“On Our Own” or “Together”: Disability and Food Access in Appalachia and the Mississippi Delta*

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ABSTRACT

Communities in the rural South have some of the highest concentrations of Social Security disability recipients in the United States, and many beneficiaries face persistent food insecurity. Drawing on 67 interviews with Supplementary Security Income (SSI) and Social Security Disability Insurance (SSDI) program beneficiaries in Appalachia and the Mississippi Delta, this study examines how disability and social infrastructure shape rural food access within local food systems. We contribute to food systems studies by distinguishing technical accessibility, or whether food sources formally exist, from functional accessibility, or whether people can actually use them given mobility limitations, chronic illness, transportation constraints, administrative burdens, and available support networks. We show that food access strategies vary across place: some respondents relied on individualized practices such as rationing, walking to stores, and absorbing hardship privately, while others drew on kin, neighbors, friends, and churches to circulate food, rides, and care. These findings center disability in food systems analysis and show how informal, care-based infrastructures mediate uneven formal provision. Implications for local food systems programs are discussed.

Keywords: disability; food insecurity; rural food systems; social infrastructure

INTRODUCTION

Local food systems scholarship has pushed the study of food insecurity beyond questions of individual deprivation or isolated market failure. Food access is produced through place-specific infrastructures of production, processing, distribution, retail, and consumption, alongside the institutional and relational arrangements that sustain them over time. In rural places, where retail options are thin and transportation is costly,

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households may rely on hybrid arrangements that combine markets, public programs, and informal exchange. Yet many accounts of local food systems leave underexamined how disability and other embodied constraints condition what "access" means in practice, and how place-specific social infrastructures shape the strategies that make food provisioning possible.

This article examines food access among Social Security disability beneficiaries in two rural regions with high levels of hardship: Appalachia and the Mississippi Delta. Counties across the rural South have some of the highest concentrations of Supplementary Security Income (SSI) and Social Security Disability Insurance (SSDI) program recipients in the United States. Despite the stabilizing role these benefits can play in household budgets, many beneficiaries in these regions face persistent food insecurity. That overlap poses a local food systems puzzle: If disability benefits provide a predictable monthly income stream, why is food insecurity so widespread among recipients, and why do the strategies households use to secure food vary so sharply across rural settings that face similar economic challenges?

We argue that answering this puzzle requires distinguishing between two senses of accessibility: the *technical* (whether food sources formally exist within reach) and the *functional* (whether people can actually use them given the embodied realities of disability and the social infrastructure available to them). For people living with disabilities, food access is structured by mobility limitations; chronic pain; fatigue; cognitive load; and the time required to plan, travel, and navigate environments designed around bodily normativity. As a result, social ties and networks take on added

importance, and their character varies substantially across places shaped by different histories of labor, industry, and civic organization.

By treating the gap between technical and functional accessibility as central to food systems analysis, this study makes several contributions: it centers disability as a structural condition of rural food access; documents the variety of strategies people with disabilities employ under constraint; reveals substantial variation in those strategies across sites with different social infrastructures; and draws implications for how researchers, practitioners, and policymakers might better serve rural disability communities.

MOTIVATING LITERATURE AND RESEARCH QUESTIONS

Understanding Rural Food Systems

Food systems can be understood as the linked set of production, processing, distribution, marketing, and consumption activities embedded in a place, along with the social, institutional, and ecological relationships that sustain those activities over time. Food systems shape who can reliably access food, under what conditions, and with what degree of vulnerability to disruption. A review of food systems research by Enthoven and Van Den Broeck (2021) notes that there is no universally accepted definition of a “local” food system and cautions against an overreliance on distance to define what constitutes local, and others note that “local” food systems are not inherently more just or community-oriented than mainstream commercial food systems (Hinrichs 2000). Rather than treating locality as a purely spatial attribute, this literature increasingly emphasizes relational, institutional, and organizational features of food systems.

Green, Worstell, and Canarios (2017) conceptualize food systems from a perspective of social systems and community development rather than one centered on individual household or commercial actors. This approach highlights system-level capacities such as coordination, redundancy, and institutional density. Green et al. (2017) create an index that measures variation in the connectivity, local self-organization, maintenance, ecological integrity, and production diversity of county-level food systems, with many rural counties in the Deep South showing low levels of system resilience.

The focus on resilience is an important shift away from dichotomous framings of local versus global food systems toward one in which resilience and sustainability are the operative concerns (Wood et al. 2023). Sustainability and resilience have taken on heightened importance as mechanization reshapes relationships between people and agriculture and constrains what can be produced locally (Daum 2023). This long-run structural transformation reconfigures labor, land use, and production decisions, even as globalized food systems grow more vulnerable to systemic shocks, including increasingly frequent climate events, market volatility, and supply chain disruptions (Clapp 2023). These patterns underscore that agricultural productivity and food system robustness are analytically distinct outcomes. High-volume, mechanized agricultural regions like the Mississippi Delta regularly exhibit tensions between highly productive farmland and weak access to diverse food options among local residents. Ensuring that agricultural production can benefit local consumers requires a high degree of coordination and planning; rich farmland does not automatically lead to robust local food systems (Kline, Cafer, and Rosenthal 2024).

