

## *Working paper series*

### **In Her Hands: A Guaranteed Income Initiative**

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# In Her Hands

A GUARANTEED INCOME INITIATIVE

## Final Report

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# Executive Summary

01

Economic insecurity remains a persistent challenge in the United States — especially for women in communities shaped by generations of disinvestment. *In Her Hands (IHH)* set out to address this challenge by delivering unconditional cash to women in neighborhoods with some of Georgia's highest poverty rates. The program, designed with community members, distributed \$20,400 over two years to 654 low-income women across urban, suburban, and rural settings. Findings suggest that the program enabled participants to stabilize their finances, invest in their futures and communities, and overcome systemic barriers to economic security and mobility.

The program is anchored by two primary objectives:

1. Equipping women in Georgia to move beyond persistent wealth decelerators and achieve meaningful financial stability, and
2. Generate policy-relevant insights toward an inclusive economy that works for all of us.

## Key Findings

### 1. FINANCIAL STABILIZATION

Guaranteed income (GI) created an income floor for *In Her Hands* participants, allowing them to address immediate crises and stabilize their lives:

- **Reduced Financial Hardship:** Participants in the treatment group were 59.7% less likely to report that it was “very difficult” to pay bills compared to the control group (20.6% vs. 51.1%;  $p < 0.01$ ) and were also much less likely to report skipping housing and utility payments, as well as experiencing utility shutoffs.
- **Reduced Debt:** Treatment participants were 37.1% less likely to report being behind on credit card payments (14.9% vs. 23.7%;  $p < 0.05$ ).
- **Increased Financial Resilience:** Treatment participants were 39.6% less likely to report that they could not afford a \$400 emergency compared to the control group (36.4% vs. 60.3%;  $p < 0.01$ ). These gains were particularly pronounced among women with children and those below the federal poverty line.

### 2. LONG-TERM INVESTMENTS

As participants' finances stabilized, they shifted toward long-term investments in savings, education, and employment:

- **Increased Rainy Day Savings:** Treatment participants were 147% more likely to report having rainy day savings compared to the control group (28.4% vs. 11.5%;  $p < 0.01$ ).

- **Savings Growth:** Treatment participants reported an average savings amount of \$801.07 (SD = 2,370.66), significantly higher than the control group's average of \$350.52 (SD = 1,931.38;  $p < 0.05$ ).
- **Continued Employment:** While we observed differences in employment between treatment and control groups at Year One, by Year Two, differences in full-time employment between treatment and control groups had diminished, with treatment participants reporting flexible, sustainable work patterns tailored to their needs.

### 3. NAVIGATING STRUCTURAL BARRIERS

GI further helped participants access essential services, food, and healthcare:

- **Improved Healthcare Access:** Treatment participants were 43.3% less likely to report that they could not afford necessary medical care than the control group (31.2% vs. 55.1%;  $p < 0.01$ ).
- **Increased Food Security:** Treatment participants were 27.3% less likely to worry about running out of food (65.4% vs. 89.9%;  $p < 0.01$ ) and 28.8% less likely to rely on low-cost food for their children (61.3% vs. 86.1%;  $p < 0.01$ ).

### 4. INVESTMENTS IN FAMILY AND COMMUNITY

GI allowed participants to strengthen family bonds, support loved ones, and invest in their children's futures:

- **Investing in Quality Time:** Participants increasingly used the funds to spend more quality time with their families, rising from 12% at baseline to 20.8% by Year Two ( $p < 0.01$ ).
- **Financial Support to Family:** Participants reported using the funds to help family members financially, increasing from 4.2% at baseline to 12.8% by Year Two ( $p < 0.01$ ).
- **Increased Savings for Children's Education:** Treatment participants saved an average of \$1,020.67 for their children's education compared to \$734.41 in the control group ( $p < 0.05$ ).

The findings add to a growing body of literature suggesting the effectiveness of GI as a tool for financial stability and greater socioeconomic inclusion. By providing an income floor, the foundation of economic security, *In Her Hands*:

1. Supported financial stability and reduced reliance on predatory financial services.
2. Fostered investments in education, health, and generational well-being.
3. Empowered participants to make decisions for their futures free from stigma or restriction.

*IHH* is one of the first — and the largest — GI initiatives implemented in the South, a region with deep racial and socioeconomic inequalities, and the first to include a rural site. *In Her Hands* highlights the transformative potential of GI in enabling participants to stabilize, invest, and thrive. As policymakers consider expanding such initiatives, *IHH* provides a blueprint for designing effective, equitable programs that prioritize agency and are reflective of the communities they serve.

# Introduction

02

*In Her Hands* is a groundbreaking guaranteed income (GI) initiative focused on putting a solution to financial instability directly in the hands of women in Georgia. While economic insecurity is widespread, it has been especially severe in historically disinvested communities, including many neighborhoods with high concentrations of Black residents. The South has long been marked by deep racial and economic inequality, shaped by historical and ongoing policies that excluded many from building wealth and accessing opportunity.

Decades of discriminatory practices — redlining, which systematically denied Black families access to homeownership; disparate tax policies, which exacerbate income and wealth inequalities by making the poorest individuals pay the highest proportional tax rates; and large-scale property destruction against Black communities, all contributing to high levels of economic insecurity (Baradaran, 2017; Bleiweis et al., 2020; Brown, 2023; Rothstein, 2017) — have systematically impeded Black women’s ability to accumulate wealth. For example, during the Great Recession, single Black women suffered disproportionate wealth loss due to targeted subprime and predatory loans during the housing crisis, even when they qualified for better terms (Taylor, 2019). This resulted in stunted wealth accumulation for Black women compared to their white counterparts (Addo & Lichter, 2013; West et al., 2021).

The program was designed following recommendations from a community task force that convened to examine the root causes of economic insecurity in the Old Fourth Ward of Atlanta, Dr. Martin Luther King Jr.’s home neighborhood, and today a site of stark socioeconomic inequality. The principal recommendation emerging from the task force was the establishment of a guaranteed income program serving those who have experienced the most severe and entrenched economic challenges.

Launched by the Georgia Resilience and Opportunity Fund, in partnership with GiveDirectly, *IHH* is rooted in the “Black Women Best” framework: the principle that when we center our economic policies around Black women, we invariably lift everyone. This framework acknowledges that Black women have been excluded from equitable economic gains, whether during recessions or periods of robust growth. It also underscores the toll of this exclusion, revealing how perpetual financial insecurity coupled with systemic biases in healthcare and other social institutions, accelerates harmful stress-related conditions — often described as “weathering” (Geronimus, 2023).

Meanwhile, the social safety net has often been shaped by racial biases, leaving those who need it most — many of whom are Black women, without adequate support (Hamilton, 2020). 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 though they have historically maintained higher employment rates than their white counterparts (U.S. Bureau of Labor Statistics, 2022; Soss et al., 2008). These stereotypes often restrict Black women’s access through paternalistic eligibility criteria measures such as strict time limits, low-income thresholds, drug testing, and denial of benefits to those impacted by a racially based criminal justice system.

By delivering unconditional cash directly into these communities in Georgia, the program responds to calls for a remedy to deeply rooted disinvestment. At its core, *In Her Hands* acts as one method to combat the historical injustices that have kept women at the economic margins, and, in doing so, aims to create a more equitable financial ecosystem for all. As one member of our Community Advisory Council poignantly explained, “It’s not about deservedness. It’s about what we are owed.”

## Program Design

*In Her Hands* launched in the summer of 2022, with the goal of reaching three diverse Georgia communities each characterized by high concentrations of women experiencing severe poverty. To capture urban, suburban, and rural contexts, the program selected the Old Fourth Ward in Atlanta (urban), College Park (suburban), and the Clay-Randolph-Terrell (CRT) county cluster in southwest Georgia (rural). The program was co-designed with Community Advisory Collectives (CACs) at each site. The collaborative approach ensured that programmatic elements and payment structures reflected the needs and priorities of the communities served.

