CENTER FOR GUARANTEED INCOME RESEARCH
Social Policy & Practice
UNIVERSITY of PENNSYLVANIA

The American Guaranteed Income Studies: Ulster County, New York

AUTHORS

Elizabeth DeYoung, PhD

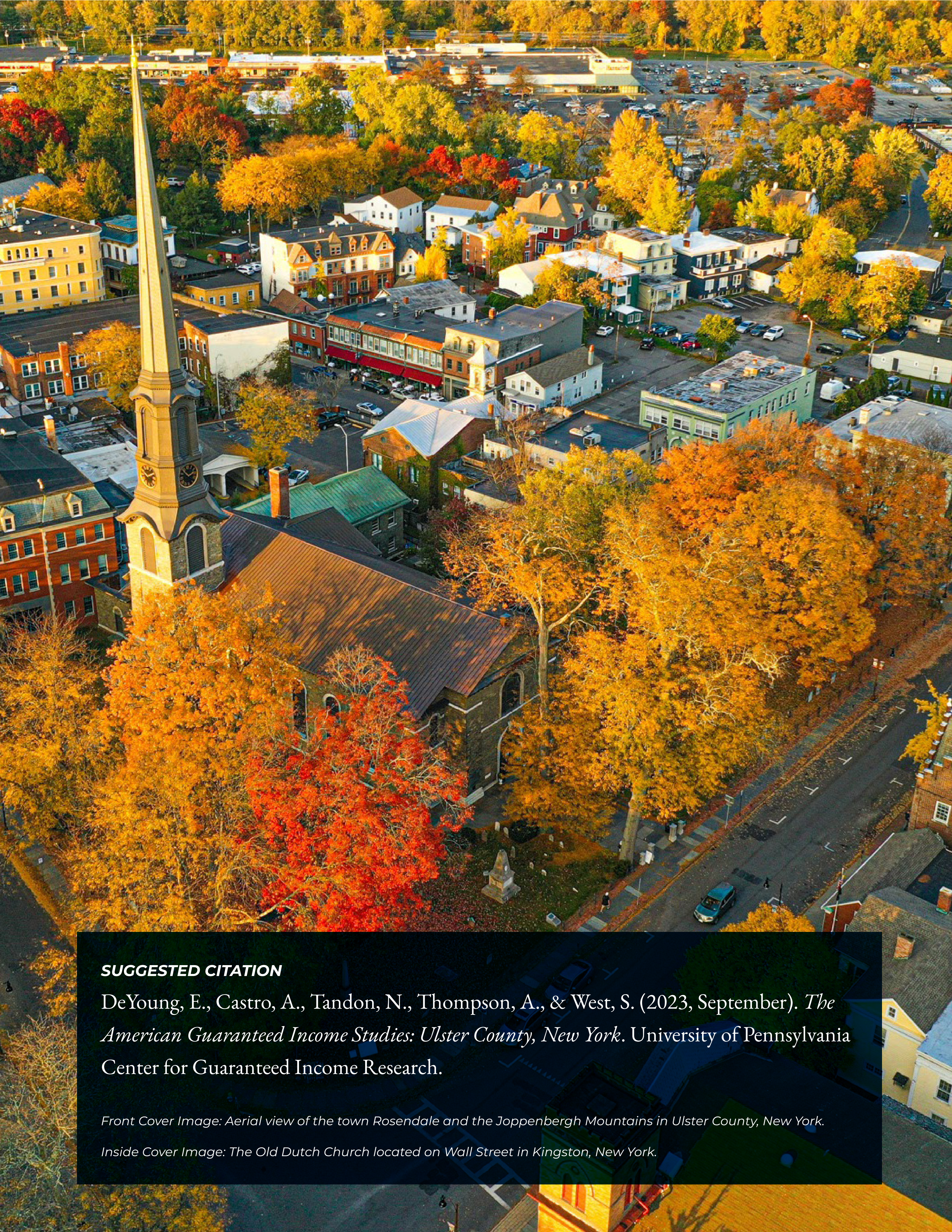
Amy Castro, PhD

Nidhi Tandon, MPhil

Allison Thompson, PhD

Stacia West, PhD

September 2023

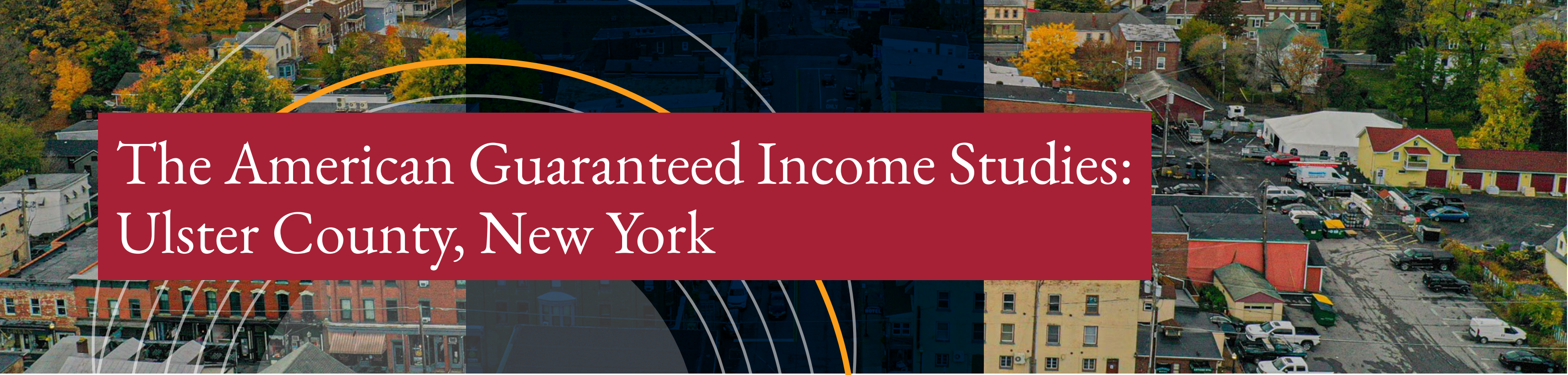


SUGGESTED CITATION

DeYoung, E., Castro, A., Tandon, N., Thompson, A., & West, S. (2023, September). *The American Guaranteed Income Studies: Ulster County, New York*. University of Pennsylvania Center for Guaranteed Income Research.

Front Cover Image: Aerial view of the town Rosendale and the Joppenbergh Mountains in Ulster County, New York.

Inside Cover Image: The Old Dutch Church located on Wall Street in Kingston, New York.



The American Guaranteed Income Studies: Ulster County, New York

Executive Summary

At the onset of the COVID-19 pandemic, Ulster County, New York embarked on the ambitious goal of curtailing the pandemic's impact on its neighbors, restaurants, and small business owners through the community-led Project Resilience. Less than 24 hours after the announcement, Project Resilience raised more than $2 million in funding, along with an additional $230,000 in small grassroots donations from community members in the following weeks. Within days, and backed by the United Way, a homegrown collective of dedicated volunteers materialized to deliver thousands of meals to their neighbors abruptly pushed into food insecurity. Restaurants and food service workers partnered with the County to cook and deliver meals to any resident in need, local artisans sold items to contribute to the fund, runners organized fundraisers, and many others donated time and data management skills. As the pandemic deepened in the summer of 2020, the County added yet another initiative to its arsenal—providing small scholarships for families in need of childcare when the pandemic shuttered schools and childcare arrangements. By the winter, the County stepped up again, this time bringing The Community Foundations of the Hudson Valley and Ulster Savings Bank into the fold to create the first county-led guaranteed income program in the United States.

***"IT GAVE ME PEACE OF MIND. ISN'T THAT FUNNY?
YOU CAN LOOK AND SAY $500 A MONTH, WHAT IS THAT? AND–BUT IT WAS A LOT.
$500 A MONTH THAT IS NOT EARMARKED TOWARDS A BILL, IT'S A LOT."***

Funded by private donations, the Project Resilience guaranteed income program is an unconditional cash pilot that provided $500 per month, no strings attached, to 100 Ulster County households earning less than 80% AMI ($46,900 per household). Since the income was guaranteed, there were no work requirements or restrictions on how the money could be spent. Roughly 3,800 people applied to the program through a link on the County's website. A group of applicants was then randomly selected and assigned to either a treatment group that received the guaranteed income or to a control group that did not receive the guaranteed income. Both treatment and control group members were invited to participate in voluntary, compensated research activities to better understand the impact and role of guaranteed income over time. By May 2021, a little over a year after the broader Project Resilience initiative launched, recipients received their first $500 payment through the mobile financial platform Steady. Nora, a widowed woman working two jobs, explained, "it gave me peace of mind. Isn't that funny? You can look and say $500 a month, what is that? And—but it was a lot. $500 a month that is not earmarked towards a bill, it's a lot."

The program was initially slated for 12 months of payments, but as the pandemic's financial impact continued, the County extended payments until September 2022. The amount decreased as the program titrated, with participants receiving $400 in July, $350 in August, and $250 in September of 2022.

Alongside and at the end of the cash disbursements, the Center for Guaranteed Income Research (CGIR) conducted a mixed-methods study to better understand the relationship between guaranteed income (GI) and study participants' financial well-being, sense of self, quality of life, pathways and barriers to well-being, perspectives on work, and the possibility of upward mobility. CGIR analyzed both survey and narrative data to compare the outcomes and experiences of treatment and control group members over time.

In sum, findings from the pilot indicate that despite the extraordinary stressors of the global pandemic and unprecedented, nation-wide inflation, the treatment group held steady or improved in many of the primary outcomes measured, while these same outcomes declined for the control group. Although the treatment group exhibited minor declines in specific areas such as psychological distress, on average they experienced greater improvements in financial health, physical health, housing, and food security compared to the control group. Further, these stable and positive trends among GI recipients held steady even after the cash disbursements were titrated and then ended.

Descriptive data derived from the study indicates advancements in both the financial and physical well-being of the treatment cohort. Specifically, GI recipients experienced a marked improvement in their financial health, evidenced by enhancements in overall financial well-being, increased annual household income, augmented savings, and a bolstered capability to manage emergency expenses of up to $400. This increase in financial well-being spilled over into improved physical and emotional well-being, a newfound agency over the way they spent their time, including reclaiming time from difficult working conditions to connect with family and friends, and a sense of self-determination for goal-setting. Concurrently, tangible progress was recorded in physical health, with treatment participants reporting fewer physical limitations and an overall improvement in their physical functioning. The findings also underscored a notable reduction in food insecurity and an uptick in employment stability for members of the treatment group, emphasizing a holistic improvement in their quality of life.

The same community-driven ethos that formed Project Resilience was reflected in the ways recipients used their unconditional cash and viewed the struggles of their peers. Despite the pressures of inflation, recipients were four times more likely than the control group to provide financial support to family or friends one year into the intervention. Unlike decades of social science illustrating that most blame others for their structurally produced financial strain (Baumberg, 2016; Seccombe et al., 1998; Stuber & Schlesinger, 2006), the endemic nature of economic stress among long-term residents reached a tipping point under COVID-19. Rather than shame and blame, recipients saw their financial struggles reflected in the lives of their neighbors and stepped in. Brooke echoed other recipients when she described telling others about the program, even knowing that more applicants would decrease her chances: "I knew [others] could use it as much as me if not more, so I figured they deserve a chance too." Project Resilience pilot participants described a tension between, on the one hand, their commitment to their community and to self-sufficiency, and on the other hand, navigating poor workplace conditions, lack of opportunities for promotion, and wages that did not reflect the rising cost of living. Against that backdrop, recipients shared the sentiment, "what people don't understand about living paycheck to paycheck is how many people do."

Acknowledgements

CGIR would like to acknowledge and thank the following partners:

The Community Foundations of the Hudson Valley, Ulster Savings Bank, Anna Markowitz, Kim Mapes, Steady, Cristin McPeake, and Johanna Contreras.

Contributing Researchers

Nina Cross, MSEd
Ben Cochran, MS
Joana Halder, MA
Melida Dessalines, MPH, RN
Meagan Cusack, PhD
Tooma Zaghloul, MUP
Erin Coltrera, MSW, MSSP

Image: The Eddyville Bridge over Rondout Creek in Ulster County, New York.

