

Explaining the Poverty Dynamics of Rural Families Using an Economic Well-Being Continuum

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Abstract The economic volatility faced by rural low-income families is explained with an Economic Well-Being Continuum (EWC), a comprehensive measure which describes the circumstances of low-income families in eight specific dimensions and establishes their level of economic functioning. Using the Rural Families Speak longitudinal dataset and a case study approach, we analyzed the poverty spells of five rural, low-income families, including a migrant family. Life circumstances and trigger events that contribute to families' entry into and exit from poverty were examined with the EWC. Health issues and relationship changes were significant trigger events that established or altered the economic functioning of the families while support networks helped mitigate their hardships. Policies to alleviate poverty spells among the rural poor are discussed.

Introduction

Poverty seems to be neither a temporary nor a permanent state for many rural, low-income families in the US who move in and out of poverty repeatedly. These spells of

material hardship experienced by economically vulnerable families suggest that there is a dynamic nature to poverty (Cellini et al. 2008), with some families being far more susceptible to exiting and (re)entering poverty than others. The objective of this paper is to use an Economic Well-Being Continuum (EWC) to examine the volatile nature of poverty experienced by rural low-income families, specifically, to understand the life circumstances and events that contribute to rural families' entry into, exit from, and, for many, an inevitable reentry into poverty. For purposes of this paper, entry into poverty is considered to begin when a family's economic situation necessitates the receipt of cash assistance from the Temporary Assistance for Needy Families program (TANF). Poverty exit, on the other hand, occurs when the family is no longer receiving TANF.¹ A case study approach is used to analyze data on the lived experiences of a select number of rural, low-income families.

In order to understand the confluence of circumstances and events which may cause families to move in and out of poverty, their current state of economic well-being must first be established. Family economic well-being has been

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¹ Please note: (1) The authors acknowledge that a family does not exit poverty, i.e., cease to be poor, simply because they stopped receiving TANF. Families may have improved their economic circumstances so that they are no longer qualified for cash benefits, nonetheless, they may still be sufficiently poor to receive in-kind assistance such as food stamps (aka SNAP), Medicaid, etc. A low-income family may fall somewhere on a "poverty scale," characterized by, on the one end, the worst state of privation necessitating both cash and in-kind assistance and, at the other end, a minimum level of economic adequacy, perhaps requiring some form of supports but not cash assistance. We identified those families who experienced economic volatility in the three study years and then categorized them according to where they fell on the poverty scale. (2) None of the families in the study were timed off TANF.

measured in numerous ways by various scholars: employment, earnings, and income (Cancian et al. 2002); family wealth (Hao 1996); a combination of personal income, family income, and the income-to-needs ratio (Smock et al. 1999); and employment and job quality including earnings (Loprest 1999). We are defining family economic well-being with a newly-developed Economic Well-Being Continuum (EWC), combining the Economic Functioning Framework (Bauer et al. 2000), which describes the economic situation of rural, low-income families, with select elements of the Capability Approach (Sen 1993). Compared to other measures used by scholars, the EWC is a far more comprehensive and detailed measure as it takes into account a wider array of factors that may cause families to slip into and out of poverty.

Understanding the dynamic nature of poverty, and in particular rural poverty, is important for many reasons. First of all, low-income families are buffeted by, and are often at the mercy of, events beyond their control including those at both the micro level (personal) and macro level (larger economy). Recent examples are (1) the great recession of 2007–2009 and the subsequent global economic downturn, both of which have contributed to a protracted adverse effect on families, particularly poor families, and (2) the off-shoring of US manufacturing jobs that has had a big impact on many small towns, with replacement jobs paying less and providing virtually no employee benefits. Secondly, as more and more households, regardless of their income level, face prolonged unemployment and financial uncertainty, an economic tsunami of sorts has been produced. With declining fortunes for most families, it is likely that those families who were already at the bottom of the economic ladder will be further marginalized. The end result may be the creation of the conditions for a permanent underclass that falls into spells of poverty more often, each time less able to reverse the situation for themselves and their children. Finally, with only 19.3 % of the US population living in rural areas² (US Census Bureau, US Department of Commerce 2013), their poverty is often overlooked. Yet, both high poverty (16 % of nonmetropolitan counties vs. 2 % of metropolitan) and

persistent poverty (95 %) are disproportionately found in rural areas of the US, with remote rural areas experiencing the highest poverty (Miller and Weber 2003; Weber and Jensen 2004), a pattern which has been observed historically (Farrigan and Parker 2012). With more than one in seven rural residents living in poverty, approximately 15.1 % of the rural population is considered poor compared to 12.5 % of the urban population (Jensen 2006). Rural poverty is highest in the south and among African-Americans as well as female-headed households (Housing Assistance Council 2011). Almost one in five rural children are poor; compared to urban child poverty rates, the rate of rural child poverty is higher for all children and for every minority group (Annie E. Casey Foundation 2004). In 2011, 24.8 % of total non-metropolitan personal income consisted of government transfer payments versus 16.3 % of metropolitan personal income (Economic Research Service, US Department of Agriculture 2012). An understanding of the state of economic well-being of rural families and the causes of their poverty dynamics may assist policymakers to design policies that could alleviate the repeated poverty exits and (re)entries among rural families in particular, and low-income families in general.

The unique contributions of this paper include: (1) the Economic Well-Being Continuum (EWC) providing a comprehensive assessment of families' economic well-being which helps to explain the poverty dynamics of a vulnerable, yet ignored, population; (2) the consideration of a variety of patterns of poverty spells; and (3) the inclusion, in the analysis, of a migrant family whose employment pattern in terms of seasonality and constant relocation illustrates a distinctive form of economic uncertainty. To explain poverty spells among rural families we utilized a dataset that contains 3 years of both quantitative and qualitative data, collected after the passage of the 1996 welfare reform legislation. A case study approach was used to facilitate a more detailed and multilayered exploration of the factors that contribute to the economic volatility of low-income families thus allowing us to study poverty from an individual perspective.

² The Census Bureau's urban–rural classification is fundamentally a delineation of geographical areas, identifying both individual urban areas and the rural areas of the nation. The Census Bureau's urban areas represent densely developed territory, and encompass residential, commercial, and other non-residential urban land uses. For the 2010 Census, an urban area will comprise a densely settled core of census tracts and/or census blocks that meet minimum population density requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with the densely settled core. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters. Rural areas, on the other hand, comprise of open country and settlements with fewer than 2,500 residents.

Economic Well-Being Continuum

We have combined two frameworks to help us understand poverty among rural families. The first, Capability Approach, considers the individual's/family's ability to access and utilize resources to enhance well-being (Sen 1993). The second is the Economic Functioning Framework (Bauer et al. 2000) which allows for both the level of family income (relative to the federal poverty line (FPL)) and the family's use of public assistance programs.

