

# Understanding Poverty in South Carolina: Lived Experiences and Community-Driven Solutions

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## Dedication

This study was made possible by the courage and engagement of the individuals who participated in this work by sharing their stories, opening the doors to their communities, and providing necessary knowledge and guidance to this process.

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## Introduction

Poverty in South Carolina is both widespread and deeply inequitable, affecting individuals and communities in diverse and uneven ways (Merrell et al. 2020; South Carolina Commission on Minority Affairs 2023; Workman et al. 2024; US Census Bureau 2024). While federal poverty thresholds provide a snapshot of economic hardship, they fail to capture the complex and interrelated factors that both contribute to and sustain poverty. Beyond income levels, poverty is shaped by systemic barriers such as limited access to education, social stigma, health disparities, and economic instability, all of which create and reinforce cycles of economic insecurity (Banerjee and Duflo 2011; Desmond 2023; Sen 1999; Workman et al. 2024). In South Carolina, these factors intersect to create persistent cycles of poverty that disproportionately impact rural populations, communities of color, women-led households, and individuals with disabilities (ERS 2022; BCG 2024; Merrell et al. 2020; ALICE 2024; Workman et al. 2024). Existing solutions aimed at reducing poverty fall short of addressing the nuanced and intersecting challenges that shape poverty in the state (Nanu et al. 2023; South Carolina State Housing Finance and Development Authority 2023; U.S. Department of Health and Human Services 2024). To effectively reduce poverty and promote economic security, policies and community-based initiatives must take a holistic approach—one that not only addresses economic hardship but also considers the broader social determinants that influence poverty across different demographic groups and geographic regions. Thus, this study aims to provide a voice to the lived experiences of people experiencing poverty, elevating their perspectives on the systemic factors that sustain economic insecurity and potential policy action that can lead to more equitable and sustainable solutions for reducing poverty.

Recognizing that poverty is not a monolithic experience (Desmond 2023; Devine and Wright 1993; Rank et al. 2003; Workman et al. 2024), this study employed a structural and community-centered methodology to surface the distinct and intersecting factors that people relate about their experiences with poverty. Guided by the social determinants of health framework, this research sought to answer the following questions: *What do people experiencing poverty say is the current state of poverty in South Carolina, and how does it vary across demographic groups? What barriers do people facing poverty experience due to social determinants that contribute to economic insecurity? What do people experiencing poverty tell us are their priority solutions needed to address the systemic and complex challenges of overcoming poverty?*

The primary data source for this study came from focus groups co-designed with community representatives to elevate the perspectives of demographic groups that face unique and compounding barriers to economic stability in South Carolina—specifically, U.S. military veterans, Hispanics/Latinos, rural residents, Native Americans, and individuals with disabilities. The groups chosen for this study were selected because they have been historically absent from conventional studies of poverty, are persistently underrepresented in policy decisions, and face structural barriers that limit economic mobility. Because Black/African American South Carolinians experience some of the highest rates of poverty in the state, the selected groups of this study also include Black South Carolinians, as the identity groups are not exclusive of any race (Workman et al. 2024; South Carolina Commission on Minority Affairs 2023). Additionally, perspectives on poverty from Black/African American South Carolinians have been studied recently (Workman et al. 2024).

For this study's purpose and the selected identity groups, it is important to further understand their unique experiences with poverty. Veterans often struggle with workforce reintegration, service-related disabilities,

and gaps in support from the U.S. Department of Veterans Affairs (VA), with nearly 40% reporting a disability that affects their ability to secure stable employment (Clemson University 2024; Rural Health Information Hub 2024). Hispanic/Latino communities experience heightened financial insecurity due to immigration status, labor exploitation, and language barriers, with 48% of Hispanic/Latino households in South Carolina unable to afford basic necessities despite high workforce participation rates (ALICE 2024; Wilkes 2024). Rural residents face persistent economic disinvestment, limited job opportunities, and inadequate public infrastructure, contributing to county-level poverty rates exceeding 30% in several rural areas of the state (Population Reference Bureau 2023; USDA Economic Research Service 2022). Native Americans contend with historical marginalization, chronic underfunding of tribal services, and systemic barriers to wealth accumulation, with 60% of Native American households in the state struggling to afford basic needs (Merrell et al. 2020; U.S. Census Bureau 2025). Individuals with disabilities navigate high rates of unemployment, workplace discrimination, and an underfunded social safety net, with 27.3% experiencing poverty in South Carolina, nearly three times the rate of those without disabilities (Yang-Tan Institute on Employment and Disability 2024). Using a participatory approach, the findings not only capture the diversity of experiences within and across these groups but also reflect the similarities and variance among prioritized solutions identified by those disproportionately experiencing poverty.

The following report begins by defining poverty within the context of South Carolina, emphasizing its multidimensional nature and the need to extend the definition beyond conventional income metrics. It then provides background on poverty in the state, using demographic data and socioeconomic indicators to illustrate its widespread yet uneven distribution, with particular attention to the experiences of the five demographic groups central to this study—veterans, Hispanics/Latinos, rural residents, Native Americans, and individuals with disabilities. Next, the report outlines the study’s conceptual and methodological approach, detailing the application of the social determinants of health framework, the qualitative focus group methodology, and the implementation of methodology that supported participants in systematically identifying and prioritizing policy solutions. The report then presents the study’s key findings, first by highlighting the specific challenges that people reported facing in their experiences with poverty, and then by highlighting the solutions participants prioritized within five social determinants of health categories. The final section provides conclusions and recommendations, offering guidance for policymakers, community leaders, and advocates on what areas are priorities for designing and implementing more effective, equity-driven strategies to reduce poverty. Ultimately, this study highlighted that poverty in South Carolina is both systemic and varied, requiring policy solutions that address the structural barriers that sustain economic insecurity while also being responsive to the distinct needs of different populations. A truly effective approach to poverty reduction must be community-driven, holistic, and tailored to the lived realities of those experiencing poverty.

## Defining Poverty: A Structural, Multifaceted, and Contextualized Approach

Poverty is not merely a lack of financial resources but a structural condition shaped by intersecting and mutually reinforcing social, economic, and political forces (Desmond 2023). Traditional definitions that rely solely on income thresholds, such as the federal poverty line, fail to capture the full extent of economic hardship because they do not fully account for rising costs of living, regional cost disparities, or the systemic barriers that contribute to persistent financial instability (Piven and Cloward 1971; Rank, Yoon, and Hirschl 2003; Hamilton and Darity 2010; Workman et al. 2024). A person who earns above the official poverty line may still struggle to afford their basic needs such as housing, healthcare, and education, particularly as inflation and economic shifts rapidly outpace stagnant wages and/or social safety net protections (Desmond 2023; Workman et al. 2024).

Building upon Workman et al. (2024), this study defines poverty as the absence of sufficient economic, social, educational, and health-related resources necessary to fully participate in society. This definition further recognizes that poverty is not simply an individual condition but a product of policies, historical inequities, and institutional practices that create and sustain economic hardship (Healthy People 2030; Prosperity Now 2020; WHO 2023). Economic instability remains a central component, but it interacts with other determinants, such as inadequate access to healthcare, disparities in educational attainment, housing instability, and systemic discrimination, to create cycles of poverty that persist across generations (Soss, Fording, and Schram 2011; TANF Profile South Carolina 2023). By incorporating these dimensions, this broader definition allows this study to provide a more accurate assessment of how poverty functions in South Carolina through listening to the perspectives of groups experiencing poverty.

### Poverty in South Carolina: Scope and Distribution

As of 2023, 13.9% of South Carolinians had incomes that were below the federal poverty line, a rate that exceeds the national average of 12.6% (U.S. Census Bureau 2023). However, traditional poverty measures fail to capture the full extent of economic hardship, as they do not account for households earning above the federal threshold but still struggling to meet basic needs. The United Way of South Carolina's ALICE (Asset Limited, Income Constrained, Employed) report found that more than 40% of working households in the state face financial precarity, unable to consistently afford essential expenses such as housing, food, healthcare, and transportation (ALICE 2024). Rising costs of living have compounded this strain, particularly for low-income households. Between 2020 and 2024, housing costs in South Carolina increased by 31%, while median wages grew by only 11% in the same period (South Carolina Department of Employment and Workforce 2024). In 2021, 11.7% of South Carolina adults reported delaying medical care due to cost, higher than the national average of 8.7% and the 6th highest rate in the nation, highlighting the financial barriers that many families, particularly those experiencing poverty, may face in accessing healthcare (South Carolina Department of Health and Environmental Control 2023).

While financial insecurity is widespread, it is not evenly distributed across racial, geographic, and demographic lines. In South Carolina, Black/African American households experience a poverty rate of 24.6%, Hispanic/Latino households a poverty rate of 21.3%, and Native American households a poverty rate of

25.1%—all more than double the poverty rate experienced by White households, which stands at 10.8% (South Carolina Commission on Minority Affairs 2023). Native Americans, who represent 0.47% of South Carolina’s population, experience disproportionately high levels of economic insecurity, with 60% of Native American households struggling to afford basic necessities (ALICE 2024; U.S. Census Bureau 2025). Similarly, Hispanics/Latinos, who comprise 7.5% of the state’s population, have seen significant population growth—an increase of 35% since 2018 (Wilkes 2024)—yet nearly half (48%) of Hispanic/Latino households in South Carolina report incomes insufficient to meet the rising cost of living (ALICE 2024).

Geography is another determinant of economic hardship, with rural residents experiencing some of the highest poverty rates in the state. Across the country, nonmetro counties have higher poverty rates than metro counties, with the most severe poverty rates found throughout the Southeast. Nearly 20% of South Carolinians live in rural areas (America’s Health Rankings 2025), and multiple counties report poverty rates exceeding 30% (Population Reference Bureau 2023).

Veterans, who comprise 8.4% of South Carolina’s population, experience a poverty rate of 7.4%, lower than the overall state average (South Carolina Department of Employment and Workforce 2024). However, nearly 40% of veterans in the state have a disability that affects their workforce participation, limiting their ability to achieve financial stability (Clemson University 2024). Additionally, the majority of South Carolina’s veterans reside in rural areas, where employment opportunities and healthcare access are more limited (Rural Health Information Hub 2024).

Finally, individuals with disabilities also experience disproportionate rates of poverty. Although they make up 15% of South Carolina’s population, 27.3% of individuals with disabilities experience poverty, a rate nearly three times higher than individuals without disabilities (Yang-Tan Institute on Employment and Disability 2024).

These data and what follows in this report are not intended to serve as an exhaustive representation of the poverty experience of any one entire identity group. However, these data illustrate that poverty in South Carolina is both widespread and deeply inequitable, shaped by intersecting factors related to race, ethnicity, disability, veteran status, and geography. The likelihood of experiencing poverty and the challenges associated with escaping it vary across demographic groups, reinforcing the need for targeted, equity-driven policy solutions that address systemic barriers to economic opportunity. By centering the experiences of these populations, this research provides a more comprehensive and actionable understanding of economic hardship in South Carolina.

## Conceptual Framework: Social Determinants of Health

Poverty is a complex, multidimensional issue shaped by structural, economic, and social factors. This study employs the Healthy People 2030 social determinants of health (SDOH) framework to analyze the root causes of poverty and identify actionable solutions. The SDOH framework views poverty as a systemic issue rather than an outcome of individual choices or financial insufficiency. However, structural determinants do not affect all individuals equally; their impact is shaped by intersecting identities, including race, gender, disability status, and geographic location.

As Crenshaw (1989, 1991) argues, intersectionality is essential to understanding how overlapping systems of oppression shape experiences of marginalization. Ignoring these interactions risks oversimplifying the causes of poverty and overlooking how structural inequities intensify economic hardship for specific communities (Collins 2000; Hancock 2007). This study aligns with broader literature that highlights the systemic nature of poverty, emphasizing how inequities create and sustain economic hardship (Piven and Cloward 1971; Soss, Fording, and Schram 2011), institutional barriers limit economic mobility (Rank, Yoon, and Hirschl 2003), and policy decisions shape disparities in financial security, education, healthcare, and employment (Crenshaw 1991; Collins and Bilge 2016; Workman et al. 2024; Merrell et al. 2020).

### The Social Determinants of Health

The SDOH framework provides a structured model for understanding how various interrelated factors influence poverty and economic security. It consists of five key domains (see Figure 1):

- **Economic Stability** – Access to stable employment, fair wages, and financial security.
- **Education Access and Quality** – The role of educational attainment in shaping employment prospects and social mobility.
- **Social and Community Context** – The influence of social networks, discrimination, and civic engagement on economic opportunities.
- **Neighborhood and Built Environment** – Factors such as housing affordability, transportation, and infrastructure that shape access to jobs, healthcare, and education.
- **Healthcare Access and Quality** – The availability of necessary medical care, insurance coverage, and preventive health services.

Together, these five domains offer a holistic understanding of poverty, ensuring that economic instability is analyzed in relation to broader social and structural determinants rather than as an isolated issue (Healthy People 2030; Workman et al. 2024).



Figure 1. Social Determinants of Health Framework (Healthy People 2030)



### Application of the SDOH Framework in This Study

This study applies the SDOH framework in two key ways. First, it organizes the structural factors that participants identified as contributing to poverty according to each determinant. This approach systematically accounts for the multiple dimensions of poverty, ensuring that economic instability is examined in relation to broader structural factors. Second, the framework provides a structured method for categorizing the solutions proposed by participants, clarifying how different policies align with specific determinants of poverty.

By integrating the SDOH framework with participant perspectives, this study underscores the necessity of policy approaches informed by lived experience that confront systemic inequities rather than relying on universal or fragmented solutions. Prior research has demonstrated that sustainable poverty reduction strategies must address institutional and structural barriers to economic mobility. This study builds on that work, contributing to a growing body of evidence that emphasizes the need for equity-driven policy interventions tailored to the realities of communities disproportionately affected by poverty (Merrell et al. 2020; Piven and Cloward 1971; Rank, Yoon, and Hirschl 2003; Soss, Fording, and Schram 2011; South Carolina Department of Health and Environmental Control 2023; Workman et al. 2024).

