

# CASH AS CARE

Healthy Moms. Healthy Families.  
Healthy Communities.



May 2022

# ACKNOWLEDGEMENTS

This report is authored by Dr. Heena Shah and Madeline Neighly, and draws from the experiences of guaranteed income recipients across the country. *Cash as Care: Healthy Moms. Healthy Families. Healthy Communities.* builds upon and updates our 2021 report, *In Celebration of Black Moms: Cash as Care*, authored by Ebony Childs and Madeline Neighly. Economic Security Project staff Eshe Shukura contributed to the framing and narrative, Mara Heneghan provided framing and editing guidance, and Michael Conti led design and layout. Cover illustration and mothers' portraits by Iman Geddy, other illustrations by Jason Liu, Teal Media.

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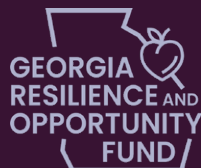


THE BRIDGE PROJECT

COMMUNITY  
CHANGE  
Power from the ground up



Family Health Project



INCOME  
MOVEMENT



## INTRODUCTION

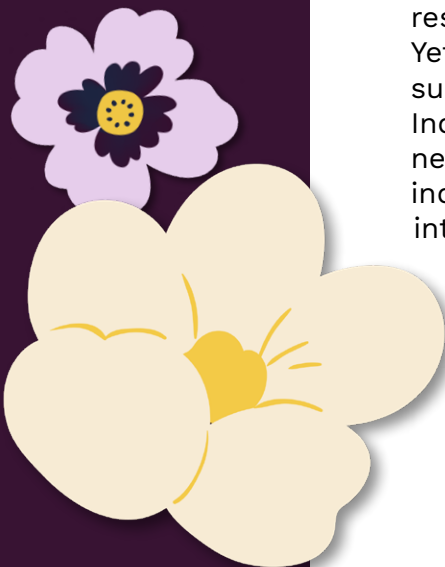
Twenty-five years ago, Patricia Hill Collins coined the term ‘motherwork’ to describe the ways in which mothers of color in particular connect their survival and care to the survival of and care for all. For mothers of color, “‘reproductive labor’ or ‘motherwork’ goes beyond ensuring the survival of members of one’s family. This type of motherwork recognizes that individual survival, empowerment, and identity require group survival, empowerment, and identity” (Hill Collins, 1994). Recognizing that motherhood takes place at the intersection of identities, motherwork then is not only taking care of one’s own children and family, but a recognition that the needs of our own families are connected to the needs of others, particularly for mothers of color. To have healthy, thriving families, we need healthy, thriving communities, and it is often the invisible, unseen, unpaid labor of mothers that makes this all possible.

**Grounded in the values of trust and respect for recipients, guaranteed income is the provision of regular cash payments with no strings attached and no work requirements.**

Johnnie Tillmon, daughter of a sharecropper and a single Black mom with six children who became one of the most influential welfare rights activists in this country’s history, exemplifies the ‘motherwork’ that many women of color do to strengthen their communities – and, by extension, all communities. Tillmon organized mothers and welfare recipients to demand policies responsive to the material conditions of their lives. As the first chairperson of the National Welfare Rights Organization (NWRO), an organization composed primarily of single Black mothers, Tillmon greatly influenced the Civil Rights Movement and the Rev. Dr. Martin Luther King, Jr., particularly in the demand for a guaranteed income (Germain, 2021). Specifically, the NWRO called for a guaranteed income for all to ensure that “personal and community needs” were met (Sherwin, 2019, p. 19).

Today, mamas<sup>1</sup> of color continue to do this motherwork, fighting for the resources to care for themselves, their families, and their communities. Yet, they are systematically denied access to the resources that would support this care, and consequently, we see that many Black, Brown, Indigenous, and immigrant mothers experience myriad, highly preventable negative health outcomes. The social determinants of health framework indicates that these two facts are not unrelated, but instead are intimately connected. The conditions in which we work, live, play, and worship shape our health, and if those conditions are not good, our health is not likely to be good either (U.S. Department of Health

<sup>1</sup> In this report, we lean into the framework and definition offered by the [Black Mamas Matter Alliance](#) that recognizes Black moms as those who care for and mother Black families and communities—whether they are trans, cis, or gender non-conforming. We thus use the term mother or mama to mean people who parent, care for, and nurture their families and communities, inclusive of all gender identities.







“ When my husband and I bought a house in Baltimore, there were 2 large flower boxes on the front porch. When spring came, we decided to grow flowers in them. One of the boxes was empty, so we bought potting soil to fill it. We did nothing to the soil in the other box, assuming that it was fine. Then we planted seeds from a single seed packet in the 2 boxes. The seeds that were sown in the new potting soil quickly sprang up and flourished. All of the seeds sprouted, the most vital towering strong and tall, and even the weak seeds made it to a middling height. However, the seeds planted in the old soil did not fare so well. Far fewer seeds sprouted, with the strong among them only making it to a middling height, while the weak among them died. It turns out that the old soil was poor and rocky, in contrast to the new potting soil, which was rich and fertile. The difference in yield and appearance in the 2 flower boxes was a vivid, real-life illustration of the importance of environment.”

– Dr. Camara Phyllis Jones,  
Epidemiologist, Emory University

and Human Services, Office of Disease Prevention and Health Promotion, n.d.a.).

In this paper, we assert that a federal guaranteed income would give mothers of color some of the resources they have long been fighting for, the very resources that would build better health and address the health inequities we see in our communities. In other words, **we assert that a federal guaranteed income is a public health intervention whose time has come.**

## **INCOME: A FUNDAMENTAL DETERMINANT OF HEALTH**

The conditions in which we live, work, play, and worship are themselves a function of many factors, including everything from food access and neighborhood safety, to air pollution and transportation (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, n.d.a). Income, in particular, is considered a fundamental determinant of health because it is so critical for accessing a range of basic needs like food, housing, and health care, and is thus connected not just to one, but to many health outcomes, and interconnected with so many other determinants of health (Braveman & Gottlieb, 2014). Further, “[p]eople with more power and privilege generally experience better health outcomes,” because they have access to the resources and networks that tend to be health supporting (Sun et al., 2021, p. 364 ). Thus guaranteed income may work to improve the health outcomes of people and communities who have been excluded from power and privilege by providing greater access not just to basic needs, but to social networks and resources.

