



# IN HER HANDS

a guaranteed income initiative

FIRST YEAR RESEARCH SUMMARY



**Give  
Directly**

Family Economic Policy Lab

APPALACHIAN STATE UNIVERSITY  
BEAVER COLLEGE OF HEALTH SCIENCES

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## Executive Summary

The "In Her Hands" guaranteed income initiative represents a pioneering approach to addressing economic disparities faced by communities impacted by racial injustice and historic marginalization, particularly Black women in Georgia. The program has two stated goals: “to support Black women experiencing financial insecurity in Georgia to achieve greater financial stability and overcome wealth decelerators” and “generate and disseminate insights to promote more racially inclusive, just, and sustainable social safety net models and policies in the U.S.” This executive summary outlines the key findings and implications from the program's first year, highlighting its impact on participants' financial stability, asset development, health, and overall well-being.

**Program Overview:** Launched in response to systemic economic inequities, the initiative provides unconditional monthly cash transfers to 654 selected participants across three geographies (urban Old Fourth Ward of Atlanta, rural Clay-Randolph-Terrell counties, and suburban College Park). Lottery entrants were required to live in one of the three identified communities, identify as a woman, be at least 18 years of age, and make no more than 200% of the Federal Poverty Level for their family size.

- Program participants were randomly assigned to one of two treatment groups. Both groups receive a total transfer of \$20,400.
  - 50% receive \$850 per month for 24 months.
  - 50% receive \$4,300 in month one and \$700 in months 2-24.
- Lottery entrants not selected for the program comprise a comparison group of approximately 2,000 individuals.

**Financial Stability:** A primary impact of the program was the marked improvement in participants' financial situations. Participants reported greater ease in managing debts and avoiding predatory loans.

- The top six most common fund uses were:
    - catching up/getting ahead on bills (45.4%)
    - reducing debt (26.9%)
    - purchasing essential items (25.3%)
    - spending more quality time with their family (18.1%)
    - purchasing more or better food (16.1%)
    - improving their credit score (14.5%)
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- Participants were significantly less likely than comparison group members to report finding it “very difficult” to pay their bills (19.2% vs. 48.4%;  $p<0.01$ ).
  - Participants experienced significantly fewer utility shutoffs (24.3% vs. 41.7%;  $p<0.01$ ), missed housing payments (36.6% vs. 53.4%;  $p<0.01$ ), and evictions (5.9% vs. 14.4%;  $p<0.01$ ) than comparison group members in the prior six months.
  - Program participants reported significantly less use of high-cost financial resources than comparison group members in the prior six months, including payday loans (15% vs. 26.3%;  $p<0.01$ ), pawn shops (22.3% vs. 36.8%;  $p<0.01$ ), selling blood plasma (11.6% vs. 24.8%;  $p<0.01$ ) and overdrafting their checking accounts (39.1% vs. 53.7%;  $p<0.01$ ).

**Asset Development:** The program facilitated notable progress in asset accumulation and financial resilience. Participants utilized funds to save for emergencies, invest in their children's education, secure stable housing, and acquire reliable transportation.

- 27.9% of IHH participants reported having “rainy day” funds compared to only 14.8% of comparison group members ( $p<0.01$ ).
- IHH participants were significantly more likely to have savings for their children’s education (35.8% vs. 22.6%;  $p<0.05$ ).

**Higher Education:** Participants were more likely to be enrolled in higher education than comparison group members twelve months into the program (16.7% versus 10.4%,  $p<0.05$ ).

**Health and Well-Being:** The initiative had a significant positive impact on both physical and mental health. Improved financial stability led to better access to nutritious food, healthcare, and a reduction in stress-related health issues. Participants reported enhanced life satisfaction, increased leisure time, and stronger family relationships, underscoring the holistic benefits of the program.

- While not statistically significant, 32.3% of participants reported their health as “very good” or “excellent,” compared to 26% of comparison group members.
  - Participants were less likely to report skipping needed medical care due to cost (30.3% vs. 47.5%;  $p<0.01$ ).
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- Participants reported significantly better ability to access healthy food, including a reduction in the inability to afford balanced meals (57.7% vs. 77.8%;  $p<0.01$ ) and an inability to buy healthful food (42% vs. 68.6%,  $p<0.01$ ).
  - 56.2% of IHH participants scored as having “likely no mental disorder” on the Kessler 10 psychological distress scale, compared to 39.1% of the comparison group ( $p<0.01$ ).
  - 66.5% of participants reported their sleep as “fairly good” or “very good,” compared to 52.2% of the comparison group ( $p<0.01$ ).

**Community Access:** The initiative also fostered community access and reciprocity. Participants qualitatively described not only benefiting individually but also a desire to give back to their communities, highlighting the program's wider social impact.

- Participants in our rural CRT and suburban College Park sites were significantly better able to access banks than rural comparison group members.
- Rural participants were significantly more able to access grocery stores than rural comparison group members.
- Participants in the urban Old Fourth Ward reported significantly improved access to places of employment than urban comparison group members.

**Comparative Advantage:** Participants expressed a preference for the In Her Hands program over traditional welfare programs, citing the benefits of its unconditional and trust-based nature.

**Future Directions:** Feedback suggests a desire for extended support and additional services such as investment education and community-building activities. These insights are crucial for refining the program and guiding future initiatives.

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## Introduction

The In Her Hands program, jointly led by the [Georgia Resilience and Opportunity Fund](#) and [GiveDirectly](#), is a groundbreaking guaranteed income (GI) initiative, inspired by the "Black Women Best" framework, which advocates for economic policies that prioritize Black women's well-being as a barometer for a healthy and equitable economy. It suggests that if Black women, historically among the most marginalized, can thrive, the economy will effectively serve everyone.<sup>1</sup> The program's design was born from community listening sessions in the Old Fourth Ward of Atlanta, Dr. Martin Luther King Jr.'s home neighborhood, in which community members identified the need for unrestricted, unconditional cash assistance to overcome barriers to long-term financial stability.

Black women in the South face significant challenges due to both historical and ongoing economic exploitation and wealth extraction, including discriminatory employment, redlining, disparate tax policies, and large-scale property destruction against Black communities<sup>2,3,4</sup> leading to high levels of economic insecurity.<sup>5</sup> During the Great Recession, for instance, single Black women experienced substantial wealth loss<sup>6</sup> for many reasons, including their

intentional targeting for subprime and predatory loans during the early 2000's housing bubble, even when they qualified for better terms,<sup>7</sup> creating billions of dollars in profit for mortgage lenders<sup>8</sup> and corporate real estate investors.<sup>9</sup>

As a result, Black women have lower levels of wealth accumulation compared to their white counterparts.<sup>10</sup> This economic insecurity further contributes to higher levels of stress and poorer health outcomes, as the burdens of 'weathering'—premature health deterioration due to socio-economic disadvantages—take their toll.<sup>11</sup> Black women experience higher rates of chronic conditions and adverse health outcomes, including maternal mortality, which are not solely explained by individual behaviors but are also influenced by broader socio-economic and environmental factors.<sup>12</sup> These health disparities are further exacerbated by inequitable access to quality healthcare services and the presence of racial bias within healthcare systems.<sup>13</sup>

Meanwhile, the social safety net has often been shaped by racial biases, leaving those who need it most, including many Black women, without adequate support.<sup>14</sup> States with the highest proportions of Black citizens, including Georgia, are more likely to employ long-debunked racist stereotypes to restrict Black women's access to assistance, even

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though they have historically maintained higher employment rates than their white counterparts.<sup>15,16</sup> This is accomplished via paternalistic eligibility criteria such as strict time limits, very low-income limits, drug testing, and denial of benefits to participants impacted by a racially biased criminal justice system.<sup>17</sup> Therefore, a GI program focused on Black women in Georgia serves not only as a corrective measure for these historical injustices but also provides a necessary support system to uplift a community whose systematic marginalization has made the American economy what it is today. As one member of our Community Advisory Council poignantly explained, *“It’s not about deservedness. It’s about what we are owed.”*

Launched in the summer of 2022, the In Her Hands (IHH) project serves three Georgia neighborhoods with high concentrations of Black residents: the urban Old Fourth Ward of Atlanta, the rural Clay-Randolph-Terrell (CRT) counties cluster in southwest Georgia, and suburban College Park. The program used a lottery system to randomly enroll 654 low-income women in the intervention. Furthermore, early listening sessions indicated that a lump sum payment in addition to monthly payments might be more helpful than monthly payments alone. In response to this feedback and to inform the design of future GI initiatives,

program participants were randomly assigned to one of two treatment groups: A) 50% receive \$850 per month for 24 months, and B) 50% receive \$4,300 in month one and \$700 in months two through 24. Both groups receive a total transfer of \$20,400. Those not randomly selected for the program form a comparison group of approximately 2,000 individuals. Several other cash transfer projects have looked at lump sum transfers alone,<sup>18,19</sup> but very few have examined lump sums combined with monthly payments, which positions In Her Hands to provide unique contributions to the existing literature.