## Methodology and Approach

This study employed a mixed-methods approach to examine the systemic factors contributing to poverty and to identify effective policy interventions. The research design ensures a comprehensive analysis that captures both the lived experiences of individuals experiencing poverty and broader policy implications. The full methodology, including detailed descriptions of data collection procedures, focus group implementation, and Q methodology, is provided in Appendix 1.

### Study Design and Objectives

The study was designed to elevate the voices of individuals experiencing poverty, particularly those from marginalized communities, and to identify policy solutions that address systemic barriers to economic stability. To achieve these objectives, the study:

- Conducted identity-based focus groups to explore lived experiences and barriers to economic security.
- Used Q methodology to assess participant priorities on various policy solutions.
- Combined qualitative and quantitative analysis to contextualize policy priorities within the broader framework of structural determinants of poverty.

### Recruitment and Data Collection

Participant recruitment followed a two-phase process. In the first phase, a survey was disseminated through community organizations to identify individuals who met the criteria for focus group participation. A total of 68 individuals completed the survey, with 54 participants selected for focus groups based on their self-identification as both experiencing poverty and belonging to one of the study's target populations: veterans, Native Americans, individuals with disabilities, Hispanics/Latinos, and residents of a representative rural area. Focus group participants received a \$100 Visa gift card as compensation for their time and insights.

### Focus Groups and Q Methodology

The study used structured focus group discussions to explore economic hardship through the lens of the social determinants of health (SDOH) framework. Each session followed a three-phase design:

1. Discussion of personal experiences with poverty.
2. Application of Q methodology to rank potential policy solutions.
3. Reflection on the ranking activity to identify key themes and priorities.

Q methodology, a mixed-methods research approach used to sort statements and identify patterns, was used to support participants' rankings of 48 policy solutions, allowing for the identification of shared perspectives on effective poverty reduction strategies (McKeown and Thomas 1988). This method was particularly valuable for capturing the complexity of participant viewpoints while providing a systematic means of evaluating policy preferences.

## Data Analysis

A combined qualitative and quantitative approach was used to analyze the findings. Focus group transcripts were coded thematically to identify structural barriers and patterns in participant experiences. Q-sort rankings were analyzed using a weighted scoring system, allowing for a comparative assessment of policy preferences across participant groups. This dual approach provided contextual depth to participant priorities, ensuring that policy recommendations reflected both weighted rankings and the lived realities that shaped those rankings.

By integrating qualitative narratives with structured policy rankings, this study highlights both broadly supported policy interventions and group-specific priorities, contributing to a comprehensive understanding of poverty in South Carolina and potential pathways for systemic change. A full description of the research design, focus group structure, and Q methodology is provided in Appendix 1.

## Findings: Challenges Identified by People Experiencing Poverty in South Carolina

This section presents the findings from focus group discussions with Native Americans, Hispanics/Latinos, individuals with disabilities, rural residents of Williamsburg County, and veterans. Across all groups, participants identified financial instability, limited access to essential services, and persistent discrimination as the most significant barriers to moving out of poverty. The following sections organize these findings according to the social determinants of health framework, providing a breakdown of how each determinant—economic stability, education access and quality, social and community context, neighborhood and built environment, and healthcare access and quality—shapes participants' experiences with poverty.

### Economic Stability: Insufficient Wages, Limited Job Opportunities, and Employment Barriers

Across all focus groups, participants described financial instability driven by wages that fail to keep pace with inflation, a lack of job opportunities in rural and marginalized communities, and systemic barriers that prevent access to stable employment as contributors to poverty. Despite working full-time, many individuals reported struggling to afford basic necessities as the rising cost of living outpaced stagnant wages. Additionally, job opportunities were reported to not be evenly distributed across the state, with Native American communities and rural areas experiencing particularly limited options. While participants recognized small businesses could serve as a pathway to economic stability, they also noted many aspiring entrepreneurs lack access to the capital needed to launch and sustain their ventures. Participants also expressed skepticism about tax incentives for corporations, doubting whether such policies would result in meaningful wage increases for workers.

Low wages were elevated as one of the most pressing economic concerns, as many participants reported that their incomes are insufficient to cover essential costs. An individual with disabilities described the cycle of financial insecurity: *“We’re all experiencing price increases, but the problem is that wages haven’t gone up to match it. So we have high costs, and we have low pay to meet those costs, and so many people are really just living paycheck to paycheck at best. It’s an impossible cycle.”* Veterans similarly noted that even full-time work often does not provide financial security, with one participant stating, *“Many individuals and families are living paycheck to paycheck, experiencing high levels of food insecurity and housing instability. Consequently, they have no choice but to rely on some form of public assistance just to meet basic needs. It shouldn’t be that way for people who are working full time.”* In addition, multiple participants pointed out that South Carolina has one of the lowest minimum wages in the country. As one rural participant remarked, *“The first step out of poverty is usually an entry-level job, but if those jobs don’t pay enough to live on, then people can’t move forward. It just keeps people stuck in poverty.”*

A lack of job opportunities further compounds economic instability, particularly for rural and Native American communities. Participants from these groups emphasized that employment options are often limited, with job requirements that exclude many individuals due to educational disparities and resource constraints. One Native American participant explained, *“The reservations are limited in so many ways—size, funding, and job opportunities. Many of the jobs that do exist require education levels that most of our people*

*haven't had access to. A lot of the grants that fund reservation programs have strict job requirements, which means many of our citizens don't even qualify for the jobs available in their own communities."* Rural residents of Williamsburg County pointed out that transportation barriers severely limit their ability to seek employment outside their immediate area. One participant described the challenge bluntly: *"If you don't have a car, you don't have a job. There's no other way to get to work."* The lack of economic opportunities also extends to entrepreneurship, as potential small business owners face significant obstacles in securing financial support. A Williamsburg County participant explained, *"People who don't have well-paying jobs often don't have the capital to start something for themselves, even if they have great business ideas. They're not unemployed because they lack motivation—it's because they don't have the financial resources to take that first step."*

In addition to low wages and limited job opportunities, participants identified significant employment barriers, including language requirements, discrimination, and restrictive hiring practices. Hispanic/Latino participants highlighted the exclusionary nature of job applications, where immigration status and language proficiency often determine employability. One participant shared, *"As much as we would like to have jobs, the first thing they ask is, 'Do you speak English? Do you have a Social Security number? Do you have Medicaid?' And if you don't, then sorry, there's no job for you."* Another Hispanic/Latino participant spoke of labor exploitation, explaining, *"I've worked jobs where they refuse to pay for the full hours, and there's nothing I can do because they know I'm scared to report them."* Individuals with disabilities also reported systemic discrimination in hiring and workplace accommodations, with one participant stating, *"If you need any kind of modification, they see you as a problem rather than an asset."* Veterans noted that translating military experience into civilian employment remains a challenge, stating that employers frequently undervalue their skills. As one veteran put it, *"They tell us that our skills will get us jobs, but no one in the civilian world understands what we can do."*

## Education Access and Quality: Underfunded K-12 Schools and Inaccessible Learning Environments

Across all focus groups, participants identified education as a crucial factor in breaking the cycle of poverty, yet they expressed deep frustration over persistent inequities in school funding, resource distribution, and accessibility. Additionally, participants described how insufficient school funding, bilingual and culturally relevant instruction, and special education services leave many students without the support they need to succeed. Native American participants voiced concerns about the absence of Indigenous history and representation in school curricula, which they explained alienates students and diminishes their sense of belonging. One Native American participant explained, *"Our kids don't see themselves in the curriculum. They don't learn about our history, and that makes them feel like they don't belong."* Hispanic/Latino families cited language barriers that prevent parents from fully engaging in their children's education, with one mother stating, *"I want to help my daughter with school, but I don't speak English well, and there are no interpreters at the school meetings."* Individuals with disabilities described a lack of adequate special education services, with one participant noting, *"Schools don't have enough resources for kids with disabilities. Parents have to fight just to get their kids the accommodations they need."* Rural residents in Williamsburg County emphasized disparities in educational resources, noting that students in their communities have limited

access to advanced courses, up-to-date textbooks, and qualified teachers. As one parent expressed, *“Our kids don’t get the same education as kids in Charleston or Columbia. They don’t have the same opportunities, and that keeps them stuck in poverty.”*

Schools in rural communities were identified by participants as being severely underfunded, creating significant barriers to educational access and quality. Participants from this region reported that their schools struggle to retain experienced teachers and offer advanced coursework, limiting students' opportunities for academic and career advancement. One Williamsburg County resident stated, *“If you don’t have good teachers, you don’t have a good school. And teachers leave because they’re not paid enough, and they don’t have what they need to be successful.”* Additionally, participants highlighted that underfunded schools fail to provide adequate exposure to career pathways, with one explaining, *“Kids in rural communities don’t get exposed to opportunities the way kids in the cities do. They don’t even know what’s possible for them.”*

Beyond Williamsburg County, participants from Native American communities described similar disparities, emphasizing how unequal school funding perpetuates educational inequities. A Native American participant noted, *“The reservations are limited in funding, so students don’t have access to quality education or resources that other kids do. Our schools have fewer teachers, outdated materials, and almost no extracurricular programs.”* Participants across groups stressed that without equitable funding, schools in low-income and rural areas will continue to struggle to provide high-quality education, contributing to cycles of poverty and limited economic mobility.

Participants also shared that limited resources in schools disproportionately affect students who require specialized support, including English language learners and students with disabilities. Hispanic/Latino parents described how English as a Second Language (ESL) programs often fail to provide meaningful pathways for advancement, leaving children in linguistic isolation for years without adequate academic support. One parent observed, *“The biggest problem is that many of our children are placed in ESL programs, and they stay there for years instead of receiving actual support. They get stuck in ESL classes without real opportunities to advance.”* For students with disabilities, schools frequently lack the necessary technology, training, and personnel to provide proper accommodations. A participant from the focus group for individuals with disabilities explained, *“Special education is always underfunded. That means students like me have to work twice as hard just to keep up. When schools don’t have enough resources, they end up focusing on the students who are easiest to serve, and students with disabilities fall through the cracks.”* Another participant emphasized the structural barriers that persist even when teachers are supportive, stating, *“If a school isn’t accessible, it doesn’t matter how good the teachers are. If the buildings, materials, or even basic accommodations aren’t there, students with disabilities still won’t get the education they deserve.”*

Accessibility challenges further limit educational opportunities for marginalized students, creating barriers that extend beyond the classroom. Native American participants described how the exclusion of Indigenous history from public school curricula reinforces cultural marginalization. One participant noted, *“There’s very little cultural inclusion in our schools, which makes Indigenous students feel invisible in their own classrooms. They don’t see their history, culture, or contributions represented in their education.”* Similarly, Hispanic/Latino parents reported that the education system is not designed to support immigrant families, with one participant stating, *“We want our children to succeed, but the school system isn’t set up to help kids*

*from immigrant families. It's designed for English speakers and for families who understand how to navigate the system."* Veterans seeking to continue their education after military service also reported barriers, including gaps in financial aid and a lack of relevant career training. As one veteran explained, *"A lot of us want to get more education, but the programs that exist don't always match what we actually need for today's job market. There's a disconnect between what's available and what would actually help us get better jobs."*

## Social and Community Context: Stigma, Exclusion, and Barriers to Participation

Across all focus groups, participants described social isolation, stigma, and exclusion from policy decision-making as key barriers to economic stability. Native American participants highlighted the long-standing absence of tribal voices in policymaking, with one stating, *"Our communities have been left out of decisions for so long that no one even asks us what we need anymore."* Hispanic/Latino participants reported that fear of deportation prevents many from seeking assistance, even when eligible. One participant explained, *"Even if you have papers, you don't want to draw attention to yourself by applying for assistance. You just keep your head down and work."* Veterans noted a lack of community-based mental health resources, with one saying, *"You come back from service, and you're just on your own. There's no real system to help you transition."*

Stigma was a recurring issue, particularly for those experiencing poverty, homelessness, or mental health struggles. Individuals with disabilities described how poverty is often viewed as a personal failing, leading to mistreatment. One participant shared, *"I can identify with the stigma of poverty and homelessness. It's not just about not having money—it's about how people look at you and treat you differently."* Veterans reported similar stigma in seeking mental healthcare, as military culture discourages vulnerability. One veteran explained, *"Many of us struggle with mental health, but reaching out for help feels impossible because we don't want to be seen as weak."* Hispanic/Latino participants noted that stigma around immigration status compounds financial stress, making it harder to access services. One participant observed, *"There is a significant amount of stress and shame, and often these feelings are made worse by stigmas we face from society, living in poverty, or because of our identities."*

Rural residents in Williamsburg County expressed a strong sense of exclusion from policy decisions and resource allocation, describing how the absence of investment in their communities reinforces economic inequities. One participant explained, *"A lot of people here feel like no one is looking out for them. If you don't come from money or connections, you're stuck in a cycle where no one will help you get ahead."* Native American participants described deep distrust in institutions, rooted in historical mistreatment and systemic neglect. One participant remarked, *"Why do a lot of Indigenous and Native American people not seek care? Because we've been ignored and mistreated for so long."* This sentiment reflected broader concerns about the persistent lack of tribal representation in policy decisions and the underfunding of essential services in Indigenous communities. Veterans also reported feeling abandoned by institutions designed to support them, with one noting, *"Even the VA is pretty broken right now, and their resources are very limited. Once you're out of sight, you're out of mind."* Across all groups, participants articulated a shared frustration that policy decisions are often made without their input, further entrenching economic hardship and limiting access to resources meant to support their well-being.

## Neighborhood and Built Environment: Housing Instability and Inadequate Infrastructure

Participants across all focus groups identified lack of affordable housing and inadequate transportation systems as significant barriers to economic stability. Many described unaffordable rent, overcrowded living conditions, and discrimination in housing markets. Rural residents in Williamsburg County noted that without public transportation, access to jobs, healthcare, and education is severely limited. One participant explained, *"We don't have buses, we don't have Ubers, we barely have taxis. If you don't have a car, you can't do anything."* Hispanic/Latino participants shared experiences of housing discrimination, with one stating, *"Landlords know we don't have options, so they charge us high rent for places that aren't even safe."* Veterans facing homelessness expressed frustration with the complexity of VA housing assistance programs, explaining, *"You have to meet all these requirements to get housing help, but if you're homeless, how do they expect you to have all the paperwork?"* Participants across groups emphasized that without stable housing and reliable transportation, overcoming the challenges of poverty remains nearly impossible.

