew her own food, and was adept at making something out of nothing. But sometimes even that wasn't enough.

When we checked back with Claudia two years later, she had had another baby, a girl named Catalina. Claudia was happy that Angela finally had a sister, but the pregnancy and birth had been complicated. Both Claudia and Catalina were fine now, but at two months old, Catalina was not sleeping consistently, and Claudia was exhausted. Catalina had been born in the winter, which was always a hard time for their family. "From October through March, when the cold weather starts, there is less work [for Adrian]," she said. Compounding their problems, Claudia had been treated throughout her pregnancy at a large hospital about an hour away from their house. On average, rural residents travel about twice as far to get to the

nearest hospital (Lam, Broderick, and Toor 2018), and rural hospitals are less likely to be full-service hospitals. In Claudia's case, although her medical care was mostly covered, the expenses of parking and driving back and forth added up. "We'd spend \$20 for gas, and I had to spend the whole day there so I'd have to pay \$10 for parking, and although they helped with medication, I had to pay \$20 for medication, and then sometimes I'd have to pay \$30 or \$40 for the pregnancy check-up (co-pay). I would spend \$120 in one day. And sometimes we didn't have that. Some weeks, we only ate eggs and beans," she said.

By the time we interviewed Claudia, it was spring and Adrian was finally working again. Their family was classified as food secure according to the USDA measure. However, Claudia recalled a very difficult period around the time of Catalina's birth. "We still didn't have the car seat and we didn't have any money. We had to borrow some money to buy the car seat. We had no money because we'd paid the electric bill, which was very high, because if we didn't have electricity we knew that would affect the children too," she said. When she got home from the hospital, she realized they were nearly out of food. They had no money and a zero balance on their Electronic Benefit Transfer (EBT) card, and their stock of food was not as large as it usually would be. Claudia blamed herself; as other studies also show, mothers feel morally responsible for what their children eat (and for ensuring that their children have enough to eat), even in the face of enormous challenges (Chen 2016; Elliott and Bowen 2018; Fielding-Singh 2017). Claudia's SNAP benefits ran out more quickly because she couldn't walk or drive as much due to complications with her pregnancy, which meant that she could not shop the way she normally did. Instead, she went to the closest stores, which were more expensive. When she returned home from the hospital, they had very little to eat for two or three days. Claudia reflected on that time: "Once I even felt like I wanted to go to work" (even though she had a newborn and could barely walk). "It was a desperate moment." She prayed that the food shortages would not affect her milk supply, given that she was breastfeeding. Tamara Dubowitz and her colleagues

(2007) note that the birth of a child can exacerbate food insecurity as low-income mothers navigate new responsibilities, financial constraints, and social and physical needs, often with limited resources for their own well-being and support.

The family experienced a new crisis when Claudia was involved in a serious car accident a little more than a year later. She was in the hospital for more than three months, and the accident had serious effects on her mobility. After Claudia came home, she and Adrian decided to move to a nearby city to be closer to the medical facilities where she was being treated. Claudia liked the new neighborhood. "Everything is closer and the kids can go out and walk. It feels safer," she said. Now that they didn't have to drive so far to go to the grocery store and take the kids to school, Claudia felt like they all had more time. "[Before] I'd worry that the day wasn't long enough. Over there [in the old neighborhood] we'd go out and it was already dark, and here I feel the days are longer. The children play more."

Despite these positive changes, Claudia's new life was much harder. Previously, she had cooked, cleaned, shopped, and cared for the children. Now she could not cook like she wanted to. She could neither stand very long to stir a pot of rice nor lift a dish to put it in the oven. Even making tortillas was impossible on her own. "I used to make tortillas for them, and now I can do it when Angela helps me, but when she's not here, it's more difficult," she said. She desperately wanted her mother to be there with her during this challenging period in her life, but her mother could not leave Mexico. "The truth is, I was very depressed [after the accident]," she said. "Thank God, I'm doing better [now] with the treatment (that the doctor prescribed for her depression)." Still, Claudia cried during the interview as she talked about how much everything had changed. "The truth is, yes, it's really difficult," she said.

