Vote buying; molded-out homes in the aftermath of repeated flooding; doctors on the run following a surprise visit from the Drug Enforcement Agency; and private social safety nets propped up by a few heroic volunteers. These are just a few of the recurring themes emerging from our new iterative mixed-methods exploration of America’s communities of deep disadvantage. None were on our minds when we launched the project.

The last few years have been a time of vigorous study and debate about just how deep poverty is in America. Studies chart the re-emergence of diseases of extreme poverty in the United States long thought to be eradicated. The nation has experienced three straight years of falling life expectancy for the first time in a century, largely driven by “deaths of despair” that appear to be associated with economic decline. Evictions are far too common, and many communities across the country are experiencing a spike in visible homelessness. Strikingly, these trends are occurring in the face of one of the strongest economies in memory. Yet these observations only highlight how little we know about the lives of the nation’s most vulnerable.

In $2.00 a Day, two of us (Edin and Shaefer) began an exploration of the lives of the nation’s poorest families in America as measured by income. We focused on the swelling ranks of families with children with substantial spells of little or no cash income in the aftermath of the 1996 welfare reform. Even though many of these families used food stamps (SNAP), and some had housing subsidies, they were struggling to survive in the world’s most advanced capitalized country with virtually no cash, with sharply deleterious results such as an increased risk of homelessness, food insecurity, and other hardships.
$2 a Day derived its estimates of extreme poverty from surveys and administrative data (“big data”). But it also followed the lives of a handful of families in Chicago, Cleveland, Appalachia, and the Mississippi Delta, chronicling their experiences.1 The book was named one of the 100 notable books of 2015 by The New York Times. It shaped multiple policy proposals by the Obama Administration and in Congress; it generated vocal critics who argue America’s poorest really aren’t poor at all; and it helped spur a first-ever investigation of extreme poverty in the U.S. by the United Nations.

Much of what we learned from $2 a Day we didn’t expect. For example, as we got to know the families in our study, we often noticed small divots on the inside crease of a parent’s elbow. We found that these were scars from selling blood plasma to generate cash during spells without any money. We subsequently learned that the United States is one of the few nations where someone can sell plasma up to twice a week (8 times per month), for roughly $30 each time. This led us back to big data, and what we found shocked us, though it would have come to no surprise to the millions of Americans who visit plasma clinics every year. Plasma sales in the United States have more than quadrupled since 2006, the first year a reliable count became available, skyrocketing to over 48 million in 2018. Some call the United States the “OPEC of blood plasma” because it is the source of 70 percent of the world’s supply. Here was a major social phenomenon impacting the lives of millions of poor Americans that we knew nothing about before we went out and asked people how they survived. It reminded us about how important it is for scholars and decision makers to interrogate problems from multiple vantage points, and to be guided by the experiences of those whose lives we seek to understand.

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$2.00 a Day was only the beginning of our effort to understand deep disadvantage in America. Our new project, *Understanding Communities of Deep Disadvantage*, funded by Robert Wood Johnson Foundation, seeks to broaden the poverty lens beyond simple income-based measures to other dimensions of disadvantage, such as health and economic mobility. It also shifts the attention from the *individual* to *community*. More than 30 years ago, William Julius Wilson posited that community context mattered, hypothesizing that growing up poor in neighborhoods of concentrated poverty was more damaging that growing up poor in more mixed income communities. Yet his focus was exclusively on cities, and recent research (including ours) suggests that the deepest disadvantage today is more often found in rural areas. Building on Wilson’s work, Raj Chetty, Nathan Hendren, and Larry Katz have shown that American children’s chances of moving from the bottom to the top of the income distribution during their lives is profoundly shaped by the communities in which they are raised. Yet beyond identifying community-level correlations, this research has not focused on community dynamics that might underlie these patterns. Without a deep understanding of the community context across both rural and urban communities, we may miss critical factors that drive health and other disparities.

What is the role of local government in those communities that are the most deeply disadvantaged? What about faith institutions and other nongovernmental actors? How does deep disadvantage at the community level impact patterns of association, civic engagement, and political participation? These are just some of the questions this project seeks to explore.

In *Understanding Communities of Deep Disadvantage*, we use methods refined through our research for *$2.00 a Day*: combining big data with systematic, in-depth qualitative interviews and ethnographic observations to better understand the history and contemporary dynamics in a
subset of these communities, each representing a region where deep disadvantage is particularly prevalent. While we seek to paint a vivid portrait of the lived-experiences of poor individuals and families in these places, we are equally interested in the views and activities of key stakeholders, including politicians, civil servants, faith leaders, and representatives of the business community. From these in-depth conversations, as well as our observations of community events, we are beginning to uncover community factors that may drive the sharp disparities documented in our big data work.

Our first step was to build a measure of “disadvantage” that could be applied consistently to communities all over the country. To this end, we constructed a unique, multidimensional Index of Deep Disadvantage (IDD) for all counties and the 500 largest cities in the U.S. We drew on census and administrative data to examine vulnerability in three interconnected domains: 1) income, using poverty and deep poverty rates; 2) health, using life expectancy and low birth weight; and 3) social mobility, using new social mobility estimates for counties and cities. We used principal component analysis to weight these variables (standardized for comparison). Then, we ranked communities on a continuum of disadvantage. Readers can view the results on this map and read more about the technical details here.