There are many pathways from income to health, some direct and straightforward, others indirect and weblike. For example, income allows people to access food and healthcare, or other basic materials needed for survival. Income may allow someone to return to school and ultimately secure a better paying job with benefits and stable earnings, which has the impact of

## SOCIAL-ECOLOGICAL MODEL




The *social-ecological model* emphasizes that health is both shaped and protected at multiple levels. The model lifts up the reality that individual choices and behaviors exist within familial, community, and societal contexts. Similarly, public health interventions to protect and build health have impact at multiple levels. The social-ecological model is a visual representation of what women of color doing motherwork already know: our health is inherently and intimately connected to the health of our families, our communities, and our society.

With guaranteed income, the expecting mother has a less stressful pregnancy because she doesn't have to worry about being able to afford the food she needs to care for herself

and her growing baby, she can choose culturally competent caregivers, and she can spend more time with her family and community. When the baby comes, the baby is a healthy weight, and the mama and baby have more time to bond because she is able to be home a bit longer before returning to work. On her walks through the neighborhood with the baby, she meets other mamas, and they support each other, sharing meals, childcare, or simply watching out for each other's kids as they grow in a healthy, nurturing environment. The children experience the lifelong benefits of having had mamas and families with less stress and more connection, nutritious and delicious food, and a community that knows and cares for them.

allowing that person to get more of what they need to be healthy—more time for physical activity, more time with family, more nutritious food, or health insurance coverage and paid time off. Income, and the time it frees up, may allow people to more deeply engage in building, strengthening, and supporting their communities. Given the potential links between income and discretionary time, targeting support to mothers of color allows us to honor and support the ‘motherwork’ communities of color have often relied on for survival. Data from the first year of the Stockton Economic Empowerment Demonstration (SEED) found that the \$500 guaranteed income received by SEED participants, “spilled into their extended networks in material and immaterial ways that alleviated financial strain across fragile networks and generated more time

The Stockton Economic Empowerment Demonstration (SEED) was the first mayor-led guaranteed income demonstration in the U.S. For two years, 125 Stocktonians were provided with \$500 a month in unrestricted, no-string-attached cash. For more information on SEED and the results from the first year, see [stocktondemonstration.org](https://stocktondemonstration.org).



for relationships” (West et al., n.d.). Notably, these resource pooling activities were more commonly used by women.

Income has a gradient relationship with health, meaning that those with better income have better health at every step of the economic ladder, not just at the extremities. However, racism—both interpersonal and structural—negatively impacts the health of people of color at all income levels. Thus, even though we see stark health inequities between Black, Brown, and Indigenous people relative to whites on the same rung of the economic ladder, people of color with a higher income still tend to have better health than people of color with less income (Woolf et al., 2015).

A federal guaranteed income may address certain health inequities by simply moving mothers of color up the ladder, providing them with increased money, which has been linked to health in myriad ways. However, income alone will not solve for racism and its impacts on health outcomes. For example, guaranteed income may help a Black mama afford the groceries her family needs, but it will not make it easier to access those groceries if no grocery store will open in her neighborhood. Guaranteed income, then, is one part of the larger, anti-racist solutions needed to build health equity in this country. In the next section, we describe how guaranteed income for mamas of color may serve as a way to address systematic exclusion from our current economic system.

## **SOCIAL INEQUITIES PRODUCE HEALTH INEQUITIES FOR WOMEN OF COLOR AND THEIR FAMILIES**

Despite the importance of income as a social determinant of health, we know that Black, Brown, Indigenous, and immigrant mamas continue to be systematically denied the very resources that support health. This exclusion is structural and has been part of our country since its founding. From slavery and the genocide of Native Americans, through racist policies like Jim Crow and redlining, and seemingly race-neutral policies like work requirements and family caps that are grounded in anti-Blackness, to public charge exclusions that prevent immigrant families from accessing benefits, laws and policies in the U.S. have privileged whiteness and wealth at the expense of people of color, particularly Black Americans (Hicks et al., 2021; Flynn et al.,

2016; Flynn et al., 2017). Angela Glover Blackwell describes this as the “hierarchy of human value,” in which white people are valued above people of color, particularly Black people, and which continues to operate in nearly every policy created (Economic Security Project, 2022).

We believe that a federal guaranteed income is necessary, in part, because of the ways in which women of color continue to be excluded from many of the established avenues for generating income and wealth today: from systematically getting paid less and working disproportionately in low-wage jobs to being paid less relative to their white counterparts, even after pursuing higher education.

Women of color are paid less than white men and women. All women are paid less than men, with white women coming closest to being paid the same as white men. In 2021, Latinas made 58.4 percent, Black women 63.1 percent, and white women almost 80 percent relative to the weekly earnings of white men working full-time (Hegewisch & Mefford, 2022). In 2019, Native American and Alaska Native women working full-time, year-round were paid just 60 cents compared to the dollar paid to white men (Childers et al., 2021a). Even with full-time, year-round work, the median annual income of many women of color is near or below the federal poverty level. In 2019, the median annual earnings of Native American and Alaska Native women working full-time was \$36,000—leaving a family of one adult and two children near-poverty (Childers et al., 2021a). Similarly, in 2020, Latina's median annual earnings for full-time employment were \$38,718, below 200 percent of the federal poverty level for a family of three (Mefford & Hegewisch, 2021). Median wages for Black women working full-time in the U.S. are \$43,209 a year, or \$24,420 less than white men (National Partnership for Women and Families, 2021). Wage disparities mean that women of color have less income to support themselves and their families and less money with which to build wealth (Childers et al., 2021b).

Women of color are disproportionately represented in lower paying and more precarious occupations

Occupational segregation contributes strongly to the racial wage gap. Black women in Jackson, Mississippi, home of the [Magnolia Mother's Trust](#) program, are overrepresented in occupations that pay only \$23,000 per year on average, yet are underrepresented in occupations paying \$40,000 per year (Price & Bhattacharya, 2020). More than 1 in 5 Black women work in the service industry (Childers et al., 2021b). Similarly, Latinas make up 7.7 percent of the workforce but hold only 4.4 percent of managerial positions and just 1.7 percent of chief executive positions. Instead, they are overrepresented in health care, care work, and cleaning occupations, essential jobs that pay much less than men-dominated occupations at similar levels of training and education. In fact 1 in 4 Latinas work in services, the type of work with the lowest earnings; leaving them without benefits like paid leave (Mefford & Hegewisch, 2021). Native American and Alaska Native women, too, are often concentrated in low-wage jobs, and less likely to be covered under union contracts than women from other ethnic and racial groups (Weber, 2020).