Rent was much higher in the city, and their financial struggles kept getting worse. "This month we barely made [the rent]—we were able to pay it yesterday, I think," Claudia said. "Over there [in the rural county where they had lived previously], we struggled financially; here it's

even worse. It's a lot of money and Adrian is mad all the time." The rent was too high, but they did not see many alternatives. "It's just too much," she said. "[Once we pay the bills] we're so poor, until the day when we get the payment on the [EBT-SNAP] card, because we had nothing." To make matters worse, their food stamps had been cut by \$300. Claudia didn't know why. She had double and triple-checked that they had entered everything correctly, but nothing had changed. They regularly experienced food insecurity, usually at the beginning of the month, when they had to scramble to pay the rent and energy and water bills and were still waiting for the SNAP benefits to load. "On Monday, a friend brought me food, she made me a meal, and she saved my life, because I had nothing," said Claudia. Claudia's story shows how food insecurity and housing insecurity are intertwined, in this case because they moved to a more expensive urban area.

Claudia's experiences over the five years of the study also show how food insecurity is connected to experiences over the life course—in her case, the birth of a child and a health crisis—and structural conditions, like a lack of guaranteed health-care coverage, that exacerbate the impact of these experiences (Arlinghaus and Laska 2021; Jones et al. 2018). Research shows how food insecurity is associated with health-care expenditures (Berkowitz et al. 2017; Tarasuk et al. 2015). The causal directions may go both ways: food insecurity may contribute to health problems, and health issues (and the associated costs) may lead to food shortages. Claudia's family experienced food shortages both when Adrian could not work because of health struggles and as a result of the added expenses associated with Claudia's pregnancy and childbirth. Rurality also shaped Claudia's experiences. The reason they moved to the city in the first place was to be closer to the medical facilities where Claudia was being treated after her accident. Research finds that rural areas increasingly lack comprehensive hospitals and more highly trained specialists (Kirch and Petelle 2017). Claudia's move gave her better access to health care, but because rents were so much higher there, it also made it more difficult for Claudia and Adrian to avoid food shortages.

Claudia's struggles were intensified because of her family's tenuous legal status and subsequent fears of increased government surveillance and deportation. She had gotten a temporary visa after leaving her abusive partner but did not have permanent residency. She was working with a lawyer to try to get a green card, but worried about whether the election of Donald Trump would jeopardize her case. "The lawyers have said that yes, they can take away my visa," she said. With immigration in the news all the time, she also worried about Adrian, who was undocumented. If something happens, she said, "he'll leave to be with his family in Mexico." He drove to work because he had to, but when they went out as a family, Angela, who was now eighteen and had her license, drove them. Angela and Samuel, both born in the United States, told Claudia that they refused to go to Mexico if Claudia or Adrian were deported. They had never been to Mexico and did not want to move there. "I know that if I get deported, I don't know what will happen to my [older] children," she said.

Claudia's story shows how the increasing threat of deportation affects immigrants' everyday lives (Menjívar and Abrego 2012), including the way they feed their families. Undocumented immigrants like Claudia's partner are not eligible for SNAP, but their U.S.-born children often are, as are documented noncitizens who meet specific criteria. (We purposefully did not ask Claudia or other immigrants to disclose their legal status. Although most people eventually provided some explanation, we did not ask for specific details about her or other people's visas or immigration status, so we don't know whether Claudia's visa made her eligible. Her U.S.-born children, though, were eligible for SNAP). WIC, a food assistance program for pregnant and nursing mothers and young children, specifically does not restrict on the basis of legal status. Many immigrant families, then, are eligible for some forms of food assistance. As Claudia's case demonstrates, however, the barriers they face go far beyond legal restrictions. Research shows that the threat of deportation leads immigrant families to avoid government programs, including food assistance programs (Kaushal, Waldfogel, and Wight 2014;

Menjívar and Abrego 2012; Perreira et al. 2012). The “participation rate” for noncitizens who are eligible for SNAP is lower than that of citizens (Lauffer and Vigil 2021; Skinner 2011). Researchers find that some immigrants do not apply for public benefits because they are confused about the eligibility, intimidated by the application process, or fear being labeled a public charge (Perreira et al. 2012; Perreira and Pedroza 2019).