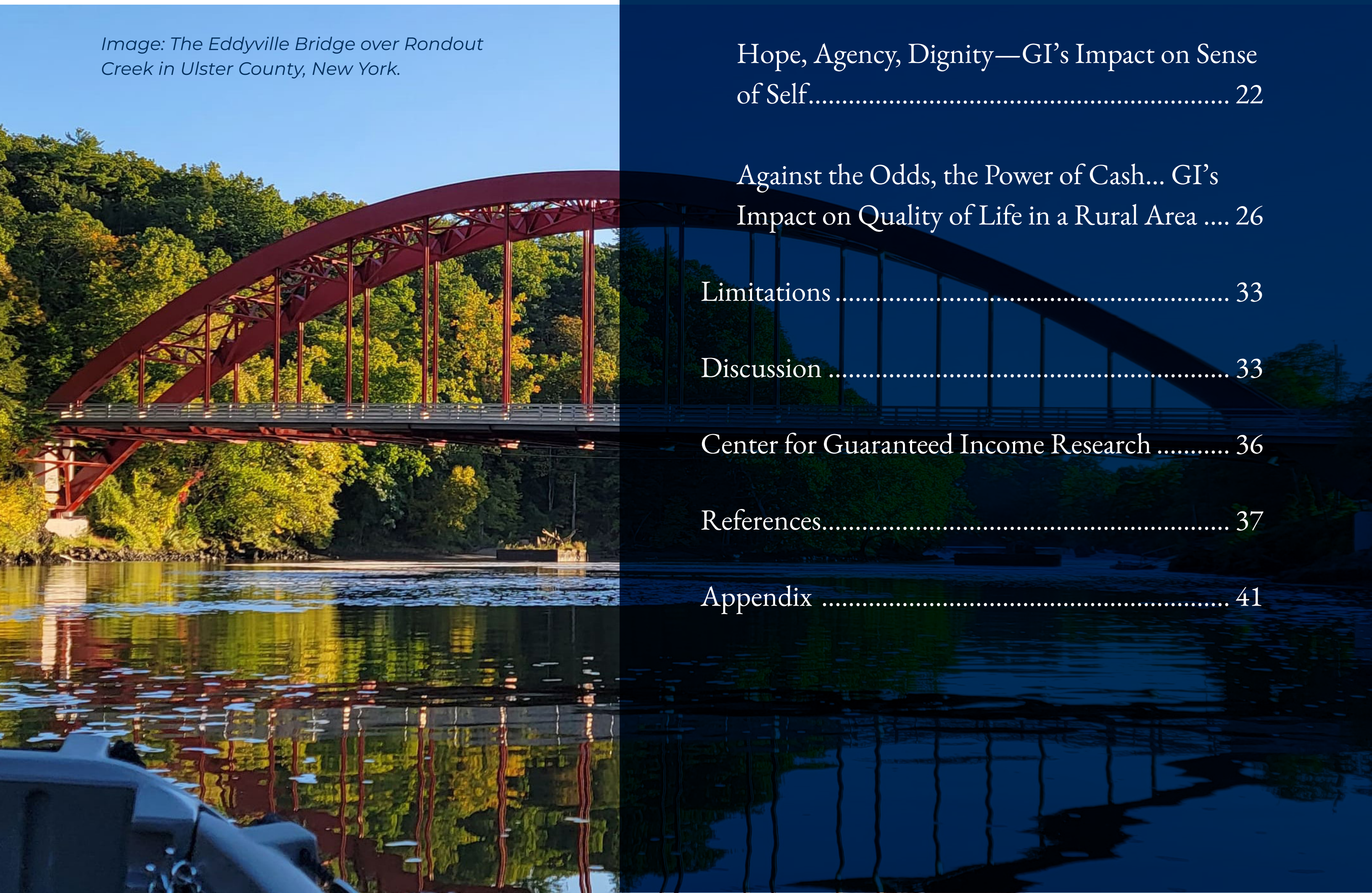
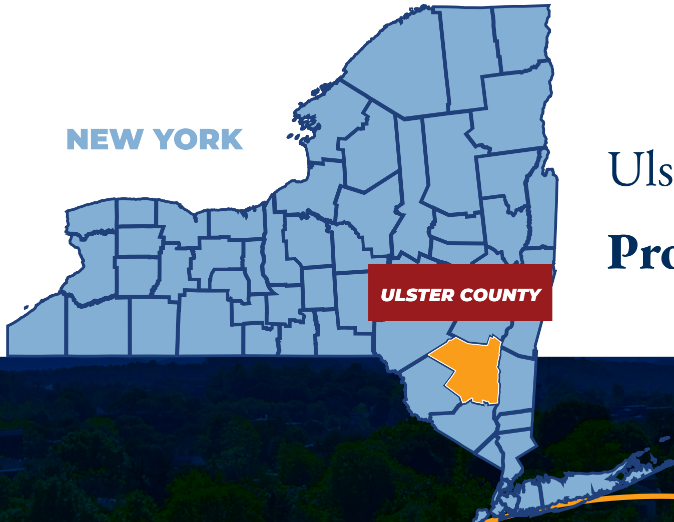


Table of Contents

Background 7
Context & Demographics 9
Research Questions 11
Methods 12
Quantitative Methods 12
Qualitative Methods 13
Findings 14
Financial Well-being, Mattering, and the American Dream 14
Hope, Agency, Dignity—GI's Impact on Sense of Self........ 22
Against the Odds, the Power of Cash... GI's Impact on Quality of Life in a Rural Area 26
Limitations 33
Discussion 33
Center for Guaranteed Income Research 36
References........ 37
Appendix 41

EXECUTIVE SUMMARY - AT A GLANCE



Ulster County, NY

Project Resilience GI Program

3,832

APPLICATIONS

Applicants were randomly selected and assigned to either a treatment group or to a control group.

TREATMENT GROUP

100 Households selected to **recieve monthly payments**.

CONTROL GROUP

An additional group of **84** households were selected, but **did not recieve payments**.

PARTICIPANTS

Ulster Residents with Annual Income of $46,900 or Less

17 MONTHS OF GUARANTEED INCOME

Intitially a 12 month pilot, Project Resilience provided 100 households with a $500 monthly cash payment.

Payments were extended for an additional 5 months during a phase out period.

CGIR conducted interviews and administered waves of surveys for treatment and control participants.

BASELINE — FEB '21

MAY '21 — FIRST DISBURSEMENT

WAVE 2 — DEC '21

WAVE 3 — APR '22

MAY '22

JUN '22

JUL '22

AUG '22

SEPT '22

ENDLINE — OCT '22

Funded by private donations, Ulster County-NY Project Resilience is the first county-led guaranteed income program in the United States.

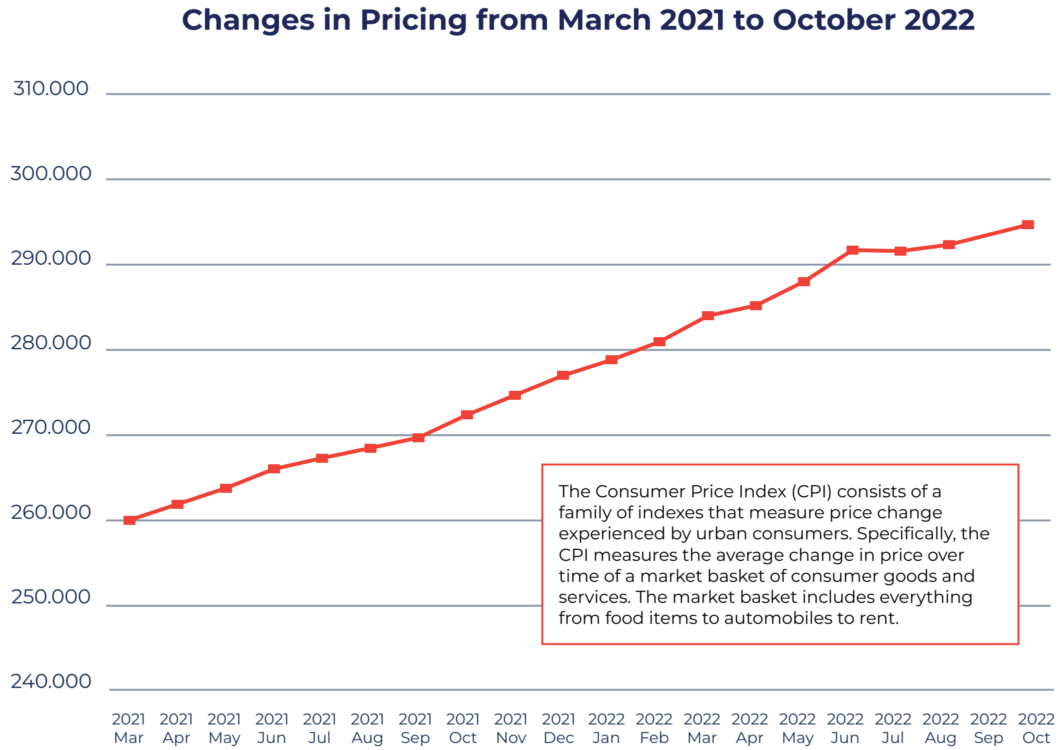
Background

Ulster County encapsulates in microcosm the difficulties facing the American labor market, even before the impact of the pandemic. Wages have failed to keep pace with the rising cost of living—and, in Ulster County, the cost of housing, as property values have increased significantly. As Alex, a musician, noted, “people are working two and three jobs and still can barely afford to live someplace and raise a family and have any savings.” For many, the desire to build individual financial stability has been thwarted by a lack of economic opportunity. Instead, people find themselves navigating multiple structural constraints: financial pressures caused by inflation; a precarious labor market; the limits of transportation in a rural area; and the competing demands of paid employment, unpaid care work, and access to childcare. These issues, along with inflation, have made a lasting impact on places like Ulster County and form the economic backdrop of Project Resilience. Even those who achieved normative mobility milestones like graduating from college, learning a trade, or buying a home are not guaranteed economic stability. As Peter, a college graduate and former software engineer put it, “you know, I never thought it would happen to me … I bet most people never imagine it will happen to them.”

Project Resilience’s GI pilot launched in February 2021, as Ulster County was experiencing its highest rates of COVID-19 test positivity, hospitalizations, and mortality (Centers for Disease Control, 2023). While pandemic-related eviction prevention, rental assistance, and intermittent stimulus payments were enacted nearly a year before Project Resilience began, families were still reeling from the impacts of job loss and furlough, at-home schooling, the shutdown of regional mental health services, and the physical and emotional toll of lockdown and grief.

During the pilot program, which ran until September 2022, Ulster County also experienced a series of economic shocks. This included record inflation, which affected the country as a whole: in May 2022, inflation in the U.S. was recorded at 8.6%, a high not seen since the early 1980s (U.S. Bureau of Labor, 2022a). Findings showed that as the Project Resilience pilot ended, both treatment and control groups were paying higher bills for utilities, and a number of participants described substantially higher grocery bills.

Figure 1. Consumer Price Index (CPI)



Source: U.S Bureau of Labor Statistics, https://www.bls.gov/cpi/

Like other rural counties outside large U.S. metropolitan areas, families in Ulster County were absorbing the housing costs of New York City (NYC) while battling a shrinking labor market well before the pandemic. As 33-year-old Cory describes, Ulster seems locked in a cycle of increasing housing costs:

> *Landlords have to stay competitive with each other—And when one establishment is raising their rent and they're getting that rent … the other one's going to do the same … and then the influx of new people coming from, you know, the city, coming from other areas, coming from other states. You know, it's driving prices up. It's difficult to find something that's reasonably priced in the area, especially now. And if there was something that was reasonably priced, it's snatched up in an instant.*

Ulster County's proximity to nature makes it a popular tourist attraction and getaway for those living in NYC. In recent years, and particularly in response to the pandemic, it also drew those leaving NYC in pursuit of a more rural setting and lower cost of living. This created new housing pressures for the existing population. Interview participants unilaterally described an increase in property values and decrease in housing affordability for longtime residents. As Alex put it,

> *The pandemic has pushed people out of New York farther and farther. Because I think since this is a commutable distance, a lot of New Yorkers came up here … and that just priced out local folks. There's a lot of just blue-collar working people that I think are*

> *getting priced out everywhere, even in Ulster County, which is, to me, like a, you know, rural, open, lots of out in the middle of nowhere places. But apparently, it's pretty bad.*

Indeed, a Regional Planning Association report showed that it took almost ten years (pre-pandemic) for a home in Ulster County to increase its value by 10%; in less than two years (post-pandemic), the typical home in the same county appreciated by 45% (Negret & Gates, 2022), effectively pricing out many long-term residents who were not yet homeowners.

Context & Demographics

Ulster County is located in rural upstate New York along the Hudson River, a little over 100 miles from NYC. According to U.S. Census figures, the county's population is 182,319 (July 2022). Residents are majority White (86.6%) with a smaller percentage of Black and Hispanic/Latinx populations. The median household income was $71,040 from 2017–2021 and the poverty rate, per the Federal Poverty Measure, is 11.3% (U.S. Census Bureau, n.d.). The latter closely aligns with the national average of 11.6%, suggesting that the county's economic challenges may reflect broader national trends (U.S. Census Bureau, 2023). SUNY New Paltz serves as a cornerstone of Hudson Valley's economy and culture. The county's expanding sectors include agriculture, creative arts, green tech, and tourism, with notable employers including AT&T, Amazon, Target, UPS, and Best Buy (Economic Indicators, 2023).

The average age of participants was 43 years for the treatment group and 44 years for the control. Approximately 46% of households in the treatment group and 50% in the control group had children, with both groups averaging one child per household. The majority (61%) in both groups were single. Marital status showed 16% of the treatment group were married versus 13% in the control group. Those partnered made up 23% in the treatment group and 26% in the control group. Women constituted 66% of the treatment and 63% of the control groups.

Among the respondents, 84% in the treatment group and 81% in the control group identified as non-Hispanic. Racially, 72% of the treatment and 68% of the control groups identified as White, while 20% and 15% identified as Black, respectively. Other racial categories made up 5% in the treatment and 14% in the control. English was predominant, spoken by 92% in the treatment and 96% in the control groups. Spanish speakers constituted 7% of the treatment group and 4% of the control group.

About half of both treatment and control groups had earned some type of degree: 23% of the treatment group reported having an Associate's or Bachelor's degree compared to 38% of the control group, and 25% of the treatment group and 13% of control reported other educational levels, including postgraduate degrees and trade/technical school. 46% of treatment and 48% of control had less than a high school education.

The sample predominantly consisted of low-income participants. Approximately 40% of both the treatment and control groups earned less than $20,000 annually at baseline, which is below the 2020 Federal Poverty threshold of $21,720 for a family of three. 31% of the treatment group and 26% of the control group respondents identified as SNAP beneficiaries, and 5% of respondents in both the groups were beneficiaries of SSI.[1] Qualitative findings illustrate the complexities of living paycheck to paycheck where, despite full-time labor market participation, participants were still categorized as low-income or found themselves navigating a benefits cliff when a small wage increase reduced or made them ineligible for public benefits.

Table 1. Participant Demographics

TREATMENT		CONTROL
61	**SAMPLE SIZE**	**84**
43	**AVG. AGE OF RESPONDENT (YEARS)**	44
	GENDER (%)	
33	Male	35
66	Female	63
2	Other	2
	CHILDREN IN HOUSEHOLDS (%)	
46	Yes	50
1	Avg. number of children in HH	1
3	Avg. HH size	3
	ETHNICITY (%)	
84	Non-Hispanic	81
	RACE (%)	
72	White	68
20	African American	15
5	Other/Mixed	14
	MARITAL STATUS (%)	
61	Single	61
16	Married	13
23	Partnered/in-relationship	26
	PRIMARY LANGUAGE AT HOME (%)	
92	English	96
7	Spanish	4

1 The Supplemental Nutrition Assistance Program (SNAP), also known as food stamps, provides food benefits to low-income individuals and families (U.S. Department of Agriculture Food and Nutrition Service, n.d.). Supplemental Security Income (SSI) provides monthly payments to individuals with disabilities and older low-income adults (U.S. Social Security Administration, n.d.).

TREATMENT		CONTROL
	EDUCATION (%)	
46	Less than High School	48
7	Some College	1
23	Associates/Bachelor	38
25	Other	13
	ANNUAL HH INCOME (IN $)	
23,660	Mean	26,223

Research Questions

Empirical research on the impact of the current wave of recurring unconditional cash pilots in the United States is still underway.[2] Little outcome data has been published yet beyond CGIR's evaluation of the Stockton Economic Empowerment Demonstration (SEED) (West & Castro, 2023); the ongoing Baby's First Years study, a causal research project on the linkage between poverty and infant brain development (Troller-Renfree et al., 2022a; Troller-Renfree et al., 2022b); THRIVE East of the River in Washington, D.C. (Bogle et al., 2022); and the Magnolia Mother's Trust in Jackson, MS (Onifade et al., 2023).[3] It is with this environment in mind that the research hypotheses and theory of change were constructed. Receipt of a consistent, unconditional, monthly cash payment (GI) should contribute to increased financial well-being—a sense of security and freedom in one's present and future financial situation. Increased financial well-being should create the conditions for self-determination and agency, freeing up a person's cognitive pathways to imagine and pursue new opportunities. In turn, quality of life, including physical, mental, and emotional health and well-being, should improve (West et al., 2023).