A lack of affordable housing emerged as a major issue among participants, forcing many families into overcrowded, unstable, or unsafe living conditions. Native American participants described chronic underfunding for housing on tribal lands, leading to severe overcrowding and deteriorating homes. One participant explained, *"I think affordable housing is an important priority because there's limited housing across the board—through the county, through the tribes. There's not enough housing."* Rural residents in Williamsburg County noted that people often have to choose between paying rent and meeting other basic needs. One participant shared, *"A lot of the housing options here are unaffordable, and people have to make tough choices about whether to pay rent or buy food."* Individuals with disabilities also struggled to find accessible and affordable housing, with one participant stating, *"Right now, landlords can raise rent as much as they want, and people have no choice but to pay or be homeless."* Veterans emphasized the need for transitional housing to prevent homelessness, with one participant noting, *"We need better transitional housing options for veterans. If you don't have a place to land, you can end up on the street faster than you'd expect."*

Transportation inaccessibility was reported to further compound economic hardship, particularly for those living in rural and underserved areas. Participants stressed that without reliable transportation, accessing employment, education, and healthcare is extremely difficult. A Hispanic/Latino participant explained, *"If you don't have a car, you can't work. It's that simple. We don't have public transportation where we live, so if you can't drive, you can't earn."* Individuals with disabilities described the struggle of reaching necessary services, with one stating, *"You have to have money just to get to the resources that can help you. If you're struggling, then you miss appointments because you don't have a car or a way to call. It's a vicious cycle."* Veterans also noted that limited public transportation prevents them from maintaining stable employment, with one explaining, *"Public transportation is nonexistent in some parts of the state, which makes it impossible for people without a car to get to work."* In Williamsburg County, the absence of public transit isolates residents from essential services, with one participant stating, *"There's no public transportation, so if you don't have a car, you can't get to a job, to the store, or to a doctor."*



## Healthcare Access and Quality: Barriers to Affordable and Culturally Competent Care

Participants across all focus groups cited healthcare inaccessibility as a major challenge, with high costs, long wait times, and limited access to culturally competent providers preventing them from receiving adequate care. Individuals with disabilities reported delays in Medicaid approvals and difficulty finding specialized providers, with one participant stating, *“Getting an appointment with a specialist takes months, and if you need something urgent, you’re out of luck.”* Hispanic/Latino participants described language barriers and discrimination, making it difficult to advocate for their health. One participant noted, *“Doctors don’t listen to you if you have an accent. They assume you don’t know what you’re talking about.”* Native American participants highlighted the chronic underfunding of tribal health services, which forces many to travel long distances for inadequate care. One participant shared, *“IHS [Indian Health Service] doesn’t have the resources we need. We wait forever to see a doctor, and sometimes we never get seen.”* Veterans reported that the VA healthcare is difficult to navigate, with one veteran explaining, *“Navigating the VA system is exhausting. You have to fight just to get basic care.”*

Affordability was a common concern, as even those with insurance struggled to cover out-of-pocket costs. A participant with a disability explained, *“I have health insurance, but that doesn’t mean I can afford to use it. The copays, the deductibles, and the prescriptions add up so fast that you just avoid getting care until you have no other choice.”* Hispanic/Latino participants noted that many jobs available to them do not offer health benefits, leaving them uninsured. One participant shared, *“Most jobs that are available to us don’t offer health insurance. If you don’t have insurance, you just don’t go to the doctor unless it’s an emergency.”* Native American participants pointed out that while tribal healthcare exists, it is underfunded and often lacks necessary specialists. One participant explained, *“People think we have free healthcare, but they don’t realize how poor the services are. The clinics are underfunded, understaffed, and don’t have the specialists we need.”* Veterans similarly noted struggles with gaps in VA coverage, with one stating, *“People assume that if you’re a veteran, you get all these benefits. But the reality is that many of us don’t qualify for healthcare through the VA, or the coverage is so bad that we end up paying out of pocket anyway.”*

Limited access to healthcare providers was widely reported as a significant challenge, particularly in rural areas where long travel distances, provider shortages, and transportation barriers make accessing medical care difficult. A resident from Williamsburg County explained, *“There’s no hospital in our town, so we have to travel miles for care. If you need emergency care, you have to drive at least 40 miles, and that’s not an option for a lot of people.”* Native American participants echoed this concern, noting that specialized care is often inaccessible, with one individual stating, *“If you don’t have a car and you live far from a clinic, how are you supposed to get medical care?”* These concerns were also reflected among veterans living in rural areas, with one participant explaining, *“If you live in a city, you might have a VA hospital nearby, but in rural areas, the closest one might be hours away. And if you don’t drive, forget about it—you just don’t get care.”* Across focus groups, participants emphasized that healthcare access is not only about affordability but also about physical proximity and transportation infrastructure, which disproportionately impact those in rural and underserved communities.

## Summary of Participants' Perspectives of Challenges

The perspectives shared in this study highlight the compounding barriers that shape the experiences of poverty across different demographic groups in South Carolina. While financial instability, limited access to essential services, and systemic discrimination were common themes, the way these challenges manifest is shaped by intersecting social and structural factors. Rural residents face additional hardships due to job scarcity and inadequate transportation, while Hispanic/Latino participants encounter language barriers and discrimination that limit access to employment, healthcare, and education. Veterans report difficulties transitioning to civilian employment and navigating systems. Individuals with disabilities experience workplace discrimination, insufficient healthcare accommodations, and inaccessible housing. Native American participants emphasized the effects of exclusion from policy decisions and chronic underfunding of tribal services, reinforcing cycles of economic hardship within their communities. These findings underscore that poverty is not a singular experience but a structurally embedded issue that requires targeted, equity-driven policy solutions to address the diverse needs of affected populations.

## Findings: Participants' Perspective on Effective Solutions to Poverty in South Carolina

This section presents the policy priorities identified by participants, both across all focus groups and within each specific group. Table 1 displays the highest-ranked policy solutions when aggregated across all groups, while Table 2 details the unique policy priorities identified by each focus group. The findings indicate that while certain policy solutions—such as increasing access to well-paying jobs—were consistently prioritized across groups, the ranking of other solutions varied based on participants' identities and lived experiences. These differences reflect structural barriers that shape economic insecurity in distinct ways for different populations. Table 1 reflects the solutions that participants collectively identified as most critical for reducing poverty. The top priority was creating good-paying jobs, highlighting widespread concerns about job quality, wages, and economic stability. Participants expressed frustration with the prevalence of low-wage work that fails to meet the rising cost of living. The second-highest priority was investing in apprenticeship and work-based learning programs, which participants saw as essential for expanding economic opportunity, particularly for those facing systemic barriers to employment. Two policies tied for the third-ranking position: raising South Carolina's minimum wage and investing in affordable, accessible housing. The minimum wage increase was especially prioritized by Hispanic/Latino and Native American participants, who noted that stagnant wages exacerbate economic insecurity. The emphasis on affordable housing reflected concerns that high housing costs, particularly in low-income communities, limit financial stability. The fourth-ranked priority was expanding public transportation, which was identified as essential for improving access to jobs, education, and healthcare, particularly in rural areas. Finally, increasing funding for mental healthcare and addiction treatment ranked fifth, with Native American and veteran participants especially emphasizing the need for expanded, culturally competent mental health services.

**Table 1. Participants' Prioritized Policy Solutions**

### Results of Prioritized Policy Solutions (across all SDOH and all focus groups)

Rank	Policy	Social Determinant(s)
1	Create good-paying jobs	Economic Stability
2	Invest in apprenticeship and work-based learning so individuals can learn and train while earning money	Education Access and Quality
3	Two policies received equal prioritization: <ul style="list-style-type: none"> <li>• Increase South Carolina's minimum wage</li> <li>• Invest in building affordable, accessible housing</li> </ul>	<ul style="list-style-type: none"> <li>• Economic Stability</li> <li>• Neighborhood and Built Environment</li> </ul>
4	Make public transportation broadly accessible	Neighborhood and Built Environment
5	Increase funding for mental healthcare and addiction treatment services for low-income individuals and people experiencing crises related to mental health and substance abuse	Healthcare Access and Quality

Table 2 highlights how each focus group ranked policy solutions differently based on their specific experiences and needs. Rural residents identified job creation as their top priority, citing the lack of employment opportunities in rural areas. Individuals with disabilities prioritized equalizing funding for public education across school districts, recognizing that disparities in education access perpetuate economic inequality. Native American participants ranked expanding funding for mental health and addiction services as their highest priority, emphasizing the need for accessible, culturally competent care in their communities. Hispanic/Latino participants identified investing in legal aid for immigrant and refugee support as their most pressing need, noting that legal barriers often prevent access to stable jobs, housing, and healthcare. Finally, veterans prioritized job creation, pointing to difficulties in transitioning to civilian employment and the lack of job opportunities that align with their military-acquired skills. These differences illustrate how structural inequities affect each demographic group in unique ways, thus informing community-specific policy priorities.

**Table 2. Participants’ Prioritized Top Policy Solution by Focus Group<sup>1</sup>**

**Prioritized Top Policy Solution by Focus Group**

Group	Policy	Social Determinant
Rural Residents	Create good paying jobs	Economic Stability
Individuals with Disabilities	Equalize funding for public education across school districts	Education Access and Quality
Native Americans	Equally prioritized: <ul style="list-style-type: none"> <li>• Increase funding for mental healthcare and addiction treatment services for low-income individuals and people experiencing crises related to mental health and substance abuse</li> <li>• Invest in quality, specialized supports for persons experiencing mental health and substance abuse related crises</li> </ul>	Healthcare Access and Quality
Hispanics/Latinos	Invest in legal aid for immigrant and refugee supports	Social and Community Context
Veterans	Create good paying jobs	Economic Stability

Taken together, Table 1 and Table 2 illustrate both commonalities and differences in how focus groups identified the most effective poverty reduction strategies. Across all groups, job creation emerged as the highest priority, underscoring the widespread recognition that economic security is rooted in access to stable employment. However, differences in ranking other policies reveal the importance of identity-based structural barriers in shaping economic hardship. While some groups focused on wages and workforce

<sup>1</sup> Full results of policy rankings for all focus groups can be found in Appendix 7.

development, others emphasized healthcare access, education funding, or legal aid, demonstrating that poverty is experienced differently depending on one's racial, geographic, and social position. For example, while both Native American and Hispanic/Latino participants prioritized economic stability, Native American participants emphasized the need for expanded mental health and addiction treatment services, whereas Hispanic/Latino participants ranked legal aid for immigrant and refugee support as their top priority. These differences underscore how systemic barriers interact with identity-specific experiences, leading different groups to identify particular policy solutions as most essential. Overall, group-specific needs diverged: veterans and rural residents prioritized job creation as their single most important issue, individuals with disabilities focused on educational funding equity, and Native American participants emphasized mental health services.

The following sections present policy priorities categorized under the five social determinants of health (SDOH): economic stability, education access and quality, social and community context, neighborhood and built environment, and healthcare access and quality. Each section begins with a table summarizing the policy solutions ranked in the top five for each focus group. Rankings are denoted on a scale of 1 to 5, where 1 represents the policy solution that participants identified as most effective in reducing poverty and 5 represents a policy considered beneficial but less immediately impactful. While the findings are presented by SDOH category, participants ranked the solutions regardless of SDOH category. The full rankings are available in Appendix 7. The tables within the findings section highlight the interventions participants viewed as the most urgent and transformative. Alongside these tables, qualitative insights from focus group discussions provide a deeper understanding of both the systemic changes needed to address poverty and the specific policy solutions communities believe would be most effective in fostering economic security. These insights illustrate not only the policy priorities of each group but also the reasoning behind their rankings, helping to contextualize why certain solutions were prioritized over others based on participants' lived experiences.

### Economic Stability: Job Creation, Wage Increases, and Direct Cash Assistance

Policy solutions in the category of economic stability were the most frequently prioritized across all focus groups, with job creation, wage increases, and direct financial assistance identified as essential to addressing poverty. As illustrated in Table 3, the consistent ranking of economic policies as top priorities underscores the widespread recognition that employment opportunities need to provide sufficient wages for financial security. Rural residents and veterans placed the highest emphasis on job creation, while individuals with disabilities, Hispanic/Latino, and Native American participants also identified wage increases and financial support programs as critical.

**Table 3. Participants’ Prioritized Poverty Reduction Policy Solutions by SDOH: Economic Policy**

**Economic Stability Policy Solutions (with rank 1 - 5, 1 = most effective solution across all SDOH)**

Rural Residents	Individuals with Disabilities	Native Americans	Hispanics/Latinos	Veterans
Create good-paying jobs (1)	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Increase South Carolina’s minimum wage (2)</li> <li>• Create good-paying jobs (2)</li> </ul>	Modernize the supplemental security insurance program (2)	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Increase South Carolina’s minimum wage (4)</li> <li>• Create good-paying jobs (4)</li> </ul>	Create good-paying jobs (1)

Participants expressed frustration with the quality of available jobs, citing the prevalence of low-wage, unstable employment that does not offer a path to economic security. A Native American participant described the difficulty of securing a sustainable livelihood, stating, *“Too many of the jobs available in our communities don’t pay enough to live on, and people end up working multiple jobs just to survive.”* Similarly, a veteran participant underscored the financial insecurity experienced by former service members, noting, *“We served our country, but too many of us are living paycheck to paycheck.”* As reflected in Table 3, job creation ranked as the highest priority solution for rural residents and veterans, emphasizing the urgent need for employment policies that offer stable and well-paying opportunities that address the challenges with current employment options.

