



SACRAMENTO COUNTY EVALUATION REPORT GUARANTEED INCOME PROGRAM

A community benefit project of United Way California Capital Region,
County of Sacramento Districts 1 and 2, and the Sierra Health Foundation



Sacramento County Evaluation Report Guaranteed Income Program

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By pairing county and philanthropic funding, the United Way California Capital Region and its partners demonstrated that cross-sector partnerships can deliver rapid relief, promote inclusion, and generate actionable policy evidence.



EXECUTIVE SUMMARY



On 1 January 2024, 130 Sacramento residents received the first of 12 monthly \$505 payments, [launching the third Guaranteed Income Program](#) administered by United Way California Capital Region (UWCCR).

Funded by Sacramento County Districts 1 (Serna) and 2 (Kennedy), in partnership with the Sierra Health Foundation, the program aims to reduce economic insecurity and improve family wellbeing through direct, unconditional cash transfers.

Over 8,400 people applied to participate, completing a baseline survey that assessed financial, housing, and food security, and wellbeing and agency. Those who received GI payments and a sample of applicants who did not receive payments were surveyed when payments stopped (i.e. at endline, or 12 months), and again six months later (i.e. at follow-up, or 18-months). Findings suggest that participants experienced improvements to financial stability, the ability to afford essential items, health, and wellbeing. Results underscore the promise of direct cash assistance

■ “I am thrilled to join Supervisor Serna in supporting 130 Sacramento County families through our partnership with the local United Way’s Guaranteed Income program and Sierra Health Foundation.”

— Supervisor Patrick Kennedy

as a stabilizing intervention, though the sustainability of the results, assessed six months after payments ended, was mixed.

FINDINGS



“Locally, families are losing their homes, wondering how to feed their families and who is going to watch their children while they work. We know that \$300 to \$500 can mean the difference.”

— Dr. Dawnté Early
United Way California Capital Region

Participants used the payments to meet essential needs, stabilize their households, and regain some degree of financial control. As illustrated by the word cloud in Figure 2, the most frequent responses about where the money was spent were Food, Bills, and Rent or Housing. After a year of payments, participants were more likely to report that they were better off financially than before, those who

could pay an unexpected \$400 expense doubled, and a greater number reported being able to afford transportation and necessary medical care. One participant noted, “Yes, I caught up on all my bills. That money helped me out a lot even with my medicine when I have to pay for it.”

The guaranteed income supported housing stability. Participants were less likely than members of a control group to experience homelessness or be threatened with eviction during the year they received payments. At the conclusion of the program, more than half of recipients were living in safe, unsubsidized housing, in comparison to less than a third in the control group. These results point to guaranteed income’s capacity to buffer families against housing insecurity, which commonly precedes homelessness and other cascading hardships. One participant stated, “I was able to obtain and keep up on my monthly rent thanks to the guaranteed income program.”

Widespread among all participants, food insecurity decreased markedly during the program year. Participant households that were experiencing very low food security fell by over sixteen percentage points, fewer recipients reported skipping meals than before, and this trajectory

of improvement was maintained at eighteen months. Increased food stability, paired with modest gains in housing security, demonstrates that small, consistent transfers translate into tangible improvements to daily wellbeing among low-income families. One participant echoed this gain, commenting, *“This was very good timing as it was able to supplement and support our time of no employment as one of us had to stay home after adding a new child to the family. It created a buffer and helped with the kid’s food and clothing. It also added to support of transportation costs that we did not have before.”*

Recipients reported improvements to self-rated health and that they took time off work for rest or pleasure. Nearly 7 in 10 shared with friends or family that they were receiving guaranteed income, suggesting both low stigma associated with participation and comfort with discussing economic vulnerability.

Beyond meeting material needs, guaranteed income contributed to participants’ sense of agency and overall

■
 “It has let me experience what life is like with just a bit more leeway without expenses being my primary thought. I’m able to plan out more activities to do with my family and have more time to do the things I want.”
 — Participant

wellbeing. These outcomes reveal that guaranteed income does more than relieve immediate financial strain; it offers recipients security and confidence to make choices that strengthen their health, stability, and hope for the future.

Figure 1. **Word Cloud, where was GI spent?**



ANSWERS TO RESEARCH QUESTIONS

How did guaranteed income influence participant security?

Financial Security. Guaranteed income (GI) benefits helped a greater share of participants meet unexpected expenses, with participants reporting being better off financially after receiving payments. One participant said of the program, *"It was very helpful in covering unexpected bills especially when my tire blew out."*

Housing Security. GI payments buffered participants from difficult-to-pay rent increases, moving in with others, overcrowded living situations, and homelessness. Fewer participants (6.3%) than those in the control group (9.5%) were homeless or facing eviction when the program ended. One participant noted, *"It has helped me stay in my home and I've been able to help my grandkids."*

Food Security. Fewer participant households experienced very low food security at the conclusion of the program than when it began. Fewer participants skipped meals while receiving payments than a year earlier. One participant reported, *"It has helped me and my family with paying for groceries and gas."*

If an unexpected \$400 expense occurred, were participants more likely to be able to spend cash or cash equivalents?

Yes, the number of participants who could pay cash for an unexpected \$400 expense doubled from baseline to endline, and this improvement remained 6 months later. One participant said, *"It's changed a bit with regards to the extra money that was readily available, during times of finance shortages."*

What impacts does guaranteed income have on employment?

Before receiving payments, GI participants and control group members worked multiple jobs at equal rates, though while receiving guaranteed income participants were less likely to be working more than 1 job (GI Participants 17.2%, Control 34.1%. $p=0.0127$).

Did participants experience improved agency and wellbeing?

Yes, fewer participants reported fair or poor general health after payments were received. Participants were also less likely to have to work more than one job and were more likely to take time off for rest and pleasure. One participant concurred, *"The amount of stress that was taken off of me was huge with being able to make my car payment and some bills."*

Guaranteed income payments helped participants meet essential needs, reduce housing instability, improve food security, and strengthen overall wellbeing.

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BACKGROUND

Guaranteed Income

Early during 2019, Stockton, CA initiated the first mayor-led, GI initiative in the country. By 2023, 40 similar pilot programs were operating or planned throughout the state, representing the largest modern U.S. experiment in unrestricted cash payments. More than 12,000 Californians were expected to receive more than \$180 million in public and private funds (CalMatters, 2023). Depending on the program, groups of low-income people received regular, unrestricted cash payments that ranged from \$300 to \$1,800 for periods of 6 months to 3 years. For detailed lists of programs in California, the nation, and worldwide, see the Stanford Basic Income Lab (n.d.) global map of basic income experiments (<https://basicincome.stanford.edu/experiments-map>).



With targeted eligibility criteria, durations, stipend amounts, administrative structures, and other features, GI programs (GIPs) vary widely (Rodriguez et al., 2025). The Guaranteed Income Community of Practice (GICP) is the largest network of community-based organizations and pilots; direct service, advocacy, and policy groups; academicians, evaluators, and



By guaranteed income, we mean a regular cash payment accessible to members of a community, with no strings attached and no work requirements.

— Guaranteed Income Community of Practice



research organizations; funders; and government officials and elected leaders. GICP explains:

Guaranteed income helps build a robust floor under which no one can fall. Guaranteed income is meant to supplement, not supplant existing social safety net benefits. It is grounded on the values of trust and respect for recipients with a fundamental commitment to preserving and reinforcing freedom of choice and dignity of individuals and families. (GICP)

Evidence of Impact

Evaluation research suggests that GIPs help those who receive payments, and they especially improve lives (West & Castro, 2023). GIPs improve poverty-related conditions, such as food insecurity and financial instability (DeYoung et al., 2024; Evans et al., 2025; Kim et al., 2024; Rizvi et al., 2024). Evaluation of the Big L.E.A.P. in Los Angeles found that GI

“We are committed to reducing health disparities and understand the toll that managing bills and supporting a family with insufficient resources can take on a family’s mental and physical health.

We recognize the importance of new policy frameworks that can create a healthy trajectory for their future.”