## **Research Methodology**

The program’s evaluation employs a Community-Based Participatory Research design, which prioritizes community engagement and accountability. The research and program teams met with Community Advisory Councils early in the program to jointly design research questions and again at the one-year mark to present findings, gain feedback, and engage in collaborative data interpretation. Ongoing data collection involves bi-annual electronic surveys with all consenting participants (distributed via email and SMS), annual surveys with comparison group members, and qualitative interviews with a randomly selected subset of 30 participants per

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site (90 total). Due to the ongoing pandemic, participants were given the option to complete interviews either in person or over the phone, based on their comfort level. Approximately 98% of participants chose to speak over the phone. Participants were reimbursed \$20 for each survey and interview completed. This amount was chosen to provide participants with an appropriate level of compensation without being coercive. We also conducted a “PhotoVoice” project, in which program participants were invited to submit a photo and caption that captured their experience with GI. Barone<sup>20</sup> explains that “arts-based research [including PhotoVoice] is an effort to extend beyond the limiting constraints of discursive communication in order to express meanings that otherwise would be ineffable.” Participants received \$40 for participating in this portion of the project.

The evaluation is led by Principal Investigator Dr. Leah Hamilton, Professor of Social Work at Appalachian State University, in consultation with Dr. Latrice Rollins, Director of the National African American Child and Family Research Center at Morehouse School of Medicine, and Dr. Naomi Zewde, Assistant Professor at the UCLA Fielding School of Public Health. Survey design and data analysis are led by Dr. Stephen Roll, Co-Director of the Social Policy Institute at Washington University

in St. Louis. Qualitative interviews are conducted by social work doctoral students at Clark Atlanta University, a Historically Black College and University in Atlanta. The Principal Investigator, doctoral students, and a Clark Atlanta University faculty liaison, Dr. Shadonna Davis, jointly designed the interview guide and completed the qualitative data analysis coding process, following the phenomenological research procedure.<sup>21</sup> To ensure data quality, qualitative data triangulation was achieved through peer review and “member checking.” Member checking, which is described by Lincoln and Guba<sup>22</sup> as “the most critical technique for establishing credibility (p.314),” is the process of allowing participants the opportunity to give feedback on summative themes.

This report presents findings from our evaluation conducted approximately 12 months into the 24-month project. In the Summer and Fall of 2023, we collected surveys from 267 IHH program participants and 238 surveys from comparison group members twelve months into the program after data cleaning. While we were unable to collect a baseline survey from comparison group members, this report presents a cross sectional analysis of respondent experiences one year into the program. However, we *were* able to compare the treatment and comparison groups’

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demographics and life circumstances at their initial program application to determine whether the two samples had statistical differences that could skew our results. We found that the treatment and comparison groups were statistically similar in terms of their age, race/ethnicity, pre-program income, and the number of public benefits they were enrolled in. Both groups reported roughly 1.5 to 1.6 children, were around 40 years of age on average, had yearly incomes of between \$12,500 and \$14,000, were enrolled in around two major government benefits programs, and were 97 to 98% Black.

At the same time, we did observe that the comparison group had a somewhat higher (and statistically significant) number of adults in the household than the treatment group (1.67 vs. 1.40;  $p < 0.01$ ). To assess the extent to which any differences in baseline characteristics could skew our results, we ran a supplemental analysis that corrected for this difference through a weighting procedure (a statistical technique necessary when two samples are significantly different from one another). This supplemental analysis showed that correcting for this modest baseline difference did not affect the results of our study. As such, we present the unweighted results in this report. See Table A1 in the Appendix for the demographics of each survey respondent group at initial program application.

Further, our analysis investigates the differential outcomes between the two treatment arms of the project, although we find very few. We report these differences where they arise.

In addition, we conducted 42 in-depth interviews and collected more than 70 photos and captions from program participants. This multimodal data provided rich insights into the women's lived experiences in the program and allowed us to assess its effectiveness in achieving its goals. The findings presented highlight the significant strides made in areas such as financial stability, asset development, goal attainment, physical and mental health, leisure, and community access and reciprocity. Participants also contrasted their experiences with GI and traditional assistance programs, as well as giving insights for program improvement. As we continue to monitor the program's progress, these early findings provide valuable insights that will inform the ongoing implementation of the In Her Hands program and contribute to the broader discourse on the role of unconditional cash transfers in supporting women and improving well-being.

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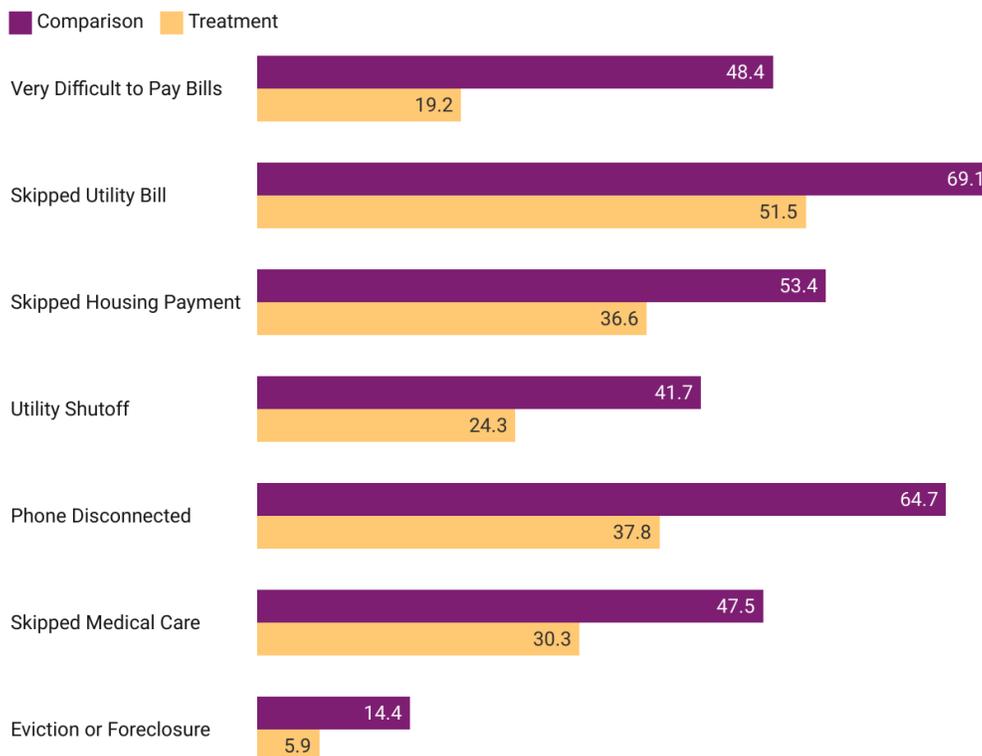
## Findings

### Financial Stability

One of the most dominant themes emerging from all modes of data collection was one of financial stability, encompassing getting caught up on bills, improved money management, and improved credit scores, revealing a significant shift in participants' financial health and outlook. One PhotoVoice participant, who experienced all three of these changes, explained, *“I've been able to pay down credit, maintain a monthly budget, and maintain a*

*normal life after having multiple babies. For the remainder of the program, I'm hoping to grow substantial savings after paying off a majority of my debt.”* Many participants expressed a newfound ability to manage their finances more effectively with the guaranteed monthly payments. One interview participant stated, *“I've learned to create a budget and to actually follow that budget,”* indicating a transition to more structured financial planning. This improved money management often leads to participants reporting feeling more in control of their financial situation.