Project Resilience provided a monthly unconditional cash transfer of $500 for 14 months (along with titrated payments for an additional 3 months) to answer the following: How does GI impact participant's financial well-being? What is the relationship between GI and participants' sense of self? How does GI affect participants' quality of life? Given the context of economic hardship in Ulster County and the impact of the pandemic, the research team also interrogated GI's role in navigating pathways and barriers to well-being, and its role in participants' perspectives on work and the possibility of upward mobility.

---

2 In 2019, there were only four unconditional cash experiments under way in the U.S.: Baby's First Years, the Magnolia Mother's Trust, Y-Combinator, and the Stockton pilot. The start of the pandemic marked a wave of experimentation with unconditional cash across the country. To date, there are more than 120 experiments, pilots, or demonstration programs across the U.S., but most have yet to release outcome data. An active visualization of all the known current pilots can be found on the Stanford Basic Income Lab site: https://basicincome.stanford.edu/experiments-map/2.

3 CGIR draws a conceptual and programmatic distinction between short-term unconditional cash transfers that provide one-time or limited cash infusions and recurring cash transfers that can be relied on over time. Short-term unconditional cash transfers relieve material hardship but are not associated with the changes in well-being established in recurring cash transfer programs (Jaroszewicz et al., 2022; West et al., 2023).

Methods

All research methods were approved by the Institutional Review Board of the University of Pennsylvania. This research utilized a parallel mixed-methods design (QUANT + QUAL), meaning the quantitative and qualitative strands started with the same primary research questions, with the option of including analogous questions within each strand (Teddlie & Tashakkori, 2009). In this design, data collection and analysis occur independently within each strand and are not integrated until a full set of findings are produced quantitatively and qualitatively. After a full analysis within each strand, the findings were integrated into the primary research questions and sub-studies of the analogous questions pertaining to a single strand. As noted prior, this study included two qualitative sub-questions.

Ulster County invited all eligible residents to apply for both the guaranteed income program as well as the accompanying research study. To promote accessibility for the application and to ensure a fair and legitimate selection process, Ulster County contracted with the University of Pennsylvania's CGIR to oversee both processes. CGIR used an online platform to administer an informed consent and baseline survey, notifying participants of the voluntary nature and purpose of the study as well as the confidentiality of the data collected. The application was offered in both Spanish and English to promote equitable access to the program and study. At the close of the application period, 3,832 participants applied, indicating a strong need in the community for cash support. CGIR thoroughly reviewed all applications to remove any duplicates to ensure that each applicant had an equal chance of being selected to participate. CGIR then used a random selection and assignment method to identify the treatment group participants. During the notification and onboarding process, treatment group participants received benefits counseling to identify any impacts of the cash transfers on their receipt of public benefits. In sum, the application and selection processes were carefully designed to promote transparency, accessibility, fairness, and justice.

QUANTITATIVE METHODS

A randomized controlled trial (RCT) assessed primary outcome measures like physical and mental health, income volatility, and financial well-being using Complete-Case Analysis (CCA).

Through a rigorous random sampling process, eligible individuals were selected from the applicant pool to evaluate the impact of a $500 monthly GI for a year.[4] The study enrolled 61 participants in the treatment group and 84 in the control group, anticipating a 20% attrition rate. A conservative approach was adopted preemptively to ensure a minimal detectable effect of 0.30. With a two-tailed hypothesis, it aimed for a statistical power of 0.80 with a significance level of 0.05. Constraints like intervention costs and limited prior data influenced the small sample, which was further impacted by attrition.

The treatment group received the GI from May 2021 until June 2022, with payments gradually decreasing during the phase-out period from July to September 2022. The control group received no intervention. Both groups were compensated for survey participation in all waves. Data collection commenced three months prior to the allocation with intervals of six months,

4 Although the GI payments were originally scheduled to only last for one year, the payments were extended in full for an additional two months and then were tapered for an additional three months.

with the final follow-up coinciding with the GI phase-out. Key dates for the study were as follows: initial data collection in February 2021, first GI disbursement in May 2021, followed by Wave 2 in December 2021, Wave 3 in April 2022, and Wave 4 in October 2022, shortly after the GI ended.

Attrition, especially in the control group during Waves 2 and 3, affected the statistical power. Missing data was managed using CCA, which involves omitting participants with any incomplete data, under the assumption that the missingness is entirely random. This approach can yield unbiased parameter estimates as demonstrated by von Hippel (2007).

QUALITATIVE METHODS

At the midpoint of the program, November 2021, the qualitative team recruited 27 individuals to participate in a semi-structured interview. Six participants canceled due to illness and work obligations, yielding a sample of 21 (18 treatment and 3 control[5]). Interviews lasted 1.5–2.5 hours and occurred in a location of the participants' choosing. Most chose to interview at home or a community setting of their choice, and four interviewed over Zoom to minimize risk of COVID-19 exposure. Participants were compensated for their time with a $40 Walmart gift card. The interview protocol was informed by literature on scarcity which indicates that chronic material hardship impacts cognitive capacity, limits goal-setting, curtails one's ability to cope, and intensifies financial risk (Mani et al., 2013; Shah et al., 2012). Simultaneously, chronic hardship creates negative well-being outcomes that psychologically mire people in the present with little capacity to visualize pathways forward (West & Castro, 2023; West et al., 2023). The interview protocol included prompts on policy and program take-up, program design, benefits interaction, health and well-being, pooling behaviors, finances, relationships, decision-making, care work, and ideology. All interviews were digitally recorded and professionally transcribed.

An integration of thematic analysis and grounded theory approaches was employed to address the primary and sub-study research questions. The study team utilized Braun and Clark's (2012) five stages of analysis for semantic analysis and grounded theory for latent themes (Charmaz, 2014). Thematic analysis focused on process coding to assess decision-making, strategies, and goal-setting; it also focused on values coding to assess how individual schemas reflected larger discourses on care work, finances, and employment (Saldana, 2010). A grounded theory approach was utilized to employ focus and theoretical coding based on the literature noted prior, in tandem with inductive code generation. This section of the codebook and thematic mapping focused on agency, care work, beliefs about deservedness, and structural vulnerability. Structured and recursive memo-writing occurred at each stage of data collection, cleaning, and analysis. This formed the anchor of a blended approach: consistent "thick descriptions" throughout analysis (Ponterotto, 2006, p. 358) and close reads of specific themes in isolation, before generating thematic maps and relationships between codes within each interpretive community (Fish, 1980).

5 Narrative data from control group participants was utilized in this study for understanding the context of Ulster County, housing cost burden, and regional pressures. Full analysis of control group data is part of cross-site analysis of control group members from around the United States that is outside the scope of this report.

Findings

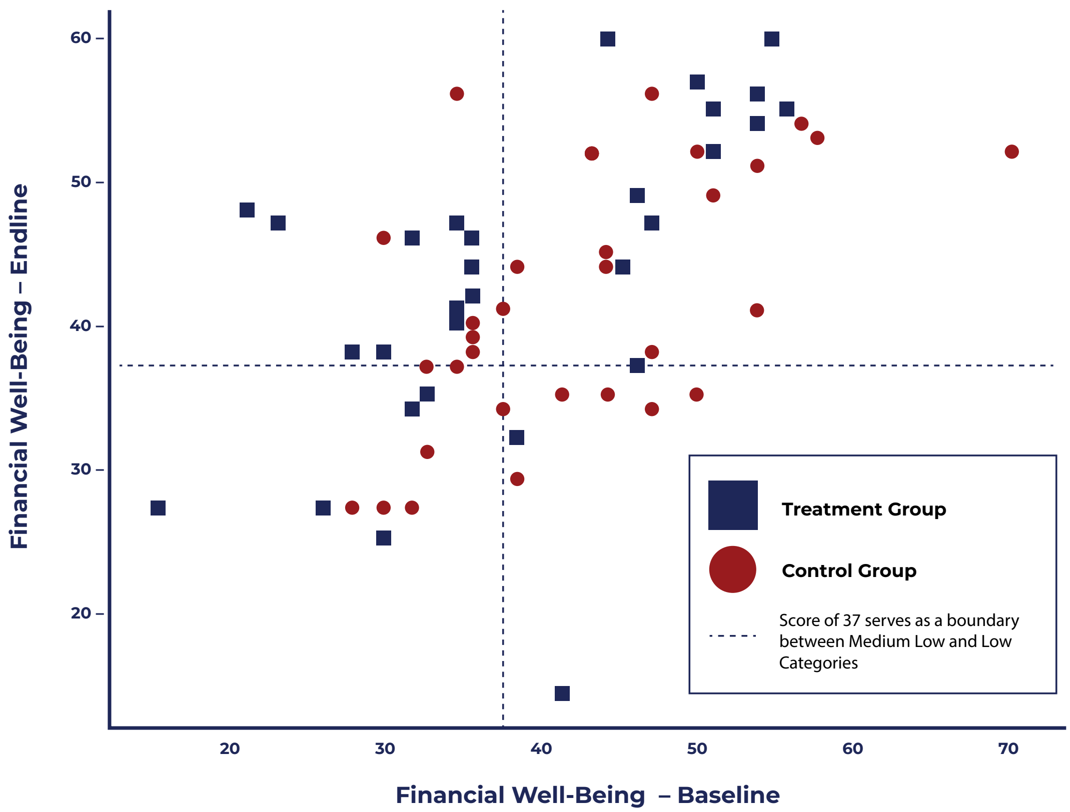
1. Financial Well-being, Mattering, and the American Dream

Summary: For many treatment participants, the guaranteed income improved their financial well-being, increased their household income and savings, and provided the ability to respond to financial emergencies. These outcomes not only positively impacted the overall financial health of many treatment participants but also increased their sense of self-worth and mattering, as participants described connecting their personal value to their ability to provide for their households and maintain financial stability and independence. Within the broader economic context, participants were often familiar with the struggles of low-waged jobs, the dangers of the benefits cliff, and the trap of economic immobility—even in the midst of successfully attaining educational goals and securing employment. The frustration of "doing everything right" and still struggling to survive negatively impacted many participants' sense of self-worth and mental health. The GI interrupted this pathway by allowing participants to contribute to their households, set aside money for savings, and even enjoy an occasional night out. In this way, the GI not only created a spillover effect for the families of participants, it also improved the participants' mental health, sense of worth and mattering, and the overall well-being and self-sufficiency that many treatment participants desired.

Despite the economic pressures of the pandemic and inflation, findings strongly suggest that the GI positively impacted the treatment group's financial well-being, consistent with the study's hypothesis. "Financial well-being" encapsulates a sense of security and freedom in one's financial situation, both presently and in the future. It encompasses four key elements: control over daily and monthly finances, resilience to financial setbacks, being on track for future goals, and having the freedom to make choices that bring joy. Importantly, financial well-being is not merely an end goal, but rather a tipping point towards a more holistic experience of well-being. As the study findings suggest, it spills forth to other domains, improving mental, physical, and emotional well-being and increasing quality of life.

The impact of GI on financial well-being is evident in the shifts in score distributions observed between the treatment and control groups from baseline to the conclusion of the study at Wave 4. At baseline, the average financial well-being score for the treatment group (M=38.33) positioned it between the "Low" (30–37) and "Medium Low" (38–49) categories of the Consumer Financial Protection Bureau's Financial Wellbeing Survey. Individuals in these categories often lack savings, maintaining less than $250 in liquid savings, lack enough consistent liquidity to remain within a household budget, and have histories of interactions with debt collectors or of having credit applications rejected. In contrast, the control group's average score (M=40.81) was in the "Medium Low" range. By Wave 3, a positive significant mean difference (3.51) in financial well-being was observed between the two groups. Following the intervention, the treatment group (M=43.21) maintained the positive mean difference (2.61) compared to the control group (M=40.60), implying better financial stability. Both results were statistically significant with a moderate effect, indicating that, by the study's conclusion, the treatment group households experienced a discernible improvement in financial well-being relative to the control group.

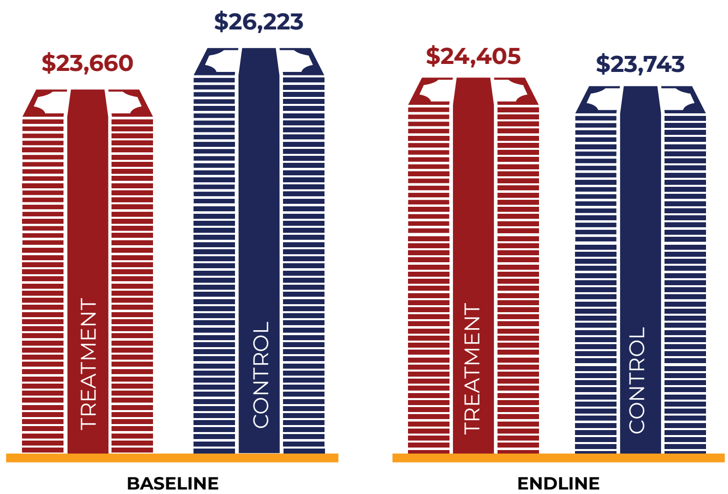
Figure 2. Scatterplot Comparing Financial Well-Being: Baseline to Endline



Shifts in average annual household incomes between the treatment and control cohorts from the baseline to phase-out of the guaranteed income were evident. At the onset of the study, the control group's annual household income was approximately $2,563 greater than the treatment group. By Wave 3, while the treatment group exhibited signs of income growth, the control group's income remained higher. However, by Wave 4, the treatment group's income surpassed the control group by $662. Despite these shifts, statistical analysis showed no significance across the waves. Thus, while income variations were clear, the influence of the GI could not be distinguished from random fluctuations, potentially hinting at inadequate study power. Income volatility can be gauged using the coefficient of variation, which reflects monthly income fluctuations. For instance, a consistent monthly income of $1,000 with a coefficient of variation of 0.30 means an average monthly variation of $300. At the onset, the control group showed a marginally higher income variability at 12.51%, in comparison to the treatment group's

11.93%. By Wave 4, both groups displayed reduced variability, with the control group exhibiting notable lower fluctuation, suggesting more income stability. The pandemic, characterized by widespread job losses and economic uncertainty, likely introduced pronounced income volatility for participants. Amid such times of economic turbulence, even minor income stabilization can offer a buffer against the broader challenges posed by the pandemic.