Not only are women of color overcrowded into low-wage positions, they are also crowded into essential work with high physical proximity to customers or colleagues, which has contributed to disproportionate negative health outcomes during

the COVID-19 pandemic. As explored by Hamilton et al., even after considering education, white men are crowded out of essential work, while Black women and Latinx women and men are crowded into essential work (2021). When looking specifically at essential work with increased physical proximity to others, Black and Latina women had the highest degree of crowding followed by Black and Latino men and white women, increasing their risk of illness and death during the pandemic. In addition, all groups earn below the average annual wages of white men, with Latinas and Black women earning the least across essential work (54 cents and 61 cents, respectively), compared to white men (\$1.00) (Hamilton et. al., 2021). Working in lower paying jobs with increased risks due to physical proximity leaves women of color economically and physically vulnerable.





### Women of color who pursue an education do not always reap the benefits

More Black women are obtaining college degrees, yet their median earnings are still significantly lower than other women with college degrees (DuMonthier et al., 2017). Similarly, even though more Native Americans are going to high school and college than before, Native American and Alaska Native women are twice as likely to be unemployed as other women, and wage growth has decreased in that same time period, meaning that education is not necessarily translating into increased opportunities to earn or build wealth for women of color (Weber, 2020).

### Women of color experience negative health outcomes

Structural racism impacts the health outcomes of people of color, resulting in poorer health and higher mortality rates for those individuals, as compared to white people. Specifically,

people of color are less likely to have health insurance than white people, impacting their ability to access care (Artiga et al., 2021); they are less likely to see specialists than white people (Cai et al., 2021); and they are more likely to be dismissed for their pain or health concerns than white people (Hoffman et al., 2016; Obermeyer et al., 2019).

This exclusion leads to profound health inequities, with people of color experiencing higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, asthma, and heart disease, when compared to their white counterparts. (Centers for Disease Control and Prevention, n.d.a.). Women of color, particularly Black and Native American and Alaska Native women, have markedly higher rates of maternal and infant mortality than do their white counterparts (Artiga et al., 2020).

In addition to the documented links between these pervasive social inequities and health outcomes, we are increasingly learning how exposure to chronic social and economic disadvantage affect the body, including the ways that daily stress and high-effort coping lead to accelerated aging (Forde et al., 2019; Sandoiu, 2021). One way we see this is through allostatic load, which measures stress hormones, biomarkers, and other physiological indicators of stress. Studies have consistently found the highest allostatic loads among Black people relative to white people (Duru et al., 2012), and among poor and non-poor Black women relative to whites, suggesting that, independent of poverty, racism is a factor in influencing health (Geronimus, 2006) and that the impacts of poverty and racism compound to impact well-being. Another study compared 'biological age,' based on the measurement of biomarkers to chronological age: Blacks were 2.6 years older than their chronological age according to biological age, while whites were 3 years younger than their chronological age, meaning Blacks aged about 6 years faster than whites (Forrester et al., 2019). This idea, that those who experience racism age more rapidly than those who do not, is called the weathering hypothesis (Geronimus, 1992).

Building on these links between income and health, in the next section, we describe what we already know about the impact of cash on health, and what ongoing projects are doing to deepen that understanding.





## MANY PATHS FROM INCOME TO HEALTH EQUITY

Guaranteed income is the provision of regular cash payments with no strings attached and no work requirements. Designed to provide an income floor through which no one can fall, guaranteed income is grounded in the values of trust and respect for recipients and prioritizes providing the flexibility recipients need to best meet their needs.

The critical role of income in shaping health, juxtaposed with centuries of labor extraction and longstanding exclusion from both high wage positions and opportunities for wealth building, is precisely why **a federal guaranteed income for women of color is compelling as a public health policy**. Although guaranteed income alone cannot resolve the deep, persistent, and harmful outcomes attributable to racism, we believe that it should be part of anti-racist policymaking.

**Designed to provide an income floor through which no one can fall, guaranteed income is grounded in the values of trust and respect for recipients and prioritizes providing the flexibility recipients need to best meet their needs.**

Public health researchers have found myriad connections to health from studying cash transfer programs that put additional money into the pockets of individuals, including guaranteed income demonstrations, as well as programs like Earned Income Tax Credits, COVID-19 stimulus payments, and Child Tax Credits. While the concept of guaranteed income is far from new, it has recently received renewed attention within public health as an intervention that may address health equity (Ruckert et al., 2017).

In this section, we describe the growing body of evidence supporting the connection between guaranteed income and health. In particular, our focus is on mothers as central to the health of families and communities. And, drawing from Janelle Jones' Black Women's Best framework, we focus particularly on mothers of color, because we know that when we build policies that center on those who have been most marginalized, we create a world where everyone can thrive (Jones, 2020; Bozarth et al., 2020; The Congressional Caucus on Black Women and Girls, 2022). Guaranteed income challenges gendered and racist tropes around deservedness and worth. Programs that center the well-being of Black, Brown, Indigenous, and immigrant women in particular offer a path forward for building equity.

## Cash Supports Self-Care and Community Care

A participant in the [Bridge Project](#) shared what it means to be able to care for herself, and the spillover effect it has had on the rest of the people in her life:



“ So when you are at peace with yourself, everyone around you can tell. It goes round like that, it’s a circle. Because then you offer peace to other people, you speak in some kind of way that comforts people. It all comes from you having peace within you, you coming alive, you feeling good with yourself; so you give out good vibes, good energy. People want to be around you, because you are radiating glory. There’s a light that is coming out from inside of you.

So, when people talk to you, when people meet you, when people will sit with you, when people chat with you, they’re like, OK, I like your energy. OK, good vibes here. OK, that’s cool. OK! It goes around. That’s it, it goes around. And if somebody gets that kind of sense of comfort from talking to you, that person goes to the other person and they want to give out the same kind of energy you give.