Raising the minimum wage was also identified as a critical solution, particularly among Hispanic/Latino participants (Rank 4). As shown in Table 3, minimum wage increases were ranked as a necessary step to address income instability. A Hispanic/Latino participant highlighted the gap between full-time employment and financial security, explaining, *“Even when people are working full-time, they often can’t make ends meet. Until wages catch up with the cost of living, we need to have stronger support systems in place.”*

Beyond job creation and wage policies, direct cash assistance emerged as a necessary intervention for individuals in extreme poverty. Rural residents and Hispanic/Latino participants prioritized deploying direct cash assistance programs to families experiencing extreme poverty (Rank 3 for Rural Residents, Rank 5 for Hispanics/Latinos) (Appendix 7) as a critical policy solution to provide immediate financial relief. Additionally, individuals with disabilities and Hispanics/Latinos emphasized the importance of expanding safety net programs like the Supplemental Nutrition Assistance Program (SNAP) (Rank 5 for both groups) (Appendix 7) to support individuals facing food insecurity and economic hardship. An individual with a disability spoke to the critical role of SNAP in supporting people on fixed incomes: *“In my circumstance, I’m offered \$130 a month in food stamps, which I really need and is an important stepping stone up.”*

These findings indicate that economic policies must go beyond simply increasing employment opportunities to ensuring that available jobs provide livable wages and that financial assistance programs support those who face the greatest economic barriers. While job creation was universally prioritized, the specific economic policies that different groups emphasized varied based on their unique circumstances. As seen in Table 3,

rural residents and veterans focused on job creation as a means of economic mobility, individuals with disabilities and Hispanic/Latino participants emphasized wage increases and the need for increasing the number of good-paying jobs. These distinctions suggest that an equitable approach to economic policy must include both broad-based employment initiatives and targeted interventions that address the distinct financial barriers experienced by different communities.

### Education Access and Quality: Equalize Resources and Workforce Development

Education was widely recognized across all focus groups as a foundational pathway to economic mobility, with a strong emphasis on expanding access to workforce development opportunities, ensuring equitable school funding, and increasing access to affordable early childhood education. The highest concentration of solutions in the education access and quality category was among individuals with disabilities and veterans (see Appendix 7). As illustrated in Table 4, participants prioritized education policies that addressed structural inequities in the education system while also preparing individuals for stable, well-paying employment. Alongside these concerns, individuals with disabilities emphasized the need for policies that created equitable school funding. One participant stated, *“Education should be accessible to everyone, no matter where they live or how much money their family has.”*

**Table 4. Participants’ Prioritized Poverty Reduction Policy Solutions by SDOH: Education**

**Education Access and Quality Policy Solutions (with rank 1 - 5, 1 = most effective solution across all SDOH)**

Rural Residents	Individuals with Disabilities	Native Americans	Hispanics/Latinos	Veterans
<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>Invest in apprenticeship and work-based learning so individuals can learn and train while earning money (5)</li> <li>Expand and increase government subsidies for childcare (5)</li> </ul>	<p>Equalize funding for public education across school districts (1)</p>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>Increase access to formal and free adult education and skills training (3)</li> <li>Invest in apprenticeship and work-based learning so individuals can learn and train while earning money (3)</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>Invest in apprenticeship and mentorship programs for high school students (3)</li> <li>Invest in affordable, high-quality childcare and early childhood education (3)</li> </ul>	<p>Invest in apprenticeship and work-based learning so individuals can learn and train while earning money (2)</p>

Across all groups, frustration emerged regarding the disconnect between existing job training programs and actual employment opportunities. Many participants expressed challenges with existing workforce training initiatives, noting that they often saw them as failing to lead to stable, well-paying jobs. One individual explained, *“Too many training programs promise opportunities but don’t actually lead to real jobs.”* This concern was particularly pronounced among Native American participants, who advocated for increased investment in training, apprenticeship, and skills-based learning opportunities (Rank 3 and 4). As Table 4 demonstrates, Hispanic/Latino participants ranked high school-based workforce development programs and financial literacy education among their top priorities (Rank 3), with one participant stating, *“If students can*

*start gaining work experience while they're still in school, they'll be better prepared for real jobs after they graduate."*

Veterans echoed this sentiment, highlighting the need for military-acquired skills to be formally recognized as civilian workforce qualifications. One veteran shared, *"Many of us leave service with valuable skills, but if employers don't recognize them, we're stuck in low-paying jobs."* Veterans' prioritization of workforce training, as reflected in Table 4, further underscores the necessity of education systems that align training with real job opportunities.

Participants also identified the unequal distribution of K-12 school funding as a major barrier to educational opportunity, particularly in rural communities. Hispanic/Latino participants stressed the need for public education funding reform, with one stating, *"If you go to a school in a rich area, you have better facilities, better teachers, and more opportunities. Kids in poor areas deserve the same chances to succeed."* As shown in Table 4, equitable school funding was the highest-ranked education solution among individuals with disabilities, who emphasized the disparities in school resources that disproportionately impact marginalized communities. One individual's statement reflects this perspective, *"Schools don't have enough resources for kids with disabilities. Parents have to fight just to get their kids the accommodations they need."*

Focus groups also emphasized the importance of lifelong learning opportunities. Veterans, rural residents, Hispanic/Latino, and Native American participants ranked access to adult education and skills training as a key priority (Appendix 7). Rural residents and Hispanics/Latinos identified affordable, high-quality childcare and early education as critical to allowing parents to pursue education and workforce opportunities (Rank 5 for rural residents and Rank 3 for Hispanics/Latinos). One Hispanic/Latino participant emphasized, *"Without affordable childcare, parents can't go back to school or get job training. Education is not just about students—it's about families having the support to make it possible."*

The policy solutions identified across focus groups reflect a shared commitment to ensuring that education systems promote economic opportunity rather than reinforce existing disparities. While all groups recognized the importance of investing in workforce development, the specific priorities varied. As Table 4 highlights, individuals with disabilities placed the greatest emphasis on equalizing public school funding and expanding access to lifelong education, while Native American and Hispanic/Latino participants focused on embedding workforce training within secondary education. Veterans prioritized the recognition of military-acquired skills to facilitate smoother transitions into civilian careers. These findings indicate that effective education policies must not only increase resources for K-12 education but also align training programs with employment opportunities and ensure that barriers to accessing these programs—such as childcare and financial constraints—are addressed to maximize their impact on long-term economic stability.

### Social and Community Context: Legal Barriers and Safety Net Programs

Policies that address legal barriers and expand social safety net programs emerged as critical priorities for specific groups. As illustrated in Table 5, while not all focus groups ranked social and community context policy solutions among their highest priorities, those that did identified distinct and urgent barriers requiring targeted policy interventions.



**Table 5. Participants’ Prioritized Poverty Reduction Policy Solutions by SDOH: Social and Community Context**

**Social and Community Context Policy Solutions (with rank 1 - 5, 1 = most effective solution across all SDOH)**

Rural Residents	Individuals with Disabilities	Native Americans	Hispanics/Latinos	Veterans
<i>Cell has no value</i>	Increase uptake, access, and value of existing public benefits for those in extreme poverty (5)	Reform the criminal justice system and enact policies that support successful reentry (3)	Invest in legal aid for immigrant and refugee supports (1)	<i>Cell has no value</i>

The Hispanic/Latino focus group overwhelmingly prioritized access to legal aid, emphasizing that the inability to obtain legal status creates cascading barriers to stable employment, housing, and healthcare. Expanding access to legal services was seen as essential for removing the systemic obstacles that prevent immigrant populations from achieving economic security. One participant explained, *“The last thing that you even can even dream of is getting government help, because then your whole legal status is in jeopardy.”* As reflected in Table 5, legal aid was the highest-ranked solution for Hispanics/Latinos (Rank 1), demonstrating their perspective on how unresolved immigration status exacerbates economic vulnerability.

Among Native American participants, criminal legal system reform and increased access to legal representation were identified as key solutions for improving economic stability. As Table 5 highlights, policies supporting successful re-entry for formerly incarcerated individuals ranked as a high priority (Rank 3), reflecting participants' concerns about the long-term economic consequences of criminal records. One participant stressed, *“Once you have a record, it follows you everywhere—you can’t get a job, you can’t get housing. There has to be a way to move forward.”* Also ranked highly among Native American participants were additional policies related to voter mobilization and increasing electoral participation (Appendix 7).

For individuals with disabilities, improving access to existing public benefits programs was identified as a necessary solution. As Table 5 demonstrates, increasing uptake and ensuring the effectiveness of public benefits ranked as a priority (Rank 5). A participant described their experience navigating assistance programs, stating, *“There are programs that exist, but they are so hard to access that people give up before they get the help they need.”* Expanding and modernizing these programs was viewed as necessary to ensure that eligible individuals receive the financial and social support they need (Appendix 7).

For rural residents, safety net programs were highlighted as critical (Appendix 7). Participants emphasized the importance of direct cash assistance programs, as well as maintaining and expanding free school meal programs in communities facing high levels of food insecurity. One participant explained, *“Kids shouldn’t have to depend on whether their school gets enough funding to eat during the day. If they’re hungry, how can they learn?”*

As these perspectives illustrate, while social and community support mechanisms were not prioritized across all groups, they were identified as essential for populations facing compounded barriers due to legal status, marginalization, or extreme economic distress. The Hispanic/Latino community prioritized legal aid, while

Native American participants emphasized the importance of criminal legal systems reform and voter mobilization. Individuals with disabilities focused on improving access to public benefits. These findings suggest that effective policy interventions must account for both the immediate need for safety net maintenance and expansion and the long-term necessity of legal and political protections that enable economic mobility.

## Neighborhood and Built Environment: Affordable Housing and Accessible Transportation

Investments in affordable housing and public transportation were widely recognized across focus groups as critical solutions for breaking cycles of poverty. Overall, access to affordable housing emerged as a top priority.

**Table 6. Participants’ Prioritized Poverty Reduction Policy Solutions by SDOH: Neighborhood and Built Environment**

**Neighborhood and Built Environment Policy Solutions (with rank 1 - 5, 1 = most effective solution across all SDOH)**

Rural Residents	Individuals with Disabilities	Native Americans	Hispanics/Latinos	Veterans
Invest in building affordable, accessible housing (2)	Invest in building affordable, accessible housing (2)	Make public transportation broadly accessible (4)	Implement rent-to-own housing ownership programs (4)	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Make public transportation broadly accessible (4)</li> <li>• Expand funding for programs that provide short-term rental assistance, emergency shelters, and support services for individuals at risk of homelessness (4)</li> </ul>

As shown in Table 6, rural residents and individuals with disabilities ranked investing in affordable and accessible housing as a primary policy solution (Rank 2 for both individuals with disabilities and rural participant groups), emphasizing the acute housing shortages in their communities. One participant from the individual with disabilities focus group described the limited availability of affordable housing in the following way, *"And then it's not enough. It's not enough to go around, you know? First come, first serve. By the time you get there or hear about it, everybody knows—it's hard."* Rural residents emphasized both the primacy of housing needs and the need for government intervention: *"Shelter is one of the greatest needs. The cost of rent is kind of high. If government can help reduce the cost of housing, also help people with renting—which parts of rent—it would go a long way."* Across groups, it was expressed that government-backed housing initiatives must be expanded to ensure stability, particularly for those living with a disability, those in rural areas, and members of Native American communities.

Veterans also emphasized the importance of rental assistance and emergency housing programs, which were ranked as a key priority as shown in Table 6 (Rank 4). These interventions were seen as essential for ensuring long-term stability after military service. One veteran described the challenge of transitioning to civilian life, stating, *“Without stable housing, everything else—employment, healthcare, mental health—becomes even harder.”*

Public transportation was another widely identified policy priority among all five identity groups (Appendix 7). As demonstrated in Table 6, Native Americans and veterans ranked expanding public transportation as a necessary solution (Rank 4 across these groups). Participants from Williamsburg County also highlighted the importance of expanding public transportation, emphasizing that job opportunities are often located far from affordable housing, making transportation barriers a direct impediment to employment.

For individuals with disabilities, ensuring accessible public transportation was a prioritized concern. A participant explained that while Medicaid covers medical expenses, it does not always ensure access to healthcare services, stating, *“Right now, Medicaid covers my doctor visits, but if I can’t get there, it doesn’t help.”* Expanding public transportation was identified as an essential policy intervention by individuals with disabilities (Appendix 7), with additional emphasis made in the focus group discussion on ensuring compliance with accessibility requirements and increasing rural transit availability.

Hispanic/Latino participants placed particular emphasis on homeownership programs as a strategy for increasing housing stability. As shown in Table 6, rent-to-own housing ownership programs (Rank 4 for Hispanics/Latinos) were identified as a critical solution, providing a pathway to homeownership for families who otherwise would not have access to mortgage financing. Additionally, Hispanic/Latino participants emphasized the need for rent control measures to protect low-income renters from displacement, with one participant explaining, *“Landlords raise rents whenever they want, and people have no choice but to pay more or move. We need protections that stop families from losing their homes”* (Appendix 7).

Overall, Table 6 highlights the widespread agreement that addressing housing and transportation barriers requires multi-faceted policy solutions beyond market-driven approaches. Effective interventions must include targeted investments in affordable housing development, rental assistance programs, homeownership support, and substantial improvements in public transit infrastructure. Given that access to stable housing and reliable transportation directly impacts employment, education, and healthcare outcomes, policies in these areas are foundational to any comprehensive poverty reduction strategy.

### Healthcare Access: Medicaid Expansion and Mental Health Services

Expanding healthcare access, particularly through Medicaid expansion and increased funding for mental health services, was a top priority across multiple focus groups. As illustrated in Table 7, Native American participants ranked increased funding for mental health and addiction treatment services as their highest priority (Rank 1), underscoring their perspectives on the urgent need for expanded mental healthcare options in their communities. One participant highlighted the challenges of obtaining quality mental healthcare, explaining, *“State-run facilities are the only ones that accept Medicaid, but they are severely underfunded.”* This perspective emphasizes the need for greater investment in community-based mental

health resources, particularly in historically underserved areas. Additionally, Native American participants prioritized specialized support for individuals experiencing mental health and substance abuse crises (Rank 1).