Figure 3. Annual Household Income: Baseline vs. Endline



The treatment group also demonstrated resilience to setbacks by being better able to respond to financial emergencies throughout the pilot. When asked if they could cover an unexpected $400 expense, the treatment group's capability remained steady from baseline to Wave 4 at 17.4%. In contrast, the control group's ability decreased from 13.16% to 7.89%, a 5 percent point drop. Around 29% of the treatment group respondents could not manage the $400 expense in both baseline and Wave 4, whereas this inability grew in the control group, rising from 21% to 34%. Additionally, the reliance on debt to cover the $400 expense reduced for the treatment group from 14.29% at baseline to 2.86% by Wave 4, reflecting an 11 percent point reduction.

It is notable, given the fragile, pandemic-era context of the experiment, that the treatment group was able to maintain or increase their ability to cover an emergency cost, while control participants experienced a considerable decline. Molly, a grandmother of three, described her newfound financial well-being as,

> *A huge weight off my shoulders. I mean, you know, $500—when you come down into the scheme of things, it's not a lot of money ... but it makes a world of difference in your stress level, not having to worry this month. "OK, I got the 500 coming in." So I know I could cover more unexpected [expenses], like the car breaking down. And that's twice I've used the money to fix my car.*

Participants described finally being able to engage with long-held savings goals, even when contending with constrained finances. Contrary to assumptions about those living paycheck to paycheck, recipients expressed pre-existing desires to save, but lacked sufficient funds to do so. Building on the observed financial well-being trends, evidence from the data suggests a shift in financial behavior, particularly in savings patterns. GI appears to positively influence savings behaviors: 22% of the treatment group shifted to higher savings categories compared to 11% in the control group. Notably, the treatment group saw a 3 percent point increase in participants with more than $500 in savings at phase-out, compared to an 8 percent point decline for the control group.

Table 2. Transition in Savings: Treatment vs. Control from Baseline to Endline

	Transition	
	Treatment	Control
Remained same	63%	63%
Increased savings	22%	11%
Decreased savings	16%	26%

Treament = 32, Control = 35

Several participants were setting money aside for a house, something that would have previously felt unimaginable in an area with rising property prices; this ties into findings on increased homeownership among the treatment group. Participants were also able to make financial choices that brought them joy and facilitated connection with their family and friends. Nora, an administrative worker who cleaned houses on the side, was saving to take her family to Disney World and excitedly shared the details of the planning process:

> *I smile every time [I think about it]. It's a year from now, but I'm still already—I'm so excited ... And by the time a year from now comes, I can have a comfortable trip to Disney World—without using my credit card. That's my goal. [Without the GI] I would never be able to do that. It would take me a lot longer to do that, to save for.*

Others, like Eliona, a single mother and teaching assistant, openly questioned why the time and funds for connecting with others were seemingly reserved for the wealthy, saying, "let's face it. Money rules the world."

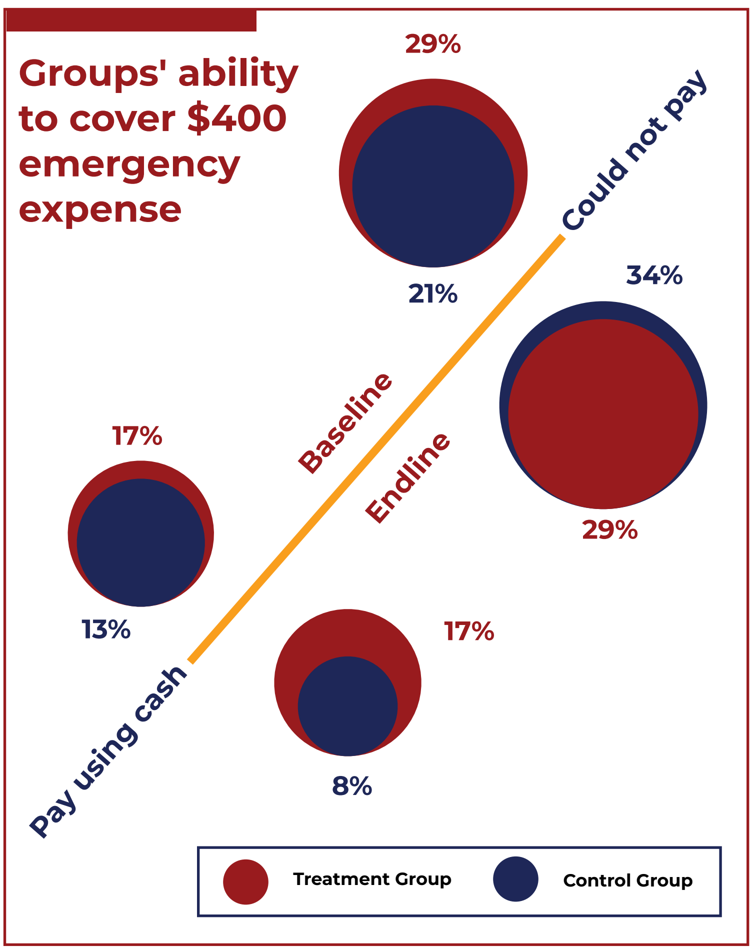
In Ulster County, the ways in which people connected self-worth to economic performance was particularly pronounced, and as GI allowed recipients to establish a sense of financial well-being, this had spillover effects on mental and emotional well-being. In lieu of a stable employment context, GI produced a similar sense of ontological security that participation in the labor market used to provide. The act of saving itself, for example, seemed to engender a sense of pride and confidence among the treatment group. However, recipients experienced the ontological security of GI differently than that of a salary because they interpreted the $500 as being connected to their humanity rather than waged labor.

An internalized and pervasive sense of self-reliance and work ethic ran through the Ulster County narratives. Pilot participants valued providing for self and family and tended to avoid asking for help or depending on others, taking pride in making ends meet. People kept financial challenges private from even family and close friends. No one wanted to let anyone else know they were struggling. As Allie Sour, a manager at a restaurant chain, put it, “we really don’t rely on other people to help us with anything. Because, like, we’ve been doing it for the longest on our own and we never asked for help, so there’s no point doing it now.” Nora said, “I hate to ask anybody for help at this point. It’s our family. We don’t—we don’t like to ask for help because things come with that. Judgment is one of the biggest things that comes with asking for help of any kind.” However, at the same time, their experiences with persistent and acute financial stress engendered a sense of empathy towards others’ struggles. As Leah describes,

> *The area that I live in, um, is, you know, there’s plenty of people that are struggling financially, and so I often find myself ... trying to treat friends to things, make meals for them. If they need help with—if they need a ride somewhere, not taking gas money—things like that. I mean, we kind of look out for each other.*

She went on to describe how she planned to share some of the GI with friends, then “invest in myself so that I can have more income down the line to be sharing more with friends.”

The data suggests that a $500 guaranteed income not only directly benefits recipients but might produce positive spillover effects on their social networks. The treatment group consistently showed a higher likelihood of offering financial assistance to family or friends throughout the study. At baseline, 22.92% of the treatment group, relative to 14.52% of the control group, reported offering financial support. Particularly, in Wave 3, a stark difference emerged, with 28.95% of the treatment group being nearly four times more likely to provide financial help than the control group, at 7.50%. Although this difference narrowed slightly by Wave 4, the treatment group consistently showed a higher propensity to provide financial assistance across all waves.



Yet pilot participants were stretched in competing directions, navigating a series of impossible choices. The employment landscape in Ulster County was dominated by low-wage shift work, including service industry and warehouse jobs, paid care work, and precarious “gig economy” work. Workers, especially self-employed gig workers, experienced unexpected unemployment during the pandemic. One of the only dependable jobs mentioned was in government administration, which had good benefits—although one government employee still needed a second job to make ends meet. In national comparison, employment in the study area was notably concentrated in 9 out of 22 occupational groups, including education, food preparation, and services. The food preparation and service sector stood out: for instance, roles like dining room attendant, cafeteria attendant, bartenders' helper, and dishwasher were employed at two times higher rates than the national average. Computer-related occupations and business and finance were significantly below the national average. The average hourly wage for workers in the area was $25.81 in May 2021, roughly 8% less than the U.S. average of $28.01 (U.S. Bureau of Labor Statistics, 2023).

A number of workers in Ulster County experienced the perils of the benefits cliff, where they earned too much in the labor market to qualify for most economic assistance programs, but their wages did not cover the cost of basic needs. For instance, Allie Sour did not qualify for childcare subsidies because of her income, so she had to devise a shift schedule with her husband and mother-in-law so that someone was always available to take care of their four children. This arrangement adequately covered childcare, but it also meant the family was rarely together at the same time, further highlighting the way that time and connection function as luxury goods when living paycheck to paycheck without adequate support. Another participant, Eliona, was ineligible for reduced-cost childcare because she took a promotion at her job as a teacher's assistant. She then had to spend most of her income on unsubsidized daycare. Brooke turned down a promotion at her work so she could keep her subsidized housing, fearing otherwise she could not make ends meet. People on the benefits cliff tended to be less able to take risks or make choices that led to mobility, achievement, or fulfillment. They were constrained by survival mode, weighing the relative impact of these decisions on their ability to access and afford basic needs.

Many of the recipients displayed a hard-won, hard-nosed bootstraps mentality: a commitment to self-sufficiency. They sometimes avoided disclosing to others that they received benefits, expressing conflicted views around accessing benefits versus working multiple jobs to make ends meet. Several participants related complicated opinions on who deserved social support. The perception of the American Dream cast a long shadow—yet data suggest that the means to achieve it may no longer exist.

This led to painful tensions around people's sense of self-worth and capability. There was little capacity to achieve economic mobility through the labor market, yet traditional expectations still centered around work as a central pillar of worth. Expectations around employment and the performance of "getting by" served as a form of social control: most participants perceived their experiences as individual failings rather than consequences of structural limitations. Alex, a member of the treatment group, pointed out that:

> *People think—you know, we have this attitude in America that if you're—if you're not making it, it's your fault ... I think what people just get wrong about [living paycheck to paycheck] is that it's their fault. It's not their fault.*

Participants described feeling ashamed and embarrassed about their inability to make ends meet. Many had followed the traditional pathway to achievement—going to technical school or earning college degrees, working full-time in skilled careers, buying a home—yet were still barely keeping afloat. Jon worked his whole life for a comfortable retirement but needed a part-time job to supplement his fixed income. Jim got his Bachelor's degree but ended up working a physically demanding warehouse job and getting injured. Leah was a highly educated, "socially conscious person who was raised upper middle class," in her words, and who was struggling to get by. As she reflected, "I think what people don't understand about living paycheck to paycheck is how many people do."

For those unable to make ends meet or those outside the labor market (long-term unemployed, injured or disabled, performing unpaid care work), their experiences ran counter to the overarching narrative that rewards hard work. Inability to work and to provide for self and family had adverse effects on identity, pride, and sense of value.

Jim, for instance, was injured while working at a large online retailer's warehouse during the pandemic. He started receiving disability benefits in 2021 but felt burdened by expectations around work, despite being physically unwell:

> *Probably one of the biggest sources of anxiety is just that I don't look sick. So it's a constant—I don't know—cognitive dissonance. Or, you know, like, I feel like I should be able to work because other people are. So I feel like a sense of shame, almost.*

The pandemic's effect on mental health is illustrated by national data: the percentage of adults who had symptoms of an anxiety or a depressive disorder and those with unmet mental health needs increased significantly (Vahratian et al., 2021), as did the share of Americans (41%) experiencing high psychological distress at least once during the pandemic (Pasquini & Keeter, 2022). But even pre-pandemic, Ulster County recorded pronounced mental health struggles. In 2018, 21% of Ulster County residents reported having a depressive disorder, the second highest of the eight Mid-Hudson counties, and the County recorded the second-highest rates of poor mental health for 14 or more days in the region (11.6% vs. 9.1% as a region) (Dutchess County, 2022).

For those struggling to stay afloat, both financially and mentally, the GI made them feel like they mattered. Steve, who lived with his parents and teenage son, described the "mental anguish" and shame of being unemployed long-term. He also talked about the sense of "confidence and self-worth" the GI gave him—he was able to contribute to the household again, set aside money to save for his own apartment, and even go out occasionally. "Before, you know, I was embarrassed, you know, that I didn't have money ... now I know I can buy a coffee," he said.

Vanessa was a teaching assistant for students with disabilities. She held a BA in English (with the accompanying student loan debt) and had had plans to become a journalist, but life took a different turn when she had her son. She described feeling ashamed of not only the low wages she was paid, but the lack of regard that others displayed for her work in a care profession.

> *I just feel like [GI]—it's a great program for people like me who have important jobs that don't pay. I mean, that's really it. Why am I penalized because I picked a profession that doesn't pay? It's not fair. My job is important. And I just feel like you know, people may*

> *say, oh, TA job, that's you know, that's for college kids because that's basically, the pay. It's just you can barely live off it. But these are special needs kids ... I'm doing extremely important work. [A permanent GI] wouldn't make me feel so crappy about my job and what I get paid ... at least I have this—I would have this buffer that would make it more acceptable and OK. Because I like my job. I don't want to have to quit my job, but the pay is making me quit my job, eventually.*

As is typical with care work, Vanessa's job was undervalued and unrecognized. She suggested that GI could contribute to reducing the stigma of low-wage work by validating care workers as important and valuable, essentially subsidizing their labor.

These narratives suggest that the receipt of GI facilitates a sense of Mattering for recipients. Mattering is rooted in the idea that people inherently want to feel valued as human beings, recognized and important outside of their relationship to capitalism (Castro et al., 2021). Scarcity makes people invisible, and pressures around work make people feel shame; GI seems to allow people to reclaim their sense of self. Analysis from the Adult Mattering Scale suggests that GI modulates participants' perceptions across the three dimensions of Mattering. In the Importance domain, the treatment group's mean scores shifted from 34.85 at baseline to 37.91 by Wave 4, while the control group's scores transitioned from 32.77 to 37.31 over the same period. Notably, the treatment group exhibited a mean difference of -2.12 towards significance by Wave 3, but this gap narrowed to a minor, non-significant difference by phase-out. However, the effects in the Awareness domain attenuated from baseline to Wave 3, followed by an increase in Wave 4. For the Reliance domain, scores for the treatment group went from 20.59 at baseline to 22.71 by Wave 4, while the control group showed a shift from 19.06 to 23.34. While these findings remained statistically insignificant, even subtle shifts can have impacts on people's perceptions of being recognized and valued.

Alex acknowledged his tendency towards self-reliance but admitted that the GI made him feel that he mattered.

