

WHAT IS THE PURPOSE OF THIS TOOLKIT?

This toolkit is a resource to better understand the health impacts of guaranteed income (GI). We intend for this toolkit to be used by individuals and groups interested in guaranteed income and its relationship to health, as well as how to design GI programs and evaluations.

Much of the GI literature has focused on the economic and social impacts of GI, such as its positive impacts on employment and financial wellness, but emerging literature highlights how receiving GI can potentially benefit mental and physical health. However, there are still significant gaps in our knowledge of how GI influences health and the extent to which GI affects health outcomes. This toolkit seeks to address these gaps by providing resources to aid in evaluating GI and health.

This toolkit comprises three sections: the first section, an overview of GI, the rationale behind GI policies, and its potential impacts; the second section, a conceptual basis for how GI might influence health, including a conceptual framework linking GI and health, a brief literature review, and considerations for studying GI and health; and lastly, in the third section, we provide resources for those interested in evaluating GI and health. You will find practical tools for study design, recommendations for health outcomes to examine, and guides for measuring and assessing health outcomes.

GI IS AN UNCONDITIONAL, NO-STRINGS-ATTACHED, CASH INVESTMENT MADE DIRECTLY TO AN INDIVIDUAL OR A HOUSEHOLD ON A RECURRING BASIS TO BE USED AT THEIR DISCRETION.








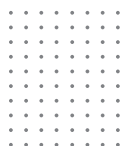
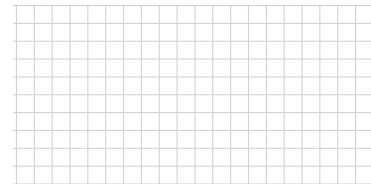
WHAT IS GI?

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GI is an unconditional, no-strings-attached, cash investment made directly to an individual or a household on a recurring basis to be used at their discretion. These recipients typically fit within a predefined standard of eligibility, often economically challenged. These programs largely focus on equipping individuals or households to build wealth by returning economic power to low-income persons or households, who, in the United States, are disproportionately Black. GI features a recurring cash payment that recipients can use or invest however they choose.

GI has unique features that make it distinct from other types of cash transfer interventions.¹⁻⁴ GI is:

-  **Unconditional:** Payments are made to recipients unconditionally, rather than in exchange for work, services, or other requirements. After initial eligibility, recipients are not kicked out of the program for earning too much or too little.
-  **Recurring:** GI payments feature repeated investments (e.g., monthly cash payment) instead of a single lump sum payment.
-  **Unrestricted:** GI recipients decide how they want to use the money, without limitations.
-  **Needs-based:** Payment is not universal, rather providing an opportunity for equity, or providing individuals or groups with payment that is proportionate to their needs.
-  **Minimal eligibility requirements** or flexible verification of eligibility that request low time and administrative burden on the recipient to qualify.



GI IS NOT THE SAME AS UNIVERSAL BASIC INCOME

GI provides only an income floor and supplements social safety net programs, whereas other cash transfer initiatives, such as universal basic income,³ aim to provide enough income to meet basic needs of members of the community. The amount of money that a GI program provides may or may not be sufficient in amount to meet the basic needs of its recipients; it is a supplement.

Additionally, universal basic income is often used to connote programs that offer cash payments to everyone in a society—and in that sense are *universal*—rather than being needs-based. GI is typically targeted to specific groups of people who are economically challenged, either chronically or temporarily.

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HOW GI DIFFERS FROM CURRENT SAFETY NET PROGRAMS

These qualities also make it distinct from current public safety net programs in the US. For example, existing safety net programs such as Social Security, disability payments, and the Earned Income Tax Credit (EITC) are calculated based on prior work history; the Supplemental Nutrition Assistance Program (SNAP), Section 8 housing vouchers, and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) may limit recipient choice in using payments to purchase food- and nutrition-related necessities. These programs also often require participants to show their ongoing eligibility for a program, increasing the administrative burden to both disbursing entities and recipients. In contrast, most GI programs require that participants meet upfront eligibility criteria after which they are eligible for the duration the program,

regardless of if your income increases later. Because GI is unrestricted, it can be used for a host of needs that are not otherwise covered by existing safety net services. GI is important in that it can fill the gaps left by these other safety net services that put restrictions on how the money is spent, serving as a complement to, not a replacement, for existing safety net services. GI is an income supplement that is not in itself sufficient to meet basic needs. This makes the continuation of additional safety net programs crucial.