Capability Approach (CA)

Amartya Sen pioneered the Capability Approach (CA) with two concepts at its basis—functionings and capabilities, expanding Boulding's (1985) human capability theory. Functionings can be described as a person's or family's actual achievements or "the various things a person may value doing or being" (Sen 1997, p. 394). Capabilities are the factors that enable one's understanding of and ability to take advantage of various combinations of functionings (Sen 2005). According to Sen (1993), well-being should be assessed not just in terms of achievements but also in the ability to take advantage of functionings (i.e., doing and experiencing), and the individual's and family's functionings and capabilities are what need to be assessed in order to evaluate well-being (Sen 1997, p. 199). Therefore, the growth and development of one's capabilities "depends both on the elimination of oppression and on the provision of facilities like basic education, health care, and social safety nets" (Evans 2002, p. 55). If we only look at the well-being of families or individuals in terms of income generation and education (as is the case with the Human Capital theory), we will ignore information about what influenced the person's or family's ability to achieve (or to not achieve).

While Sen avoided listing specific capabilities (Robeyns 2003), Nussbaum (1999), most notably, provided what might be considered "core" capabilities: life, bodily health, bodily integrity, senses, imagination and thought, emotions, practical reason, affiliation, other species, play, and control over one's environment. The CA acknowledges that people have different opportunities and abilities even when they have similar human capital (Nussbaum 2000; Sen 2005). This can be especially salient for low-income rural families. People who have limited income may need more external resources to help them achieve well-being. Further, individuals may have different access to resources, with the capabilities of various family members intertwined. Parents' capabilities differ due, in part, to their employment opportunities and choices, as well as the availability of child care, while the capabilities of the children will depend on the availability and quality of child care, and the hours the parents work, the physical and mental health of family members and how those influence family interactions.

Economic Functioning Framework (EFF)

The Economic Functioning Framework (EFF), developed by Bauer et al. (2000), provides a means of assessing the economic well-being of families in poverty. More specifically, using a systems approach, the authors modelled this framework as a tool to understand the 1996 welfare reform

legislation by placing the time frame, types of assistance, levels of family economic functioning, and sources of support within the context of a long-term picture of well-being of individuals and families. Bauer et al. identified five levels of well-being based on an income-to-needs ratio that encompasses both income and use of public assistance. These are *in-crisis* (below FPL with heavy reliance on public assistance), *at-risk* (100–130 % FPL with heavy reliance on public assistance), *safe* (131–150 % FPL and some reliance on public assistance), *sustaining* (151–200 % FPL with only marginal reliance on public assistance), and *thriving* (above 200 % FPL with no reliance on public assistance). The EFF, an evolving framework, is useful to community support workers, researchers, and outreach educators because it includes changes in welfare policy and assesses the movement of rural families over time as their economic well-being improves or declines.

The Dynamic Nature of Poverty: An Unaccounted Feature in the CA or EFF

Some low-income families are more prone to moving in and out of poverty than others; this dynamicity of poverty is not addressed by either the CA or EFF. Many socio-demographic characteristics have been found to be related to poverty exits and (re)entries. These include the mother's age, presence of school-age children, human capital characteristics such as education and employment status, race, household income, non-marital birth, health conditions, and residential location (Bane and Ellwood 1986; Cox 1997; Kniesner et al. 1988; Mauldin and Mimura 2007; McKernan and Ratcliffe 2002, 2005; Rank and Hirschl 1999, 2001; Ribar and Hamrick 2003; Stevens 1999). A change in family structure especially among female-headed households (Burgess and Propper 1998; Kniesner et al. 1988) and changes in employment status (Amuedo-Dorantes and Serrano-Padial 2010; McKernan and Ratcliffe 2002, 2005) are also associated with poverty spells.

Low-income families often face a variety of economic setbacks and reversals (Dolan et al. 2008; Wood et al. 2008). There are certain trigger events, however, that are capable of precipitating even greater changes, both positive and negative, in a family's economic trajectory. Using data from several panels of the Survey of Income and Program Participation (SIPP), McKernan and Ratcliffe (2005) examined the impact of a number of trigger events on households. They reported that households that were the most likely to enter and exit poverty experienced a loss or gain of employment. Other factors that were associated with poverty volatility included destabilizing events such as a transition from two-parent to female headship, other changes in household composition, disability status, and educational attainment (Bane and Ellwood 1986; Gosselin

and Zimmerman 2008; McKernan and Ratcliffe 2002; McKernan et al. 2009).

A New Approach to Poverty Dynamics: The Economic Well-Being Continuum (EWC)

There has been much debate in recent times about the efficacy of using income as the sole measure of poverty while ignoring in-kind transfers, not accounting for taxes and work or health-related expenditures, not adjusting for cost-of-living differences, and using “the family” as the unit of analysis (Cellini et al. 2008; Short and Renwick 2010). In 2010, an Interagency Technical Working Group, using the findings of the US National Academy of Sciences report that called for a new poverty measure (Citro and Michael 1995), provided an estimation for the Supplemental Poverty Measure: the sum of cash income plus any federal government in-kind benefits that families can use to meet their food, clothing, shelter, and utility needs, minus taxes (plus tax credits), work expenses, and out-of-pocket expenditures for medical expenses (Short 2012). The official US definition of poverty, however, consists only of income, with families identified as poor if they lack the sufficient income to meet their annual needs (Haveman and Mullikin 1999). A few studies have illustrated that being “capability poor” should also be part of the measure of poverty (Robeyns 2006; Waglé 2008).

We are proposing a more inclusive framework, the EWC, which merges the CA and EFF and includes other factors related to poverty dynamics that are beyond income, in order to offer greater clarity in the assessment of poverty exits and (re)entries among the rural poor (Table 1). By framing our observation of families in poverty through the EWC lens, we will also provide a multi-dimensional picture of poverty and identify the kinds of supports that families utilize to enhance their well-being. The EWC consists of three different states of economic functioning that describes the economic well-being of low-income families on a scale: *persistently poor*, i.e., families at rock bottom or at the lowest state of economic well-being; *struggling*, i.e., families in significantly difficult or challenging circumstances; and *getting by*, i.e., families coping or making do. There are eight dimensions that contribute to these three states of economic functioning: (1) child care, (2) employability, (3) food security, (4) health care security, (5) housing security, (6) transportation, (7) reliance on assistance programs, and (8) capabilities.

The eight dimensions, taken together, help to identify the exact state of economic functioning of rural, low-income families. The components within each of the eight dimensions vary by quantity and quality across the states of economic functioning. Taking the case of child care, for example, a family whose functioning is persistently poor

may not have access to child care. And, if available, it might be unaffordable, inaccessible, or unreliable. A struggling family may face somewhat limited options with childcare, that is, no more than emergency child care from family members or center care available to them only with subsidies. In contrast, a family who is getting by may have access to reliable and affordable child care through a day care center or personal support network.

The EWC is a *continuum*, i.e., it may be used to describe the dynamics of the family as it moves from one state to another (lower to higher OR higher to lower) due to trigger events and other reasons. The extent to which the particular characteristics of the dimensions reflect the family’s present circumstances will define the exact state of a family’s economic functioning and may explain why a family slips into or out of poverty. After the data and sample are explained, we present five case studies representing movement along the EWC. We end with implications and conclusions.