> *I've always thought I—I take care of myself in this world, you know? You know, I don't think I have anything coming to me. I don't depend on anybody else. Figure I will make the best of my life. And what comes back to me is what I got coming. And this has been a very tough year and a half. I mean, I make light of it. But this is—it's crazy tough. It's tough financially. It's tough emotionally and psychologically and musically and everything ... But [the guaranteed income] made me feel like I'm not alone. There are people out there that are, you know, thinking about people like me. And that's a new thing. That's not something I had considered before. And it makes me—and this is the sappy part—it sort of restores a little bit of my belief in the goodness of people ... And the—and the goodness of America, you know?*

This shift in mindset is particularly notable given the way in which personal responsibility and self-worth were intrinsically linked to economic performance in Ulster County. Financial well-being seemed to bolster confidence, boost morale, and lead to spillover effects among participants.

2. Hope, Agency, Dignity—GI's Impact on Sense of Self

Summary: Many guaranteed income participants experienced an increase in both hope and agency, even within the broader context of limited opportunities and few pathways for economic mobility. Data confirmed a rise in the level of agency that many participants reported, meaning that they felt a sense of control over their ability to achieve their goals with the GI in hand. Indeed, some participants exercised increased choice in both their financial decisions and time management, which together moved them closer to various life goals they had set, such as career shifts, more time with their family, and an increase in self-care. For some, the GI mitigated stressors that often accompany full-time employment, such as childcare and reliable transport. Again, this support then afforded these participants the ability to achieve their goals, such as going back to school. Such experiences contributed to a stronger sense of dignity and self-worth, as participants' hope and choices were realized.

In Ulster County, participants initially struggled to reconcile expectations of upward mobility with an absence of pathways that rewarded hard work, leading to a pervasive tension between self-reliance and shame. The path towards upward mobility requires some capacity for hope in the face of uncertainty—particularly when one's financial position is structurally bound by economic forces outside of one's control (Castro et al., 2021; Lybbert & Wydick, 2018). In the context of Ulster County, structural conditions therefore may have posed significant obstacles towards participants' ability to imagine new possibilities. However—and again, against the odds—findings documented a considerable increase in hope and agency among the treatment population.

In Wave 3, as the treatment group stabilized, participants tended to begin to achieve more financial stability. Participants described a sense of space and "breathing room" that came from knowing they could pay their bills and cover necessities each month. And as previous findings suggest, participants seemed to derive confidence and self-worth from the self-sufficiency the GI enabled. At this time, all scores on the Hope Scale (Agency, Pathway, and Total Hope) showed a slightly more pronounced increase for the treatment group than for the control group. By Wave 4, the relative impact percentages were 4.87 for Total Hope, 2.49 for Pathway, and 7.51 for Agency, implying a positive direction (i.e. enhanced hope) for the treatment group relative to the control, though the differences were statistically insignificant. This suggests that while the intervention had some influence on participants' overall sense of hope, the sample size was too small to reliably detect this impact.

Additionally, the observed increase in the treatment group mean from 22.42 at baseline to 23.00 at Wave 4 for Agency contrasted with the stable scores in the control group, hinting at GI potentially influencing individual hope, especially in the Agency dimension. The rise in Agency score in the treatment group suggests that financial security may imbue individuals with a renewed sense of purpose and determination, foundational elements of Agency. While the Agency component saw a marginal increase, Pathways scores for the treatment group showed a subtle elevation in mean score from 23.87 at baseline to 24.19 at Wave 4, suggesting that while GI might enhance one's determination towards goals (Agency), it may not necessarily or consistently equip a person with the ability to devise alternative solutions to structural obstacles.

However, these findings are promising, echoing CGIR's previous work on the Stockton GI experiment (West & Castro, 2023), which revealed an interdependence between financial well-being, agency, and risk capacity. As scarcity eased, participants were able to exercise increased choice around both financial decision-making and the way they used their time. Findings showed that expansion of time and finances for the treatment group augmented a capacity for risk-taking not present prior. In the case of Ulster County, GI removed material barriers like childcare funds, lack of transportation, and contingent labor demands.

Peter, a college graduate, reflected on the potential of GI to mitigate those barriers:

> *Most people lack the financial support to have free time—let alone a garage—to start a company. [GI] would allow countless people to feel free to work on those great ideas that otherwise go no further than the back of the napkin. Talk about adding fuel to the economic system.*

Participants receiving GI described a newfound ability to plan for and realize their goals, a key element of financial well-being. For instance, Leah was able to move towards a career shift. Her work as an occupational therapist seemed stable at first glance, but it was paid by the hour; she was not compensated for her preparation or travel time, or if a client canceled. In her bid to change careers, Leah used the GI to buy a laptop and a smartphone, a microphone to pursue voice acting, and a course on ASL interpreting. She reflected, "I'm excited about moving towards—like having the availability as far as time and finances to move towards some other directions that will lead to me having a better work-life balance. And this overall healthier life."

She also noted that the GI quickened the timescale on which she could pursue new opportunities. She may have continued on the same trajectory regardless, but it would have taken much longer to get there.

> *I think that I would have continued to work towards the voice acting and sign language school. But it would have been a lot slower going because I wouldn't have been able to invest in some of the things that would help me get there.*

Other participants linked increased agency over time to meaningful participation in acts granting dignity, including prioritizing relationships. Narrative data highlighted that participants were able to spend more time with family, including forgoing extra shifts in favor of family activities and taking family members on outings and vacations. Several participants also described an increased capacity for self-care; Nora, for example, admitted she did not take care of herself because she spent so much time caretaking for her elderly mother, with no financial or social support. However, with the GI, she was able to take time to go camping—a small risk, perhaps, but nonetheless important.

Employment patterns among participants revealed dynamic shifts influenced by diverse factors, with both groups demonstrating a rise in full-time employment between baseline and Wave 4. Part-time employment remained more prevalent in the treatment group (19% at both baseline and Wave 4) compared to the control group (9% at baseline and 12% in Wave 4). The control group had a higher proportion of retired individuals by Wave 4. Finally, both groups exhibited some transition towards unemployment by Wave 4, and this trend aligns with the national data, where the unemployment rate increased by 0.2% in October 2022 (U.S. Bureau of Labor Statistics, 2022b). Notably, around 9% of the treatment group fell out of the labor force ("Unemployed not looking for work") because of "sickness or incapacity" or because "they expected little result" finding paid work.

Nevertheless, the higher combined percentage of full- and part-time employed in the treatment group (75%) compared to the control group (59%) by Wave 4 underscores the potential positive influence of GI on employment outcomes even amid challenging economic times.

Table 3. Change in Employment Status

Baseline	Employed Full-Time	Employed Part-Time
Control	32%	9%
Treatment	50%	19%

Endline	Employed Full-Time	Employed Part-Time
Control	47%	12%
Treatment	59%	16%

For employment: Treatment=32, Control=34

The data highlights numerous obstacles to workforce participation which a guaranteed income may mitigate. Access to childcare is one challenge. Several participants juggled precarious shift work with informal childcare, relying on friends and family. Small increases in earnings made people ineligible for subsidized childcare but still unable to afford private daycare. In some cases, the GI disrupted these dynamics, allowing participants to afford childcare or to stabilize childcare arrangements, but the full impact the $500 could have on childcare costs was likely diminished by inflation.

Reliable transport, particularly in rural areas, is another necessity and something recipients highlighted as a financial challenge on par with locating affordable housing. With the GI, participants were able to afford car repairs and gas to get to work, even in the context of record fuel prices. However, the long-term sustainability of these arrangements is questionable without broader structural change. For example, Brooke described wanting to pursue better employment one county over, but the cost of transportation kept her landlocked. She said, "there aren't really any promotional opportunities unless I want to switch counties, drive like an hour away, but the money doesn't actually work. Then I'd have to pay [for] a commute."

The role of GI in participants' perspectives on work, mobility, and value was a key qualitative sub-question in the research. For a few participants, financial well-being seemed to begin to fracture traditional narratives of work ethic and the labor market entirely. Margo described how Project Resilience offered a chance to return to school, rather than continue in her precarious employment:

> *I can't work and go to school at the same time, because my work schedule is so demanding and so inconsistent. Um, so it's like I never know what's going to happen. But if I can save enough money to support myself, maybe I can go to school [instead].*

Cory, a teaching assistant for autistic students, was able to leave his second job because of the GI. He spoke about the poor working conditions and his employer's refusal to raise his wage in line with newer hires. The GI allowed him to take back control over his time and leave a job where he was not valued.

> *I will say that I felt more comfortable leaving my second job. Because—and [the GI] gave me the push to leave—because I felt like I was getting burnt out. Because working with kids until 4 o'clock with the school and then I was working—and I was going into kids' houses and working, and I was getting burnt out. And I felt—I could feel it. Like, it finally was starting to hit.*

Reclaiming time for self, if only temporarily, reflects the ability to make choices that lead to physical and mental well-being, and to reject the expectations of work under late capitalism. However, the GI offered only a temporary break for Cory from the forced vulnerability of contingent working conditions. He was already aware that he would need to find a second job after the program was over.

Financial well-being, more than merely being able to save or respond to setbacks, marked a sea change in how participants enacted and experienced other forms of well-being. GI allowed participants to exercise increased agency over their finances and time, leading to goal-setting, risk-taking, and a fuller exploration of sense of self. The sense of hope and agency displayed by the treatment group was particularly moving given not only Ulster County's economic pressures but the COVID-19 pandemic. In an environment of deep fear, uncertainty, and stasis, GI recipients were able to create momentum.

3. Against the Odds, the Power of Cash… GI's Impact on Quality of Life in a Rural Area

Summary: Overall, participants experienced an improvement in their quality of life, though findings were somewhat mixed given the context of post-pandemic stressors and challenges. The provision of guaranteed income has the ability to decrease scarcity and thereby improve recipients' quality of life. On average, members of the treatment group experienced improved physical and mental health and access to food and affordable and stable housing. Specifically, participants reported better access to preventative health services and mental health support. Some also experienced decreased chronic exhaustion by only working one job, rather than multiple, in order to make ends meet. In addition, the GI reduced food insecurity and housing cost burden.[6] Prior to the GI, some participants reported skipping or reducing meals, and though this survival behavior increased for the control group over time, it did not for the treatment group. In addition, treatment participants reported an overall decrease in housing cost burden and an increase in homeownership and neighborhood quality after receiving the GI. However, by the end of the cash disbursements, some participants in both the treatment and control groups reported experiencing an eviction or receiving an eviction notice, suggesting that the GI may buffer some housing-related stressors but cannot supplant more robust supportive and affordable housing programming.

Despite the impacts of the pandemic, the weak labor market, and the record cost of living, findings show that the treatment group held steady or improved in most primary outcomes. Again, financial well-being created a continuum of well-being whereby participants experienced improved quality of life, including physical and mental health and access to food and housing.

Empirical evidence has identified strong links between poverty and mental and physical ill-health. Low-income can generate a scarcity mindset, where most bandwidth is consumed by finding money for survival, leaving little cognitive capacity left for imagining alternative pathways. People impacted by poverty and unstable income are often trapped in the present—focused on financial survival, vulnerable to environmental stressors, and unable to prioritize their own physical and mental well-being (West et al., 2023). Indeed, the most recent Mid-Hudson Regional Community Health Assessment found that Ulster County had the second highest rate of depressive disorders of the eight Mid-Hudson counties, and 21% of Ulster residents reported having a depressive disorder (Dutchess County, 2022). However, establishing financial well-being, as study findings demonstrate, spills over into a trajectory of physical, mental, and

6 Cost burdened is defined as monthly housing costs, including utilities, that exceed 30% of monthly income. Severely cost burdened is defined as monthly housing costs, including utilities, that exceed 50% of monthly income (U.S. Department of Housing, n.d.).

emotional well-being. It is a catalyst towards an ultimate goal of wholeness, human flourishing, and fulfillment—the opposite of scarcity.

Findings show that GI mitigated the effects of scarcity and created the context for improved quality of life. This occurred in a number of ways. First, increased financial stability brought improvements in physical health. At the beginning of the pilot, the average general health of the treatment group (55.95) was only marginally better than that of the control (54.26). By Wave 3, an observed positive mean difference (4.52) was detected, suggesting an improvement in general health for the treatment group compared to the controls. However, by Wave 4, this differential was negligible and negative (-0.87), though lacking statistical significance.

The most pronounced deviation was observed in physical limitations: the control group started off marginally worse at baseline (63.30). By the fourth wave, the treatment group exhibited better health outcomes (73.21) relative to the control group (62.23). The GI's relative influence by this wave amounted to 17.64%, although again this distinction was not statistically significant. In the realm of physical functionality, the treatment group had a slightly higher mean score than the control group by 0.71 at baseline and by 0.13 at Wave 4. The magnitudes of these differences suggest that financial stability could be instrumental in amplifying health-related quality of life.

These outcomes were borne out by qualitative findings. Members of the treatment group described better access to preventative health services. Several participants had previously skipped doctor's and dentist's appointments because they were unable to afford them. Leah said,

> *[Before the GI] I wouldn't have gone to the doctors because—I had always, you know, going back to like the things that I cut out. Like doctor's appointments. I didn't even think about doctor's appointments because I just was like, whatever. You know, I don't need to get my teeth cleaned.*

For some, the cost of therapists and psychiatrists was also prohibitive. Those who had access to Medicaid reported better access to healthcare, and that they would have struggled to afford care or gone into medical debt without it. But for those who did not qualify for Medicaid, the GI supported access to both physical and mental health services. Other participants noted secondary outcomes of the GI linked to health: being able to cover the cost of car repairs in a rural area, for instance, where before their mobility to and from doctor's appointments would have been limited.

Improved physical and mental health also derived from the ability to rest. Before receiving the GI, participants described the pressure of cobbling together several jobs, juggling childcare and employment, and navigating overlapping demands on their time. Jim described how fatigue and poor mental health kept him in a dangerous workplace:

> *I got weakened mentally from the exhaustion, it's so hard to even bring yourself to apply to a different job just to get out of that hole. So it feels like you're kind of trapped because they sap all of your energy that you could maybe draw on to get out of that situation and into a—into a different job.*

Vanessa felt demoralized by the expectation that people should be working second jobs to get by.

> *People think we should be getting a side gig … I work hard and I come home and I drop. I don't even want to take a walk outside, much less work another job. I want to live. I already feel like I work to live. It's insulting.*

Like other GI programs, the $500 provided space for people to choose themselves and their families rather than logging additional time in the labor market, struggling to make ends meet (West & Castro, 2023). Several participants were able to leave or reduce hours in low-wage jobs. For instance, Skye, who worked full-time as a loan officer, decided to give up her second job tutoring three to four days a week, which came at the cost of time with her daughter. The financial buffer the GI provided made it possible for her to do so, creating more time for her to be present as a mother in a way scarcity previously kept her from.