### Financial Hardships in Past Six Months



N=451 - 468; All significant at the p<.01 level

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Among survey participants 12 months into the program, we see that IHH participants are making significant improvements in their experiences of financial hardship relative to the comparison group of non-selected lottery entrants. For example, 48.4% of comparison group members reported finding it “very difficult” to pay their bills compared to only 19.2% of IHH participants ( $p<0.01$ ). Further, while 41.7% of comparison group members had experienced a utility shutoff in the past six months, only 24.3% ( $p<0.01$ ) of IHH participants reported similar experiences respectively. See Table A2 in the Appendix for more information.

Overall, surveys showed significant improvements in participant financial well-being, as measured by the Consumer Financial Protection Bureau's Financial Well-being scale, which measures individuals' control of their finances, their ability to cover financial emergencies, feeling on track with their financial goals, and feeling like they have the financial capacity to enjoy their lives.<sup>23</sup> On a scale of 0 to 100, IHH participants scored an average of 47.65 (SD=12.26), compared to 42.83 (SD=13.64;  $p<0.01$ ) among comparison group respondents. This ability to manage ongoing finances also emerged frequently in our qualitative interviews. One participant stated, *"It helps me get by. It helps me to pay my rent...I've*

*been able to stay afloat. I haven't had no downfall or no setback as far as getting behind on bills."* Keeping up with financial obligations is a significant relief for many participants, reducing stress and providing a sense of security. One participant explained the impact this had on their health and relationships: *"I've been moving around more, interacting more with my son, since I'm able to pay some bills."* Several participants also submitted images of paid bills to our PhotoVoice project, with one participant explaining, *"This program has helped me pay bills and keep a roof over my children's heads."*

### **Debt**

When low-income households fall behind on bills, they must often turn to high-interest debt such as payday loans and consumer credit cards, which disproportionately impact low-income and minority communities. Black Americans, facing limited access to favorable loan terms due to systemic inequalities and institutional racism, are twice as likely as white Americans to utilize payday loans and become trapped in a cycle of debt.<sup>24</sup> Moreover, Black Americans are more likely to rely on credit card debt to support financially struggling family members than white Americans.<sup>25</sup> However, we find that IHH participants were able to reduce their use of these services. In surveys 12 months into the

## High Cost Financial Service Usage in Past 6 Months



N=452 - 465; All significant at the  $p < .01$  level

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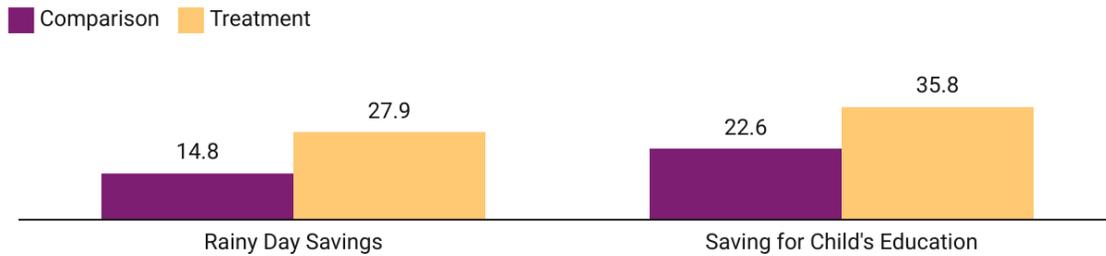
program, 15% of program participants reported having used payday loans, 22.3% used pawn shops, 11.6% sold blood plasma, and 39.1% overdrafted their checking accounts in the past 6 months, compared to 26.3% ( $p < 0.01$ ), 36.8% ( $p < 0.01$ ), 24.8% ( $p < 0.01$ ), and 53.7% ( $p < 0.01$ ) of the comparison group, respectively. When asked about their total debt, participants reported an average of \$26,851.09 (SD=39954.65), while comparison group participants reported an average of \$33,877.18 (SD=55455.85).<sup>26</sup> See Table A3 for more information.

Interview participants also report improvements in their credit scores by paying down debt, a critical step towards long-term financial stability. One participant shares, "Yes, my credit score has been up...so I should be able to get a house." Another proudly reported, "My credit score is now a 736." One participant explained

their plans for the remainder of the program thusly: "I'm paying each month until January 2024 to repair my credit. And hopefully, by next summer, this time, my credit will be a little better, and I'll be able to have more financial independence and stability."

However, the increased cost of living was a common concern among many participants. Nationally, inflation grew by 8% in 2022 and 4.1% in 2023.<sup>27</sup> For example, one participant mentioned, "Even though I received the money, inflation is inflating... I don't know if things are going to get worse." Still, many also expressed gratitude for the program's help in navigating this additional strain. One noted, "Things are more expensive than it was. So In Her Hands has helped me adjust." The program appears to provide some relief, but the rising costs continue to pose challenges, leading to concerns about their future economic stability.

## Savings



N=449 (Rainy Day) and 302 (Child Savings); Significant at the  $p<.05$  level

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### Savings and Asset Development

An additional emergent theme of asset development in our surveys and interviews encapsulates a transformative journey for participants, characterized by a shift from financial constraints to achieving significant milestones that enhance their quality of life. Participants articulated this transformation through their tangible achievements: building savings, acquiring cars, securing better-quality housing for their families, and making necessary home repairs.

The payments were also associated with improvements in emergency savings. Among

survey respondents, 27.9% of IHH participants reported having “rainy day” funds, compared to only 14.8% of comparison group members ( $p<0.01$ ). A program participant attending a community meeting poignantly explained that these funds are critical as “*it rains every day.*” When asked about their savings, IHH participants reported a total of \$636.75, higher (but not statistically significant) than those in the comparison group, who reported an average of \$306.68.<sup>28</sup> Importantly, only 36.8% of IHH participants reported that they would be unable to cover a \$400 emergency, compared to 57.9% of the comparison group ( $p<0.01$ ).



*“This photo means a lot to me, because it has helped me and my kids tremendously. Without it, I don’t know what we would do.”*

*– Anonymous participant*



*“Through your program I was able to move into a better home. This new beginning means so much to me and my family. I really appreciate all you have done for us.”*  
*– Old Fourth Ward participant*

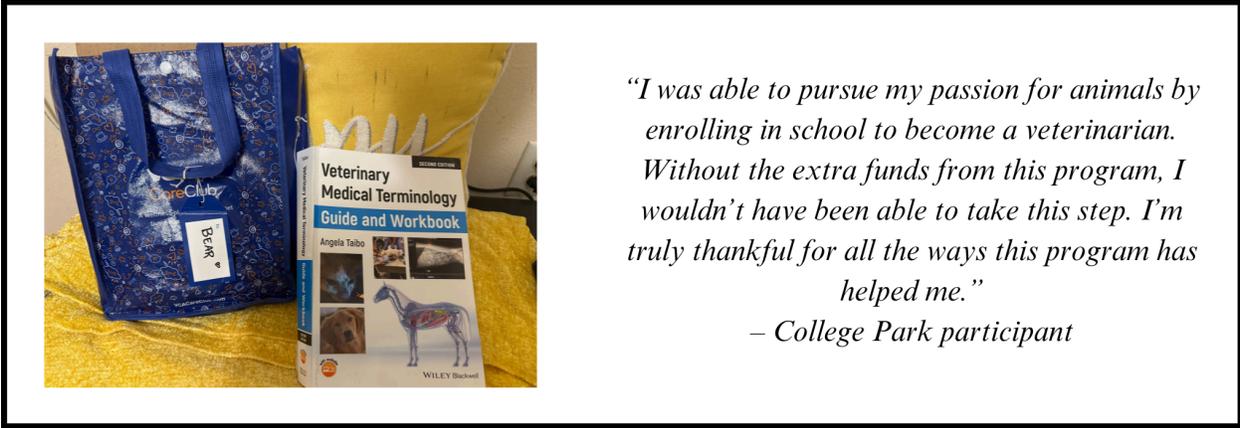
However, participants were not only thinking about “rainy days.” They had also begun saving for their children’s future education. While only 22.6% of comparison group members reported having any savings for their children’s education, 35.8% of IHH participants had been able to do so ( $p<0.05$ ). Participants were also roughly 30% more certain than comparison group members that they would be able to afford their children’s college education ( $p<0.05$ ).