**Table 7. Participants’ Prioritized Poverty Reduction Policy Solutions by SDOH: Healthcare**

**Healthcare Quality and Access Policy Solutions (with rank 1 - 5, 1 = most effective solution across all SDOH)**

Rural Residents	Individuals with Disabilities	Native Americans	Hispanics/Latinos	Veterans
Provide paid medical and family leave for all employees (5)	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Increase funding for mental healthcare and addiction treatment services for low-income individuals and people experiencing crises related to mental health and substance abuse (4)</li> <li>• Implement price controls on prescription drugs to make medications affordable (4)</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Increase funding for mental healthcare and addiction treatment services for low-income individuals and people experiencing crises related to mental health and substance abuse (1)</li> <li>• Invest in quality, specialized supports for persons experiencing mental health and substance abuse related crises (1)</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Expand access to Medicaid and Medicare (2)</li> <li>• Implement price controls on prescription drugs to make medications affordable (2)</li> </ul>	<p>Increase funding for mental healthcare and addiction treatment services for low-income individuals and people experiencing crises related to mental health and substance abuse (4)</p>

Veterans also identified increased funding for mental health and addiction treatment services as a critical need (Rank 4), reflecting the long-term and chronic nature of their healthcare challenges. One veteran described the ongoing need for sustained treatment, stating, *“PTSD doesn’t go away after one therapy session—it’s a long-term need.”* Their prioritization of mental health services and addiction treatment highlights the necessity of policies that expand access to long-term mental healthcare.

Individuals with disabilities also emphasized the need for increased mental health funding (Rank 4), with participants noting that existing resources are inadequate. One participant stated, *“The resources available are often crisis-driven, but long-term support is what people actually need to get back on their feet.”* Additionally, this group prioritized prescription drug price controls (Rank 4), highlighting the financial barriers many individuals with chronic illnesses or disabilities face when accessing necessary medications (Table 7).

Hispanic/Latino participants focused on Medicaid expansion (Rank 2) as a crucial policy intervention, particularly for individuals facing economic barriers to healthcare access. One participant explained, *“The cost of healthcare is too high.... We need community clinics that don’t turn people away.”*

For rural residents, paid medical and family leave for all employees was a key priority (Rank 5). Their responses highlight the intersection of healthcare access, employment security, and geographic disparities (Appendix 7).

As Table 7 demonstrates, while Medicaid expansion and mental health funding were broadly supported across groups, the specific priorities varied based on population-specific healthcare challenges. Individuals with disabilities, veterans, and Native American participants emphasized long-term mental health treatment and addiction recovery services, while Hispanic/Latino participants highlighted Medicaid expansion as critical. Rural residents identified paid medical leave policies as an essential workforce protection measure. These distinctions suggest that an effective healthcare policy framework must include both broad coverage expansions and targeted interventions that address the distinct healthcare needs of different populations. Addressing these challenges requires comprehensive policy solutions that ensure all individuals—regardless of geographic location, income, or legal status—have access to affordable, high-quality healthcare.

## Conclusion: Advancing Community-Driven Solutions to Poverty in South Carolina

This study sought to elevate the voices of people experiencing poverty in South Carolina, focusing on their perspectives on the root causes of economic hardship, the systemic barriers that sustain economic insecurity, and the policy solutions they believe would be most effective. The findings confirm that financial hardship in South Carolina is both systemic and varied, shaped by structural inequities in wages, education, healthcare, housing, and transportation (Merrell et al. 2020; South Carolina Commission on Minority Affairs 2023; Workman et al. 2024). While individuals experience poverty differently, their challenges are often compounded by educational disparities, limited access to affordable healthcare, restricted legal protections for immigrant workers, and the enduring effects of historical marginalization (Desmond 2023; Banerjee and Duflo 2011; Rank, Yoon, and Hirschl 2003). These findings underscore the need for poverty reduction strategies that not only address economic hardship broadly but also target the distinct and intersecting barriers faced by different communities, ensuring that solutions are responsive to the specific conditions that perpetuate economic insecurity (Soss, Fording, and Schram 2011; Piven and Cloward 1971; South Carolina State Housing Finance and Development Authority 2023).

Participants consistently emphasized the necessity of policy solutions that address not only income disparities but also broader social and structural determinants of economic insecurity. Their proposed solutions reflect a call for targeted, community-driven policy changes that directly respond to the lived realities of those experiencing poverty. Increasing wages and expanding employment opportunities emerged as primary concerns, with participants prioritizing raising South Carolina's minimum wage and investing in well-paying jobs. Participants also identified the need to strengthen workforce development programs that connect training directly to employment, emphasizing that existing initiatives often fail to bridge the gap between education and economic mobility.

Access to education and workforce training were widely regarded as crucial to economic stability. Participants highlighted the importance of equitable school funding, pointing to disparities between districts and the impact of resource allocation on student outcomes. Expanding bilingual education programs and hiring more bilingual educators were seen as necessary to better support Hispanic/Latino students and families, while investments in adult education and workforce training were considered essential for addressing barriers to career advancement. The findings suggest that many of these programs, while in existence, may not be offered in ways that are culturally, linguistically, or geographically accessible, limiting their impact on marginalized populations.

Participants also identified the expansion of social safety net programs and legal protections as necessary components of an effective poverty alleviation strategy. Increasing funding for food assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP) and free and reduced school meals, was regarded as a necessary intervention for addressing food insecurity and financial instability, particularly for rural residents and low-income families. Several participants described these programs as essential for ensuring that children and families have consistent access to nutritious meals, emphasizing that food insecurity contributes to broader economic hardship. Expanding access to legal aid for immigrants was also seen as an essential step in reducing barriers to employment, housing, and healthcare, with Hispanic/Latino

participants particularly highlighting the urgent need for affordable legal representation to navigate immigration and labor protections. Additionally, participants stressed the importance of ensuring that tribal governments have the necessary resources to support housing, education, and employment initiatives in Native American communities, noting that systemic disadvantages have persisted due to historical marginalization and chronic underfunding. These findings suggest that effective poverty reduction strategies must integrate both direct economic relief and structural reforms that address legal, social, and economic inequities across different communities.

Housing instability and limited access to transportation were widely recognized as significant barriers to economic mobility. Participants pointed to the need for expanded affordable housing programs, including rent control measures and rent-to-own initiatives that facilitate homeownership for low-income families. Increasing funding for rental assistance programs and transitional housing for veterans were viewed as necessary strategies for addressing immediate housing insecurity. Participants also stressed that without reliable transportation infrastructure, individuals face significant barriers to employment, healthcare, and education. The expansion of public transportation, particularly in rural and underserved areas, was identified as a key policy priority.

Access to healthcare and mental health services was consistently identified as fundamental to economic stability. Participants emphasized that expanding Medicaid eligibility would address the need for greater access to medical care for low-income families and that increased funding for mental health and addiction treatment services would address critical gaps in healthcare access. Many participants described significant obstacles in accessing necessary care due to financial barriers, limited provider availability, and limited access to culturally competent services. These findings suggest that healthcare solutions must not only focus on expanding coverage but also address logistical and systemic barriers that prevent individuals from utilizing available services.

The findings from this study indicate that effective poverty reduction efforts must be designed with equity at their cores. While economic hardship is widespread, pathways out of poverty must be responsive to the specific and intersecting barriers faced by different communities. The experiences of those in this study self-identifying as veterans, individuals with disabilities, Native Americans, Hispanics/Latinos, and rural residents highlight the extent to which inequities shape economic instability. Each identity group represented in this study also presents intersectional identities that would influence the feasibility and impact of the policy priorities presented in this study. Given the well-documented intersectionality of economic hardship, particularly among Black/African American communities, it is critical to recognize that poverty is shaped by overlapping systems of marginalization, including racial wealth gaps, labor market discrimination, and historical barriers to asset accumulation (Hamilton and Darity 2010; Soss, Fording, and Schram 2011). Structural inequities within housing, employment, and education have contributed to disproportionately high poverty rates among Black/African American South Carolinians, a reality that underscores the necessity of race-conscious anti-poverty policies (Workman et al. 2024; South Carolina Commission for Minority Affairs 2024). An equitable policy framework must acknowledge these challenges and ensure that resources and interventions are designed to offer solutions that meet the specific needs of each community.

Several limitations should be considered in interpreting the findings of this study. The research focused on five demographic groups, which, while representative of many communities experiencing poverty, do not encompass all populations facing economic hardship in South Carolina. Additional research is needed to explore the perspectives of other affected groups, such as formerly incarcerated individuals and LGBTQ+ populations, who also experience systemic economic disadvantages (Rank, Yoon, and Hirschl 2003; Workman et al. 2024). Furthermore, while the study captured insights from both rural and urban participants, greater regional variation should be examined to understand localized economic conditions more comprehensively (U.S. Census Bureau 2024; ALICE Report 2024). Additionally, this study presents policy solutions as identified by participants but does not assess their feasibility or potential impact on different populations. Further research is necessary to evaluate implementation challenges and the long-term effects of these recommendations.

In conclusion, there is a clear and urgent need for policymakers, advocates, and community organizations to develop solutions that are grounded in the lived experiences of those facing economic hardship. Addressing poverty requires more than short-term relief; it necessitates structural changes that eliminate systemic barriers to opportunity (Desmond 2023; Banerjee and Duflo 2011). The voices of study participants indicate that existing policy approaches, as they are currently positioned in practice, are insufficient. Meaningful change requires a reorientation of poverty reduction strategies toward community-led and equity-driven interventions. An effective approach must engage directly with impacted communities, allocate resources equitably, and develop targeted solutions that reflect the complexities of economic insecurity (Castañeda et al. 2015; Parrott 2022). Poverty in South Carolina is not simply an economic issue but a deeply embedded structural challenge that demands comprehensive and equity-focused policy solutions. By centering the experiences of those most affected by poverty, policymakers can develop interventions that are both effective and responsive. Implementing policies that tackle the systemic challenges outlined in this report will help ensure that all individuals, regardless of background, identity, or geographic location, have the opportunity to achieve economic stability and well-being.



## Bibliography

ALICE Report. 2024. *ALICE in the Crosscurrents: An Update on Financial Hardship in South Carolina*. Trenton, NJ: United Way of Northern New Jersey.

American Community Survey (ACS). 2023. *South Carolina Profile*. Washington, DC: U.S. Census Bureau. [https://data.census.gov/profile/South\\_Carolina?g=040XX00US45](https://data.census.gov/profile/South_Carolina?g=040XX00US45) (Accessed February 9, 2025).

America's Health Rankings. 2025. *Analysis of U.S. Census Bureau, American Community Survey, United Health Foundation*. United Health Foundation. <https://www.americashealthrankings.org> (Accessed February 9, 2025).

Arkansas Advocates for Children and Families. 2024. *State of Working Arkansas*. May 21, 2024. <https://www.aradvocates.org/wp-content/uploads/AACF-SOWA-webfinal.5.21.24.pdf>.

Augsburger, Melanie, Melanie Morse, and Whitney Tucker. 2016. *Poverty and South Carolina's Children*. Columbia, SC: Children's Trust of South Carolina. <https://scchildren.org/wp-content/uploads/2017/11/Poverty-Policy-Brief.pdf> (Accessed February 9, 2025).

Banerjee, Abhijit V., and Esther Duflo. 2011. *Poor Economics: A Radical Rethinking of the Way to Fight Global Poverty*. New York: PublicAffairs.

Berger, Lawrence M., Maria Cancian, and Katherine Magnuson, eds. 2018. *Anti-Poverty Policy Innovations for the United States*. *RSF: The Russell Sage Foundation Journal of the Social Sciences* 4(2–3). <https://www.rsfsjournal.org>.

Bohren, J. Aislinn, Peter Hull, and Alex Imas. 2022. *Systemic Discrimination: Theory and Measurement*. NBER Working Paper No. 29820. Cambridge, MA: National Bureau of Economic Research.

Boston Consulting Group (BCG). 2024. *South Carolina Public Health Delivery and Organization Review: Final Report*. Columbia, SC: South Carolina Department of Administration.

Brown, Steven R., Dan W. Durning, and Sally Selden. 1998. "Q Methodology." *Handbook of Research Methods in Public Administration*, eds. Gerald J. Miller and Marcia L. Whicker, 599–628. New York: Marcel Dekker.

Castañeda, Heide, Seth M. Holmes, Daniel S. Madrigal, Maria-Elena DeTrinidad Young, Naomi Beyeler, and James Quesada. 2015. "Immigration as a Social Determinant of Health." *Annual Review of Public Health* 36: 375–92. <https://doi.org/10.1146/annurev-publhealth-032013-182419>.

Cato Institute. 2022. "Poverty and Welfare." *Cato Handbook for Policymakers, 9th Edition*. <https://www.cato.org/cato-handbook-policymakers/cato-handbook-policymakers-9th-edition-2022/poverty-welfare>. (Accessed February 9, 2025.)

Center for Law and Social Policy (CLASP). n.d. "Issues." <https://www.clasp.org/issues/>. (Accessed February 9, 2025.)

Clemson University. 2024. *Veteran Economic Outcomes in South Carolina: Barriers and Opportunities*. Clemson, SC: Clemson University.

Collins, Patricia Hill. 2000. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. 2nd ed. New York: Routledge.

Coogan, Jennifer, and Neil Herrington. 2011. "Q Methodology: An Overview." *Research in Secondary Teacher Education* 1(2): 24–28.

Crenshaw, Kimberlé. 1991. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review* 43(6): 1241–1299.

———. 1989. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics." *University of Chicago Legal Forum* 1989(1): 139–167.

Creswell, John W., and Cheryl N. Poth. 2018. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. 4th ed. Thousand Oaks, CA: SAGE Publications.

Cuppen, Eefje. 2010. "Q Methodology to Select Participants for a Stakeholder Dialogue on Energy Options from Biomass in the Netherlands." *Ecological Economics* 69(3): 579–91.

Desmond, Matthew. 2023. *Poverty, by America*. New York: Crown.

Devine, Joel A., and James David Wright. 1993. *The Greatest of Evils: Urban Poverty and the American Underclass*. New Brunswick, NJ: Transaction Publishers.