Some research finds that families have become even less likely to enroll as immigration policies have gotten more restrictive and more punitive (Bovell-Ammon et al. 2019). At the same time, studies also find that some immigrant families are actually prompted to apply for assistance because of the economic precarity that results from these same policies (Golash-Boza and Hondagneu-Sotelo 2013). In the case of Claudia’s family, increasingly restrictive employment policies meant that the only jobs available to her partner were in the informal labor market; his job as a day laborer offered few protections (for example, when he could not work due to a medical issue), and his income fluctuated widely. Studies find that with *de facto* immigration tools such as E-verify, implemented in North Carolina starting in 2013 (NC Department of Labor 2021), it has become more difficult for undocumented immigrants to obtain or move between jobs (Straut-Eppsteiner 2020). Leisy Abrego and Leah Schmalzbauer (2018) also note that place-specific factors (such as labor markets and social context) shape immigrants’ experiences and ability to earn a livelihood; in their study, immigrants living in rural communities in Montana (also a new immigrant destination) found it harder to join the paid labor force than mothers in the established immigrant destination (and urban city) of Los Angeles.

Still, like so many of the parents in our study, Claudia dreamed that things would get better. “That we have money, that we could buy a house, and I’d like to get them in college—that’s my greatest dream, for them to be someone in life,” she said. “I imagine that if I get my visa, I’ll go to school, so I can find work doing something, like in an office, and study English.”

### **Persistently Food Insecure: Clarissa**

“I [have] the mommy instinct. It’s always been there. I don’t know how to not take care of somebody. Until the day I die, I’ll be taking care of somebody, somewhere,” explained Clarissa, a fifty-five-year-old grandmother who was caring for her three grandchildren. Clarissa described herself as “short and stocky.” She leaned back on the loveseat, fidgeting with her pink flip flops during the interview. Clarissa and her three grandchildren—eleven-year-old Autumn, six-year-old Eve, and two-year-old Cal—had just moved into the trailer, and the living room was still filled with big cardboard boxes. They had moved in after Clarissa separated from her second husband, a violent man who abused both Clarissa and the children. Their house went into foreclosure after she left him, and she felt lucky that someone told her about the trailer at the end of a dirt road, surrounded by several other trailers. She missed the convenience of being closer to grocery stores and gas stations but felt safer in the country. “Thank God. It must have been meant for me to be here. But I like it because it’s safe, it’s quiet.”

Having already raised two children, mostly on her own, Clarissa did not expect to be doing it all over again, but Eve and Cal, her daughter’s children, had lived with her nearly all of their lives. “Sometimes parents can’t be parents,” Clarissa reflected. “My daughter doesn’t have it in her to be a mom.” Clarissa’s son, on the other hand, had been a “very good father” to Autumn. He mostly cared for her until she was four, but then “made stupid decisions” and was incarcerated. In general, the rate of incarceration has more than quadrupled since the 1970s, with wide racial disparities (Travis, Western, and Redburn 2014). Rural incarceration has been understudied. However, Jacob Kang-Brown and Ram Subramanian (2017) identify a shift in the location of jails from urban to rural areas. This is due to a substantial increase—436 percent between 1970 and 2013—in rates of pretrial detention in rural counties, as well as growth in the number of rural jails, especially in the South and West, that are renting out jail beds to hold people for other authorities (Kang-Brown and Subramanian 2017).

After her father was incarcerated, Autumn moved in with her mother, who was addicted to drugs and alcohol. Clarissa saw her on the weekends. She suspected that Autumn was being abused, but her attempt to get emergency custody failed. Then Autumn and her mother abruptly moved without telling anyone, and Clarissa did not see Autumn for two years. One day, the Department of Social Services called and asked Clarissa if she would take her. Autumn had been living with Clarissa ever since.

Clarissa had experienced her own struggles growing up. “My mom grew up on a farm, poor in [Europe]. My father grew up on a farm here [in North Carolina], poor,” she said. Clarissa didn’t realize that her family was poor because they always had something to eat, but she eventually realized that the foods her mother cooked were “poverty foods,” cooked out of scarcity. “Biscuits with fatback on it. I thought fatback was a treat. It wasn’t. It was a fill-in. . . . I thought we were eating good, and it turns out, we were eating poor.” Clarissa vowed “to never be that bad off if there’s any possible way around it.” She was proud of how hard she had worked throughout her life. She started working at sixteen, eventually becoming a manager at a retail establishment, but in her fifties, she suffered from several complicated health issues that limited her mobility and meant she could no longer work. She got disability, SNAP benefits, and Medicaid. But it was not enough, she reflected. “Nowadays, money doesn’t go far.” Clarissa was grateful that she got both disability and SNAP benefits, but her disability check didn’t cover rent and the electric bill, and her SNAP benefits were reduced after she began receiving disability.

