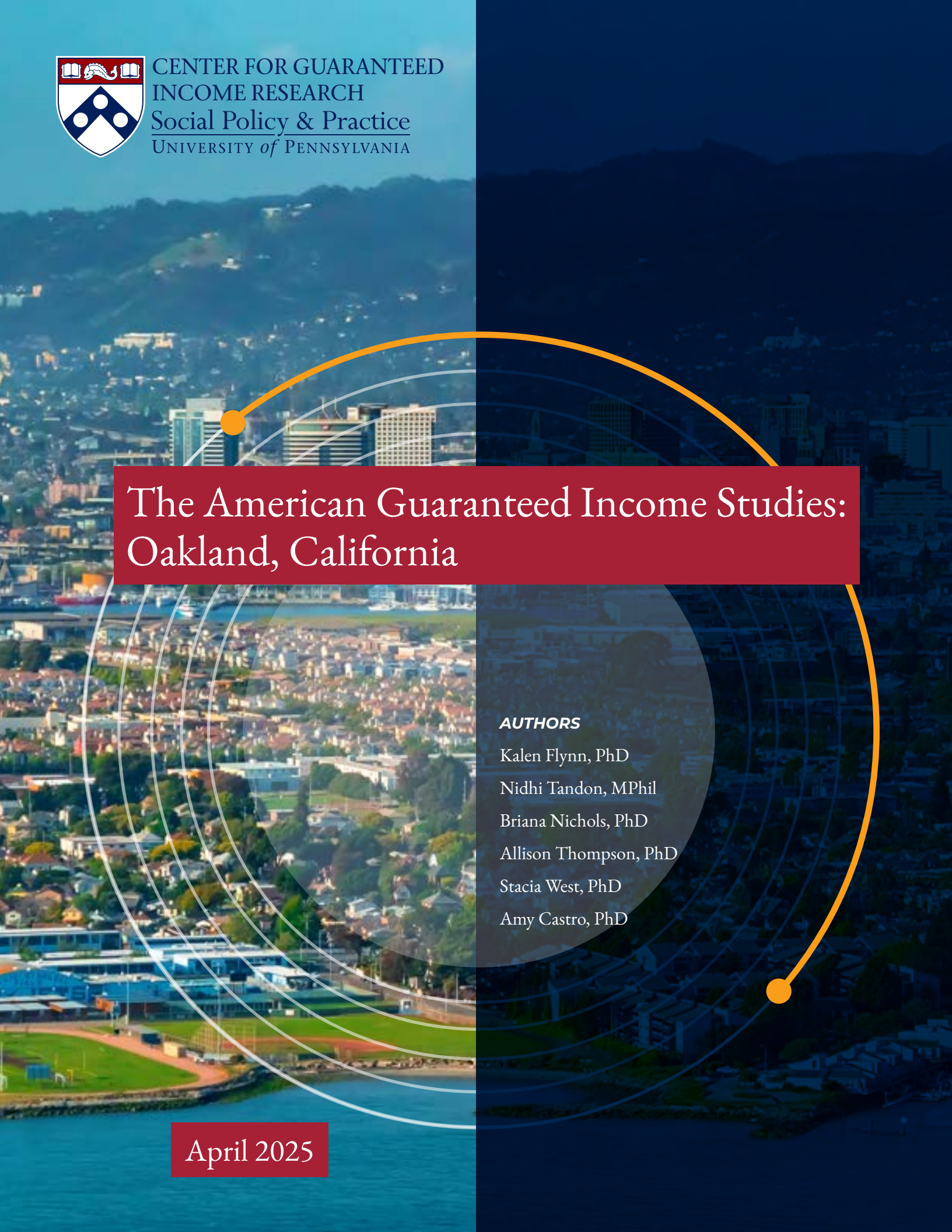


CENTER FOR GUARANTEED INCOME RESEARCH
Social Policy & Practice
University of Pennsylvania

The American Guaranteed Income Studies: Oakland, California

AUTHORS

Kalen Flynn, PhD

Nidhi Tandon, MPhil

Briana Nichols, PhD

Allison Thompson, PhD

Stacia West, PhD

Amy Castro, PhD

April 2025

SUGGESTED CITATION

Flynn, K., Tandon, N., Nichols, B., Thompson, A., West, S., & Castro, A. (2025, April). *The American Guaranteed Income Studies: Oakland, California*. University of Pennsylvania, Center for Guaranteed Income Research.

Front Cover Image: Aerial view of Oakland, CA from the bay.

Inside Cover Image: City of Oakland, California with Lake Merritt in foreground.

The American Guaranteed Income Studies: Oakland, California

Executive Summary

In 2021, former Mayor Libby Schaaf announced the Oakland Resilient Families (ORF) guaranteed income (GI) program, stating that, "Poverty is not a personal failure; it's a policy failure" (City of Oakland, 2021b). Referencing the growing economic inequality, increased housing costs, stagnant wages, and inadequate social safety net of the Bay Area in California, these structural inequities of the past two decades were further exacerbated by the COVID-19 pandemic. Disproportionately harming Black and Hispanic communities, Oakland, CA has experienced radical gentrification since the late 2000s, leading to sharp rises in costs of living and high foreclosure rates, creating an environment of survival to meet basic needs. Against this backdrop, the City of Oakland launched "one of the largest guaranteed income pilots in the country [of its time] rooted in eliminating racial wealth inequalities" (City of Oakland, 2021a).

Funded through philanthropic donations, ORF was a collaboration between the Oakland-based nonprofit UpTogether, the City of Oakland, and Mayors for Guaranteed Income (MGI). Oakland residents with low incomes were eligible to apply for the GI pilot if they had a child younger than 18 in their household. The University of Pennsylvania's Center for Guaranteed Income Research (CGIR) was selected as the independent research partner to evaluate the impact of GI on ORF recipients. CGIR utilized a mixed-methods randomized controlled trial (RCT), randomly selecting and assigning 300 applicant families to the treatment group to receive $500/month for 18 months and 360 applicant families to the control group, which received no cash payments. Individuals from both groups were invited to participate in compensated research activities, including two rounds of interviews and surveys at Baseline and every 6 months thereafter throughout the GI pilot and at 6 months post-intervention. The ORF evaluation was guided by the following research questions:

- How does GI affect participants' quality of life?
- How does GI affect participants' income and through what mechanisms?
- What is the relationship between GI and participants' subjective sense of self?

The treatment and control groups were well balanced, and on average, study participants were in their late 30s with an average of 2 children and 4 members per household. The majority of study participants identified as female, English-speaking, single heads of household with a high school education or less. Participants in the study sample most frequently identified as African American, followed by Latino. The average household income for the treatment group was $16,974 and $15,834 for the control group.

Findings reveal a telling story, consistent with the broader socio-economic context and structural inequities of Oakland, which has experienced a dramatic transformation over the past 25 years largely due to the tech boom of Silicon Valley and San Francisco in the early 2000s. As Oakland has become an attractive alternative residence to pricey San Francisco neighborhoods, costs of housing and living have soared. Since 2008, housing prices have doubled (Federal Reserve Bank of St. Louis [FRED], 2024), and the median home values in Oakland now exceed $880,000. More than half of Oakland residents experience severe housing cost burden, meaning that they spend more than 50% of their household income on rent (U.S. Census Bureau, 2023c), and the living wage required for one adult with three children in Alameda County is over $190,000 per year (Glasmeier, 2024). Oakland's population growth is marked by stark gentrification, as the percentage of Black residents has steadily declined from roughly half in 1990 to less than 25% in 2020 (U.S. Census Bureau, 2020e). With a minimum wage of $16/hour, earnings have not kept pace with these skyrocketing costs of living, and at the conclusion of Oakland's GI pilot, recipients' income reflected only 10% of the amount required to meet their basic needs.

In the context of rampant gentrification; rising costs of living; and increased poverty, housing cost burden, and housing insecurity for Black and Hispanic communities, the GI provided only temporary, modest relief to ORF participants, decreasing some income volatility to better meet basic needs. The GI provided some buffer to stave off immediate crises, such as evictions or utility cut-offs, but was not sufficient to overcome the structural inequities entrenched over the past 20 years. By the end of ORF, GI recipients were more likely than control participants to work full-time and had reduced gig work. Though participants in both treatment and control groups reported chronic stress and anxiety related to finances throughout the study period, GI recipients experienced a sustained sense of importance and belief that others could rely on them throughout the full study period, speaking to the impact of GI beyond financial

health. Furthermore, ORF participants were better able to aid their friends and family during the pilot and more frequently volunteered in childcare and eldercare for friends and family. On average, GI recipients reported greater involvement in their children's educational and school activities, and in turn, the children of GI recipients more frequently received A grades across all subjects. Although the overall economic impacts of GI were modest and limited to the pilot period, the unconditional cash led to an increased sense of mattering for many ORF participants, spilling over into their investment of time in their families and communities.

KEY FINDINGS–AT–A–GLANCE

- Income volatility for the treatment group remained consistently lower and more stable across all observed time periods compared to the control group.
- The treatment group showed a steady rise in extending help to family (10% to 15%), during the GI phase, while levels fluctuated unpredictably for the control group.
- The percentage of eldest children who received all As in school increased from the study's beginning to end in the treatment group (24% to 27%), whereas it decreased in the control group (24% to 17%).
- Full-time employment increased at a higher rate for in the treatment group (15% to 26%) throughout the study than for the control group (14% to 18%).
- The unconditional cash led to an increased sense of mattering for many in the treatment group, spilling over into their investment of time in their families and communities.

Acknowledgements

The Center for Guaranteed Income Research thanks former Mayor Libby Schaaf and her team at the City of Oakland for their visionary work alongside former Mayor Michael Tubbs and his team at Mayors for a Guaranteed Income to support this pilot. Additionally, we thank Oakland Thrives and UpTogether for implementing this program. Finally, we extend our deepest gratitude to the research participants of the Oakland Resilient Families program for sharing their experiences and entrusting us with their data.

The pilot could not have occurred without the dedicated work of the following community based partners, City leaders, and individual supporters.

City of Oakland and Office of the Mayor

Elinor Buchen, Deputy Chief of Staff and Legislative Director

Councilmember Loren Taylor

Councilmember Treva Reid

Oakland Thrives

Melanie Moore, Chief Executive Officer

Aly Bonde, Senior Director of Public Policy and Finance

Myisha Robertson, Director of Operations

UpTogether

Jesus Gerena, Chief Executive Officer

Sophie Dover, Director of West Coast Partnerships

Sam Miller, West Coast Partnerships Coordinator

Mary Durden, Partnership Co-Director

Contributing Researchers

Sydney Blocker, MSSP

Ari Gzesh, MSW

Karim Sharif, MSSP

Claire Migliore, MS

Ella Israeli, MSW, MSSP

Stephanie Rivera-Kumar, MS, MPA

Hatoon Gul, MSc

Shelly Ronan, PhD

MAYORS FOR A GUARANTEED INCOME

Founded by Michael D. Tubbs, MGI is a coalition of mayors advocating for a guaranteed income to lift all of our communities and build a more resilient, just America. Since launching in 2020, MGI has grown its ranks from 11 to over 125 mayors, supported the launch of 50-plus guaranteed income pilots across the country, and delivered more than $250 million in direct, unconditional relief to everyday Americans. MGI has also launched two affiliates, Counties for a Guaranteed Income and United for a Guaranteed Income Action Fund. MGI's work has ensured that guaranteed income spreads from a single moment in Stockton, CA to a national movement—pushing the conversation forward in cities, state capitals, and Congress.

Table of Contents

Background 8

Context and Demographics 13

Methodology 15

- Quantitative Methods 16
- Qualitative Methods 17

Findings 18

- Quality of Life 19
  - Financial Precarity 19
  - Annual Household Income 23
  - Mutual Aid 27
  - Mental and Physical Health 31
  - Housing 38
- Income and Family 44
  - Paid and Unpaid Work 44
  - Investing in Children 50
- Subjective Sense of Self 58
  - Hope and Mattering 58

Limitations 61

Discussion 61

Center for Guaranteed Income Research 63

References 64

Appendix 71

Background

Situated across the San Francisco Bay from the City of San Francisco, Oakland, California sits on 78 square miles of flatlands and foothills leading up to the East Bay Range. Its East Bay location provides Oakland a buffer from the chilling effect of the Pacific Ocean, and the city boasts a more temperate climate than San Francisco. The bay also produces calmer water conditions, making Oakland's 19-mile long deepwater port ideal for heavy boat traffic, and the busiest port in Northern California (San Francisco Bay Conservation and Development Commission, 2020). While the city is made up of many distinct neighborhoods, it is often broadly divided into six main areas—the business district, North Oakland, Oakland Hills, Lake Merritt, East Oakland, and West Oakland. Historically speaking, wealth has been concentrated in the northern and far eastern ring of the city; however, an influx of wealthier and Whiter residents beginning in the early 2000s has resulted in gentrification throughout the city and the widespread displacement of longtime residents (Rodríguez, 2020). Despite these demographic transitions, Oakland continues to be one of the most diverse cities in the United States; its population contains a convergence of people from various ethnic, racial, religious, linguistic, and class backgrounds (Balliger, 2021; Schwarzer, 2021; Trujillo et al., 2014). The city's complex sense of place has been described by author M. Schwarzer (2021, p. 3) as "better understood as a verb and not a noun, a process of moving and making and remaking," allowing for a site that is at once described as a "Brooklyn by the bay" (Alkon et al., 2019) and the "last refuge of radical America" (Mahler, 2012), while also being part of one of the richest regions in one of the richest countries in the world (Walker, 2004, p. 78), and thus one of the most unequal regions of the US (Balliger, 2021). The contradictions of Oakland are ingrained in its history as well as its contemporary identity as a city that is home to artists, tech employees, gig-workers, caregivers, multigenerational families, and newer arrivals, those who find Oakland to be a thriving, vibrant city and those who are just struggling to survive. Oakland's

contributions to struggles for justice and community self-reliance are etched onto its present-day ethos as its communities work together to cultivate networks of support and care.

Contemporary Oakland is located on the land that was once occupied by the Ohlone peoples. In the late 18th century, their villages were displaced by Spanish colonists, and the Ohlone were forcibly moved into Christian missions as part of the Rancho San Antonio land grant in the Colony of New Spain. This process of colonization and relocation resulted in the cultural and demographic collapse of the Ohlone (Schwarzer, 2021). By the mid-1800s, driven by lucrative logging opportunities and the California gold rush, Anglo settlers arrived in the area, displacing the Spanish, remaining Ohlone, and Mexican Californios. By 1852, an act to incorporate the city was put forth by local businessmen—including one of the founders of a trans-bay ferry service. It was approved in 1854 (Schwarzer, 2021). By the 1860s, Oakland was already establishing itself as an industrial town with factories, sawmills, slaughterhouses, dairies, a flour mill, and a brewery (Walker, 2004). The next two decades saw a population boom in the region with the arrival of the Central Pacific railroad; the railway would be both a major employer and driver of industry in the region through the end of World War II (Walker, 2004). The Oakland Port was also a significant driver of industry—Oakland became a leader in the manufacture, packing, and distribution of canned foods and had a thriving metalworking and machinery industry supported by increasing demand for shipbuilding, particularly during World War I (Rhomberg, 2004; Schwarzer, 2021; Walker, 2004). After World War I, several automobile manufacturers moved to Oakland, with supporters labeling the city the "Detroit of the West" (Walker, 2004, p. 115).

Regional industrial growth saw a corresponding growth in population as newcomers arrived looking for work. Additionally, Oakland received a significant influx of people fleeing the devastation of the 1906 San Francisco earthquake. As a result, between 1900 and 1930, Oakland was one of the three fastest growing cities in the US, with the population exploding from 67,000 to 284,000 (Walker, 2004). The city was originally comprised of single-family homes, in line with the imagery of garden living, with only a very few apartments in the Lake Merritt district as well as North and West Oakland (Self, 2003). This form of urban planning necessitated residential spread as the population grew and resulted in the emergence of the surrounding suburban communities. During this period of rapid growth, the East Bay developed one of the most extensive streetcar systems in the country, allowing for significant urban mobility—and providing another source of employment. Oakland's working class quickly filled West Oakland and Lake Merritt, using the trolley systems to commute to work in the industrial flatlands, as the more affluent Oaklanders pushed eastward into the hills (Walker, 2004). Pre-World War II, roughly 20% of the population were immigrants from Italy, Ireland, England, Canada, and Germany; the city was overwhelmingly White and had an active Klan, whose members held local positions of governance throughout the 1920s and '30s (Rhomberg, 2004; Self, 2003).

World War II brought significant change to Oakland. The wartime economy, including the Oakland Army base and U.S. Naval Supply depot, supported local business leader's ambitions of metropolitan growth and also resulted in significant labor migration into the region, particularly from the southern United States. In addition to strengthening the organized labor movement, this labor migration fundamentally changed the racial demographics of the city. In 1940, the census reported slightly over 8,000 African American residents in Oakland; by 1944 that number was up to 21,770, and by 1950, the Black population was 42,355 (Self, 2003). New Black residents increasingly moved into West Oakland,

which became the locus of the West Coast's Black railroad working class. With this new population emerged several community-based organizations such as the Brotherhood of Sleeping Car Porters, the Alameda County NAACP, churches, recreation centers, women's clubs, and a significant Black commercial district (Self, 2003). However, the growing Black population encountered entrenched Jim Crow social relations in Oakland. There were extreme issues with housing segregation, segregation in places of public accommodation, and employment discrimination—particularly within the burgeoning union movement, which systematically kept Black workers out of organized labor (Schwarzer, 2021; Self, 2003). The ties between Black Oakland residents and railroad-based labor connected these communities with Black metropolises nationwide—informing how Black Oakland residents organized and fought for equity.

The post-war suburban imaginary in Oakland included a melding of single-family homeownership with industrial production, and Oakland's White population increasingly left the city for White-only housing projects that fit this idea. Practices of red-lining, which denied loans to Black residents, limited the potential for Black mobility but also inhibited the Black residents, largely residing in West Oakland, from repairing their aging housing stock (Self, 2003). This combination of White flight to the suburbs, and structural disinvestment in predominantly Black neighborhoods resulted in declining property values and rising rates of poverty. The industrialists and business owners pushing this image of Oakland controlled the local government. Their governance focused less on supporting the existing population through strong social programming and more on maintaining downtown property values (Self, 2003). These city planners embraced the movement towards urban renewal that was sweeping the United States—renewal was federally funded, and often meant the removal of Black residents. In the case of Oakland, it included a plan to bulldoze sections of West Oakland, taking away the most valuable asset most Black residents had—their homes—and displacing them into other neighborhoods in the city. As a result, "West Oakland lost between 6,600 and 9,700 housing units in the first six years of the 1960s, forcing more than 10,000 people into motion in search of housing in other parts of the city" (Self, 2003, p. 159). New housing stock took over a decade to construct. Additionally, the construction of the Bay Area Rapid Transit (BART) system, which funneled suburban residents from the suburbs to downtown Oakland and San Francisco, and a new highway, the Nimitz Interstate, cut through historically Black neighborhoods, further displacing Black residents (*Oakland's history of resistance to racism, 2018; Self, 2003*). While ostensibly aimed at modernization, these urban development initiatives effectively isolated West Oakland from the broader city, exacerbating existing racial and economic divides (Gillette, 2022).

During this same era, manufacturing jobs began to move out of the city and into the surrounding suburbs, where Black workers did not have the social capital necessary to find employment. In the city, service jobs began replacing manufacturing positions; however, these positions often did not go to Black residents because of historic hiring practices relegating Black workers to "back of the house" positions (Self, 2003, p. 46). It was in this era of deindustrialization and continued discrimination that the institutional failures of post-war metropolitan development came into stark relief, leading to the emergence of Black liberation theory, which calls for Black self-determination, and the Black Panther Party for Self-Defense (founded in 1966) in Oakland. Calls for community empowerment arose in response to police brutality, entrenched poverty, and the bureaucracies that controlled civic resources to the detriment of Black community members (Murch, 2010; Rhomberg, 2004; Self, 2003). Starting

in 1968, the Oakland Panthers began initiating a series of community-based survival programs, including their free breakfasts for school children (which later was adopted as a national program), Liberation Schools, the Intercommunal Youth Institute, and a Sickle Cell Anemia Research Foundation (Self, 2003). These programs drew from the community's preexisting ethos of mutual-aid, solidified the idea of mutual-aid as a tool for self-determination, and offered an alternative to the disciplinary nature of State welfare (Murch, 2010). By the early 1970s, some Oakland Panthers members had made their way into municipal government.