Data and Methods

The dataset used for this research is the USDA-funded multi-state longitudinal project, NC-223/NC1011, “Rural Low-Income Families: Tracking Their Well-Being and Functioning in the Context of Welfare Reform,”³ also referred to as Rural Families Speak (RFS). Data collected in three waves between August 1999 and July 2002 were used. The sample consisted of 412 rural low-income mothers from 23 counties in 13 states. The participants came from California, Indiana, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Nebraska, New Hampshire, New York, Ohio, and Oregon. To be eligible for the study, families had to have annual incomes around or below 200 % of the Federal poverty line and at least one child under the age of 13 years. Within each rural county, families were chosen to represent the diversity in the types of families with children who were considered low-income, with Hispanic mothers being over sampled. The mothers were recruited through professionals who worked with low-income families as well as through programs that served such families including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). While the purposive sampling limits the generalizability of the results, nonetheless, the findings provide new insight into the poverty dynamics of this vulnerable population.

During face-to-face interviews, at a site of the respondents’ choice, trained interviewers collected in-depth qualitative and quantitative data from the mothers.

³ For a complete project description, see ruralfamiliespeak.org.

Table 1 The Economic Well-Being Continuum (EWC) for low-income families

Dimensions	State of family economic functioning		
	Persistently poor	Struggling	Getting by
Child care	Unavailable, unaffordable, inaccessible, unreliable quality, no one to care for sick child if parents are working	Relative care available, center care available only with subsidies; care available for emergencies but not sick child; quality varies; options limited due to family beliefs/attitudes regarding appropriate caregivers	Center care and/or relative care available when needed, including for emergencies and sick child; affordable, accessible, reliable quality
Employability	No HS diploma/GED; language barrier; few/no job skills; learning disability makes employment difficult; disruptive personal issues: poor attitude/behavior (absenteeism, substance abuse, frequently loses job); job interferes with family needs; family beliefs prevent mother of young child from being employed	HS diploma/GED; manageable personal issues and family needs (may include social support); employed at low wages and/or less than full-time hours; partner works or has supplemental income	Strong job history; related job experience; post-secondary education/vocational training; good job skills; good work ethic; manageable personal issues; partner works or has supplemental income or cares for children
Food security	Food insecure, possible hunger; food of low quantity, poor quality, or no variety. Regular trips to food pantry. Rely on family and friends frequently for food	Food insecure; food quantity, quality, and variety vary. Food pantry may be used to supplement food. May rely on family or friends on occasion	Adequate quantity, quality, variety of food
Health care security	Not all family members are covered by health insurance for physical/mental illness; if covered by Medicaid, have difficulty accessing care; if no Medicaid, unlikely to have private insurance, children may have SCHIP; unaffordable costs; no health provider access; may delay seeking health care; employment may not be possible in event of physical/mental illness of self or family member. No dental care coverage or access	May have health insurance for physical/mental illness but not guaranteed; children may have SCHIP or father's private insurance coverage; affordable costs, health provider access may vary; sustained employment difficult due to family physical/mental health problems. No dental care access even with coverage	May have employer-sponsored or ACA insurance for physical/mental illness; children likely covered by SCHIP or private plan; affordable costs; access to physical/mental health providers as needed; health adequate for sustained employment. Dental care coverage and access available
Housing security	Currently homeless or have been homeless in recent past; living with family/friends; history of frequent moves; high housing cost burden with or without subsidy; unaffordable utilities, unpaid utility bills and/or frequent utility shutoffs; poor quality housing causing health and safety concerns; repairs are unaffordable or landlord is unresponsive; unsafe or threatening elements in neighborhood	May have moved into cheaper housing; housing cost burden mitigated with housing subsidy; utility payments mostly affordable though may require subsidies or occasional loans; housing quality and maintenance/repairs may vary; neighborhood safety may vary	Manageable housing costs including occasional flexibility for payment date; affordable utility payments; housing quality acceptable, able to afford minor repairs or rely on landlord; safe neighborhood
Transportation	No/unreliable vehicle, no driver's license, no backup resources (public, family, friends)	Vehicle occasionally unreliable; use relatives and friends as backup	Reliable transportation with emergency backup; costs affordable
Reliance on assistance programs	Heavy reliance on assistance programs,	Inadequate employment income; some reliance on government programs e.g., WIC, school lunch, LIHEAP	Together or separately mother and/or partner earns living wage and has consistent support—participates in the EITC
Capabilities	Little ability to put available resources to good use or to seek new resources to improve their circumstances	Unable to use resources most effectively	Able to marshal resources to meet needs
Income to poverty (2000)	Below 130 % of poverty; <\$11,250 for 1 parent, 1 child	130–199 % of poverty; \$14,625–\$22,388 for 1 parent, 1 child	At 200 % of poverty; \$ 22,500 for 1 parent, 1 child

Note Not all conditions within each category apply to all families

Interviews were conducted in Spanish when necessary. Using a semi-structured protocol, mothers were asked a variety of questions on topics that included socio-demographics, employment, child care, health status, social support, and objective and subjective measures of income. All of the interview data were coded by a research team at one university using agreed upon themes, rules, principles, and factors. Qualitative interviews were transcribed verbatim and coded for thematic content using the principles of grounded theory (Glaser and Strauss 1967) and qualitative analysis techniques (Berg 1997; Kvale 1996).

Of the 248 families who participated in all 3 years of RFS, a total of 52 (21 %) of the families lived a life of economic volatility, i.e., they entered or exited poverty during these 3 years. Since the goal of this paper is to identify reasons that may have precipitated poverty spells, we focused on those families with a clear pattern of movement relative to their economic well-being. We, therefore, considered only those families whose TANF pattern⁴ was stable for a period of two consecutive years (RFS data set has three consecutive years of data): on TANF 1 year/off 2 years; on TANF 2 years/off 1 year; off TANF 1 year/on 2 years; and off TANF 2 years/on 1 year (Table 2). The first two states indicate improvement in well-being, while the third and fourth illustrate worsening well-being. One family, from among the families who experienced these patterns, was chosen for in-depth analysis. We included a fifth case of a migrant family to illustrate their unique conditions, for a total of five case studies. These families, living in five different states in the US, were selected for this analysis to ensure ethnic diversity and to demonstrate a pattern of movement through the three states of economic functioning.

Case Studies

In this section, we describe each of the five families, their experiences, and resources over the 3 year interview period. We then analyze their situations relative to the EWC.

Jolie⁵—Illustrating Improvement

In year 1, Jolie (White, non-Hispanic) was a 27 year-old single mother with two daughters, 6 and 4 years of age. One child's father was dead, the other daughter's father had no contact and he did not provide child support. Jolie and her girls lived in a rented house which had water problems. Jolie was in school full-time to become a nurse. She was

⁴ None of the families were timed off TANF because they had reached their 5-year limit.

⁵ All names are pseudonyms.