But, if I’m not caring for myself, I feel depressed. I feel sad.

I take out that bad energy to somebody else. And in turn that person takes the bad energy and transfers aggression to another person. And so these things, it’s a revolving circle. There’s no two ways about it, having that inner peace. If everybody would take a moment to just think about themselves and care for themselves and just feel good with themselves internally. I think the world would be a better place.”

– Sue, via interview with E. Shukura, April 12, 2022

## Cash Supports Physical Health

Moms always put others first, but unconditional cash supplements create opportunities for women to seek medical care and prioritize their own well-being. The \$500 a month provided by the SEED program allowed women in the program to seek dental and preventative medical care they may have postponed for years (West et al., n.d.). Similarly, mothers in the Magnolia Mother's Trust program were 30 percent more likely to seek dental and professional medical care for sickness or chronic illness while receiving the cash supplement than they were prior to receiving the funds. Also, the funds led to a 25-percent increase in mothers with health insurance coverage (Springboard To Opportunities, n.d.a.). For women who are economically vulnerable and have long had to prioritize competing needs, often putting themselves last, a guaranteed income may provide an opportunity to finally care for themselves. One SEED recipient bought an adequate amount of feminine hygiene products for the first time in months, as she often neglected her own needs to provide for her grandchildren. Another woman with health limitations was able to pay someone to mow her lawn on a hot day (West et al., n.d.).



Another recipient, from the Magnolia Mother's Trust program, described how she had just left her job during the pandemic in order to protect her child, who had asthma, from getting sick.

“ Things had got tight due to the pandemic with me. Really, really tight because one of my daughters [is] sick; she has asthma. So, I had to make a choice [about] whether I could keep working [and] chance it every day because I didn't know if those kids would bring me Covid and I [would] bring it to her, which was a very bad risk for her. So, I prayed about it and I let it go. You know, I let it go. And what's so crazy is, it's not crazy, it's just God and his working. But soon as I stopped working, literally seven days later, I counted, I got a call from Mother's Trust, which was just, like, unbelievable.”

– Tamara, via interview with E. Shukura,  
April 12, 2022

## Cash Supports Mental Health

In addition to providing for physical health needs, a growing body of evidence indicates that a guaranteed income can bolster recipients' mental health, particularly by providing relief from the stress that comes with living in poverty. Recipients in the SEED program were less anxious and depressed, both over time and compared to the control group (Stockton Economic Empowerment Demonstration, n.d.). They experienced more energy and less fatigue, and significant improvement in overall emotional well-being. As one recipient described, "I had panic attacks and anxiety. I was at the point where I had to take a pill for it. And I haven't even touched them in awhile. I used to carry them all the time" (West et al., n.d., p. 18). Another woman talked about being able to read and write poetry and "try out recipes, watch a nice movie with someone, call your loved ones and give them encouragement," which illustrates how cash allows time for leisure activities important for social connection and connection to oneself – elements essential for good mental health (West et al., n.d., p. 13).

**"I had panic attacks and anxiety. I was at the point where I had to take a pill for it. And I haven't even touched them in awhile. I used to carry them all the time"**

Results of the Manitoba Basic Annual Income Experiment (MINCOME) showed a significant decline in hospitalizations, particularly for mental health diagnoses (Forget, 2011). A study exploring the 1993 expansion to the federal Earned Income Tax Credit (EITC) also found evidence of beneficial mental health impacts of cash supports: low income mothers with a high school education were more likely to self report very good or excellent health, and to report fewer poor mental health days, compared to similar mothers who did not receive increased EITC (Evans & Garthwaite, 2010). Another study found that married mothers who received increased income due to a shift in EITC policy reported lower depression symptomatology, an increase in self-reported happiness, and improved self-efficacy (Boyd-Swan et al., 2016).

## Cash Supports Maternal and Child Health

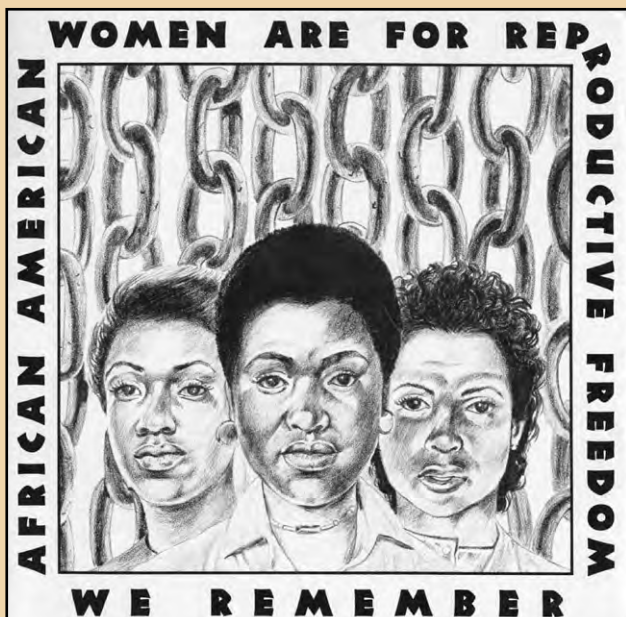
As documented by rigorous research, mothers of color, particularly Black and Indigenous mothers, experience profoundly inequitable health outcomes related to pregnancy, infant, and child health (Artiga et al., 2020). Multiple studies have supported the idea that cash can help them overcome this reality in crucial ways. A study of the MINCOME experiment in Manitoba, Canada found that an approximate 10-percent increase in income from an unconditional income supplement during pregnancy resulted in reductions of low birth weight and preterm birth (Brownell et al., 2016; Brownell et al., 2018). One of the longest running cash transfer programs in the U.S., the Alaska Permanent Fund, which has



## REPRODUCTIVE JUSTICE: A LIBERATORY FRAMEWORK

Reproductive rights are often framed in terms of the legal right to have an abortion (Forward Together, n.d.). In public health, reproductive health is defined by measures such as maternal health, sexually transmitted infection (STI) prevention, contraceptive use, or infertility (Centers for Disease Control and Prevention, n.d.b.). These constructs are narrowly defined, and leave women of color and the very real reproductive issues they confront and care about out of the conversation. For women of color, abortion is not only about the legal right to choose, because even in places where abortion is legal, access to abortion care is an issue in terms of affordability and location. There is no choice when access doesn't exist. Similarly, women of color and other marginalized women have less access to contraception, comprehensive sex education, STI prevention and care, alternative birth options, adequate prenatal and pregnancy care, domestic violence assistance, and adequate wages to support families and safe homes (SisterSong, n.d.).