Analyses of local food systems benefit from the use of social ecological models (Morton 2010), which conceptualize food systems as the product of overlapping infrastructures, governance arrangements, and forms of social organization that structure access to food (Rodriguez and Grahame 2016; Zurek et al. 2022). In this approach, food access is framed as the outcome of interactions across multiple levels, from individual and household constraints to community infrastructure and state policy. These models also highlight how food systems function as sites of governance and social reproduction, distributing not only food but risk, responsibility, and inequality across communities (Enthoven and Van Den Broeck 2021). Understanding rural food systems requires attention to coordination, institutional capacity, and inequality, moving beyond a narrow focus on proximity, design, or agricultural output alone.

Embeddedness and Complementary Models of Food Systems

Food access research highlights complementary and alternative routes through which food security is produced. Work on these models emphasizes the importance of social embeddedness (Granovetter 1985), understood as the ways food access is shaped by relationships among markets, institutions, and social networks that may facilitate or constrain access (Hinrichs 2000). Attention to embeddedness allows for analysis of foodways that balance market constraints with social forces, rather than treating food systems as purely economic arrangements (Hinrichs 2000; Kline et al. 2024). This perspective is particularly useful for explaining why communities facing similar economic conditions experience divergent food access outcomes, depending on the robustness of local institutions, service infrastructures, and social ties. Neille and Penn (2015) document how people in rural communities navigate gaps in formal service

provision through socially embedded, informal support networks that mediate access to food, care, and mobility. These studies underscore how complementary and alternative models of provision emerge as adaptive responses to institutional scarcity, relying on relational ties and local knowledge.

Alternative and complementary food practices, however, are not wholesale replacements for mainstream food systems. Instead, they function as practical strategies for navigating, reshaping, and sometimes resisting the limitations of existing foodways. Watts, Ilbery, and Maye (2005) show that alternative food systems remain entangled with market logics and often require substantial social capital, trust, and coordination to function effectively. Davies and Reid (2024) demonstrate that complementary food models often operate as socially embedded stopgaps instead of full alternatives to mainstream provision. In rural food deserts, for example, meal-sharing initiatives depend heavily on volunteers' relational labor and social capital to mediate access to food, compensating for institutional withdrawal without replacing formal systems. A broader synthesis by Gori and Castellini (2023) reinforces this view, showing that alternative food networks and short food supply chains function as socially embedded responses to the failures and inequities of conventional agrifood systems rather than as uniform or oppositional alternatives.

Across diverse contexts, these models rely on trust, collaboration, and local governance to reconfigure food provisioning while remaining partially integrated into dominant food regimes. Misleh (2022) advances this argument by reframing embeddedness and neoliberal marketization as relational processes, not opposing logics. Her framework draws on Karl Polanyi's (1971[1944]) account of the "double

movement," in which market expansion provokes efforts to re-embed economic activity within social, moral, and political forms of coordination. From this perspective, alternative food practices often take the form of hybrid arrangements that combine market participation with collective coordination, moral commitments, and place-based social relations, allowing actors to navigate structural constraints without fully escaping them.

A growing literature emphasizes that food insecurity is a site of everyday navigation, as individuals and households actively deploy food-based and livelihood-based practices to manage constrained food environments. These strategies include meal stretching, food sharing, borrowing, and reliance on social networks, revealing how food access is embedded in social relations and temporal tradeoffs rather than determined solely by proximity or income. Leroy et al. (2015) similarly argue that food access is fundamentally relational and contextual, shaped by perceptions of deprivation, social acceptability, and adaptive practices. Miewald and McCann (2014) support this insight through the concept of the foodscape, showing how food access is produced through socially embedded, spatially situated practices that static measures of availability often miss. A focus on complementary and alternative food systems thus foregrounds strategy itself as a central object of analysis.

Disability and Food Access

Counties in the United States with high rates of disability insurance receipt also have high rates of food insecurity (Butrica, Mudrazija, and Schwabish 2022). A scoping review by Schwartz, Buliung, and Wilson (2019) confirms that disability is highly predictive of household food insecurity across a range of social and institutional

contexts. They also demonstrate that the link between disability and food insecurity is shaped by infrastructural and access issues. Disability shapes food access through a constellation of constraints, including mobility limitations, fatigue, cognitive load, and the time required to plan, travel to, and navigate food environments, many of which are poorly captured in standard measures of access. Disability is also not a binary status, and the accumulation of multiple disabling conditions creates compounded barriers to food access (Assi et al. 2022; Hadfield-Spoor, Avendano, and Loopstra 2022). These patterns are also consistent across age distributions, with younger adults living with disabilities also experiencing heightened risks of food insecurity (Brucker 2016). Recent work by Brewer et al. (2024) considers a mixed urban-rural sample experiencing hardship during the first years of the COVID-19 pandemic and finds that disability is a stronger predictor of food insecurity than rurality, though they note that intersections between disability status, income, and racial marginalization can heighten risk of food insecurity in rural contexts. These findings echo other work on disability and food access during COVID-19 that demonstrate that disability remains a barrier to food access, even after accounting for income (Assi et al. 2022; Rajasooriar and Soma 2022).

Additional work by Schwartz, Buliung, and Wilson (2023) confirms the importance of structural and social factors (beyond income alone) as mediators between disability and food insecurity, noting a distinction between “technical” and “functional” understandings of accessibility. That is, compliance with regulatory requirements related to accessibility does not necessarily translate to improved usability for people living with disabilities. Accessibility is less a fixed attribute of places than an

emergent property of infrastructures working together or failing to do so. People living with disabilities are more likely to rely on food pantries and dollar stores, suggesting that food access for people with disabilities is more vulnerable to systemic shocks (Charnes 2022). Reliance on emergency or low-cost food outlets also reflects broader political-economic shifts toward charitable and residualized food provision, which often entails greater stigma, less choice, and increased precarity for those who depend on them. Huang et al. (2012) highlight how micro-scale features of the built environment can structure everyday food access as much as store location or price.