Table 2 Trajectory of poverty dynamics

Patterns of TANF use Year 1–Year 2–Year 3	# of families
On–Off–Off	14
On–On–Off	6
Off–On–On	18
Off–Off–On	9

Off Means families did not receive TANF payments, *On* means families were receiving TANF payments

partway through the LPN training, with plans to work her way up to a Registered Nurse (RN) degree. She received both income and in-kind supports: TANF, food stamps, Medicaid, WIC, LIHEAP,⁶ subsidized housing, school lunch/breakfast, and money for tuition and books (paid by welfare office).

Jolie was one of seven children. Her parents, siblings, and extended family provided a great deal of support. In order to help Jolie stay in school, a sister took the girls for medical and other appointments while her mother and/or her grandmother voluntarily took care of the girls. An aunt helped Jolie to buy her nurse's uniforms. She had a driver's license but since neither she nor any of her family members had a vehicle, she relied on a friend for rides.

In year 2, Jolie and her children had moved in with her parents and two younger sisters in order to save money. Having decided that she was better off buying a house, she was looking at houses. She paid her parents \$200–\$300 monthly which was allowing her to save for the down payment for the house. After Jolie earned the LPN degree, she worked full-time, with over-time pay, at a nursing home. Although entitled to vacation benefits after 1 year, she did not receive any health insurance or sick leave benefits. She was again friendly with the father of her younger daughter and he stopped by 2–3 times a week, nonetheless, she took him to court for non-payment of child support. The girls received free school breakfast and lunch. She wanted to get a second job so that she would have more money.

She had bought a car to get to work but it was totaled in an accident within a few months of its purchase. She again relied on her network for transportation.

She was very satisfied with her life and optimistic about the future. She planned on taking the ACT (American College Testing standardized test) in order to qualify for the RN classes. She had support from family and had made new friends at work. She was not ready for a man in her life

⁶ WIC is the Special Supplementary Nutrition Program for Women, Infants and Children, and LIHEAP is the Low Income Home Energy Assistance Program.

having broken up with a “philanderer” after dating him for 4 years.

In year 3, Jolie lived in a 3-bedroom house, which she was buying, near her extended family, and had bought another car. She had been in a second, more serious, car accident on her way to work, however. She had a badly broken arm and a head injury, and had been hospitalized for a week. She still suffered from some memory loss and nerve pain in her leg. At the time of this year 3 interview, she was recovering at home (without sick leave benefits) but had planned on returning to work shortly. A fund was set up for her at one of her workplaces and people donated cash and “stuff.” Jolie had not had a pay check for 2 months so her family had helped out with everything including taking care of her daughters, and paying her mortgage and utilities. She did not plan to replace her car for a while. Prior to the accident, she had worked at two nursing homes (about 80 h weekly), neither of which provided her with health insurance or sick leave, and went straight from one place to the other. She was going to quit her job at one of the nursing homes.

Jolie was covered by Medicaid while her children were on the State Children’s Health Insurance Program (SCHIP). Her girls got reduced lunch benefits. Her financial situation had improved a little over the previous year. She had filed for and received the Earned Income Tax Credit (EITC) which gave her a bit of extra money.

At the year 3 interview, she complained of cabin fever and confessed that she was a little down and felt stressed out because of the car wreck. Although she was not able to take the ACT, she was still considering the RN degree and wished that she had done this sooner. She was sort of

dating but the exact nature of this relationship was unknown.

Analysis

Jolie was full of confidence in years 1 and 2 and brimming with enthusiasm about the future. She exuded joy with practically every sentence that she uttered during the two interviews. Her life, however, took a turn in year 3 because of a trigger event: a car accident. This was her second accident in 2 years but this time she sustained fairly significant injuries. In addition, she could not work for 2 months and had no health insurance or sick leave benefits.

Prior to the accident, Jolie’s progression on the EWC was clear: She went from being persistently poor, to struggling, to getting by with her income increasing each year (Table 3). The impact of the accident on her economic well-being was not completely known at the time of the year 3 interview but one could surmise that it may not bode well for her, at least in the short term.

The dimension that enabled Jolie to exit poverty and move through the three states of economic well-being, above all others, was her *capability*. She had pursued additional education to become an LPN and planned to go on for the RN degree. Her income increased as she progressed from school in year 1 to one job in year 2 and, finally, to two jobs in year 3 (until the accident). She went from a rental situation in year 1, to her parents’ house to save money in year 2, to a house that she was purchasing in year 3. She set goals for herself and she worked hard to achieve them.

Table 3 Poverty patterns of case studies

Mother’s name	Poverty dynamic	Wave 1		Wave 2		Wave 3	
		Income % FPL	EWC status	Income % FPL	EWC status	Income % FPL	EWC status
Jolie	On TANF/Off 2 years Upward trajectory	16 %	Persistent poverty	112 %	Struggling	204 %	Getting by
Jenna	On TANF 2 years/off 1 year Upward trajectory	18 %	Persistent poverty	41 %	Persistent poverty	150 %	Struggling
Allene	Off TANF/on 2 years Downward trajectory	163 %	Struggling	132 %	Struggling	96 %	Persistent poverty
Albiona	Off TANF 2 years/on 1 year Downward trajectory	128 %	Struggling	160 %	Struggling	32 %	Persistent poverty
Afra	Off TANF 2 years/on 1 year Downward trajectory	216 %	Getting by	145 %	Struggling	82 %	Persistent poverty

In the short run, Jolie had to contend with her physical and financial setbacks resulting from the accident. Jolie seemed to be taking this in stride. Even if she were to slip back into poverty, her capabilities might enable her to “make it” eventually. This is evident in her large social support network (mostly family) which provided her with practical help as well as an emotional and financial safety net. She had child care, food security, and transportation available to her, and housing security. Jolie seemed to be a positive and optimistic person by nature and, additionally, she was employable. Her one continuing vulnerability was the lack of health insurance; Medicaid coverage would only last as long as her earnings were relatively low. Even though Jolie experienced a major setback, she was able to use her resources to cushion the blow. It is plausible that Jolie might be able to continue her upward trajectory.

Jenna—Slowly Improving

When Jenna (21 years old; White, non-Hispanic) was first interviewed she was living with her aunt, uncle, and cousin because she had moved away from her dysfunctional and somewhat abusive family. She had two boys: an 18 month-old who lived with her (who had severe asthma) and an older son who lived with his father. She was pregnant with her third child. She had finished her GED courses but had yet to pass the exam. Jenna did not have a car but got rides from her aunt and grandmother. Her aunt and grandmother also had provided child care while she was taking her GED class. She was on TANF, and also got food stamps, Medicaid, and WIC. She paid a small amount to her aunt and uncle for rent. Her social support came from her grandmother, aunt, and uncle. She paid child support for her oldest child.

In year 2, Jenna was still on TANF but she had moved to her own apartment. She had a tubal ligation after her daughter’s birth to prevent additional pregnancies. She was concerned that her daughter could have some severe medical issues. She was dating a slightly older man who lived in the same neighborhood. Jenna had started to take college courses to get her nursing degree after completing her GED, and was working a few hours a week as a nurse’s aide in the local hospital. She had also acquired a car—she borrowed money from her mother to buy it and had repaid the loan. Her children were being cared for by an in-home care provider. Jenna admitted that going to school, working, and parenting two small children was stressful. She was getting child support from her daughter’s father but not from her son’s father.