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The cover of “African-American Women Are for Reproductive Freedom: We Remember” (1994).  
via the National Council of Negro Women

been providing cash dividends annually for 40 years, has resulted in a decreased likelihood of low birth weight (Ruckert et al., 2017). Further, an increase of \$1,000 in the EITC given to single mothers with less than 12 years of education was linked to declines in low birth weight, most significantly among Black mothers (Hoynes et al., 2015), while another study examining the impact of state level Earned Income Tax Credits found significant reductions in low birth weight among Black mothers, as well as increases in gestational duration in states with the most generous state EITC programs (Komro et al., 2019).

In line with this research, the [Abundant Birth Project](#) provides a guaranteed income to Black and Pacific Islander pregnant people in San Francisco as a strategy to reduce preterm birth and improve economic outcomes for these communities while recognizing that solutions “must address structural racism directly as a root cause” (General Grant Report, 2020, n.p.).

## Cash Improves Family Relationships

Social and community context is a determinant of health that encompasses a number of factors important to health: relationships with family, friends, and community, as well as the levels of stress and discrimination that an individual experiences (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, n.d.b.). Research shows that cash can improve family and community relationships by relieving financial burdens and the associated stress. According to a study on the impact of a casino dividend on the Eastern Band of Cherokee in North Carolina, parents had a better relationship with their children after the dividend went into effect. Researchers attributed improved behavior among both parents and children to the increase in parental quality which they saw as a direct result of the additional income (Akee et al., 2010). Additionally, parents in the SEED program described how the cash affected the relationship with their children, giving them the opportunity to spend time “watching tv with my kids instead of yelling,”

The Reproductive Justice movement, rooted in human rights, is broad in its scope and inclusive in its vision. In 1994, a group of Black women, the Woman of African Descent for Reproductive Justice, gathered together in Chicago and coined the term for the first time. Three years later, SisterSong, a national membership organization, was launched to build a multi-racial, multi-ethnic, reproductive justice movement.

Reproductive Justice is defined as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities (SisterSong, n.d., n.p.). According to SisterSong executive director Monica Simpson, “It’s about liberation, and it’s about dismantling systems of oppression that make our lives hard in this country but also that make it impossible for us to have the access and the choices that we want to have” (as cited in Abrams, 2019, n.p.).

A federal guaranteed income is a public health intervention that also lifts up choice, autonomy, and agency, particularly in the context of racist and sexist beliefs about the very people who are struggling. It may also be one way to support a world where we don’t just have better maternal health or less infant mortality, or the legal right to choose, but one where everyone has achieved reproductive justice: the right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

and the time to “breathe and do homework with them.” Parents mentioned using the extra funds to take their children on outings such as going to the movies, to get ice cream, or to a theme park (West et al., n.d.). The money has given parents more time to spend with their children, thereby improving the quality of their relationships.

Similarly, one Magnolia Mother’s Trust participant shared that her family asked her to show up to more family events once she was receiving the guaranteed income. “I was actually able to attend more things with the family, cause my family will be like nawl we ain’t gonna ask Tamara, because she probably ain’t got it, you know, they would say those little side things and then it’ll kill them when I say, nawl we gone make it. We gone come. Look, don’t count us out. We’ll be there. And then they start saying oh, OK, but they never knew that I was getting Mother’s Trust, nobody knew that. Because that was my business for one. I ain’t have to tell them that. But then finally like when it was my last month or whatever. I think one of my cousins or somebody, they asked me, girl, you know you been doing, you been highsteppin’. I wanna say so bad, baby, because I had that little extra income coming in.” (E. Shukura, Interview with Tamara, April 12, 2022).

During the COVID-19 pandemic, mothers in particular shouldered an enormous burden in providing childcare and managing remote education for their children (Barroso & Menasce Horowitz, 2021). While this untenable situation forced many out of the workforce (Boesch & Phadke, 2021), guaranteed income provided a lifeline to parents laid off or needing to leave the workforce to care for their children (Springboard To Opportunities, n.d.b.).

## Cash Improves Food Security

Direct cash payments have also been linked to improved food security, in terms of access to food and nutrition of food. First year disbursements of the Magnolia Mother’s Trust led to an increase in the percentage of mothers able to make three homemade meals a day for their family. The second-year cohort was able to budget an extra

\$150 for food and household expenses (Springboard To Opportunities, n.d.a.). In SEED, recipients were able to improve the food security of their own households, which by extension improved the food security of the networks that they would often borrow from when they didn't have enough funds for food (West et al., n.d). In fact, averaging more than 36 percent of all expenses, food was by far the largest expenditure among SEED participants.<sup>2</sup> A mother of two from the Bridge Project shared that guaranteed income is what gets her through the month when food stamps run out (Newman, 2022). These findings are in line with previous studies. An examination of the Mother's Pension program, the first government-sponsored welfare program in the U.S. for low-income mothers with dependent children, found that cash transfers significantly reduced the probability of children being underweight and helped families improve the nutrition of their children, especially for children at greatest risk of malnutrition (Aizer et al., 2016). For undocumented parents, like many of those in the [Family Health Project](#) in Massachusetts, the guaranteed income program is a lifeline as the moms are ineligible for the Child Tax Credit and other public benefits due to their immigration status (Family Health Project, 2021).


## Cash Supports Educational Attainment

A number of studies have indicated that cash is connected to higher literacy scores, reduced dropout rates, and improved grades. This is important because, as noted above, educational attainment is also connected to better health outcomes, although there are still racialized and gendered differences in the monetary benefits of higher education (Cosic, 2019). An income support demonstration project in North Carolina found that children whose families were enrolled in the experiment had higher test scores than children in the control group, while demonstration projects in New Jersey and Pennsylvania found that children in families receiving the income were 20 to 90 percent more likely to graduate from high school (Ruckert et al., 2017). During the MINCOME experiment, adolescent males delayed entering the workforce, suggesting to researchers that they may have continued in school (Forget, 2011). Guaranteed income not only supports the educational attainment of children, but allows adults to pursue their education as well. As a result of the extra monthly income, the percentage of Magnolia Mother's Trust mothers with a completed high school education increased by 22 percent in the first cohort of women (Springboard To Opportunities, n.d.a.).