Schwartz et al.'s review (2019) notes important gaps in the literature connecting disability and food insecurity. Most existing research focuses on urban contexts. This urban bias is consequential, as rural food systems often involve longer travel distances, weaker retail networks, and more limited transportation options, all of which can interact with disability to intensify food access challenges. Descriptive accounts of the relationship between disability insurance receipt and food insecurity demonstrate that this relationship is particularly severe in rural counties in the Southeast and Appalachia (Butrica et al. 2022). The review by Schwartz et al. (2019) also finds that existing literature often emphasizes individualized or biomedical accounts of the link between disability and food access instead of contextualizing the problem in the context of social structures. Gerber (2020) offers an important corrective to discussions about food access and disability by framing food systems as sites of power and control. Food insecurity, in this account, is a form of biopolitics that regulates what constitutes normative bodies and creates conditions of dependency for people living with disabilities.

Research Question

The literature reviewed here highlights several analytic tools for understanding food access beyond formal markets and policies, particularly attention to social embeddedness, everyday strategy, and the uneven functionality of local food systems. This article is motivated by one central research question: How do differences in the functionality of local food systems and social infrastructure shape reliance on individualized versus network-based food access strategies among SSI and SSDI recipients?

By treating food access strategies as an object of analysis, this study contributes to food systems research by showing how households actively navigate fragmented and incomplete food systems under conditions of constraint. The analysis demonstrates how local food systems are constituted not only through formal retail, charitable provision, and policy programs, but also through informal, care-based, and socially embedded arrangements that compensate for uneven infrastructure and institutional withdrawal.

METHODS AND DATA

Data Collection and Analysis

This project draws on data collected as part of a larger study of Social Security disability programs in rural America. Many rural counties in the United States Southern and Appalachian Regions have some of the highest per capita rates of disability benefit receipt. These counties are often marked by high rates of persistent poverty, a history of extractive industries, and recent periods of deindustrialization and population decline. Fieldwork was conducted during the summer of 2022 by a team of six researchers who collected 67 in-depth qualitative interviews with Social Security disability beneficiaries

from Humphreys County, Mississippi, and Clay County, Kentucky. These counties were chosen because they rank among the highest in the United States in rates of SSDI and SSI receipt. Together, they allow for a productive comparative analysis: the two sites are similar in levels of poverty, disability benefit receipt, and rural economic hardship, but differ substantially in racial composition, state health care policy, and the organization of local social institutions. This variation allows us to examine how social infrastructure shapes food access strategies in similar contexts of material deprivation. Each county shares key structural features with other counties in its region: they are classified as rural under the US Department of Agriculture (USDA) Rural-Urban Continuum Codes, do not contain major regional population hubs, and have experienced patterns of population decline and economic stagnation that are common in these regions.

The interview guide uses a semi-structured life-history approach adapted from Edin and Lein's (1997) model of household economic inquiry. It begins with broad biographical prompts, including "tell me the story of your life," and then moves through domains of family, housing, neighborhood, work, income, expenditures, public benefits, disability, religion, emotional well-being, and daily routines. The framework is designed to reconstruct how households make ends meet over time by linking narrative accounts of life experience to detailed probes about income flows, expenses, informal support, benefit receipt, health constraints, and coping strategies. The research design, including the interview protocol, was reviewed by the Institutional Review Board at the authors' institution and was determined to be exempt (protocol number: 23x-290). All

names used in public writing about these data (including this article) are pseudonyms.

Participants were recruited through a mix of community institutions and everyday public spaces, including libraries, churches, food pantries, laundromats, and discount stores, as well as through referrals from local organizers and previously interviewed respondents. Recruitment was purposive, guided by an effort to capture variation in race, age, household composition, health conditions, and local food access environments. All respondents were at least 18 at the time of interview and lived within either Humphreys or Clay County. Table 1 includes characteristics for the full sample in both counties. The variable “use of lawyer” indicates whether a respondent worked with an attorney as part of the disability benefit application process. Disability beneficiaries received a $50 honorarium in recognition of their time.

[Table 1 about here]

All interviews were audio-recorded and transcribed verbatim by the research team. During the fall of 2022, the research team developed an initial inductive coding framework, modeled after the flexible coding approach described by Deterding and Waters (2021), based on recurring themes across transcripts, field observations, and contextual knowledge of local food systems. Qualitative materials were coded using MAXQDA, with researchers coding interviews from sites where they had not conducted fieldwork to reduce site-specific interpretive bias. The authors then completed a second round of coding focused specifically on food access and related issues. Coded segments were used to produce analytic memos focused on cross-site comparisons and other emerging themes.

Project Case Sites

Humphreys County is a majority-Black county located in the Delta Region of Mississippi, a state that has not adopted Medicaid expansion under the Affordable Care Act. Clay County is a majority-White county in eastern Kentucky, a state that expanded Medicaid early and maintained expansion during the study period. This policy divergence has had meaningful consequences for rural health care systems. In Kentucky, expanded Medicaid enrollment helped stabilize rural clinics and hospitals by sustaining patient volume and revenue streams in areas with limited access to private insurance (Jang-Trettien and Bolger 2024). In Mississippi, the absence of expansion has contributed to persistent financial precarity among rural health care providers, with many hospitals operating under the threat of closure and outpatient services often sparse or geographically distant.