Clarissa’s family faced persistent food insecurity throughout our study: “They’ve cut my food stamps. Now I’m going to have to reevaluate how I’m spending. And right now I am pretty much out of food,” she said. Before her SNAP benefits were cut, Clarissa could stock the pantry each month, including the meat, peanut butter, and breakfast foods her grandchildren liked to eat. But the cuts in her benefits meant that now the family ran low on food nearly every month. Older adults are more likely to be food insecure if, like Clarissa, they

are caring for a grandchild (Ziliak and Gundersen 2016). Clarissa absorbed some of the costs that the foster care system would have to pay if she could not care for her grandchildren, and she also bore the familial “collateral consequences” of mass incarceration (Kirk and Wakefield 2018) and rising rates of addiction in rural communities. Clarissa never specified what “stupid decisions” her son had made that led to his incarceration; in general, however, pervasive rates of addiction are one of the factors that drive incarceration in rural areas (Kang-Brown and Subramanian 2017). Families like Clarissa’s perform the financial, emotional, and physical labor of care in the absence of an adequate social safety net.

Clarissa took in her grandchildren because there was no one else to do it. Their parents couldn’t raise them, and Clarissa didn’t trust the state. She experienced the state as a threat, vowing that “the state’s not going to put [the kids] anywhere. As long as I’ve got breath in my body, I will raise them.” At the same time, she relied on the state—not only to help support her family, but also to remove Autumn from her mother’s custody (see also Brant 2022, this issue). She had tried earlier and failed to get emergency custody and wished the state would have intervened sooner.

Clarissa expressed a fierce sense of individualism that reflects the contradictory relationship that many rural White Americans have with the state and the social safety net programs they need to get by (Hochschild 2016; Metzl 2019). Clarissa was proud that she had “raised [her] kids on [her] own with nobody’s help.” She felt conflicted about relying on social assistance, which she had started receiving only after she began caring for her grandchildren. As Jennifer Sherman (2009) finds, rural poor and working-class people assign moral value to different coping strategies. Some ways of getting by—particularly low-wage and subsistence work—are valued and considered morally and socially acceptable; others, such as receiving public aid in the form of welfare and food stamps, are stigmatized. Discussing how she sometimes went to a church that offered free meals, Clarissa said, “I feel bad, that I shouldn’t have to go there.” At the same time,

she railed against people who judged her for depending on public assistance or charities without knowing her situation. “I went to Walmart and got cussed out for using food stamps by people in line,” she recalled. “[They said] that’s where their tax dollars are going because my fat, lazy ass won’t get off my butt and get a job.” Clarissa admitted that she used to be the same way. “In my mind I would [say], ‘Look, they got all these kids and getting food stamps,’ but then when I wound up needing it, I understood.” Sherman similarly finds that the myth in the United States that the poor lack a work ethic and are lazy, deviant, oppositional, and dependent is so persistent that poor people often use these terms to describe “other” (that is, undeserving) poor people.

When we met Clarissa, she seemed quietly hopeful, determined to provide the children with some stability despite all of the challenges. “Family is the most important thing,” she said. But things only got worse for her family over the course of our study. She experienced problem after problem with her trailer: mold due to a leaky roof, an oven that didn’t work, a broken heating system and no insulation, and floors that were falling through. Her landlord refused to fix the problems, and Clarissa eventually fell behind on rent because she could not pay both her rent and the heating bills.

Two years after we met her, she lost custody of Cal, who went to live with his mother (Clarissa’s daughter). Eve, his sister, stayed with Clarissa. With one fewer child in the household, Clarissa’s SNAP benefits dropped by \$154 a month. “We have a lot more cereal nights,” Clarissa explained, referring to the nights when they would just have cereal for dinner, similar to the fatback and biscuits she thought of as treats when she was a child and only later realized they were eating because they were low on food.