— Chet Hewitt
Sierra Health Foundation

participants were more likely to leave abusive relationships, experienced less intimate partner violence, supported their children in after-school and enrichment activities, felt more secure to build community in their neighborhoods, enjoyed a more harmonious home environment, felt that they mattered in their community and to others, and acted on their goals (Kim et al., 2024). Results from 30+ GI pilots are searchable through the Stanford Basic Income Lab and Center for Guaranteed Income Research (<https://guaranteedincome.us/>).

City of Sacramento: Guaranteed Income Program, 2.0

The United Way California Capitol Region provided \$500 each month in unconditional cash payments for 12 months to households living in the City and County of Sacramento, with funds from the American Rescue Plan, between July 2023 to June 2024. It partnered with our research team to evaluate impacts and participant experiences. We found that GI payments:

- **Increased financial security.** Many more participants, in comparison to the control group, could afford necessary medical care and transportation to get to a doctor, work, etc. Twice as many participants could pay cash for an unexpected \$400 expense at endline versus baseline.
- **Made modest housing security improvements.** Housing insecurity was extremely common, though fewer participants failed to pay or underpaid rent or mortgage, and fewer received notices to pay or be evicted.
- **Improved food security.** Fewer participant households experienced very low food security at endline versus the baseline.

- **Generated a sense of agency.** More participants took time off to look for a job that was more fulfilling or of higher quality.

United Way California Capital Region

The [United Way California Capital Region](#) (UWCCR) is a regional affiliate of the national United Way, serving Amador, El Dorado, Placer, Sacramento, and Yolo Counties. It works to reduce poverty, education inequity, and any disparity that prevents individuals and families from reaching their highest potential. UWCCR joined the nationwide movement to offer guaranteed income programs for historically undervalued and under-invested communities, starting with its first pilot program during 2021. It completed 3 GIPs and is currently administering 4 more.



Context: Sacramento County

The County of Sacramento is home to 1,585,055 people in 573,170 households (U.S. Census, n.d.). It is the eighth most populated county in California and boasts 30 parks with 6 million trees. 47% identified as White alone, 13% as Hispanic or Latino, 17% Asian, 9.5% Black or African American, and 1% Native Hawaiian and other Pacific Islander. 13.5% indicated two or more races, and 35% reported that a language other than English is spoken at home. Median household income (\$92,252) is lower than the statewide median income (\$95,521). A lower percent of people in Sacramento County live in poverty (11.8%) than in the state overall (12.0%).

GUARANTEED INCOME PROGRAM SACRAMENTO COUNTY

Application Distribution and Outreach

The application distribution and outreach strategy sought to reach a broad pool of Sacramento County residents. Early during planning, UWCCR partnered with [La Familia Counseling Center](#) and [Asian Resources, Inc.](#), which support community members who are more comfortable speaking languages other than English, including Cantonese, Dari, Farsi, Hmong, Korean, Mandarin, Mien, Pashto, Russian, Samoan, Spanish, Tagalog, Ukrainian, and Vietnamese.



Program Funding:

\$1,000,000 from the American Rescue Plan, Sacramento County, District 1 Supervisor Patrick Kennedy and District 2 Supervisor Phil Serna; \$180,000 Sierra Health Foundation.

Number of Participants:

130

Cash Award:

\$505 monthly for 12 months.

Recipient Eligibility:

Sacramento Residents in Districts 1 and 2 under household income requirements (see Figure 2).

Application Process:

Complete an online application and research survey.

Selection Process:

Qualifying households were selected randomly.

PROGRAM ELEMENTS

Selection Criteria and Process

UWCCR administered the online application and selected GIP participants. The final prompt in the application pointed applicants to complete a baseline evaluation survey, and those who completed both were included in the participant selection pool.

To be selected as a recipient, applicants had to be at least 18 years old, reside within the geographic boundaries of Sacramento County District 1 (Serna) or 2 (Kennedy), and have a household income below the household member size thresholds shown in Figure 1. During Fall 2023, UWCCR received over 8,400 applications, from which it selected participants randomly.

Once participants were selected, staff members at the United Way made multiple attempts to contact those selected using email and phone, explaining the program and answering questions to those who responded. They also verified Sacramento residency and income eligibility. Some applicants did not respond, and others, expressing doubt that the program was legitimate, passed on the opportunity. Those who did not respond or withdrew their applications were replaced with another randomly selected household. The process was repeated—random selection of a small pool of applicants, eligibility review, and benefits counseling—until 130 recipients were selected.

After verifying eligibility, UWCCR staff members spoke with each recipient about possible implications that a \$505 per month increase to their income might have on any public benefits they were receiving. California exempts GI payments as income when determining CalWORKs and CalFresh eligibility and grant amounts ([Welfare and Institutions Code \(WIC\) Section 11157](#)). The local regional housing authority had updated its policies to ensure that those receiving

Figure 2. **Household Income Eligibility Limits**

Income: Eligible households will earn an income below the following limits for household size and composition

1 Adult	\$28,205
1 adult, 1 child	\$49,945
1 adult, 2 children	\$65,880
1 adult, 3 children	\$79,500
2 adults	\$43,201
2 adults, 1 child	\$64,273
2 adults, 2 children	\$79,500
Household of 5	\$93,120
Household of 6	\$106,740
Household of 7	\$120,360
Household of 8	\$133,980

For households with more than 8 people, add **\$14,160** for each additional person.

Median household income, City of Sacramento in 2023: **\$88,724**; Average number of persons per household: **2.62**.

[Census Facts 2019–2023](#)

housing subsidies (Section 8/Housing Voucher) would also not see a reduction in benefits because of receiving GI. This over-the-phone “benefits counseling” was thus conducted to ensure that applicants reviewed potential conflicts with other benefit programs.

Disbursement

Starting on 1 January 2024, payments were made on the 1st of each month using two modes of disbursement: 1) direct deposit into a bank account, or 2) payments loaded onto a debit Mastercard. The United Way partnered with [SAFE Credit Union](#) (SAFE CU) to offer participants unique accounts that had no minimum balance requirements and no overdraft fees. SAFE CU bankers participated in remote-account opening events that were hosted by UWCCR at trusted, local community organizations. Those who wanted to open a SAFE CU account but could not attend one of the events were assisted at several local branches. Participants were able to access funds in their SAFE CU accounts at any Credit Union fee-free due to a network agreement between credit unions across the Sacramento region. This strategic partnership marked a national innovation, evidenced by interest from the Cities for Financial Empowerment (New York City), which contacted and conducted an interview with UWCCR staff members about using this approach to GI payments.

67%
participants were
employed full-
or part-time

Voluntary Financial Literacy Curriculum

The collaboration with SAFE CU also provided a way to offer voluntary financial education, primarily through monthly webinars facilitated by the credit union and hosted by UWCCR. SAFE CU made its [free library](#) of online financial management courses available to participants. Throughout the year, 3 to 8 GI participants attended each of 7 workshops (e.g., Family Money Matters: Simple Conversation Tips to Talk About Money).