<sup>2</sup> At an average of 22.70 percent, sales and merchandise was the next highest expense category (West et al., n.d.).

## Cash Supports Housing Security



Affordable, quality housing is another social determinant of health, and studies have shown that cash transfer programs may support housing security. A study conducted in Gary, Indiana in the 1970s provided Black families with at least one child under the age of 18 with a negative income tax (cash transfer). Researchers found that individuals receiving income transfers moved to a different neighborhood with better housing. Longterm, the study showed improved college attendance and income for children whose family moved (Ruckert et al., 2017). The Moving to Opportunity study, in which families living in high-poverty housing projects were provided housing vouchers to move to lower-poverty neighborhoods, found that families who were able to move to more affluent neighborhoods had improved physical and mental health as well as greater family safety (Katz et al., 2001). Researchers also found long term impacts, showing improved college attendance and income for children whose families moved (Chetty et al., 2016). In addition, the federal EITC, the largest anti-poverty measure in the U.S., has been found to reduce housing cost burdens, household crowding, and “doubling up” in households (Pilkauskas & Micheltmore, 2019). For Daniela Gutierrez, guaranteed income allowed her to remain housed. Daniela had three jobs when the pandemic started, but when the library closed and Chipotle cut her hours. Ms. Gutierrez went from barely scraping by to not being able to make her rent. At the same time she learned she was pregnant. She was looking for shelters when she got notice that she would be receiving cash from the Bridge Project (Newman, 2022).

## Cash Supports Safety, Security, and Choice

Guaranteed income may allow recipients to avoid situations of involuntary dependence in which they are forced to rely on people whom they may otherwise deem unsafe in order to survive. It can give them choice over who is in their and their children’s environment, which contributes to their overall health and safety. A mother in the SEED program confided that she stayed in an abusive marriage for longer than she should have because she didn’t have the money or resources to leave at the time (West et al., n.d.). FreeFrom, an organization helping intimate partner violence survivors achieve financial independence, created a Safety Fund in response to Covid-19 which granted a one-time, unrestricted \$250 payment to over 4,100 survivors in the U.S. Grantees who responded to a follow-up survey identified unrestricted cash as their priority need, followed by utility bill relief, debt relief, and a safe job. According to a FreeFrom report, “covering direct costs like car repairs and clothes for work helped them [the survivors] maintain custody of their kids, earn income, take steps towards independence from a harm-doer, and stay housed” (FreeFrom, n.d., n.p.).

In addition, cash allows for the material means and spare time to take risks and set goals for better life outcomes, something that is predominantly afforded to those with privilege and power. As one SEED recipient noted, “The only reason I got the internship was because of me taking the risk of having to quit a job before and knowing that I have that money. I could sustain myself until this new opportunity came around, and I was able to take it” (West et al., n.d., p. 20). For a participant



in the Bridge Project, the guaranteed income allowed her to quit her job as a program aide at the Harlem Children's Zone in order to pursue her nursing degree (Newman, 2022).

## Cash Supports Economic Stability

Economic stability is a key determinant of health (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, n.d.c.), and guaranteed income supports economic stability in a number of ways, including allowing participants to take risks in order to find better jobs and to save money, as well as giving people the means to pay for childcare.

With the \$500 a month provided by the SEED program, recipients were able to take risks and set goals, translating the income into opportunities. Cash allowed recipients to reduce the number of hours worked in part-time or gig work, and pursue trainings, internships, and coursework, all with the goal of finding better employment – employment that was more likely to offer higher earnings, benefits, reasonable working hours, a more stable income, and perhaps even a greater sense of satisfaction, all of which are connected to better health. The percentage of SEED recipients with full-time employment increased from 28 percent at the start of the program to 40 percent one year later, compared to a 5 percent increase in the control group (West et al., n.d.).

Participants from multiple demonstration projects also report being able to save, including participants in the Guaranteed Basic Income in King County, Washington (Gayton et al., 2022). Importantly, for participants in the Bridge Project, the difference in monthly guaranteed income amounts had a large impact on their ability to save. Bridge Project recipients receiving \$500 a month saw a 29 percent increase in the number of mothers with \$500 or more in savings. For participants receiving \$1,000 a month, there was a 242 percent increase in the number of mothers with \$500 or more in savings. The control group saw a 23 percent reduction over the same time period (Bridge Project, n.d.).

A mother from the Magnolia Mother's Trust project discusses how she learned about savings from her own mother, and how she was able to put those lessons into practice as a guaranteed income recipient:

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**“** That was my first time. My mom used to tell me all the time, you always need to keep \$1000 on you. She's used to tell me . . . 'keep a \$1000 on you all the time. Always keep \$1000 in your bible, cause there will come a time when you will need it.' and you know, you young, you don't take heed to

that. And it's funny how it all come back full circle because she said it one time and then when I got with Mother's Trust, every check I had, I put up \$100 and [it] so happen, I needed a \$1000 when Mother's Trust [ended], I wasn't getting it any more, I needed \$1000 to move. I say, you know what? It is crazy how everything your mom tell you, it come back full circle. But I never thought about it like that to this day.”

– Tamara, via interview with E. Shukura,  
April 12, 2022

## CURRENT GUARANTEED INCOME DEMONSTRATIONS SUPPORTING MOTHERS

The success of the Magnolia Mother's Trust and the SEED program has caught the interest of policymakers and advocates, starting a new wave of guaranteed income programs across the country. As of May 2022, there are nearly 90 guaranteed income programs planned or in progress around the country (Stanford Basic Income Lab, n.d.). In recognizing the racial inequities inhibiting economic mobility for people of color, some pilots have explicitly focused on the communities of color. Other programs are focusing specifically on families or mothers. The following are a list of programs whose goal is to provide guaranteed income to parents.