## Eligibility Criteria

Lottery entrants were required to a) live in one of the three identified communities, b) identify as a woman, c) be at least 18 years of age, and d) make no more than 200% of the Federal Poverty Level for their family size. To ensure that *IHH* reached individuals most affected by systemic barriers, these eligibility criteria were intentionally co-designed to include those often overlooked by traditional assistance programs:

## Participant Diversity

The eligibility criteria were designed to include a diverse representation of the following groups:

- **Income:** Many public assistance programs have extremely low income thresholds, leaving low- to moderate-income households struggling but ineligible for support. *IHH* set its income eligibility at 200% of the Federal Poverty Level to fill this gap.
- **Parents and Non-Parents:** While many social programs focus on families with children, *IHH* recognized the financial hardship faced by adults without dependents, particularly Black women, who often lack access to dedicated social support programs.
- **Geography:** The program intentionally included participants from urban, suburban, and rural communities to examine how place-based barriers shape financial stability and mobility:
  - **Rural Disinvestment:** The Clay-Randolph-Terrell (CRT) counties, in particular, have faced significant systemic disinvestment, leading to food deserts, hospital closures,

and transportation challenges. Community Advisory Council members emphasized that rural residents often travel dozens of miles to reach essential services, making GI a critical tool for overcoming these barriers.

- **Urban and Suburban Contexts:** While urban community advisors often struggled with housing instability and underemployment, suburban participants highlighted challenges such as limited public transportation and high living costs. This geographic diversity allowed *IHH* to generate insights into how location influences financial security and well-being.

## Payment Structure Design

Early listening sessions revealed that many participants preferred a lump sum payment to address immediate financial burdens. Based on this feedback, *IHH* implemented a parallel intervention design, randomly assigning participants to one of two treatment groups: Group A received \$850 per month for 24 months and Group B received \$4,300 in the first month, followed by \$700 per month for months 2–24 (See Table A). The \$4,300 lump sum was selected to align with the average debt held by Black households (approximately \$4,000 in 2021) (Kochhar & Moslimani, 2023). This design allowed the program to assess whether different disbursement methods influenced financial decision-making, stability, and long-term planning.

Participants were selected via lottery and assigned to one of the two treatment groups or a comparison group of approximately 1,816 individuals who did not receive payments. While other GI programs have studied lump sum transfers (GiveDirectly, n.d.; Jaroszewicz et al., 2022), few have compared hybrid payment structures, making *IHH* a unique and valuable contribution to the growing body of research on guaranteed income.

TABLE A

Recipient Groups

Group	Payment Structure	Total Transfer Per Participant
A	\$850 per month for 24 months	\$20,400
B	\$4,300 in the first month, then \$700 per month for months 2–24	\$20,400

The *In Her Hands* initiative is part of a broader movement advocating for direct, cash-based solutions as a powerful strategy for mitigating entrenched inequalities. By focusing on Black women — who have historically faced the compounded effects of gendered and racialized economic exclusion — *IHH* delivered immediate financial relief while also examining how direct cash transfers can advance long term stability. Drawing on two years of program data, this report presents findings that illustrate how GI enables participants to stabilize, invest in their futures, and navigate systemic barriers.

## Research Methodology

03

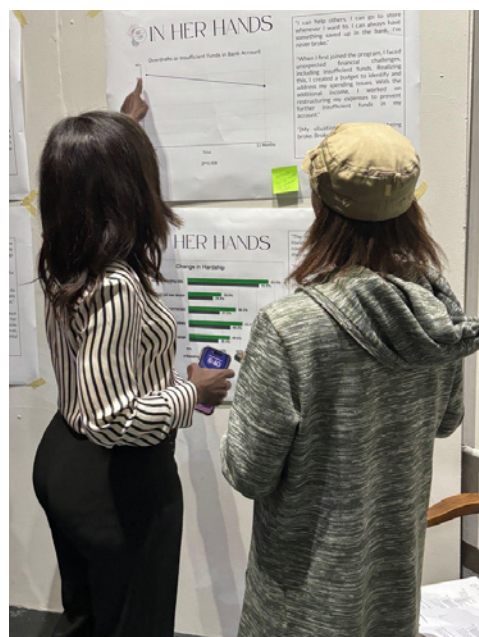
The evaluation of *In Her Hands* follows a Community-Based Participatory Research (CBPR) design, emphasizing community involvement and accountability. The research and program teams worked closely with Community Advisory Councils at the program's start to co-design research questions and returned at years one and two to share findings, gather feedback, and collaborate on data interpretation.

Data collection included bi-annual electronic surveys (distributed via email and SMS) for all consenting participants, annual surveys for the comparison group, and qualitative interviews with a randomly selected subset of 30 participants per site (90 total). Based on their comfort level, participants could complete interviews in person or by phone, with approximately 98% choosing to speak over the phone. Participants were compensated \$20 for each survey and interview completed, an amount designed to offer fair compensation without coercion. However, due to the rising cost of living, this amount was increased to \$40 in the final evaluation year.

Additionally, we implemented a PhotoVoice project, inviting participants to submit photos and captions that reflected their experiences with GI. As Barone explains, "Arts-based research [like PhotoVoice] is an effort to extend beyond the limiting constraints of discursive communication in order to express meanings that otherwise would be ineffable" (Barone & Eisner, 2012). Participants were paid \$40 for their involvement in this aspect of the project.

The evaluation is led by Principal Investigator Dr. Leah Hamilton, Professor of Social Work at Appalachian State University, with consultation from 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). Dr. Stephen Roll, Co-Director of Research and Policy Innovation at the Center for Social Development at Washington University in St. Louis, oversees survey design and data analysis. Doctoral students from Clark Atlanta University, a Historically Black College and University (HBCU) in Atlanta, conducted qualitative interviews.

The Principal Investigator, doctoral students, and Dr. Shadonna Davis, a Clark Atlanta faculty member, co-designed the interview guide and performed



qualitative data analysis using a phenomenological research approach (Creswell & Poth, 2017). To ensure data quality, we employed qualitative triangulation through peer review and “member checking,” a process where participants review and provide feedback on the research team’s findings. As Lincoln and Guba (1985) note, member checking is crucial for establishing credibility and validating results.

This final report presents findings collected approximately 24 months after the first GI payment. During the summer and fall of 2024, surveys were collected from 272 (41.5%) *IHH* program participants and 180 (9.9%) comparison group members. In spring 2024, we conducted 35 in-depth interviews and collected over 70 participant photos and captions. While we did not collect baseline survey data from the comparison group, the report presents a cross-sectional analysis of participant experiences two years into the program. Where appropriate, we also present longitudinal findings to examine how trends in key outcomes changed over time for the treatment and control groups. To strengthen our cross-sectional design, we compared both groups’ initial demographics and life circumstances (provided via the lottery application) to assess potential baseline differences that could impact results. Our analysis revealed that the treatment and comparison groups were statistically similar in terms of age, race/ethnicity, pre-program income, and participation in public benefits. Both groups had an average age of around 40, reported similar income levels (\$12,500 to \$14,000 annually), and participated in approximately two major government benefits programs. Both groups were 97–98% Black and reported an average of 1.5 children (See Table 1 in the Appendix).

However, we noted a statistically significant difference in the number of adults per household, with the comparison group having slightly more adults (1.67 vs. 1.40,  $p < 0.01$ ). To address this, we conducted a supplemental analysis using statistical weighting to adjust for this difference, which confirmed that it did not significantly alter the study results. Therefore, we present unweighted findings in this report. Demographic details of survey respondents at the time of initial program application can be found in the Appendix. Additionally, we analyzed differences between the two treatment arms in the study—one that received a consistent \$850/month and one that received \$4,300 in the first month and \$700/month thereafter—and found few significant differences between the two treatments. We, therefore, only report on the differences between receiving any treatment and the control group.

This multimodal data provided rich insights into participants’ lived experiences and the program’s effectiveness in meeting its goals. The following sections provide both qualitative and quantitative evidence of how GI transformed participants’ lives: reducing hardships, improving health, and enabling progress toward long-term goals.