Things started to look up when she found a new place to live, a farmhouse, closer to town. Eve and Autumn picked out their own bedrooms, and Clarissa looked forward to finally having a working oven and being able to bake again. The house had a big yard, so the girls could run around outside and see the cows in the field behind the house. Clarissa started

planning a garden, and hoped to grow tomatoes and watermelons. It did not last, however. A few months after they arrived, Eve went to visit her father, who lived several states away. When it came time for her to come home, he decided he would not take her back. Several months after that, Clarissa’s daughter asked Clarissa to move in with her. “I gave up my house and moved in with my daughter because she supposedly was sick. I was supposed to help take care of her and help pay the bills and stuff.” Clarissa soon learned that her daughter had not paid her rent in nine months. They were subsequently evicted. “They left me and Autumn on Thanksgiving with no power, no food, no nothing, in a cold house,” she remembered. “We were going up to McDonald’s and sitting in the warm until it was time to go to sleep. . . . I had no way, no money to buy no food, no nothing.” A former neighbor let Clarissa and Autumn stay with them through Christmas, and Clarissa managed to save up enough for the security deposit for another place.

In early January, having lived in four places over the previous year, Clarissa and Autumn moved into yet another trailer. “Every time it rains you can hear the water go between the little walls, there’s no insulation . . . The floor is falling through when you’re going into that bedroom. The floor is sinking already in the kitchen,” she said. Clarissa struggled to pay both the rent and the utilities. Given the trailer’s lack of insulation, thin walls, and structural problems, Clarissa’s electric bill sometimes climbed to \$350 a month, nearly as much as her rent. Clarissa tried to limit the amount of heat they used and had even stopped baking in the oven because it used too much electricity. “It’s keeping me stressed—trying to figure out [whether I] pay my rent or pay my utilities,” she said. The stress kept Clarissa from sleeping and gave her headaches. She had gained weight, and she felt that the stress couldn’t be good for her health. “I’m just worried that the stress is going to cause me to have a stroke,” she said.

Clarissa’s moves from one trailer to another illustrate how food insecurity and housing insecurity are interconnected. Many studies have demonstrated an association between food in-

security and unstable and vulnerable housing situations such as living “doubled up,” having to move frequently, or being evicted (Bowen et al. 2019; Huang and King 2018; King 2018; Kirkpatrick and Tarasuk 2011). However, determining the causal direction of the relationship is difficult. As Clarissa’s case shows, the linkages are likely cyclical. Moving itself is costly, and these costs are compounded by the higher heating and cooling bills that come with poorly insulated houses. Little money is left in the household budget for food. Many of the rural mothers in our study, including all three featured in this chapter, lived in mobile homes like Clarissa’s and struggled with similar challenges—high utility bills due to inadequate insulation, broken kitchen equipment, pest infestations, and flimsy structures that could easily be wiped away during a heavy storm or hurricane. As Esther Sullivan (2018) notes, mobile homes, more commonly known as trailers, provide the largest source of affordable housing in the United States. An estimated twenty million Americans live in mobile or manufactured housing (Salamon and MacTavish 2017). About half of these homes are located in mobile home parks or trailer parks, and three in four of these communities are found in rural areas (Salamon and MacTavish 2017), yet they are frequently unacknowledged or ignored by policymakers and in broader public conversations about housing and poverty. Studies show that the segregation of trailer parks, which sets them physically and legally apart from other rural communities, enhances othering the people who live there as “trailer trash” (Salamon and MacTavish 2017; Sullivan 2018). Moreover, many residents do not own the land their home is on (even if they own the home itself), and mobile homes have structural problems that create health and financial risks. Rental trailer parks tend to have the worst-quality housing (Salamon and MacTavish 2017). The social and spatial stigmas of trailer park life also intersect “to create a class of citizens for whom a precarious right to place is a daily reality” (Sullivan 2018, 25). With four moves in a few years and a series of poorly insulated houses that had been neglected by landlords, Clarissa’s story demonstrates how tenuous life in a rural trailer park could be. In the face of all of this, children had

to eat, putting mothers and caregivers in a double bind about where to spend the precious little funds they had.

Clarissa’s story also illustrates the importance of social and familial ties in the wake of mass incarceration and addiction epidemics that have swept across many rural communities (Kirk and Wakefield 2018). Without grandmothers like Clarissa to step in, children are left as wards of the state, taking their chances in a foster care system that may or may not protect them. At the same time, these caretaking arrangements are sometimes informal, often arranged with little notice, and lack the institutional and financial support that many children need—particularly those living in poverty or affected by family abuse and trauma (Braveman et al. 2018). Moreover, these caretaking arrangements can be easily ruptured by the state or family members, and they come with a large emotional and financial cost to families who are already struggling to get by. When Eve moved back in with her father, Clarissa keenly felt her absence. “She was with me for ten years,” she remarked sadly. “That’s my baby. I lost my baby.” As Marie Gualtieri (2019) notes, because grandparents often have informal rather than formal custody of their grandchildren, it is easy for them to lose their rights to care for the children when situations change within the family system, and they often do not have access to social services that they would have if they had formal custody.