### **Housing and Transportation**

In our PhotoVoice project, many participants also mentioned improved housing and acquiring cars as a way to be able to transport their children to school and maintain employment. One PhotoVoice participant, who had been able to buy a car, explained that *“In Her Hands really allowed me to have the freedom and the wheels I needed to get my kids to and through the most important days of their lives...with*

*diligence, patience, and a little saving, anything is possible.”* These accomplishments aren't just financial victories; they symbolize a broader transition from a state of insecurity to one of stability.

Central to their narratives is the goal of homeownership, underscoring a deep-seated desire for a stable, secure living environment for themselves and their families. As one participant explained, *“My goal is to get a house for me and my kids,”* while another said, *“I'm fixing my credit to move out of this community.”* Others had already been successful in achieving home ownership; as one participant said, *“I got a car and a bigger house for my family, so we can look out for each other.”* While not one of the top usages of the funds, 11.6% of participants reported using the funds to buy or improve their homes. Importantly, participants also reported improved housing stability. While 53.4% of comparison group members had missed a housing payment and



*“I was able to pursue my passion for animals by enrolling in school to become a veterinarian. Without the extra funds from this program, I wouldn’t have been able to take this step. I’m truly thankful for all the ways this program has helped me.”*  
 – College Park participant

14.4% had been evicted in the past six months, only 36.6% ( $p<0.01$ ) and 5.9% ( $p<0.01$ ) of IHH participants reported similar experiences respectively.

**Goal Attainment**

This increase in financial stability and assets seems to be facilitating participants' ability to reach their personal goals. These goals range from personal development, career advancement, and further financial stability to home ownership and starting new ventures. Many participants are focused on personal growth and professional advancement. For instance, one states, *"I'm looking into something*

*like taking these training classes or something like phlebotomy tech."*

In fact, recipient survey respondents were more likely to be enrolled in higher education than comparison group members twelve months into the program (16.7% versus 10.4%,  $p<0.05$ ). Qualitative interviews revealed the role that GI played in their choices to return to school. One participant reported, *"Without the assistance, it would have taken me much longer to take the Teacher Assessment Exam."* A participant attending our Community Advisory meeting was proud to report that she had just received her realtor’s license with the help of the program. Reflecting on these themes, one Community Advisory member described the

**Educational Enrollment**



*N=466; Significant at the  $p<.05$  level*  
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*“On top of being able to stay on top of my bills, I was able to do something so exciting. This is a picture of a small business I started, where I’ve been able to share my passions. I’ve made necklaces from wrapped crystals and blended aromatic oils. I had a variety of pretty things to choose from.”*

*– Old Fourth Ward participant*

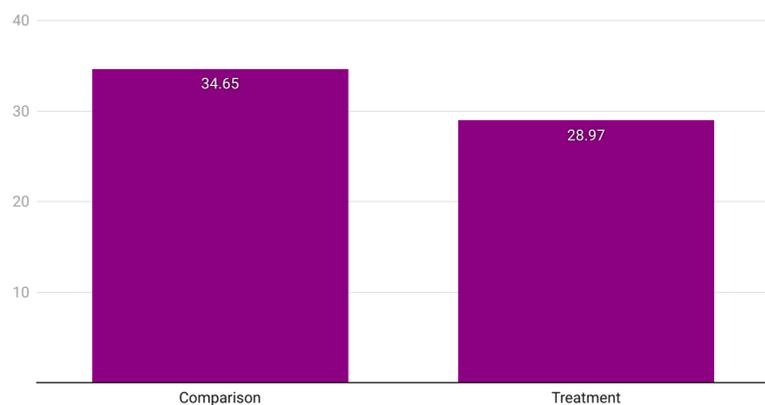
experience as *“an opportunity to pour into me,”* in contrast to the regular demands of motherhood, which require one to always put their children’s wellbeing first.

Another participant told us, *“I would just like to be at a good job or maybe get into a career so my mental [health] won’t be so bad.”* This participant’s focus on balancing quality employment, long-term goals, and well-being seems to be a common experience for many participants. While participants’ full and part-time employment was not statistically different than that of comparison group members (see Table A4), employed participants did report working, on average, 5.68 hours less per week than the comparison group ( $p<0.01$ ). This may be related to their increased focus on returning to school, building small businesses, and spending more time with their children (as described later in this report). Interestingly, participants who

received the lump sum plus a slightly lower monthly payment were more likely to report that they had completed “gig work” such as driving or delivery services in the past six months (16.7% versus 6%;  $p<0.05$ ).

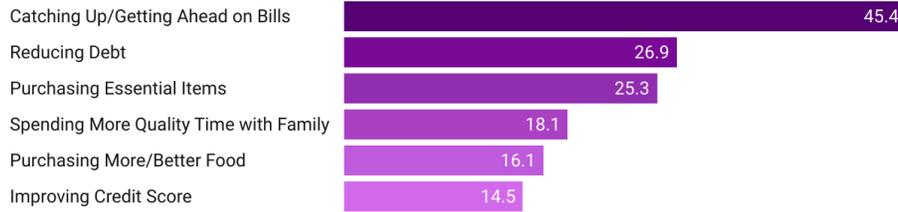
As mentioned, several participants are utilizing the program to fuel their entrepreneurial ambitions. For example, one participant reinstated their LLC license for a youth empowerment group. Another shared their goal of starting a business in beauty services, using the program’s financial support to buy necessary

**Hours Worked in Past Week**



N=285 (employed respondents); Significant at  $p<.01$  level  
Created with Datawrapper

### Top Payment Usages



N=249  
Created with Datawrapper

equipment. Several participants in our Photovoice project submitted photos and captions related to the small businesses they were able to build. For example, one explained, *“I was able to purchase an iPad to help with my business. I’m able to take it with me to pop-up shops where I sell my clothing from my boutique!”*

### Payment Usage

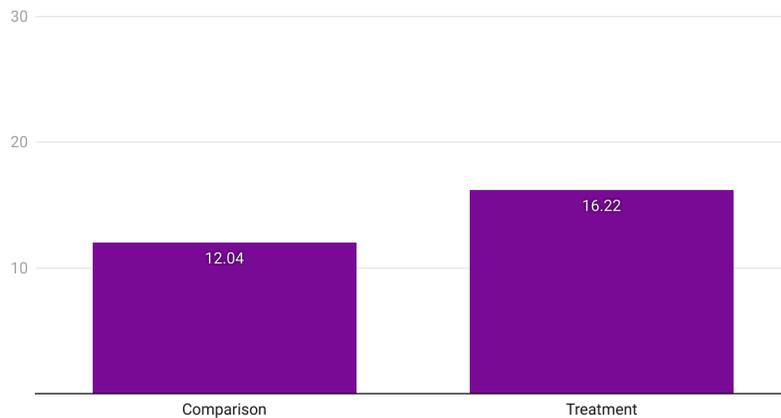
While participants in the first twelve months of the program are thinking big about their long-term goals and taking actionable steps to reach them, they also report primarily using payments to gain basic economic stability for themselves and their families. When asked how they had used their payments twelve months into the program, the top six most common responses were catching up/getting ahead on bills (45.4%), reducing debt (26.9%), purchasing essential

items (25.3%), spending more quality time with their family (18.1%), purchasing more or better food (16.1%), and improving their credit score (14.5%).