To support the development of these pilots and build to policy while centering historically marginalized and excluded communities, [Economic Security Project](#) and [Springboard To Opportunities](#) collaborated with [Asset Funders Network](#), the [Center for Guaranteed Income Research](#), [Mayors for a Guaranteed Income](#), and the [Stanford Basic Income Lab](#), to develop the [Guaranteed Income Community of Practice](#), a community of more than 350 practitioners, policymakers, funders, researchers, and advocates committed to advancing guaranteed income and related-cash based policies. In addition, former-Stockton Mayor Michael Tubbs developed Mayors for a Guaranteed Income (MGI), a network of more than 60 mayors advocating for a guaranteed income to ensure that all Americans have an income floor.

### Community-Based Guaranteed Income Programs

#### Magnolia Mother's Trust

Jackson, MS

Now in its fourth cohort cycle in which Black moms living in subsidized housing in Jackson, Mississippi are provided with \$1,000 per month in unrestricted cash, the Magnolia Mother's Trust is the longest-running guaranteed income program in the U.S. since the 1960s and 70s. Funded entirely by philanthropic donations, the Magnolia Mother's Trust has worked with more than 300 Black moms. Learn more about the Magnolia Mother's Trust and their parent organization Springboard To Opportunities and support their work [here](#).

#### Abundant Birth Project

San Francisco, CA

Designed to support Black and Pacific Islander pregnant people in San Francisco—two groups that disproportionately experience adverse birth outcomes—the Abundant Birth Project (ABP) is the first pregnancy supplement program in the U.S. ABP provides \$1,000 monthly unconditional cash supplements to Black and Pacific Islander birthing people during pregnancy and the postpartum period as a strategy to buffer against racialized economic insecurity and to directly interrupt the pathway from stressful pregnancies to adverse birth outcomes such as preterm birth. Providing unrestricted cash also gives parents the autonomy and dignity to make the best available choices for their families. Learn more about the Abundant Birth Project and their parent organization, Expecting Justice, and support their work [here](#).

## Bridge Project

New York, NY

Launched in June 2021 by the [Monarch Foundation](#), the Bridge Project is New York City's first guaranteed income program and is designed to support low-income mothers during the first 1,000 days of their children's lives by providing them with consistent, unconditional cash on a biweekly basis. The first phase of the Bridge Project provided either \$500 or \$1,000 a month for three years to 100 Black and immigrant mothers living in Washington Heights, Inwood, and Central Harlem. The second phase, launched in April 2022, expanded to include a cohort of 500 additional low-income, pregnant mothers in Washington Heights, Inwood, Central and East Harlem, and Central and South Bronx. In the second phase, selected mothers will receive \$1,000 a month for 18 months, followed by \$500 a month for an additional 18 months. Learn more about the Bridge Project and support their work [here](#).

## Columbia Life Improvement Monetary Boost (CLIMB)

Columbia, SC

Starting in 2021, CLIMB began providing a guaranteed income of \$500 for 24 months to approximately 100 fathers enrolled in a program with the Midlands Fatherhood Coalition. Learn more about CLIMB and support their work [here](#).

## Family Health Project

Ipswich, MA

A simple, scalable program to help new mothers and their babies, Family Health Project provides new moms with \$400 each month for 36 months. Money is provided without condition and delivered through a corporate debit card partner. Participants are referred to the program by federally qualified community health centers, with an independent social services firm providing onboarding and ongoing support. The Family Health Project, modeled after Baby's First Years, is funded solely by private philanthropists. The initial pilot program is aimed at demonstrating the scalability of this simple, reliable service delivery approach. Learn more about the Family Health Project and support their work [here](#).

## Hummingbird Nest Egg

Seattle, WA

[Perigee Fund](#) is in a planning phase, working with partners in the lead, to launch a no-strings-attached guaranteed basic income pilot in Seattle in 2022. [Hummingbird Indigenous Family Services](#) is currently designing the program, Hummingbird Nest Egg, centering families who identify as Native American, Alaskan Native, Pacific Islander, or Native Hawaiian from the over 300+ tribes represented in Seattle, WA. Participants will be families who are pregnant through the time the child turns 3, with options for sources of emotional support. This pilot seeks to support families during this crucial period when reducing financial stress and increasing material resources can improve child outcomes. Utilizing community-rooted and partnered participatory practice, this pilot is being developed alongside community members from the centered population and leaders from the Seattle Indian Health Board, [Urban Indian Health Institute](#), Cowlitz Behavioral Health, Pacific Islander Health Board, and other members of the Native American Women's Dialogue on Infant Mortality. Urban Indian Health Institute is the evaluation partner for the pilot. Learn more about the program and support their work [here](#).

## In Her Hands

Georgia

In Her Hands, the [GRO Fund](#)'s flagship program, is a guaranteed income initiative focused on putting solutions to financial insecurity directly in the hands of women in Georgia, no strings attached. Formed through direct community input, In Her Hands will provide an average of \$850 per month for 24 months to 650 women in three communities in Georgia. This \$13 million initiative is one of the largest guaranteed income programs in the South, a region where women of color face significant structural barriers to economic security and wealth-building. The program is powered by the GRO Fund and GiveDirectly. Learn more about In Her Hands and support their work [here](#).

## LIFT Family Goal Fund

In 2018, LIFT introduced the Family Goal Fund, an unrestricted cash transfer program for parents participating in LIFT's coaching programs. The Family Goal Fund provides \$150 in unrestricted funds every three months to parents. Learn more about the LIFT Family Goal Fund and support the program [here](#).

## MOMentum

Marin County, CA

MOMentum is a countywide pilot in Marin County, California that asks the question, "What happens when Moms are given a little more?" Launched May 2021, the program will provide 125 low-income moms with \$1,000 a month for 24 months. Designed with input from the intended recipients, MOMentum hopes to give moms an opportunity for greater control over their lives, their finances, and the future for themselves and their children. MOMentum is fully funded by philanthropic donations. Learn more about MOMentum [here](#).

## MotherUp

District of Columbia

The [Mother's Outreach Network](#) in Washington, DC is fundraising to launch a pilot program to provide guaranteed income to mothers whose children are in the foster care system or at risk of removal due to poverty. MotherUp will put cash in the hands of struggling mothers as a critical tool to support them while they strive to preserve their families as they are caught in the web of the family regulation and foster system. Learn more and support their fundraising efforts [here](#).