The counties also differ in their economic histories. Clay County's economy was once anchored in coal mining, but employment in the industry has been in long-term decline for decades. Many respondents described multigenerational distance from stable wage labor, noting that neither they nor their parents had consistent work histories. As a result, disability benefits were often understood not as a temporary substitute for lost earnings, but as a durable source of income in the context of weak labor markets. Humphreys County's economy has been shaped by plantation agriculture and, more recently, by catfish farming and processing. Although catfish production remains locally significant, respondents frequently characterized the industry as unstable, citing competition from imported fish and the contraction of processing facilities. The county has also experienced the loss of manufacturing employment. A

garment factory operated for decades by Jockey in the county seat was widely remembered as a rare source of steady and respected work before closing in the early 2000s, when production was relocated abroad following trade liberalization.

FINDINGS

Navigating Formal Food Systems under Disability Constraints

Food insecurity was a persistent feature of daily life for SSI and SSDI beneficiaries. Respondents in Clay County, Kentucky, and Humphreys County, Mississippi reported difficulty affording food and accessing grocery stores, and many relied on SNAP (Supplemental Nutrition Assistance Program, colloquially referred to as food stamps) benefits as a core component of their household food budgets. Despite similar material constraints, closer examination reveals that formal food assistance programs functioned as incomplete and uneven infrastructures whose reliability, usability, and moral meaning varied sharply across place. For respondents living with disabilities, these differences shaped not only whether food assistance was available in theory, but whether it could be activated in practice.

Clay County respondents generally described SNAP as reliable, predictable, and often sufficient to cover the bulk of monthly food needs when combined with careful budgeting. Several participants emphasized that SNAP benefits allowed them to avoid out-of-pocket food expenditures altogether:

Ashley, a White woman in her 60s living in Kentucky, described SNAP and disability benefit payments as the lynchpins of her household budget. SNAP covered her food purchases, but transportation remained a major barrier: she had to get rides whenever she wanted to shop somewhere larger than the local Dollar General. While

she emphasized the need for careful planning and restraint, she framed food access as manageable through disciplined budgeting. Yet even where SNAP functioned reliably as a source of purchasing power, respondents' accounts underscore the limits of formal food assistance in rural contexts shaped by disability and weak transportation infrastructure. Accessing food often required substantial physical exertion, time, and bodily risk. Peggy Sue, a White woman in her 50s, described walking long distances with her husband to obtain groceries before they had access to a vehicle.

> Peggy Sue: I've walked plenty before [my husband] got the truck. Me and him walked down [to town] because his mom or his Paw Paw or nobody would come and get us when we finally got stamps, and by the time me and him walked down there and went to the store and back, both our feet were bleeding. I said [to his Paw Paw], "I'm not gonna kiss your ass to have a roof over my head. I'll sleep outside. I don't care." I'm stubborn. I don't ... I won't ask for help. I'm just stubborn.

For Peggy Sue, food access means more than just meeting caloric needs. She said that "making family happy" is what brings her the most joy and describes being a babysitter for the whole community when she lived in a public housing complex years prior. She would like to be able to afford to cook extra food for the children who come in and out of the household or who visit from the community, but budgets continue to tighten.

For Meredith, a 34-year-old White mother of two with a serious heart condition, grocery shopping involved pushing two carts several miles from the store to her home because she lacked a car or reliable access to rides.

Interviewer: How far away is your house [from the grocery store], how long does that take?

Meredith: From right here to, have you been to the Dollar Store down that way?

Interviewer: Yeah.

Meredith: Okay, it's past that. Up that holler. That's how far I push the carts.

Interviewer: How often do you do that?

Meredith: At least once or twice a month. Yeah. At least once or twice a month. Have to. Sometimes I get little stuff, and I have to bring the babies or my cousin or whoever to help me push the carts. It worries me. I mean, I have to stop five, six times… You know what I'm saying? Especially if it's hot. Like I forgot my nitroglycerine the other day, I forgot it. My baby was so scared. She got tore up, started crying. "Mommy, are you all right?" Because she said my lips were white and it was a horrible picture, I looked like I was dead… I'd just forgotten my nitroglycerine and sat down and regrouped and I made it to the house, she put me to bed when I got there. She put up my groceries and said, "It's fine, Mama, I put them up, don't worry about it," you know? That's the kind of baby I got.

Meredith's account illustrates a central feature of rural food access for people living with disabilities: formal programs like SNAP may reduce financial barriers to food, but they do little to address the physical, temporal, and medical risks involved in obtaining it. Food access in these contexts required respondents to absorb substantial bodily costs, transforming routine provisioning into a site of endurance and risk management within the household.

In Humphreys County, respondents' experiences with SNAP were markedly different. While many participants relied on the program, they more frequently described it as unreliable, administratively burdensome, or vulnerable to sudden disruption. Norman, a Black man in his 60s with a back injury, described being abruptly cut off from SNAP benefits, telling us "I used to get food stamps, and they cut me off."

Norman recounted a prolonged and frustrating process involving repeated trips to the Humphreys County social services office, attempts to fax updated documentation, intervention by his niece, and a judicial hearing in which the judge suggested he travel to Jackson to resolve the issue. Faced with escalating administrative demands that exceeded his physical capacity and available resources, Norman ultimately abandoned his efforts to reinstate benefits and turned instead to alternative ways of securing food, largely through increased reliance on family.