### Physical Health

In addition to changes to their financial health, many participants reported the ways in which the program affects their physical health. While not statistically significant, 32.3% of participants reported their health as “very good” or “excellent,” compared to 26% of comparison group members. The lack of statistical

### Healthy Days in Past Month



N=505; Significant at the p<.01 level  
Created with Datawrapper

significance between groups may be better understood via our qualitative interviews with participants, who report having faced serious health issues, such as high blood pressure leading to hospitalization, ongoing cancer monitoring, and concerns about potential cancer recurrence. One participant mentioned, *"I beat cancer, but I still go to the doctor to make sure the cancer doesn't come back."* Another shared concerns about new health issues, saying, *"I went to the doctor Tuesday and he told me that he sees some spots. He said he doesn't know if it's cancer or not."* Diabetes management was also a common theme in our qualitative interviews, with one participant finding relief in being able to afford medication: *"I'm a diabetic, so I've been able to use that [In Her Hands] money to help get my medicine and stuff."* One participant explained how the financial stress she experienced before joining In Her Hands had a profound impact on her physical health.

*"I started getting seizures because it was so stressful trying to figure things*

*out without income coming in because I was advised not to work. I was literally getting a seizure every month or every two weeks. I was so stressed. I'm so used to being in control of things and not being limited to what I can do. So the help from you all has been very beneficial. The help came right on time."*

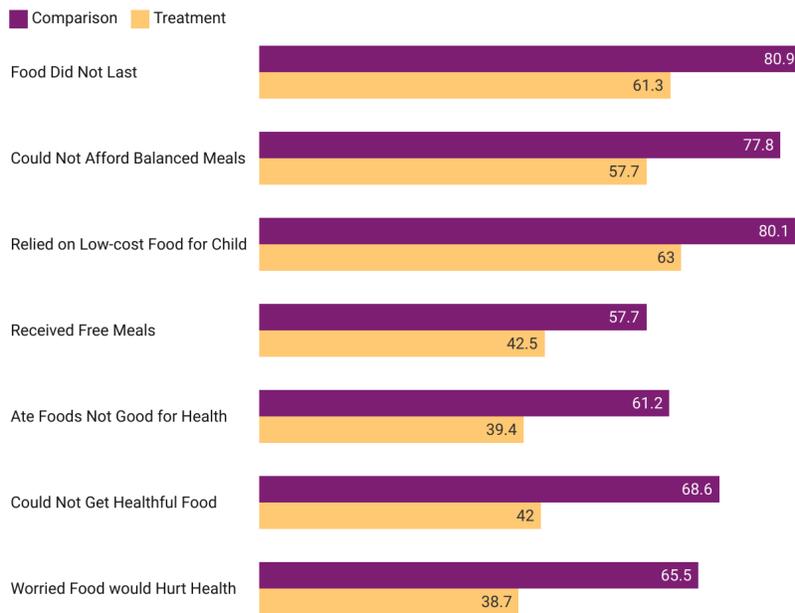
Many participants are navigating a complex array of health issues, from managing chronic conditions and recovering from major illnesses to dealing with the mental strain of health-related challenges. The program appears to have provided crucial support, helping them manage medical expenses and maintain a degree of independence and stability in their lives. Indeed, participants were less likely to report skipping needed medical care due to cost (30.3% vs. 47.5%;  $p < 0.01$ ). Further, on the Health-Related Quality of Life Scale (HRQOL), IHH participants reported a monthly average of 16.22 (SD=12.15) "healthy days," which is



*"The month that we received our first payment, my daughter became ill, and I missed LOTS of work to care for her and take her to appointments and to stay in the hospital with her. This money has helped our family tremendously with hospital, medical and medication expenses."*

*– Anonymous participant*

## Food and Nutrition Security



*N=443 - 465 for non-child questions, N=308 for child question; All significant at the  $p<0.01$  level  
Created with Datawrapper*

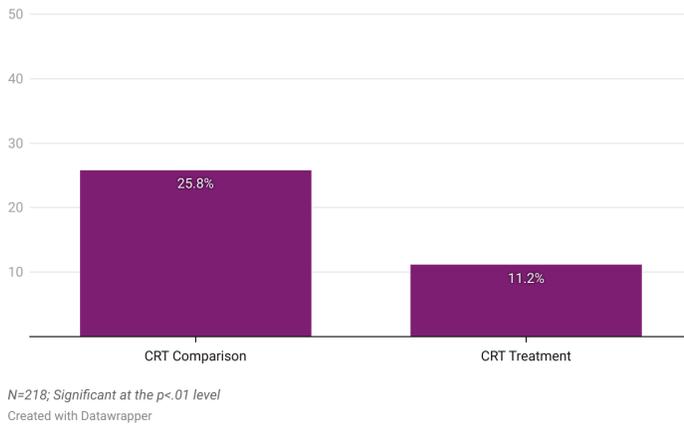
significantly higher ( $p<0.01$ ), than the 12.04 (SD=11.59) reported by comparison group members. Similarly, other participants discussed the complex health issues of their family members and the ways in which the program had allowed them to care for others. As one explained, *“I am able to help my mom with her medicine because she has a heart problem.”*

### Nutrition

In addition to an increased ability to attend to their medical needs, survey responses reveal that IHH participants have experienced drastic improvements in their access to nutrition compared to the comparison group. When asked about their access to food in the past six months, members of the comparison group faced

significant challenges with food access: 80.9% reported running out of food, 77.8% struggled to afford balanced meals, and 80.1% had to rely on inexpensive food options for their children. Additionally, 57.7% depended on free meal programs, 61.2% consumed unhealthy foods, 68.6% found it difficult to access nutritious food, and 65.5% were concerned about the health impact of their diet. In contrast, a smaller percentage of IHH participants experienced these barriers: 61.3%, 57.7%, 63%, 42.5%, 39.4%, 42%, and 38.7%, respectively, for the same concerns, each difference being statistically significant with  $p$ -values less than 0.01, indicating a notable improvement among the IHH group. See Tables A5 and A6 for more information.

### Difficulty Accessing Grocery Stores, CRT Site



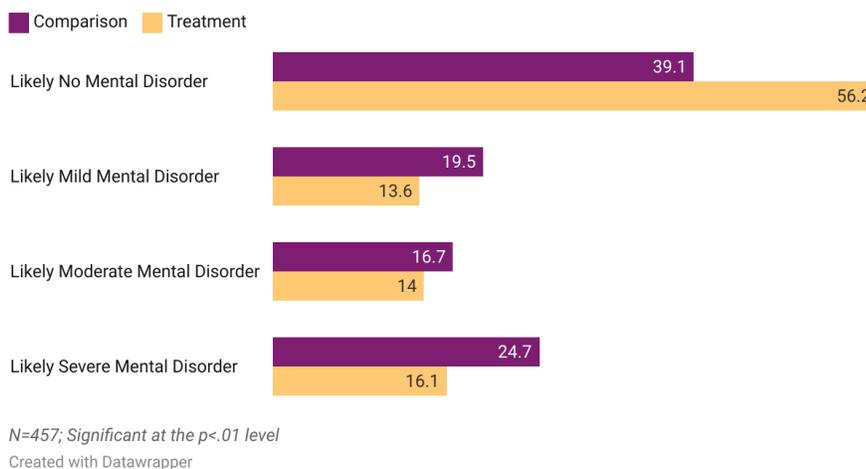
We also find that IHH payments have had an especially important nutritional impact on participants in our rural site, many of whom live a 30+ minute drive from the nearest grocery store. In our community meetings, advisors informed us that without public transportation, rural residents must often pay a friend or family member \$20 to \$30 for a ride to the nearest grocery store. It appears that IHH is helping to remove some of these barriers. At twelve months, 11.2% of participants in the rural CRT site reported difficulty accessing grocery stores,

compared to 25.8% of local comparison group members ( $p<0.01$ ). Possibly as a result of this increased access, we saw some of the greatest gains in food and nutrition security in our rural site. These site-based differences may reflect the complexity of food access based on population density, geography (with rural areas often being labeled as “food deserts”), and resident demographics, with GI payments appearing to reduce barriers for many participants.<sup>29</sup> See Table A9 for more information.