Oakland experienced further periodic deindustrialization through the 1980s; despite the localized programming of the Panthers, the downtown economy was largely defined by capital flight and decay. Neoliberal state rollbacks in the 1980s, and the increasingly punitive War on Drugs, negatively impacted families in Oakland, particularly West Oakland, as rising rates of addiction and street violence occurred in tandem with incarceration and the breakdown of familial support networks (Balliger, 2021). Black residents who could moved out of the neighborhood, creating increased marginality for those who remained. The late 20th century saw attempts at revitalization under Mayor Jerry Brown's administration. His vision for Oakland prioritized environmental harmony and urban renewal, attracting businesses and new residents. This approach, while successful in some respects, also led to the displacement of Oakland's working-class families as rent increased by 20–30% and no-cause evictions increased by 300% (Rodríguez, 2020). The loss of families with children also created a budgetary crisis for the Oakland Unified School District. These revitalization efforts coincided with the subprime mortgage crisis, as housing prices far outpaced median household incomes and borrowers were steered towards problematic subprime mortgages, resulting in extremely high rates of foreclosure when the housing bubble burst. From 2006–2009, roughly one-fourth of mortgages in Oakland entered foreclosure, disproportionately impacting Black, Latino, and Asian communities, and more than half of foreclosures in Oakland were on homes of long-standing residents (Rodríguez, 2020). The aftermath of the 2008 financial crisis thus further complicated Oakland's housing landscape. As private investors acquired foreclosed properties, rental prices soared, and eviction rates climbed, culminating in an acute housing crisis. This situation exemplified the consequences of unchecked speculation and inadequate regulatory oversight in the housing market.

In the years following, Oakland underwent a remarkable transformation. The city's proximity to Silicon Valley and relatively affordable real estate attracted tech companies and workers, inducing economic growth. Significant urban development reshaped the skyline, particularly in downtown areas and near transit hubs. Public safety improvements, infrastructure upgrades, and port expansion further buttressed the city's appeal. Oakland fostered a burgeoning start-up ecosystem and implemented green initiatives, enhancing its reputation as an innovative, sustainable urban center. Yet, this revitalization also intensified gentrification pressures, creating tension between economic growth and the preservation of Oakland's diverse community fabric.

Housing costs have strained Oakland's residents since the 1980s, hitting low-income renters especially hard. By 2016, nearly half of the rental households were spending over 30% of their income on housing, and this burden continues to weigh heavily on residents today (Alameda County Community Development Agency, 2024). The city's Equity Indicators program revealed persistent gaps between rich and poor neighborhoods. Launched in 2018, this initiative aimed to quantify systemic inequities

across various aspects of city life so that they might be adequately addressed. The 2018 report highlighted the challenges, with Oakland receiving an overall equity score of just 33.5 out of 100. While Neighborhood and Civic Life showed some progress with a score of 50.6, critical issues remained in Public Health (25) and Public Safety (17.3) (City of Oakland, 2018). These numbers reflect a city grappling with the complexities of urban renewal: on one hand, experiencing an influx of tech companies, cultural revitalization, and infrastructure improvements; on the other, struggling with entrenched inequalities that economic growth alone could not resolve. The disparity between Oakland's visible growth and its equity scores highlights the urgent need for targeted policies and investments to ensure all residents benefit, especially in areas like health and safety.

In response to these entrenched inequalities, Oakland residents have drawn on the historical ethos of self-determination and mutual aid. In addition to a city-backed Oakland Mutual Aid collective, the pandemic produced expanded forms of mutual care through community-based food infrastructures and health clinics (Tolbert, 2020). The continued crisis in housing has had a particularly pernicious impact on Black community members, however. In 2019 an estimated 70% of unhoused Oaklanders were Black, despite only making up 24% of the city's population (Goldstein, 2023). Over the past 2 years, Oakland has instituted various initiatives to address the housing crisis, particularly with regards to the people living without permanent housing, which at the last count numbered 5,490 people, a 9% increase over the 2022 count (Orenstein, 2024). However, community members have also taken their own approach to addressing the housing crisis by cultivating a community-supported occupy movement, in which unhoused people from Oakland move into vacant investment properties asserting housing as a right, rather than just an asset (Goldstein, 2023).

Context and Demographics

As a key urban center within the Bay Area, Oakland is distinguished by its demographic diversity and socio-economic contrasts. Home to 440,646 residents, the city is a fusion of diverse cultures, with 30.0% of its population identifying as White, 21.3% as African American, and 16.1% as Asian. Additionally, 28.8% of residents are of Hispanic or Latino origin. This diversity is mirrored in the city's educational attainment: 84.3% of individuals over the age of 25 have at least a high school diploma, and 46.1% hold a Bachelor's degree or higher (U.S. Census Bureau, 2020a, 2020b, 2020e).

Economically, Oakland reflects both the region's prosperity and its inequities. The median household income stands at $80,143, yet 14.6% of residents live below the poverty line. Housing affordability remains a pressing issue: median home values have soared to $730,000, and 59.1% of the population rent their homes—many facing severe cost burden. The median gross rent of $1,539 is 1.4 times higher than the national average. Proximity to the Bay Area's booming tech economy influences Oakland's labor force, with 68.8% of individuals over 16 participating in the workforce (U.S. Census Bureau, 2020c, 2020d, 2020f, 2020g). Still, the city's 11% unemployment rate signals ongoing economic challenges despite its strategic location in one of the country's most dynamic regions (Vital Signs, 2022).

Table 1: Participant Demographics

OAKLAND, CALIFORNIA		TREATMENT	CONTROL
SAMPLE SIZE		**300**	**360**
AVG. AGE OF RESPONDENT (YEARS)		38	38
GENDER (%)	Male	15	15
	Female	84	84
	Other	1	1
CHILDREN IN HOUSEHOLDS (%)	Yes	100	100
AVG. NUMBER OF CHILDREN IN HH		2	2
AVG. HH SIZE		4	4
ETHNICITY (%)	Non-Hispanic	63	56
RACE (%)	White	13	14
	African American	46	41
	American Indian/Alaska Native	0	1
	Hispanic, Latino, or Spanish origin	20	25
	Asian	13	12
	Other/Mixed	8	7

OAKLAND, CALIFORNIA		TREATMENT	CONTROL
MARITAL STATUS (%)	Single	63	66
	Married	24	27
	Partnered/in relationship	10	10
PRIMARY LANGUAGE AT HOME (%)	English	63	57
	Spanish	23	29
	Chinese	7	7
	Other	7	7
EDUCATION (%)	High School or less	77	77
	Associate's degree (two-year college)	8	9
	Bachelor's degree (four-year college)	4	3
	Trade or technical school	8	8
	Other	3	3
ANNUAL HH INCOME (IN $)	Median	14,400	14,625
	Mean	16,974	15,834

The study sample included 300 participants in the treatment group and 360 in the control group, both exhibiting comparable demographic characteristics. The mean age of respondents was 38 years, with households averaging four members and two children. Women predominated in both groups, constituting 84% of participants. Ethnically, the majority were non-Hispanic (control: 56%; treatment: 63%), and the racial composition was primarily African American (control: 41%; treatment: 46%), followed by White participants (control: 14%; treatment: 13%), with smaller proportions identifying as Asian or Mixed/Other races. Most participants were single (control: 66%; treatment: 63%), with fewer being married or in relationships. English was the primary household language (control: 57%; treatment: 63%), though Spanish, Chinese, and other languages were also represented. Educational attainment was similar across groups: 77% had a high school education or less; Associate's degrees were held by 9% of the control group and 8% of the treatment group; Bachelor's degrees by 3% and 4%, respectively. Median household incomes were $14,625 for the control group and $14,400 for the treatment group, with mean incomes of $16,974 and $15,834. Approximately 7% in both groups reported no income at all at baseline. The majority in both groups received Supplemental Nutrition Assistance Program (SNAP), Social Security Income (SSI), or other benefits.

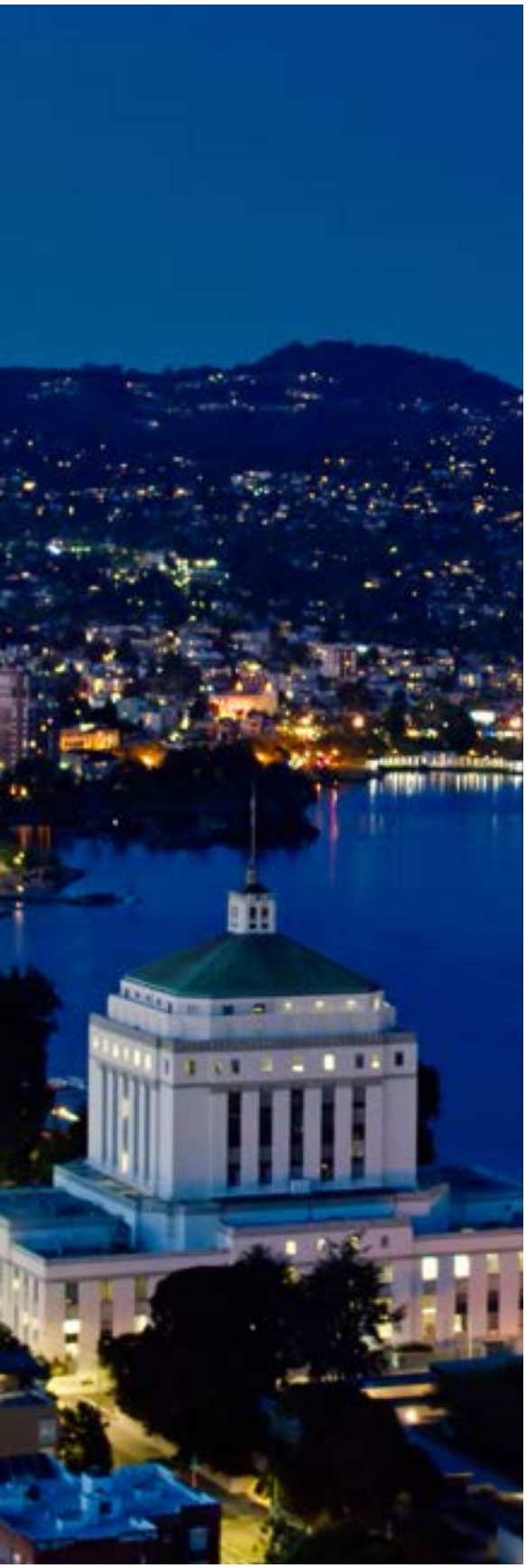
Methodology

All methods reported were reviewed and approved by the Institutional Review Board at the University of Pennsylvania. This research employed a parallel mixed-methods RCT (QUANT + QUAL) design to answer the following research questions1:

- How does GI affect participants' quality of life?
- How does GI affect participants' income, and through what mechanisms?
- What is the relationship between GI and participants' subjective sense of self?

In a parallel mixed design, all quantitative and qualitative analysis are conducted separately and are not integrated into meta-inferences until within-strand analysis is complete (Tashakkori et al., 2020). As noted in the Pre-Analysis Plan (ABT Associates, 2023), this research is conceptually informed by the literature on scarcity (Mani et al., 2013), income volatility, and unconditional cash. This framework demonstrates that the experience of scarcity curtails agency and one's ability to imagine alternative pathways by psychologically and practically trapping impoverished individuals in a survival mode that erodes hope, creates time scarcity, and impacts health and well-being (Sayre, 2023; West & Castro, 2023; West et al., 2023). Since the ORF pilot was focused on caregivers, this research also draws conceptually from the literature on social reproduction and unpaid care work (Bezanson & Luxton, 2006), and literature on the gender dimensions of unconditional cash (Zelleke, 2011). Unpaid care work references all of the non-compensated labor, most commonly performed by women, required for households, the economy, and society to function. This includes raising children, caring for aging and ill family members, managing household finances, cooking, cleaning, home management tasks, and the invisible mental burden of constantly monitoring the needs of an entire family (Bezanson & Luxton, 2006).

1 A more extensive reporting of the methodology can be located in our Pre-Analysis Plan (ABT Associates, 2023), which pertains to all of the RCTs funded in whole, or part, by the Mayors for a Guaranteed Income.



Quantitative Methods

STUDY DESIGN AND PARTICIPANT SELECTION

The RCT evaluated the impact of a GI of $500/month over an 18-month period. Eligibility criteria included: residence within the city limits of Oakland, CA; having at least one child under age 18 in the household at the time of application; and having an annual income at or below 138% of the federal poverty line in 2021. Recruitment occurred in partnership with Oakland Thrives and UpTogether. Invitations to apply for the program were emailed to an existing client list of nearly 8,000 potentially eligible individuals. Additionally, 3,000 mailers were sent out to the catchment area, and dozens of community presentations and flyering events occurred in the weeks leading up to the opening of the application.

From a pool of over 11,000 applicants, 660 participants were randomly selected. Of these, 300 were assigned to the treatment group to receive the monthly cash transfer starting in January 2022, while 360 were placed in the control group. Data collection occurred at five intervals: Baseline, prior to randomization or notification of group assignment (October 2021); 6 months (June 2022); 12 months (December 2022); 18 months (June 2023); and 24 months (January 2024), which was 6 months after the GI ended. Participants were compensated for completing surveys. Detailed information on response rates are provided in the Appendix.

DATA ANALYSIS

Outliers were managed through Winsorization. Missing data were addressed using Multiple Imputation by Chained Equations (MICE) following the methodology of Azur et al. (2011), an iterative imputation technique well-suited for complex data structures and patterns. The process involved multiple iterations to ensure a range of imputed values. The imputed datasets then underwent validation through distribution analyses, plausibility checks, sensitivity analyses, cross-validations comparing original versus imputed datasets, model-fit assessments, and formed the foundation for subsequent analyses.

Following imputation, the GI intervention's impact was assessed

using Linear Mixed Effects (LME) models, Generalized Estimating Equations (GEE), and regression-adjusted means analysis. This approach examined outcomes across the five time points, with data structured in long format. The models included fixed effects for treatment, time, and their interaction, plus random intercepts to account for within-subject correlations in repeated measures.

Qualitative Methods

Two rounds of narrative interviewing were completed in Oakland; the first in July 2022 and the second in March 2023. A total of 37 semi-structured interviews were completed, 26 with participants in the treatment group and 11 with control participants. An additional 22 interviews were scheduled and canceled by participants. Interviews lasted 1.5–2 hours and took place in a location of the participant's choosing. Interview settings ranged from libraries to participant homes; some elected to interview over Zoom due to health concerns. Participants received a $40 Target gift card as compensation for their time. Structured, iterative memoing occurred throughout the research process from data collection to coding and analysis. These memos included "thick descriptions" at each phase of the process to determine relationships between semantic and latent themes (Ponterotto, 2006, p. 358).

The interview protocol was informed by the conceptual literature noted prior and covered various domains including health and well-being, time, decision-making, ideology, care work responsibilities, family and local history, relationships, and finances. Qualitative analysis combined the first five stages of thematic analysis (Braun & Clarke, 2012) on a semantic level with grounded theory for latent analysis (Charmaz, 2014) with a focus and theoretical coding on agency, values, ideology, and structural vulnerability (ABT Associates, 2023). Within thematic analysis, process coding was used to understand how individual experiences connected with larger discourses around finances, parenting, and relationships (Saldaña, 2021). Control group interviews were used to contextualize and interpret the socio-economic context of Oakland.

Findings

The ORF pilot began recruitment in October 2021 and began disbursements of cash in January 2022. While the start of the pilot coincided with the lifting of several COVID-19 restrictions, many participants were still experiencing financial and social turbulence stemming from pre-existing precarity and policy failures that were intensified by the pandemic.

Prior to the pandemic, policy failures in the Bay Area had exacerbated economic inequality, trapping many residents in extreme poverty despite the region's immense wealth. The 1999 tech crash and the 2008 financial crisis revealed inadequate social safety nets, leaving individuals vulnerable during downturns. Leading up to the pandemic, insufficient affordable housing policies drove rents to unsustainable levels, forcing families into unstable or overcrowded conditions. Stagnant wages and limited access to healthcare further locked low-income residents out of opportunities for upward mobility. The widening economic gap in Oakland strips countless individuals of basic freedoms and choices, as those without sufficient income cannot afford options beyond survival. Understanding the intractable socio-economic context in which ORF participants live is important to contextualize the findings from this research.

1. Quality of Life

FINANCIAL PRECARITY

Since the early 2000s, Oakland has undergone immense transformations due in large part to the boom in technology across the Bay Area, which pushed tech companies and affluent populations east from Silicon Valley and San Francisco. Through the early 2000s, Oakland remained affordable, supported by a blend of industrial and creative economies (U.S. Department of Housing and Urban Development [HUD], 2019b). In the late 2000s, the city was again transformed by a second tech-driven boom, catalyzed by cloud computing and mobile technology. This growth positioned Oakland as a sought-after alternative to San Francisco, leading to a surge in housing prices; between 2010 and 2020, median home values more than doubled (FRED, 2024; HUD, 2019b). The 2008 housing bubble punctuated these trends, hitting Oakland's working-class neighborhoods with one of the Bay Area's highest foreclosure rates. This wave of foreclosures disproportionately affected Black and Hispanic communities, triggering a cycle of displacement and increased investor purchases, which in turn fueled early gentrification (UC Berkeley's Urban Displacement Project & California Housing Partnership, 2021).

The marks of gentrification are clear in Oakland; rents, gas prices, and costs of food have steadily increased, and neighborhood spots have been displaced by boutique restaurants and markets. Along with costs of living, the population of Oakland has also dramatically shifted. Once a majority-Black city, Oakland lost 25% of its Black population between the 2000 and 2010 census, and, though its total population grew by 50,000 between 2010 and 2020, the Black population dropped by 14% (DeBolt, 2021).