WHY STUDYING GI IN THE US IS UNIQUE

Most unconditional cash transfer programs have occurred in low- and middle-income country settings, where the amount that recipients receive is a relatively small amount compared to the US dollar equivalent. For high-income countries like the United States, the cost of GI interventions and how they intersect with other safety net programs for children and families present unique opportunities and challenges in implementation and sustainment. The duration of US-based cash transfer programs may have implications for health, as it is still unknown what lengths of time of support or amounts of support can positively influence health in the short and long term. Also making the US context unique is its extensive history of hundreds of years of chattel slavery and colonization of Indigenous people—a legacy which still impacts the social and economic progress of Black Americans and Indigenous Americans today. This is in conjunction with a growing difference in income between high and low wage earners and a shifting workforce.⁵

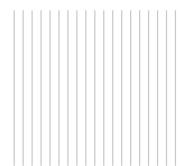
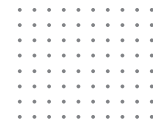
“MY PLAN IS JUST TO SAVE. I DON’T HAVE ANY EXPENSES RIGHT NOW. I’M AT HOME WITH MY MOM TAKING CARE OF HER. I’D LIKE TO BUILD A LITTLE STABILITY. RIGHT NOW I’D LIKE TO PAY FOR THINGS LIKE HEALTH/LIFE THINGS.”



Clarence (left) is a participant in the Cook County Promise Guaranteed Income Pilot where he receives \$500 a month for two years.

Credit: Samantha Friend and GiveDirectly

OFFERING SUBSISTENCE SUPPORT TO THOSE WHO ARE UNDERSERVED HAS BEEN HYPOTHESIZED TO REDUCE OR ELIMINATE HEALTH DISPARITIES.



GI'S IMPLICATIONS FOR HEALTH AND HEALTH EQUITY

The idea of GI is not a new one—experiments with GI in the US date back to the 1960s and 1970s. However, our understanding of the links to health is newer. What we currently know about the impact of GI-like initiatives and health comes largely from the original North American experiments implemented in the 1960s and 1970s: the Manitoba Basic Annual Income Experiment (MINCOME), Rural Income Maintenance Experiment (RIME), Seattle-Denver Income Maintenance Experiment (SIME-DIME), Gary Income Maintenance Experiment (Gary), and the New Jersey Income Maintenance Experiment (New Jersey experiment). A revisit of 1970s pilot data from MINCOME showed that hospitalization rates declined significantly for recipients versus controls.⁶ GI and cash transfer policies have been associated with decreased stress,⁷ greater bandwidth for planning,⁸ better adult mental and physical health,⁹ and less material hardship in relation to resources like food and housing.¹⁰ In addition, cash transfer policies like the Child Tax Credit (CTC) have also been associated with greater spending on children’s educational and material needs, like food and clothing,¹¹ which in turn is associated with better child and lifetime health outcomes.

Offering subsistence support to those who are underserved has been hypothesized to reduce or eliminate health disparities.¹² Specifically, GI may alleviate income shocks and volatility which, as an increasing body of evidence shows, generate negative health outcomes.¹³ It may also provide additional income that enables people to afford health care or obtain health needs. By providing socioeconomic support to members of an economically challenged community,¹⁻⁴ GI has the potential to alleviate health disparities and advance health equity (*Health disparities/inequities*: differences “in length of life, quality of life, rates of disease, disability, death, severity of disease, and access to treatment.”; *Health equity*: the state in which everyone has a fair and just opportunity to attain their highest level

of health).^{12,14} Implied in the definition of health equity is that some people will need more or less resources to be able to be healthy, and GI may be part of the set of resources that can help. However, GI, as a subset of cash transfer programs, has received limited coverage in the health literature worldwide, and even less in the US-based health literature and data.¹⁵

GI IN THE US HAS THE POTENTIAL TO ADDRESS STRUCTURAL RACISM'S IMPACTS ON HEALTH INEQUITIES

Structural racism refers to “the totality of ways in which societies foster racial discrimination through mutually reinforcing systems.”¹⁶ It has led to disproportionately high levels of poverty, wealth inequality, and economic disparities for Black Americans especially, as well as some other racial/ethnic minority groups. Without intervention to eliminate economic disparities due to structural racism, experts estimate that it would take 228 years for Black Americans to reach economic parity with White families.¹⁷ Structural racism is a fundamental cause of persistent health disparities,¹⁸⁻²¹ making it a precursor to other social determinants of health—where and to what extent a person can live, work, and learn—and as a fundamental cause, influences nearly all health outcomes.²² Because structural racism and income inequality are inextricably tied, efforts to achieve health equity will continue to be thwarted without disrupting the link between structural racism and economic exclusion.