# Findings

04

## From Crisis to Stability: How Guaranteed Income Creates Breathing Room

In our Year One report, we found that gaining financial stability was a primary outcome of the *In Her Hands* program (Brugger et al., 2024), and this trend has continued into the second year. Participants benefited from an income floor that enabled them to address immediate financial crises including overdue bills, debt repayment, housing stability, and utility retention. Consequently, many participants were able to avoid high cost alternative financial services that are often exploitative and perpetuate poverty. GI significantly reduced participants' financial hardships, particularly in the ability to pay bills and avoid housing instability.

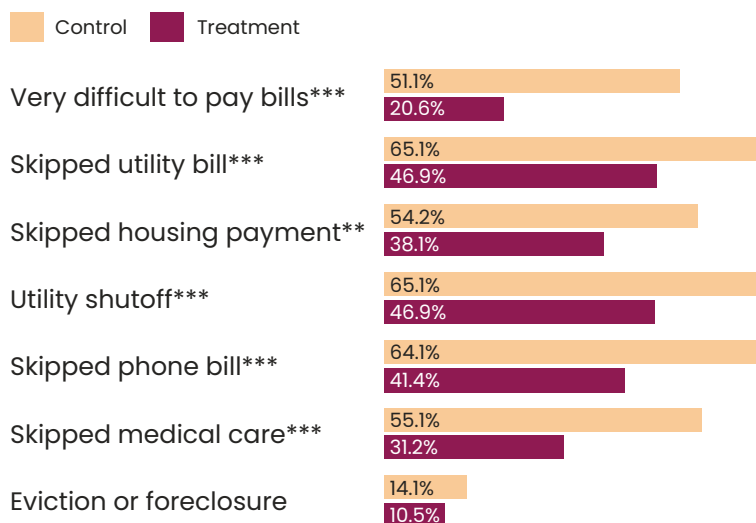
**Reduced Financial Hardship:** Participants were 59.7% less likely to report that it was “very difficult” to pay their bills compared to the control group (20.6% vs. 51.1%;  $p < 0.01$ ).

**Lower Credit Card Debt:** Participants were 37.1% less likely to report being behind on credit card payments than the control group (14.9% vs. 23.7%;  $p < 0.05$ ).

**Increased Ability to Handle Financial Emergencies:** Participants were 39.6% less likely to report that they could not afford a \$400 emergency compared to the control group (36.4% vs. 60.3%;  $p < 0.01$ ).

FIGURE 1

### Financial Hardships in Past Six Months



N = 452; \*\*p < 0.01; \*\*\*p < 0.001

The screenshot shows a Georgia Natural Gas bill for account number 4016614888. It details a balance due of \$56.35, including a \$50.00 bill payment discount. The bill also includes a 'True Blue Notes' section about energy efficiency and a 'Pay Now' button.

*This program has helped me pay bills and keep a roof over my children's heads. With your assistance, I was able to enroll my daughter in school.*

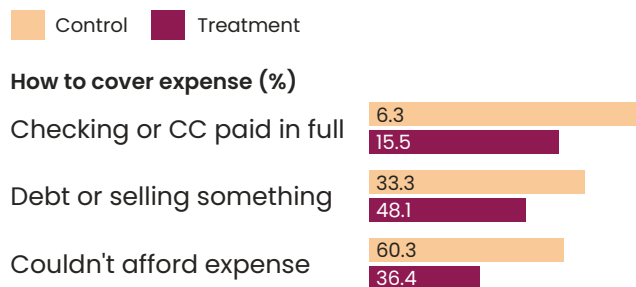
**Reduced Use of Alternative Financial Services:** *IHH* Participants were significantly less likely to have used pawnshops (20.2% vs 35.1%;  $p < 0.01$ ), sold blood plasma (13.7% vs 28.1%;  $p < 0.01$ ), or overdraft their checking account in the past six months (42.4% vs. 59.9%;  $p < 0.01$ ).

Participants with three or more children were half as likely to overdraft their checking account as their counterparts in the control group (38.9% vs 77.8%;  $p < 0.01$ ). Participants in our rural southwest Georgia site experienced the most significant declines in pawn shop usage (15.5% vs. 35.8%;  $p < 0.01$ ) and bank account overdrafts (39.8% vs. 59.7%;  $p < 0.05$ ). For participants like “Sandra,” the ability to pay bills on time marked a profound shift:

*“It’s made a change in my life, a big change financially, because I’ve been able to pay all of my household bills every month, keep them on track. I paid off a couple of things I needed to pay off. So it’s really been a plus for me. I am so grateful, so grateful.”*

**FIGURE 2**

### Paying for \$400 Emergency Expense, Year 2



N = 452;  $p < 0.001$

**Reduced Housing Hardship:** In the previous six months, treatment participants were 29.7% less likely to report that there was a time when they did not pay the full amount of rent or mortgage because there was not enough money, compared to the control group (38.1% vs. 54.2%;  $p < 0.01$ ). “Casey” described how GI helped her avoid eviction and maintain a home for her family:

*“Before I got in the program, I was up for eviction, and then when [my landlord] found out that I was part of the program, he kind of reconsidered. Mostly what was sent to me went to him, so I could have a roof over my head for me and my kids.”*

**Reduced Utility Hardships:** In the previous six months, treatment participants were 27.9% less likely to report that there was a time when they could not pay the full amount of their utility bills compared to the control group (46.9% vs. 65.1%;  $p < 0.001$ ). We see similar patterns for skipping phone bills and experiencing utility shutoffs.

This reduction in hardship translated into a renewed ability to manage monthly expenses without fear of disconnections or overdue bills. For some participants, this financial stability extended beyond bills to include essential family care:

***“It has been a tremendous change in my household and living situation, as far as being able to be mobile and have someone to see about my son. I have a son with special needs. I can pay somebody to come sit with him when I go out to do groceries or personal things. I’ve been able to get out into the community and be more involved in church, and not worry so much about how I’m going to pay this bill.”***

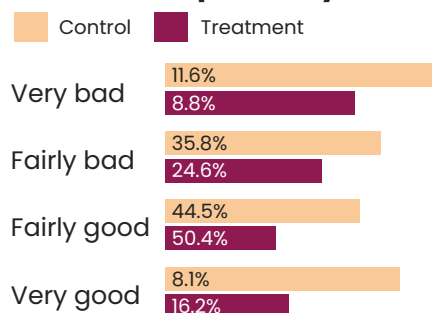
The ability to pay bills at the beginning of the month, rather than scrambling mid-cycle, created much-needed peace of mind:

***“I can pay most of my bills at the beginning of the month and not worry about the lights, water, or food when the 15th comes.”***

For many, this reduced financial stress had significant impacts on their sleep quality. Participants were twice as likely to rate their sleep as very good compared to the control group (16.2% vs. 8.1%;  $p < 0.01$ ) and took an average of 19 fewer minutes to fall asleep at night (35.82 vs. 54.96;  $p < 0.01$ ).

**FIGURE 3**

### Overall Sleep Quality in the Past Month, Year 2



N = 452;  $p < 0.05$

## Investments in Family and Community

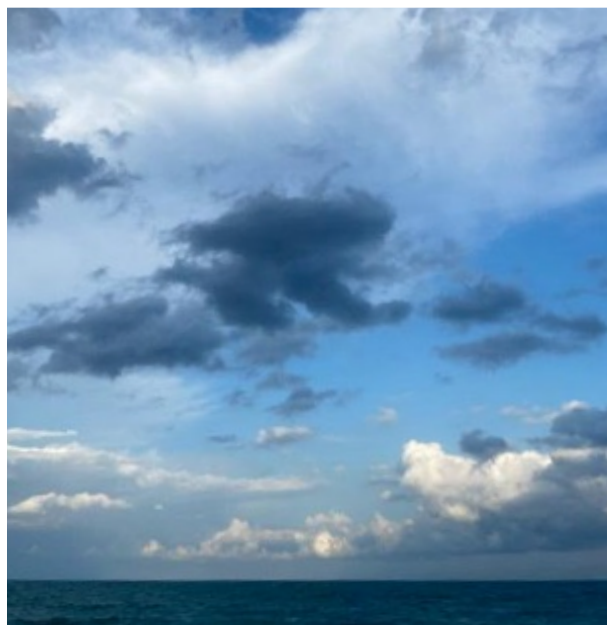
Beyond meeting immediate needs, GI allowed participants to strengthen relationships with their families and invest in their children's futures. One of the most consistent qualitative themes among participant interviews was their ability to spend more quality time with family and create meaningful experiences that were previously out of reach. "Tonya," shared how the program enabled her to visit loved ones:

***"It has helped me do some things that I wouldn't normally do, like visit my family."***

This theme is echoed in our survey data. Over the course of the program, participants increasingly reported using the money to spend **more quality time with family**.