Figure 1: Demographic Changes in Oakland, 1990–2020

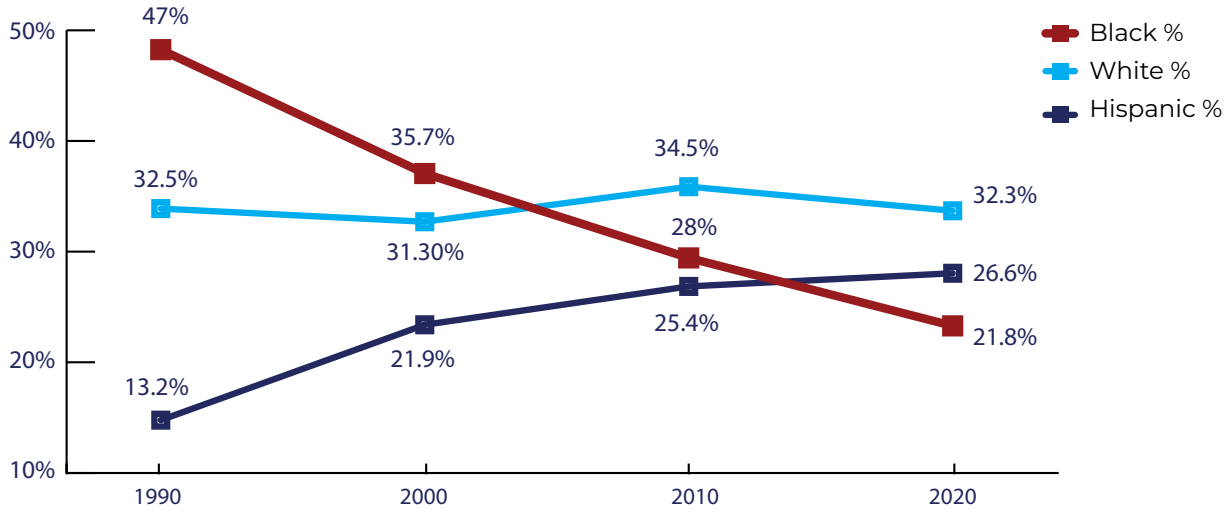


Table 2: Change in Oakland Demographics, 1990–2020

	1990	2000	2010	2020
Population	**372,242**	**399,484**	**390,724**	**440,646**
White (%)	32.5	31.3	34.5	30.0
Black (%)	43.9	35.7	28.0	21.3
Hispanic (%)	13.2	21.9	25.4	28.8
Poverty level (%)	18.5	19.4	18.7	14.6
Median gross rent ($)	NA	696	1,000	1,539
Median gross rent ($) - adjusted to 2024 CPI	NA	1,272	1,423	1,840
Unemployment rate (%) - Alameda County	4.0	3.6	11.2	9.0
Unemployment rate (%) - Oakland City	6.4	5.7	13.6	11.0

Source: Bay Area Census, n.d.; U.S. Bureau of Labor Statistics, n.d.; U.S. Census Bureau,2020b, 2020d, 2020e, 2020g; Vital Signs, 2022

As the cost of living soared, wages, particularly in retail, service, and public sectors, barely kept pace with inflation. Real wage gains were further eroded during the COVID-19 pandemic, leading to a record-breaking 24-month streak of negative real wage growth through June 2022 (McCall, 2024). Food prices increased 12% between December 2021 and December 2022, thus intensifying food insecurity for many families (U.S. Bureau of Labor Statistics [BLS], 2023).

The expiration of pandemic-era assistance programs, such as the enhanced Child Tax Credit and expansion of SNAP benefits, further amplified economic pressures on households, ultimately leading to a surge in poverty rates (Trisi, 2024). The cumulative result has been a deepening affordability crisis, where the cost of living increasingly outstrips earnings, leaving economically vulnerable Oakland residents with diminished resources for basic needs, augmenting economic inequities and deepening the financial divide within the community.

Table 3: Poverty Rates and Wages in Oakland, 2024

Poverty Guideline for Household of 4 with 2 children living below 138% FPL ($)	43,056
Living Wage required with both adults working and with 2 children ($)	39.62
Minimum wage earning ($)	16.00
Number of minimum-wage jobs a household would need to afford a living wage	2.48

Source: (Glasmeier, 2024; U.S. Department of Health and Human Services, 2024)

CASE STUDY: NINA

Nina is an Oakland native who juggles full-time employment with caregiving responsibilities. She is a single mother of three children and also often cares for other children in her family. In May 2022, Nina completed her Associate's degree; she is currently working as a janitor. She has been working since she was 15 years old and has witnessed the monumental changes her city has undergone over her lifespan. Nina describes Oakland as a "beautiful city" but acknowledges that it can be "rough," particularly for her community in the flatlands. She describes the transformations she has seen in Oakland over her life:

> *I have been through, you know, some trying times in my own development being from an inner city like Oakland. So, yeah, it's been a struggle. I've watched many people die around me. I've watched a lot of people move out of Oakland. I've watched a lot of the prices of living rise. We've watched a lot of the, you know, just the price of living skyrocket, making it just about impossible to survive here. You know, we live in a one-bedroom and there's four of us, so, um, that's a challenge but, you know, we make it work for— four women and the dog, that makes five, so [Nina laughs], you know but yeah, so it— it has had its challenges.*

The shifts in population in Oakland also impacted Nina and her community. As a biracial woman, she has felt these shifts acutely.

> *Culturally, it has changed significantly. A lot of people of color used to exist here and it—it, you know, and a lot of, uh, Caucasian people did not live here. And so that has shifted tremendously over the years. I was the White girl, and I'm only bi—I'm biracial, right? So, but I was the White girl in the city of Oakland, you know, just— You get my [drift?]... You know, so that has changed. I mean, my mother was White, but she passed when I was young, so I didn't know her family too much. I was raised as a Black woman myself. So I've noticed that has been a significant change.*

Nina felt that the increases in cost of living combined with the cultural shifts in Oakland had caused division within her community, making it feel less supportive and tight knit than in the past. Due to these shifts, she moved her family out of Oakland for a time but came back to care for family members, living first in a homeless shelter, then finding stable housing through a program. She has cycled in and out of homelessness and housing insecurity for the past three years due to rising costs and states that this is a constant anxiety for her: "Yeah. And then not only being evicted and the potential

of being unhoused, right? But then having an eviction on your record and then never being able to find housing again, you know, aside from possibly buying a home, you know?"

In addition to her full-time job , Nina finds side-work through apps like Instacart, Uber, and DoorDash to make ends meet. She has been supplementing her income in this way for several years, working extra shifts on nights and weekends. In her previous job, she worked full-time overnight and would supplement with gig work throughout the day, essentially operating on little to no sleep. For her, though this was exhausting, the real downside was not being present for her children. The GI has helped her to lower her financial stress, which has allowed her to be more present for her children:

> ***It definitely has helped, you know, especially with the sense of like, having to feel so overworked outside of my, like, regular job, which I still don't make enough to survive, you know. So, um, it has alleviated the stress. It's stressful having to work all the time, day and night, then not see your kids, and then they're calling 75,000 times when you're out.***

Though she acknowledges that the GI is not enough money to allow her to save, it does relieve her of the pressure of making ends meet and thus has given her more flexibility with her time.

> ***Going back around to just the job— My side-jobs that I do honestly, like, just not feeling so like, that's just absolutely necessary, because even though 500 is not a lot, it is a lot, you know? And 500, it might take me— On a side-gig, if I'm only doing one of them, it might take me a whole six days to make, you know what I mean? If I'm doing it every day, you know, consistently, which is time away from the house and—you know what I mean?***

For Nina, the rising cost of living in Oakland combined with inadequate wages has led to higher rates of crime in her community. She feels that those in power make assumptions about laziness without seeing the day-to-day struggle people undergo to survive.

> ***That the cost of living is outrageous in comparison to what many states are paying their citizens. And when are they going to start paying fair wages to where a grant of sorts would not be necessary to survive because people are unable to survive being paid? It's not that people do not want to work, it's that they don't wanna work for such a small amount—amount of pay, which is what results in all of the crime and such because, yeah, people want to live functioning lives in a fair way.***

ANNUAL HOUSEHOLD INCOME

Oakland's economic growth, catalyzed by the broader Bay Area's thriving economy, has attracted affluent newcomers while deepening income disparities for long-time residents in low-wage sectors and communities of color. Though the city's median household income stands at $93,000, this number conceals significant racial disparities: Black and Hispanic households consistently earn less than their White and Asian counterparts. Recent census data highlights the divide—only 2.8% of White families in Oakland live below the poverty line, compared to 18.7% of Black families and 12.3% of Hispanic families (U.S. Census Bureau, 2023a). These inequalities are rooted in decades of exclusionary housing policies and economic disinvestment in marginalized neighborhoods, making equitable urban growth a persistent challenge.

Widespread economic precarity and financial hardship among participants was evident in household income data, with no significant differences in annual income trends between treatment and control groups over the 24-month period. At Baseline, participants in the treatment group had slightly higher income levels (M=$16,974) compared to those in the control group (M=$15,834). This initial gap narrowed over time, and by 6 months post-intervention, the control group (M=$19,674) had slightly surpassed the treatment group (M=$19,512), though these differences remained marginal. Yet, while both groups experienced some income growth, the treatment group consistently reported lower income volatility, or month-over-month changes in income. Although volatility increased over time for both groups, consistent with post-pandemic economic recovery, the prevalence of volatility in the treatment group remained consistently lower and more stable across all observed time periods compared to the control group: 24% vs. 31% at 6 months (B=-6.91, p=0.01); 28% vs. 34% at 12 months (B=-6.06, p=0.02); 32% vs. 37% at 18 months (B=-5.28, p=0.05); and 36% vs. 40% at 24 months. These findings suggest that even as the participants confronted extreme financial precarity and high living costs, which impeded many from building a financial safety net or pursuing significant economic goals such as homeownership, the GI was effective to an extent as a financial stabilizer. It mitigated volatility during periods of economic turbulence.

Table 4: Income Volatility over Time (in %)

TIME PERIOD	TREATMENT	CONTROL
6 months**	24	31
12 months*	28	34
18 months*	32	37
24 months	36	40

*p<0.05, **p<0.01, ***p<0.001

While participants did not experience upward mobility on the income ladder, they maintained consistent income levels throughout the study period. However, this stability must be contextualized: the living wage required for one adult with three children in Alameda County is $193,397 (Glasmeier, 2024), while at 6 months post-intervention, the median income for the treatment group was $19,512, evidencing these families' severe economic hardship.

Prior to the pilot, participants were struggling to get by in communities that were rapidly changing with the forces of gentrification, making it near impossible to survive on a minimum wage of $16 per hour. Suzy, a lifelong Oakland resident who has worked in retail and other customer-facing jobs since her teen years, summed up her paid work experience: "I feel like the jobs do not pay a living wage in Oakland or anywhere nearby, for that matter."

Given the exponential cost of living and low wages, many participants discussed having to rely on credit cards, loans, and government benefit programs to meet their basic needs. By growing their debt through credit cards or payday loans, they were further reducing their financial stability and security. Participants like Jess felt that these structural constraints to mobility were often invisible to those in power:

> *When you come from a community like mine, you are forced to have to make decisions that affect your credit, that affects our children, that affects our livelihood. And it's not because we just want this, this bad credit and all that. It's because we are forced to have to take loans. We go through struggles, we may lose a job, we may not be able to pay that loan back.*

Many participants were laid off during the pandemic, causing them to accumulate more debt. Suzy recalled being fired during a mass layoff, compelling her to reevaluate her relationship to the workforce and the impact of working multiple jobs on her children: "I just think of all the time I missed with them and all the things I missed for a job that didn't even care [about me] when it came down to it." Suzy felt like no matter how hard she strived for stability, she ended up accumulating debt, making financial security feel like an impossibility.

> *It just made me look at the work force and I've been working since I was 16, so that's over 20 years of working different retail jobs. Maybe it's cause I didn't go to college, but I have a family member now $60,000 in debt, and she's doing a management position for a security company and that because she went to college for something else. So it's like everything leads you to debt. Everything leads you to worry about money and everything leads you to worry about, how am I gonna pay my next bill, how am I gonna feed these kids?*

As participants struggled to afford survival, many turned to social benefit programs for help getting by, though acknowledging their limitations, such as variations in amount and duration restrictions. This was particularly salient during the pilot as COVID-era expansions and protections were rolled back at month 13 (February 2023). Lynn, a member of the control group, noted in a March 2023 interview that after expansions were cut, her food stamps decreased from $939 a month to $253 for herself and her three children. The rollbacks, coupled with the cognitive load of navigating changing requirements and renewals, increased anxiety and led to an unease with trusting an unpredictable system. Jane noted this when talking about her hesitance to engage with government benefits:

> *When you have benefits from the county, you have— It's like there's always this threat that they won't be there. There's always like, this uncertainty because of something that you might have missed—because they mail you things, and you don't get them and you have to follow up and be like, "I didn't, I don't know what you're talking about because nothing ever came," and then they have like a digital system that absolutely does not work.*

Participants pushed back on narratives of deservedness associated with the benefits system, reiterating that it is not laziness that drives people to access public benefits but rather the heightened cost of living in Oakland coupled with stagnant wages. Bella, a single mother taking care of her daughter and grandmother, resented the presumption that people in her community were lazy because they needed help.

> *Where we live is expensive. We need help. We're trying to better our families. And not only that, but we're, we're doing the right thing, working, not out there doing things that will land us in jail. Just give us a chance to better our life.*

In contrast to public benefits, Bella felt assured by the GI,

> *A lot more reliable... Especially with a little bit of weight lifted, knowing that there's a little aside from my work income. I can use it towards food, groceries, or even like gas or anything that my daughter needs. It's a good source of another income.*

An accelerated cost of living, the persistent gap between income and basic expenses, and unforeseen financial obligations limited participants' ability to accumulate savings despite the infusion of the GI. Initially, nearly 85% of participants in both the treatment and control groups reported having less than $200 in savings—a razor-thin margin that left them living on the brink of financial instability. This metric exhibited minimal variation throughout the study, with 6% or less of participants ever reporting savings exceeding $500.

Table 5: Trends in Savings (in %)

	<$200		$200-$500		>$500	
TIME PERIOD	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL
Baseline	86	84	10	9	3	6
6 months	79	78	15	15	6	6
12 months	76	78	18	18	6	4
18 months	81	77	14	19	5	4
24 months	85	75	11	19	4	6

*$p<0.05$, **$p<0.01$, ***$p<0.001$

Financial reserves remained critically low, with less than a fifth of participants in both groups able to cover a $400 emergency expense using cash or a credit card paid in full across all time periods. Although marginal improvements were observed, with 19% and 18% in both groups able to cover such an expense at 12 and 18 months, respectively, these gains were modest and accentuated the persistent economic fragility among participants.

Table 6: Ability to Cover a $400 Emergency over Time (% Yes Responses)

TIME PERIOD	TREATMENT	CONTROL
Baseline	12	16
6 months	15	16
12 months	19	19
18 months	18	18
24 months	17	18

*$p<0.05$, **$p<0.01$, ***$p<0.001$

Receiving the GI provided participants a fragile schema for financial freedom, as the dosage ($500/month) was not enough to cover basic needs and create financial security through savings. Participants like Nina expressed remorse over not saving more of the GI but also acknowledged that structural factors kept them from doing so: "I wish I could say I could save it. I really do." Nina was constantly thinking about how she would make ends meet: "So sometimes I'll think in the future—a lot of times I think in the future, I'm not always very present."

For some, experiencing unemployment during the pilot made it difficult to save. Savannah expressed gratitude for the pilot, but worried about finding herself in even greater financial precarity at the end. She was unable to secure employment but continued to search.

> *I feel like if I was working and it was, you know, still in this program, it would be easier to save money. Um, just because it's, at that point, it would be considered extra income for me, whereas right now it's income that I know that I need.*

Similarly, Kayla had worked to secure a paid position throughout the pilot, succeeding toward the end and feeling this would help her to create an emergency fund, as she would be able to save part of the GI.

> *Um, if it was permanent, I would save it, I would save the money. You know, I would, I put it away like for a safety net. That would be something I would do differently. I might just start doing it when I start work... Just put that away, because yeah, I believe in like emergency funds and having something put away for a rainy day. So yeah, so I would do differently if it was permanent.*

Like Kayla, others felt that if the program were permanent, they would have a greater chance at building up savings. Bella felt that if the program were ongoing, she would prioritize savings, though she acknowledged that rising costs in the Bay Area may make this difficult:

> *I think I would just keep saving it and saving it, um, you know, and just pay bills with it, gas, rent. Um, and, yeah, just keep saving as much as I can, just to have a cushion and, you know, we— You can work today and you don't have a job tomorrow. Like, that's something that I'm, you know, tryna keep and not buy things up, you know, with that sorts. [clears throat]*

Interview data show that many participants held saving part of the GI as a goal throughout the pilot, though the extent to which each was able to achieve this was heavily influenced by market forces like cost of living and the evolving landscape of public benefits. Esmerelda expressed gratitude for the opportunity to save, even if it was meager: "it [the GI] has now given us the chance to at least a little, saving a little bit for an emergency because on past days, well, we had nothing, nothing, nothing."

MUTUAL AID

Even with an exponential cost of living and a limited ability to save, the treatment group reported a slightly higher ability to aid friends and family during the GI period, a trend that continued 6 months after the GI concluded. In addition to monetary support, approximately a third of participants in both groups reported providing volunteer assistance in childcare and eldercare for friends and family, highlighting the importance of time and caregiving efforts alongside financial help.

Interview data indicate that participants felt inclined to give back to their communities and support networks in a variety of ways. Starr, a single mother to two boys, aged 10 and 12, has been working in schools for a decade, helping with educational programming, after-school activities, and administrative work. She lost her job during the pandemic but was able to find work as students returned to in-person learning. Since receiving the GI, she has taken a class to brush up on her computer skills and has taken up jewelry-making. Starr finds her work rewarding, because it allows her to connect her community to resources:

> *I'm really into my community and into what's there for my community and the resources within my community. I was always that kinda person. So, I like to help people in my community, that's why I do the work I've done in the past.*

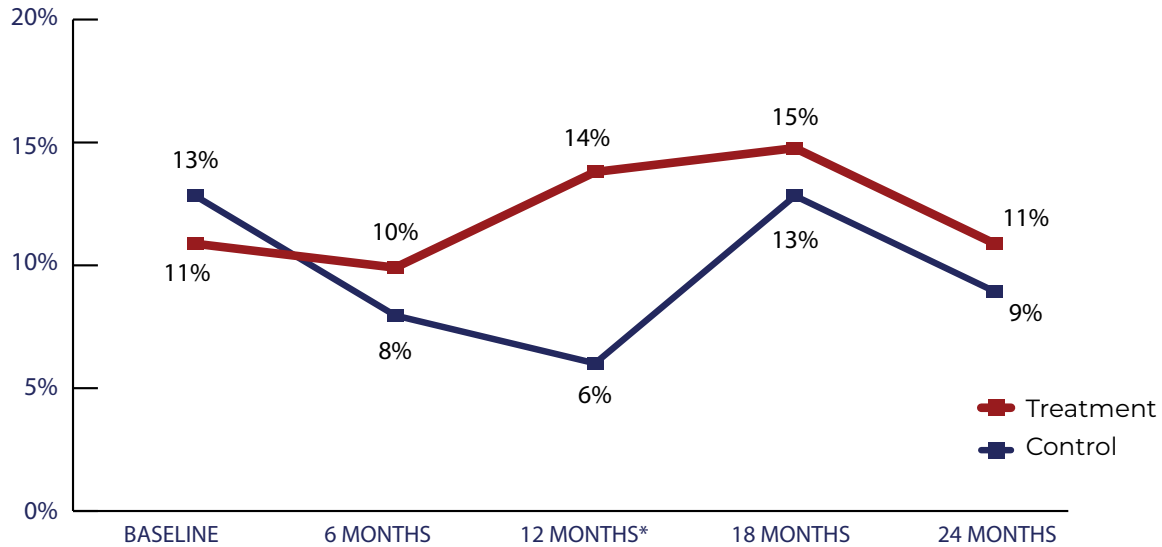
When Starr learned about the ORF pilot, she told everyone she knew, hoping others could benefit. As she began receiving the GI, and as she saw other pandemic-era resources decreasing, she felt an even greater responsibility to help people in her community access various resources: "I'm like a walking resource. Like I love the information… There are other organizations that are here to help."

Starr was in a severely precarious situation when the pilot began. After she lost her job, someone stole her identity and 15 of her unemployment insurance checks that totaled over $20,000. The first cash disbursement from ORF allowed her to quickly pay utility bills to avoid termination. Similar to other participants, structural constraints meant that Starr was unable to save much of the GI.

> *I find myself not being able to save. But I'm able to survive. I'm able to meet my bills. I'm able to take my kids out to eat if need be or whatever. I'm able to put gas in my car, buy tissue, body wash, you know, things from my house I may need. Cleaning supplies, things like that. So I'm able to do that and I'm just grateful… I'm able to do a lot more and be a lot more positive about things. Have a more positive outlook like, hey somebody's got my back.*

For Starr and others, feeling supported by the GI meant giving back and relying more on their communities. After receiving the GI, Disco Fever tapped into his community a bit more, which evolved into a mutual aid network, bringing groceries when people were quarantined with COVID and even providing him with affordable housing. For him, this level of community support meant, "that the work that I've, that I've done [in community] is like just getting reimbursed. It doesn't have to be like monetary, it's just like resources."