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Participants in Alas, a guaranteed income program implemented by Santa Cruz Community Ventures. Alas provided participants with \$500 a month for six months, in addition to workshops, financial coaching, and community-building opportunities.

Credit: Valere Photography on behalf of Ventures



This definition of structural racism recognizes the ways that decisions made historically have present implications,²³ that current systems are framed within those foundations, and the harm that is done to certain communities through policy.²⁴ Concretely, decisions in the 1930s to exclude certain categories of workers²⁵—domestic workers,²⁶ farmworkers,²⁷ and waitstaff at restaurants from worker protections like collective bargaining,²⁸ 40-hour work week,²⁹ minimum wage laws, and retirement plans—were decisions rooted in racism as these positions were primarily held by people of color.²⁷ Combined with other policies²³ like redlining, de facto although not de jure exclusion from the GI Bill (Servicemen’s Readjustment Act of 1944) which supported higher education and mortgages for millions of returning soldiers and their families,³⁰⁻³² these policies have led to wide wealth gaps³³ for people of color overall³⁴ and especially between Black and Latine communities relative to White communities. Despite the surge of interest in the 1960s during President Lyndon B. Johnson administration’s anti-poverty, welfare reform, and other social safety net initiatives, those initiatives excluded people who were marginalized due to their race, employment status (which was also used to further exclude by race), and even relationship status. Many Indigenous communities face additional barriers.³⁵ These structurally racist policies and implementation limited the ability for these programs to bring about wealth equity and, by extension, health equity.

An additional layer to these pervasive inequities is immigrant exclusion. Immigrant parents with US-born children have similar rates of full-time employment as US-born parents.³⁶ Nevertheless, households of US-born children with an immigrant parent disproportionately experience food insecurity,³⁷ struggle to afford housing-related costs, and lack access to healthcare.³⁸ Adults who have recently immigrated to the US are often at highest risk for hardship,³⁹ as are

Black or Latine immigrant adults, compared to White immigrant adults.⁴⁰ Many safety net programs, including Medicaid and SNAP, exclude certain groups of immigrants from eligibility, including those who are documented but have been in the US for less than five years.^{41,42} Many pandemic-era policies also both explicitly or implicitly excluded immigrants, including the first round of stimulus checks (Economic Impact Payments) and the expanded CTC.⁴³ Across programs, a failure to implement policies for language access and sufficient outreach further presents a barrier for immigrants and other people who do not speak English in accessing support. Collectively, these circumstances result in unaddressed health conditions and worse overall health.

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Income and wealth gaps rooted in structural racism⁴⁴ are associated directly and indirectly with worse health outcomes across the lifespan⁴⁵—including everything from child development⁴⁶ to child⁴⁷ and adult mental health¹⁵ to hospitalization rates.¹² Segregated neighborhoods, greater exposure to air pollutants, less greenspace, worse housing quality, food insecurity, exposure to extreme temperatures and inadequate heating and cooling, inadequate child care and child care deserts,⁴⁸ difficulty accessing health care, and racist treatment in health care settings are all linked to both income and wealth, as well as to poor health outcomes.¹⁶ In addition, the lack of income⁶ means that households have no cushion for when things go wrong and they are harmed without a way to buffer or recover from problems like an accident, job loss, ill health of a loved one, and more.

GI is an initiative focused on redistributing income and can be a tool for alleviating economic oppression and poverty that are the upstream causes of health disparities by race, gender, immigration status, or other identifying characteristics; however, these initiatives must be intentionally designed with equity in mind. In the most recent movements, there has been a renewed commitment to equity. By providing unconditional benefits based solely on need, GI is seen as a solution to rectify the ways in which structural racism has played a role in excluding minoritized and marginalized populations, and there is growing attention to how it can be a tool to bring about wealth equity and health equity.

Durham community members gather for a guaranteed income community social hosted by Durham Neighbors, StepUp Durham, and the City of Durham. Excel, the city’s guaranteed income program, provided participants with \$600 a month for one year.

Credit: Beth Lowery Photography