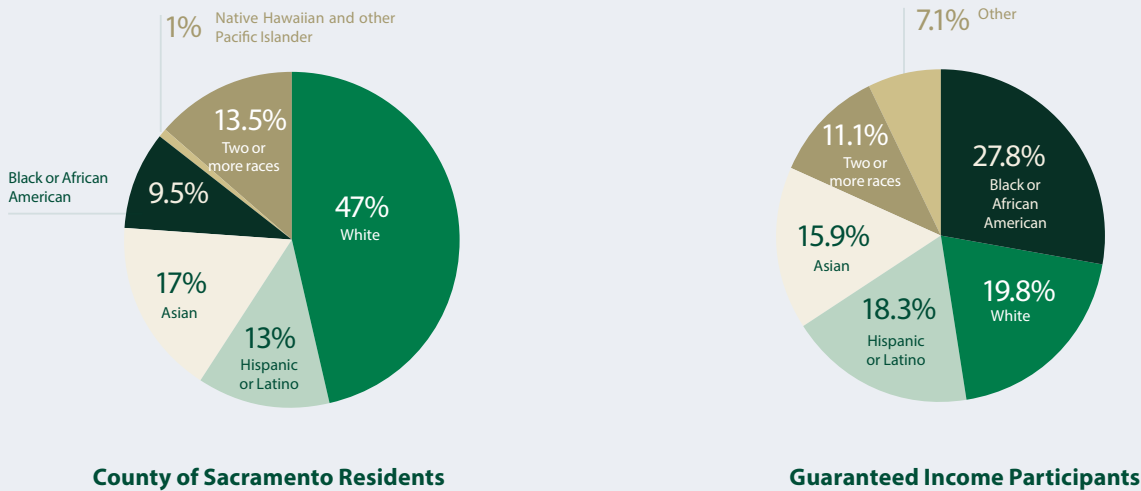
Based on averages and proportions of participants' races and ethnicities, genders, ages, etc., the typical participant in the program was a 45-year-old single Black woman who rented her home and has children. She was most likely to hold a high school diploma and completed some college. She, like 67% of the participants, was likely employed full- or part-time.

Table 1 shows complete demographics collected from participants and from applicants selected into the control group. Sample sizes varied across survey waves due to attrition. Table B1 in Appendix B summarizes response rates for participants and control group members, and reports the analytic samples used at each wave.

More than a quarter of participants identified as Black or African American (27%), a demographic group that comprises only 9% of Sacramento County's population.

PARTICIPANT DEMOGRAPHICS

Figure 3. Race and ethnicity comparison of Sacramento residents and Guaranteed income participants



24% of county residents identify as Hispanic or Latino, but on the survey, 18.3% of participants indicated Hispanic or Latino ethnicity. The combined percentage of Asian, Hawaiian, and Pacific Islander was close to that of Sacramento (15.9% of participants; 17.2% of the population), but a much lower percentage identified as White (19.8% of participants; 41.5% of the population).

Shown in Table 1, participants and control group members were similar across most demographics, with two exceptions. For household composition variables, control group members were more likely to live in households without children and less likely to have children under age five. These differences might reflect the timing and process of recruitment, since participants were selected earlier and were required to complete eligibility verification, and control group members were recruited later from non-selected applicants. Households with children, particularly young children, might have been motivated more to respond to initial program outreach, and adults without children might have been available more to respond to later survey invitations. Modest differences in household composition,

especially the presence of children and young children, between participants and control group members might have influenced some outcomes, particularly those related to financial strain, food security, and housing stability.

“These recipients are hardworking families often juggling multiple jobs to make ends meet. With this funding, we hope to provide them with more opportunities to lift themselves and their families up.”

— Supervisor Patrick Kennedy

Table 1. **GI participant and control group demographics.**

GI participants		Control group
126	Sample size	92
41.5 years	Average age	47.2 years
	Gender	
72.2%	Female	68.1%
26.2%	Male	29.7%
1.6%	Non-binary	2.2%
	Single adult households	
56.8%	All	64.1%
21.0%	With no children	38.0%
35.7%	With children	26.1%
	Children in household	
67.9%	Yes, all ages	53.3%
52.7%	Yes, under 5	34.9%
1.4	Average number of children in household	1.1
2.9	Average household size	2.5
3	Median household size	2
	Race/ethnicity	
0%	American Indian or Native Alaskan	0%
15.9%	Asian/Pacific Islander	7.6%
27.8%	Black or African American	35.9%
18.3%	Hispanic or Latino	18.5%
11.1%	Multi-racial	5.4%
7.1%	Other	5.4%
19.8%	White/Caucasian	27.2%
	Primary language	
86.4%	English	94.6%
4.9%	Spanish only	2.2%
8.6%	Non-English/Spanish only	3.3%

GI participants		Control group
	Education	
17.5%	K-12	4.4%
26.2%	High school diploma	15.2%
26.2%	Some college (1-4 years)	38.0%
7.1%	Associate's degree	17.4%
8.7%	Trade school credential or qualification	5.4%
11.5%	Bachelor's degree	12.0%
1.6%	Some graduate school	3.3%
1.6%	Master's degree	4.4%
0%	Professional credential (e.g., teaching)	0%
0%	Doctorate	0%
	Annual income	
\$19,900	Mean	\$19,575
\$12,000	Median	\$18,204
	Employment status	
45.2%	Full-time	40.2%
21.4%	Part-time	23.9%
33.3%	Not employed	35.9%
	Changed jobs due to Covid, last 2 years	
51.6%	Anyone in household	52.2%
	Rent or own	
91.3%	Rent	92.4%
8.7%	Own	7.6%
31.3%	Moved in past 2 years due to rent increase	30.6%
	Years lived in Sacramento	
22.7	Average years	22.3
20.5	Median years	23.0
8.8%	Current/former foster youth household	10.9%
12.7%	Military veteran	20.7%
55.6%	Fair or poor health	55.4%

Note. *p<0.05. **. p<0.01.

Economic Security and Struggle

The median income of participant households, not accounting for size, was \$12,000 at the time of the first survey (October 2023), or \$30,351 less than the median for all households in Sacramento County. This figure is very low for this group, especially since 67% of participants were working (45.2% full-time; 21.4% part-time). In addition to low earnings, jobs were likely unstable, since half of participants reported that someone in the household had changed jobs within the previous 2 years of being selected.

Only 11% reported that they had the cash to cover an unexpected \$400 expense at the time they applied, and more than half (60%) reported that their household expenses during the past month were more than their income. Economic precarity was also reflected in housing instability among participants; nearly a third had moved during the past 2 years due to a rent or mortgage increase.

89%
of United Way's
guaranteed income
program participants
would not be able to
pay cash for a \$400
unexpected expense.



60%
reported spending
more than their
monthly income



Wellbeing

The percentage of low-income residents in Sacramento County—those with incomes below 200% of the federal poverty level—who reported that their health status was fair or poor was slightly greater than the statewide average (27.8% vs. 25.1%). This figure suggests that economic vulnerability in Sacramento County is accompanied by elevated health risks relative to California overall. More than half of GI participants in Sacramento County (55.6%) reported their health as fair or poor at baseline, suggesting a substantially greater burden of self-reported health challenges in the program population compared to all county residents.

These figures underscore the close relationship between economic precarity and physical wellbeing. People living with chronic financial strain often experience greater stress-related conditions, delayed medical care, and unmanaged chronic illness. Increased fair or poor health statuses among GI participants suggest that income instability occurs with significant health vulnerability. Interventions that stabilize household incomes thus might have implications not only for financial security, but stress reduction, health management, and overall wellbeing.

Financial strain and poor health are closely linked—financial strain often leads to stress, delayed care, and unmanaged illness.

27.8%
of low-income Sacramento County residents reported their health as fair or poor

55.6%
of GI participants reported their health as fair or poor at baseline

EVALUATION PURPOSE AND PROTOCOL

The purpose of evaluation was to demonstrate GI payment impacts in the lives of participants. We used quantitative data from multiple-choice survey questions to assess socioeconomic security, agency, social engagement, health, and wellbeing both before and after participants received payments.

With an increase of new GIPs across the state and country, more studies have published participant outcomes. Previous research has addressed some of the most immediate questions (Kline, 2022), including:

- **Do consistent, no-strings-attached dollars have a positive impact?** – YES.
- **Do participants spend the money on wasteful or even harmful things?** – NO.
- **Does receiving free money disincentivize work?** – NO.

A comprehensive review of global research suggests that “findings are generally positive – that UBI-type programs [e.g., GIP] alleviate poverty and improve health and education outcomes and that the effects on labor market participation are minimal” (Hasdell, 2020, p. 18). Although

this is true, evaluation is critical to understanding these efforts, and additional research on previously asked and new questions continues to be important. Kline (2022) identified several topics for future research and evaluation that are designed to:

1. Discover more comprehensive evidence, expanding the outcomes tested.
2. Focus on community-level outcomes.
3. Inform the debate on targeted versus universal programs, considering stigma.
4. Measure guaranteed income against other programs.
5. Explore innovation to inform important design features.