Durning, Dan. 1999. "The Transition from Traditional to Postpositivist Policy Analysis: A Role for Q-Methodology." *Journal of Policy Analysis and Management* 18(3): 389–400.  
[https://doi.org/10.1002/\(SICI\)1520-6688\(199922\)18:3<389::AID-PAM4>3.0.CO;2-S](https://doi.org/10.1002/(SICI)1520-6688(199922)18:3<389::AID-PAM4>3.0.CO;2-S).

Durning, Dan W., and Steven R. Brown. 2007. "Q Methodology and Decision Making." *Public Administration and Public Policy* 123: 537.

Erickson, William, and Camille Lee. 2022. *2022 Annual Disability Status Report: South Carolina*. Ithaca, NY: Yang-Tan Institute on Employment and Disability, Cornell University. [https://production-disabilitystatistics-org.s3.amazonaws.com/reports/2022-PDF/2022-StatusReport\\_SC.pdf](https://production-disabilitystatistics-org.s3.amazonaws.com/reports/2022-PDF/2022-StatusReport_SC.pdf) (Accessed February 9, 2025).

Hamilton, Darrick, and William A. Darity Jr. 2010. "Can 'Baby Bonds' Eliminate the Racial Wealth Gap in Putative Post-Racial America?" *The Review of Black Political Economy* 37(3–4): 207–16.  
<https://doi.org/10.1007/s12114-010-9063-1>.

Hancock, Ange-Marie. 2007. *Intersectionality: An Intellectual History*. Oxford: Oxford University Press.

Healthy People 2030. 2023. *Social Determinants of Health Framework*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople> (Accessed February 9, 2025).

The Heritage Foundation. n.d. "Poverty and Inequality." *The Heritage Foundation*. <https://www.heritage.org/poverty-and-inequality>. (Accessed February 9, 2025).

Kaiser Family Foundation. 2023. *State Health Facts: South Carolina*. <https://www.kff.org/statedata> (Accessed February 9, 2025).

Kearney, Melissa S., and Benjamin H. Harris, eds. 2014. *Policies to Address Poverty in America*. Washington, DC: The Hamilton Project, Brookings Institution.

Lowi, Theodore J. 1972. "Four Systems of Policy, Politics, and Choice." *Public Administration Review* 32(4): 298–310.

McKeown, Bruce, and Dan Thomas. 1988. *Q Methodology*. Newbury Park, CA: Sage Publications.

Merrell, Melinda A., Allyson Malbouf, Gabriel A. Benavidez, Chynna A. Phillips, and Donna Waites. 2020. *South Carolina: Structural Factors Associated with Poverty*. Columbia, SC: Rural & Minority Health Research Center, Arnold School of Public Health, University of South Carolina.

Miles, Matthew B., A. Michael Huberman, and Johnny Saldaña. 2014. *Qualitative Data Analysis: A Methods Sourcebook*. 3rd ed. Thousand Oaks, CA: SAGE Publications.

Nanu, Douglas P., Hardeep Tiwana, and Michele M. Carr. 2023. "South Carolina's Medicaid Expansion: An Unsolved Problem for Vulnerable Populations." *Cureus* 15(12): e50028. <https://doi.org/10.7759/cureus.50028>.

National Low Income Housing Coalition. 2023. *Out of Reach: The High Cost of Housing*. Washington, DC: NLIHC.

Parrott, Sharon. 2022. "The Nation Has Made Progress Against Poverty But Policy Advances Are Needed to Reduce Still-High Hardship." *Center on Budget and Policy Priorities*, July 28. <https://www.cbpp.org/research/poverty-and-inequality/the-nation-has-made-progress-against-poverty-but-policy-advances>.

Pathak, Arohi, and Kyle Ross. 2021. "The Top 12 Solutions To Cut Poverty in the United States." *Center for American Progress*, June 30. <https://www.americanprogress.org/article/top-12-solutions-cut-poverty-united-states/>.

Patton, Michael Quinn. 2015. *Qualitative Research & Evaluation Methods: Integrating Theory and Practice*. 4th ed. Thousand Oaks, CA: SAGE Publications.

Piven, Frances Fox, and Richard A. Cloward. 1971. *Regulating the Poor: The Functions of Public Welfare*. New York: Pantheon Books.

- Population Reference Bureau. 2023. "Poverty by County in South Carolina." *PRB Data Center*. <https://www.prb.org/usdata/indicator/poverty/table/South%20Carolina/counties/> (Accessed February 9, 2025).
- Prosperity Now. 2020. "Marriage, Health, and Wealth: A Union to Last a Lifetime." \*Prosperity Now Blog.\* July 21. <https://prosperitynow.org/blog/marriage-health-and-wealth-union-last-lifetime> (Accessed February 9, 2025; no longer available).
- Rank, Mark, Hong-Sik Yoon, and Thomas Hirschl. 2003. "American Poverty as a Structural Failing: Evidence and Arguments." *The Journal of Sociology & Social Welfare* 30(4): 3–29. <https://doi.org/10.15453/0191-5096.2936>.
- Reardon, Sean F. 2019. "Educational Opportunity in Early and Middle Childhood: Variation by Place and Age." *The Russell Sage Foundation Journal of the Social Sciences* 5(2): 40–68.
- Rodrigue, Edward, and Richard V. Reeves, eds. 2016. *Policies to Address Poverty in America*. Washington, DC: Brookings Institution. [https://www.brookings.edu/wp-content/uploads/2016/07/policies\\_address\\_poverty\\_in\\_america\\_full\\_book.pdf](https://www.brookings.edu/wp-content/uploads/2016/07/policies_address_poverty_in_america_full_book.pdf).
- Rolfe, Steve, Lisa Garnham, Jon Godwin, Isobel Anderson, Pete Seaman, and Cam Donaldson. 2020. "Housing as a Social Determinant of Health and Well-being: Developing an Empirically-Informed Realist Theoretical Framework." *BMC Public Health* 20: 1138. <https://doi.org/10.1186/s12889-020-09224-0>.
- Sen, Amartya. 1999. *Development as Freedom*. New York: Anchor Books.
- Soss, Joe, Richard C. Fording, and Sanford F. Schram. 2011. *Disciplining the Poor: Neoliberal Paternalism and the Persistent Power of Race*. Chicago: University of Chicago Press.
- South Carolina Commission for Minority Affairs. 2024. *Statistical Profile FY 23-24*. Columbia, SC: South Carolina Commission for Minority Affairs.
- South Carolina Department of Employment and Workforce. 2024. *Data Trends Newsletter: September-October 2024 Issue*. Columbia, SC: South Carolina Department of Employment and Workforce. [https://dew.sc.gov/sites/dew/files/Documents/Data%20Trends%20Newsletter\\_Sep-Oct%202024%20Issue\\_Single%20Pages.pdf](https://dew.sc.gov/sites/dew/files/Documents/Data%20Trends%20Newsletter_Sep-Oct%202024%20Issue_Single%20Pages.pdf) (Accessed February 9, 2025).
- . 2024. "Census Bureau Data Release: Small Area Income and Poverty." *Labor Market Information Blog*. January. <https://dew.sc.gov/labor-market-information-blog/2024-01/census-bureau-data-release-small-area-income-and-poverty> (Accessed February 9, 2025).
- South Carolina Department of Health and Environmental Control. 2023. *State Health Assessment: South Carolina*. Columbia, SC: South Carolina Department of Health and Environmental Control. Available at <https://livehealthy.sc.gov>.

South Carolina State Housing Finance and Development Authority. 2023. *The 2023 Palmetto State Housing Study: Qualitative Feedback*. Columbia, SC: SC Housing.

Trisi, Danilo, and Matt Saenz. 2021. Economic Security Programs Reduce Overall Poverty, Racial and Ethnic Inequities: Stronger Policies Needed to Make Further Progress. Center on Budget and Policy Priorities. Updated July 1, 2021. <https://www.cbpp.org/research/poverty-and-inequality/more-than-4-in-10-children-in-renter-households-face-food-and-or>.

UC Davis Center for Poverty and Inequality Research. 2025. "Research." *UC Davis Center for Poverty and Inequality Research*. <https://poverty.ucdavis.edu/research> (Accessed February 9, 2025).

U.S. Census Bureau. 2024. *South Carolina Profile*. Washington, DC: U.S. Census Bureau. [https://data.census.gov/profile/South\\_Carolina?g=040XX00US45](https://data.census.gov/profile/South_Carolina?g=040XX00US45) (Accessed February 9, 2025).

U.S. Department of Agriculture Economic Research Service (ERS). 2022. *Rural Poverty and Well-being Data*. Washington, DC: U.S. Department of Agriculture. <https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being> (Accessed February 9, 2025).

U.S. Department of Health and Human Services. 2024. *TANF Profile: South Carolina*. Washington, DC: U.S. Department of Health and Human Services.

Watts, Simon, and Paul Stenner. 2005. "Doing Q Methodology." *Qualitative Research in Psychology* 2: 67–91.

Workman, Lauren M., Holly Pope, and Melinda A. Merrell. 2024. *South Carolina Poverty Study: Understanding Experiences with Economic Hardship and Systemic Inequities*. Columbia, SC: Arnold School of Public Health, University of South Carolina.

Yang-Tan Institute on Employment and Disability. 2024. *Annual Disability Statistics from the American Community Survey*. Cornell University. <https://disabilitystatistics.org/acs-custom> (Accessed February 9, 2025).

## Appendices

### Appendix 1. Detailed Methodology and Approach

The following section provides a detailed overview of the methodology and research approach used in this study. It outlines the research objectives, the questions posed to participants, and the methods employed to collect and analyze data. This section also describes the structured approach taken to engage stakeholders in the identification of existing and potential policy solutions using Q methodology. Specifically, it details the process used to develop the list of policy solutions available for prioritization, including the criteria used to ensure that the selected solutions were relevant, evidence-based, and reflective of the lived experiences of individuals experiencing poverty in South Carolina. Building on the foundation established in prior research (Workman et al. 2024), this study took a community-led, qualitative approach that prioritized the voices of people experiencing poverty. Specifically, the primary data for this study comes from focus groups co-designed with community representatives to uplift the perspectives of populations that face unique and compounding barriers to economic stability in South Carolina.

The methodological approach integrated participatory action research (PAR) principles with qualitative data collection methods, particularly focus groups and Q-sort methodology. The use of PAR ensures that community members are not passive subjects of research but active co-creators of knowledge (Brydon-Miller, Greenwood, and Maguire 2003). PAR was particularly suited for this study, as it challenges traditional top-down approaches to research by valuing lived experience as a primary source of expertise. This framework ensured that the research process was collaborative, iterative, and action-oriented, to produce findings that directly inform community-driven policy recommendations (Fals Borda 2001). This approach is particularly critical in poverty research, as traditional economic analyses often fail to capture the nuanced and systemic barriers that individuals face (Bohren, Hull, and Imas 2023; Desmond 2023).

#### *Study Recruitment and Data Collection*

The study was conducted in two phases: a recruitment phase and an implementation phase. The recruitment phase began with the distribution of a survey designed to collect demographic and economic data and identify individuals who met the criteria for focus group participation. The survey was disseminated through a network of nonprofit and community organizations in South Carolina that have established trust and deep-rooted relationships within the communities at the center of this research. These organizations played a critical role in ensuring broad participation and engagement, with the survey administered over a two-week time period and publicized by community partners to ensure representation across key demographic groups. Beyond recruitment, these community-based organizations served as integral collaborators throughout the research process, leveraging their longstanding presence, cultural competence, and commitment to community-driven change to facilitate outreach and engagement. Their deep connections enabled the study to reach populations often underrepresented in traditional research efforts while ensuring that the research process remained inclusive and reflective of the lived experiences of those most affected by economic hardship. Adhering to the principles of participatory action research (PAR), the study emphasized collaboration and knowledge co-production, centering the expertise and leadership of these organizations to

shape the recruitment approach and reinforce the study's commitment to research that is informed by those directly experiencing and addressing poverty.

The survey was distributed via QR codes and flyers placed at community organizations where the groups of focus receive services. A total of 68 individuals completed the survey. Survey data were analyzed to identify individuals who met secondary criteria for inclusion in focus groups. From the survey data, a total of 54 individuals who self-identified as both experiencing poverty and as a member of one of the populations of interest were invited to participate in the second phase of data collection: veterans, Native Americans, individuals with disabilities, Hispanics/Latinos, and residents of a representative rural county. Williamsburg County was selected as a representative rural county due to its alignment with state-level rural demographics in terms of population composition, poverty rates, racial and ethnic diversity, and economic conditions (U.S. Census Bureau 2023). By focusing on a single rural county, the study was able to provide depth of analysis while ensuring findings remained relevant to rural communities across the state. Though individuals were selected for participation in the focus groups based on their self-reported identification with one of the populations of interest, it is noted that information on other identities that these individuals may have was not systematically collected.

Following the survey and recruitment activities, the second phase consisted of identity-based focus groups to capture the unique and intersectional experiences of poverty among different demographic groups. All individuals were contacted directly with confirmation of their selection and an invitation to attend either virtually or in-person the focus group to which they had been assigned. To acknowledge participants' time and contributions, each focus group participant received a \$100 Visa gift card as compensation for their participation in the study.

### *Conducting Focus Groups and Q Methodology*

Each focus group was structured as a participatory discussion designed to center the lived experiences of individuals facing economic hardship while ensuring a consistent and rigorous methodological approach. The discussion framework was guided by the findings from *South Carolina Poverty Study: Understanding Experience with Economic Hardship and Systemic Inequities* (Workman et al. 2024), providing a foundation for participants to engage with and reflect on broader systemic patterns in relation to their own experiences. This structured approach allowed for both qualitative exploration of personal narratives and the systematic application of Q methodology to identify policy priorities.

To maintain consistency across focus groups, a standardized discussion structure was implemented. Each session followed a three-phase design: (1) an initial discussion on personal experiences with poverty, (2) the application of Q-sort methodology to rank potential poverty reduction solutions (described further below), and (3) a reflective discussion on the sorting activity to identify key themes and patterns in policy prioritization. This format ensured that all participants engaged in both open-ended dialogue and structured decision-making, allowing for the collection of both narrative insights and quantitative data.