Margo worked for a theater company; her job was categorized as part-time and she was therefore ineligible for benefits, although her hours were unpredictable and she was required to work overtime depending on the season. GI allowed her to take time off to rest.

> *[Project Resilience] has allowed me to say, I'm so burnt out. I'm going to take one day off. I don't get benefits. I don't get paid sick leave or anything like that. … I've lived a lot in survival mode, just kind of like I'm working and working and working, and I'm not making enough money. And then, you know, it's like you're working all the time, and you kind of burn yourself out, and you're still poor. [Laughter] Like, you're still, like, broke, and then—and you know, that sucks. So [the GI] has given me the ability to be more flexible with taking care of myself.*

Without paid leave, benefits, or job security, the prospect of taking time off for respite would have otherwise been unthinkable. GI allowed people to step back from the constant churn of living paycheck to paycheck in order to take care of themselves and prioritize relationships. However, both the need for respite under late-stage capitalism and the temporary nature of these breaks underlines that GI does not change broader structural issues, like the intersection of poor working conditions and poor mental and physical health, or the economic pressures that force people to work multiple jobs.

Food insecurity was another structural quality-of-life issue in Ulster County that GI helped temporarily mitigate. In comparison with neighboring counties, Ulster County has historically had one of the highest rates of overall and child food insecurity, second only to Sullivan County, and the lowest score in the region in terms of access and affordability to food. Compared to the 2021 national average of 5.9% of families experiencing food insecurity, Ulster rated considerably higher at 12% (Villalba & Walter, 2022). Yet, many food insecure individuals in Ulster County are above the SNAP income threshold, consistent with qualitative findings where people facing hunger did not qualify for SNAP.

Qualitative interviews underlined the prevalence of food insecurity in Ulster County pre-pilot. Participants suggested that in the hierarchy of need—rent, utilities, transportation, food—food was often the first thing to go.

According to Leah,

> *It feels like the easiest thing to find a way around and get a handle on. Whereas, you know, like there's not flexibility in rent ... If I'm working, there's not really flexibility in like my transportation costs. I usually don't spend a lot on things like, um, leisure. So there's not much to cut in other categories, usually.*

Food insecurity was a common theme; scarcity writ large in a grocery bill. Participants described meting out small portion sizes, depending on bulk staples like canned food, or bringing leftover food home from work. Before Project Resilience, participants on the benefits cliff whose employment made them ineligible for SNAP lived off peanut butter and boxed mac and cheese or went without meals entirely. Eliona, a teaching assistant, reasoned "she could make it [without eating]" in order to ensure her son had food. Margo said,

> *Before I moved in with my partner, I was living in a studio by myself. I was living on an air mattress. I was eating Cheetos for dinner. I would prioritize rent over food. Or rent over toilet paper. Like, I would steal toilet paper from my job, or, like, you know, get coffee from my job, or take a sandwich home with me and just eat that. You know? Or I would make a big pot of soup, and I would freeze it and I would eat it all week long. ... Apparently I made too much money for food stamps. Which is absolutely fucking wild, because I was making $9 an hour and eating Cheetos for dinner.*

Quantitative findings suggest that GI eased food insecurity for participants in the treatment group. Utilizing the United States Department of Agriculture (USDA) Household Food Insecurity scale, the research team explored the food security status of households over time. Across all waves, the treatment group consistently reported less worry about food insufficiency than the control group. On average, they reported having to eat non-preferred foods less frequently than the control group and having to eat less due to food insufficiency less often than the control group. The control group, on the other hand, reported a significant rise in food insecurity by Wave 4. In Wave 1, 14.71% of the control group reported having "to eat less in a day because there was not enough food." By Wave 4, this proportion had increased to 35.39%, suggesting a rise in food inadequacy. For the treatment group, this proportion remained consistent at 17.65% at both points in time, suggesting no change. In sum, study findings demonstrate that over time, recipients of GI experienced more stable, or even improved, food security and had fewer concerns about food inadequacy compared to those without GI.

These findings may also suggest that the GI better equipped the treatment group to weather the harsh impacts of inflation, including significantly higher food costs, that occurred during the pilot. The rising cost of groceries, along with inflation more broadly, was a common theme in interviews. For instance, Vanessa, who lived with her teenage son, depended on the GI to cover the rising cost of food.

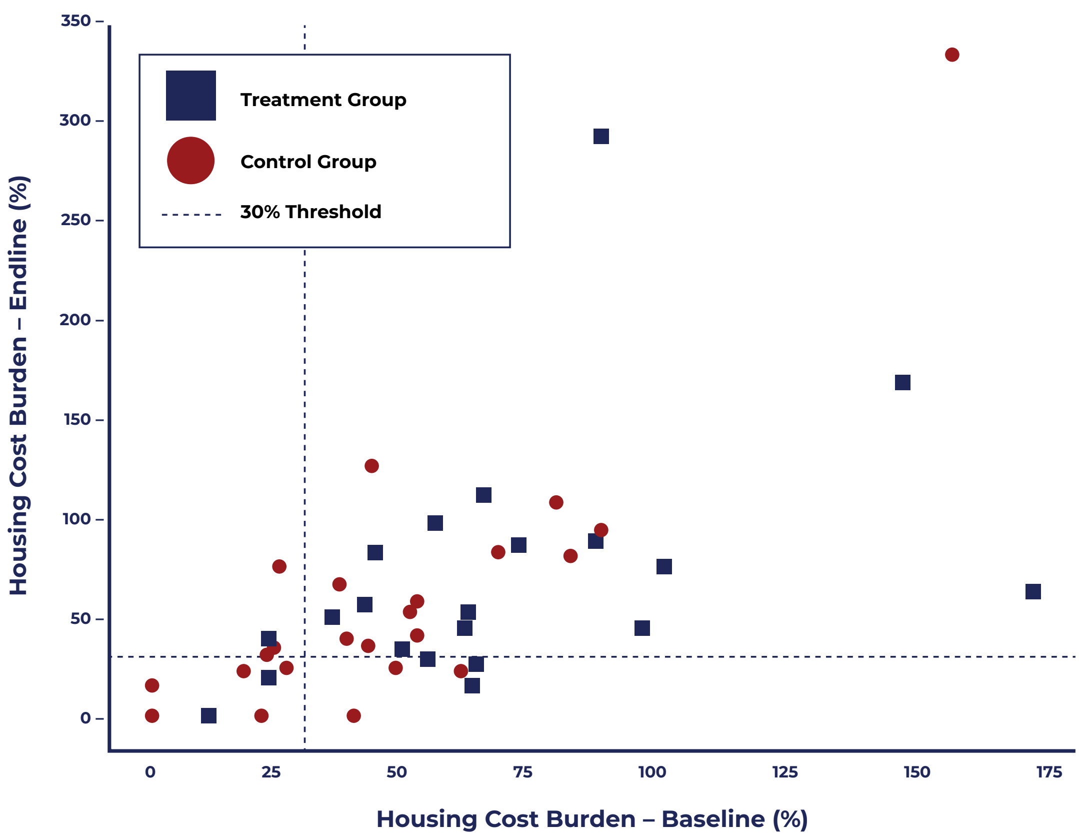
> *I'm not getting any more money for work, and everything, everything's going up. Rent is going up. Groceries are going up. And honestly, it's a lifesaver because that's—that's it. I spend $500 a month on groceries. That's—so if I didn't have that, I'd be picking out of*

> *my savings. And it would leave me with nothing. … I don't have to worry about grocery bills skyrocketing because I have this money … and I'm going to use it to buy good food for my son and not skimp on anything. I'm going to use it to buy healthy food whereas before, I'd be like nit-picking.*

She reflected that without the GI, she would have had to dip into her savings to afford the grocery bill.

Finally, GI positively impacted housing outcomes, contributing to quality of life for recipients. As noted previously, Ulster County residents face increasing housing cost burden—Ulster County exceeded New York state for both cost burdened renter-occupied units (2012–2019) and percentage of severely cost burdened households (2019 & 2022) (Dutchess County, 2022). In fact, Ulster was one of the 13 out of New York's 62 counties to be considered cost burdened (Cromwell, 2022). According to the 2021 Ulster County Housing Action Plan (UCHAP), the average wage earner in Ulster County needed to work at least 67 hours per week to avoid being considered cost-burdened (Ulster County Housing, 2021).

Figure 4. Housing Cost Burden: Baseline vs. Endline Comparison

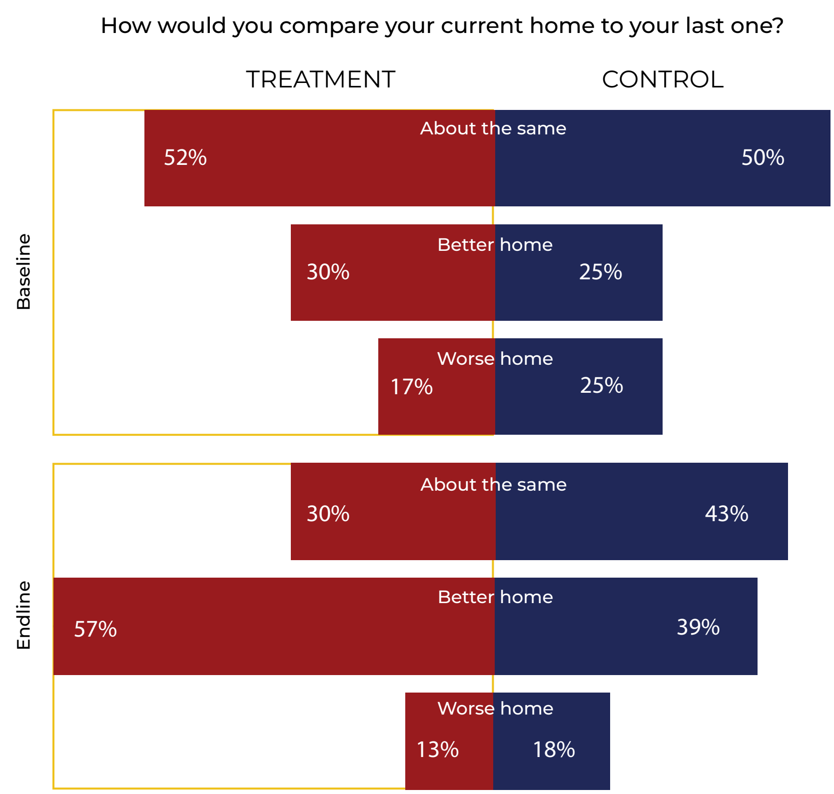


Interview respondents mentioned a patchwork of housing situations. People used Airbnb, renting out rooms to supplement their income. Several participants lived with relatives or had couch-surfed in the past; others were living in apartments that were too small for their families. Two interviewees (one treatment, one control) were in the process of being evicted, unable to afford rising rents. In every interview conducted, the cost of housing featured as a theme. Quantitative and qualitative data suggest that, on average, both the treatment and control group experienced challenges in housing affordability.

The data shows that although the treatment group initially was more cost-burdened relative to the control, there was a 3 percent point reduction in this burden from baseline to Wave 4, suggesting that the GI may have had a stabilizing effect. For control participants, on the other hand, that burden increased by nearly 12%. A deeper dive into the data (>30% cost-burdened households) indicates that for the treatment group, the proportion of participants experiencing over 30% cost burden decreased from 78.26% to 69.57%. In comparison, around 62.5% of the control group households had a housing cost burden of over 30% at both baseline and post-intervention.

The results also highlight a rise in homeownership within the treatment group by the end of the pilot—increasing from 8.7% at baseline to 17.39% by Wave 4. In contrast, while the control group began with a higher homeownership rate of 20.8%, it saw more modest growth to 25% by Wave 4.

Figure 5. Comparative Analysis of Home Quality between Treatment and Control Groups



Among participants, there was a notable shift in both housing and neighborhood quality perceptions. From Wave 1 to Wave 4, over half of treatment group participants (56.52%) experienced improvements in their home quality. Part of this may be attributed to the increase in homeownership for the treatment group by Wave 4; homeownership provides a sense of stability, equity-building, and control over living conditions, which could lead to more positive perceptions of housing quality. However, interviews suggested that even for renters, the ability to move into larger accommodations would create an improved sense of housing quality. Several participants were seeking more space—Allie Sour related, "eventually, we want to get something bigger so we could put up [a bigger] Christmas tree for the kids."

Despite these positive trends around housing, both groups reported experiencing evictions by the end of Wave 4. According to the New York Statewide Landlord-Tenant Eviction Dashboard, Ulster County's eviction rates grew by approximately 19.6% from 2020 to 2021. However, the subsequent year, 2021–2022, witnessed a dramatic rise of approximately 218.2%. This significant increase is likely attributed to the expiration of the pandemic-era eviction moratorium (New York State, n.d.). This serves as a reminder that the impacts of GI can only go so far when structural limitations remain. While findings suggest improvements in quality of life for the treatment group, these have arisen within a system that was fragile to begin with.

Finally, initial scores from both treatment (22) and control (21) on the Kessler Psychological Distress Scale (K-10) questionnaire suggest that the sample population was already experiencing moderate levels of psychological distress at the outset of the pilot. The observed mean difference at Wave 3 was 0.53, indicating a negative direction (i.e., marginally increased stress) for the treatment group. But, it is worth noting that by Wave 4 (six months after the pilot's end), there was a slight decline in the treatment group's scores (20.54), suggesting a potential alleviation in distress levels. While these changes are subtle, they hint at a potentially beneficial impact of the GI, albeit statistically non-significant. Notably, despite these variations, both groups remain at the cusp of mild distress, indicating that root causes of the distress might persist. This is unsurprising given that the post-pandemic landscape in Ulster County is still marked by low economic opportunity and a high cost of living, along with the stoppage of state and federal pandemic-era benefits that may have mitigated some of these issues.

Limitations

While the findings from Project Resilience offer critical insights into the effects of guaranteed income during a crisis, several limitations should be acknowledged.

First, the study was conducted amid the unprecedented conditions of the global COVID-19 pandemic. Consequently, the results might not be generalizable to more typical economic scenarios. The exceptional challenges posed by the pandemic, including its economic repercussions and nation-wide inflation, could have intensified or altered the GI intervention's effects. Secondly, the study's geographical focus was solely on Ulster County, New York, which may limit its applicability to diverse populations in other regions. Furthermore, the study saw a reduction in the amount of cash disbursements over time, potentially influencing participants' behaviors and perceptions differently across stages. Another critical limitation was the use of complete case analysis due to attrition. This approach might have introduced bias, as participants who dropped out or were excluded due to incomplete data may have had different experiences or outcomes compared to those who remained in the study. It is possible that those facing the most severe challenges during the pandemic were also more likely to have missing data, which could underestimate the full impact of the intervention. Lastly, while many positive outcomes were reported for the treatment group, it remains essential to delve deeper into the declines observed in areas like psychological distress. These findings should be contextualized within the broader challenges of the pandemic and Ulster County's socioeconomic backdrop.