### Mental Health

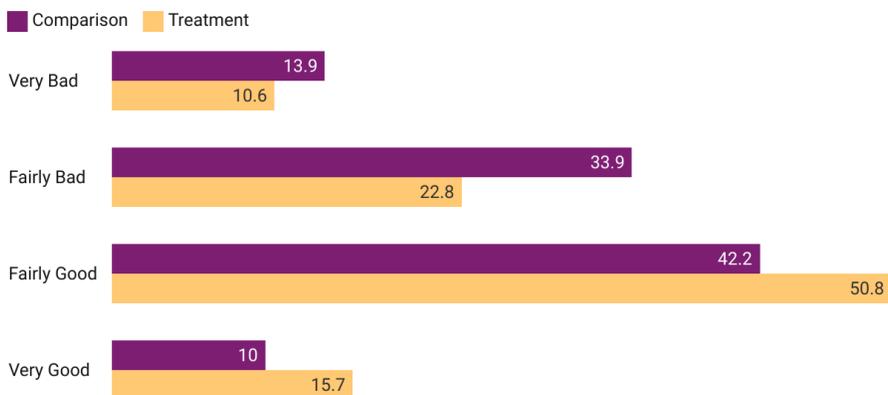
Participants' narratives also revealed a profound shift in their mental and emotional well-being as a result of the program. One participant encapsulates the essence of this shift: *"It helped me to stay sane a little bit just to know that I can use the money to pay bills and stuff."* Many other participants express a similar sense of mental relief due to improved financial

### Kessler 10 Scale of Psychological Distress



situations. For example, one participant notes, *"When you're broke, it is really hard, and you get really stressed out a lot."* However, with the support of the program, they add, *"I don't feel as stressed out anymore; I don't feel as drained."* Another said, *"My mental health is, I think, 10 times better."* The impact of the program on mental health also extends to facilitating better living conditions, as one participant observes: *"Moving into this apartment...it's better for both*

### Sleep Quality in the Past Month



*N=484; Significant at the  $p < .01$  level*  
Created with Datawrapper

*of us mentally."* Similarly, in surveys, IHH participants reported significantly improved mental health in comparison to comparison group members. In the Kessler 10, a common measurement of mental distress, which asks questions such as "During the last 30 days, about how often did you feel nervous?" and "...about how often did you feel hopeless?", 56.2% of IHH participants scored as having "likely no mental disorder," compared to 39.1%

of the comparison group ( $p < 0.01$ ). See Table A7 for more information.

Some participants also reported a newfound mental clarity and peace: *"Definitely a lot more mental clarity now... I'm seeing a lot of things; I see myself for who I am and who I want to be."* One participant in our PhotoVoice project reported that *"I was finally able to take a trip to the beach and visit the gravesites of my loved ones, something I couldn't do before because I was financially unable... While peace can't be bought, you've given it to me, and I couldn't be more grateful."* This sense of peace seems to be leading to improvements in participants' sleep quality, with 66.5% reporting their sleep as "fairly good" or "very good" compared to 52.2% of the comparison group ( $p < 0.01$ ). In

interviews six months into the program, one participant explained, *"As far as my mental and physical health, I can sleep better at night and wake up without feeling stressed out, knowing that I can pay bills each month and save some money."* See Table A8 for more information.

The journey isn't without its challenges, however. Some participants still face stress and adversity, but the program appears to provide a

crucial support system. For instance, one participant said,

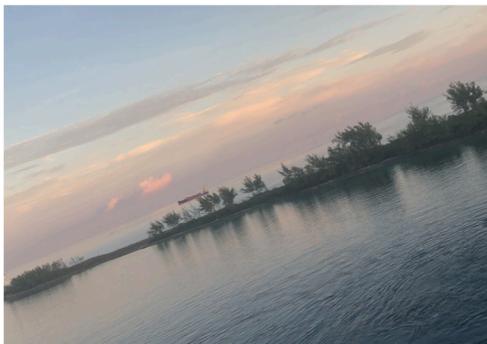
*“Financially and mentally, it's a struggle. I do everything for my girls, help with their homework, and try to give them more than what I had. I have an associate's degree and went to school while working, but my career isn't what I planned. Life doesn't always go as planned. This program has been a lifesaver, ensuring I have a steady income. It's a relief to not constantly worry about paying bills.”*

## Leisure

One possible explanation for the noted improvements in mental health and wellbeing could be participants' ability to increase their leisure time, which was noted by participants in our interviews and through the PhotoVoice project. For example, many participants expressed gratitude for being able to provide

better experiences for their children and grandchildren. One participant shares, *“I go on trips, taking my kids and grandkids wherever they need to go. It's all about enjoying time with them.”* Another said, *“I have a little money left over where I can do little things that I enjoy doing or with my kids.”*

These sentiments underscore the role of the program's impact on participants' family time and experiences, which were previously limited due to financial constraints. Another participant explains the luxury of being able to work a little less and spend time with her children: *“I used to always work, work, work, work, work. I never get to really see my kids because it's like I'm always working when they are out of school. But now I'm able to do that. I took nine days off from my part-time job, and I was able to pick them up from school, something I never got a chance to do, take them to practice, and cook them some dinner.”* The program has also enabled participants to support their children's



*“This is the photo I took when me and my two daughters went on our first boat trip. It meant a lot to us, because we had lost our apartment and had been staying with family and friends for three years. Thanks to the program, I could take them on a nice week-long trip, and seeing the smiles on their faces made me incredibly happy.”*

*– Old Fourth Ward participant*



*“To anyone else, they would see just a pair of glasses, but to me, they mean a lot! Before In Her Hands, I couldn’t afford to buy the glasses I needed for months, because my kids’ needs always come first. Now, with the extra funds, I was finally able to purchase the glasses I’ve needed.”*

*– Clay-Randolph-Terrell participant*

extracurricular activities, which can be costly. A participant mentions, *“Cheer dues are really expensive. I managed to send her to summer camp and cover the costs, helping her fit in better with the other kids so she won't feel different at school.”*

### **Life Satisfaction**

The Cantril Well-Being Scale, also known as the Cantril Self-Anchoring Striving Scale, is a psychological tool used to measure an individual's self-perceived quality of life. This scale asks individuals to imagine a ladder with steps numbered from 0 at the bottom to 10 at the top, where the top represents the best possible life for them and the bottom represents the worst possible life. This scale gauges participants' perceptions of their present and future well-being. For example, an annual Gallup Poll of global life satisfaction finds that the average American rated their current life at a 6.89 on the Cantril scale.<sup>30</sup> However, only 46% of Black

Americans making less than \$36,000 per year rate their current lives as a 7 or higher.<sup>31</sup> When asked about their current life satisfaction on a scale from one to ten, IHH participants reported an average of 5.71 (SD=2.14), compared to an average of 4.95 (SD=2.59;  $p<0.01$ ) among comparison group participants. Notably, we have seen a steady increase in the life satisfaction of IHH participants over the first year of the program, as they reported an average life satisfaction of 5.21 at the program's start and 5.58 when we surveyed them six months later. Similarly, when asked about their expected quality of life five years from now, IHH participants reported an average of 8.10 (SD=2.58) compared to 7.51 (SD=2.68;  $p<0.05$ ) among comparison group members.

The role of GI appeared to be pivotal to life satisfaction and future orientation in qualitative narratives, acting as a catalyst that transforms aspirations into realities. The program's support is credited with not only facilitating material

achievements but also instilling a sense of hope and possibility. As one participant explained, *“Initially, I couldn't see success at all. It was hard and stressful. But now, I see a future where I'm happy, can retire on time, and manage my money better.”*

### **Community Access and Reciprocity**

In early meetings with community advisors, program leaders learned that each of our three sites faced unique challenges. For example, participants in the urban Old Fourth Ward of Atlanta were facing a gentrifying neighborhood with increasing housing and childcare costs. Residents in rural CRT counties faced long distances from community services such as grocery stores and medical services. Rural CRT advisors informed us about a recent hospital closure that had significantly impacted their community. Nationally, the increasing closure of rural hospitals, especially in states that have yet to expand Medicaid (including Georgia), is threatening the health of rural residents.<sup>32</sup> In suburban College Park, participants discussed greater difficulty in accessing services in nearby Atlanta, due to limited public transportation. Upon entering the program, survey respondents affirmed these challenges.