> Interviewer: So how are you paying for food now?
>
> Norman: With the little money I have left. I might have about $100 left [from my cash budget]. My niece brings something down here for breakfast and dinner, then my daughter fixes me something for supper. I just cook supper then on the weekend. That's how we make it.

Across both sites, rising food prices further strained household budgets and intensified food insecurity, even for respondents receiving SNAP. Participants described reducing meal frequency, cutting portion sizes, and foregoing foods perceived as healthier or more nutritionally adequate.

> Alicia: Here lately, feel like, we don't hardly eat near as much as we did. I guess because food is so expensive. Everything you try to you know save as much as

you can. We used to make three meals a day, we don't even do that no more. Our electric bill has doubled and then that's what our money goes on. Food, electric; food, electric, and gas. That's all we, I mean we have no money left. I barely can feed me, mom, and [my daughter]. I mean, I draw food stamps. But you go in the store and spend $100 and come out with four bags. We spend at least $700 a month in food. I have kids that come in and out [of the household], you know? We're taking care of one another. It's very expensive, very expensive.

Similarly, Violet emphasized the tradeoff between affordability and health, telling us that "what makes it hard to stay healthy is – You can't afford all the healthy stuff. We can't afford that."

Formal food assistance programs operated as partial and uneven supports. In Clay County, SNAP functioned relatively reliably as a source of purchasing power but did not resolve the physical and medical demands of accessing food in rural environments. In Humphreys County, administrative instability and bureaucratic burden further undermined reliance on formal systems, pushing respondents toward informal and network-based strategies. For people living with disabilities, food insecurity emerged not simply from insufficient income, but from the interaction of bodily constraint, administrative burden, and uneven local food system infrastructure.

These patterns reflect what the food systems literature describes as the distinction between *technical* and *functional* accessibility: while formal programs like SNAP were technically available in both sites, their usability depended on how disability, transportation, and administrative burden interacted within local food systems (Schwartz et al. 2019, 2023). Food insecurity emerges from the uneven coordination of

institutional, bodily, and infrastructural systems that structure access in rural contexts (Rodriguez and Grahame 2016; Zurek et al. 2022).

Individualized Food Access Strategies: Self-Reliance, Rationing, and Bodily Cost

In contexts where formal food assistance functioned relatively reliably, many respondents relied on individualized strategies to manage food insecurity. These strategies framed food access as a private responsibility to be handled through self-discipline, bodily endurance, and careful management of limited resources instead of through routine reliance on social networks. Among Clay County respondents in particular, food provisioning was commonly described as something to be handled "on one's own," even when doing so entailed significant physical hardship or risk.

A central feature of these individualized strategies was the avoidance of asking others for help. Respondents frequently described reluctance to ask for rides and instead walked to grocery stores even when roads, shoulders, and terrain made pedestrian travel risky. This preference persisted even though Clay County's terrain and dispersed settlement patterns made walking especially demanding. Peggy Sue's account of walking long distances to buy groceries, even to the point of physical injury, exemplifies this orientation toward self-reliance. Similarly, Meredith's repeated trips pushing grocery carts several miles despite a serious heart condition highlight how individualized strategies shifted the burden of food access onto respondents' bodies instead of social networks.

These practices were often described as moral choices rooted in discomfort with dependence. Meredith explained that when she did rely on rides, she felt compelled to compensate drivers financially, saying "otherwise, I don't get a ride." This expectation of

compensation distinguished individualized strategies from network-based forms of support observed elsewhere. Assistance was treated less as reciprocal care than as a transaction, reinforcing the notion that help should not be freely given or received. When compensation was not possible, respondents were more likely to forgo assistance altogether and absorb the costs themselves.

Individualized food access was also characterized by rationing. Respondents described stretching food supplies, cutting portion sizes, and skipping meals in response to rising food prices and fixed incomes. Alicia, quoted in the previous section, described a shift away from three meals a day as food costs increased. Rationing was a difficult choice for Alicia; she prides herself on being able to take her daughter out to eat on occasion, and tries to account for other children who may be in the household temporarily or who need meals because their own families are struggling.

Such strategies placed the burden of adjustment on household consumption rather than on external sources of support. For respondents living with disabilities, this often meant trading nutritional adequacy for affordability, with implications for health and well-being. Violet, quoted in the previous section, explicitly linked food costs to difficulty maintaining a healthy diet. Her account echoed a broader pattern: many respondents could obtain food, but they struggled to afford food of sufficient quality to meet their health needs.

Individualized strategies did not eliminate precarity; they merely redistributed it. Respondents managed scarcity through bodily sacrifice and trade-offs, and disability intensified the costs of these strategies. Walking long distances, carrying heavy loads,

or skipping meals posed greater risks for respondents managing disabling conditions, yet respondents rarely framed these risks as reasons to seek help.

Attitudes toward charitable or faith-based food assistance further reflect this orientation. Clay County residents were less likely than Humphreys County residents to report using church-based food programs or nonprofit assistance. Even where such programs existed and operated at scale, respondents expressed skepticism or disengagement. Merry, when asked whether she sought help from churches, replied dismissively, “What churches, honey?”

> Interviewer: One thing we've noticed is there's a lot of churches around here that offer programs and things. Do you interact with churches?
>
> Merry: What churches, honey? I mean literally – they’ve never given me... I mean, I've called several of them to ask if there's something, like any programs… I can't even find out about that.

Others described a general reluctance to rely on programs perceived as unreliable, stigmatizing, or outside their immediate control.