Discussion

Study findings highlight that despite the pressures of a global pandemic and increased cost of living, participants receiving guaranteed income were able to maintain or improve their quality of life in outcomes like physical health, housing, and food access as control participants reported concurrent declines. Against steep odds, the treatment group saw improved levels of financial well-being, which served as a catalyst for broader mental and emotional well-being. GI contributed to self-worth, self-determination, and a newfound sense of freedom among recipients. People felt empowered to build skills and pursue long-term aspirations, to take risks and reclaim time for themselves.

However, the agency engendered by GI only goes so far when structural issues limit personal choice and constrain entire sectors of the population into poor working conditions and unaffordable housing with little to no social supports. For instance, gendered expectations of care work remain a major obstacle to self-determination (Bezanston & Luxton, 2006). Mirroring national trends, narratives in Ulster County reflected the struggle to balance childcare responsibilities with paid work, given the cost of childcare compared to wages. High childcare costs constitute a considerable financial burden for parents participating in the labor market, and particularly for women (Landivar et al., 2023). Unpaid care work remains invisible and unsupported, though it is intrinsic to everyday life. Paid care work, too, is undervalued, as evidenced in the literature and by several interview respondents who could not make ends meet despite their critically important work caring for disabled children and elderly people.

Another structural obstacle in Ulster County is the gap between wages and the cost of living. Low wages and precarious employment precluded many from achieving economic mobility through their jobs. Several participants noted that wages had not kept pace with the rapid increase in cost of living. Although this dynamic is not unique to Ulster County, the rural nature of the county and cost-prohibitive commutes to nearby counties or towns compound this stressor. Others had experienced unjust employment practices like a lack of access to adequate benefits or, in one instance, COVID-19 health protections. Some had to work second jobs in order to make ends meet. Living and working in "survival mode" kept people in the present, unable to make different choices or set long-term goals. The impact of GI can only go so far towards economic mobility and agency over time, given these conditions.

A consequence of low wages was a benefits cliff in Ulster County, where people made too much to access benefits like SNAP and Medicaid but were unable to afford necessities like food, healthcare, and utilities with the wages they earned. This contributed in many cases to food insecurity that was only temporarily mitigated by GI. Food prices rose considerably as a result of inflation, and although they are forecasted to grow more slowly in the coming year, this is still at above-historical average rates (U.S. Department of Agriculture Economics Research Service, 2023). These are trends that GI alone cannot address. Structural constraints around food access persist: indeed, for those who received SNAP emergency allotments during the pandemic—another temporary resource—research found a persistent association between the end of the program in February 2023 and food insufficiency (Richterman et al., 2023).

The gap between earnings and cost of living is also evident in housing. While the treatment group demonstrated improved outcomes for housing during the pilot, the wider context of rising property values and increased cost burden is unsustainable for low-income Ulster County residents. These trends are reflective of the national state of housing. According to the most recent American Community Survey data, over 40% (19 million) of renter households in the country are cost-burdened, spending more than 30% of their income on housing costs during the 2017–2021 period, and wages have not kept pace with increased rents (U.S. Census Bureau, 2022).

Despite these issues in Ulster County, as in the United States at large, discourses around work and worth continue to place pressure on individuals to succeed. GI allows recipients the freedom to make decisions that are best for themselves and their families, challenging the idea that conditions like means-testing are necessary. However, in a place like Ulster County, where self-reliance and independence are valued, it is also important that expectations around GI are tempered. Receiving $500 a month alone is not a lasting solution to the durable structural barriers that keep people in scarcity mode, and individuals cannot and should not be expected to pull themselves up by their bootstraps.

Findings demonstrate that GI is not a replacement for the existing social safety net; it should supplement rather than supplant benefits that individuals are already receiving. The Ulster data clearly demonstrates the enormous gaps that emerge when people are working and therefore ineligible for benefits, yet cannot afford basic needs like food, medical care, childcare, or housing. Interviews with GI recipients in Ulster who do receive benefits like Medicaid, SNAP, and childcare subsidies suggest that these are critical pieces of their household economies, extra cash notwithstanding. The GI is not sufficient to replace them.

Discourses around work shape pejorative deservedness narratives about access to benefits and other supportive services in the United States, and the tension between paid work, benefits, and notions of personal responsibility is perceptible. Stigma and shame around benefits receipt still inform public discourse, as do intersecting race-, gender-, and class-based poverty stereotypes. Given the durability of these narratives, there is a risk that they may merely shift from benefits onto unconditional cash (Castro & West, 2022). When policymakers consider how to best operationalize GI, no matter the context, they must take into account the effects of these deservedness narratives on the populations they intend to serve (Thomas et al., 2023).

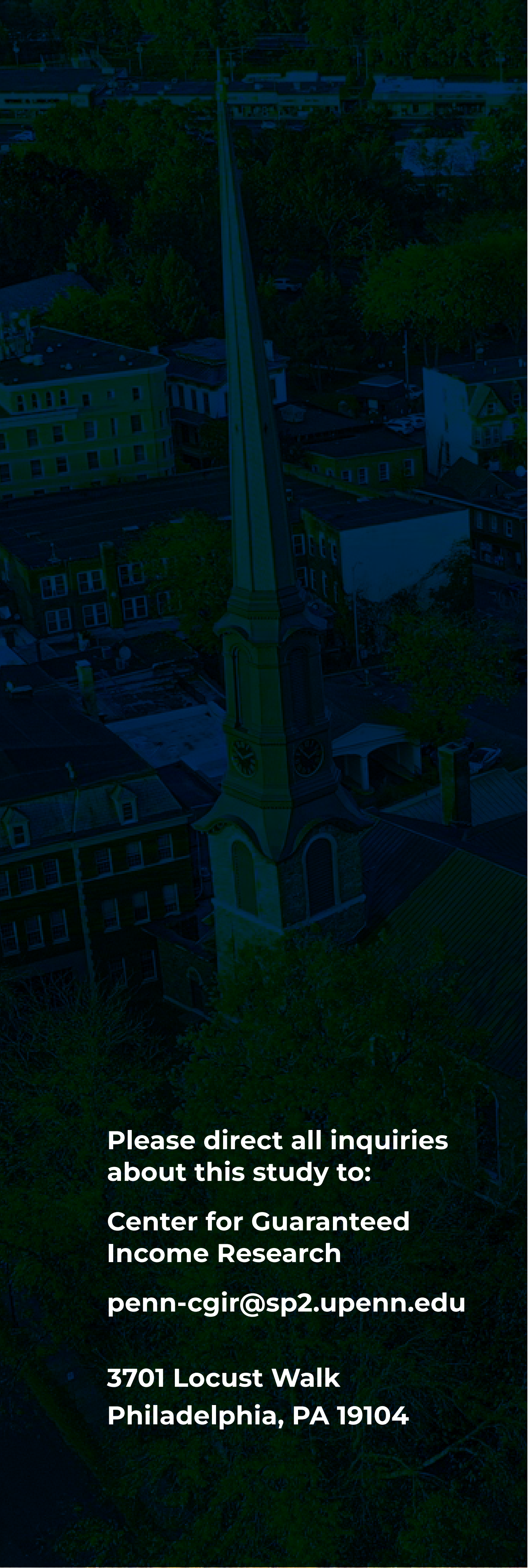
Rather than reacting with attitudes of shame, blame, or judgment, people in Ulster County banded together during the pandemic to support fellow residents under financial strain. In turn, pilot participants expressed gratitude, but also concern—that there were plenty of other people who needed the money, too. They described experiences of stress and fear related to the pandemic; equally, they related feelings of joy that, despite the limitations of COVID-19, the GI allowed them to participate fully in their own lives. Underlying many of the narratives was a recognition of the solidarity and affinity on which Project Resilience was built, and an assumption that neighbors prioritized looking out for one another. Margo, like others, described this impulse as a bulwark during the pandemic and as the key to moving her community forward, saying:

> *Here I think that there's a lot of community outreach, and I think that there's a lot of people here who believe that we should be receiving benefits, and that's how I feel. If we're all a little more financially stable … We're not worried about money and living paycheck to paycheck and freaking out all the time, then we have more head space and more capacity to, like, change the world and fix stuff.*

Cory, like Margo, felt supported by the community-led nature of the pilot. He saw it as a pathway to something bigger.

> *I know that it was all fundraised, everything, because I read through all the paperwork. It was fundraised by a lot of generous people. [It's] why I was very excited to be chosen, honestly—to do it, because I feel like it was more than the money for me, like, to be a part of something that could possibly benefit going forward, or to build on something bigger going forward that could help … as many people as possible. It's something to be a part of, honestly.*

The Project Resilience pilot is a testament to not only the power of unconditional cash, but the power of collective action in the face of unprecedented challenges. The first county-led GI program in the U.S. emerged from a community-led movement during the COVID-19 pandemic to support fellow residents experiencing food insecurity. The scope of feeling in the Project Resilience GI pilot resonated powerfully, that in a time of global uncertainty, people came together in an ethos of care, trust, and mutual support. Against the odds, the power of unconditional cash rippled outwards from individuals to families and their broader community. The impact of the pilot invites others—community-based organizations, researchers, government bodies—to imagine the possibilities around what "something bigger," as Cory says, could look like, and to collectively move them forward.



Center for Guaranteed Income Research

The Center for Guaranteed Income Research (CGIR) was established in 2020 at the University of Pennsylvania School of Social Policy & Practice with the aim of developing a shared body of knowledge on unconditional cash transfers.

At CGIR, distinguished academics and professionals in this field lead pilot guaranteed income programs and oversee the planning and implementation of research initiatives. CGIR is led by two Founding Directors: Dr. Amy Castro, Associate Professor of Social Policy & Practice at the University of Pennsylvania, and Dr. Stacia West, who holds a faculty fellowship at the University of Pennsylvania in addition to her primary role as an Associate Professor at the College of Social Work at the University of Tennessee-Knoxville.

CGIR conducts applied cash transfer studies and pilot designs that contribute to the empirical scholarship on cash, economic mobility, poverty, and narrative change. Our investigations build upon existing literature on cash transfers and incorporate evaluation practices and lessons learned from our previous research on guaranteed income and the gender and racial wealth gap.

All of our research is grounded in Durr's (1993) fundamental question: "What influences policy sentiment?" With this in mind, we are committed to conducting public science that challenges prevailing narratives surrounding poverty, deservingness, and economic mobility, utilizing diverse approaches such as multi-site ethnography, politically-driven sampling, and data visualization.

Our Dashboards feature filters at the pilot level, allowing individuals to access and compare information while obtaining detailed insight into our investigations.

CENTER FOR GUARANTEED INCOME RESEARCH
Social Policy & Practice
UNIVERSITY of PENNSYLVANIA

Please direct all inquiries about this study to:

Center for Guaranteed Income Research

penn-cgir@sp2.upenn.edu

3701 Locust Walk
Philadelphia, PA 19104

References

Baumberg, B. (2016). The stigma of claiming benefits: A quantitative study. *Journal of Social Policy*, *45*(2), 181–199. https://doi.org/10.1017/S0047279415000525

Bezanson, K., & Luxton, M. (2006). S*ocial reproduction: Feminist political economy challenges neo-liberalism*. McGill-Queen's University Press.

Bogle, M., Bramhall, E., Fiol, O., Gwam, P., Maag, E., Noble, O., Tatian, P. A., Triplett, T., & Walker, F. (2022, February). An evaluation of THRIVE East of the River: Findings from a guaranteed income pilot during the COVID-19 pandemic. The Urban Institute. https://www.urban.org/sites/default/files/2023-08/An%20Evaluation%20of%20THRIVE%20East%20of%20the%20River.pdf

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. https://doi.org/10.1037/13620-004

Castro, A., Ma, C., Davis, C. G., & Cusack, M. (2021). Hope, mattering, and pathways towards economic agency among financially marginalized adults. *Social Work and Society*, *19*(2).

Castro, A. & West, S. (2022). The case for basic income experiments. J*ournal of Policy Analysis and Management, 41*(2), 639–643. https://doi.org/10.1002/pam.22383

Centers for Disease Control and Prevention. (2023, September 5). *COVID data tracker*. Centers for Disease Control and Prevention. https://covid.cdc.gov/covid-data-tracker/#datatracker-home

Charmaz, K. (2014). *Constructing grounded theory*. SAGE Publications.

Cromwell, M. (2022, December 8). *Renters more likely than homeowners to spend more than 30% of income on housing in almost all counties*. United States Census Bureau. https://www.census.gov/library/stories/2022/12/housing-costs-burden.html

Dutchess County Department of Behavioral & Community Health. (2022). *Mid-Hudson region community health assessment 2022-2024*. https://www.dutchessny.gov/Departments/DBCH/Docs/2022-2024-Mid-Hudson-Region-Community-Health-Assessment.pdf

Durr, R.H. (1993). What Moves Policy Sentiment? *The American Political Science Review, 87*(1), 158–170. https://doi.org/10.2307/2938963

Economic indicators—Employment. (2023). Ulster County, NY. https://ulstercountyny.gov/economic-indicators-employment

Fish, S. (1980). *Is there a text in this class? The authority of interpretive communities*. Harvard University Press.

Jaroszewicz, A., Jachimowicz, J., Hauser, O., & Jamison, J. (2022). How effective is (more) money?