A number of insights emerge from this analysis. When we turn the lens of disadvantage from the individual to the community, we find that five geographic clusters of deep disadvantage come into view: The Mississippi Delta, The Cotton Belt, Appalachia, the Texas/Mexico border, and a small cluster of rust belt cities (most notably Flint, Detroit, Gary, and Cleveland). Many Native Nations also score high on our index though are not clustered for historic reasons. Our index also offers some nuance: for example, while many of the areas on the Texas/Mexico border experience extremely high poverty rates, their health and mobility metrics often look
considerably better than one would expect, perhaps a community-level extension of the “Hispanic health paradox.”

The communities ranking highest on our index are overwhelmingly rural. Among the 100 most deeply disadvantaged places in the United States according to our index, only 9 are among the 500 largest cities in the United States, which includes those with populations as small as 42,000 residents. In contrast, 19 are rural counties in Mississippi. Many of the rural communities among the top 100 places have only rarely, if ever, been researched. Conversely, Chicago, which has been studied by myriad poverty scholars, doesn’t even appear among the top 300 in our index. Our poverty policies suffer when social science research misses so many of the places with the greatest need.
It might be tempting to equate “rural” with “white”. But as our index (and map) shows, many of America’s places of deepest disadvantage are in fact racially and ethnically diverse or are disproportionately made up of underrepresented people of color. In fact one key theme among the places of deep disadvantage we have identified is a long history of racial and ethnic exploitation. When we compared our map to a historical map of the concentration of enslavement from the 1860 census, we find striking similarities. Among the 100 most disadvantaged places by our index, 21 include tribal lands. Much of the history of deep disadvantage in America is centuries old. There could be similar maps that parallel the other geographic clusters of disadvantage.
Deep disadvantage is not a-historical, rather connected to histories of exploitation

How deep is the disadvantage in these places? When we compare the 100 most disadvantaged places in the United States to the 100 most advantaged, we find that the poverty rate and deep poverty are both higher by greater than a factor of six. Life expectancy is shorter by a full 10 years, and the incidence of low infant birthweight is double. In fact, average life expectancy in America’s most disadvantaged places, as identified by our index, is roughly comparable to what is seen in places such as Bangladesh, North Korea, and Mongolia, and infant birth weight outcomes are similar to those in Congo, Uganda, and Botswana.

<table>
<thead>
<tr>
<th>Metric (Average)</th>
<th>America’s 100 most disadvantaged places</th>
<th>America’s 100 most advantaged places</th>
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<tbody>
<tr>
<td>Poverty Rate</td>
<td>33.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Deep Poverty</td>
<td>16.6%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Life Expectancy</td>
<td>72 years</td>
<td>82 years</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>12.4 per 1,000</td>
<td>5.7 per 1,000</td>
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<tr>
<td>Ave adult income rank</td>
<td>36%</td>
<td>56%</td>
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<tr>
<td>of low-income children</td>
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Starting last summer and through next year, teams of graduate students from Princeton and the University of Michigan are embedding in six communities representing geographic clusters of deep disadvantage according to our index, each for ten to 12 weeks. They conduct interviews with community leaders as well as low-income residents using systematic qualitative protocols. They attend local worship services and Bible studies, volunteer with local service providers, observe local meetings, and engage in festivals and other local pastimes within the community, documenting these experiences with extensive fieldnotes. We, the Principle Investigators, visit each site extensively, sometimes for weeks at a time. The narratives our team collects are externally validated with other data sources whenever possible.

Once again, much of what we have encountered so far has surprised us. In our conversations with families, views about government rarely focus on national politics. In Clay County, Kentucky, for example, the bigger issue is local government corruption. For generations, vote buying here has been pernicious, although it became less common when an investigation led to the indictment of 8 community leaders, including an elected judge and the school superintendent, in 2009. One respondent reports, “When I was younger, I'd sell my vote… it was like $25 or $50 dollars. That was a lot of money!”

Questions about the efficacy of policy are paramount, but what policies? Hurricane Matthew brought 18 inches of rain to the Carolinas in 2016. When flooding hit the small town of Nichols, South Carolina, it brought dead animals and sewage along with it. Then Hurricane Florence hit in 2018, just as families were starting to move back into their homes. When we met families in the summer of 2019 in the small towns of Nichols and Sellers, most black families were still displaced, despite the fact that federal agencies had allocated almost $400 million in
disaster aid to eastern South Carolina to help families rebuild. We learned that those African American families lucky enough to learn about available aid often experienced extreme difficulty completing necessary paperwork due to a myriad of barriers, such as low literacy and difficulties proving home ownership. Many homes had been passed down from one relative to another for generations. Despite paying taxes, these homeowners lacked clear title. In the South, roughly a third of all land owned by African Americans is held in this way. Without this documentation, FEMA claimed it was unable to help them restore their homes.

We heard concerns about the equity, but not the kind we might expect. One provider of a free needle exchange for those battling drug addiction reports that his neighbors often complain that “you’re not paying for diabetic needles, but you’re giving free needles to people who are doing something illegal.” Local law enforcement officers agree, claiming that the exchange “is simply promoting more drug use and making the taxpayers pay for it.” Needle exchanges are proven harm reduction tools, but they strike many residents as inequitable. How do we communicate these benefits more effectively?

We invite you into a conversation about deep disadvantage in America. Clearly we all have a tremendous amount to learn. Explore the map. Whether you yourself have experienced extreme poverty, or you have seen it your community, send us stories. Part of the goal of this project is meant to understand what solutions could look like that bring hope, and opportunity. We’d especially love to hear about what’s working in your community. Let’s see what we can learn together.