Figure 2: Percentage of Participants Able to Extend Help to Family or Friends



*p<0.05, **p<0.01, ***p<0.001

Overall, participants expressed a deep appreciation for the ways in which the GI helped them make different decisions with their time, give back to their community, and improve their relationships. Person, a single mother and lifelong Oakland resident, felt the GI gave her the time and space to consider what her community needed and how she could support that:

> *It gave me a moment to take a moment to think about what the fuck I wanted to do for my impact in Oakland. What, what is going on around me? It's a lot of that I can relate. It's a lot of women out here that's losing their baby daddies, their daddies, their, their boyfriends and they raising these kids alone and they raising it on whatever they have to deal with, to go do what they gotta do, but we still women at the end of the day, right?*

The emotional space created by the GI also extended to parents and partners, aiding in bettering their relationships. For Kayla, the GI offered a cushion, a "sense of comfort, it gives me a sense of stability" that enabled her to be present while taking care of her son.

> *Just being able to spend time with my son and not be so stressed out about how I'm gonna take care of him, it takes off like, so much stress. It's like a burden that's like relieved off my shoulders, you know? At least, I have it [the GI].*

Participants' financial fragility was also reflected in their perceived financial well-being. Using the 2019 Consumer Financial Protection Bureau's (CFPB) Financial Well-Being Scale, findings suggest the average well-being scores remained in the medium-low range for both groups throughout the study, varying only marginally from 40.78 for treatment vs. 40.5 for control at Baseline to 42.73 for treatment vs. 42.81 for control by the pilot's end. These scores indicate high likelihoods of facing various adverse financial situations, including regular difficulties paying for basic necessities, challenges in accessing credit, and inability to cover an unexpected $2,000 or higher expense (CFPB, 2019).

Overall, participants' economic vulnerability was so severe and the urgency for basic survival so pressing that participants could not leverage the GI's potential to achieve any enduring material effects. Interview data illuminated the extent to which participants were operating within a survival mindset due to the extreme economic circumstances in Oakland. Person discussed this as the most consistent struggle of her life in Oakland:

> *Yeah, I'm from the hood and I have lived my life in survival mode, right? Survival mode comes without the $500. Survival mode is get it how you live. Get it, hustle da, da, da, da, you never meet the real person because I'm always trying to survive.*

Focusing on surviving has meant foregoing long-held goals like furthering their education or buying a home. For Kayla, this has meant putting off pursuing a psychology degree to become a therapist. Though the GI allowed her the extra funds to take some courses, it did not impact the larger structural forces at work that keep her costs of living high.

> *That's something I've always wanted since I was a kid and uh, over like the last 10 years or so, since I moved out of the house at 18, I'm 28 now, I've just been focused on like, surviving. You know, making sure bills are paid, and that I'm like, I have a car and all that type of stuff. So, I didn't really know what I want to go to school for, so now I was like, I know what I wanna do and um, so like you know, and my son like, he didn't ask to be here [chuckles]. So, you know, he didn't, so I, I don't wanna just like, give him anything, I don't wanna live in an apartment. I wanna get a house, I wanna put myself through college. I wanna do like, these big things.*

Bella felt resentment at the stigma surrounding seeking help to subsist in Oakland. She felt that most Americans thought her community was,

> *no good, [chuckles] that we're poor or just awful things, you know? And that, that doesn't mean that we're bad people or we live in the ghetto like how they say—you know, some of us just don't have a lot of income…*

Instead, she thought people should understand that she was hardworking but needed help: "I'm trying to make enough to survive, especially here, um, the Bay Area. [laughs]."

For participants like Suzy, who had been working for the majority of their lives, the wage gap and immense income inequity visible in the community were nearly impossible to reconcile. The costs of transportation and demands on Suzy as a caregiver rendered taking a lower-paying job an irrational economic choice. As she struggled to provide for her family with the GI, she was planning for the pilot's end.

> *So the, the extra money does help because with, I do, once the food stamps run out, I, every month I still think I have some food. I mean you know, my plan is to go back to work, I've been like, fixing on my resume, trying to figure out what I'm gonna do. And then living ways, it's like the amount of money I make right now on assistance and with you guys' help, it's about working at $14- or $15-an-hour job. So if I get up and go to work, I'm gonna spend so much on gas to get there. I gotta get everybody to school. I gotta pick everybody up, I gotta try to be at this job, I gotta try to find that, it's like they have to, they have to become more realistic system. It has to be or, or pay more. Just pay, I mean people, it's just not fair because I didn't go to college that I can't make $30 an hour… I don't know what they want people to do, how they want people to survive?*

The ever-present stigma of living in poverty in Oakland, coupled with the demands of caregiving, a hustle culture, and the material inability to afford basic needs were only compounded by the pandemic. Even under more typical economic and public health conditions, income insufficiency is inextricably tied to poor mental health outcomes (West et al., 2023). For these vulnerable households, the constant stress of making ends meet, coupled with pervasive economic uncertainty, manifested in heightened anxiety, depression, and feelings of hopelessness. The struggle to afford basic necessities such as food, housing, and healthcare not only strained family relationships but also eroded individuals' sense of

self-worth and agency. Children in these families often bear the brunt of this instability, with potential long-term consequences for their emotional development and academic performance. The nexus of financial precarity and mental health was evident here.

MENTAL AND PHYSICAL HEALTH

Living in survival mode for a prolonged period of time activates stress and trauma responses in the body (Basu, 2017; Shah et al., 2018). This can manifest through physical health indicators like obesity, heart disease, or diabetes; and through mental health indicators such as depression, anxiety, and hyper surveillance (Ridley et al., 2020). Financial precarity intensifies life stressors, impacting families in a multitude of ways including parental engagement, household environments, and the physical and emotional well-being of the household (De France et al., 2022; Perzow et al., 2018). These outcomes are compounded by neighborhood disadvantage; living in survival mode within the context of resource scarcity and pay volatility increases the likelihood of depression and anxiety, impacting social outcomes as well (Santiago et al, 2011; Sayre, 2023; Shah et al., 2018).

Households facing financial constraints, particularly in regions characterized by stark wealth disparities, often experience exacerbated health challenges (U.S. Department of Health and Human Services, n.d.). These challenges manifest through reduced access to affordable healthcare, increased exposure to harmful environmental conditions, and substandard living conditions. Quantitative analyses of the Short Form Health Survey (SF-36) reveal a persistent trend of lower health-related quality of life within the treatment group, particularly in general health and physical functioning domains (Rand, n.d.). Across all time points, the treatment group consistently reported lower scores compared to the control group, with scores ranging from 58.20 to 61.73 versus 60.69 to 66.47, respectively. This disparity was most prominent at baseline, where a statistically significant difference was observed (B=-5.06, p=0.01). Physical functioning scores further reinforce this pattern, with the treatment group consistently reporting lower scores at each time point, with differences approaching statistical significance at 12 and 18 months (estimated impacts: -6.53 and -7.17, respectively). A similar trend was observed for role limitations due to physical health, with the treatment group consistently underperforming the control group. Overall, both groups maintained scores within the typical ranges of health, meaning that health scores indicators were statistically significant in difference, yet not likely clinically so.

Economic precarity, especially prevalent among California's low-income populations, intensified mental health challenges during the pandemic. Nearly a third of adults in the state reported symptoms of anxiety and/or depressive disorders according to two recent reports (California Department of Public Health, 2023; Hamel et al., 2019), highlighting the acute impact of financial instability on psychological well-being. This confluence of financial insecurity and cost-of-living pressures manifested as significant psychological distress among the pilot participants, as measured by the Kessler Psychological Distress Scale (Kessler et al., 2003). Baseline data revealed elevated distress levels across both treatment and control groups (M=22.11 and M=21.89, respectively). Yet, temporal variations in scores were observed: at 6 months, the treatment group exhibited marginally lower distress levels (M=22.03) compared to the control group (M=22.19). By the 12-month timepoint, a statistically significant attenuation in distress scores was observed in the treatment group (B=-1.42, p=0.035), an effect that was primarily driven by a reduction in the depression sub-score (B=-0.89, p=0.035), while the anxiety sub-score showed

no significant change. Although the treatment group consistently reported lower distress levels throughout the remainder of the pilot, these differences did not maintain statistical significance beyond the 12-month point. It is worth emphasizing that the mean scores for both groups remained within the clinical threshold strata for mild mental disorder throughout the study period. These findings suggest that while the GI may have temporarily alleviated psychological distress for some participants, the effect was not sustained long-term.

While the GI may have momentarily ameliorated symptoms of anxiety and depression, as evidenced by lower Kessler scores, its efficacy in mitigating daily stressors within the context of persistent economic pressures was limited. Over the 24-month study period, stress levels tracked in the Perceived Stress Scale (Cohen et al., 1983) showed similar fluctuations in both the treatment and control groups, with no statistically significant differences observed. At Baseline, the mean stress scores were closely aligned (treatment group: 7.57; control group: 7.53), and these scores showed only minor variations throughout the study. The pervasive nature of stress within the sample was further accentuated by the consistently high proportion of participants classified as experiencing moderate to high stress—approximately 80% in both groups reached this threshold at all time points. These findings suggest that the GI alone is insufficient to address the challenges posed by ongoing financial precarity.

Some psychological distress may have been attributable to ongoing personal financial struggles, but it may also be associated with a feeling of structural economic displacement. Many of the interview participants identified as lifelong Oakland residents, with pride in their city and a recognition that the Oakland they knew was no longer available to them. There was a sense of grief at the loss of their community ties and a way of life. Boss (2007) refers to this type of loss, where there is a lack of tangible elements, as ambiguous loss. Ambiguous loss is particularly salient in a space like Oakland, where gentrification is changing communities both culturally and economically at rapid rates, putting its identity in flux. No longer a majority-Black city, many lifelong residents were dispossessed of homes and pushed out (UC Berkeley's Urban Displacement Project & California Housing Partnership, 2021). Throughout the interviews, participants spoke about the ways in which their communities were being dismantled as a growing individualist survival mentality began to erode the community ethos many had grown up knowing.

For participants whose identity was deeply enmeshed with their city, this grief manifested in a multitude of ways. Jackie was born and raised in Oakland and felt intimately connected to the city:

> *I mean, this is like the only place that I've known, you know. So yeah, I mean, this is where I grew up. I haven't really lived anywhere else so I'm used to it. I mean, I know Oakland, like the back of my palm.*

Person also expressed a pride in her Oakland identity: "I am Oakland. Oakland really raised me, because my mom didn't." Both Jackie and Person, among other participants, expressed a sense of pride for having witnessed and survived the vast evolution of their city—and, importantly, felt that there was a pathway back to the community mutual aid they knew in their youth.

Jess commented on this altered sense of Oakland: "Um, growing up, you know, when I was coming up, it was the best place. It was such a sense of community, um, that is completely changed. So, it's

very dangerous. It's scary and it's extremely, extremely expensive." As her community changed, Jess entered survival mode, wanting to do what she could to provide for her children and continue caring for her grandparents and community, impacting her mental health.

> *I just think, watching the whole gentrification movement go on in my city. Um, you know, watching my people go out, and other people come in, and I'm watching my people live in tents now and, you know, homelessness at an all-time high. It just, really just changed the way I thought about our—my finances. You know, it put me into survival mode. I said, "This can't be me," like "This can't be my kids," you know. Um, and so with that, that's when I kind of developed my—[look], I've been doing this home care thing on the side, but this is really my thing. I love taking care of people. I love taking care of the elderly, my grandparents raised me, and I just started putting my plan into action like, okay, I'm gonna get my credit right. You know, and I'm gonna start my own home care business, you know. And so now that this program is ending for me in a few months, I'm just kind of like, you know, how can I make this [still] benefit me once it's gone? And so, you know, with that being said, I've already decided I'm gonna use the money to start my LLC.*

Similar to Jess, Suzy expressed a desire to protect her children from the mental health impacts of the precarity. Knowing it would impact their ability to develop into healthy adults, Suzy said:

> *When your kids are worried about where we're gonna live and where we gonna sleep at or what we gone eat, they can't function at school, and my job is to make sure that they're functioning adults when they graduate. That they could go on, you know.*

Even when recognizing that larger forces like gentrification and an intensification of unequal pay were impacting her, Suzy still felt that she bore a personal responsibility for exposing her children to precarity: "I'm my hardest critic because I put myself in this position with the choices I made, you know?" She worked hard to shield her children from the financial anxiety that plagued her.

> *Like I'll tell them like, stuff like that, but like as far as like, if I have a 24-hour notice or something, I wouldn't tell them cause I don't want them to be stressed out or crying on, I don't want my kids to grow up with the fear that I had, it's not fair to put my anxiety on them. You know, it's not fair to put my anxieties on them, so I don't tell them that, that's like the real stuff, I don't tell them that.*

Adding to the participants' chronic stress, Oakland was impacted by rises in violent crime, including shootings and homicides, and an epidemic of houselessness during the pandemic and subsequent years (EveryOneHome, 2022; Federal Bureau of Investigation, 2024). Suzy described Oakland as, "not actually safe to get to school and home." She felt that the tone of her neighborhood had changed since she was growing up, in that she felt people watched out for each other, and some areas were just off limits to violence. Still, she felt there was an inevitability to her experience because she could not afford a nicer area of the city:

> *I mean when I was growing, we had no phone, but it was different when I was growing up. I guess it's just, more people looked out for your kids, more people looked out, like walked out, they were walking to school or walking to the park where I live at because I'm poor, right, so it comes with the territory.*

Table 7: Oakland Citywide Crime from 2020 to 2023

	2020	2021	2022	2023	% CHANGE (2022 VS 2023)
Violent crime	6,063	6,633	6,201	7,526	21
Robbery	2,420	2,728	2,680	3,690	38
Rape	222	171	179	185	3
Burglary	8,712	10,584	13,994	17,256	23
Motor vehicle theft	8,753	9,354	10,247	14,826	45

Source: (City of Oakland, 2023)

For participants who were undocumented, there was an added level of anxiety to the precarity they experienced. Maricela, for example, described not having secure employment or state benefits (for fear of blocking citizenship pathways) and going through the pandemic without state support. She and her husband were out of work from March through June, 2020. Upon returning to work as a laborer in July, her husband became ill with COVID, and soon all four members of their household were sick. They endured 6 months without income and had no savings. Living in the realm of uncertainty created a bubble of stress and tension around the family. Through the pilot, they were able to pay down their accruing debt, but Maricela acknowledged that there has been "a lot of mental stress. [laughs] It's—sometimes it seems like it's more than we can [handle]. But again, we have to." With financial pressures weighing on her, Maricela has had to make hard decisions about what the family can afford. For example, both of her children need eyeglasses, and though they are covered through MediCal, she still has to pay about $500 out of pocket.

> *So this time we had to wait. And instead of doing it at the year, we had to do it two years later. Well, that was something that we had to do. Um, mentally, I mean, medically I think that was it. Having to wait for them to get their glasses done. That I think they didn't get too affected, because we were at home but, but it's something that I don't, don't like to do. That if it's something that they need I try to, to cover it as, as quickly as I can.*

While some found relief in mutual support networks, others shared a strong sense of social isolation, where they could not rely on others. Simultaneously, they felt like they were a central support to those around them. Participants described needing emotional and financial support, but recognized the limits of their loved ones in providing either type, as everyone was struggling with extreme precarity. Kayla talked about the pressure of owing family members, and the shame that accompanied asking

for financial assistance: “Are you gonna pay me back? And that’s the first question, ya know?” Because of this Kayla notes: “Emotionally they [her family] support me, but financially I stopped asking because I know what the answer will be.”

Reflecting on her support network, Miss B noted that she did not have too many friends or family, and those whom she did turn to saw help as transactional:

> *In order for them to help me, I have to be helping them in some type of way as well… I don’t have too many [friends] and the ones that I do have, they’re not just gonna help me out the kindness of their heart.*

Lacking a strong support system impacted Miss B’s mental health and left her feeling like she had to hide a part of herself because she could not trust those around her with her vulnerability. When asked how it would feel to be fully supported, Miss B replied:

> *I feel like it would be a lot easier. I feel like I won’t hold a lot in. I feel like I won’t hold back or hide who I am. I feel like I’ll be able to open up and show who I really am. Like without being judged, I feel like everything shouldn’t be held in all the time. I feel like that creates a monster. I do go to therapy and stuff but if I have more support, I feel like it will be a little bit easier.*

Isolation and mistrust led to participants being skeptical of programs designed to help. Samantha, a participant in the control group, talked about the vulnerability that came with having to trust an entity for help:

> *What can you do? Guess what? If right now an opportunity pop up, but they tell you in order for you to have the opportunity, you gotta give up your birthday, your social, your ID, your address. You don’t know these people. But in order for this opportunity to work for you, you gotta trust them, right? … I can’t trust nobody. Oh, yes, you can, you are doing it. [laughs] You do it every day. You, you can, you can trust a lot of people. You may not want to but you’re forced to. The government makes you trust in them [laughs]. Even if you don’t get no public assistance or nothing. If you go buy a home, that’s government. If you buy a car, that’s gov— everything is through someone else, and you have to trust in them.*

CASE STUDY: TIFFANY

Tiffany is a single mother to two elementary-school-aged children. Having lived in Oakland all her life, she has borne witness to the significant changes the city has undergone over the last decade. Her community has been majorly impacted by gentrification, particularly by increases in cost of living across family budgets. She reflected on this:

> *The cause— what's driving the cost? I don't know. It could be numerous things. They say they're trying to make it all fancy and things again. I don't know if they're trying to make it like, a new Oakland or something. I don't know. It could be how they're trying to change the community.*

Like many of the ORF pilot participants, ever-increasing housing costs have impacted Tiffany and her family. Prior to the pandemic, Tiffany was working as a line cook at a local college. After taxes, her $23/hour wage felt more like $17/hour and with rising costs of living, this meant she had to look for and balance side jobs while juggling being present for her children. She describes this struggle:

> *You know, so it's like once you like get rent ok, you're still trying to figure out gas, food, the children, the clothes. Now my car broke down, you got one job, three jobs isn't even enough, but then you still have to make time for your family.*

When the pandemic hit and closures began, Tiffany lost her job, marking the start of a period of extreme poverty for her and her family. They lost their housing and for a time lived in her car:

> *So that first year of the pandemic, it was just like, ok you know, I was in the car, I had a storage unit. Um the storage unit had all of our stuff there. So we will go there like every day to like get dressed or, like the daily stuff, because we didn't have too much, or nowhere to go anyway. So sometimes we would just go there, open it up, I will let them play with their toy, you know, stuff like that. Um and then the schooling was online too, so, you know, they're both in school, so they had the little mobile hotspot [things], or sometimes we would be like in the car doing school or we would like have to go park somewhere, and one in the front seat, then had one in the back seat.*

Recalling this period, Tiffany commented on how the harsh reality of that day-to-day struggle was the only time she considered giving up:

> *Like let me find somebody and just take them, because I knew that they*

deserve better, I knew that they needed better. And it wasn't that I wasn't aiming for better, it was just like, well damn, this is like another bad track, like, you know, 10 steps back...

It was the kindness shown to her by her community that gave her the strength to keep moving forward. Though this support was not monetary, as no one was in a position to give in that way, people opened up their homes to Tiffany's family, letting them shower, sleep, and rest. Being selected for ORF has been life-changing for Tiffany. She secured affordable housing through a voucher program, started culinary school, and was able to save some of the cash to have a security cushion. She has also been able to pay back some of the kindness shown to her family by helping others in their time of need, or simply because she now has the capacity to put good back into her community.

I'll just be like walking or I'll be in the store, and the lady in front of me probably doesn't have enough for her baby chips or the drink or something. I was just like, "Hey ma'am, I'll buy your baby chips for you." You know, even though I know I really shouldn't be buying anything extra for nobody, but I would want somebody to do that for me because I know a kid having a snack is, you know, it could just make their while and mom's life a little easier at that moment.