Reliance on individualized food access strategies in Clay County cannot be understood solely as a preference for self-reliance. It was also shaped by diminished interpersonal trust, which limited the viability of network-based support. Many respondents described social environments marked by substance use, addiction, and interpersonal instability, conditions that made reliance on others feel risky or undesirable. Drug use and addiction were mentioned frequently in Clay County interviews, often in ways that directly intersected with experiences of hardship and

caregiving. Many respondents described histories of narcotics use and family members' struggles with addiction.

Another respondent, Amanda, who worked in a family recovery program in Clay County, emphasized that addiction in the community was closely tied to trauma and instability, saying "It's more trauma focused around their past. And abuse – mentally, emotionally, sexually, physically, you know. Mainly it goes back to trauma." These conditions shaped both health outcomes and the social organization of everyday life. Eleven Clay County respondents referenced experiences of abuse or violence, often connected to addiction, while such accounts were nearly absent in the Humphreys County interviews. Several respondents described childhoods marked by parental substance use, domestic violence, or early caregiving responsibilities, experiences that eroded confidence in family members as reliable sources of support.

This erosion of trust had direct implications for food access strategies. Even when respondents had nearby family or social ties, they often avoided relying on them. One homeless respondent explained why she did not stay with her mother or sister despite lacking stable housing, reporting that "I'd rather be, you know, out on my own… instead of adding to their problems. My problems shouldn't be theirs."

Respondents in Clay County frequently chose to absorb hardship individually (e.g., by walking to stores, rationing food, or skipping meals) because these strategies preserved autonomy and reduced exposure to potentially volatile relationships. Peggy Sue, who described having to walk to the store until her feet bled, avoided asking her partner's parents for help because of their history of verbal abuse toward her partner. She also recounted traumatic experiences with her own parents, both of whom had

struggled with addiction. Amanda, who worked in a family recovery program in Clay County, reported that these unstable family networks were common among her clients. In this context, individualized food access strategies were not simply moral preferences but risk-management practices in environments where social ties were perceived as fragile or unsafe. These findings help explain why network-based food access strategies were less prevalent in Clay County, despite levels of poverty comparable to Humphreys County.

In the presence of relatively stable formal assistance but weak social infrastructure, respondents managed food insecurity by internalizing its costs, allowing food access to become a site of moral self-regulation and bodily endurance. These strategies allowed respondents to maintain autonomy but also rendered food access highly vulnerable to health shocks, price increases, and physical decline.

These individualized strategies align with research emphasizing food access as a site of everyday navigation, in which households manage scarcity through rationing, bodily endurance, and moral self-regulation (Leroy et al. 2015; Miewald and McCann 2014). In the absence of dense, trusted social infrastructure, respondents relied on self-contained practices that internalized risk and responsibility, illustrating how weak social embeddedness can channel food access toward individualized as opposed to collective solutions (Hinrichs 2000; Watts et al. 2005).

Network-Based Food Access Strategies: Circulation, Reciprocity, and Care

Other respondents described network-based strategies through which food, transportation, and other basic resources circulated among family members, neighbors, and friends. These strategies altered how scarcity was managed by distributing its

burdens across social ties rather than concentrating them within individual households. In this context, food access was embedded in dense, reciprocal networks of care that compensated for weak formal infrastructure and administrative instability.

A defining feature of these network-based strategies was the routine exchange of rides to grocery stores and other essential services. In Humphreys County, respondents frequently described traveling with friends or relatives to shop for food, particularly when affordable stores required long drives. By pooling transportation resources, respondents reduced the physical strain and logistical barriers associated with grocery shopping, constraints that were particularly salient for people living with disabilities.

Food itself also circulated through these networks. Respondents described receiving meals, groceries, or prepared food from family members and neighbors, often without explicit accounting or expectation of immediate repayment. James, a disabled Black veteran in his late sixties, described growing up in an extended family system that continues to shape how resources are shared:

> James: I got 13 brothers, so (laughs).
>
> Interviewer: Do you? Wow.
>
> James: Well, back in my day, 1963, we called [our family farm] the plantation. We grew all our vegetables, had pigs, chicken, stuff like that. We had a loving family, you know? Cousins and everybody, you know, you know? We were so poor I didn't even know we was poor, because, you know, we, uh, had extensive cousins and all that.

Although most Humphreys County respondents no longer lived in agricultural households, James's account reflects a broader pattern in which food provisioning was

understood as a collective responsibility embedded in kinship and neighborhood ties. These networks extended beyond food to include rides to medical appointments, help navigating bureaucratic processes, and short-term financial assistance.

Churches played a central role in sustaining these network-based strategies. Humphreys County respondents were far more likely than Clay County respondents to report participation in church-based food programs. These programs operated within existing relationships, reinforcing (not replacing) informal networks of care. In contrast, Humphreys County respondents expressed greater skepticism toward food pantries or nonprofit organizations perceived as external or bureaucratic, often citing prior negative experiences with social service institutions.

Network-based strategies also shaped how respondents navigated institutional failure. When formal assistance programs like SNAP became unreliable or inaccessible, respondents often turned first to family or neighbors instead of attempting to resolve issues independently. Norman's experience of being cut off from SNAP illustrates this pattern. After abandoning efforts to reinstate benefits due to administrative burden, he relied on relatives to help meet food needs, effectively substituting social infrastructure for failed formal systems. These strategies, however, were not without limits. Network-based food access depended on the availability of others with sufficient resources to help, and respondents acknowledged that extended hardship could strain relationships. Nevertheless, compared to individualized strategies, network-based approaches redistributed risk and reduced the bodily and emotional toll of food access for people living with disabilities.