Finally, Clarissa’s story illustrates how children experience the effects of persistent food insecurity even when the adults in a household work to protect them from it (Fram et al. 2011). Clarissa’s family was classified as experiencing very low food security throughout all three waves of our study, but like most caregivers (especially female caregivers) in food-insecure households, Clarissa tried to protect the children by feeding them first (Martin and Lippert 2012; Olson 2005). “The kids eat first. The youngest gets fed first, and then the next [youngest], and then the oldest. The children eat first, and if there’s anything left, I eat.” When we interviewed fifteen-year-old Autumn during the last year of our study, she expressed a clear understanding of her family’s food shortages. Sometimes, she said, she asked

for money to buy Takis or snacks, and her grandma told her they did not have enough. “I understand it because money is tight and stuff, so I’ll be like okay and I don’t get all upset or anything about it because I’m old enough now where I understand it.” Autumn also understood how having an extra child to feed put extra pressure on their food supplies. “The other week, my cousin was staying here and he eats a lot and so we started running low on food and we were out of ramen and we were out of milk.”

Although Autumn painted a picture of a house where her grandmother always managed to find something for them to eat, it all seemed to be taking a toll on her. Autumn was doing well in school, but she had chronic headaches and dizzy spells. Clarissa explained that she knew that “the stress of trying to figure out where I’m coming up with the money for bills isn’t helping her much either.” Autumn told us that she hoped to get a job as soon as she turned sixteen, at Walmart or Food Lion, so that she could help out with expenses. Autumn’s determination to help out was a common theme among families in our study with teenage children, who often started working so they could help pay bills or cover their own living costs (see also Burton 2007).

## CONCLUSIONS

These cases, and our longitudinal analysis of the trajectories of rural poor and working-class families over a five-year period, reveal the ways rural families rely on the fraying resources of a fractured state and contingent family ties to address food insecurity. For the families in our study, even many of those considered food secure, SNAP often represented the difference between “getting by” and being hungry. In the wake of welfare reforms enacted in the mid-1990s, as social safety nets have become more contingent on paid employment (Collins and Mayer 2010; Hays 2003), SNAP has become an increasingly vital source of support to poor families, including the working poor (Dickinson 2020). SNAP helps people who cannot work (such as the disabled or elderly) and people who are between jobs; it also compensates for low-wage and volatile jobs that do not pay enough for families to get by (Keith-Jennings

and Chaudhry 2018). Even families who were relatively food secure and had steady employment, like Katina’s, needed SNAP. SNAP participants are overrepresented in jobs and occupations characterized by low wages and irregular schedules, including health-care aides (like Katina), cleaners, dishwashers, food preparation workers, and retail workers (Keith-Jennings and Chaudhry 2018).

Katina managed to stay food secure but felt that they were one step away from financial disaster. Katina worried constantly that “something” would come up. For Claudia’s family and many of the families in our study who experienced intermittent food insecurity, “something” did come up. Experiences of food insecurity were often associated with unexpected crises or hardships, echoing studies finding that food insecurity is linked to unexpected expenses, job loss or a lower than usual income, or other events that occur throughout the life course (Dubowitz et al. 2007; Jones et al. 2018). Over the five years of our study, Claudia’s family experienced health crises, seasonal shifts in employment, and a move to a new and more expensive city. They had few resources to weather these challenges. Their situation was made worse by complications with their SNAP and WIC benefits, including what Claudia perceived as discrimination by the case worker. As a mixed-status immigrant family, they worried about increased government surveillance and deportation, but sought out government assistance anyway because they needed to feed their family. Claudia relied on broader state networks that were ostensibly intended to help families like hers survive but also dehumanized her through bureaucratic entanglements of welfare reform (Hays 2003; Herd and Moynihan 2018) and brought the additional threat of deportation and surveillance (Menjívar and Abrego 2012).