HOUSING

The roots of Oakland's housing crisis, which laid the groundwork for too many experiences like Tiffany's, trace back to the unprecedented influx of Black migrants during World War II. This new population overwhelmed the city's infrastructure and engendered persistent disparities in housing access and affordability. As thousands arrived to support war-related industries, the housing market struggled to keep pace. Hastily constructed "shipyard ghettos" segregated neighborhoods, fueling racial and economic tensions and offering inadequate housing options for lower-income and minority groups—a precursor to the challenges that persist today (Johnson, 1991, p. 287).

Lack of forward-thinking urban planning during this pivotal period further entrenched inequalities. Historical exclusion of Chinese and Black populations during the Gold Rush era, followed by red-lining and segregation after the Great Depression, shaped Oakland's urban landscape. Post-World War II White flight, urban renewal projects, and the recent foreclosure crisis further widened the racial wealth gap (Johnson, 2006). Today, Oakland confronts a housing crisis, marked by skyrocketing rents and aggressive gentrification, reflecting decades of economic and policy decisions that have prioritized capital over communities. Since the 2008 financial crisis, housing prices for detached single-family homes have doubled, making it one of the most unaffordable cities in the country (FRED, 2024). Per the latest American Community Survey (ACS) 1-year estimates, over half of city residents experience severe housing cost burden, with their gross rent consuming over 50% of household income. This alarming trend highlights the city's ongoing affordable housing crisis and its potential socioeconomic implications (U.S. Census Bureau, 2023c).

Table 8: Trends in Homelessness in Oakland from 2019 to 2023

	2019	2020	2021	2022	2023
Total	8,022	8,137	2,546	9,747	9,759
White	1,387	1,461	396	2,395	3,753
African American/Black	2,516	2,586	714	3,765	4,277
Hispanic/Latino	3,792	3,831	1,442	4,183	2,441
Asian	126	142	69	450	435

Source: (Office of Policy Development and Research, 2023)

Homelessness has been another persistent challenge in Oakland, intensifying over the past decade despite various local and federal interventions. The aftermath of the 2008 financial crisis, coupled with the collapse of the housing market, exacerbated already difficult conditions, displacing many residents and driving a sharp increase in the city's unhoused population. Between 2017–2019, Oakland had emerged as one of the epicenters of California's homelessness crisis (HUD, 2019a), experiencing

a staggering 47% rise in its homeless population. In 2024, the point-in-time count indicated a total of 9,450 people experiencing homelessness, a 3 percent decrease compared to the 2022 count (EveryOneHome, 2024).

Table 9: Participants' Responses to "Where did you sleep last night?" (in %)

	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS		24 MONTHS	
	T	C	T	C	T	C	T	C	T	C
Emergency Shelter or in a place not meant for human habitation (including in a car, unsheltered on the street or under a bridge, etc.)	2.3	2.8	2.3	4.4	2.0	4.2	4.3	4.2	6.3	6.7
In an institution (including hospital, jail, prison, juvenile detention facility, long-term care facility, or nursing home	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.8
In housing shared with others (not owned or rented)	10.7	11.4	21.7	30.6	8.3	8.9	16.3	27.8	7.7	10.8
Owned or Rented Housing	86.7	85.6	76.0	65.0	89.7	86.9	79.3	68.0	83.7	79.7

*p<0.05, **p<0.01, ***p<0.001

Housing stability data for participants highlights the impact of historical policy shifts and economic challenges. At Baseline, the percentage of participants who reported sleeping in independent housing (owned or rented) the prior night was similar for both the treatment and control groups, at 87% and 86%, respectively. Nearly 11% of both treatment and control group members reported sleeping the prior night in shared housing that was not owned or rented by themselves at Baseline. Roughly 3% of the treatment group slept the prior night in temporary shelter or in a place not meant for human habitation, which was similar for the control group. The treatment group maintained lower rates of emergency homelessness in the early phase of the pilot (Baseline: 2.33% vs. 2.77%; 6 months: 2.33% vs. 4.44%; 12 months: 2.00% vs. 4.17%) before converging with control group rates 6 months after the pilot ended (6.33% vs. 6.67%). At 6 months after the first cash disbursement, the treatment group showed 38.6% lower odds of homelessness, and by 12 months, this difference increased to 43.9% lower

odds compared to the control group. However, this initial advantage diminished after the pilot ended, with both groups showing rising rates of homelessness regardless of group assignment. Additionally, across all time points, treatment group members were significantly less likely to be institutionalized in a setting like a jail, prison, hospital nursing home, or other facility.

Overall, the treatment group demonstrated greater resilience, particularly amid inflationary pressures and the phased end of the eviction moratorium. By post-intervention, 84% of the treatment group maintained rented or owned housing, compared to 78% in the control group—a modest but meaningful advantage. Yet, both groups faced growing vulnerability, with more participants living in precarious conditions, such as being unsheltered or residing in vehicles: a 6 percentage point increase for the treatment group compared to a 7 percentage point increase for the control from Baseline to end of the pilot. This suggests that while the GI provided some protection, broader economic factors continued to exacerbate housing instability for the most vulnerable.

Housing cost burdens were comparably high among participants at Baseline. Yet, quantile regression estimates indicate marked decreases in cost burdens for the treatment group relative to the control group across several time points. Six months after the initial disbursement, the treatment group saw a significant decline in median cost burden (Median Difference=-6.52, p=.015), with similar declines observed at 12 months (MD=-6.62, p=.002) and 18 months (MD=-6.73, p=.012). Although reductions persisted through the end of the pilot (MD=-6.83), they did not reach statistical significance. Additionally, while the treatment group participants were more likely to report staying in better quality homes and transitioning to better neighborhoods, the control group participants were more likely to express heightened concerns about losing stable housing—whether owned, rented, or as part of a larger family household—within the foreseeable future.

Table 10: Housing Cost-Burden over Time, Treatment vs. Control (%)

	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS		24 MONTHS	
	T	C	T	C	T	C	T	C	T	C
Median Housing Cost Ratio	62.34	68.75	60.94*	67.45	59.54**	66.16	58.14*	64.86	56.74	63.57
Cost Burdened (cost ratio >30%)	70	73	72	74	71	76	73	75	70	74
Severely Cost Burdened (cost ratio >50%)	54	59	55	57	55	58	53	59	53	58

*p<0.05, **p<0.01, ***p<0.001

Recent housing cost trends in Oakland align with our survey data. Between 2019 and 2023, the number of unhoused persons in the city rose by 86%; and in 2019, 70% of unhoused persons identified as Black. Community collectives, like Moms4Housing, 37MLK, and Cob on Wood, formed pre- and post-pandemic to address the housing crisis in Oakland and frame this as an issue of racial injustice, given the disproportionate rates of dispossession and eviction among BIPOC communities (Goldstein, 2023). In 2021, the National Low-Income Housing Coalition reported that there was NO market-level housing available for individuals working 40 hours a week at the minimum wage ($14/hr in 2021) (Aurand et al., 2021).

Affordable housing was a preeminent concern among interview participants. Many discussed histories of houselessness, including living on the street, in shelters, and couch-surfing. Samantha, a participant in the control group, talked about being homeless while having a Housing Choice Voucher, also known as Section 8—she ultimately gave up her voucher, as she felt the purgatory of the housing waitlists and discriminatory property owners was standing in the way of her family's stability. She described her experiences as a fight for survival: "You, you're in the crab bucket trying to fight your way out. You know, and, and it's just like, how can you survive?"

Others discussed histories of evictions and losing family homes. The fear of eviction was at the forefront for Alicia, an undocumented single mother.

> *Well, the only thing is being left without the rent. I think it's the most, because—since I live alone with my daughter, I have a lot of fear of being left without rent, being left in the streets with my daughter. It's the biggest, it's the biggest [fear] that I've always had in my mind. I'm afraid of those things, but it hasn't happened up till now. That's why it's important for us to have our job day to day. Uh, but the biggest worry has been more being left, left without housing.*

Nina described paying bills based on what was needed most after housing while trying to avoid having utilities cut off and stave off eviction. For Nina, the GI aided in relieving some of this stress, but the amount was not enough to get out of survival mode.

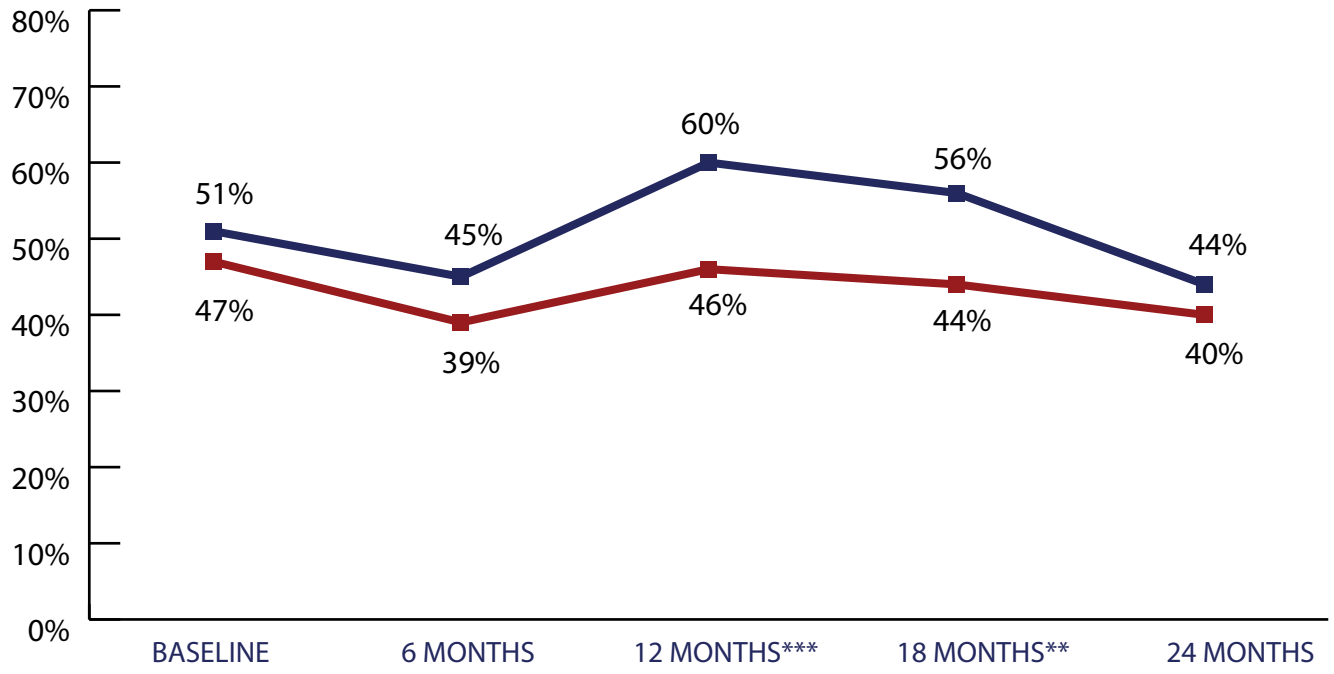
> *Um, alleviating that stress of eviction? Absolutely. I mean, but in regards to everything else, I do still have to go [with] robbing Peter to pay Paul, you know... That concept. So, um, but it—it has helped. Um, it definitely has helped, um, you know, especially with the sense of like, having to feel so overworked outside of my, like, regular job, which I still don't make enough to survive, you know. So, um, it has alleviated the stress. It's stressful having to work all the time, day and night, then not see your kids, and then they're calling 75,000 times when you're out and, like, you know, it's just—it is stressful.*

Participants also talked about living with either family or within multi-unit homes to help defray the cost of rent. Caught in a cycle of unstable housing, Sharon was staying with family members but was able to qualify for a school-district program aimed at preventing homelessness, which resulted in her finding affordable housing.

> *How we got in the place up there was based on—we were actually in [the housing community] first, and there was a situation at my son's school, which prompted them to put us in a program to help us become not homeless. We weren't really homeless. We were living with a relative, my—the cousin that I told you we talked to, and, um, when they came to do an interview with us, they were like, "It's just too many of you here." You know, it was clean spot, all the stuff that wasn't it. They were like, "It's just too many of you here. Can we help you guys find somewhere else to go, or are you willing to relocate?" And I was like, "Sure." So we got up here in this, I—I don't know if they call it, um, housing—housing voucher or housing—some kind of housing. I've never heard of it, 'cause I've always paid regular rent. So I didn't know what that looks like.*

Others were living with family or friends as caregivers, receiving stable housing for in-kind services. At the time of the interview, Bella was living in her recently deceased grandmother's home, having been her caretaker at the end of her life. There was a dispute within the family over the home, and she talked about the uncertainty of what would come next for her and her daughter. Bella was not sure she could afford rent in Oakland but also could not afford rent elsewhere in the Bay area. Moving is expensive, and ultimately her goal is to own a home nearby. This seems unattainable in the current context because, "you know, the Bay area is hella expensive."

Figure 3: Participants Concerned with Maintaining Stable Housing over Next Two Months (% "Yes" Responses)



*p<0.05, **p<0.01, ***p<0.001

Others were living with multiple people in small apartment units. Savannah lived in a one-bedroom apartment with her partner, her child, and a roommate. Her family decided to have a roommate just to save on some of the rent costs. Savannah moved to the Bay Area after college and witnessed the drastic rise in rental burden.

> *You know, to be honest, I think, I don't know, like, I remember like, I'm 33. I've been out in the Bay Area for a long time. I graduated out here and so when I graduated in 2007, I had a two-bedroom apartment, I was paying $1,050 for it.*
>
> *And so when you look back at that, and then you think, wow, two bedrooms now are like almost $2,000, $3,000. It's kind of like, well, well damn, how, why is it this much now? And to be honest, I don't, I don't know why. I mean, I wish it wasn't, but I don't know why it's so high. So to be honest, um, because we also, like, we were living with a roommate, um, and she was just giving us a flat amount. So to be honest, it was that flat amount and it covered, um, our half of the rent, it covered whatever bills that need to be paid.*

These housing constraints, coupled with insufficient income and daily financial stressors, introduce market-driven pressures that can disrupt family life (DeAngelis, 2024; Perzow et al., 2018).

2. Income and Family

PAID AND UNPAID WORK

Much like Oakland's housing market, its labor landscape has been shaped by waves of economic transformation, from the maritime workers of the Gold Rush era to the "new argonauts" in the tech sector (Saxenian, 2006, p. 3). The city's strategic port location fostered a strong union culture among dockworkers and sailors in the late-19th century, laying the groundwork for broader labor organizing efforts. East Bay's employment landscape was dramatically reshaped by World War II, as the defense industry boom attracted a diverse workforce, including African American migrants from the South who sought jobs in shipyards and factories. As industrialization took root, factory workers in Oakland's mills fought for better working conditions, culminating in the 1946 general strike that brought the city to a standstill (U.S. Department of Labor, 1947). While the war temporarily bridged some social and racial divides, the post-war era saw a deepening economic division. During this time, Oakland's labor market shifted towards service sector jobs, with public employees and healthcare workers becoming dominant. The rise of Silicon Valley's influence introduced new challenges, as skilled, well-educated workers increasingly filled high-wage jobs, while a growing class of low-wage, less-educated laborers faced unstable employment. This divide has only widened in the region's modern labor market, where gig economy platforms and tech companies are reshaping traditional employment models, forcing low-wage workers to adapt to automation and precarious work arrangements (Gray & Suri, 2019).

Between 2020 and 2022, Oakland's low-wage job market faced significant challenges due to the pandemic. Sectors like food services, retail, and hospitality, which make up a large portion of low-wage employment, were especially impacted following lockdowns and restrictions that caused many businesses to reduce hours or shut down entirely. By mid-2021, employment in these sectors began to recover, but full restoration of pre-pandemic job levels lagged, with many low-wage workers facing instability in terms of hours and benefits. However, wages have grown in sectors such as food preparation, personal care, and warehousing. For instance, food preparation jobs saw hourly wages of around $21.19 by 2023 (BLS, 2024b), which was above the national average but reflects the high cost of living in the Bay Area. Despite wage increases, income and job insecurity has remained an issue, with some low-wage workers turning to gig and temporary work to make up for lost income (Anderson et al., 2021). Furthermore, wage gains were outstripped by inflation, resulting in the aforementioned unprecedented 24-month streak of negative real wage growth, culminating in a 3.2% year-over-year decline in June 2022—the second-largest drop on record (McCall, 2024).

The broader Bay Area job market exhibited a contrasting trend during the same period. While low-wage sectors struggled during the recession, high-paying industries like technology, management, and finance remained robust. The region continued to be a major hub for tech and financial services, offering some of the highest wages in the nation, with jobs in fields like computer and mathematical occupations paying over $76 per hour (BLS, 2024a). These post-pandemic wage disparities are evident in the uneven economic recovery in the Bay Area (Robbennolt, 2023).

Against this backdrop, the treatment group showed a steady rise in full-time employment, increasing from 15% at Baseline to 26% by pilot's conclusion. In contrast, full-time employment in the control

group remained largely unchanged, with a smaller increase from 14% to 18% over the same period. Part-time or seasonal employment fluctuated for both groups, with slightly higher rates in the control group by the end of the pilot. Business ownership and self-employment showed a moderate rise in the treatment group, climbing from 5% to 12% over 24 months, while the control group showed a smaller shift, from 7% to 11%. Gig work doubled in the treatment group, from 3% to 6%, but it increased more sharply in the control group, quadrupling from 3% to 12%. The proportion of stay-at-home parents or caregivers declined in both groups, with a more pronounced drop in the control group. The proportion of unemployed job seekers decreased in the treatment group, from 27% at baseline to 14% at 24 months. While the control group also saw a reduction (22% to 11%), regression estimates found no statistically significant differences between groups at any time point. Both groups also reported similar occupations, with 25% working in the private sector and 10% in non-profit or government roles.

CASE STUDY: MISS B.

Miss B. is a 30-year-old self-described stay at home mother of five children. She had her first child when she was 14 years old and struggled with stability at that time.

> *His first, I wanna say 5 years of life, I struggled with, um, you know, having stable housing for me and him, I was only, you know, 14. So I did have to depend on family members and those family members did, you know, allow me to come in, but they had also their own issues with keeping stable housing.*

She has lived in Oakland the majority of her life, having moved to Stockton briefly but finding the commute too difficult to be sustainable. Though Miss B. loves Oakland, she feels stuck and struggles with exposing her children to community violence: "If I had the choice to live there, I'll go and pick to live there. But I am, you know, happy with where I am and I'm just happy that we are in a safe environment." She is separated from her partner but co-parents with him so that her children have stability, and so that she can have more control over her time.

> *But we do still co-parent and we do, um, make sure that the kids don't understand that we're just co-parenting. They don't see, you know, they don't really know that we're separated, but we are separated but we're still a family, and they, you know, we just want them to be as comfortable as possible. So it's just mom house, dad house, and then, you know, um, with him working and me not working at this moment or going to school. I'm able, he's, he allows me to come to his house whenever, you know, I need to in order to work with the kids or, you know, basically make it easier for us.*

To get by, Miss B. depends "on CalWORKs, and I also depend on the talent I have with doing hair. So those two incomes help me survive and stay afloat, you know, above water." Miss B. enjoys doing hair but sometimes feels constrained in how much she is able to charge to retain her clients while still valuing her time and providing for her children. While she appreciates the flexibility of this work, particularly with her caregiving responsibilities, it is also unpredictable. She may go three weeks without a client, which makes it difficult to predict her wages and reliably pay bills.

> *It forces me to basically have to put payment plans into place versus being able to just go ahead and pay the bill full out and then when it comes to, you know, um, food and groceries and stuff, if I need the money for food or groceries in it, it leads me to have to, um, depend on, um, a food bank or a relative or, you know, something else.*

Miss B. is a caregiver to her children and older family members. She feels like this work is not as valued by society as paid work, particularly in the time investment that caregiving requires.