## San Diego for Every Child Guaranteed Income Project

San Diego, CA

For 24 months, 150 families in San Diego zip codes with high rates of children experiencing poverty that were disproportionately affected by COVID-19 will receive \$500 in unrestricted cash. While this is not a mayor-led initiative, San Diego for Every Child and Jewish Family Services of San Diego are proud to have the support of Mayor Todd Gloria (San Diego, CA) and Mayor Alejandra Sotelo-Solis (National City, CA). Learn more about the San Diego for Every Child Guaranteed Income Project and support their work [here](#).



## Yolo County Basic Income Program

Yolo County, CA

Launched on April 1, 2022, the Yolo County Basic Income Program will provide approximately 55 families with a child under the age of 6 or a pregnant parent with a guaranteed income. Eligibility is restricted to Yolo County residents enrolled in CalWORKS or CalWORKS Housing Support Program. Learn more about the program [here](#).

## Mayor-Led Guaranteed Income Programs

### BIG:LEAP

Los Angeles, CA

The Basic Income Guaranteed: Los Angeles Economic Assistance Pilot is providing approximately 3,200 individuals with \$1,000 a month for 12 months. These unconditional, direct cash payments are intended to supplement existing welfare programs with no restrictions on how the money is spent. BIG:LEAP enrollment is complete, and recipients are residents of the City of Los Angeles who are 18 years or older with at least one dependent child, or who are pregnant, and whose income falls at or below the federal poverty level. Learn more about BIG:LEAP [here](#).

### Cambridge RISE

Cambridge, MA

Cambridge RISE is a guaranteed income project providing \$500 a month to 130 single caretaker households in Cambridge, MA. Recipients are Cambridge residents who are unmarried caretakers of children under the age of 18 who earn up to 80 percent of the area median income. Disbursements began in September 2021 and will continue for 18 months. Learn more about Cambridge RISE [here](#).

### Embrace Mothers

Birmingham, AL

For 12 months, 110 Birmingham residents will receive \$375 a month with no strings attached as part of the Embrace Mothers program. Although targeted at single mothers, the program also recognizes foster mothers, grandmothers, aunts, cousins, friends, and others who are raising children independently. Recipients have been selected and payments have begun. Learn more about the Embrace Mothers program [here](#).

### Growing Resilience in Tacoma (GRIT)

Tacoma, WA

On December 15, 2021, GRIT provided the first payment of \$500 to 110 Tacoma families. Payments will continue on a monthly basis through November 2022. Recipients of GRIT are Tacoma residents in one of four zip codes who are single income households with children 17 years old or younger living at home, or a child 21 years old or younger with a disability, with a household income between 100 and 200 percent of the federal poverty level. Learn more about GRIT [here](#).

## Long Beach Guaranteed Income Pilot Program

Long Beach, CA

The Long Beach Guaranteed Income Pilot Program will provide a number of Long Beach families living at or below the poverty line in the 90813 zip code with up to \$500 a month for 12 months. Information about the Request for Proposals to implement the program is [here](#), and more information about the program is forthcoming.

## Oakland Resilient Families

Oakland, CA

Oakland Resilient Families will provide 600 families with low incomes and at least one child under age 18 with \$500 a month for at least 18 months. Program recipients were selected by lottery with an intentional focus on groups with the greatest wealth disparities per the Oakland Equity Index. Learn more about the Oakland Resilient Families program [here](#).

## People's Prosperity Project

Saint Paul, MN

The People's Prosperity Project is providing 150 Saint Paul families with \$500 a month for 18 months. Recipients are Saint Paul residents with a child with a CollegeBound Saint Paul account who was impacted by the COVID-19 pandemic and who meet income eligibility guidelines. Learn more about the People's Prosperity Project [here](#).

## Shreveport Guaranteed Income Program

Shreveport, LA

Shreveport's Guaranteed Income Program will provide 110 households with \$660 a month for 12 months. To be eligible, recipients must be single parents who reside in Shreveport and have an income below 120 percent of the federal poverty level. For the purposes of this program, single parents are defined as a mother, father, stepparent, grandparent, caregiver, or legal guardian with a school-age child (between the ages of 3 and 20 years old). If unmarried, the single parent cannot be living with a partner. Learn more about the Shreveport Guaranteed Income Program [here](#).

## Young Families Success Fund

Baltimore, MD

Announced on April 20, 2022, the Baltimore Young Families Success Fund will provide 200 parents between the ages of 18 and 24 with \$1,000 a month in unconditional cash for two years. The program is open to Baltimore residents between the ages of 18 and 24 who are biological or adoptive parents or guardians with full or partial caretaking responsibilities and income at or below 300 percent of the federal poverty level. Applications open on Monday, May 2, 2022, at 6:00am ET. Learn more about the Baltimore Young Families Success Fund [here](#).

## CONCLUSION

To build health equity, we must address the structures that exclude individuals, families, and communities from accessing the supports and opportunities needed for good health. We posit that a federal guaranteed income — targeted specifically to Black, Brown, indigenous, and immigrant mothers — would help support healthy families and healthy communities, ultimately elevating all communities. By increasing material resources, freeing up time, and recognizing recipients' agency, cash meaningfully supports many determinants of health, including family and community relationships, food and housing security, educational attainment, economic stability, and personal safety and security.

**“Health equity means that everyone has a fair and just opportunity to be healthy. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care” (Braveman et al., 2017, p. 4).**

For women of color in particular, their survival and the survival of their families are linked to the survival of their communities, and these women have long engaged in the “motherwork” of elevating everyone. Fifty years ago, Johnnie Tillmon and the NWRO called for a guaranteed income for all to support both individuals and communities (Tillmon, 1972). Today, her words hold just as much resonance and carry even more urgency — a federal guaranteed income that supports women of color is a public health intervention that is long overdue.



**“** Guaranteed income is something that makes you believe [and] not stress [because you] have shortages. Like, oh, we have this unexpected cash, when you see that it just makes you happy. [It's] something that you keep away until you need it for when you're short. I always hope they continue for a very long time to help support all the mamas out there.”

– Bana, via interview with E. Shukura,  
April 12, 2022

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