Some of the families in our study were persistently food insecure, with several experiencing co-occurring bouts of homelessness or housing insecurity. For Clarissa, persistent food insecurity meant that her family had to rely on government benefits that she had long derided. Before she used the SNAP program, she had judged others for being dependent on the government. But in her mid-fifties, she

found herself with no savings, numerous health issues, and grandchildren to care for. The number of children being cared for by grandparents has increased as a result of mass incarceration and the opioid epidemic, which has decimated many rural communities (Dolbin-MacNab and O'Connell 2021). Grandparents function as a safety net not only for their families but also for the government, saving taxpayers approximately \$4 billion per year by keeping their grandchildren out of the foster care system (Generations United 2017). But, as occurred in Clarissa's case, this carework comes with emotional and financial costs, and grandfamilies experience higher than average rates of food insecurity (Ziliak and Gundersen 2016). Clarissa acquiesced to participating in SNAP only when she realized it was the only thing that would make sure her grandchildren would have something to eat. Her story of simultaneous dependence on and resentment toward the state is echoed in other studies of rurality and White working-class Americans more generally (Gest 2016; Hochschild 2016; Kramer 2016; Metz 2019).

The interviews analyzed in this article took place between 2012 and 2017, before the COVID-19 pandemic, but we can expect that the pandemic will have long-term effects, exacerbating many of the inequalities described here. As of this writing, few studies have examined the impact of COVID-19 on rural households specifically. One study in the North American West, conducted in June 2020, found "the effects of the COVID-19 pandemic on rural populations have been severe," noting in particular higher rates of unemployment among rural residents compared to nationwide averages (Mueller et al. 2021). The authors note that rural jobs tend to be located in industries that were negatively affected by pandemic slowdowns and closures, such as tourism and factory work. Even before the pandemic, rural areas faced high rates of unemployment and underemployment. Early estimates suggested that food insecurity has been especially high in rural communities and counties during the pandemic (Feeding America 2020). The USDA's report on food insecurity in 2020 found that food insecurity rose in both city cores and rural (nonmetropolitan) areas between 2019 and

2020, but not among suburban households (Coleman-Jensen et al. 2021).

Given these projections, our research team reached out to all of the families in the study to understand how the pandemic was affecting their lives and experiences of food and food insecurity. Between May and November 2020, we conducted interviews with fifty-four of the families who were part of the original study. This was a brief interview (about thirty minutes, to minimize participant burden during the pandemic) to find out how the families were doing. We were able to interview only one of the participants from this article—Clarissa. When we interviewed her in July 2020, Clarissa was still facing the dual impacts of food and housing insecurity. She had moved again, and depended on SNAP and food pantries to get by, but said her SNAP benefits had decreased. With more people at home all the time and the increasing cost of food, Clarissa reported that she was not getting enough in benefits to keep her family fed. She also told us that because she was caring for her grandson informally while his father was incarcerated, she had not received the child stimulus payment for him. By failing to recognize informal caregiving arrangements such as Clarissa's, the stimulus package reproduced the long-standing practice of excluding family forms that deviate from the North American family ideal (Gualtieri 2019; Meyer and Floyd 2020; see also Brant 2022, this issue). As Kristina Brant (2022, this issue) finds, low-income families managing care at the intersection of incarceration may opt for informal caregiving arrangements to avoid increased state intrusion in family life, even though this comes at a cost of receiving less support from the state. Clarissa made sure her grandson ate before she did, skipping and cutting the size of her own meals, and had started buying cheap foods like ramen noodles and canned spaghetti that she would rather avoid. The rural area where she lived offered only two food pantries that Clarissa could access during the pandemic, and both were struggling to keep up with demand. Before COVID, nearly all of the families in our study, both rural and urban, made use of free and reduced lunches at school for their children. Many families told us, however, and we saw during nu-

merous school lunch observation visits, that children did not necessarily like the food. Like several other rural families we spoke with, Clarissa was not regularly picking up the free school meals being offered at her grandson's school, saying she felt that others were worse off and needed them more than she did. Other families talked with us in 2020 about how their children did not like the foods, or how they struggled to get to the school pick-up sites because they were working and could not take time off during the day (Elliott et al. 2021). Clarissa was also very worried about her incarcerated son. The prison had reported COVID cases, including in her son's block, and her son said that they were all put in solitary confinement to reduce the spread of the virus.