> ***And I also feel like people don't understand that you get this baby, it comes home, it's healthy. But then other things occur as they get older, to where you have to, you know, keep an eye and, and take care of it, the child that way as well. Like, so your time is, you know, I'm investing my time into my, I'm putting my time into my children but it's only to like get them, um, to be good adults as well.***

Miss B. used the first few payments to pay bills and raise her credit score, as she "didn't want to be seen as someone who is not trustworthy" and wanted to maintain her housing. But she said the largest benefit of the GI has been saying yes to her children, whether that be to treats in the grocery store or joining a sports team. She was able to enroll her daughter in cheer camp and pay for the fees and equipment for her sons' football teams. She described using the GI to create memories for her children: "And it was fun. Like, it, it, it was real fun, like, and then when we were there, I, you know, had money to buy from the snack bar, and we just, you know, we're able to enjoy it."

Table 11: Trends in Employment over Time (in %)

	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS*		24 MONTHS	
	T	C	T	C	T	C	T	C	T	C
Employed FT	15	14	16	14	19	17	23	18	26	18
Employed PT or Seasonal	16	19	19	12	16	16	15	12	13	16
Stay-at-home parent or caregiver	20	20	15	14	16	15	17	11	15	12
Business owner/ self-employed	5	7	10	13	8	15	8	9	12	11
Gig worker	3	3	5	10	8	10	8	9	6	12
Retired/Disabled	9	7	8	9	8	10	11	10	8	9
Student	2	5	7	10	6	5	4	7	4	6
Unemployed looking for work	27	22	17	14	17	9	12*	16	14	11
Unemployed not looking for work	2	3	3	3	2	3	1	9	3	4

*p<0.05, **p<0.01, ***p<0.001

Alicia, an undocumented mother, said that the availability of work was a large part of what kept her in Oakland. Her citizenship status and lack of English language skills made it harder for her to find employers whom she felt understood her situation.

> *Um, the only hard thing is when, when they, sometimes they tell us—since we don't have papers, since I don't have papers, sometimes they discriminate against us a lot. And there are places where they don't, and there are others that do. So it's where sometimes we feel a little bit bad. And another, well, here, here it's different. Since we don't speak Spanish, well, we have the dialect, so sometimes we get confused and that's where—But we're working and so, there are things that you don't understand, so that's where they get mad or sometimes they—I'm telling you, it's understood, so—but we're better there.*

Alicia felt that communication was the crux of many issues she faced at work, as she was not able to explain any misunderstandings. Many participants conveyed that caregiving for their children guided all their financial and employment decisions. For Alicia, employment and motherhood held the same amount of responsibility.

> *Um, no. I think it's the same. It's the same responsibility because the—work is, is a huge responsibility and family is also a huge responsibility, so I think it's the same because, um, if you're not responsible at your work then you don't have work. And so it's—if you're not responsible of, for example, if I'm not responsible for my daughter, then that won't be okay. So I think that both things are the same.*

Many looked to the gig economy to make ends meet, searching for flexible opportunities to earn income that could align more closely with the unpredictability of their caregiving responsibilities. However, the flexibility of the gig economy came with costs. Unpredictable pay meant increased financial stress when there were competing bills, and the high cost of gas in the Bay was sometimes prohibitive of taking on shifts. Savannah had to leave her job when she got pregnant. She was taking off too many days due to sickness, which made her less inclined to look for employment:

> *You know what, I'm not even gonna bother with it right now, because my whole thing is, I didn't want to get hired at a place and then you know, be calling off so much, because I was literally... When I tell you I was sick every day, I was literally sick every day.*

Throughout the pilot she tried to pick up gig work, but was met with various barriers including her car breaking down just before starting with a rideshare app. Receipt of the GI encouraged her to find employment so that she would be in a better position at the program's end: "Like I don't want to wait till, you know, the last minute and then, you know, be stuck with nothing and then still looking for a job, you know? So, it definitely does, um, push me."

Participants also saw entrepreneurship as a possible route to financial security, though many acknowledged that seed funding or savings to fall back on was a roadblock to this goal. For some, starting a business was one way to help their community, either by creating jobs or by filling a need. After success in a Welfare to Work program, Jess was inspired to pay it forward. She was able to progress within her company relatively quickly, which then enabled her to hire out of the program where she started. This motivated her to work toward opening a business so she can hire more single parents.

> *I started off as basically a staffing assistant and within 6 months, I became a staffing specialist, [then] I moved on to another HR position and I was the lead coordinator within a year. And so, you know, the best part about that process was going back to do a job there and hiring other women out of the Welfare to Work program. And letting them know that I've been here. You know what I'm saying? I understand you on a different level, and I'm here to help. So, you know, my goal is to start this business, because I am so grateful for this money. I'm, I'm grateful for the opportunity. It has really helped me. I've watched my credit score shoot up from a four something to a high six now, you know, um, which is amazing. And so, you know, my new focus and goal is to start my business and to be able to pour back into programs like this for people.*

The broader context of parental employment reveals limited reliance on external childcare services, with fewer than 20% of children receiving care outside the familial setting in both groups. This trend may be attributed to the prohibitive costs associated with childcare services in the Bay Area. The median annual expenditure for center-based child care of a 4-year-old child in 2023 dollars was approximately $19,000, constituting 14.3% of the median annual household income in Alameda County (U.S. Department of Labor, 2023). Earning an annual median income of only $14,000, a third of the study participants across both groups cited childcare responsibilities as the primary deterrent to seeking employment. For the subset utilizing childcare services, the average engagement was approximately 20 hours per week.

INVESTING IN CHILDREN

Alongside the balancing act of maintaining paid employment, seeking ways to improve their financial situations, and managing day-to-day parenting challenges, participants prioritized time and resources towards their children's well-being. Parents reported investing time in productive ways to promote their children's education.

The dynamics of parental engagement in monitoring homework completion were influenced by the children's ages—Child 1 averaging 9 years and Child 2 at 7 years—across both groups. Parents reported greater involvement with the older child across all time periods, likely due to the increased academic demands faced in higher grades. Over time, the varying frequency of homework checks could reflect adjustments in parental strategies, allowing children more autonomy as they adapted to the academic year.

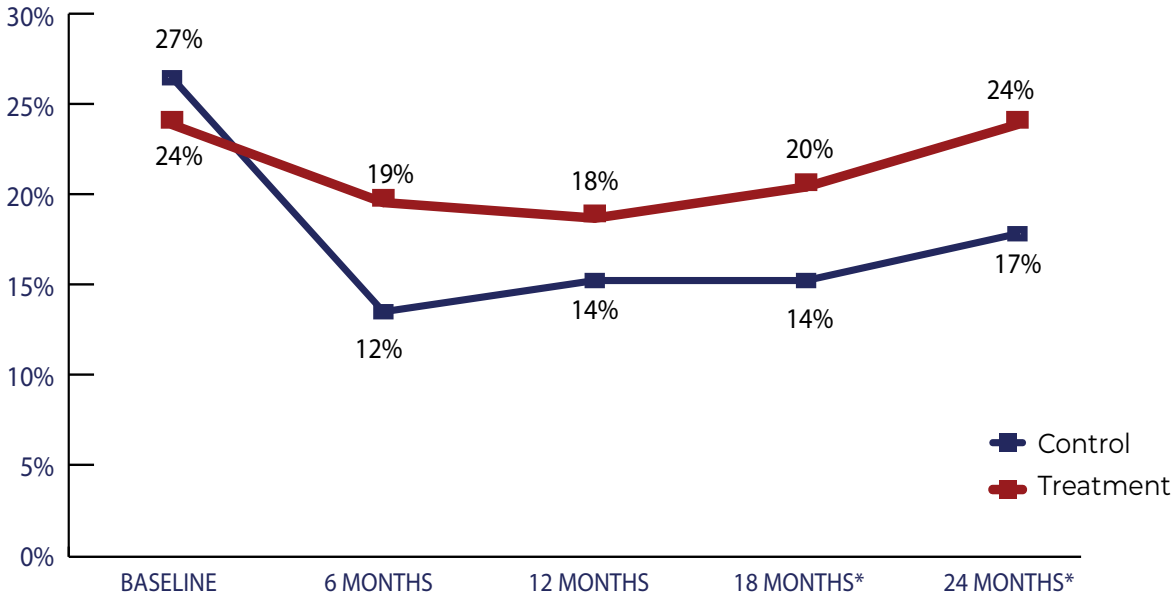
Table 12: How Often Does Any Adult in Your Household Check to See That This Child's Homework Is Done? (% Parents Who Reported "Always")

	CHILD 1		CHILD 2	
TIME PERIOD	TREATMENT	CONTROL	TREATMENT	CONTROL
Baseline	74	78	60	58
6 months	63	58	54	53
12 months	61	62	53	52
18 months	63	57	55	52
24 months	59	58	51	50

While instances of grade repetition, absenteeism, and disciplinary issues such as expulsions or suspensions were infrequent, comparable levels of satisfaction with child school experience were reported across both groups. Parental involvement in child school activities, while similar for several events, showed variation in specific categories. Treatment group parents exhibited a higher likelihood of attending parent-teacher association meetings (B=0.18, $p<0.001$) and regularly scheduled parent-teacher conferences (B=0.09, $p=0.01$) compared to the control group. Extant research consistently indicates that parental engagement in children's education, particularly through parent-teacher conferences, is associated with improved educational outcomes (Barger et

al., 2019). This association is reflected in the higher proportion of treatment group children receiving "A" grades across all subjects. These percentages consistently trended higher in the treatment group, with statistically significant differences observed for older children at 18 and 24 months. Specifically, a 6 percentage point difference was noted at 18 months (B=0.58, p=0.03) and a 7 percentage point difference at 24 months (B=0.57, p=0.03), suggesting a positive impact of increased parental involvement on academic performance.

Figure 4: Percentage of Children Receiving "A" Grades Across All Subjects



*p<0.05, **p<0.01, ***p<0.001

Overall, though the GI had limited impacts elsewhere, it appears to have enabled greater parental involvement in their children's education, highlighting a specific pathway through which even limited financial support can positively affect educational performance.

Interview data reveal the monumental impact receipt of the GI had on parent-child relationships. Parents described having more patience with their children as their financial stress decreased. Jess felt the GI made her "a calmer mother" and increased her sense of agency.

> *You know, a struggling mother, she tends to be all over the place. She's always worrying, she's always stressed out about, you know, um, um, kids need new shoes, kids need new clothes, all of these things. Um, so having that is just kind of made me a lot calmer, because I know that, okay, you know, I got this program, uh, backing me, and that is specifically is what I'm using for the self-advancement of my family, and it makes me more comfortable. And I mean, honestly, since filling out the application and doing whatever intake I had to do, I haven't had to do anything else. Like they're not sending me a form every day saying hey, we need to check on your income, did you get this? Did you get that? Did anything change? Did you move? Um, because this is contingent on you keeping this money.*

Using Matheny et al.'s (1995) Confusion, Hubbub, and Order Scale to measure household dynamics, receipt of GI had a limited, yet significant effect on reducing household chaos, characterized by overcrowded living conditions, irregular schedules, and resource scarcity—all of which contribute to the unpredictable home environment that Jess described (Dumas et al., 2005). At Baseline, both the treatment and control groups reported similar levels of household chaos, with mean scores of M=29.78 for the treatment group and M=29.32 for the control group. Six months after the initial disbursement, a statistically significant reduction in household chaos was observed in the treatment group compared to the control group (B=-1.02, p=0.041). In contrast, the control group experienced an increase in chaos over the same period. Although chaos levels rose in both groups at the 12- and 18-month time period, the treatment group consistently reported a more stable home environment relative to the control group. The mean differences in chaos between the groups were -0.41 at 12 months and -0.44 at 18 months, though these differences did not reach statistical significance. By the end of the pilot, chaos levels had converged between the two groups. Additionally, the proportion of participants reporting low to moderate levels of household chaos decreased from Baseline to the end of the pilot for both groups. Despite this overall reduction, a consistently higher proportion of participants in the treatment group reported lower levels of chaos across all time points compared to the control group. At Baseline, 50% of participants in the treatment group and 53% in the control group reported low-to-moderate chaos. After the end of the GI payments, these figures had declined to 36% for the treatment group and 33% for the control group. Thus, it seems the introduction of the GI created a sense of calm and organization amongst the treatment group households; however, this effect had dissipated 6 months after the payments ended.

Table 13: Participants Reporting Low/Moderate CHAOS Scores over Time, Treatment vs. Control (in %)

TIME PERIOD	TREATMENT	CONTROL
Baseline	50	53
6 months*	48	31
12 months	46	33
18 months	43	32
24 months	36	33

*p<0.05, **p<0.01, ***p<0.001

Participants described the GI aiding them in allocating more time with their families. Tiffany felt the GI gave her both more time and "a better space with my children. You know, mom is not always frustrated or, you know, she's a little bit more, you know, calmer." She was able to "set the vibe" by cooking with her children, being mentally present because they "need her with her cape on." The GI has also allowed Tiffany time to spend on herself to "find the balance" as best she can, which also helps her feel like she is more present with her children.

Kayla talked about her son being her motivation for furthering her education. She wanted to teach him to want more than what they have. She felt like the GI allowed her to,

> *just being able to spend time with my son and not be so stressed out about how I'm gonna take, it takes off like so much stress. So I'm, I'm… It's like a burden that's like relieved off my shoulders, you know? At least, I have it.*

Alicia also felt that the largest impact of the GI for her was time to spend with her daughter and the ability to say yes when her child wanted something special.

> *Yes, more than, more than anything, well, I have more freedom or to do more things with my girl. And so like that. I can go to the store and so I can buy what she needs, or for me, I can buy what I need. Not like before, I needed the things but—and I made my math and so I would say, "No, that's not going to be enough," and so it would be until next month. But now we go out and so now we can buy what we need or, or we have the possibility if someone needs help, we can help too.*

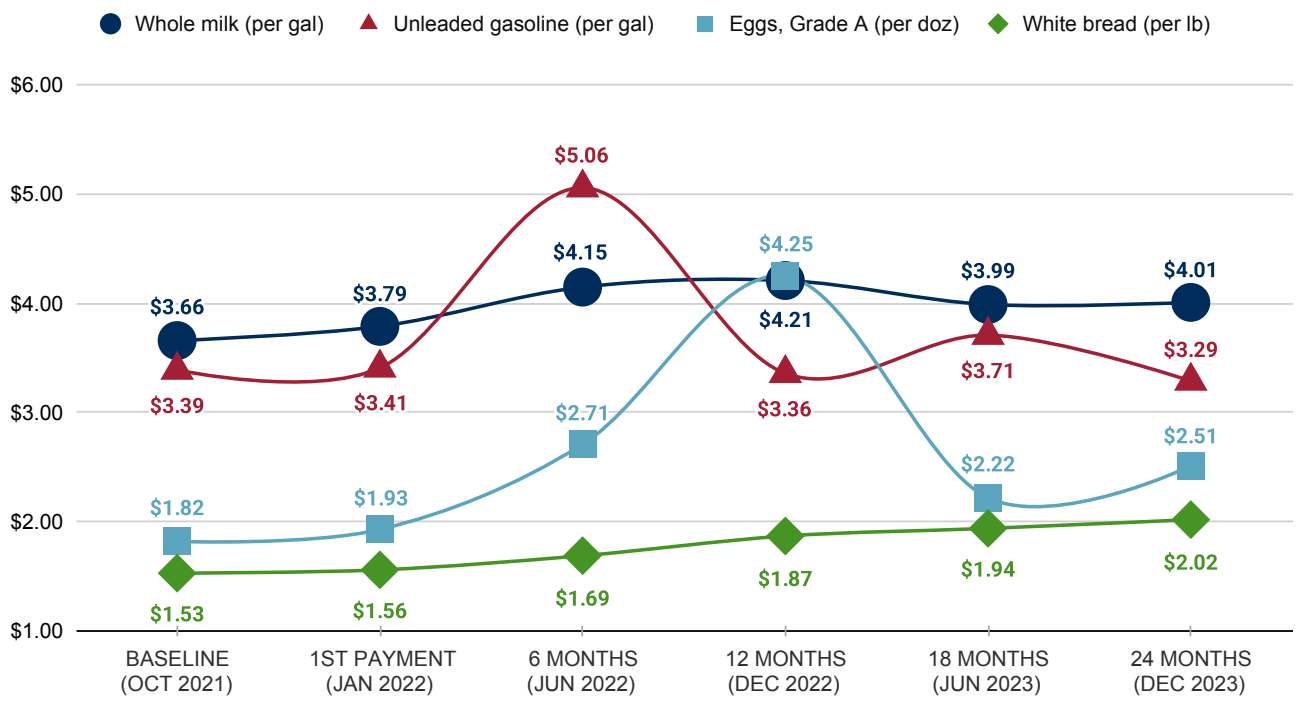
Alicia was able to help her family abroad as well: "I have a lot of family, I have my cousins also who are single mothers and I've helped them." This is especially important to her since she knows how hard being a single mother is, she enjoys helping other moms be able to say yes to their children.

Some participants noted going without food for part of the month so that their children would not, and one control participant talked about stealing provisions when they were in dire straits. Jane reflected on this a few times throughout her interview, "people who are caregivers kind of hold up the world but are unseen, you know, like we never get to turn it off, never like, black out." Later, Jane commented on the constant pressure of caregiving getting in the way of self-care:

> *I definitely am just now realizing in my forties that I put myself on the—as last priority like, for my whole life—and that, that's a generational thing. So, my mom did it too and my grandma—still the same, you know, it's like a thing where women are supposed to care for everybody else before they care for themselves.*

Quantitative analysis revealed that households in both the treatment and control groups experienced persistent food insecurity throughout the study period. At Baseline, nearly two-thirds of the participants in both groups expressed concerns about food insufficiency, and almost half reported difficulties affording preferred food options due to limited resources. These issues remained largely unchanged over time and even intensified by the end of the pilot. Initially, the prevalence of severe food insecurity—manifesting as hunger—was lower in the treatment group. As the study progressed, the impact of inflation, particularly acute in California due to some of the steepest increases in food and gasoline prices nationwide, affected both groups significantly. Despite these economic pressures, the treatment group appeared to fare slightly better during the GI phase, with lower percentages reporting very low food security at 6 months (29% vs. 32% in the control group), 12 months (25% vs. 29%), and 18 months (31% vs. 34%). Yet, these differences did not reach statistical significance. By the conclusion of the study, a higher proportion of households in the treatment group expressed concern about needing to reduce food intake due to insufficiency compared to the control group (38% vs. 36%). This suggests that the GI dosage, alongside the economic challenges of living in Oakland, was insufficient to mitigate various dimensions of food insecurity experienced by participants.

Figure 5: Price Changes for Select Commodities in Oakland over Time



Despite this, the cash had a measurable impact on alleviating concerns about utility payments. Initially, three-quarters of participants in both groups worried about affording utilities. Twelve months after the first disbursement, a statistically significant reduction in this worry was observed among treatment group participants (67% vs. 76%; B=-0.4203, *p*=0.015). Although the treatment group continued to report lower levels of concern in subsequent periods, these differences were not statistically significant.

Table 14: Household Food Security, Treatment vs. Control (% "Yes" Responses)

QUESTION	TIME PERIOD	TREATMENT	CONTROL
In the past four weeks, did you worry that your household would not have enough food?	Baseline	61	60
	6 months	60	59
	12 months	53	54
	18 months	56	60
	24 months	67	68
In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	Baseline	51	52
	6 months	49	46
	12 months	44	44
	18 months	47	50
	24 months	53	55
In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	Baseline	43	49
	6 months	46	45
	12 months	41	43
	18 months	45	48
	24 months	50	49
In the past four weeks, did you or any other household member have to eat less in a day because there was not enough food?	Baseline	24	31
	6 months	29	32
	12 months	25	29
	18 months	31	34
	24 months	38	36
In the past four weeks, did you worry that your household would be unable to pay a utility bill?	Baseline	75	74
	6 months	66	68
	12 months	67*	76
	18 months	67	73
	24 months	68	72

*p<0.05, **p<0.01, ***p<0.001)

Overall, the most profound impacts for parents receiving the GI were reductions in household chaos, as well as a sense of calm, time, and freedom that allowed them to tend to their children's educational pursuits. Importantly, the GI introduced a sense of normalcy typically only enjoyed by those with sufficient incomes—the ability to say "yes" to a child's needs.