At the time of the year 3 interview, Jenna and her boyfriend were living together. Jenna was still going to school, although she took a semester off when she did not get a grant to pay her tuition. She had 1 year left in her

degree program. She was now working 30–40 h per week at the hospital, and had received a raise. Although Jenna’s financial resources expanded, she still had vulnerabilities: She no longer got any child support from her daughter’s father (she, however, continued to pay child support for her oldest child). Her daughter did not have the medical problems she had feared, but did have some developmental delay. Her son still had daily asthma treatments. Furthermore, Jenna told us that her boyfriend had a heart condition and had had three heart attacks.

Analysis

Jenna, who was struggling initially, was “getting by” by year 3, helped by both her almost full-time employment as a Certified Nursing Assistant (CNA) and her boyfriend’s income at the state department of transportation (Table 3). Her personal life had settled down and her three children seemed to be doing reasonably well. Her oldest lived with his father and the two who lived with her had some medical/developmental issues but Jenna was managing those fairly well. She was on Medicaid in all 3 years.

Her housing situation appeared to be secure. Moving in with her aunt and uncle seemed to give her some stability and allowed her to get her own apartment. She also met her current boyfriend, a trigger event, while living with her aunt and uncle.

Child care did not seem to be a particular issue for her during the interview period. Initially, if she needed child care, she could count on her aunt or grandmother. In years 2 and 3, she had a stable child care provider, and a former provider to whom she could turn. Further, her aunt and grandmother were still sometimes available to provide care.

In year 1, Jenna did not have a car, but she had bought one in year 2. Although in year 3, the car needed some repairs, she did not think that this was too big an issue for her to handle.

In year 1, Jenna had completed the coursework for her GED and was going to be taking the test. In year 2, she had enrolled in college (obviously passing the GED exam), and was studying to be a nurse. She had also gotten a job at the hospital with the help of the welfare office, a positive trigger event. While she was only working about 10 h a week, she was balancing her college courses with her work and family.

Jenna relied on public benefits throughout the period covered by the three interviews, but much less so in year 3 than in the other 2 years. Although her income in year 3 did not put her in the “safe” zone, her boyfriend’s income provided the family with a cushion. Her income was probably going to drop again if she did start taking classes in the fall after the year 3 interview. But her degree

program gave her the potential of having a steady and decent income once she completed her degree requirements. Jenna used the resources available to her to carve out a reasonably secure financial situation for herself and her children, which is evidence of her capability.

Jenna, like Jolie, mustered her resources to improve her life. She appeared to have the health issues of her children (and boyfriend) in hand so that they did not appear to cause much stress for her. Her support network provided her assistance when she needed it. She was working toward a degree which would improve her employability and earn a higher wage. She had decided that three children were sufficient and had had a tubal ligation. Although setbacks could occur, Jenna might be able to continue her upward trajectory in economic well-being.

Allene—Slipping Into Poverty

At the time of the year 1 interview, Allene (White, non-Hispanic) was a 36 year-old married mother, with a 7 year-old daughter and a 3 year-old son. The family had recently returned to their northern home state after living in another state for several years. The family was living in what had been her mother-in-law's home (deeded to the couple) and they were making the payments on the home.

The husband worked as a truck driver. Although Allene had been employed (she had a high school diploma), at a psychiatrist's recommendation, she was not working because she needed to be with her daughter who had been sexually assaulted by a neighbor where they had lived, and who was suffering from PTSD. The daughter's experience and subsequent emotional problems seemed to be a very big factor in their lives, since she acted out in a variety of ways.

The couple struggled for money with only one paycheck that was supplemented by SSI payments for the daughter. The family had Medicaid coverage and received energy assistance, WIC, school lunch/breakfast, and other help from local non-profits. They struggled to pay for some things and had borrowed money from her parents.

The couple had one car which Allene kept during the day after dropping off her husband at work. She saw her parents daily and she and her mother were emotionally close. Allene had some health problems—her front teeth had completely rotted, and she had asthma—which also impacted her ability to be employed. Her husband had a volatile temper and was controlling; he did not participate in household chores or parenting tasks, making Allene annoyed and exhausted. She reported that she was suffering from depression and anxiety. Both she and her husband were on antidepressants. Furthermore, both children suffered from asthma.

At year 2, Allene and her husband were living apart, and she had a restraining order against him. He had only

supervised visits with the children. He did pay child support, as well as help with some of the bills. She and the children saw counselors and a psychiatrist on a regular basis, and the daughter was doing better. Although the children were adjusting to the new situation, her daughter had run away from school a few times and her son, originally enrolled in full-day Head Start, was asked to cut back to half day due to behavioral problems.

Allene was now getting TANF and food stamps. Her husband got their old car, so her mother bought her a small car, and Allene paid the insurance premiums. Her parents provided much help including emotional support, financial assistance, child care, and inviting Allene and the children over for meals. Allene had always enjoyed corresponding with pen pals by letter and, recently, had begun to connect with people on the internet.

At year 3, Allene's divorce was in process. Her husband now had unsupervised visits as well as week-end overnights with the children. Allene's father had died during the year. Her mother continued to provide a lot of support, both emotionally and in practical ways (e.g., bought her a new stove). Allene was hoping to go back to work. She continued to receive TANF, food stamps, LIHEAP, Medicaid, and some extras from local non-profits. She did not have trouble paying bills. She had begun to date a man she met on the internet and saw him most weekends; he lived nearby and had two daughters who were about the same ages as her children.

Allene had her teeth pulled and got dentures which made her smile often. There was no other change in her health status; she had reduced her counseling sessions to every other week. Her son was diagnosed with ADHD and was on medication. Her daughter still had some anger management problems and, once again, had experienced an incidence of sexual abuse by a neighbor⁷.

Analysis

Allene's household income declined over the 3 years of interviews (Table 3). Even when the family income was at its highest, they struggled financially. The daughter's sexual abuse was the trigger event that disrupted the family on several levels. Allene could not work since she needed to be available when her daughter had a PTSD-related meltdown. Her husband was controlling and abusive towards her and the children, and had refused to allow Allene to apply for food stamps.

A second trigger event was the breakup of the marriage, although ironically, this helped Allene since it freed her

⁷ This incident may have occurred because Allene was forced to rely on a neighbor for emergency childcare while she was at her dying father's hospital bedside.

from an unhappy, difficult relationship. She was able to get TANF and food stamps which helped her stay somewhat afloat while she cared for her son and her traumatized daughter. The daughter's PTSD might require Allene to remain unemployed for the foreseeable future while the daughter received therapy.

While her financial situation became more precarious over the 3 years and she entered into poverty, she was secure in terms of housing and health care and, thanks to her mother's support, she was also food secure and did not have to worry about child care or transportation. On the EWC, Allene's state of well-being had regressed to persistently poor due to her heavy reliance on assistance programs and on her mother. She seemed to be happier, however, with a new set of front teeth, a new smile, and a new boyfriend. She was able to utilize her resources to help her situation despite her need to remain not employed. Securing these resources may be considered examples of Allene's level of capability.