At baseline, 12% of participants indicated that they planned to use the money for this purpose. 18.1% reported spending more time with family at twelve months, rising to 20.8% by the two-year mark ( $p < 0.01$ ). Participants reflected on how these changes enriched their relationships and provided a sense of joy and connection. As "Reese" noted:

***"I can buy my little grand-babies stuff they need. If I see something, I buy it for them."***

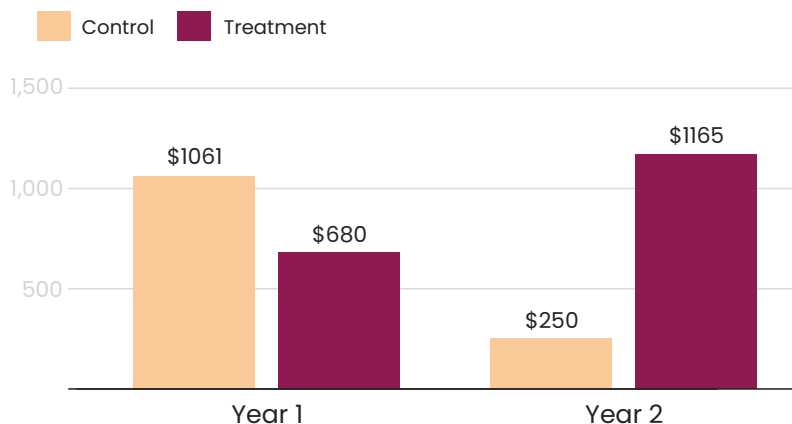


*"This photo captures the moment I took my grandchildren to the beach last month. Without the program's support, this wouldn't have been possible, and I'm so grateful for it."*



*"This photo means so much to me because I was able to give my daughter a tea party for her 6th birthday. The program has been a blessing, boosting my confidence, making me a better mother, and bringing me joy in meeting her needs. Thank you."*

GI also enabled participants to **provide financial support to their families**. At baseline, 4.2% of participants indicated they planned to use the money to help family members financially. Retrospectively, 6.8% reported doing so at twelve months, rising to 12.8% by the two-year mark ( $p < 0.01$ ).

**FIGURE 4****Amount Saved for Child's Education, Year 1 – Year 2 Change**

N=263; non-significant in Year 1,  $**p < 0.01$  in Year 2

Many participants' family and caregiving responsibilities shaped how they used the funds. "Sharon" described the challenge of balancing employment and caring for a parent undergoing cancer treatment:

***"Right now, I'm taking care of my mom while trying to find a job, but she doesn't have a nurse, and I have to take her to chemo. I can't just commit to a job because if I don't, we might lose everything. But at the end of the day, I only have one mom, and I'm the only one to help her."***

Another important area of family investment was **savings for children's education**. At the program end, treatment participants saved an average of \$1,020.67 for their children's education, compared to \$734.41 in the control group ( $p < 0.05$ ). While the difference is modest, we see evidence that children's savings grew considerably over the course of the program. At Year One, treatment participants actually had \$381 less saved for children than the control (non-significant), while at Year Two, they had \$915 more saved ( $p < 0.01$ ). This underscores how GI enabled participants to set aside resources for their children's futures, despite systemic financial barriers. As one participant explained, "[IHH] helped me and my family to succeed in life. Not just me, but also my kids too."

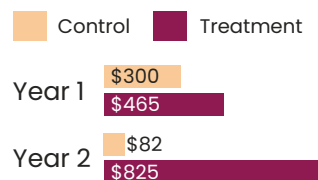
## Beyond Survival: Investing in Future Goals

Once immediate financial needs were met, participants in the *In Her Hands* program were able to turn their focus to long-term goals, including savings, entrepreneurship, education, employment, and home improvements. Participants reported that the funds provided the stability and flexibility to set and achieve ambitious financial goals. Survey data demonstrated a clear shift toward asset development.

**Increased Rainy Day Savings:** When asked whether they had “emergency or rainy day funds that would cover your expenses in case of sickness, job loss, economic downturn, or other emergencies,” treatment participants were 147% more likely to report having rainy day savings compared to the control group (28.4% vs. 11.5%;  $p < 0.01$ ).

**FIGURE 5**

### Savings Amount, Year 1 – Year 2 Change



N=263; non-significant in Y1,  $p < 0.001$  in Y2

Program(s)		Bachelor of Science in Funeral Service Management			
Semester		Summer 2023			
CLASS	COURSE	STATUS	START DATE	END DATE	
Cert BFS 311 Applied Thanatology Summer 2023	BFS 311 Applied Thanatology	Regular	7/3/2023	9/14/2023	
BFSM Core BFS 360 Summer 2023	BFS 360 Entrepreneurship	Regular	7/3/2023	9/14/2023	
BFSM Core BFS 370 Summer 2023	BFS 370 Marketing Funeral Services	Regular	7/3/2023	9/14/2023	

*The program has afforded me the opportunity to go back to school.*

**Increased Savings Amount:** Participants in the treatment group also reported an average savings amount of \$801.07, significantly higher than the control group’s average of \$350.52 ( $p < 0.05$ ). By limiting our sample to only those who responded to both the year one and year two survey, we also see evidence that saving impacts increased over time, as the treatment group only had \$165 more saved than the control at Year One (non-significant), but this difference increased to \$743 at Year Two ( $p < 0.001$ )."

Furthermore, participants with three or more children held an average of \$1024.02 in savings compared to \$56.32 among their counterparts in the control group ( $p < .01$ ).

"Kendall" described her progress toward an ambitious savings goal:

***"So now I'm at about \$14,000 [in savings], and I'm going to start looking for land that I can hopefully purchase soon...So by next year, most of my goals will be completed thanks to the program."***

"Cheryl" expressed her aspiration to "build generational wealth for my children, so they don't have it as hard or see what I went through. Kids shouldn't have to endure the struggles I faced."



*"This photo shows one of 12 new windows installed in my 1950s home. The old ones were drafty and unsafe, leading to high utility bills. Thanks to the grant, I could afford these much-needed upgrades."*

For others, the program created opportunities to enhance their housing quality:

***" Being on the program, I have had some home improvement done."***

***" My sister and I used to live in a very small space. A lot of times, you don't have space to breathe. So, living in an apartment and experiencing that change, having your own space, does affect you mentally in a good way. It's allowed me to wake up feeling rejuvenated and at my best."***

The flexibility provided by GI also allowed participants to pursue work opportunities that aligned with their circumstances and aspirations. While treatment participants were initially less likely to work full-time and logged fewer work hours compared to the control group in Year One, these differences diminished by Year Two. This suggests that participants used the first year to stabilize and invest in long-term opportunities, laying the groundwork for future returns. Limiting our sample to only those respondents who responded to both the 12 and 24-month surveys illustrates the evolution of employment patterns among treatment participants.