Twelve months later, we were interested to learn whether GI had removed or lessened some of these barriers. While GI cannot build hospitals

in rural Georgia, it may make it easier for participants to pay for a ride to the nearest doctor's office or hospital. Indeed, we do observe that IHH participants report fewer barriers to many of these services than comparison group members one year into the program. For example, participants in rural CRT and suburban College Park were significantly better able to access banks than comparison group members. Rural CRT participants were significantly more able to access grocery stores than comparison group members. Participants in the urban Old Fourth Ward also reported significantly improved access to places of employment in relation to comparison group members. While not statistically significant, rural CRT participants did report slightly improved access to hospitals compared to comparison group members (27.6% reported somewhat or extremely difficult access versus 39.5% for comparison). See Table A9 for more information.

Despite continued difficulty in accessing community services, many qualitative participants expressed a desire to contribute positively to their communities, using the resources and opportunities provided by the program. This theme encompasses a range of experiences, from educational aspirations to direct community support. For example, one participant states, *“I actually got the LLC*

license back reinstated for... a youth empowerment group. I already have a group of girls..." Another participant mentioned, "I want to finish my bachelor's in human services." Such aspirations are not just personal achievements but are seen as ways to contribute to societal well-being.

The desire to create safe and supportive spaces in their communities also emerged, as one says, "I would really like to be able to open up my home... like a daycare for moms who are on different programs and not able to afford regular daycare," and another created an "inspirational [YouTube] channel to help those who are feeling like they're going rock bottom." In essence, the theme of community reciprocity in this context reflects a deep-seated desire to "pay it forward." Participants leverage the stability and opportunities afforded by the program to contribute to the well-being of others, be it through empowerment initiatives, educational pursuits, or direct support.

### **Comparisons with Other Assistance Programs**

When asked to compare their experiences with IHH to traditional governmental assistance programs, participants consistently highlight the guaranteed, unconditional nature of the support they receive through the program. For instance, one participant notes the difference in

reliability: "With food stamps, you make a certain amount, it's going to get cut off, so you'll be back down to zero.... But In Her Hands...is guaranteed to come, and it's going to be there." Another said, "I like In Her Hands because it's guaranteed, I know it's going to come on these days, so I get to plan ahead." Similarly, many participants complained of the bureaucratic complexity of most programs, with one community advisor noting that participants she spoke to were "tired of the rigamarole of SNAP."

Many participants appreciated the freedom and trust offered by the program; as one says, "With you all's program, it's more hands-off. You allow the individual to make their own decisions." This autonomy is contrasted with the strict guidelines and limitations of other welfare programs, which often dictate how funds can be spent. As another participant explained, "Being in those other programs, you are restricted to certain guidelines and certain restrictions. You can't do certain things; you can't have certain individuals around you; you can't make a certain amount." This participant's comment is a direct reference to the personal limitations placed on recipient families by very low household income limits in other assistance programs and harkens to the "man in the house" rules of the 1960s, in which recipient women's homes would be monitored (even in the middle

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of the night) and cut off assistance if they were discovered to have a male partner.<sup>33</sup> This impact on one's independence was a recurring theme. Participants felt more empowered to make decisions for themselves and their families without the fear of sudden cuts or conditionalities often associated with traditional welfare programs. One participant sums this up: *"This program allowed me to be more independent versus restricted."*

### **Feedback on Program Design**

After one year in the program, we were interested in gaining participants' feedback on the program and also how they would design their own GI program. Participants were overall pleased with the IHH program and highlighted its positive impact on their lives while also suggesting improvements. A primary recurring theme was the desire for an extended duration of support. Many participants suggested extending the program beyond two years, with suggestions ranging from three to five years.

In this vein, many participants expressed anxiety about the program's termination. A few asked about the possibility of extending their time on the program, such as *"Are y'all going to do the program again?"* They also discussed the importance of carefully planning, saving, and seeking alternative opportunities to maintain the stability and progress achieved during their time

in the program. For example, one participant discussed how she was planning to use her two years on the program: *"I tried to use a year playing catch up and then a year trying to make sure everything's going to be together once it's over."* Another said, *"I'm going to try to use some of the money to try to invest in a business... That way, at least once the money is gone, I will have everything I need to actually start working in my business."*

Participants appreciated the program's lack of restrictions on how the money could be spent, allowing them to address their most pressing needs, including rent, healthcare, food, and even saving for future goals. This autonomy in spending was contrasted with other assistance programs that impose limitations and strict criteria. However, feedback also included the desire for additional support services, such as investment education and resources for starting a business. Additionally, there were requests for community-building activities, such as meetings or gatherings, for participants to share experiences and learn from each other.

When asked how they would design their own GI program, participants shared various perspectives, including the duration, target population, and focus of support. Again, a common theme was the desire for an extended duration of the program. Many participants felt

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*"I know it's just a photo of my nails, but it represents self-love, which is invaluable to me. When I received the grant from In Her Hands, I was homeless and sleeping in the park, grieving the loss of my mom and the father of my children. I was depressed and not taking care of myself. Even with the grant, I had to make sacrifices to secure stable housing, so self care was a lower priority. Once I took care of the essentials, I treated myself to a manicure and started to look presentable again. It may sound trivial, but people often live according to how they feel and their circumstances. Thanks to In Her Hands, I was able to afford a hotel room for my kids and myself, and even seek employment. Without this program offering me hope, I'd still be in that park. I'm forever grateful."*

– College Park participant

that a period longer than two years, such as three to five years, would be more beneficial. One participant expressed, *"I think it should be just a little longer, maybe like three years,"* while others suggested, *"Three and a half to four years"* and *"I think it should be five years plus."* Some suggested that the time period should be dependent on individual circumstances. Focusing on specific groups in need was also a recurring theme. Some participants suggested focusing on single parents or children, particularly those aging out of foster care. For instance, one said, *"Mine would help a lot of single moms."* Some participants highlighted the need for teaching

financial skills such as small business development or credit building. A few participants also suggested that the program include mental health support.

## Conclusion

In its inaugural year, "In Her Hands" has effectively progressed towards its dual objectives: enhancing financial security for Black women in Georgia and offering actionable insights for crafting inclusive and resilient social safety nets in the U.S. The program's success in improving participants' financial stability, asset growth, health, and

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well-being underscores its role as a model for future policies aimed at equity and justice.

The initiative's design, centered on unconditional cash assistance, has demonstrated considerable success in alleviating financial hardships. Participants reported notable improvements in managing debts, avoiding high-interest loans, and achieving better credit scores. The program has effectively translated into increased financial stability, as evidenced by the participants' ability to pay bills, reduce debt, and improve their overall financial outlook. This echoes similar findings in the Stockton, CA SEED guaranteed income experiment, in which participants reported lower rates of income volatility<sup>34</sup> and a review of global cash transfer programs finding consistent reductions in poverty.<sup>35</sup>

Moreover, similar to many global cash transfer projects,<sup>36</sup> the initiative has catalyzed significant asset development among participants. The ability to save for emergencies, invest in children's education, secure better housing, and obtain reliable transportation highlights a transformative journey from financial constraints to achieving life-enhancing milestones. These accomplishments represent more than just economic gains; they symbolize a broader transition from a state of insecurity to one of stability and hope.

The program has also positively influenced participants' physical and mental health. Improved access to nutrition, the ability to manage medical expenses, and the reduction of stress associated with financial insecurities have all contributed to a better quality of life. Similarly, global cash transfer participants consistently report improved health.<sup>37</sup> Stockton SEED participants reported lower mental distress and better physical functioning.<sup>38</sup> This holistic improvement in well-being is further underscored by the reported increases in life satisfaction and the ability to engage in leisure activities, which have been instrumental in enhancing participants' mental health and family relationships.

Community access and reciprocity emerged as another significant theme. The initiative has facilitated better access to essential services and a desire to contribute positively to their communities. This aspect of the program underscores the broader social impact of guaranteed income initiatives, extending benefits beyond individual participants to the wider community.

The comparison of GI with traditional assistance programs revealed a clear preference for the unconditional nature of the In Her Hands initiative. Participants appreciated the autonomy and trust the program offered, contrasting it with

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the often restrictive and bureaucratic nature of other welfare programs. Looking ahead, feedback from participants suggests an overall desire for extended support duration and additional services, such as investment in education and community-building activities. These insights are invaluable for the ongoing refinement of the program and for informing future unconditional cash transfer initiatives.