Allene's entry into poverty was precipitated by her child's sexual assaults and subsequent PTSD issues which kept her out of the labor force. The divorce, while a negative financial trigger, appeared to be an emotionally positive event, resulting in Allene being able to apply for the public benefits she needed. Her future economic well-being may be considered somewhat uncertain. While she probably had the ability to be employed, her daughter's emotional issues may likely keep her from getting a job for several more years.

Albiona—Slipping Slowly Into Poverty

Albiona (African-American) was a 33-year-old mother of five children who was pregnant with her sixth child. She lived with her boyfriend, Ishmael (age 30), the father of her 5 year-old son and the unborn child. The father of her oldest four children was in jail. She was very proud of her children—her daughter, who was a teen-ager, was not pregnant like a lot of girls her age, and her sons were not getting into trouble—they were all “good” children. One son had ADHD and took medications.

The financial situation was tight for the family with Albiona being pregnant. She was not able to consistently work full time as a CNA. She worried about the family's finances. Albiona had tried to get some aid to help while she was pregnant, and had been turned down because of Ishmael's income, even though her older children were not his. Ishmael owned the home in which they lived. Albiona worked for a temporary employment agency so she went different places, working about 24 h/week, although she might work as many as 40 h if she was feeling well enough. Ishmael worked full-time at a beverage plant. He had health insurance for himself and his children; Albiona did not have health insurance coverage, nor

did her oldest four children. Ishmael had a car which he used to get to work. Sometimes, Albiona would take him to work so she could use the car. Otherwise, she got rides from his mother or took the bus. Occasionally, Ishmael would take her to her job site and pick her up. Child care was not a concern for Albiona since the older children took care of the younger children. During vacations, she counted on Ishmael's parents to help with child care. When she could (during vacations), she scheduled her work when Ishmael had a day off.

Albiona was not close with her own family. About the time she was pregnant with her daughter, she discovered that she had been adopted by her mother's sister, making for some very confusing family relationships. Her aunt/mother was now dead, and she did not have much contact with other family members.

The son with ADHD was getting Supplemental Security Income (SSI) payments. Albiona was supposed to get child support for her oldest four children, but the father was not paying it and was in arrears for about \$30,000. She was not optimistic about ever getting it. Albiona received WIC, school lunch/breakfast, EITC and LIHEAP. Since she had been working less than full-time, she had a hard time paying for many things. Albiona called Ishmael “father of the year” as he cooked, cleaned, cut hair, took the children places, and disciplined them.

In year 2, we found that Albiona had been working more after the baby had been born. Her daughter, however, was acting up and causing tension in the family. But overall the family was well and happy. Albiona said that she got together with friends several times a month.

By year 3 Albiona and Ishmael had separated. She took the blame as she had back problems and she said the pain made her “be mean” and he needed a break. Ishmael was living with his mother, but was still involved in the family. In addition to her back problems, Albiona had been diagnosed with depression and anemia, and was on medications. The back problems had caused some family issues; she said that she looked fine but was in a lot a pain and the family did not understand that.

Albiona now had her own car. She was, however, not working because of her back problems. Ishmael had gotten a promotion and raise. The extra money helped pay the bills. Albiona had just started receiving TANF. She also was getting food stamps, WIC, and LIHEAP. She said that she was not getting Medicaid. She was able to get help buying her medications from the Salvation Army. Albiona stated that she would like to be pain-free so she could work and do what she had done before.

Analysis

By herself, Albiona may not have been doing well. Ishmael was the main-stay of this rather large family. When he left

the household, her income dipped precipitously (Table 3). Her son's ADHD was well controlled, however, by the medications, and his SSI check helped the family's financial situation.

Her medical issues during pregnancy appeared to be the beginning of the downward slide for her health-wise. This was the trigger event, making her unable to work. Without employment, she had to rely on TANF. Albiona's back issues and her depression also seemed to be the cause of the break-up with Ishmael—yet another trigger event. There were negative consequences to these events because there was a steep decline in her economic well-being. The way she talked about Ishmael's continued involvement in the family, however, indicated that she believed this would, perhaps, be just a temporary separation.

She did appear to have a relatively good support system with Ishmael's family and her friends. Without health care security (she was not covered by health insurance including Medicaid) and issues with employability, however, she might remain persistently poor. Albiona had resources, but her back problems reduced her capability of being able to utilize them. Even the "resource" of her relationship with Ishmael suffered due to her back problems. If her back pain could be kept under control or eliminated and if she could mend the relationship with Ishmael, she might be able to improve her economic well-being.

Afra—A Migrant Family Slipping Inexorably Into Poverty

During the year 1 interview, 37 year-old Afra (Hispanic) lived in the Midwest with her husband and two children, a 6 year-old son and a 3 year-old daughter. An older 18 year-old son lived with his father in a southwestern state. Afra was born and raised in this southwestern state with nine siblings; her mother died when she was about 8 years old. Two of her sisters lived in the Midwest, the rest were in the Southwest. Afra had an eighth grade education but had a long work history; she left school at age 12 to work in the fields.

Every year, Afra and her husband migrated to this Midwestern state from the Southwest for farm work. They both worked 40–45 h per week for about 6 months, hoeing and picking asparagus and zucchini. They were covered by a type of disability insurance through the farmer. They lived rent-free in a new house built for them by the farmer. When their unreliable truck broke down, she counted on her family and friends for rides. Her niece took care of the children while she worked.

Although Afra worried about money, she reported that things were going fine for her family. While in the Midwest, she did not receive any work benefits other than the disability insurance coverage. When living in the

Southwest she received food stamps, unemployment benefits, and WIC. The family filed for the EITC. They stayed at her father's (now deceased) house while in the Southwest and paid all the house bills including utilities. Twice in the past year, they had to pawn things to buy food or pay a bill. They purchased a mobile home and were looking forward to living in their own place. Her husband shared parenting responsibilities and her relatives and friends were her primary support system.

In year 2, Afra's family had returned to the Midwest in June, planning to stay for 5 weeks. She had intended to be in the Midwest a month or two earlier but her health prevented it—she suffered from pancreatitis brought on by gallstones. She had her gallbladder removed and had been in intensive care for a while. Both she and her husband had chronic back problems and suffered from migraine headaches. She had not worked since she left the Midwest in September of the year before because she could not find a job in the Southwest without a GED.

Her "late" arrival to the farm meant that she lost out on asparagus picking which paid more. She picked zucchini which paid by the box. Her illness left her tired, and the heat and the long field days made it more difficult for her to pick. Upon their return to the Southwest, they relied on TANF, Medicaid, food stamps, WIC, and school lunch/breakfast. When she needed extra cash, she cleaned houses and her husband did lawn and maintenance work.

In year 2, their financial situation and perceived adequacy of income remained the same as in year 1. They had trouble paying for medicines, credit card bills, and sometimes for the mobile home, lot, and utilities. They did not have a telephone. Her extended family was her safety net. Afra's oldest sister helped out with rides when their truck broke down. A niece provided babysitting service and a nephew helped out occasionally with \$10 for gas or food.