**FIGURE 6**

### Employment Type, Year 1 vs. Year 2

	Year 1 Control	Year 2 Control	Year 1 Treatment	Year 2 Treatment
Full-Time	47.7	48.3	31.5	40.7
Part-Time	15.9	10.3	28.6	22.8
Unemployed	25	24.1	24.7	19.8

N=263;  $p < 0.05$  in Year 1, non-significant in Year 2

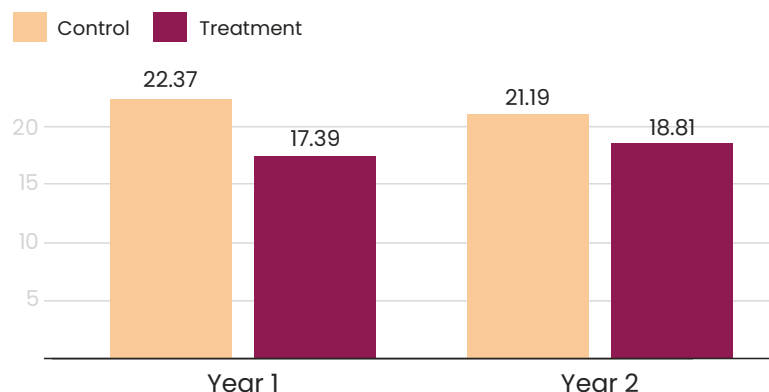
**No Differences in Full-Time Employment:** In the first year of the program, treatment participants were 34% less likely to work full-time compared to the control group (31.5% vs. 47.7%;  $p < 0.05$ ) and worked five fewer hours per week on average (17.39 vs. 22.37 hours;  $p < 0.05$ ). By the second year, differences in full-time employment rates and weekly work hours were no longer statistically significant, with 40.7% working full-time compared to 48.3% in

the control group and worked 2.4 fewer hours per week on average (18.81 vs. 21.19 hours), but this difference was not statistically significant.

**Lower Unemployment:** While employment rates between the treatment and control groups converged by Year Two, treatment participants were still 17.8% less likely to report being unemployed (19.8% vs. 24.1%). This may seem contradictory, but employment and unemployment are not direct opposites – some participants who were previously unemployed may have entered part-time work, education, or self-employment, rather than moving directly into full-time employment.

**FIGURE 7**

### Number of Hours Worked in the Past Week, Year 1 – Year 2 Change



N=263; \*p < 0.05 in Y1, non-significant in Y2

Interview data help to explain these findings. “Avery” described how GI enabled her to pursue education while managing family responsibilities:

***“I’m back in school and plan on getting a job. I’m waiting for my girls to finish school for the summer so I can have more time to find a job that fits me.”***

While not significant, 19.8% of participants reported being a student at Year Two, compared to 15% of the control group. Another noted, “Having this money helped me plan for the future and figure out how to use my job and other resources to avoid falling behind on student loan payments.” Another shared, “I’m actually in training right now to be a flight attendant.” “Jules” shared how the program supported her professional independence:

***“I have my own business as a massage therapist. Despite the setback from the accident, I became completely independent, now having my own clients and not working for a company.”***

For many participants, the ability to stabilize their finances, return to school, or create flexible employment pathways brought a sense of pride and achievement: *“With the help of In Her Hands, I’ve been able to maintain a steady job.”*

These experiences reflect a broader narrative of resilience and ingenuity among participants, who used GI to navigate systemic barriers and build sustainable livelihoods:

***“It’s had a big impact on my life because it opened doors for me. It allowed me to find something in my field and helped me finish school. It was a relief because I was so stressed trying to achieve this goal.”***

## Navigating Structural Barriers: Essential Services, Food, and Healthcare

GI further supported participants in navigating disproportionate systemic barriers, including limited access to healthcare, essential services, and nutritious food. Participants in the treatment group consistently reported fewer difficulties accessing essential services compared to the control group, highlighting the program’s role in addressing infrastructural and financial barriers:

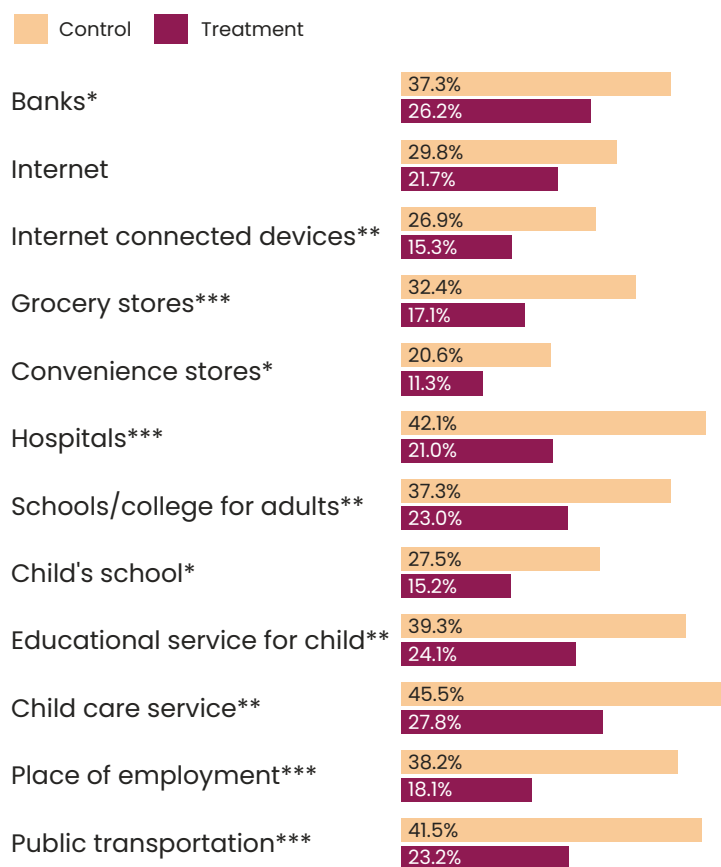
**Better Access to Banks:** Participants were 29.8% less likely to report difficulty accessing banking services (26.2% vs. 37.3%;  $p < 0.05$ ).

**Better Access to Grocery Stores:** Participants were 47.2% less likely to report difficulty accessing grocery stores (17.1% vs. 32.4%;  $p < 0.01$ ).

**Better Access to Hospitals:** Participants were 50.1% less likely to report difficulty accessing hospitals (21.0% vs. 42.1%;  $p < 0.01$ ).

**Better Access to Public Transportation:** Participants were 44.1% less likely to report difficulties with public transportation (23.2% vs. 41.5%;  $p < 0.01$ ).

**FIGURE 8**  
**Service Access Difficulty**



N = 452; \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$

**Better Access to Higher Education:** Participants were 38.3% less likely to report difficulties accessing schools or colleges for adults (23% vs. 37.3%;  $p < 0.01$ ).

**Better Access to Child Care:** Participants were 44.1% less likely to report difficulties accessing child care (27.8% vs. 45.5%;  $p < 0.01$ ).

The ability to access and afford healthy food was a significant concern raised in our Community Advisory Council meetings, especially in rural southwest Georgia. Advisors shared that the nearest grocery store was often many miles away, with limited transportation options, forcing them to rely on lower-quality food from local corner stores. GI addressed these challenges by allowing participants to better access transportation and afford high-quality food.



*"This photo means a lot because the payments helps prevent me and my family from going hungry when food supplies run low."*

**Improved Food Security:** Participants were 27.3% less likely to report worrying that their food would not last than the control group (65.4% vs. 89.9%;  $p < 0.01$ ).

**Improved Nutrition Security:** Participants were 35.7% less likely to report eating food that was not good for their health than the control group (44.6% vs. 69.4%;  $p < 0.01$ ).

**Improved Child Nutrition:** Similarly, treatment participants were 28.8% less likely to report relying on low-cost food for their children compared to the control group (61.3% vs. 86.1%;  $p < 0.01$ ). The most significant gains in household food and nutrition security were observed among households with three or more children.

Relatedly, one of the most striking outcomes of this program is its impact on healthcare access and the resultant effects on overall health. GI significantly reduced participants' difficulties in accessing healthcare, including medical bills, co-pays, and transportation for medical visits.

**Better Access to Healthcare Services:** In the past six months, participants were 43.3% less likely to report that there was a time when they needed to see a doctor or go to the hospital but did not because they could not afford it, compared to the control group (31.2% vs. 55.1%;  $p < 0.01$ ).

“Maria” shared how the program supported her ability to navigate these barriers: *“I had to pay out of pocket, so I went on and paid that off and got it out the way.”* “Shelby” shared how the financial support helped during recovery: *“As I recovered from surgery, the money reduced the financial strain of covering regular expenses.”* Access to services and healthcare facilitated significant improvements in participants’ overall health and well-being:

**Improved Mental Health:** Treatment participants were 59.3% more likely to score as having “likely no mental disorder” on the Kessler 10 psychological distress scale compared to the control group (51.6% vs. 32.4%;  $p < 0.01$ ).