In a context of weak formal infrastructure and administrative instability, respondents relied on strategic use of dense social ties to secure food and mobility. Rooted in reciprocal care, these strategies allowed households to navigate scarcity collectively. The contrast with Clay County underscores how food access strategies are shaped not simply by poverty or geography, but by diverging landscapes of social infrastructure that structure who can rely on networks and how. These network-based strategies exemplify socially embedded arrangements that emerge in response to institutional scarcity without fully replacing formal provision (Hinrichs 2000; Davies and Reid 2024).

Limits and Breakdowns in Food Access Strategies

While both individualized and network-based food access strategies allowed respondents to navigate persistent scarcity, neither approach was stable nor sufficient under all conditions. Respondents described moments when these strategies broke down, revealing the fragility of food access in rural contexts marked by disability, fixed incomes, and uneven institutional support. Among respondents relying on individualized strategies, breakdowns most often occurred when health deteriorated or physical capacity declined. Strategies such as walking long distances, pushing heavy loads, or skipping meals depended on respondents' ability to absorb bodily strain. For individuals managing chronic illness, pain, or fatigue, even minor health shocks could render these practices untenable. When respondents became temporarily unable to walk, shop, or cook, food access quickly became precarious, exposing the absence of reliable fallback supports.

Network-based strategies were more flexible, but they too had limits. Respondents in Humphreys County acknowledged that extended hardship could strain relationships, particularly when multiple households faced scarcity simultaneously. While food, rides, and assistance circulated through kin and neighborhood networks, these systems depended on the continued capacity of others to give. Periods of acute need, such as benefit disruptions, illness, or rising food prices, threatened to overwhelm even dense networks of care.

Breakdowns also occurred when formal systems failed abruptly. Administrative interruptions to SNAP or other assistance programs often triggered immediate food insecurity, forcing respondents to improvise solutions with limited notice. For some, this meant leaning heavily on social networks; for others, it meant reducing meals or foregoing food altogether. In both cases, the absence of coordination between formal and informal systems amplified vulnerability rather than providing redundancy.

These moments of breakdown highlight a central finding of the study: food access strategies among disability beneficiaries function as stopgaps. Whether individualized or network-based, they compensate for incomplete food systems without resolving their underlying fragility. Understanding food insecurity in rural contexts thus requires attention not only to the strategies households deploy, but to the conditions under which those strategies fail. The fragility of both individualized and network-based strategies underscores a central insight from the food systems resilience literature: households compensate for institutional gaps but cannot substitute for system-level coordination and redundancy (Green et al. 2017; Wood et al. 2023). These breakdowns highlight how food insecurity among disability beneficiaries is produced through the

interaction of bodily constraint, uneven infrastructure, and racialized social organization rather than isolated household or community failure.

DISCUSSION AND IMPLICATIONS FOR FUTURE RESEARCH

Food insecurity in rural contexts is produced through the interaction of disability, uneven institutional capacity, and the social infrastructure that mediates the gap between technical and functional food system accessibility. Consistent with prior research, disability constrained food access not only through limited income but through mobility limitations and the time and effort required to secure food in rural environments (Schwartz et al. 2019; Assi et al. 2022). However, the strategies respondents used to manage these constraints diverged sharply across place, reflecting differences in local food systems and social infrastructure rather than differences in need.

Food Access Strategies as Products of Uneven Food Systems

The findings demonstrate that individualized and network-based food access strategies are active responses to how local food systems are organized and experienced. In Clay County, relatively reliable formal supports (particularly SNAP and Medicaid-backed health infrastructure) coexisted with weak social embeddedness. In this context, respondents overwhelmingly described food access as a private responsibility to be managed through personal sacrifice. These individualized strategies internalized risk, shifting the burden of food access onto disabled bodies and households.

This pattern aligns with food systems research emphasizing that access is shaped by coordination and institutional density, not physical availability alone (Green et al. 2017; Rodriguez and Grahame 2016). Although Clay County residents were

technically served by formal programs, those programs did not integrate effectively with transportation systems, social support, or social networks. As a result, respondents navigated food access through what Schwartz et al. (2023) describe as a gap between technical and functional accessibility: food assistance existed on paper but required physically demanding, risky, and time-intensive effort to use.

In Humphreys County, by contrast, formal systems were more fragile and less reliable, particularly with respect to SNAP administration. Yet respondents more frequently relied on network-based food access strategies, drawing on kin, neighbors, and church ties to secure food and transportation. These practices functioned as complementary food systems: socially embedded arrangements that compensated for institutional scarcity without replacing formal provision (Hinrichs 2000; Davies and Reid 2024). Food, rides, and care circulated through reciprocal networks that redistributed risk and reduced the bodily costs of access for people living with disabilities. Crucially, these strategies were not evidence of stronger "community" in an abstract sense. Rather, they reflect how the gap between technical and functional accessibility is unevenly bridged depending on the social infrastructure available.

Trust, Risk, and the Viability of Complementary Food Systems

The contrast between sites also highlights the role of social trust in determining whether complementary food systems can function. Prior research emphasizes that food systems depend on trust, reciprocity, and relational stability (Watts et al. 2005; Gori and Castellini 2023). The Clay County findings show what happens when those conditions are absent. Respondents frequently described environments marked by addiction, trauma, and interpersonal instability, which eroded confidence in others as

reliable sources of support. In this context, reliance on social networks was perceived as risky rather than protective.