Even with all these difficulties, she was optimistic. She was very pleased that her oldest son had gotten a job doing carpentry in a large city. She looked forward to buying a new truck and finishing paying for the mobile home.

In year 3, Afra was living with her oldest son in the Southwest after the rest of her family had gone to the Midwest, because she had serious health issues (interview conducted over the telephone). She suffered from hernia pains while she was harvesting zucchini the previous summer, but had not sought medical attention for fear that she would not be able to return to home to the Southwest with the rest of her family. Back home in the Southwest, she had another bout of pancreatitis and underwent hernia surgery. She continued to have problems with her pancreas which the doctors were not able to correct. She was in almost constant pain and her prognosis was not good. Afra's sisters and some friends had helped the family with food and money when Afra and her family had returned

from the Midwest the year before. Afra and her husband had needed to get a “new” truck when the old one died. The previous summer, after harvesting zucchini, her husband stayed on in the Midwest for 2–3 weeks to harvest Christmas trees. Between November and June he did carpentry work with his brother in the Southwest and then plumbing work with his stepson.

Afra had lost the mobile home and lot because she and her husband could not afford to keep up with the payments, and they were behind on all their bills. They went back to living in her father’s house in the Southwest, but could not pay for electricity. In addition, Afra could not pay her hospital bills. She lost her Medicaid coverage for a while since her husband made too much money, but had just regained it. They were, however, still liable for the unpaid hospital bills. Their difficulties were due, in part, to her husband who was dealing with the court on an issue related to a drug conviction for which he was on probation for 10 years. At the time of the year 3 interview, he was 10 months behind on paying off the court costs and had just received a letter threatening him with jail unless he made good on the payments.

Their economic situation had gone down a lot from year 2 and she considered their income to be inadequate. If she could have worked, she would have liked to return to the Midwest. Instead, she was now babysitting children. She expected her health to get worse. Although her husband was diagnosed with diabetes and high blood pressure, he did not go back to the doctor for treatment. While everything else had fallen apart, family relationships (with her husband and members of her extended family), remained positive. She had nothing good to report about her economic circumstances, yet, she had some positive feelings about life.

Analysis

Afra lived a split life, one in a Southwestern state, the place of her birth, and the other on a farm in the Midwest where she worked. Farm labor in the Midwest was their main source of income. Afra and her husband kept going to the Midwest (April–September) because they could not find jobs in the Southwest. When they returned to the Southwest after harvest, her husband would find odd jobs, but, without a GED, Afra was unemployable.

Life was difficult for this migrant family. In the Southwest, the family usually received a variety of income and in-kind assistance, such as unemployment, TANF, and food stamps. Life was somewhat stable for Afra and her family until two trigger events sent the family into a downward spiral. One was Afra’s life-threatening pancreatitis; the second was her husband’s legal troubles. In year 2, Afra’s health issues prevented her from going to the farm

in time to pick asparagus which would have paid her more than other crops. While in the Southwest, during years 2 and 3, her health had deteriorated to the point that she was no longer able to go to the Midwest which resulted in a precipitous decline in their economic well-being in year 3. Her husband’s previous run-in with the law and subsequent court costs added to their woes.

Afra’s extended family was her life line; her family’s provision of transportation prevented another negative triggering event when their truck broke down. Even when things were going well for them, the family struggled. They could not pay bills, had to pawn their possessions at times and, ironically for farm workers, they experienced hunger. In year 3, they lost Medicaid coverage, for a period, while she was hospitalized for surgery leaving her with a hospital bill that she could not afford. Their financial difficulties caused them to lose their mobile home and lot. They seemed to be on a treadmill, doing their best to turn things around but to no avail. This was a family that was doing whatever they needed to survive, but many of their hardships were beyond their control. Afra was not able to marshal the resources she needed. Even without her husband’s legal problems, Afra’s health and related costs alone would have diminished their financial well-being. While the extent of Afra’s medical issues is probably not typical for migrant families, this case does exemplify how fragile economic well-being can be for migrant workers. Even small negative trigger events can have severe repercussions.

Discussion and Policy Implications

The EWC describes the circumstances of low-income families in eight specific dimensions which place them in one of three states of economic functioning: persistently poor, struggling, and getting by. Poverty volatility occurs when a trigger event causes a family’s circumstances to change, resulting in a move from one state of economic functioning to another, ultimately, causing a shift in the family’s economic trajectory. These trigger events may be expected (graduating with a LPN degree) or unexpected (a car accident) and can have positive (employment) or negative (chronic health condition) outcomes.

We analyzed the poverty spells of five rural families over a span of 3 years (Table 3). One of them (Jolie) started by being persistently poor and, by the 3rd year, was getting by. A second family (Jenna) showed progress in well-being over the 3 years; in reality, however, she was persistently poor during the first 2 years and, although she was still struggling, seemed to be moving upward in the 3rd year. Two others (Allene and Albiona) were struggling, to one degree or another, for the first 1–2 years and then

slipped into a further state of poverty. The persistence of the poverty was yet to be determined for both of these two mothers and their families. The fifth family's (Afra) state of economic functioning regressed over the 3 years, from getting by to persistently poor with a bleak future.

A recurring problem found among all the families was health issues, either for the mother or a child or partner/spouse. Whether or not the health issue, a trigger event, caused the mothers to regress from their state of functioning depended on how they were able to manage it. Jolie, for example, was recuperating from accident injuries, therefore, could not work for 2 months and was temporarily on Medicaid. In spite of all this, in terms of the dimensions on the EWC, she was getting by due to a great deal of support from her family. Jenna was able to cope with her child's developmental delays and her son's asthma, and, although her boyfriend had a heart condition, he was able to remain employed. On the other hand, Albiona's and Afra's health problems and related costs of care proved to be catastrophic, causing a steep decline in their economic trajectory, especially for Afra who was facing a life-threatening illness. Albiona had support from her social network, which was buying her time while she struggled to overcome her physical problems and perhaps return to the work force, as well as reconcile with her boyfriend, which might lead her to be able to exit poverty. Unlike the others, Allene was in a "holding pattern" dealing with the devastating health effects of a trigger event, the sexual abuse of her daughter, which occurred prior to the three-year interview period. She relied on her mother for support and, following the separation from her husband, was able to receive government benefits.

Several of the families faced a second trigger event which either contributed to, or mitigated, their poverty spells. In the case of Jolie and Jenna, obtaining better jobs as a result of additional training moved them into a positive direction on the EWC. Allene's breakup with her husband was positive psychologically even as it moved her into a negative state on the EWC. Albiona's split with her boyfriend, on the other hand, was detrimental to her state of functioning. Afra's husband's legal trouble, and related financial difficulty, was another factor contributing to the family's sharply reduced state of well-being, and it is difficult to see how they would exit poverty given her lack of capabilities and employability. Although they were able to rely on some family financial support, it was not sufficient to buffer the periods of reduced income and health problems.