The focus groups were conducted between September 19 and 26, 2024 across multiple locations in South Carolina. To ensure accessibility for participants, focus groups were held in community centers, nonprofit offices, and other trusted spaces within the participating communities. Each session was facilitated by a



trained moderator with experience in participatory research and poverty studies, accompanied by a note-taker who documented key themes and participant insights. Sessions lasted approximately two hours, allowing sufficient time for discussion, engagement with the Q-sort activity, and collective reflection.

The sessions began with a welcome and introductions,<sup>2</sup> followed by an icebreaker activity to foster a sense of trust and comfort among participants. The facilitator then explained the purpose of the study and established group agreements to create a respectful and open discussion environment. To contextualize the discussion, participants were presented with key findings from Workman et al. (2024) and were encouraged to reflect on how these findings related to their own lived experiences. This preliminary discussion provided a foundation for the subsequent Q methodology exercise by situating individual experiences within broader structural patterns.

Participants were then introduced to Q methodology, including an overview of how the technique works and why it was being used in this study. They were presented with a Q-set consisting of 48 policy solutions, which were derived from a systematic review of existing poverty alleviation policies and organized using the social determinants of health framework. These solutions reflected a diverse range of policy interventions, including economic stability measures, education access improvements, social and community support enhancements, neighborhood and built environment investments, and healthcare access expansions. Participants were asked to individually rank these policies on a Q-grid, sorting them from "most effective" to "least effective" in addressing poverty based on their lived experiences. Time was allocated for individual reflection, and facilitators provided clarification as needed.

Following the sorting exercise, a group reflection explored patterns in participants' rankings. Participants shared insights on why they prioritized certain policies over others, discussed statements they strongly agreed or disagreed with, and identified any additional policy solutions that were missing from the Q-set. This discussion allowed for a deeper exploration of how participants perceived the effectiveness of different interventions and provided context for their decision-making.

The session concluded with a thematic prioritization of key issues, where participants collectively identified the most critical challenges and policy solutions emerging from their discussions. This process enabled the co-construction of findings that reflected both individual perspectives and collective priorities. Finally, the session ended with a closing reflection, during which each participant was invited to share final thoughts, ensuring that all voices were acknowledged. This structured approach ensured that the focus groups not only gathered data on policy preferences but also created a space for meaningful dialogue on poverty and systemic inequities in South Carolina.

### *Description of the Q Methodology*

Q methodology is a mixed-methods research technique that integrates qualitative and quantitative approaches to examine individuals' subjective viewpoints. Developed by William Stephenson in the 1930s, Q

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<sup>2</sup> Appendices 3 and 4 include copies of the agendas and facilitator script that was used for all focus groups.



methodology requires participants to sort a set of statements, known as a Q-set, based on their level of agreement, arranging them on a Q-grid from "most agree" to "least agree." These individual Q-sorts are then analyzed through a scoring and weighting method to identify shared patterns or viewpoints (McKeown and Thomas 1988). This methodology was particularly well-suited for the present study as it allowed for the identification of policy priorities without imposing predetermined categories or assumptions on participants. By focusing on how individuals ranked and prioritized different policy solutions in relation to one another, Q methodology provided insight into the ways people assign importance to various aspects of poverty and potential policy interventions. Rather than isolating individual responses, this approach examines the relationships between responses across participants, revealing broader patterns of perspective that might not emerge through traditional survey methods (Coogan and Herrington 2011; Durning 1999; Durning and Brown 2001).

To develop the set of policy solutions used in the Q-sort activity, the research team employed a structured, multi-step process informed by the social determinants of health (SDOH) framework, previous research on poverty interventions, and findings from Workman et al. (2024). The selection process aimed to ensure that the identified policies were relevant to the South Carolina context while also being applicable to the lived experiences of individuals experiencing poverty. The final Q-set<sup>3</sup> was designed to be comprehensive and within the recommended range for Q methodology.

The identification and categorization of policy solutions began with a systematic review of existing policies at the local, state, and national levels. The research team analyzed policy briefs, government reports, and scholarly literature to compile interventions that had been implemented in other states and had demonstrated effectiveness in addressing poverty. The objective was to capture a broad spectrum of policy responses, including economic, social, and structural interventions. To ensure a balanced representation of policy approaches, solutions were selected from organizations with varying ideological perspectives, including progressive and conservative think tanks, nonpartisan policy organizations, research institutions, nonprofit organizations, government agencies, and empirical studies on poverty alleviation strategies (Arkansas Advocates for Children and Families 2024; Berger, Cancian, and Magnuson 2018; Cato Institute 2022; Center for Law and Social Policy; Choe 2024; Heritage Foundation; Pathak and Ross 2021; Parrott 2022; Rodrigue and Reeves 2016; South Carolina Children's Trust 2017; Trisi and Saenz 2021; Workman et al. 2024).

Workman et al. (2024) provided the foundational framework for categorizing and organizing policy solutions. The study's approach aligned with the SDOH model, grouping policy solutions within five key domains: economic stability, education access and quality, social and community context, neighborhood and built environment, and healthcare access and quality. This framework ensured that the policy solutions selected for the Q-sort addressed the systemic and multidimensional nature of poverty and aligned with the specific challenges most frequently identified by those with lived experience.

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<sup>3</sup> The Q-set used in this study can be found in Appendix 6.

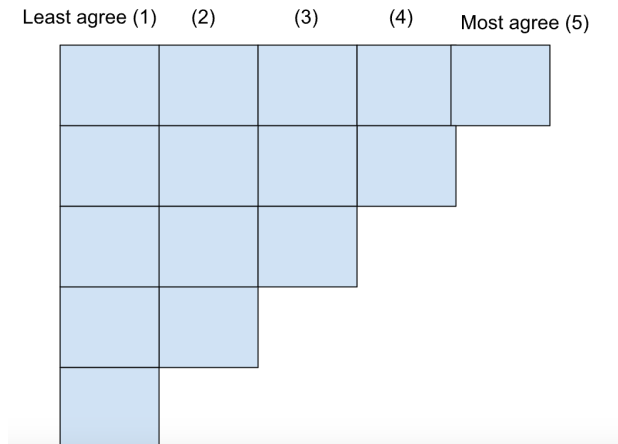
To further refine the list, the research team applied additional theoretical frameworks, including Lowi's policy typologies, which categorize policies based on their function and impact. These typologies include distributive policies, which allocate resources broadly without targeting specific groups (e.g., infrastructure investments); regulatory policies, which set rules or restrictions on behaviors (e.g., labor laws and wage regulations); redistributive policies, which shift resources from one group to another to address inequality (e.g., tax credits or direct cash assistance); and constituent policies, which focus on the organization and operation of government itself (e.g., reforms to public benefits administration) (Lowi 1972). Incorporating this framework ensured that the final list included a mix of policy solutions that addressed both immediate economic hardships and long-term structural barriers. Additionally, the six conditions of systems change outlined in Workman et al. (2024) were considered to assess how each policy might influence power dynamics, resource flows, and institutional practices. This approach allowed for a selection of policies that could not only address poverty in the short term but also contribute to systemic, lasting change.

The final list of policy solutions was then refined to ensure clarity, specificity, and non-redundancy. Each statement represented a distinct policy intervention, avoiding overlap and ensuring that participants could meaningfully differentiate between options. Statements were also worded in neutral language to prevent ideological bias in participant responses. Consistent with best practices in Q methodology, the number of statements was carefully calibrated to remain within the standard range, ultimately resulting in 48 policy solutions. This number was selected to balance comprehensiveness with feasibility, ensuring that participants were not overwhelmed while still providing a sufficient range of policy options.

To further enhance the inclusivity of the Q-sort process, participants were encouraged to suggest additional policy solutions during focus group discussions. This ensured that the final list of policies reflected both existing research and the priorities expressed by those with lived experience of poverty. Participants were each provided with a copy of the Q-set and a Q-grid and were asked to review all policy solutions before selecting fifteen that they believed would be most effective in helping them move out of poverty. They then ranked these fifteen policies on the Q-grid from most to least effective, providing insight into the relative importance of each solution from their perspective. Figure 2 presents the Q-grid used in this study.

By structuring the Q-sort process in this way, this study ensured that the policy solutions analyzed were both empirically grounded and directly relevant to the lived experiences of participants. This methodology allowed for the identification of priority interventions that reflect the realities faced by individuals experiencing poverty in South Carolina, offering a valuable contribution to policy discussions on effective poverty alleviation strategies.

**Figure 2. Example Q-Grid**



### *Analytical Approach*

All focus group discussions were recorded using Zoom and transcribed verbatim to create a detailed record for each group (Hispanics/Latinos, People with Disabilities, Veterans, Native Americans, and Williamsburg County). The transcripts were systematically reviewed to identify key themes, both unique to each group and common across groups. The social determinants of health framework provided the foundation for the themes and codes that were employed during the analysis. Following the first review of the transcripts, additional codes were created to identify general and group-specific needs and challenges relating to experiences of poverty. Multiple researchers participated at every stage of coding and analysis to reduce individual bias and enhance the reliability of research findings (Miles, Huberman, and Saldaña 2014; Patton 2015). Multiple rounds of coding affirmed the validity and consistency of the codebook and provided a thematic understanding of poverty needs as perceived by diverse populations.

In addition to the analysis of focus group transcripts, data were collected from the results of the Q-sort. In analyzing the Q-sort data, a scoring methodology was used from participants' ranked policy solutions on their Q-grid, with each policy receiving a score based on its rank. Policies ranked highest (most effective at reducing poverty) received a score of 5, the second highest a score of 4, the third highest a score of 3, the fourth highest a score of 2, and the fifth highest (least effective at reducing poverty) a score of 1. For this study, only the solutions rated as effective were captured for analysis. For each Q-sort, scores were calculated by multiplying the number of times a policy was ranked at each level by its corresponding score. These individual scores for each policy were then summed across all participants and groups, generating a weighted score for each policy. The weighted scores were used to simulate a prioritization of policy solutions, with the highest-scoring policies representing those perceived as having the greatest impact and relevance for individual groups and overall findings. This approach enabled the identification of both the most universally supported policies and those valued by specific demographic groups, providing a clear picture of where consensus lies on potential poverty alleviation strategies as well as group-specific solutions.

## Appendix 2. Focus Group Recruitment Script

### Join Our Focus Group: Your Voice Matters in Poverty Solutions

We are reaching out to invite you to participate in an important focus group session aimed at understanding the experiences and needs of individuals who identify as poor or living in poverty. Your insights and perspectives are invaluable to us as we work towards addressing and creating effective solutions to combat poverty.

#### Focus Group Details:

- Date: [Insert Date]
- Time: [Insert Time]
- Duration: 2 hours
- Location: [Insert Location/Online Platform]
- Limited to 50 spaces, register by Wednesday, September 4th

#### Why Your Participation Matters:

Your voice can shape impactful solutions. This is your chance to share your story and contribute to meaningful discussions about addressing poverty. We commit to creating a respectful and supportive environment where your insights are valued and honored.

#### Compensation:

- \$50 per hour (\$100 for the 2-hour session)

#### What to Expect:

- A safe, confidential space to discuss your experiences with compassion and respect.
- An opportunity to contribute to practical solutions that reflect the values of justice and collaboration.
- Light refreshments provided.
- Total compensation of \$100.
- Limited to 50 spaces, register by Wednesday, September 4th

#### How to Participate:

- RSVP by [Insert RSVP Date]
- Scan the QR code to register and RSVP

Note: If transportation, accessibility, or childcare is a concern, let us know so we can assist and offer accommodations. Email [scfsc@sistersofcharity.com](mailto:scfsc@sistersofcharity.com) by September 4<sup>th</sup>.

Together, we can work towards creating a better future for all, guided by courage, respect, compassion, and justice.

## Appendix 3. Focus Group Instructions for Virtual and In-Person Participants

### Instructions for Completing the Virtual Q-Sort on Jamboard

Welcome! Here are your step-by-step instructions to complete the Q-Sort activity on Jamboard. This activity will help us gather your thoughts on the most effective solutions to poverty.

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#### How to Use Jamboard for the Q-Sort:

1. **Review the Grid at the Top**

You'll see a row of numbered spaces from **-1 to 5** at the top of the board. This is where you'll move the cards based on how much you agree with each solution.

- 5 = Most agree (best solution)
- 0 = Neutral or unsure
- -1 = Least agree (not effective)

2. **Look at the Cards Below**

Below the grid, you'll see **48 potential solutions to poverty** grouped into 8 sections of 6 cards. These represent different approaches to solving poverty.

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#### What You Need to Do:

\*You will place 15 of the 48 solutions\*

Card 1: Ask Yourself, "Which is the best solution to poverty?"

- Start by selecting the solutions you believe are the **most effective**.
- Drag that card into the **5** column (the highest agreement).

Card 2: Pick Other Strong Solutions

- Next, look at the other cards and move those you think are also good solutions but **not quite the best** into the columns **4, 3, and 2**.
- Place solutions you aren't fully convinced about or where opinions might differ into columns 1, 0, and -1.

#### Continue Sorting:

- Take your time to **reflect** on each solution. There are no wrong answers! Move cards around as needed until you feel good about your sort.
-

### Key Points to Remember:

- **5** is for the solution you feel would make the biggest difference.
  - **0** is for solutions where you're unsure or neutral.
  - **-1** is for solutions you don't agree with or think won't help.
- 

### Facilitator Support:

There will be a facilitator available in your breakout room to assist you. If you have any questions or need guidance during the Q-Sort, feel free to ask for help at any time.

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### Finishing Up:

Once you've sorted all 48 cards, take a moment to review your selections. Make sure the order reflects your thoughts about which solutions to poverty are most and least effective.

When you're ready, the facilitator will guide you through a group discussion where you can share your thoughts.

### Q-Sort Activity In-Person Instructions

#### **Objective:**

The Q-Sort will help us understand your views on policy solutions related to poverty in your community. You'll organize the statements based on how much you agree or disagree with them.