Our Research Questions

Our research questions were developed in collaboration with UWCCR and their funding partners, Sacramento County and Sierra Health Foundation.

- How does guaranteed income impact participants' security—financial, housing, and food?
 - What impacts are there on employment?
 - If faced with an unexpected \$400 expense, are GI participants more likely to be capable of spending cash or cash equivalent?
- Does guaranteed income enhance personal agency?
- Do guaranteed income participants experience improved wellbeing?

Analytic Notes

Full descriptions of the study's design, sampling approach, survey instruments, and analytic methods appear in Appendix B. In analysis tables reported in the next section, sample sizes varied across survey waves due to attrition among both GI participants and control group members. Table B1 in Appendix B summarizes response rates and attrition across baseline, endline, and 18-month surveys.

FINDINGS

Impacts on Security

Nearly a third of residents in the Sacramento region struggle to make ends meet (Passmore, 2022), and in the County of Sacramento, 11.9% of residents have incomes below the poverty line. The median apartment rent costs about double what is affordable on individual median income (Reese, 2021; Shrider & Creamer, 2023). Over the last half decade and through the pandemic, Sacramento continued to have some of the highest increases in housing costs nationwide (Glaze, 2021).

When asked on the baseline survey about their situation, respondents reported struggling. About 60% of GIP participants and members of the control group reported spending more in the last month than their income. Only 11% of GI participants reported that they could cover an unexpected \$400 expense with on-hand cash. When asked, "If you had an unexpected expense or someone in your household lost a job or their income, got sick, or had another emergency, how confident are you that your household could come up with money to make ends meet within a month?," nearly two-thirds lacked confidence that they could (65% not at all confident; 33% somewhat confident; 2% very confident).

Key Findings after a Year of Payments:

- GI participants saw themselves as better off financially after receiving payments
- GI benefits helped more participants meet unexpected expenses; the percentage of GI participants who could pay cash for an unexpected \$400 expense doubled from baseline to endline, and the improvement over baseline remained 6 months later.
- GI benefits helped participants afford the transportation necessary to access healthcare, get to work, etc. It also helped them afford the medical care they needed.



Financial Security

Financial, housing, and food insecurity are detrimental to health (Blanch, 2023), with direct impacts such as material deprivation and increased exposure to toxic elements, such as lead or hazardous air (Fuchs, 1993; Macintyre, 1997). The baseline and endline surveys included several questions that evaluated impacts that receiving monthly payments had on a household’s financial security. Participants reported on both how they perceived they were doing financially and their objective circumstances. They also answered scaled questions that measured their financial capacity (i.e., one’s knowledge, skills, and ability to manage financial resources).

Are You better Off?

Late during 2023 and prior to GI payments, all applicants were asked whether they and other adults in the household were better off, the same, or worse off financially in comparison to 12 months ago (Fall 2022). Shown in Table 2, few applicants at baseline saw themselves as better off financially than a year before (15.2% of the control group; 6.4% of GI participants. This is likely a reflection of [COVID-19’s cost on the American economy](#) into 2023.

After one year of receiving GI payments, 6 times as many participants reported being better off financially than a year ago (6.4% to 40.7%). Only 10.9% of the control group

Table 2. **Better off, same, or worse off financially, in comparison to 12 months ago (%)**

	Baseline, November 2023		Endline, January 2025		18-month, June 2025	
	N=218	p=0.9230	N=173	p=0.0000	N=135	p=0.4152
	Control	GI participants	Control	GI participants	Control	GI participants
Worse off	56.5	52.4	44.6	16.1	26.8	20.3
The same	28.3	41.3	44.6	43.2	45.1	46.9
Better off	15.2	6.4	10.9	40.7	28.2	32.8

reported being better off financial ($p < 0.01$), a decline from baseline. Six months after payments ended, the percentage of both groups who reported they were better off than 6 months ago was higher than at baseline, suggesting a rebound in the economy from January to June 2024. However, at that point, the difference between GI participants and the control group was not statistically significant (28.2% to

32.8%), suggesting that although the effects of the payments were positive, they were temporary. This finding was echoed in responses to qualitative questions, as two participants reported, *“To be honest, my life is still the same. I still need help”* and *“It was super helpful and a blessing while I had it, but I am struggling now. Because life was happening, I didn’t get to save how I anticipated.”*

Living Within Your Means?

We asked respondents about their objective financial circumstances. At baseline, most respondents were living beyond their means; they had spent more than their incomes on living expenses over the last month (Table 3; control

58.7%, GI participants 61.1%). After 12 months of receiving payments, nearly the same percentage of GI participants as at baseline overspent, with a greater percentage of control group members overspending, a difference, however, that was not statistically significant.

Table 3. Over the last month, was income more than living expenses (%)

	Baseline, November 2023		Endline, January 2025		18-month, June 2025	
	N=218	p=0.8251	N=173	p=0.6278	N=135	p=0.8851
	Control	GI participants	Control	GI participants	Control	GI participants
No (overspent)	58.7	61.1	65.2	60.5	53.5	56.3
Yes (underspent)	41.3	38.9	34.8	39.5	46.5	43.8

Can You Cover \$400?

Shown in Table 4, about 1 in 10 (11.9%) GI participants were able to pay a \$400 emergency expense, half of those in the control group (22.8%), before receiving benefits at baseline (p=0.032). This difference disappeared at endline and at 18 months, suggesting the benefits contributed to participants' ability to address unexpected expenses. To demonstrate that this is the case, we assessed improvements to being able to cover such an expense.

Table 5 shows a positive change among GI participants in their ability to pay a \$400 expense. Twice the number of participants than control group members saw their ability to pay a \$400 expense improve from baseline to endline (p=0.0044). Fewer participants reported a deterioration at a rate of only 1 to every 3 control group members. In contrast, there was nearly no difference in the control group at endline versus baseline, and this difference disappeared between the endline and 18 months.

Table 4. Household's ability to cover a \$400 emergency expense (%)

	Baseline, November 2023		Endline, January 2025		18-month, June 2025	
	N=218	p=0.032	N=173	p=0.407	N=135	p=0.487
	Control	GI participants	Control	GI participants	Control	GI participants
No	77.2	88.1	78.3	72.8	74.7	79.7
Yes	22.8	11.9	21.7	27.2	25.4	20.3

Table 5. **Change in ability to cover a \$400 emergency expenses over waves (# of cases).**

	Endline vs. Baseline		18-month vs. Endline	
	p=1.000	p=0.0044	p=1.000	p=0.3877
	Control	GI participants	Control	GI participants
Improved	8	16	7	4
Deteriorated	9	3	7	8
Same	75	62	57	52

Can You Afford It?

Respondents were asked whether they had enough money during the last three months to afford the transportation necessary for healthcare, getting to work, etc., and to afford the medical care (e.g., doctor or dentist) they needed. They could choose “not true at all,” “somewhat true,” “mostly true,” or “very true.” Table 6 reports results for “mostly true” and “very true” responses.

Among GI participants, there was a statistically significant change in having enough money for transportation.

Twenty-four participants reported that they did not have enough money for transportation at baseline, but that they were able to cover transportation needs at endline (p=0.0040). Only 8 reported the opposite. In contrast, there was no statistically significant difference of improvement (17) versus deterioration (12) in the control group at endline versus baseline. The control group had a significant and positive change at 18 months versus endline (p=0.0127), but GI participants did not.

Table 6. **Change in ability to afford transportation necessary to access healthcare, work, etc. over waves (# of cases).**

	Endline vs. Baseline		18-month vs. Endline	
	p=0.4583	p=0.0070	p=0.0127	p=0.1892
	Control	GI participants	Control	GI participants
Improved	17	24	14	7
Deteriorated	12	8	3	14
Same	63	48	54	43

A statistically significant change among GI participants was evident regarding having enough money for medical care (Table 7). Twenty participants reported that they did not have enough money for medical care at baseline, but that they were able to cover such care at endline

($p=0.0015$). Only 4 participants reported the opposite. In contrast, there was no statistically significant difference of improvement (12) versus deterioration (12) in the control group at endline versus baseline.