Trigger events, both positive and negative, do not affect only economically vulnerable families. Trigger events occur in *all* families, regardless of income, and some events which alter lives significantly are beyond the control of families. Positive trigger events can improve the family

economic well-being; in the case of low-income families, however, such improvement may occur at a slower rate or the families may be less able to capitalize on them because poor families start at a lower resource level compared to non-poor families. As for trigger events with negative outcomes, these have a far more devastating impact on low-income families because such families typically do not have sufficient extra, or surplus, resources to weather the event. A single trigger event that forces a family to use up already scarce resources may produce a cascading effect, or a loss spiral, further marginalizing an already vulnerable family (Ennis et al. 2000; Hobfoll and Jackson 1991; Seiling 2006). One such example is when a family is forced off TANF because they have reached their five-year time limit; a loss of cash assistance could easily cause their financial situation to deteriorate rapidly. Looking to their support network for help too often may put an end to this very source of help as the extended family's (and community's) resources become drained as well (Nelson and Smith 1999). In the case of migrant families, the constant relocation in order to work, along with the seasonality of their work, may place them in a precarious state even in good times.

It is difficult to eliminate negative trigger events from the lives of low-income families, however, it might be possible to ensure that such a trigger does not always result in poverty volatility. Each of the five families maximized their income, in the best case scenario, through a combination of income that included their own work effort, partner's work effort (if a partner was present, regardless of marital status), and public assistance. Where there was a partner break-up (a trigger), family income became vulnerable (causing poverty volatility) if the partner was unable or unwilling to assist the custodial parent through financial support. In addition, although there was multi-partner fertility in the case of four mothers, only one (Jolie) was taking (or could take) her daughter's father to court over non-payment of child support. As for the other three mothers, while Afra's son lived with his biological father, Jolie and Albiona were not receiving any child support nor were they pursuing this. Child support enforcement should be strengthened by TANF since this is an important source of income which often affects the poverty dynamics of the family.

It is important to note, however, that beyond their own circumstances and events, rural, low-income families also face a variety of structural constraints that are unique to rural communities such as lack of public transportation, employment opportunities, job training sites, child care facilities, community health centers, and health care professionals who are willing to accept Medicaid patients (McKernan and Ratcliffe 2005). Mental and physical health and related access to and

costs of care loom especially large for low-income families residing in rural areas (Sano and Richards 2011; Sano et al. 2011); access to high quality health care, including preventive care, is often difficult since many small town hospitals offer limited services and struggle to keep their doctors. Since a variety of health issues, both chronic (asthma) and life-threatening (pancreatitis), were a primary trigger in the case studies, the families clearly need access to affordable health insurance, either through public or private sources, as well as consistent access to primary care physicians and dentists who would accept Medicaid payments. In the long run, the changes brought about by the Affordable Care Act (ACA) may provide some relief from the devastating costs of hospital care, such as those of Afra, and allow low-income mothers like Jolie to be insured.

The volatility in their employment and income and related health care coverage put many low-income families at a great disadvantage. Given the persistent and high poverty in rural communities that are often geographically isolated and lacking in economic opportunities (Miller and Weber 2003; Weber and Jensen 2004), as well as the unique constraints and limitations faced by rural families, such as lower educational levels, higher unemployment and lower per capita income (McKernan and Ratcliffe 2005), it might be reasonable for policymakers to develop anti-poverty measures that are tailored for them, different from those for urban families. One solution may be to extend the TANF time-limit so that the loss of this safety net will not be a trigger of such enormity that it plunges the family into the worst state of economic functioning. Additionally, the cash assistance, provided through TANF, might incentivize individuals to attend school or a training program. It should be noted, however, that there are fewer opportunities in rural communities for employment, related benefits, and adequate wages (Bauer and Dolan 2011). Even if the mothers were to seek additional skills or job training, like Jolie and Jenna, they may be relegated to low-paying jobs with little opportunity to advance and permanently exit poverty. Large employers are less likely to be found in rural areas and, as a result, low-income families seeking employment are limited to small business owners who are often unable to provide flex-time or time off for family emergencies (Mammen et al. 2008). Finding ways to enable employers to provide paid sick leave for low-income workers would also enable families with health conditions to stay in the workforce and to continue earning. Addressing these structural constraints may assist in reducing poverty entries and increasing poverty exits among rural families. Capabilities, including basic resource levels and practiced coping skills, however, will ultimately determine how well low-income families will be able to utilize opportunities afforded them.

Conclusion

This paper provides an understanding of the economic volatility faced by the rural poor. Poverty is a complex phenomenon even without the unique challenges faced by the rural poor; economic well-being is derived not only from one's training and employability nor is it just the magnitude of one's receipt of public benefits. We are proposing an alternative, the EWC, which is a detailed framework with several key dimensions that contribute to family economic functioning. This is a useful tool to evaluate the conditions that move families, either forward or back, from a state of "persistent poverty" to "getting by," all within the context of greater macroeconomic forces, such as job market swings, and public policies, including TANF time limits and eligibility for the ACA. The life circumstances of low-income families, characterized by the degree to which they possess the necessary quantity and quality of the key dimensions, and how they put the factors together, buttressed by their support systems and mediated by the physical and mental health of all family members, present a far more compelling picture of a family's economic well-being. The EWC also illustrates how families progress or regress along the continuum as some trigger events propel families higher in their economic trajectory while others push them into a lower state of economic functioning.

Two themes emerged from the analysis. First, health issues and relationship changes seem to be significant trigger events in the economic functioning of the rural low-income families. This is consistent with previous findings (Gosselin and Zimmerman 2008; Kniesner et al. 1988; McKernan and Ratcliffe 2002; McKernan et al. 2009). Based on the study findings and given the nature of rural communities, low-income families must have readily accessible and affordable health care supports.

The second theme is that social support networks (extended family, for the most part) ameliorate the hardships faced by many low-income rural families with assistance given in the form of emotional and financial support, food, transportation, child care, and housing. This is supported by the findings of Henly et al. (2005) and Seiling et al. (2011). Given the importance of social support networks to rural families, further research should be done to measure the extent of support provided and its potential policy implications.

The implication of the EWC is that one-size-fits-all policy *does not* fit all. Factors or resources that support families and their communities must be part of the equation when studying families in poverty and their ability to function, especially those who live in rural areas (Bauer et al. 2011). Jobs that pay adequate wages, child care, social support, transportation, housing, food security,

community characteristics, etc. all contribute to the low-income family's economic well-being (Fisher 2007; Lichtenwalter et al. 2006, Mammen et al. 2009a). Furthermore, an individual's, or family's, ability to manage and access resources are critical to their state of functioning (Mammen et al. 2009b; Olson et al. 2004; Simmons et al. 2007). If the persistently poor do not have the capabilities to improve their position, they may well remain persistently poor, affecting future generations as well since they are less able to give their children a good start into adulthood in terms of health, education, and employability. These families not only need more resources for longer periods of time than others, they also need more assistance to learn how to put these resources into good use. Families who are progressing on the EWC, on the other hand, should be provided incentives to excel and to exit poverty permanently.

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