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### Step-by-Step Instructions:

#### Take Out Your Materials:

- In your folder, you'll find a set of cards with statements about possible policy solutions for poverty.
- You'll also have a large grid on a big post-it where you'll place the cards.

#### Read the Statements:

- Take a moment to read each card carefully. These cards represent ideas for solving poverty.

#### Sort the Statements:

- Consider each statement and rate each statement based on how much you agree that the item would solve poverty as you experience it.
- Begin placing the cards on the grid, starting with the ones you strongly agree with in the “Most Agree” column and the ones you strongly disagree with in the “Least Agree” column.
- Use the middle sections for cards that you are neutral about or feel less strongly.

#### Take Your Time:

- There’s no rush. Move the cards around as needed until you feel satisfied with their positions.

#### Explain Your Choices:

- After you’ve finished sorting, we’ll ask you to explain why you placed certain cards in the “Most Agree” and “Least Agree” columns. Your explanations will help us understand your perspective.
- 

#### Tips for Success:

- Focus on your experience and opinion.
- Don’t overthink—go with your gut when sorting.
- If a card is hard to place, compare it to others and put it where it feels most appropriate.

## Appendix 4. Focus Group Participant Agenda

### 1. Welcome and Introductions (15 minutes)

- Facilitator Introduction: Overview of facilitator's role in the project.
- Icebreaker Activity: Share something about your community or experiences related to poverty.
- Focus Group Purpose: How your input contributes to the poverty study.
- Group Agreements: Guidelines for respectful communication, confidentiality, and participation.

### 2. Overview of Findings and Introduction to Q Methodology (15 minutes)

- Study Findings: Key themes identified in the current poverty study.
- Discuss Key Themes: Do these findings resonate? What did you hear that reflected your own experience with poverty? What (if anything) was not reflective of your experience?

### \*BREAK\* (10 Minutes)

### 3. Q-Sort Activity for Policy Solutions (30 minutes)

- Sorting Statements: Arrange policy solution statements from "most agree" to "least agree."

### 4. Group Reflection and Thematic Expansion (40 minutes)

- What patterns or themes emerged during the Q-Sort? What statements did you strongly disagree/agree with and why? Which statements were you neutral on and why? Provide some insight on the conversations you had with your partner during the sort. How did you decide what statements you agreed/disagreed with?
- Were there statements that were difficult or easy to place? Why?
- What new insights or perspectives did the Q-Sort bring to light? Were there solutions or policies that you identified that were not included in your cards? Any solutions that were new to you?
- How did this activity influence your understanding of policy solutions? Did it provide clarity? Did it raise more questions?
- Were there any solutions that stood out as clear "winners"?

### 5. Closing and Next Steps (10 minutes)

- Closing Circle: Share one word or phrase that reflects your experience today.
- Summary of Insights: Recap of key points discussed.
- Next Steps: How your input will be used in the study and information on follow-up.
- Feedback: Share any feedback on the focus group process.



## Appendix 5. Focus Group Facilitator Script

### 1. Welcome and Introductions (15 Minutes)

- **Greet Participants:** Welcome everyone as they arrive.
- **Facilitator Introduction:** Briefly introduce yourself and your role.
- **Icebreaker:** 'I have the heart for...'
- **Purpose of Session:** Explain the focus group's purpose and how their input will contribute to the study.
- Co-Design Group Agreements

### 2. Overview of Findings and Q-Sort Instructions (20 Minutes)

- **Present Key Themes (10 minutes):** Share the results from the poverty study relevant to the group.
- **Discuss Key Themes:** Do these findings resonate? What did you hear that reflected your own experience with poverty? What (if anything) was not reflective of your experience?
- Explain Q-Sort Process (10 minutes):
  - Show them their materials: Q-sort cards and the sorting grid (on large post-it).
  - Explain how they will place cards from "most agree" to "least agree" on the grid.
  - Allow time for questions before starting the activity.

### 3. Q-Sort Activity (45 Minutes)

- Distribute Q-Sort Materials:
  - Each participant has a folder with their Q-sort cards.
  - The large post-it grid is for sorting.
- Participants Sort the Cards:
  - Encourage them to take their time reflecting on each statement.
  - Circulate to answer questions and assist as needed.
- Debrief:
  - Ask participants to explain their top "most agree" and "least agree" cards and their reasoning.

### 4. Group Reflection and Thematic Expansion (30 Minutes)

- Facilitated Group Discussion:
  - What patterns or themes emerged during the Q-sort? What statements did you strongly disagree/agree with and why? Which statements were you neutral on and why? Provide some insight on the conversations you had with your partner during the sort. How did you decide what statements you agreed/disagreed with?
  - Were there statements that were difficult or easy to place? Why?
  - What new insights or perspectives did the Q-sort bring to light? Were there solutions or policies that you identified that were not included in your cards? Any solutions that were new to you?

- How did this activity influence your understanding of policy solutions? Did it provide clarity? Did it raise more questions?
- Were there any solutions that stood out as clear “winners”?
- **Thematic Prioritization:** Guide the group to agree on the top themes they feel are most critical.
- **Expansion:** Encourage suggestions for new themes or factors that weren’t captured.

#### 5. Closing and Next Steps (10 Minutes)

- **Closing Circle:** Ask each participant to share one word or phrase that describes their experience.
- **Summary:** Recap key themes discussed and emphasize how their contributions will be used.
- **Next Steps:** Let participants know how they can stay informed about the study.
- **Feedback:** Hand out feedback forms and remind them about their \$100 Visa gift card reimbursement process.

## Appendix 6. Q-Sort List of Policy Solutions Provided to Focus Group Participants

### Education access and quality

1. Provide tax credits for families that choose homeschool or private school options
2. Invest in apprenticeship and mentorship programs for high school students
3. Invest in affordable, high-quality childcare and early childhood education
4. Expand and increase government subsidies for childcare
5. Increase access to financial literacy education
6. Increase access to formal and free adult education and skills training
7. Create a universal pre-k program
8. Increase funding for public K12 education
9. Equalize funding for public education across school districts
10. Invest in apprenticeship and work-based learning so individuals can learn and train while earning money

### Economic stability

11. Expand safety net programs like Supplemental Nutrition Assistance Program (SNAP)
12. Create incentives for employee savings plans
13. Create good-paying jobs
14. Provide tax breaks to small businesses in economically distressed areas
15. Make permanent increases to the child tax credit and earned income tax credit
16. Create tax incentives for employers to subsidize childcare
17. Support pay equity to create a fair labor market
18. Promote telecommuting and flexible work hours
19. Provide tax incentives to companies that raise wages
20. Decrease regulations on businesses
21. Increase tax incentives to private industry for jobs creation
22. Modernize the supplemental security insurance program
23. Expand unemployment insurance
24. Increase South Carolina's minimum wage
25. Implement a universal basic income program to provide a guaranteed minimum income for all citizens
26. Expand access to free and reduced school meals
27. Replicate the federal child tax credit for families raising children
28. Deploy direct cash assistance programs to families in extreme poverty

### Social and community context

29. Increase volunteerism and community support networks
30. Reform the criminal justice system and enact policies that support successful reentry

31. Decrease social safety programs and implement job requirements for receipt of benefits
32. Create a single, accessible platform for Individuals to enroll in all state benefits
33. Use government incentives to stimulate private economic activity
34. Increase uptake, access, and value of existing public benefits for those in extreme poverty
35. Expand access to legal counsel
36. Invest in legal aid for immigrant and refugee supports

#### Neighborhood and built environment

37. Implement rent-to-own housing ownership programs
38. Invest in building affordable, accessible housing
39. Make public transportation broadly accessible
40. Expand funding for programs that provide short-term rental assistance, emergency shelters, and support services for individuals at risk of homelessness
41. Implement rent control measures to limit rent increases and protect low-income renters from displacement
42. Increase tax deductions for homeowners to support middle class homeownership

#### Healthcare access and quality

43. Expand access to Medicaid and Medicare
44. Increase government incentives for individuals to access private insurance
45. Increase funding for mental healthcare and addiction treatment services for low-income individuals and people experiencing crises related to mental health and substance abuse
46. Implement price controls on prescription drugs to make medications affordable
47. Invest in quality, specialized supports for persons experiencing mental health and substance abuse related crises
48. Provide paid medical and family leave for all employees

## Appendix 7. Q-Sort Results for All Focus Groups

Prioritization of Policy Solutions by Focus Group (rank 1 - 5, 1 = most effective solution)

Policy Rank	Rural Residents	Individuals w/ Disabilities	Native Americans	Hispanics/Latinos	Veterans
1	Create good-paying jobs	Equalize funding for public education across school districts	Equally prioritized: <ul style="list-style-type: none"> <li>• Increase funding for mental healthcare and addiction treatment services for low-income individuals and people experiencing crises related to mental health and substance abuse</li> <li>• Invest in quality, specialized supports for persons experiencing mental health and substance abuse related crises</li> </ul>	Invest in legal aid for immigrant and refugee supports	Create good-paying jobs
Policy Rank	Rural Residents	Individuals w/ Disabilities	Native Americans	Hispanics/Latinos	Veterans
2	Invest in building affordable, accessible housing	Equally prioritized: <ul style="list-style-type: none"> <li>• Invest in building affordable, accessible housing</li> <li>• Increase South Carolina's minimum wage</li> <li>• Create good-paying jobs</li> </ul>	Equally prioritized: <ul style="list-style-type: none"> <li>• Expand access to Medicaid and Medicare</li> <li>• Modernize the supplemental security insurance program</li> </ul>	Equally prioritized: <ul style="list-style-type: none"> <li>• Expand access to Medicaid and Medicare</li> <li>• Implement price controls on prescription drugs to make medications affordable</li> </ul>	Equally prioritized: <ul style="list-style-type: none"> <li>• Invest in apprenticeship and work-based learning so individuals can learn and train while earning money</li> <li>• Create incentives for employee savings plans</li> </ul>

Policy Rank	Rural Residents	Individuals w/ Disabilities	Native Americans	Hispanics/Latinos	Veterans
3	Deploy direct cash assistance programs to families in extreme poverty	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Increase access to formal and free adult education and skills training</li> <li>• Make public transportation broadly accessible</li> <li>• Expand funding for programs that provide short-term rental assistance, emergency shelters, and support services for individuals at risk of homelessness</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Increase access to formal and free adult education and skills training</li> <li>• Invest in apprenticeship and work-based learning so individuals can learn and train while earning money</li> <li>• Reform the criminal justice system and enact policies that support successful reentry</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Invest in apprenticeship and mentorship programs for high school students</li> <li>• Invest in affordable, high-quality childcare and early childhood education</li> <li>• Increase volunteerism and community support networks</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Invest in apprenticeship and mentorship programs for high school students</li> <li>• Increase access to financial literacy education</li> </ul>

Policy Rank	Rural Residents	Individuals w/ Disabilities	Native Americans	Hispanics/Latinos	Veterans
4	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Make public transportation broadly accessible</li> <li>• Implement rent-to-own housing ownership programs</li> <li>• Promote telecommuting and flexible work hours</li> <li>• Implement rent control measures to limit rent increases and protect low-income renters from displacement</li> <li>• Increase tax deductions for homeowners to support middle class homeownership</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Invest in apprenticeship and work-based learning so individuals can learn and train while earning money</li> <li>• Invest in affordable, high-quality childcare and early childhood education</li> <li>• Increase funding for mental healthcare and addiction treatment services for low-income individuals and people experiencing crises related to mental health and substance abuse</li> <li>• Implement price controls on prescription drugs to make medications affordable</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Make public transportation broadly accessible</li> <li>• Mobilize voters to increase electoral participation</li> <li>• Promote telecommuting and flexible work hours</li> <li>• Equalize funding for public education across school districts</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Invest in apprenticeship and work-based learning so individuals can learn and train while earning money</li> <li>• Implement rent-to-own housing ownership programs</li> <li>• Increase South Carolina's minimum wage</li> <li>• Create good-paying jobs</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Make public transportation broadly accessible</li> <li>• Increase funding for mental healthcare and addiction treatment services for low-income individuals and people experiencing crises related to mental health and substance abuse</li> <li>• Expand funding for programs that provide short-term rental assistance, emergency shelters, and support services for individuals at risk of homelessness</li> </ul>

Policy Rank	Rural Residents	Individuals w/ Disabilities	Native Americans	Hispanics/Latinos	Veterans
5	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Expand access to free and reduced school meals</li> <li>• Implement a universal basic income program to provide a guaranteed minimum income for all citizens</li> <li>• Replicate the federal child tax credit for families raising children</li> <li>• Provide tax breaks to small businesses in economically distressed areas</li> <li>• Invest in apprenticeship and work-based learning so individuals can learn and train while earning money</li> <li>• Expand and increase government subsidies for childcare</li> <li>• Provide paid medical and family leave for all employees</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Expand access to free and reduced school meals</li> <li>• Expand safety net programs like Supplemental Nutrition Assistance Program (SNAP)</li> <li>• Modernize the supplemental security insurance program</li> <li>• Expand unemployment insurance</li> <li>• Increase uptake, access, and value of existing public benefits for those in extreme poverty</li> <li>• Use government incentives to stimulate private economic activity</li> <li>• Invest in apprenticeship and mentorship programs for high school students</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Increase South Carolina's minimum wage</li> <li>• Expand access to legal counsel</li> <li>• Implement rent-to-own housing ownership programs</li> <li>• Invest in building affordable, accessible housing</li> <li>• Increase access to financial literacy education</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Expand access to free and reduced school meals</li> <li>• Expand safety net programs like Supplemental Nutrition Assistance Program (SNAP)</li> <li>• Deploy direct cash assistance programs to families in extreme poverty</li> <li>• Make public transportation broadly accessible</li> <li>• Implement rent control measures to limit rent increases and protect low-income renters from displacement</li> </ul>	<p>Equally prioritized:</p> <ul style="list-style-type: none"> <li>• Invest in affordable, high-quality childcare and early childhood education</li> <li>• Increase access to formal and free adult education and skills training</li> </ul>