**Improved Physical Health:** Participants reported significantly more healthy days per month via the Health-Related Quality of Life scale than the control group (15.55 vs. 12.97;  $p < 0.05$ ). Participants frequently described how the program alleviated stress, improved their mental health, and enabled healthy lifestyle changes: *“I feel like my mental health is way better. I’m not always agitated and irritated.”* “Jamie” highlighted the connection between financial stability and health: *“I’m more active. I’ve been going to the gym.”*

By addressing structural barriers to services and healthcare, GI created ripple effects that extended into participants’ physical and mental health. Structural challenges like rural hospital closures and food deserts are often viewed as large, intractable problems stemming from systemic disinvestment and inequity. Research has shown that rural hospital closures disproportionately affect Black communities in the South, creating significant disparities in healthcare access (McCarthy et al., 2021). Similarly, food deserts (areas with limited access to affordable and nutritious food) are a well-documented consequence of systemic disinvestment in low-income and majority-Black neighborhoods (Walker et al., 2010).

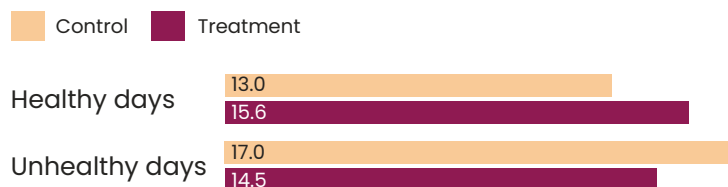


*I know it's just a photo of my nails, but it represents self-love, which is invaluable to me. When I received the grant from In Her Hands, I was homeless and sleeping in the park, grieving the loss of my mom and the father of my children. I was depressed and not taking care of myself. Even with the 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.*

Yet, these findings demonstrate that direct cash assistance offers a fast and effective way to help individuals navigate these barriers on their own terms.

**FIGURE 9**

### Healthy/Unhealthy Days in Past Month, Year 2



N=451;  $p < 0.05$

## Agency and Freedom: Moving Beyond Paternalistic Systems

For many participants, the program restored their ability to address their needs without the stigma, complexity, and emotional toll of navigating traditional systems. Through clear communication, flexibility, and trust, the *In Her Hands* program fostered a sense of agency and community among participants, allowing them to reclaim autonomy and pursue their goals. Participants consistently praised the structure and transparency of the program, highlighting how its design fostered a sense of reliability and care. “Ashley” noted, “*When the money is coming, we always get a text saying the money is there and we verify that we received the money, or that we have any difficulty.*” “Taylor” said, “*Everything was so clear, it was just kind of like a road.*” This clear communication built trust, ensuring participants felt confident in the program’s support.

Beyond its structure, participants expressed deep appreciation for the program’s focus on Black women and the sense of community it fostered:

***“ You’ve done such a good job, and I appreciate the opportunity to be part of such a program. Myself, I’ve never heard of anyone helping other people. And to have a program geared toward the betterment of Black women, we need that.”***

This sense of inclusion and care inspired participants to want to remain connected. For example, “Erin” asked: “*How can I be a part of your team? I would really like to be involved in such a program.*”

Participants also contrasted their experiences in the program with the challenges of traditional government assistance systems. Many shared feelings of exhaustion and dehumanization from having to seek help in bureaucratic processes:

***“ They don’t care if you’re homeless, have a child, or are on disability. That’s where the challenge comes in. That’s when you see if you’re strong enough to survive.”***

While participants overwhelmingly valued the program, many expressed concerns about its impending termination and the loss of support they had come to rely on. Some voiced a desire for “aftercare” programming, particularly around mental health resources.

*“Extra programs to help people that are in mental default” was a suggestion to extend the program’s support. Others emphasized the importance of ongoing connection, with “Dana” saying, “Just keep in touch with me.” Many participants also expressed an eagerness to give back, reflecting the sense of community and purpose fostered by the program. For example: “If you can keep me up to date with some of the things that you do, I would really like to volunteer.”*

## Subgroup Analyses

One of the more unexpected findings of this evaluation was the limited differences observed between subgroups, including payment structure, receipt of public benefits, parenthood status, age, or geographic location. While subgroup analyses were conducted and findings were reported where they emerged, few statistically significant differences were found across these categories. This may simply be due to the small sample sizes within each subgroup, which may have limited the ability to detect meaningful variations. However, it is also possible that these results reflect a broader reality of GI programs: the flexibility of direct cash transfers allows participants to allocate funds based on their unique needs.

Table B provides an overview of participant outcomes relative to the control group within key subgroups. For example, a value of -0.25 for “Very Difficult to Pay Bills” among urban participants indicates that treatment participants in urban areas were 25% less likely than their urban control group counterparts to



*This photo means a lot to me because my car was messing up and I couldn’t afford the piece I needed. With the help from In Her Hands, I was able to purchase the part and it wasn’t cheap. I really appreciate being in this program.*



*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!*



*As a young, single mom, inflation has significantly impacted our basic needs, especially for little ones. Since receiving funds from In Her Hands, I've been able to buy season-appropriate clothes for my 2-year-old daughter and food for our home. It has impacted our life in a great way.*



*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.*

report difficulty paying bills. These subgroups were selected based on key program design decisions, including the intentional inclusion of urban, suburban, and rural communities to assess place-based disparities, the expansion of eligibility beyond parents and those below the Federal Poverty Level (FPL), and the hybrid disbursement model to evaluate how different payment structures shaped financial decision-making. Again, these results should be interpreted with caution. Some subgroups may not be sufficiently powered (i.e., contain a large enough number of participants) to detect statistically significant differences.

Across nearly all financial hardship indicators, parents and those below the FPL experienced the most significant improvements. This was particularly evident in reductions in difficulty paying bills, access to rainy day savings, and food security. Further, GI had a particularly strong effect on food access for rural participants, where food deserts and transportation barriers make it more difficult to consistently afford and access healthy food. Consistent with the overall analysis, no subgroup showed significant differences in employment rates.

One of the key program design questions was whether the structure of cash disbursement — a lump sum followed by smaller monthly payments vs. a consistent monthly payment of \$850 — would lead to different financial outcomes. Interestingly, lump sum participants were more likely to report that they could cover a \$400 emergency, while those receiving higher monthly payments showed greater increases in reported rainy day savings and had higher average (but insignificant) savings balances (\$912.98 vs. \$690.92). This suggests that while the lump sum may have helped participants immediately prepare for short-term financial shocks, the predictability of steady monthly payments may have encouraged longer-term savings accumulation.

TABLE B

## Primary Outcomes by Key Demographics and Transfer Method

PRIMARY OUTCOMES	GEOGRAPHY			TRANSFER METHOD		PARENTING STATUS		INCOME	
	URBAN	RURAL	SUB-URBAN	LUMP SUM+ \$700/MONTH	\$850/MONTH	NO CHILDREN	ANY CHILDREN	ABOVE 100% FPL	BELOW 100% FPL
Very Difficult to Pay Bills	-0.25	-0.34	-0.27	-0.3	-0.31	-0.28	-0.33	-0.3	-0.32
Skipped Utility Bills	-0.19	-0.23	-0.07	-0.18	-0.19	-0.24	-0.17	-0.26	-0.17
Skipped Housing Payment	-0.13	-0.2	-0.08	-0.13	-0.19	-0.14	-0.17	-0.16	-0.17
Payday Loans	-0.06	-0.06	-0.06	-0.05	-0.08	-0.09	-0.06	-0.15	-0.05
Blood Plasma Sales	0	-0.08	-0.28	-0.17	-0.12	-0.14	-0.15	-0.12	-0.15
Covering Emergency \$400 Expense with Liquidity	-0.04	0.12	0.15	0.1	0.08	0.06	0.11	0.09	0.1
Access to Rainy Day Savings	0.22	0.1	0.15	0.17	0.17	0.15	0.18	-0.02	0.22
Weekly Work Hours	1.62	-1.19	-2.9	0.31	-2.56	-1.03	-0.9	-5.92	0.02
Moderate/ Severe Mental Disorder	-0.13	-0.11	-0.15	-0.13	-0.14	-0.17	-0.13	-0.11	-0.15
Fairly/Very Good Sleep Quality	0.23	0.07	0.14	0.14	0.14	0.15	0.14	0.1	0.15
Worried Food Would Not Last	-0.22	-0.26	-0.22	-0.24	-0.25	-0.24	-0.25	-0.27	-0.25
Number of Healthy Days	3.71	3.63	0.83	2.96	2.18	2.97	2.54	1.04	3.01