Randomizing unconditional cash transfer amounts in the US. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.4154000

Landivar, L. C., Graf, N. L., Rayo, G. A. (2023, January). *Childcare prices in local areas: Initial findings from the national database of childcare prices*. U.S. Department of Labor: Women's Bureau. https://www.dol.gov/sites/dolgov/files/WB/NDCP/WB_IssueBrief-NDCP-final.pdf?_ga=2.80333268.2109354710.1694181940-1471839134.1694181940

Lybbert, T. J., & Wydick, B. (2018). Poverty, aspirations, and the economics of hope. *Economic Development and Cultural Change*, *66*(4), 709–753. https://doi.org/10.1086/696968

Mani, A., Mullainathan, S., Shafir, E., & Zhao, J. (2013). Poverty impedes cognitive function. *Science*, *341*(6149), 976–980. https://doi.org/10.1126/science.1238041

Negret, M., & Gates, M. (2022, February 10). *State zoning reforms are key to housing opportunity*. Regional Plan Association. https://rpa.org/latest/lab/ny-zoning-reforms-housing-opportunity

New York State Unified Court System. (n.d.). *Eviction filings by zip code for 1/3/2022 to 12/30/2022*. Statewide Eviction Information. https://app.powerbigov.us/iYTgtYzY5ZjI0N2U0MWYxIiwidCI6IjM0NTZmZTkyLWNiZDEtNDA2ZC1iNWEzLTUzNjRiZWMwYTgzMyJ9

Onifade, E., Shishane, K., Elonge, F., & Glover, L. (2023, March 15). Guaranteed income: Experiences of African American mothers in the Magnola Mother's Trust Project. *Journal of Community Practice*, *31*(1), 105–120. https://doi.org/10.1080/10705422.2023.2190327

Pasquini, G., & Keeter, S. (2022, December 12). *At least four-in-ten U.S. adults have faced high levels of psychological distress during COVID-19 pandemic*. Pew Research Center. https://www.pewresearch.org/short-reads/2022/12/12/at-least-four-in-ten-u-s-adults-have-faced-high-levels-of-psychological-distress-during-covid-19-pandemic/

Ponterotto, J. G. (2006). Brief note on the origins, evolution, and meaning of the qualitative research concept thick description. *The qualitative report*, *11*(3), 538–549. https://doi.org/10.46743/2160-3715/2006.1666

Richterman A., Roberto C. A., & Thirumurthy, H. (2023). Associations between ending Supplemental Nutrition Assistance Program emergency allotments and food insufficiency. *JAMA Health Forum*, *4*(8), e232511. https://doi.org/10.1001/jamahealthforum.2023.2511

Saldana, J. (2010). *The coding manual for qualitative researchers*. SAGE Publications.

Seccombe, K., James, D., & Walters, K. B. (1998). 'They think you ain't much of nothing': The social construction of the welfare mother. *Journal of Marriage and the Family*, *60*(4), 849–865. https://doi.org/10.2307/353629

Shah, A. K., Mullainathan, S., & Shafir, E. (2012). Some consequences of ha*ving too little*. *Science, 338*(6107), 682–685. https://doi.org/10.1126/science.1222426

Stuber, J., & Schlesinger, M. (2006). Sources of stigma for means-tested government programs. *Social*

Science & Medicine, *63*(4), 933–945. https://doi.org/10.1016/j.socscimed.2006.01.012

Teddlie, C., & Tashakkori, A. (2009). Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral science. In L. Bickman & D. J. Rog (Eds.), *The SAGE handbook of applied social research methods* (pp. 283–317). SAGE Publications. https://doi.org/10.4135/9781483348858.n9

Thomas, C., Walton, G. M., Reinhart, E. C., & Markus, H. R. (2023). Mitigating welfare-related prejudice and partisanship among U.S. conservatives with moral reframing of a universal basic income policy. *Journal of Experimental Social Psychology*, *105*(4). https://doi.org/10.1016/j.jesp.2022.104424

Troller-Renfree, S. V., Costanzo, M. A., Duncan, G. J., Magnuson, K. A., Gennetian, L. A., Yoshikawa, H., Fox, N. A., Halpern-Meekin, S., and Noble, K. G. (2022a). The impact of a poverty reduction intervention on infant brain activity. *Proceedings of the National Academies of Sciences*, *119*(5), e2115649119. https://doi.org/10.1073/pnas.2115649119

Troller-Renfree, S. V., Hart, E., Sperber, J., Fox, N., & Noble, K. G. (2022b). Associations among stress and language and socioemotional development in a low-income sample. *Development and Psychopathology*, *34*(2), 597–605. https://doi.org/10.1017/S0954579421001759

Ulster County housing action plan. (2021). Hudson Valley Pattern for Progress. https://ulstercountyny.gov/sites/default/files/documents/planning/2021_uc_hap.pdf

U.S. Bureau of Labor Statistics. (2023, August 9). *Kingston area economic summary*. https://www.bls.gov/regions/northeast/summary/blssummary_kingston.pdf

U.S. Bureau of Labor Statistics. (2022a, June 14). *Consumer prices up 8.6 percent over year ended May 2022*. https://www.bls.gov/opub/ted/2022/consumer-prices-up-8-6-percent-over-year-ended-may-2022.htm

U.S. Bureau of Labor Statistics. (2022b, October). *The employment situation—October 2022*. https://www.bls.gov/news.release/archives/empsit_11042022.pdf

U.S. Census Bureau. (n.d.). *U.S. Census Bureau quickfacts: Ulster County, New York*. Census.gov. https://www.census.gov/quickfacts/fact/table/ulstercountynewyork/PST045222

U.S. Census Bureau. (2023, January). *National poverty in America awareness month: January 2023*. Census.gov. https://www.census.gov/newsroom/stories/poverty-awareness-month.html

U.S. Census Bureau. (2022, December 8). *More than 19 million renters burdened by housing costs*. Census.gov. https://www.census.gov/newsroom/press-releases/2022/renters-burdened-by-housing-costs.html

U.S. Department of Agriculture Economics Research Service. (2023). *Summary findings: Food price outlook, 2023 and 2024*. United States Department of Agriculture. https://www.ers.usda.gov/data-products/food-price-outlook/summary-findings/

U.S. Department of Agriculture Food and Nutrition Service. (n.d.). *Supplemental Nutrition Assistance Program (SNAP)*. U.S. Department of Agriculture. https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program

U.S. Department of Housing and Urban Development. (n.d.). *Rental burdens: Rethinking affordability measures*. https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html

U.S. Social Security Administration. (n.d.). *Supplemental Security Income (SSI)*. https://www.ssa.gov/ssi

Vahratian, A., Blumberg, S. J., Terlizzi, E. P., & Schiller, J. S. (2021). Symptoms of anxiety or depressive disorder and use of mental health care among adults during the COVID-19 pandemic—United States, August 2020–February 2021. *MMWR. Morbidity and Mortality Weekly Report, 70*(13), 490–494. https://doi.org/10.15585/mmwr.mm7013e2

Villalba, C., & Walter, E. *Addressing food insecurity in Ulster County*. (2022) Ulster County Legislature. https://legislature.ulstercountyny.gov/sites/default/files/Addressing%20Food%20Insecurity%20in%20Ulster%20County_6.29.22.pdf

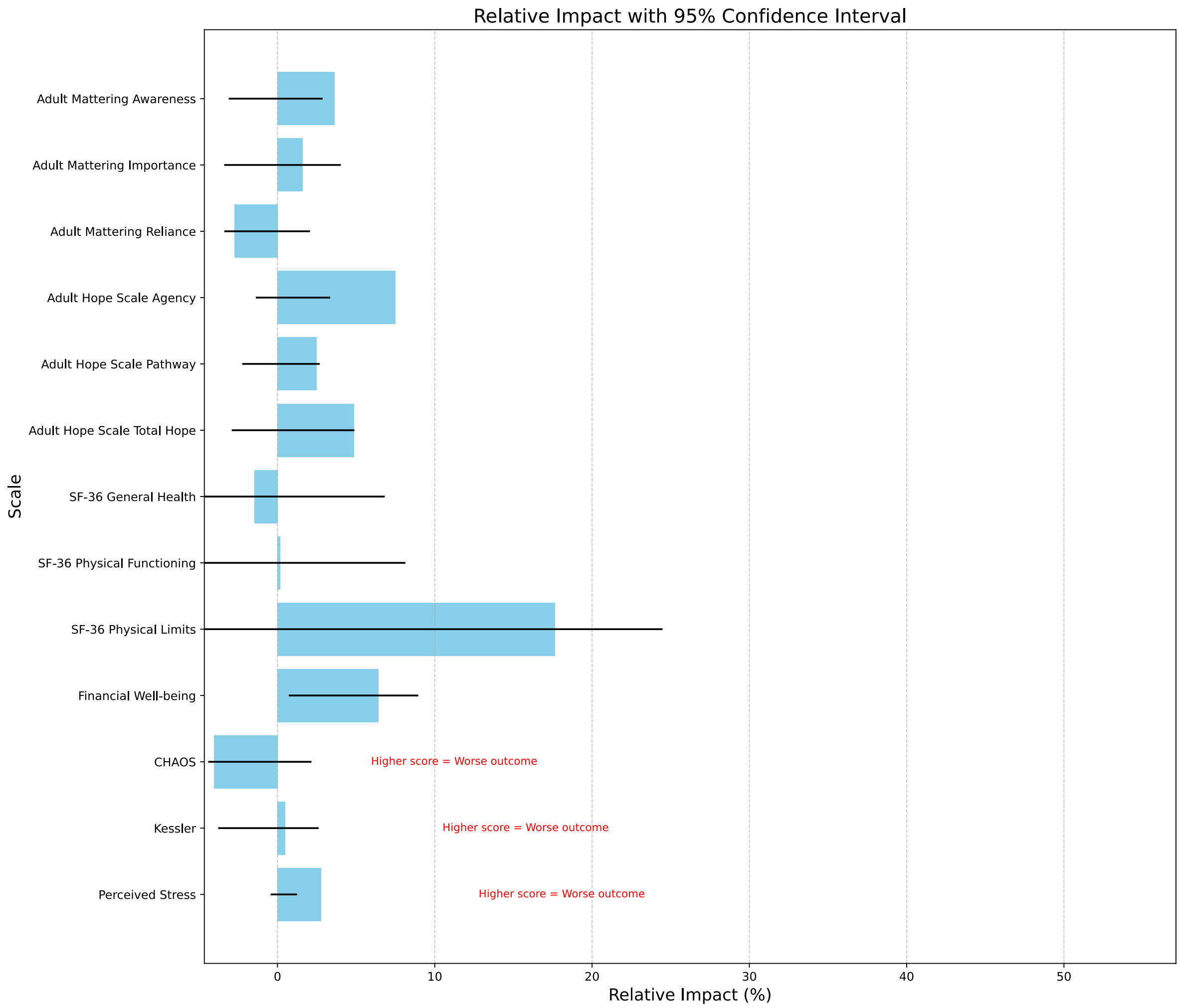
von Hippel, P. T. (2007). Regression with missing ys: An improved strategy for analyzing multiply imputed data. *Sociological Methodology*, *37*(1), 83–117. https://doi.org/10.1111/j.1467-9531.2007.00180.x

West, S., & Castro, A. (2023). Impact of guaranteed income on health, finances, and agency: Findings from the Stockton Randomized Controlled Trial. *Journal of Urban Health*, *100*(2), 227–244. https://doi.org/10.1007/s11524-023-00723-0

West, S., Castro, A., & Doraiswamy, P. M. (2023). Recurring cash transfers to enhance the mental wellbeing of Americans. *Nature Mental Health*, *1*, 148–150. https://doi.org/10.1038/s44220-023-00025-z

Appendix A.

Relative Impact with 95% Confidence Interval



Appendix B.

Comparison of Treatment ($500 GI) vs. Control Groups on Various Measures at Baseline and Endline

	Sample Size		Baseline Mean		Endline Mean										
Measures	Treatment Group	Control Group	Treatment Group	Control Group	Treatment Group	Control Group	Mean Difference (Wave 4)	Standard Deviation Treatment	Standard Deviation Control	Relative Impact (%)	95% CI Lower Bound	95% CI Upper Bound	p-value	Standard Error	Partial n 2
Perceived Stress	40	41	7.80	6.80	8.85	8.61	0.24	1.76	2.08	2.79	-0.43	1.25	0.34	0.42	0.01
Kessler	39	41	22.00	21.02	20.54	20.44	0.10	8.86	10.32	0.49	-3.77	2.62	0.72	1.61	0.00
CHAOS	34	37	26.53	27.65	25.32	25.46	-0.14	6.65	6.87	-4.05	-4.40	2.16	0.55	1.61	0.41
Financial Well-Being	33	30	38.33	40.81	43.21	40.60	2.61	10.62	9.41	6.43	0.72	8.95	0.02*	2.06	0.05
SF-36															
Physical Limits	42	47	66.47	63.30	73.21	62.23	10.98	37.61	41.66	17.64	-5.30	24.48	0.20	7.49	0.01
Physical Functioning	42	47	78.21	77.52	78.07	77.94	0.13	25.47	23.87	0.17	-8.64	8.13	0.95	4.22	0.00
General Health	42	47	55.95	54.26	58.44	59.32	-0.87	26.44	26.18	-1.47	-10.87	6.82	0.65	4.45	0.00
Adult Hope Scale															
Total Hope	31	33	46.29	44.73	47.19	45.00	2.19	9.25	11.74	4.87	-2.91	4.89	0.61	1.95	0.00
Pathway	31	33	23.87	23.36	24.19	23.61	0.59	5.92	6.30	2.49	-2.24	2.69	0.85	1.23	0.00
Agency	31	33	22.42	21.36	23.00	21.39	1.61	4.65	6.43	7.51	-1.38	3.35	0.41	1.18	0.01
Adult Mattering															
Reliance	34	35	20.59	19.06	22.71	23.34	-0.64	5.82	5.27	-2.73	-3.38	2.07	0.63	1.37	0.00
Importance	34	35	34.85	32.77	37.91	37.31	0.60	8.08	7.18	1.60	-3.39	4.03	0.86	1.86	0.00
Awareness	34	35	28.38	24.86	31.53	30.43	1.10	6.57	6.33	3.62	-3.10	2.87	0.94	1.50	0.00

	Sample Size		Baseline Mean		Endline Mean										
Measures	Treatment Group	Control Group	Treatment Group	Control Group	Treatment Group	Control Group	Mean Difference (Wave 4)	Standard Deviation Treatment	Standard Deviation Control	Relative Impact (%)	95% CI Lower Bound	95% CI Upper Bound	p-value	Standard Error	Partial n2
Housing Cost Burden	23	24	61.133	44.358	64.334	57.191	7.14	63.78	68.50	12.49	-42.42	17.90	0.42	14.97	0.01
Annual Household Income	24	25	3,660.05	6,222.74	24,404.88	23,743.24	661.64	13081.16	14639.85	2.79	-3893.86	8452.23	0.46	3066.75	0.01

Sample Size: The number of participants in each group.

Baseline Mean: The average score for each group before the intervention.

Endline Mean: The average score for each group post-intervention.

Mean Difference: The difference in means between the treatment and control groups post-intervention.

Standard Deviation (Treatment/Control): The standard deviation of scores for each group.

Relative Impact (%): The percentage change or difference in the measure post-intervention relative to the baseline.

95% CI Lower/Upper Bound: The lower and upper bounds of the 95% confidence interval for the mean difference.

p-value: The probability of observing the given results, or more extreme results, if the null hypothesis of no difference between groups is true -*Denotes significance at the $p<0.05$ level

(Values presented for 'p-value' are based on linear regression analyses controlling for baseline values of the respective measure)

Standard Error: The standard error of the mean difference.

Partial n2: Values represent the effect size of the group factor, adjusted for baseline values of the respective measure. No other covariates were included in the model.