CASE STUDY: JANE

Jane is a 43-year-old single mother to two daughters who has lived most of her adult life in Oakland. She juggles being a part-time student, working on her Bachelor's degree, and ad-hoc work for a local nonprofit. Though the work is sporadic, she prefers it to full-time work, as her degree is demanding and she can build her hours around her schedule: "I just ride the roller coaster when I'm needed, and that's what's working right now."

Jane has resided in Oakland for about 15 years and describes it as "a city of extremes."

> ***It could be beautiful, stunning, because it's very nature-filled. Like, the water is right there, the mountains are there. But then it also had like, a underbelly. I've lived in a lot of cities in California. Um, and all over, because my dad was a Marine, but Oakland has like, really—it has a lot of despair. There's like, a ton of encampments and a ton of politics that aren't cool and such and such. So it just kind of is where you fall on, one, your perspective and then your neighborhood, like, there's so many elements to it. It's complicated, but overall people love it because there's like no place like it.***

Over the last 15 years, Jane has witnessed a multitude of changes in Oakland, most notably in cost of living and its impact on her support network. When she first moved, it was "$800 for a two-bedroom, and now it's like pushing $3,000 for a two-bedroom." As prices increased, her friends and support network began to move away, scattering across the country. She felt isolated, navigating a chronic illness and negotiating safety for her family, which ultimately negatively impacted her health.

> ***So then it was just, I still needed to deal with, I have like a chronic illness. I just been there the whole, I just been there. I've been, um, there's a level of when you live in neighborhoods that are not, they're not like intentionally bad, but just like social, economically bad. There's a level of stress that just like, you never shake, and I know that like, that's not good for your health either. So it's just been a ride.***

Jane is very active in her community, raising her daughters and helping neighbors with their children. She describes her life as "intentionally communal," having created a childcare network with other parents when her daughters were young so that their children could have safe spaces to be. Jane prides herself on having created such a strong community network in Oakland and credits her childhood:

> ***I grew up in a place that the entire society more so values like, quality time and helping each other out. Um, so I think that's like how I've survived and***

kept my sanity because I just keep with the like, foundational thoughts and uh, things that were instilled in me.

Jane loves being a caregiver, both for her community and her daughters, and is intentional about the paid work she takes on, as this impacts the time she can spend with her daughters and on her schoolwork. She does not want to solely find personal value in a job title,

but I don't ever want to value anybody for just their work and I don't want to be seen as a source of labor before I'm seen as a human being. Um, yeah, but I feel like I work from the moment I open up my eyes until I go to sleep because I'm a caregiver.

The ORF pilot started at a pivotal point for Jane. She was on bedrest awaiting surgery, unable to work but still needing to provide for her family. Immediately, she felt a sense of safety from receipt of the GI that she has not felt with other social safety net programs: "It's very different because with, when you have, um, benefits from the county you have—it's like there's always this threat that they won't be there." Jane expressed that when the program ends, the biggest thing she will take away is a sense of gratitude for being a part of it. She felt that the GI, along with the stimulus payments and expanded child tax credit, helped to transform some of the long-standing beliefs she held about deservedness and benefits.

Nobody wants to be poor. Everybody wants to work, everybody wants the best for their families. It's just the systems are, are designed in ways that makes it complicated. Um, and, but here even I was, uh raised too, because I was raised like in the '80s mostly, in the '90s. But when I was a little kid, that it was like Reagan times, and like, uh—kind of brainwashed into everybody, that if you had or needed any help. It was like, there was like a shame involved—there's like, uh, something is wrong with you type of energy. I had to break that within myself and come to a humility.

The GI gave her "a greater sense of ease and flexibility," giving her greater control over her time, in turn growing her confidence and investing more in her work and education.

3. Subjective Sense of Self

HOPE AND MATTERING

Prolonged economic challenges significantly impact psychological outlook, especially the sense of hope. To measure these phenomena, the Adult Hope Scale was used at each time point (Snyder et al., 1991). This scale measures a person's state of planning and action to meet goals. Individuals experiencing high hope have scores greater than 56, moderate hope falls within the range of 48 to 56, and those with low hope have scores ranging from 40 to 48. There are two subscales that measure Agency, or a person's energy directed at goals, and Pathway, or the extent to which individuals are planning ways to meet those goals (Snyder et al., 1991). Amid escalating inflationary pressures and the termination of pandemic-related support measures, quantitative findings revealed no evidence of enhanced hope over time in the treatment group compared to the control.

At Baseline, both treatment and control groups displayed comparable scores across all three subscales. Even so, these scores diverged over subsequent time points, with the treatment group consistently scoring lower than the control group. A year into the pilot, a statistically significant difference was observed in the Pathway sub-scale (B=-1.00, p=0.01), although a marginal recovery was subsequently noted at 18 months. Additionally, self-reported feelings of higher levels of hope were consistently lower in the treatment group compared to the control group across all evaluated time periods (Baseline: 17% vs. 20%; 6 months: 15% vs. 22%; 12 months: 11% vs. 20%; 18 months: 15% vs. 24%; 24 months: 19% vs. 23%). These findings highlight the precarious psychological state of the participants during periods of severe economic instability. The persistent lower scores in the treatment group, particularly in the Pathway sub-scale, suggest a diminished ability to envision routes to desired goals—a key component

of hope. Together with the overall lower self-reported hope levels, these findings illustrate the impact of prolonged economic hardship on the participants that GI alone could not disrupt.

The potential psychological effects of GI receipt were also tested using an instrument called the Mattering Index (Elliott et al., 2004). This index includes three subscales to measure how individuals believe they are perceived and valued by others. The Awareness subscale indicates how people believe others perceive them, the Importance subscale indicates how people perceive others' emotional investment in them, and the Reliance subscale indicates to what extent people believe others can rely on them. Despite the absence of a clear pathway for progress, as indicated by eroding scores on the Adult Hope Scale, the treatment group participants showed a sustained sense of importance and reliance throughout the study period (see Appendix A). While the average Awareness scores did not differ significantly between groups at any measured time point, displaying only marginal variability, distinct trends emerged in the Importance and Reliance scores. Initially, the mean difference in Importance at Baseline was 1.08 (95% CI [1.17, 1.98], p<0.02), which slightly decreased to 0.88 (95% CI [0.07, 1.70], p<0.03) by the 6-month mark. Although subsequent time points showed higher scores, they failed to reach statistical significance. Similarly, Reliance scores increased in the treatment group throughout the duration of the GI. At Baseline, the mean difference was 0.85 (95% CI [0.18, 1.52], p<0.01), decreasing slightly to 0.63 (95% CI [0.03, 1.23], p<0.04) at 6 months and subsequently leveling off without statistical significance. The retention of a sense of importance and reliance amid limited perceived pathways highlights the participants' resilience and adaptability, suggesting a sustained, yet variable, positive impact of the GI.

The GI gave participants a small buffer that helped them imagine a future that previously seemed out of reach. Tiffany talked about how the GI impacted her decision to go to culinary school by relieving some of her financial stress and giving her space to breathe.

> *Yes, it impacted my— For me to do a few things, because I wanted to go to school, I wanted to go back to school. But you're not— When you can't really focus, and your main concern is how to pay my bills, to pay my bills, to pay my bills, to pay my bills, how am I gonna pay my bills? You know, you still got everything else, but if your main concern is how, how, how, you can't really focus in school or, you know. You can't really be there.*

In being more present, Tiffany became more resolute about her goals:

> *I feel more confident in going to school. I know that it's not going to hinder me from not having, you know, a whole lot of income right now. Um, and I know that I have a bigger picture, so it's not like I'm just going to school and that's gonna be it.*

Even though the GI was limited, it enabled Tiffany to imagine a different future for her and more security for her children. "I feel great about it and just stress-free. It's just— It's just— It's a different feeling now, so I'm really excited and I'm really thankful for everything."

Similarly, the GI aided Person in increasing her agency, making her feel that she could transform her life: "But what, what do I wanna do? Because I have the power to change it, right?" The GI gave Person the emotional space and time to imagine a different future, the possibility to start her own business, "and [a community empowerment organization] gave me the time that was needed. So my business is about giving people simple things because COVID covered our mouth." Her business is community oriented, wanting to increase connections that she felt COVID stripped away.

> *We was taking things for granted that was so simple, and, and, and it's very important [that a community empowerment organization] gave me a moment to ask myself, "What did I value? What did and who do I value?" Right? "What am I doing here?" Because COVID can stop everything. Girl, you don't have a job no more. Sit at home, raise your kids, they stopped everything, for what? People live and die, that's a part of life. We're souls and human, uh, experience, but we moving so fast, though... But [community empowerment organization] was able for me to slow down. That's why I don't rush anything because I would never be able to get this. I'm so ghetto. I've never had a White girl in my house, neither, right? And that's really awesome, [community empowerment organization] gave me another experience... And I'm glad that you came and I'm glad I'm able to say what [community empowerment organization] is, because they need to understand that it's a lot of bad people out here, but it's a lot of people out here that just need a [caregiving company owned by Person to serve the neighborhood], for real, for real.*

Limitations

While this study offers valuable insights into the impact of the GI program on individuals' health and well-being, several limitations warrant consideration.

First, the study's participant pool comprised 660 individuals—300 in the treatment group and 360 in the control group—all residents of Oakland, CA. Participants self-reported annual incomes at or below 138% of the federal poverty level and had significant caregiving responsibilities. This sample size potentially limited the detection of smaller effects and precluded subgroup analyses. Post-hoc power analysis indicated that effects of 0.22 standard deviations or larger could be reliably detected (80% power), whereas smaller yet meaningful effects likely went undetected. Beyond sample size constraints, the distinctive socioeconomic landscape and geographic setting of Oakland limit the external validity of the findings when generalizing to other communities, both within California and across other regions.

The study's timing during the post-COVID-19 recovery period introduced confounding factors, including pandemic-related impacts on mental health, withdrawal of social safety net policies, and economic pressures such as inflation and housing costs. These temporal factors were not directly controlled for and may affect the findings' applicability to different periods.

Finally, methodological limitations include the use of MICE for missing data, which, while robust, introduces inherent uncertainty. Additionally, the reliance on self-reported data may be subject to social desirability and recall biases.

Discussion

Oakland's transformation in recent decades tells a familiar story of urban change and displacement. When San Francisco became unaffordable even for tech salaries, workers looked to Oakland's lower rents and easy BART commute. What started as an escape from San Francisco's housing crisis soon created one in Oakland, with longtime residents—especially in Black and brown neighborhoods—bearing the brunt of change. Corner stores gave way to boutique coffee shops, ordinary rentals transformed into luxury apartments, and many families who had called Oakland home for generations could no longer afford to stay. This deepening divide between new wealth and working-class struggle set the stage for the ORF Pilot.

Against this backdrop, the study's findings revealed just how deeply economic shifts and structural inequalities had transformed the city's social and economic landscape. The $500 monthly GI offered some breathing room, helping participants cover groceries, transportation, and occasional childcare—expenses that were often out of reach in a city where living costs continued to soar while wages stayed stagnant. Yet this amount, though meaningful, allowed only temporary respite in a rapidly gentrifying city.

Oakland's housing crisis stems from decades of exclusionary policies that pushed stable housing out of reach for historically marginalized communities. Study participants faced impossible rents and limited affordable housing options, many living one paycheck away from homelessness. While the GI helped some avoid immediate crises like eviction or utility shut-offs, the effects dissipated as the GI payments ended. Those receiving the GI showed somewhat steadier housing situations than those who did not, but these gains remained modest. In a city where basic survival costs far exceeded the $500 monthly stipend, this extra support could only do so much.

Financial strain took its toll beyond just economic hardship, affecting participants' mental and physical health. Chronic stress over money, combined with the psychological strain of navigating a post-pandemic landscape, left many participants feeling isolated and unsupported. Interview participants shared stories of social isolation, heightened anxiety, and a sense of loss as they watched their community change around them. Contrary to concerns that the GI might disincentivize work, employment increased in the treatment group compared to the control. With some breathing room to cover basics, participants could more confidently pursue stable employment, focus on job training, or cut back on exhausting side-gigs to spend time with family. While the overall financial relief remained limited, one bright spot emerged: parents could be more present in their children's education, showing how even limited support could strengthen educational outcomes.

In addition to evaluating the impact of the $500 monthly GI, additional modeling was used to explore what doubling the monthly payment to $1,000 might achieve. While this larger sum could better stabilize housing and improve quality of life for families, even this amount would struggle to counter Oakland's deep-rooted economic challenges. The message is clear: lasting change requires broader policy solutions working in tandem with GI payment amounts that are geographically adjusted.

Addressing these challenges requires action on multiple fronts. Strengthening tenant protections—like enforcing rent control and just-cause eviction laws—can help prevent the displacement of long-term residents (City of Oakland, CA., Supp. No. 95, 2024). Investing in affordable housing ensures that low- and middle-income families have access to stable homes (City of Oakland, n.d.-a). Expanding job training and educational programs help residents adapt to a changing economy (City of Oakland, n.d.-c). Support services like subsidized childcare can alleviate daily financial strains on working families (City of Oakland, n.d.-b). Ultimately, pairing unconditional cash support with these broader policy changes could help Oakland's families not just survive, but become truly resilient.

Center for Guaranteed Income Research

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

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

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

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

Our dashboards, created in partnership with Stanford Basic Income Lab, feature filters at the pilot level, allowing individuals to access and compare information while obtaining detailed insight into our investigations.

Please direct all inquiries about this study to:

Center for Guaranteed Income Research

penn-cgir@sp2.upenn.edu

3701 Locust Walk
Philadelphia, PA 19104

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

References

All listed references were retrieved prior to December 2024.

ABT Associates. (2023). *Data analysis plan: Mayors for a Guaranteed Income pilot evaluations*. University of Pennsylvania, Center for Guaranteed Income Research. https://www.penncgir.org/s/MGI_data_analysis_plan-wcj5.pdf

Alameda County Community Development Agency. (2024). *County of Alameda housing element update 2023-2031*. https://www.acgov.org/cda/planning/housing-element/documents/Nov-7-full-element.pdf

Alkon, A. H., Cadji, Y. J., & Moore, F. (2019). Subverting the new narrative: Food, gentrification and resistance in Oakland, California. *Agriculture and Human Values*, *36*(4), 793–804. https://doi.org/10.1007/s10460-019-09954-x

Anderson, M., McClain, C., Faverio, M., & Gelles-Watnick, R. (2021). *The state of gig work in 2021*. Pew Research Center. https://www.pewresearch.org/wp-content/uploads/sites/20/2021/12/PI_2021.12.08_Gig-Work_FINAL.pdf

Aurand, A., Emmanuel, D., Rafi, I., Threet, D., & Yentel, D. (2021). *Out of reach 2021*. National Low Income Housing Coalition. https://nlihc.org/sites/default/files/oor/2021/Out-of-Reach_2021.pdf

Azur, M. J., Stuart, E. A., Frangakis, C., & Leaf, P. J. (2011). Multiple imputation by chained equations: What is it and how does it work? *International Journal of Methods in Psychiatric Research, 20*(1), 40–49. https://doi.org/10.1002/mpr.329

Balliger, R. (2021). Painting over precarity: Community public art and the optics of dispossession, gentrification and governance in West Oakland, CA. *Journal of Urban Cultural Studies*, *8*(1), 81–107. https://doi.org/10.1386/jucs_00035_1

Barger, M. M., Kim, E. M., Kuncel, N. R., & Pomerantz, E. M. (2019). The relation between parents' involvement in children's schooling and children's adjustment: A meta-analysis. *Psychological Bulletin*, *145*(9), 855–890. https://doi.org/10.1037/bul0000201

Basu, S. (2017). Income volatility: A preventable public health threat. *American Journal of Public Health*, *107*(12), 1898–1899. https://doi.org/10.2105/AJPH.2017.304109

Bay Area Census. (n.d.). City of Oakland. http://www.bayareacensus.ca.gov/cities/Oakland.htm

Bezanson, K., & Luxton, M. (2006). *The neo-liberal state and social reproduction*. McGill-Queen's University Press. http://www.jstor.org/stable/j.ctt80rzb.12

Boss, P. (2007). Ambiguous loss theory: Challenges for scholars and practitioners. *Family Relations*, *56*(2), 105–111. https://doi.org/10.1111/j.1741-3729.2007.00444.x

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D.

Rindskopf, & K. J. Sher (Ed.), *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. https://doi.org/10.1037/13620-004

California Department of Public Health. (2023). *Demographic Report on Health and Mental Health Equity in California. Reporting Data through October 2021 to the Legislature and the People of California by the Office of Health Equity*. https://www.cdph.ca.gov/Programs/OHE/CDPH%20Document%20Library/HERSS/Demographic_Report_on_Health_and_Mental_Health_Equity_2023_ADA.pdf

Charmaz, K. (2014). *Constructing Grounded Theory* (Second edition). SAGE Publications.

City of Oakland. (n.d.-a). *Affordable housing development*. https://www.oaklandca.gov/topics/affordable-housing-development

City of Oakland. (n.d.-b). *Head Start and Early Head Start*. https://www.oaklandca.gov/topics/head-start

City of Oakland. (n.d.-c). *Oakland workforce development board*. https://www.oaklandca.gov/boards-commissions/oakland-workforce-development-board

City of Oakland. (2018). Oakland Equity Indicators. https://cao-94612.s3.us-west-2.amazonaws.com/documents/2018-Equity-Indicators-Full-Report.pdf

City of Oakland. (2021a, March 23). *Mayor Schaaf announces guaranteed income pilot, Oakland Resilient Families*. https://www.oaklandca.gov/news/mayor-schaaf-announces-guaranteed-income-pilot-oakland-resilient-families

City of Oakland. (2021b, October 21). *Oakland guaranteed income pilot now accepting applications for phase 2*. https://www.oaklandca.gov/news/oakland-guaranteed-income-pilot-now-accepting-applications-for-phase-2

City of Oakland. (2023, June 1). *Oakland crime data and crime maps* [Data set]. https://www.oaklandca.gov/resources/police-incident-data

City of Oakland, CA., Supp. No. 95. (2024). *8.22.360—Good cause required for eviction*. https://library.municode.com/ca/oakland/codes/code_of_ordinances?nodeId=TIT8HESA_CH8.22REREADEV_ARTIIJUCAEVORMEEE_8.22.360GOCAREEV

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24*, 385–396.