Note: Values represent the difference between treatment and control group outcomes within each subgroup. For example, a value of -0.25 means the treatment group was 25% less likely than the control group to report that outcome. Shading indicates statistical significance:

p<0.05	p<0.01	p< 0.001
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# Conclusion: Lessons Learned and Future Implications

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The *In Her Hands* program's findings demonstrate GI's transformative potential to address systemic inequities, provide financial stability, and foster long-term well-being for marginalized communities. By focusing on women in Georgia's historically disinvested communities, the program highlighted how direct cash assistance can drive immediate stabilization and support early steps toward longer-term financial security. Early evidence, including higher savings rates and increased educational investments, suggests the potential for lasting change, although continued follow-up is needed to fully assess long-term impacts.

## Key Findings

- **Immediate Stabilization:** GI provided an income floor that reduced hardships, such as difficulty paying bills and housing instability. Participants were significantly less likely to rely on predatory financial services or fall behind on basic needs, enabling them to escape the cycle of financial precarity.
- **Long-Term Investments:** As participants stabilized, they transitioned to investing in long-term goals like savings, education, and employment. They also reported investments in their children and families.
- **Navigating Structural Barriers:** The program supported participants in navigating systemic barriers, including access to healthcare, food, and essential services. Participants in rural areas, for example, overcame challenges like food deserts and hospital closures.
- **Parents and those below FPL experienced the greatest financial stabilization**, including reductions in bill difficulty, skipped payments, and food insecurity.
- **Food security improved the most for rural participants**, highlighting the role of guaranteed income in helping participants overcome structural food access barriers.
- **There were no significant differences in employment across subgroups**, aligning with broader findings that guaranteed income does not reduce workforce participation.

## Comparisons Within the Guaranteed Income Landscape

Our findings align with other studies demonstrating the effectiveness of GI programs in providing improved financial, emotional, and physical health. Recent systematic reviews, such as Rizvi et al. (2024), have examined the broader landscape of GI pilots, revealing mixed but generally positive effects of unconditional cash transfers on poverty-related outcomes, including food security, financial well-being, and subjective life satisfaction. Another recent synthesis (Landry, 2024) of U.S.-based GI pilots suggests that while such programs provide immediate economic relief and reduce financial hardship, their ability to generate long-term economic mobility remains debated. The *IHH* findings challenge some of these assumptions, particularly regarding long term savings and employment investments.

For example, in the first year of the program, treatment participants were 34% less likely to work full-time compared to the control group (31.5% vs. 47.7%;  $p < 0.05$ ) and worked five fewer hours per week on average (17.39 vs. 22.37 hours;  $p < 0.05$ ). By the second year, these differences disappeared – treatment and control groups had comparable full-time employment rates, and the gap in weekly work hours was no longer statistically significant. This pattern suggests that participants may have used the first year to stabilize their finances, pursue education, or build small businesses before re-entering the workforce on their own terms. This hypothesis is supported by survey data showing that treatment participants were slightly more likely to engage in skills training or education than the control group by Year Two (19.8% vs. 15%) and shared qualitative accounts of strategically delaying employment while they pursued long-term career goals.

The relatively small employment effects observed in *In Her Hands* align with findings from other recent GI pilots, including *OpenResearch Unconditional Income Study* (ORUS), the *Magnolia Mother's Trust*, and the *Stockton Economic Empowerment Demonstration* (SEED). ORUS, which provided \$1,000 monthly for three years in Texas and Illinois, found slight reductions in work hours and longer unemployment spells, but no measurable improvements in job quality or career advancement (Vivalt et al., 2024). Similarly, *Magnolia Mother's Trust*, a 12 month GI project for Black mothers in Mississippi, found no significant differences in employment rates between recipients and a comparison group, though participants reported greater financial stability (Onifade et al., 2023). SEED, which provided \$500 monthly to a randomized group of Stockton residents for two years, also found no statistically significant employment impacts, though participants reported increased economic security and the ability to transition into more stable or fulfilling work (West & Castro, 2023).

Unlike ORUS, *In Her Hands* and SEED provide qualitative evidence that recipients used the financial flexibility of guaranteed income to improve their long-term employment prospects. While *In Her Hands* did not quantitatively measure job quality, survey data and participant narratives indicate that recipients pursued education, skills training, and self-employment – strategies aimed at improving future job stability and career opportunities. SEED similarly found that participants were able to transition into better job matches or exit unstable work (West & Castro, 2023).

Beyond employment, *In Her Hands* and the *Magnolia Mother's Trust* stand out for their explicit focus on Black women in the South, seeking to address longstanding racial and gender inequities. The *In Her Hands* program's impact underscores the potential of cash transfers to 1) address systemic inequities and racialized weathering (Geronimums, 2023) stemming from historical disinvestment in Black communities, 2) foster autonomy and reduce the stigma often associated with traditional safety net programs, and 3) facilitate long-term investments in education, health, and family well-being.

## Phase Two: Expanding Participant Choice in Payment Design

A key lesson from *IHH* Phase One was that guaranteed income provided immediate financial stability while also enabling long-term financial planning. Over the course of the two-year program, participants first stabilized their financial situation, catching up on bills, reducing debt, and securing housing. As they gained financial breathing room, many shifted toward investments in savings, education, home improvements, and entrepreneurship. This gradual transition suggested that longer-term financial support could be critical in allowing participants to fully realize the benefits of guaranteed income.

Given the strong financial stabilization effects observed across both groups, *IHH* Phase Two, launched in 2024, incorporated two key innovations in GI program design:

1. **Participant Choice in Payment Structure:** Building on findings from Phase One, Phase Two allows participants to select their preferred disbursement method — either an initial lump sum followed by smaller monthly payments or a slightly larger, sustained monthly disbursement. This approach recognizes that participants have different financial priorities and needs, reinforcing the program’s commitment to participant agency and self-determination.
2. **Extended Program Duration:** Recognizing that participants gradually moved from crisis management to long-term financial investments, Phase Two extends the payment timeline, allowing recipients more time to achieve financial stability and plan for the future.

This adaptive approach — allowing for both financial choice and longer-term support — is highly unusual in the GI landscape, where most programs impose uniform payment models and often have shorter durations. By embedding flexibility and sustained support into its design, *IHH* continues to center participant agency while also testing how longer disbursement periods might optimize long-term financial security and mobility.

## Implications

As policymakers and researchers consider scaling GI programs, the *In Her Hands* findings offer compelling evidence of their efficacy. Future initiatives should prioritize participatory research methods and focus on communities most affected by systemic inequities. The overwhelmingly positive feedback from participants highlights the deep need for programs like *In Her Hands*. Participants not only valued the financial support but also expressed a desire for continued engagement, signaling the importance of building sustainable, community-oriented models of assistance. By scaling such programs and learning from their outcomes, we can advance toward a more equitable society where everyone has the resources to thrive.