Table 7. **Change in ability to afford the kind of medical care (doctor and dentist) you needed over waves (# of cases).**

	Endline vs. Baseline		18-month vs. Endline	
	$p=1.000$	$p=0.0015$	$p=0.4049$	$p=0.5235$
	Control	GI participants	Control	GI participants
Improved	12	20	14	9
Deteriorated	12	4	9	13
Same	68	56	48	42

Financially Capable?

The University of Wisconsin Madison, Center for Financial Security developed the [Financial Capability Scale \(FCS\)](#) to be “applied to financial capability interventions broadly, increasing our collective understanding of how, and why, programs work” (Center for Financial Security, n.d., p. 1; Collins & O’Rourke, 2013). The scale consists of six questions scored using an 8-point scale. Financial capability is determined using the following ranges: 0–3=low, 4–5=moderate, 6–8=high. We report average scores for both the control group and GI participants to assess results.

Participants’ financial capability score after receiving one year of GI benefits was greater than that of the control group. At the time of application, participants and control group members had nearly the same average financial capability score. At endline, the GI group had statistically greater (3.7) financial capability in comparison to the control group (2.9; $p<0.01$). Participants also reported a significant increase to FCS scores from baseline to endline (2.6 vs. 3.7; $p=0.0001$), and their average scores remained at 3.7 six months later.

Table 8. **Financial capability scores.**

	Baseline, November 2023		Endline, January 2025		18-month, June 2025	
	N=218	$p=0.4373$	N=173	$p=0.0103$	N=135	$p=0.6586$
	Control	GI participants	Control	GI participants	Control	GI participants
Score	2.8	2.6	2.9	3.7	3.5	3.7



Key Findings after a Year of Payments:

- Occurrences of housing insecurity are extremely common.
- GI payments buffered participants from difficult-to-pay rent increases, moving in with others, and homelessness.
- More GI participants (56%) than control group members (31%) were living in safe, adequate, unsubsidized housing at endline.
- Fewer GI participants (6.3%) than control group members (9.5%) were homeless or facing eviction.

Housing Security

The median monthly rental price was \$1,995 during November 2023, when applicants completed the baseline survey. This figure increased \$45 by November 2024 (M&M Properties, 2024), and multifamily vacancies rose from 5.9% in 2023 to a historic high of 6.5%. Despite vacancy rates, the cost of housing continues to keep lower-income individuals and families locked out of the housing market. The hourly wage required to afford 2-bedroom, fair-market rent (i.e., pay less than 30% of income) is \$39.85, according to Out of Reach from the National Low Income Housing Coalition (2024). The annual income required is \$82,880, the equivalent of 2.5 full-time jobs at minimum wage.

We assessed housing stability using multiple measures. For the first, respondents reported whether they had experienced specific forms of housing instability during the previous 12 or 6 months (e.g., rent or mortgage increases, multiple moves, or homelessness). Housing insecurity was highly prevalent among all respondents. At baseline, 79% of participants and control group members reported having experienced at least one form of housing instability during the prior year.

Table 9 shows changes from baseline to endline, and from endline to 18 months. “Worse” means that a respondent answered “no” to having experienced instability during the last year at the first time in the comparison and then answered “yes” at second time in the comparison (i.e., less stable than when first asked). “Better” denotes being more stable (e.g., “yes” at baseline and “no” at endline). “Same” means no change across waves.

GI payments appeared to have promoted increased housing stability. Fifteen participants answered “no” to “none of these” at baseline and “yes” to “none of these” at endline (p=0.0414). Only 5 who had not experienced any of these instances at endline experienced at least one of them while receiving payments. Participants also reported fewer incidents of moving in with other people at endline, in comparison with baseline (p=0.0490). More control group members and GI participants who had not reported receiving notice of eviction at baseline reported it at endline (p=0.0044 and 0.0023). At 18 months, GI participants were in a better position regarding rent increases (p=0.0490) and living in rundown or substandard housing (p=0.0313) during the 6 months after payments ended.

Table 9. Change in incidents of housing instability over waves (# of cases).

	Endline vs. Baseline		18-month vs. Endline	
	N=173		N=135	
	Control	GI participants	Control	GI participants
An increase to rent or mortgage that made it difficult to pay?	p=0.4296	p=0.0522	p=0.0987	p=0.0490
Worse (less stable)	17	8	10	4
Better (more stable)	23	19	20	13
Same	52	54	41	47
Did not pay or underpaid your rent or mortgage?	p=0.2379	p=0.6900	p=0.0225	p=0.7744
Worse (less stable)	12	11	2	5
Better (more stable)	6	14	11	7
Same	74	56	58	52
Moved two times?	p=1.0000	p=1.0000	p=1.0000	p=1.0000
Worse (less stable)	5	5	6	6
Better (more stable)	6	4	6	6
Same	81	72	59	52
Moved in with other people, even for a little while, because of financial problems?	p=0.8145	p=0.0490	p=0.0117	p=0.2266
Worse (less stable)	10	4	1	3
Better (more stable)	8	13	10	8
Same	74	64	60	53
Lived with others beyond the expected capacity of the house or apartment?	p=1.0000	p=0.0784	p=1.0000	p=1.0000
Worse (less stable)	9	6	3	3
Better (more stable)	8	15	4	3
Same	75	60	64	58

Lived in a home with deferred maintenance or in substandard (or potentially unsafe) conditions?	p=0.8036	p=0.5078	p=0.1797	p=0.0313
Worse (less stable)	9	6	2	0
Better (more stable)	7	3	7	6
Same	76	72	62	58
Lacked a safe, regular, and adequate nighttime place to stay and sleep?	p=1.0000	p=0.0703	p=0.0313	p=1.0000
Worse (less stable)	7	1	0	4
Better (more stable)	8	7	6	3
Same	77	73	65	57
Received a written or verbal notice from your landlord stating you must pay your rent or face eviction?	p=0.0044	p=0.0023	p=0.1460	p=0.6291
Worse (less stable)	16	15	3	7
Better (more stable)	3	2	9	10
Same	73	64	59	47
None of these?	p=0.4421	p=0.0414	p=0.0037	p=0.7905
Worse (less stable)	16	5	6	6
Better (less insecure)	11	15	22	8
Same	65	61	43	50

At endline and 18 months, a question was added to assess GI impact on housing stability (Table 10). At endline, GI participants had more favorable housing statuses in comparison to the control group (p=0.0336). A greater percentage of GI participants (56.3%) were living in safe, adequate, unsubsidized housing than were control group

members (31.0%; p<0.05). Fewer were in precarious housing situations such as homelessness, living in transitional, temporary, or substandard housing, or paying more than 30% of their income for housing. This difference disappeared at 18 months.

Table 10. **Which best describes your current housing status? (%)**.

	Endline, January 2025		18-months, June 2025	
	N=90	p=0.0336	N=60	p=0.8637
	Control	GI participants	Control	GI participants
We are homeless or threatened with eviction	9.5	6.3	0.0	6.5
We live in transitional, temporary, or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income)	7.1	6.3	10.3	6.5
We are in stable housing that is safe but only marginally adequate	19.1	10.4	10.3	22.6
We are living in safe, adequate, subsidized housing	33.3	20.8	34.5	12.9
We are living in safe, adequate, unsubsidized housing	31.0	56.3	44.8	51.6

Note. Housing status questions were asked only at T2 (Endline) and T3 (18 months).

Food Security

During 2023, 13% of all households in California experienced food insecurity (Testimony of Tess Thorman, 2025). A high percentage of GI program applicants reported food insecurity at baseline (70.7% control group; 84.1% GI participants). Nearly 62% of GI participants reported at baseline that they had cut the size of meals or skipped meals during the previous 12 months. After receiving the 12 monthly payments, that percentage dropped to 48%. Table 11 shows that food insecurity status improved from baseline to endline among GI participants ($p=0.0026$), and from endline to 18 months for both groups ($p=0.0075$ and 0.0213).