It was somewhat surprising that we did not see more differences between the two treatment groups, one of whom received 24 months of \$850 payments, and one of whom received a lump sum of \$4,300 followed by \$700 in monthly payments. However, feedback from participants and community advisory group members leads us to suspect that participants were extremely savvy in applying their assigned treatment modality to their own personal goals rather than allowing it to define their path. For example, if one's personal goal was to purchase a car, a recipient in the lump sum group might put down a larger down payment while the

higher monthly payment group members might take on higher monthly payments. An alternative hypothesis is that because many members reported spending their first year in the program stabilizing their finances, we might see bigger differences emerge in the final year as participants move closer to their personal goals.

In conclusion, the In Her Hands initiative's first-year outcomes are not just promising; they are indicative of the transformative power of unconditional cash transfers in addressing systemic inequalities and uplifting marginalized communities. The program stands as a testament to the potential of innovative social policies in fostering economic security, personal empowerment, and community well-being. As we move forward, the lessons learned from this pioneering year will undoubtedly shape the discourse on economic and social justice, offering a blueprint for similar initiatives nationally and globally.

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## Appendix

Table A1. Participant and Comparison Respondent Demographics at Initial Application

	Overall	Comparison	Treatment	
		%/Mean (SD)		<i>p</i>
Number of Adults	1.54 (0.92)	1.69 (1.06)	1.40 (0.75)	<0.001
Number of Children	1.55 (1.45)	1.62 (1.52)	1.50 (1.39)	0.351
Age	40.14 (12.78)	40.66 (12.28)	39.68 (13.21)	0.389
Black (%)	97.4	97.0	97.8	0.799
# of Government Benefits	2.05 (1.13)	2.03 (1.15)	2.07 (1.12)	0.657
Annual Income	\$13,353.19 (11938.89)	\$14,229.92 (12031.71)	\$12,590.54 (11827.08)	0.125
N	503	234	269	

Table A2. Financial Hardship in the Past Six Months

	Overall	Comparison	Treatment	
	N	%		<i>p</i>
<b>Bill Pay Difficulty</b>	468			<0.001
Not at all difficult		14.3	10.8	17.6
Somewhat difficult		52.6	40.8	63.3
Very difficult		33.1	48.4	19.2
Skipped Utility Bill	459	59.9	69.1	51.5
Skipped Housing				
Payment	457	44.6	53.4	36.6
Utility Shutoff	462	32.7	41.7	24.3
Phone Disconnected	462	50.9	64.7	37.8
Skipped Medical Care	451	38.6	47.5	30.3
Eviction or Foreclosure	460	10.0	14.4	5.9

Table A3. Alternative Financial Services and Debt

		Overall	Comparison	Treatment	
	N	% / Mean (SD)			<i>p</i>
Auto Title Loans, past 6mo	461	14.8	16.3	13.3	0.371
Payday Loans, past 6mo	464	20.5	26.3	15.0	0.002
Pawn Shop Loans, past 6mo	465	29.2	36.8	22.3	0.001
Blood Plasma Sales, past 6mo	463	17.9	24.8	11.6	<0.001
Bank Account Overdraft, past 6mo	452	46.0	53.7	39.1	0.002
Behind on Credit Card Payments, past 6mo	453	16.6	17.5	15.7	0.600
Behind on Student Loan Payments, past 6mo	450	28.7	31.6	26.1	0.193
Behind on Auto Payments, past 6mo	457	14.4	14.7	14.2	0.86
Total Debt Amount	470	\$30,184.75 (48014.33)	\$33,877.18 (55455.85)	\$26,851.09 (39954.65)	0.113

Table A4. Employment Status and Hours Worked

		Overall	Comparison	Treatment	
	N	% / Mean (SD)			<i>p</i>
Employed	474	60.1	61.0	59.4	0.777
Hours Worked	285	31.74 (13.40)	34.64 (12.35)	28.97 (13.82)	0.000

Notes:

Employed includes those who are employed full-time and part-time

Hours worked is limited to those who are employed full-time and part-time; winsorized at the 99th percentile

Table A5. Food and Nutrition Security

	N	Overall	Comparison	Treatment	<i>p</i>
			%		
Food did not last	455	70.8	80.9	61.3	<0.001
Could not afford balanced meals	455	67.3	77.8	57.7	<0.001
Relied on low-cost food for a child	308	71.1	80.1	63	0.001
Received free meals	443	49.9	57.7	42.5	0.001
Ate foods not good for health	465	49.9	61.2	39.4	<0.001
Could not get healthful food	461	54.9	68.6	42.0	<0.001
Worried food would hurt health	455	51.6	65.5	38.7	<0.001

Table A6. Food and Nutrition Security, by Site

	Old Fourth Ward			CRT			College Park		
	Ctrl	Tmt		Ctrl	Tmt		Ctrl	Tmt	
	%		<i>p</i>	%		<i>p</i>	%		<i>p</i>
Food did not last	79.1	59.8	0.029	81.0	54.3	0.000	82.1	75	0.357
Could not afford balanced meals	73.8	60.7	0.142	75.0	48.4	0.000	87.0	68.4	0.019
Relied on low-cost food for a child	71.4	57.9	0.226	77.6	54.5	0.004	90.5	84.6	0.423
Received free meals	53.5	41.9	0.211	52.1	31.5	0.003	72.7	62.3	0.245
Ate foods not good for health	58.1	43.7	0.121	60.0	27.4	0.000	66.1	52.5	0.140
Could not get healthful food	68.2	43.7	0.008	65.3	33.0	0.000	75.9	54.4	0.016
Worried food would hurt health	61.4	37.6	0.010	63.0	32.6	0.000	73.7	50	0.009
N	46	94		132	110		60	63	

Note:

Ns for each outcome are slightly lower than the overall N due to nonresponse

Table A7. Kessler 10 Scale of Psychological Distress

	Overall	Comparison	Treatment	<i>p</i>
		%		
<b>Kessler 10 Score</b>				0.003
Likely no mental disorder	48.1	39.1	56.2	
Likely mild mental disorder	16.4	19.5	13.6	
Likely moderate mental disorder	15.3	16.7	14.0	
Likely severe mental disorder	20.1	24.7	16.1	
N	457	215	242	

Table A8. Overall Sleep Quality

	Overall	Comparison	Treatment	
		%		<i>p</i>
<b>Overall Sleep Rating</b>				0.01
Very bad	12.2	13.9	10.6	
Fairly bad	28.1	33.9	22.8	
Fairly good	46.7	42.2	50.8	
Very good	13.0	10.0	15.7	
N	484	230	254	

Table A9. Access to Community Services by Site

	Old Fourth Ward		Rural CRT		College Park				
	Ctrl	Tmt	Ctrl	Tmt	Ctrl	Tmt			
	%	<i>p</i>	%	<i>p</i>	%	<i>p</i>			
Banks	28.9	29.3	0.971	55.4	23.0	<0.001	52.7	29.8	0.014
Internet	15.9	21.3	0.457	24.4	19.1	0.362	27.3	21.1	0.442
Internet connected device	17.8	15.9	0.784	18.6	17.7	0.86	22.6	23.7	0.892
Grocery stores	22.7	12.4	0.123	25.8	11.2	0.007	30.4	27.1	0.701
Convenience stores	4.7	13.6	0.118	17.5	9.1	0.072	25.5	17.2	0.286
Hospitals	25.6	17.0	0.25	39.5	27.6	0.065	45.5	30.5	0.1
Schools/college for adults	25.6	19.8	0.46	25.9	20.7	0.392	33.3	21.6	0.178
Child's school	17.2	16.9	0.973	17.6	13.4	0.499	31.6	13.2	0.054
Educational service for child	37.9	19.3	0.061	28.0	16.2	0.09	42.1	23.7	0.087
Child care service	48.0	30.4	0.126	47.8	32.2	0.073	36.7	29.0	0.525
Place of employment	36.1	18.7	0.045	33.7	21.9	0.094	27.7	34.1	0.507
Public transportation	17.1	10.8	0.330	52.9	41.2	0.117	31.9	23.1	0.324
N	46	94		132	110		60	63	

Note:

Ns for each outcome are slightly lower than the overall N due to nonresponse

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