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# Appendix

07

**Table A1. Demographic Characteristics**

	TOTAL	CONTROL	TREATMENT	P-VALUE
Partner (%)				0.333
Married	7.3	8.9	6.2	
Not single, not married	6.4	7.8	5.5	
Single	86.3	83.3	88.2	
Age (%)				0.259
18-35	51.1	48.9	52.6	
36-55	38.4	42.6	35.7	
>55	10.5	8.5	11.8	
Income (%)				0.319
\$0-\$1000	38.8	36.6	40.2	
\$1001-\$2000	32.1	30.3	33.3	
\$>2,000	29.1	33.1	26.4	
Number of Children (%)				0.672
0	29.2	27.3	30.5	
1	23.7	22.2	24.8	
2	22.1	23.3	21.4	
3+	24.9	27.3	23.3	
Education (%)				0.74
Less than HS	6.9	7.4	6.5	
High school degree/GED	31.8	29	33.7	
Some college	48.1	50.6	46.4	
Bachelor's degree or higher	13.3	13.1	13.4	
Employment (%)				0.117
Work FT	45.3	46.3	44.7	
Work PT	19.4	14.3	22.9	
Unemployed	21	24.6	18.6	
Other	14.3	14.9	13.8	
Average Hours Worked Weekly	21.4	22.03	20.96	0.583
Observations	452	180	272	

**Table A2. Financial and Material Hardships in the Past Six Months**

	TOTAL	CONTROL	TREATMENT	P-VALUE
Bill Payment Difficulty (%)				<0.001
Not at all difficult	16.1	11.5	19.4	
Somewhat difficult	50.7	37.4	60.1	
Very difficult	33.2	51.1	20.6	
Skipped Utility Bills (%)	54.4	65.1	46.9	<0.001
Skipped Housing Payment (%)	44.7	54.2	38.1	0.002
Utility Shutoff (%)	54.4	65.1	46.9	<0.001
Skipped Phone Bill (%)	50.9	64.1	41.4	<0.001
Evicted (%)	12.0	14.1	10.5	0.333
Behind on Credit Card Payments (%)	18.6	23.7	14.9	0.031
Behind on Student Loans (%)	26.4	27.9	25.2	0.621
Behind on Auto Loans (%)	14.5	18	11.9	0.109
Observations	452	180	272	

**Table A3. High-Cost Financial Service Usage in the Past Six Months**

	TOTAL	CONTROL	TREATMENT	P-VALUE
Auto Title Loans	13.2	12.5	13.7	0.84
Payday Loans	23.8	27.8	21.0	0.138
Pawn Shop Loans	26.3	35.1	20.2	0.001
Blood Plasma Sales	19.6	28.1	13.7	<0.001
Bank Account Overdrafts	49.6	59.9	42.4	0.001
Observations	452	180	272	

**Table A4. Savings Outcomes**

	TOTAL	CONTROL	TREATMENT	P-VALUE
Emergency Savings (mean \$ (SD))	615.80 (2209.44)	350.52 (1931.38)	801.07 (2370.66)	0.038
Covering Emergency \$400 Expense				<0.001
Cash or Liquidity	11.6	6.3	15.5	
Borrowing or Selling Something	41.9	33.3	48.1	
Could Not Cover	46.5	60.3	36.4	
Access to Rainy Day Savings (%)	21.2	11.5	28.4	<0.001
Saving for Child's Education (%)	29.5	27.1	31.1	0.548
Amount Saved for Child's Education (mean \$ (SD))	900.03 (2675.83)	734.41 (2472.25)	1020.67 (2816.28)	0.378
Observations	452	180	272	

**Table A5. Employment and Skill-Building**

	TOTAL	CONTROL	TREATMENT	P-VALUE
Income in Prior Month (%)	615.80 (2209.44)	350.52 (1931.38)	801.07 (2370.66)	0.038
\$0-\$1000	11.6	6.3	15.5	
\$1001-\$2000	41.9	33.3	48.1	
\$>2,000	46.5	60.3	36.4	
Employment Status (%)				0.117
Employed Full-Time	45.3	46.3	44.7	
Employed Part-Time	19.4	14.3	22.9	
Unemployed	21.0	24.6	18.6	
Other Employment Status	14.3	14.9	13.8	
Weekly Work Hours (mean (SD))	21.11 (18.72)	21.76 (19.25)	20.65 (18.38)	0.545
Learned New Skills in Past Six Months (%)	24.6	22.3	26.2	0.42
Enrolled in Educational Program (%)	17.8	15.0	19.8	0.263
Observations	452	180	272	

**Table A6. Food and Nutrition Security**

	TOTAL	CONTROL	TREATMENT	P-VALUE
Food Did Not Last	75.5	89.9	65.4	<0.001
Could Not Afford Balanced Meals	67.2	80.6	57.6	<0.001
Relied on Low-Cost Food for Child	71.9	86.1	61.3	<0.001
Received Free Meals	54.8	63.9	48.5	0.003
Ate Foods Not Good for Health	54.9	69.4	44.6	<0.001
Could Not Get Healthful Food	57.6	69.8	49.0	<0.001
Worried Food Would Hurt Health	53.5	65.9	44.6	<0.001
Ate the Same Thing for Several Days	54.3	64.9	46.7	<0.001
Could Control Eating Fruits/Vegetables	70.5	68.4	72.0	0.507
Could Control Eating Foods Good for Health	71.7	70.2	72.8	0.65
Could Control Eating Processed Food	68.3	67.1	69.2	0.726
Had to Eat Foods They Did Not Want	60.3	72.8	51.3	<0.001
Types of Food Were Unpredictable	55.2	65.5	47.8	0.001
Had Little Control Over Food They Ate	53.8	63.3	46.8	0.001
Observations	452	180	272	

**Table A7. Health and Sleep Outcomes**

	TOTAL	CONTROL	TREATMENT	P-VALUE
Kessler 10 Score (%)				<0.001
Likely No Mental Disorder	43.7	32.4	51.6	
Likely Mild Mental Disorder	17.5	20.8	15.2	
Likely Moderate Mental Disorder	14.4	13.9	14.8	
Likely Severe Mental Disorder	24.3	32.9	18.4	
Number of Healthy Days in Past Month (mean(SD))	14.52 (11.81)	12.97 (11.71)	15.55 (11.79)	0.023
Overall Sleep Quality (%)				0.011
Very Bad	9.9	11.6	8.8	
Fairly Bad	29.1	35.8	24.6	
Fairly Good	48.0	44.5	50.4	
Very Good	12.9	8.1	16.2	
Skipped Medical Care, Past Six Months (%)	41.1	55.1	31.2	<0.001
Observations	452	180	272	

**Table A8. Government Benefits**

	TOTAL	CONTROL	TREATMENT	P-VALUE
Count of Government Benefits (mean(SD))	0.69 (0.46)	0.77 (0.42)	0.64 (0.48)	0.004
Unemployment Insurance (%)	2.8	2.9	2.8	1.000
Food Stamps (%)	55.0	58.0	52.8	0.339
Public Housing (%)	18.5	19.1	18.1	0.909
Housing Choice Vouchers (%)	10.0	11.0	9.3	0.682
LIHEAP (%)	7.8	9.2	6.8	0.467
Pell Grants (%)	10.9	11.5	10.5	0.877
TANF (%)	2.8	4.0	2.0	0.356
WIC (%)	15.2	17.8	13.4	0.264
SSI (%)	12	13.5	11.0	0.541
SSDI (%)	7.9	7.6	8.1	0.996
Observations	452	180	272	

**Table A9. Difficulty Accessing Services**

	TOTAL	CONTROL	TREATMENT	P-VALUE
Banks (%)	30.7	37.3	26.2	0.026
Internet (%)	25.0	29.8	21.7	0.082
Internet Connected Devices (%)	20.0	26.9	15.3	0.005
Grocery Stores (%)	23.3	32.4	17.1	<0.001
Convenience Stores (%)	15.0	20.6	11.3	0.015
Hospitals (%)	29.7	42.1	21.0	<0.001
Adult Schools (%)	28.9	37.3	23.0	0.003
Child Schools (%)	20.3	27.5	15.2	0.016
Child Educational Services (%)	30.5	39.3	24.1	0.008
Child Care (%)	35.4	45.5	27.8	0.004
Place of Employment (%)	26.5	38.2	18.1	<0.001
Public Transportation (%)	30.6	41.5	23.2	<0.001
Observations	452	180	272	

Note: Percents refer to the rate at which people reported that accessing a given service was “Extremely Difficult” or “Somewhat Difficult”