These conditions help explain why network-based food access strategies were less prevalent in Clay County despite comparable levels of poverty. Walking long distances, rationing food, and avoiding help preserved autonomy and reduced exposure to social ties that involved difficult relationships, even as they increased bodily and nutritional risk. This finding complicates accounts of alternative food systems that implicitly assume the availability of trust and social capital. Complementary food systems require social conditions that enable reciprocity to function without reproducing harm.

In Humphreys County, church-based food programs illustrate how trust mediates the boundary between formal and informal provision. Although respondents were skeptical of external nonprofits and bureaucratic food pantries, they trusted food programs embedded within religious institutions and social networks. This distinction suggests that the effectiveness of food interventions depends on what services are offered, and, crucially, on where and through whom they are delivered. Programs that resemble institutions associated with surveillance or administrative burden may fail even when materially adequate, while socially embedded programs can succeed despite limited resources.

Implications for Food Systems Research and Policy

For policy and community-based interventions, the findings caution against approaches that focus narrowly on expanding formal provision without attending to how assistance is activated in everyday life. In rural contexts, improving food access for

people living with disabilities requires not only benefits and retail options, but coordination across transportation, health care, and socially trusted institutions. Interventions that ignore informal systems risk undermining the very networks that make food access possible, while those that assume networks exist may inadvertently exacerbate inequality where trust has eroded.

These general principles have concrete implications for locally-focused food system programs currently operating or expanding in rural communities. Farmers Market SNAP incentive programs, including Double Up Food Bucks, expand purchasing power at alternative food venues, but their functional accessibility for disability beneficiaries depends heavily on transportation and mobility infrastructure. Where individualized strategies predominate and social networks rarely coordinate transportation, awareness of and access to farmers market programs may be low even among eligible recipients. Interventions in this context might prioritize mobile market models or aggregated delivery options that bring produce to beneficiaries instead of requiring travel to fixed market sites. Where network-based provisioning is more common, there may be greater potential for market programs to leverage existing social infrastructure: one network member with reliable transportation can aggregate purchases for several households, multiplying program reach beyond individual enrollment. Program designs that acknowledge and support these informal aggregation dynamics are more likely to achieve functional reach in contexts with dense social ties.

Similar recommendations apply to programs like the Senior Farmers Market Nutrition Program (SFMNP), which provides vouchers for low-income older adults to purchase fresh local produce. Many SSDI and SSI recipients who qualify face

compounding barriers: seasonal availability, outdoor market environments that are difficult to navigate with mobility limitations, and limited awareness through existing benefit delivery channels. In some contexts, outreach through primary care providers and rural health clinics may be more effective than standalone market promotion. Where health care access is more fragile and clinical contact less reliable, outreach embedded through churches or trusted community organizations could increase enrollment among eligible beneficiaries who would otherwise be unlikely to encounter the program through formal channels.

Food-as-medicine initiatives present a particularly important opportunity given the centrality of chronic illness and disability in both study populations. Programs that prescribe produce boxes, medically tailored meals, or nutrition support as part of chronic disease management address the intersection of disability and food insecurity directly. Their functional reach, however, depends on the delivery mechanism. Medicaid expansion has produced more robust clinical infrastructure in some states, making health care settings a viable pathway for program delivery: enrollment through routine chronic disease management visits and delivery coordinated with clinical sites could reach disability beneficiaries who already have health care contact. In the absence of Medicaid expansion, health care infrastructure is more precarious, and clinical delivery pathways cannot be assumed. In both contexts, program designers should account for the transportation and mobility constraints documented here, recognizing that requiring beneficiaries to travel to enrollment or pickup sites risks excluding the most functionally constrained participants.

CONCLUSION

This study examined how SSI and SSDI recipients in two rural regions navigate food insecurity under conditions of disability, institutional unevenness, and constrained local food systems. Comparing Appalachia and the Mississippi Delta, we show that food access among disability beneficiaries is shaped by the interaction of income, store availability, benefit receipt, embodied constraints, uneven institutional capacity, and place-specific social infrastructures. These factors determine whether formally available systems can be functionally activated in everyday life.

By centering food access strategies as an analytic object, this paper makes several contributions to food systems scholarship. First, it demonstrates that disability fundamentally reshapes what food access means in practice, highlighting the limits of approaches that treat accessibility as a technical attribute rather than an emergent property of coordinated systems. Second, it documents the variety of strategies people with disabilities employ to navigate incomplete food systems, from individualized rationing and bodily endurance to network-based reciprocity and collective provisioning. Third, it reveals substantial variation in those strategies across sites with different social infrastructures, showing that complementary and care-based food systems are unevenly available depending on the presence of trusted social ties and local institutions. Bridging the gap between technical and functional accessibility requires food-system interventions that center disability and are implemented through the local social infrastructures that make access possible in practice.

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Table 1: Interview Respondent Characteristics

	Clay County, KY (n=33)	Humphreys County, MS (n=34)
Recipient Characteristics		
Direct Recipients	88%	97%
Head of Household (someone else receives benefits)	12%	4%
Average Age (in years)	54	56
Female	79%	49%
White	100%	13%
Black or African American	0%	87%
Type of Benefits		
Supplementary Security Income (SSI)	75%	43%
Social Security Disability Insurance (SSDI)	25%	57%
Use of Lawyer	21%	80%