Before, during, and after the pandemic, the social processes that were associated with food insecurity—working in low-wage jobs, experiencing housing insecurity and health crises, facing increasingly restrictive immigration policies, and caring for children in the absence of state support—were not necessarily distinct to rural areas. However, the environmental, economic, and social context of living in a rural area shaped participants' experiences of food insecurity. Living in rural communities also offered both opportunities and challenges. Place mattered for the families in our study, particularly those who lived in rural areas. As Linda Burton and her colleagues (2004) argue, many people grapple with their sense of home throughout their lives; this is especially true for marginalized communities that draw on, or yearn for, a real or imagined "homeplace" that offers belonging, self-awareness, political consciousness, and respite from the harsh realities of lived oppression. Katina benefited from the support that came with living close to her family in the same place where she had grown up. But to stay in her rural community—her homeplace—and find work as a CNA, Katina had to commute forty miles, and her ability to stay employed required the support of family members who could put her daughter on the bus each morning and provide a free place to live. Moreover, Katina's job didn't pay enough to allow her to build a financial cushion. Rural sociologists argue that globalization and neoliberal trade policies have contributed

to a reduction in the number of good jobs in rural areas as better-paying manufacturing and agricultural jobs have decreased and low-wage, often part-time service-sector jobs have increased (Falk and Schulman 2003; Brown and Schafft 2011; Ulrich-Schad and Duncan 2018). North Carolina specifically lost more than a hundred thousand jobs between 1994 and 2000 as a result of free-trade policies (such as NAFTA), in textile, apparel, and furniture manufacturing, and rural counties have been the hardest hit (Hossfeld, Legerton, and Keuster 2004).

Like Katina and many of the other rural mothers in our study, Claudia was able to draw on skills from her youth to raise chickens and grow produce in her rural home, but this community was also far away from high-paying jobs and adequate health-care facilities, which she needed after being injured in an accident. Like other families in the study, Katina's and Claudia's families harnessed elements of life in a rural community—space to garden and (in Katina's case) supportive social networks—while paying the price in higher gas bills and a longer commute time to work. Rural communities often have no public transportation, and as Claudia's and Katina's cases show, families must go where the jobs are, often necessitating long commutes.

Rurality also influenced the housing situations of the families in our study. As Katherine MacTavish, Ann Ziebarth, and Lance George (2014) summarize, by many measures, rural Americans appear to be better housed than their urban counterparts. Rural residents are more likely to own their homes and pay less for housing than their urban and suburban counterparts. Yet rural areas face shortages of affordable housing and have substandard housing, and nearly half of rural renters are cost burdened, meaning they spend at least half of their income on rent (MacTavish, Ziebarth, and George 2014). Both Claudia and Clarissa were cost burdened; we observed how they struggled to pay the rent and buy food and how they constantly redirected resources from one part of their budget to pay for another (Heflin, London, and Scott 2011), running low on food near the end of most months. All three of the families described in this article, and many of the

rural families in our study, lived in mobile homes; Sullivan (2018) argues that mobile home residents experience social and spatial stigmas that contribute to their precarity (see also Salamon and MacTavish 2017). We saw how inadequate insulation led to exorbitant heating bills, and in Clarissa's case observed how substandard housing forced her to move multiple times in a short period. Clarissa was housing insecure throughout the study and experienced homelessness at one point. Her case illustrates how housing insecurity and food insecurity are often interlinked.

In sum, the narratives analyzed here support studies showing how food insecurity and other forms of hardship (such as housing insecurity, financial crises) are linked. Importantly, this study also illustrates how experiences of food insecurity are shaped by events that families experience across the life course, as well as social contexts, including the communities where people live (and the rurality of these places). The three rural families profiled in this paper, and the rural families in our larger study, navigated precarious employment, a lack of reliable transportation, housing insecurity, and an inadequate safety net as they fed their families. Living in a rural community offered both challenges and opportunities.

These cases demonstrate how rural families make their way when good jobs are scarce and social assistance is inadequate and stigmatized. Feeding their families was a top priority for the women in our study, and they sacrificed to be able to do it. The deeply rooted social networks of many rural residents helped them get by, but these networks were also precarious. Paying close attention to the narratives of three families, whose experiences are emblematic of the situations and stories we heard throughout this project, we find that living in a rural community affects how families experience common life course events (births, deaths, migration, health struggles, aging) and the resources and support they were able to draw on as they navigated feeding their families in challenging times. Future research should focus on how the COVID-19 pandemic and the resultant traumas it has enacted in many rural communities has impacted these realities and reshaped family and community life.

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