Consumer Financial Protection Bureau. (2019). *Getting started with measuring financial well-being*. https://files.consumerfinance.gov/f/documents/cfpb_financial-well-being_toolkit.pdf

DeAngelis, R. T. (2024). Racial capitalism and Black-White health inequities in the United States: The case of the 2008 financial crisis. *Journal of Health and Social Behavior*. https://doi.org/10.1177/00221465241260103

DeBolt, D. (2021, August 18). Oakland's population grew by 50,000 over the past decade, 2020 census data shows. *The Oaklandside*. https://oaklandside.org/2021/08/18/oaklands-population-grew-by-50000-over-the-past-decade-2020-census-data-shows/

De France, K., Evans, G. W., Brody, G. H., & Doan, S. N. (2022). Cost of resilience: Childhood poverty, mental health, and chronic physiological stress. *Psychoneuroendocrinology*, *144*(105872). https://doi.org/10.1016/j.psyneuen.2022.105872

Dumas, J. E., Nissley, J., Nordstrom, A., Smith, E. P., Prinz, R. J., & Levine, D. W. (2005). Home chaos: Sociodemographic, parenting, interactional, and child correlates. *Journal of Clinical Child and Adolescent Psychology*, *34*(1), 93–104. https://doi.org/10.1207/s15374424jccp3401_9

Elliott, G., Kao, S., & Grant, A.-M. (2004). Mattering: Empirical validation of a social-psychological concept. *Self and Identity*, *3*(4), 339–354. https://doi.org/10.1080/13576500444000119

EveryOneHome. (2022). *Oakland 2022 point-in-time count—Unsheltered & sheltered report*. https://everyonehome.org/wp-content/uploads/2022/05/Oakland-PIT-2022-Infographic-Report.pdf

EveryOneHome. (2024). *Point-in-time count 2024*. https://everyonehome.org/main/continuum-of-care/point-in-time-count-2024/

Federal Bureau of Investigation. (2024). *Crime data explorer* [Data set]. https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend

Federal Reserve Bank of St. Louis. (2024, August 2027). *All-transactions house price index for Oakland-Berkeley-Livermore, CA (MSAD) [ATNHPIUS36084Q]* [Data set]. https://fred.stlouisfed.org/series/ATNHPIUS36084Q

Gillette, H., Jr. (2022). *The paradox of urban revitalization*. University of Pennsylvania Press. https://www.pennpress.org/9780812253719/the-paradox-of-urban-revitalization/

Glasmeier, A. K. (2024). *Living wage calculation for Alameda County, California*. Massachusetts Institute of Technology. https://livingwage.mit.edu/counties/06001

Goldstein, Z. (2023). If it's vacant, take it: Interventions in geographies of exclusion in Oakland, California. *Radical History Review*, *2023*(145), 139–146. https://doi.org/10.1215/01636545-10063869

Gray, M. L., & Suri, S. (2019). *Ghost work: How to stop Silicon Valley from building a new global underclass*. Houghton Mifflin Harcourt.

Hamel, L., Lopes, L., Wu, B., Brodie, M., Aliferis, L., Stremikis, K., & Antebi, A. E. (2019). *Low-income Californians and health care*. Kaiser Family Foundation, California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2019/06/LowIncomeCaliforniansHealthCare.pdf

Johnson, M. S. (1991). Urban arsenals: War housing and social change in Richmond and Oakland, California, 1941–1945. *Pacific Historical Review*, *60*(3), 283–308. https://doi.org/10.2307/3640450

Johnson, M. S. (2006). *The second gold rush*. University of California Press. https://www.ucpress.edu/books/the-second-gold-rush/paper

Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S. L., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, *60*(2), 184–189. https://doi.org/10.1001/archpsyc.60.2.184

Mahler, J. (2012, August 1). Oakland, the last refuge of radical America. *The New York Times*. https://www.nytimes.com/2012/08/05/magazine/oakland-occupy-movement.html

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

Matheny, A. P., Wachs, T. D., Ludwig, J. L., & Phillips, K. (1995). Bringing order out of chaos: Psychometric characteristics of the Confusion, Hubbub, and Order Scale. *Journal of Applied Developmental Psychology 16*(3), 429–444. https://doi.org/10.1016/0193-3973(95)90028-4

McCall, M. D. (2024, September). *Did the COVID-19 pandemic affect real earnings? Analyzing average hourly earnings and inflation before and after the onset of the pandemic*. U.S. Bureau of Labor Statistics. https://www.bls.gov/opub/btn/volume-13/did-the-pandemic-affect-real-earnings.htm

Murch, D. J. (2010). *Living for the city*. The University of North Carolina Press. https://uncpress.org/book/9780807871133/living-for-the-city/

Oakland's history of resistance to racism. (2018, August 23). City of Oakland. https://www.oaklandca.gov/topics/oaklands-history-of-resistance-to-racism

Office of Policy Development and Research. (2023, December). *2023 AHAR: Part 1—PIT estimates of homelessness in the U.S.* [Data set]. U.S. Department of Housing and Urban Development. https://huduser.gov/portal/datasets/ahar/2023-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html

Orenstein, N. (2024, May 15). Homelessness grew 9% in Oakland—But it's slowing down. *The Oaklandside*. https://oaklandside.org/2024/05/15/pit-count-oakland-homeless-numbers/

Perzow, S. E. D., Bray, B. C., & Wadsworth, M. E. (2018). Financial stress response profiles and psychosocial functioning in low-income parents. *Journal of Family Psychology*, *32*(4), 517–527. https://doi.org/10.1037/fam0000403

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

RAND. (n.d.). 36-Item Short Form survey (SF-36) scoring instructions. RAND. https://www.rand.org/

health-care/surveys_tools/mos/36-item-short-form/scoring.html

Rhomberg, C. (2004). *No there there: Race, class, and political community in Oakland*. University of California Press. https://doi.org/10.1525/9780520940888

Ridley, M., Rao, G., Schilbach, F., & Patel, V. (2020). Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science*, *370*(6522), eaay0214. https://doi.org/10.1126/science.aay0214

Robbennolt, S. (2023, January 25). *Despite economic gains in the Bay Area, many workers are still struggling to recover*. Bay Area Equity Atlas. https://bayareaequityatlas.org/recovery-tracker/economic-security

Rodríguez, C. "che." (2020). "The whole damn system is guilty": Urban violence, the principal contradiction of racial capitalism, and the production of premature death in Oakland, California. *Critical Sociology*, *46*(7–8), 1057–1074. https://doi.org/10.1177/0896920520923429

Saldaña, J. (2021). *The coding manual for qualitative researchers* (4th ed.). SAGE Publications. https://books.google.com/books?id=RwcVEAAAQBAJ

San Francisco Bay Conservation and Development Commission. (2020). San Francisco Bay Plan. https://bcdc.ca.gov/wp-content/uploads/sites/354/2023/09/bayplan.pdf

Santiago, C. D., Wadsworth, M. E., & Stump, J. (2011). Socioeconomic status, neighborhood disadvantage, and poverty-related stress: Prospective effects on psychological syndromes among diverse low-income families. *Journal of Economic Psychology*, *32*(2), 218–230. https://doi.org/10.1016/j.joep.2009.10.008

Saxenian, A. (2006). *The new argonauts: Regional advantage in a global economy*. Harvard University Press. https://doi.org/10.2307/j.ctv1dp0ttd

Sayre, G. M. (2023). The costs of insecurity: Pay volatility and health outcomes. *The Journal of Applied Psychology*, *108*(7), 1223–1243. https://doi.org/10.1037/apl0001062

Schwarzer, M. (2021). *Hella town: Oakland's history of development and disruption*. University of California Press. https://doi.org/10.1525/9780520381131

Self, R. O. (2003). *American Babylon: Race and the struggle for postwar Oakland*. Princeton University Press. https://press.princeton.edu/books/paperback/9780691124865/american-babylon

Shah, A. K., Zhao, J., Mullainathan, S., & Shafir, E. (2018). Money in the mental lives of the poor. *Social Cognition*, *36*(1), 4–19. https://doi.org/10.1521/soco.2018.36.1.4

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, *60*(4), 570–585. https://psycnet-apa-org.proxy.library.upenn.edu/record/1991-17270-001

Tashakkori, A., Johnson, R. B., & Teddlie, C. (2020). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences* (2nd ed.). SAGE Publications.

Tolbert, M. L. (2020). "Checking in with your people": Food, mutual aid, Black feminism, and COVID-19. *Gastronomica*, *20*(3), 64–65. https://doi.org/10.1525/gfc.2020.20.3.64

Trisi, D. (2024). *Expiration of pandemic relief led to record increases in poverty and child poverty in 2022*. Center on Budget and Policy Priorities. https://www.cbpp.org/research/poverty-and-inequality/expiration-of-pandemic-relief-led-to-record-increases-in-poverty

Trujillo, T. M., Hernández, L. E., Jarrell, T., & Kissell, R. (2014). Community schools as urban district reform: Analyzing Oakland's policy landscape through oral histories. *Urban Education*, *49*(8), 895–929. https://doi.org/10.1177/0042085914557644

UC Berkeley's Urban Displacement Project & The California Housing Partnership. (2021). *Rising housing costs and re-segregation in Alameda County*. https://www.urbandisplacement.org/wp-content/uploads/2021/08/alameda_final.pdf

U.S. Bureau of Labor Statistics. (n.d.). CPI Inflation Calculator. https://www.bls.gov/data/inflation_calculator.htm

U.S. Bureau of Labor Statistics. (2023, January). *Consumer price index—December 2022*. https://www.bls.gov/news.release/archives/cpi_01122023.pdf

U.S. Bureau of Labor Statistics. (2024a, April 3). *May 2023 metropolitan and nonmetropolitan area occupational employment and wage estimates—San Francisco-Oakland-Hayward, CA*. https://www.bls.gov/oes/current/oes_41860.htm

U.S. Bureau of Labor Statistics. (2024b, July 11). *Occupational employment and wages in San Francisco-Oakland-Hayward—May 2023*. https://www.bls.gov/regions/west/news-release/OccupationalEmploymentAndWages_SanFrancisco.htm

U.S. Census Bureau. (2020a). Educational Attainment. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1501 [Data set]. https://data.census.gov/table/ACSST5Y2020.S1501?q=educational+attainment+oakland+city,+ca+2020

U.S. Census Bureau. (2020b). HISPANIC OR LATINO, AND NOT HISPANIC OR LATINO BY RACE. Decennial Census, DEC Demographic and Housing Characteristics, Table P9 [Data set]. https://data.census.gov/table/DECENNIALDHC2020.P9?q=oakland,+ca+ethnicity+in+2020

U.S. Census Bureau. (2020c). INCOME IN THE PAST 12 MONTHS (IN 2020 INFLATION-ADJUSTED DOLLARS). American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1901 [Data set]. https://data.census.gov/table/ACSST5Y2020.S1901?q=oakland+city,+ca+2020+median+household+income

U.S. Census Bureau. (2020d). Poverty Status in the Past 12 Months [Data set]. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701. https://data.census.gov/table/ACSST5Y2020.S1701?q=oakland+city,+ca+poverty+in+2020+

U.S. Census Bureau. (2020e). RACE. Decennial Census, DEC Demographic and Housing Characteristics, Table P8 [Data set]. https://data.census.gov/table/DECENNIALDHC2020.P8?q=P8:+RACE&g=160XX00US0653000

U.S. Census Bureau. (2020f). SELECTED ECONOMIC CHARACTERISTICS. American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP03 [Data set]. https://data.census.gov/table/ACSDP5Y2020.DP03?q=oakland+city,+ca+2020+workforce&moe=false.

U.S. Census Bureau. (2020g). Selected Housing Characteristics. American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP04 [Data set]. https://data.census.gov/table/ACSDP5Y2020.DP04?q=oakland+city,+ca+median+gross+rent+in+2020+

U.S. Census Bureau. (2023a). *Poverty status in the past 12 months of families. American community survey, ACS 1-year estimates subject tables, table S1702* [Data set]. https://data.census.gov/table/ACSST1Y2023.S1702?g=160XX00US0653000

U.S. Census Bureau. (2023b). *QuickFacts: Oakland City, California* [Data set]. https://www.census.gov/quickfacts/fact/table/oaklandcitycalifornia,US/PST045224

U.S. Census Bureau. (2023c). *Selected housing characteristics. American community survey, ACS 1-year estimates data profiles, Table DP04* [Data set]. https://data.census.gov/table?q=housing%20cost%20burden%20in%20Oakland%20city,%20California

U.S. Department of Health and Human Services. (n.d.). *Social determinants of health*. Healthy People 2030. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

U.S. Department of Health and Human Services. (2024, January). *2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii*). https://aspe.hhs.gov/sites/default/files/documents/7240229f28375f54435c5b83a3764cd1/detailed-guidelines-2024.pdf

U.S. Department of Housing and Urban Development. (2019a). *2007—2019 point-in-time estimates by CoC* [Data set]. https://www.hud.gov/2019-point-in-time-estimates-of-homelessness-in-US

U.S. Department of Housing and Urban Development. (2019b). *Comprehensive housing market analysis Oakland-Hayward-Berkeley, California*. https://www.huduser.gov/portal/publications/pdf/OaklandCA-CHMA-19.pdf

U.S. Department of Labor. (1947). *Work stoppages caused by labor-management disputes in 1946* (Bulletin No. 918). https://www.bls.gov/wsp/publications/annual-summaries/pdf/work-stoppages-1946.pdf

U.S. Department of Labor. (2023). *Childcare prices by age of children and care setting* [Data set]. https://www.dol.gov/agencies/wb/topics/childcare/price-by-age-care-setting

Vital Signs. (2022, December). *Unemployment*. https://vitalsigns.mtc.ca.gov/indicators/unemployment

Walker, R. (2004). Industry builds out the city: The suburbanization of manufacturing in the San Francisco Bay Area, 1850–1940. In R. Lewis (Ed.), *Manufacturing suburbs: Building work and home* (pp. 92–123). Temple University Press. https://www.jstor.org/stable/j.ctt14bs74p

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

West, S., Castro, A., & Doraiswamy, P. M. (2023). Recurring cash transfers to enhance the mental well-being of Americans. *Nature Mental Health*, *1*(3), 148–150. https://doi.org/10.1038/s44220-023-00025-z

Zelleke, A. (2011). Feminist political theory and the argument for an unconditional basic income. *Policy & Politics*, *39*(1), 27–42. https://www.census.gov/quickfacts/fact/table/oaklandcitycalifornia,US/PST045224

Appendix A

Table 15: Comparative Analysis of Select Outcome Measures, Control vs. Treatment

OUTCOME	TREATMENT	CONTROL	ESTIMATED IMPACT	95% LOWER CI	95% UPPER CI	STANDARD ERROR (ROBUST)
PERCEIVED STRESS LEVELS						
Baseline	7.57	7.53	0.04	-0.44	0.50	0.24
6 months	7.79	7.96	-0.17	-0.73	0.33	0.27
12 months	7.59	7.72	-0.13	-0.69	0.35	0.27
18 months	7.87	7.66	0.21	-0.35	0.69	0.27
24 months	7.78	7.61	0.17	-0.39	0.67	0.27
KESSLER PSYCHOLOGICAL DISTRESS						
Baseline	22.11	21.89	0.22	-1.30	1.57	0.73
6 months	22.03	22.19	-0.16	-1.58	0.99	0.66
12 months	21.99	23.27	[-1.28*]	-2.74	-0.01	0.67
18 months	21.91	22.10	-0.19	-1.69	1.05	0.70
24 months	22.30	22.63	-0.33	-1.86	0.94	0.71
CHAOS						
Baseline	29.78	29.32	0.46	-0.65	1.57	0.57
6 months	29.76	30.32	[-0.56*]	-1.99	-0.04	0.50
12 months	29.93	30.34	-0.41	-1.88	0.13	0.51
18 months	29.97	30.41	-0.44	-1.95	0.16	0.54
24 months	30.47	30.29	0.18	-1.30	0.74	0.52

OUTCOME	TREATMENT	CONTROL	ESTIMATED IMPACT	95% LOWER CI	95% UPPER CI	STANDARD ERROR (ROBUST)
AVERAGE GENERAL HEALTH						
Baseline	59.77	64.83	[-5.06**]	-8.65	-1.48	1.83
6 months	61.73	66.47	-4.74	-2.21	2.87	1.30
12 months	59.08	64.22	-5.14	-2.91	2.77	1.45
18 months	59.62	62.69	-3.07	-0.70	4.68	1.37
24 months	58.20	60.69	-2.49	-0.42	5.57	2.57
SF-36 PHYSICAL LIMITATIONS						
Baseline	61.33	62.29	-0.96	-7.29	5.37	3.23
6 months	64.92	69.03	-4.11	-9.15	2.84	3.06
12 months	62.08	68.61	-6.53	-11.58	0.44	3.06
18 months	61.58	68.75	-7.17	-12.99	0.57	3.46
24 months	63.17	65.97	-2.80	-7.72	4.03	2.30
SF-36 HEALTH LIMITS						
Baseline	70.85	73.38	-2.53	-6.64	1.59	2.10
6 months	73.25	74.94	-1.69	-3.21	4.87	2.06
12 months	71.88	74.40	-2.52	-3.75	3.76	1.92
18 months	70.52	74.22	-3.70	-4.96	2.59	1.93
24 months	71.85	72.44	-0.59	-1.92	5.79	1.97
ADULT HOPE—AGENCY						
Baseline	21.53	21.60	-0.07	-0.95	0.81	0.45
6 months	21.54	21.57	-0.03	-0.76	0.84	0.41
12 months	21.00	21.02	-0.02	-0.81	0.91	0.44
18 months	21.41	21.46	-0.05	-0.86	0.89	0.45
24 months	21.20	21.05	0.15	-0.66	1.11	0.45

OUTCOME	TREATMENT	CONTROL	ESTIMATED IMPACT	95% LOWER CI	95% UPPER CI	STANDARD ERROR (ROBUST)
ADULT HOPE—PATHWAY						
Baseline	22.66	22.66	0.00	-0.81	0.82	0.42
6 months	22.22	22.55	-0.33	-1.18	0.51	0.42
12 months	21.57	22.56	[-0.99**]	-1.80	-0.20	0.41
18 months	22.13	22.91	-0.78	-1.62	0.04	0.42
24 months	21.81	22.09	-0.28	-1.19	0.62	0.46
ADULT HOPE—TOTAL						
Baseline	44.19	44.26	-0.07	-1.62	1.49	0.80
6 months	43.76	44.12	-0.36	-1.70	1.11	0.72
12 months	42.57	43.58	-1.01	-2.37	0.46	0.72
18 months	43.54	44.38	-0.84	-2.23	0.68	0.74
24 months	43.01	43.14	-0.13	-1.62	1.49	0.79
ADULT MATTERING—AWARENESS						
Baseline	30.54	30.12	0.42	-0.37	1.21	0.40
6 months	30.44	30.21	0.23	-0.48	0.94	0.36
12 months	30.33	30.29	0.04	-0.65	0.72	0.35
18 months	30.22	30.38	-0.15	-0.86	0.56	0.36
24 months	30.12	30.46	-0.34	-1.13	0.44	0.40
ADULT MATTERING—IMPORTANCE						
Baseline	36.10	35.02	[1.08*]	0.17	1.98	0.46
6 months	36.03	35.14	[0.88*]	0.07	1.70	0.41
12 months	35.96	35.27	0.69	-0.08	1.46	0.39
18 months	35.89	35.39	0.50	-0.29	1.29	0.40
24 months	35.82	35.52	0.31	-0.56	1.17	0.44

OUTCOME	TREATMENT	CONTROL	ESTIMATED IMPACT	95% LOWER CI	95% UPPER CI	STANDARD ERROR (ROBUST)
ADULT MATTERING—RELIANCE						
Baseline	22.43	21.58	[0.85**]	0.18	1.52	0.34
6 months	22.35	21.72	[0.63*]	0.03	1.23	0.31
12 months	22.27	21.86	0.41	-0.16	0.98	0.29
18 months	22.19	22.00	0.19	-0.38	0.76	0.29
24 months	22.12	22.14	-0.03	-0.64	0.58	0.31
FINANCIAL WELL-BEING						
Baseline	40.78	40.50	0.28	-0.90	1.47	0.61
6 months	41.27	41.08	0.19	-0.79	1.18	0.50
12 months	41.76	41.65	0.11	-0.83	1.04	0.48
18 months	42.25	42.23	0.02	-1.05	1.08	0.54
24 months	42.73	42.81	-0.07	-1.39	1.25	0.67

Footnotes:

Baseline mean: Adjusted average score prior to any intervention

6/12/18 month mean: Adjusted average score at the respective time mark

Estimated Impact: The mean difference between the treatment and control groups

Standard Error: Indicates the precision of the impact estimates

95% CI Lower/Upper: Bounds of the 95% confidence interval for the impact estimate

* Indicates statistical significance: * $p<0.05$, ** $p<0.01$, *** $p<0.001$

Appendix B

Table 16: Sample Attrition

TIME PERIOD	TREATMENT	CONTROL	OVERALL ATTRITION (%)	DIFFERENTIAL ATTRITION (%)
Baseline	300	360	--	--
6 months	203	165	44.24	21.83
12 months	203	169	43.64	20.72
18 months	217	176	40.45	23.44
24 months	221	180	39.24	23.67