Table 11. **Changes in food insecurity over the waves (# of cases).**

	Endline vs. Baseline		18-month vs. Endline	
	$p=0.1078$	$p=0.0026$	$p=0.0075$	$p=0.0213$
	Control	GI participants	Control	GI participants
Improved	8	19	15	13
Deteriorated	17	4	3	3
Same	67	58	53	48

Key Findings after a Year of Payments:

- All Respondents experienced food insecurity at extremely high rates.
- GI payments boosted food security.
- Fewer participants skipped meals while receiving GI payments than the year before.



Sense of Agency

Guaranteed income pilots and federal cash assistance programs during the Covid-19 pandemic provided the economic security people needed to take risks and explore new opportunities (Lee & Neighly, 2023; West & Castro, 2023). Our endline and 18-month surveys included questions that assessed whether participants demonstrated an increased sense of agency. Reported in Table 12, a greater percentage of participants reported that while receiving GI they took time off for rest or pleasure.

Key Findings after a Year of Payments:

- More GI participants took time off for rest or pleasure.

Table 12. **During the past year, did you do any of the following? (%)**.

	Endline, January 2025 N=171			18-month, June 2025 N=135		
	Control group	GI participants	p	Control group	GI participants	p
Take time off and look for a job that is more fulfilling or of higher quality	18.5	11.1	0.176	16.9	6.3	0.056
Pursue starting a business	9.8	4.9	0.228	5.6	3.1	0.480
Start an education or training program	14.1	13.6	0.917	8.5	12.5	0.441
Voluntarily reduce the number of hours you worked	19.6	23.5	0.533	15.5	17.2	0.790
Voluntarily increase the number of hours you worked	4.4	6.2	0.590	5.6	4.7	0.804
Take time off for rest or pleasure	5.4	14.8	0.039	7.0	12.5	0.283
Choose to work more in lower-paid but more rewarding employment	7.6	7.4	0.960	7.0	4.7	0.563
None of these	45.7	42.0	0.627	56.3	54.7	0.847

Note: Baseline data for Q71 had several missing responses, excluded in this table. These questions were asked only at T2 (Endline) and T3 (18-month).

Wellbeing: Self-Reported Health, Distress, Resilient Coping, and Positive Outlook

Self-Reported Health

Income and relative deprivation associate robustly with health status (Subramanyan et al., 2009). After receiving payments, the percentage of GI participants who reported poor or fair health decreased by 15.5 points (47.6 -> 32.1). As shown in Table 13, twice as many GI participants reported improved health at endline than reported worse health (22 vs. 10).



Key Findings after a Year of Payments:

SELF-REPORTED HEALTH

Fewer GI participants reported fair or poor health after receiving payments than before.

POSITIVE OUTLOOK

GI payments increased participants' optimism toward their communities.

67.5% of GI participants told loved ones about receiving the payments, suggesting a low incidence of internalized stigma about receiving such benefits.

Table 13. Changes to self-reported health over waves (# of cases).

	Endline vs. Baseline		18-month vs. Endline	
	p=0.3105	p=0.0390	p=0.1786	p=0.8043
	Control	GI participants	Control	GI participants
Improved	14	22	15	15
Deteriorated	21	10	8	17
Same	57	49	48	32



Economic insecurity can lead to harmful coping behaviors, including self-medication. However, severe distress did not differ significantly between GI participants and the control group.

Distress

Stresses generated from insecurity and poverty are toxic (Breitenbach et al., 2021), and stress leads to unhealthy behaviors, including self-medication (Kaplan et al., 2013). We asked questions from the Kessler Psychological Distress Scale to assess whether receiving GI payments alleviated generalized distress (Andrews & Slade, 2001; Kessler et al., 2002). Differences shown in Table 14 between percentages of GI participants who experienced severe distress in comparison to the control group were not statistically significant at endline, and nor at 18 months.

Table 14. **Levels of distress, Kessler Distress Scale (%)**.

	Baseline, November 2023		Endline, January 2025		18-months, June 2025	
	N=218	p=0.2109	N=173	p=0.1786	N=135	p=0.4802
	Control	GI participants	Control	GI participants	Control	GI participants
Likely well	38.0	28.6	32.6	38.3	42.3	48.4
Mild	20.7	19.8	16.3	13.6	14.1	12.5
Moderate	15.2	24.6	8.7	21.0	5.6	6.3
Severe	26.1	27.0	42.4	27.2	38.0	32.8

Note. No statistically significant differences between the two groups.

Participants’ ability to cope with stress remained high after payments ended, suggesting they maintained resilience even after the program concluded.

Resilient Coping

The Brief Resilient Coping Scale is a 4-item measure that assesses tendencies to cope well with stress (Sinclair & Wallston, 2004), with a ranking of “high” considered highly adaptive. We found no differences in the degree of coping between the control group and GI participants (Table 15). When material hardships lessen, individuals and families access faculties within themselves and their communities that allow better futures to be explored and obstacles overcome (West & Castro, 2023). Influencing coping proved difficult to influence, but one positive point was evident. There was no steep drop at 18 months in coping with stress, signaling that the cessation of payments did not shake resilience. Such lack of a negative slide suggests that the United Way California Capital Region’s efforts to remind and help participants plan for that day was beneficial.

Table 15. **Brief Resilient Coping Scale levels (%)**.

	Baseline, November 2023		Endline, January 2025		18-month, June 2025	
	N=218	p=0.6813	N=173	p=0.1528	N=135	p=0.3403
	Control	GI participants	Control	GI participants	Control	GI participants
High	32.6	31.8	38.0	27.2	42.3	31.3
Medium	41.3	38.1	38.0	43.2	32.4	42.2
Low	26.1	30.2	23.9	29.6	25.4	26.6

Note: No statistically significant differences between the two groups.

Positive Outlook

Trust.

Trust in American society is at an all-time low. According to a World Values Survey from 1990, 50% of a representative random sample of U.S. residents believed that most people can be trusted, 47% reported that you needed to be very careful when dealing with people, and 3% did not know (Inglehart et al., 2022). In 2017, only 37% were generally trusting. In 2019, the Pew Research Center reported that many Americans are worried about the declining level of trust citizens have in each other, with 79% believing that Americans have “far too little” or “too little” confidence in each other. As of April 2024, about one-fifth of Americans trust the federal government to do what is right “just about always” or “most of the time”.

We asked respondents the same question: Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people? Table 16 reports no statistically significant differences between the two groups. Sacramento residents appear to be slightly less trusting than the rest of the nation. At endline, 2.5 percentage points more answered trustingly than at baseline, but 6 months after payments ceased, fewer answered trustingly than at either time by about 5 percentage points. Responses from control group members were more consistent.

Table 16. **Generalized trust (%)**.

	Baseline, October 2023		Endline, January 2025		18-month, June 2025	
	Control	GI participants	Control	GI participants	Control	GI participants
Most people can be trusted	26.1	31.2	26.1	35.8	23.9	26.6
You must be very careful when dealing with people	73.9	68.8	73.9	64.2	76.3	73.4

Note. No statistically significant differences between the two groups.

Community Prospects.

We asked respondents whether their community will, as a place to live, be better, stay the same, or be worse in the next 12 months. Scheier and Carver (1993) defined dispositional optimism and pessimism as generalized outcome expectancies of good versus bad outcomes during one’s life. Schweizer et al. (1999) found that optimism influences an individual’s sense of wellbeing.

GI participants reported more favorable outlooks for their communities at endline than the control group did ($p=0.0011$). A higher percentage of GI participants than the control group reported that where they lived would change for the better or stay the same (Table 17). The percentage of GI participants who believed that their communities would change for the worse lowered from 28.8% at baseline to 16.1% after receiving GI payments, a shift that largely persisted 6 months later (18.8%).

Table 17. In the next 12 months, how do you think the community where you live will change as a place to live? (%).

	Baseline, November 2023		Endline, January 2025		18-month, June 2025	
	N=218	p=0.3094	N=173	p=0.0011	N=135	p=0.4719
	Control	GI participants	Control	GI participants	Control	GI participants
Worse off	26.1	28.8	38.0	16.1	19.7	18.8
The same	42.4	48.0	45.7	55.6	62.0	56.3
Better off	31.5	23.2	16.3	28.4	18.3	25.0

Stigma.

Many who apply for welfare in the United States report feelings of shame with their decision, an internalized stigma (Lapham & Martinson, 2022) that represents barriers to benefit uptake by those who are eligible, which links to recipients underreporting program participation on surveys (Celhay et al., 2022). A common goal of GI programs is destigmatizing receipt of benefits and promoting dignity.

To assess stigma, we asked applicants whether they told their closest friends and family that they were applying for the GIP. At baseline, just over 40% of participants and control group members told their closest friends and families about it. After the last payment, many more participants were comfortable doing so (67.0%), suggesting low internalized stigma about receiving GI benefits. At endline, 60% of control group members told. Shown in Table 18, both participants and control members were more likely to tell others about GI benefits at endline versus baseline (p=0.0237 & 0.0004), suggesting growing comfort with relatively low stigma that associates with GI and comfort discussing economic vulnerability.

Participants became more comfortable discussing guaranteed income, suggesting low stigma associated with receiving benefits.

Table 18. Stigma, did you tell your closest family and friends about applying for GI over waves (# of cases).

	Endline vs. Baseline	
	p=0.0237	p=0.0004
	Control	GI participants
Improved	27	32
Deteriorated	12	9
Same	53	40

Note: This question was asked only at baseline and endline.

DISCUSSION

GIP 3.0 in Sacramento County demonstrates that modest, unconditional cash transfers stabilize families that are experiencing economic hardship and promote dignity. Participants' outcomes across finances, housing, food, agency, and wellbeing aligned with growing national evidence that GI offers both immediate relief and meaningful, if time-limited, improvements to household stability.

Interpreting Findings

The GI payments improved both material security and personal confidence. Participants were more likely to meet basic expenses, afford transportation and medical care, and manage emergencies without borrowing or delaying bills. They reported feeling better off financially and less anxious about the future. Although modest, these changes reflect the difference between crisis management and genuine stability for many low-income families.

One participant noted, *"Receiving guaranteed income (GI) over the past year created a kind of emergency exit from constant financial crisis — not a total solution, but a life raft when I was treading water. As a single mother of three neurodivergent children and a domestic violence survivor rebuilding from the ground up, the payments didn't just help cover expenses — they gave me breathing room. I also began to organize long-term disability care and special needs advocacy efforts for my children, which requires mental bandwidth, printing costs,*

and time — all of which felt impossible before. It wasn't just about money. It was about margin — space to move forward without collapsing."

Housing and food security gains were especially important. Fewer participants experienced eviction threats or homelessness, and more lived in safe, unsubsidized housing by the end of the program year. Food insecurity, widespread at baseline, declined significantly, with fewer households skipping meals and reporting very low food security. These outcomes demonstrate that even small, predictable cash infusions strengthen families' ability to maintain stable homes and nutrition. One participant stated, *"Life has been good after the GI payments this past year. I was able to contribute to bills and household needs since I was out of work. It helped so much. I've been able to get back on track with finance slowly since then."*

GI also enhanced wellbeing and openness. Participants reported health improvements and that they were able to prioritize rest and pleasure more than before they received GI. Nearly 7 in 10 recipients shared their participation openly at endline, in comparison to only 4 in 10 at baseline, suggesting reduced stigma and growing public comfort with GI as a legitimate means of support. These outcomes illustrate that GI nurtures not only economic stability, but autonomy and self-respect.

Temporary but Transformative Effects

The benefits of GI were strongest during the payment periods and tapered 6 months later, underscoring the limits of short-term interventions amid structural inequities in housing and labor markets. This pattern reflects the finite duration of assistance rather than a lack of impact. When payments ended, many households returned to the economic pressures that the program had relieved temporarily.

Some outcomes, such as food security, improved for both participants and control group members after 18 months, relative to the baseline. This pattern reflects a strengthening economic backdrop during 2024 and 2025; [real personal income rose](#) in California as [inflation cooled](#), improving household purchasing power, and Sacramento’s multifamily rental market experienced [muted rent growth alongside a modest rise in vacancy](#), easing monthly cost pressure. Such contextual shifts can raise all outcomes, explaining convergence between groups after payments ceased while leaving the program’s stronger payment effects intact.

The results corroborate that GI works best as part of a broader continuum of supports—affordable housing and childcare, accessible healthcare, and living wages—that reinforce one another. The Sacramento pilot nevertheless demonstrates the promise of local collaboration. By pairing county and philanthropic funding, the United Way California Capital Region and its partners demonstrated that cross-sector partnerships can deliver rapid relief, promote inclusion, and generate actionable policy evidence.

Limitations

Although this study included a comparison group drawn from program applicants, participants and control group members were not recruited concurrently at baseline, which might have introduced selection and response biases. Observed baseline characteristics were similar across groups,

but unmeasured differences might remain. Sample sizes declined across survey waves due to attrition, particularly by the 18-month follow-up, reducing statistical power and limiting detection of modest effects. Attrition might also have biased results if respondents who remained in the study differed systematically from those who did not.

Outcomes were assessed using self-reported survey data, subject to recall error and social desirability bias. Some constructs, such as housing instability and agency, were measured using adapted items rather than standardized scales. The GI intervention was time-limited, and some improvements observed during the payment period diminished after payments ended, making it difficult to separate program effects from broader economic changes during the study period. Findings thus might not generalize beyond this local context.

Implications for Policy and Practice

Findings from this evaluation contribute to an expanding body of research that informs GI design and public policy. Three lessons stand out.

1. Small but consistent payments improve economic security, health, and family wellbeing, especially among those experiencing systemic inequities.
2. Collaboration among public, philanthropic, and community organizations allows programs to operate efficiently while maintaining a human-centered design.
3. Transparent evaluations and participant engagement build public trust.

For Sacramento County and similar jurisdictions, GI complements existing safety-net programs by reducing volatility and creating space for families to plan ahead. Future programs should integrate direct cash transfers into comprehensive anti-poverty strategies, such as rental and childcare support, tax credits, and targeted pilots for caregivers, students, and foster youths.

CONCLUSION

GIP 3.0 reaffirms that when residents are trusted with resources and choice, they invest in their own stability and communities. The program's effects were measurable, humane, and instructive; unconditional cash alleviated hardship, improved wellbeing, and strengthened hope, even within a limited timeframe. As Sacramento County and other jurisdictions confront persistent inequality and high costs of living, GI offers a pragmatic, principled path forward, one that joins economic relief with a renewed social contract that is grounded in trust and equity. The voice of one participant who commented about the program and how to improve it in the future communicates this sentiment best:

"This program treated us like people, not statistics. That quality of care, consideration, and compassion made a meaningful difference. Too often, public benefits are accompanied by shame, micromanagement, or gatekeeping. The Guaranteed Income Program felt very different. It was not weighed down by rigid, prescriptive bureaucracy or cold, detached professionalism that treats people like case file numbers. It was not a circus act requiring us to walk a tightrope, proving our hardship while juggling instability. Instead, it was simple, smooth, and streamlined. That matters. Many social services operate with a conditional or "means-tested" model that requires individuals to prove their need, explain their spending, or document their progress in

■ "[GI] has let me experience what life is like without expenses being my primary thought. I'm able to plan out more activities to do with my family and have more time to do the things I want. I've been able to increase my income and reduce my debt after the guaranteed income payments for the past year to maintain a good work and life balance."

– Participant

order to deserve support. Guaranteed income programs stand out because they reverse that model and place dignity, trust, and humanity at the center. My suggestion, and my commendation, is to preserve that approach at all costs. Please do not allow the program to become another system where people must constantly complete burdensome procedures, retell trauma, or justify every dollar in order to stay eligible. Many of us are already navigating systems filled with oversight, scrutiny, or deep social stigma. The credibility, reputability, and authenticity of this program came from the fact that it did not add more hoops to jump through. It removed some of the weight.”

Findings demonstrate that GIPs meaningfully stabilize households and improve wellbeing, but they also underscore the limits of short-term cash assistance in the absence of broader structural supports. Tapering of some outcomes after payments ended reflects persistent pressures in housing affordability, childcare costs, healthcare access, and labor market instability that no single intervention can offset fully. GI is most effective when paired with complementary policies, such as investments in affordable housing and tenant protections, childcare subsidies, access to health coverage and medical debt relief, and wage and tax policies that raise and stabilize household income.

At the program level, future GIPs should promote durability, including longer payment durations, greater benefits, tapered phase-outs rather than abrupt endings, and hybrid payment structures that combine predictable monthly support with intermittent larger disbursements to address major expenses and emergencies. Integrating GI with benefits counseling, workforce support, and voluntary financial planning, while preserving unconditionality, would help participants sustain gains. Such policy and program strategies would help transform short-term stabilization into lasting economic security and advance more durable paths out of poverty.

APPENDIX A

United Way California Capital Region’s Guaranteed Income Programs in Sacramento

United Way initiated the first GIP of its kind in the California Capital Region. The organization launched the program in July 2021, using a portion of a \$10 million gift it received from philanthropist MacKenzie Scott in December 2020.

Guaranteed Income 1.0, City of Sacramento.

During June 2021, UWCCR joined the GI movement by offering the first GIP in Sacramento. With a philanthropic gift from MacKenzie Scott, UWCCR gave 100 families \$300 each month for two years, with the goal of promoting economic security, helping residents remain housed, and paying for necessities such as food and childcare.

Guaranteed Income 2.0, City of Sacramento.

During 2023, UWCCR launched its second GIP funded by the [City of Sacramento](#). An evaluation of this program found on the [UWCCR website](#).

Guaranteed Income 3.0, County of Sacramento.

The program evaluated in this report began with funding awarded by [Sacramento County](#), Supervisors Phil Serna (District 1) and Patrick Kennedy (District 2), and a donation from the [Sierra Health Foundation](#). Monthly payments of \$505 were given to 130 people who resided in Districts 1 and 2.

Collegiate Guaranteed Income Program (CGIP).

At about the same time, the United Way partnered with Sacramento State University to provide \$500 monthly GI payments to 10 students who were former foster youths. Final payments for this first cohort of the CGIP will conclude in April 2025. A second cohort of the CGIP is planned for 2025/2026.

Guaranteed Income, Family First Economic Support.

The United Way will manage its largest program to date, Family First Economic Support, during 2025, working with the Sacramento County Department of Child, Family and Adult Services. This year-long pilot gives \$725 each month to 200 households in zip codes with large proportions of residents who experience high rates of contact with the child welfare system.

APPENDIX B

Theoretical Framework and Methods

On 6 September 2022, the Sacramento State Institutional Review Board (IRB) reviewed our research plan and determined that the proposal, titled Guaranteed Income Pilot Evaluation (Cayuse-22-23-15), was exempt from 45 CFR 46.

Hypothesis

Poverty is marked by scarcity (Clark, 2002), and cash transfers have been shown to improve monetary poverty, education, health and nutrition, savings, and sense of empowerment. We draw from West and Castro (2023) to theorize that unconditional cash provides a path to eliminate scarcity and smooth income volatility, creating space for alternative ways of being and decision-making. We thus hypothesize that the GI intervention in Sacramento County will lead to reductions to financial, housing, and food insecurity, and provide greater income sufficiency, to enhance agency and wellbeing.

Sampling

To test this hypothesis, we designed a pre-post, modified, random control study. During October 2023, all applicants (N=8821) completed an initial survey at the time of application using Qualtrics, the online survey software used at California State University, Sacramento. Qualtrics ensures secure data storage on a password-protected server. Four of the 130 GI participants' Time 1 surveys were incomplete, and therefore the baseline number of participants was 126. During January 2025, 81 participants (64.3%) completed the endline survey. During June 2025, 6 months after the last GI payment, 64 participants (50.8%) completed the third and final survey.

Control group members were selected at Time 2. An initial random sample of 150 non-participant applicants were sent

a second survey with an offer of a \$25 cash card for their participation. This initial group yielded 22 respondents, a 14.4% response rate. Four additional groups were selected randomly until 92 members were recruited into the control group. When the third survey was administered during June 2025, 71 control group members responded (77.2%). Analyses at baseline included 218 respondents, the endline included 173, and the third survey at 18 months included 135. Among GI participants, retention from endline to the 18-month follow-up was 79.0% (64 of 81). Among control group members, retention was 77.2% (71 of 92).

The Survey

The baseline survey included 62 questions for quantitative analysis and 4 opened-ended questions for qualitative analysis (see Appendix A). We used validated scales to test main concepts, including:

- Financial Capability Scale, 6 questions (Collins & O'Rourke, 2013).
- U.S. Household Food Security Survey, 6-question short-form (Blumberg et al., 1999).
- Brief Resilient Coping Scale, 4 questions (Sinclair & Wallston, 2004).
- Self-Reported Health Questionnaire, 1 question (Bombak, 2013).
- Kessler Psychological Distress [Scale](#), 10 questions (Kessler et al., 2002).

Not every concept had a validated scale or measure (e.g., housing insecurity and agency). In such cases, we looked for questions used in published research, both academic and professional. For example, several questions regarding social engagement came from the Social Engagement and Activities Questionnaire (Marti & Choi, 2022) and others came from surveys conducted by the Pew Research Center (2015, 2019, 2024). We also looked to other reports on GIPs (West & Castro, 2023). The objective was to use questions

that would help us learn and could be compared to other populations’ answers for a sense of comparison to GI participants and applicants.

The endline and baseline surveys were nearly identical. Open-ended questions were rewritten to capture thoughts after having received GI payments. The same questions were altered for the control group to capture experiences and perspectives from those who had not received money.

We used a mixed-methods, convergence parallel design, and thus quantitative and qualitative data were collected simultaneously, analyzed separately, and then merged (Creswell & Plano Clark, 2011). We used quantitative data from multiple-choice survey questions to assess socioeconomic security, agency, social engagement, health, and wellbeing both before and after participants received payments. Open-ended answers were used to illustrate findings and assess attitudes and experiences with, and interpretation of, GI.

Quantitative Data Analysis

We used several approaches to analyze the impact of GI on recipients. Both GI participants and control group members were surveyed before GI benefits began (T1, baseline, November 2023). We surveyed the same GI participants and control group members after one year of GI benefits (T2, endline, January 2025) and again 6

months after payments ceased (T3, 18 months, June 2025). The first analysis compared major outcomes between GI participants and control group members at T1 and T2, using chi-square tests for categorical outcomes and independent t-tests for numerical outcomes. For ordinal measure outcomes, we used the Mann-Whitney U test to assess whether ordinal outcomes were different across group status. For repeated categorical outcomes, the McNemar test was used to assess whether categorical outcomes changed over time among the same participants (i.e., GI participants).

Qualitative Data Analysis

To examine open-ended questions answered by both GI participants and control group members, we used thematic analysis with a template approach. Brief responses from both groups were imported into a spreadsheet to develop codes for each question. The codes reflected both responses and the study’s purpose. GI participants’ responses were used to develop an initial list of codes and sensitizing concepts, applied subsequently to control group responses, with codes added when responses did not fit previously developed codes. Each code’s appearance was tabulated to detect the degree of saturation of types of responses from both GI participants and the control group. When appropriate, exemplar quotes were selected to illustrate findings in the participants’ own words.

Table B1. Survey response rates across study waves.

	Baseline, October 2023		Endline, January 2025		18-month, June 2025	
	Control	GI participants	Control	GI participants	Control	GI participants
# of respondents	92	126	92	81	71	64
Response rates	100%	100%	100%	64.3%	77.2%	50.8%

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As this report demonstrates, guaranteed income does more than relieve immediate financial strain; it offers recipients security and confidence to make choices that strengthen their health, stability, and hope for the future.



