



Alexandria Recurring Income for Success and Equity: Year One Insights



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PILOT TEAM



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Department of
Community and Human Services



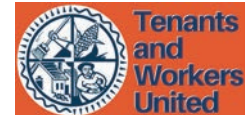
**MAYORS FOR A
GUARANTEED
INCOME**



FEDERAL
RESERVE
BANK
of ATLANTA



**AFRICAN
COMMUNITIES
TOGETHER**



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Participants’ Experiences with *ARISE*: Year One Insights

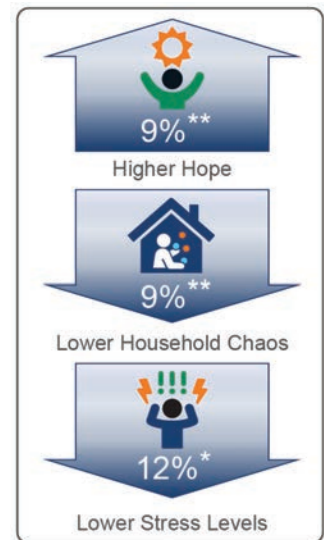
Introduction

At the end of October 2022, the City of Alexandria, Virginia, through the support of city council, launched Alexandria’s Recurring Income for Success and Equity (*ARISE*) program, a guaranteed income (GI) pilot program utilizing American Rescue Plan Act funds. *ARISE* serves Alexandria residents in households earning at or below 50% of the Area Median Income (that is, below \$64,050 for a family of three). The pilot’s sponsors in the Department of Community and Human Services (DCHS) hoped the pilot could alleviate the stress of living in poverty in the high-cost community and potentially offer economic mobility by providing participants with direct cash assistance. Eligible recipients were to receive \$500 cash in GI payments monthly for two years, followed by five additional months of payments. *ARISE* began as a 24-month (2-year) pilot and DCHS obtained funding to extend it 5 months, through June 2025.

This approach—prioritizing immediate financial assistance without any strings attached—has the goal of supporting recipients in their everyday lives while maximizing autonomy and financial position. The *ARISE* program’s design was informed by a pre-pilot assessment conducted by community partners and created in collaboration with behavioral science consultants, which included interviews with 22 potential applicants and consultation with many community partner organizations.

DCHS partnered with Abt Global to design a mixed methods evaluation of *ARISE*. The study uses surveys and one-on-one interviews with program participants to understand how a GI might change their lives. This interim brief reports how GI participants are faring during the first year of the pilot period compared with a

Exhibit 1. Outcomes for *ARISE* participants differed from the control group after one year



* indicates differences were significant at $p < .10$
 ** indicates differences were significant at $p < .05$

similar group of Alexandria residents who were not offered and did not receive the monthly cash payment.

One year into *ARISE*, participants had calmer home lives, fewer difficulties with transportation and childcare, a renewed sense of hope for the future, and improved mental well-being. Interview data also suggest moderate improvements in financial and housing security, along with evidence that *ARISE* participants were able to invest more in their roles as parents or caregivers. However, Alexandria’s high cost of living continues to be a challenge and might have limited participants’ ability to save enough money to feel financially secure and invest in their futures.

Additional data being collected over the next year will help us understand how these findings evolve over an additional 12 months of GI support.

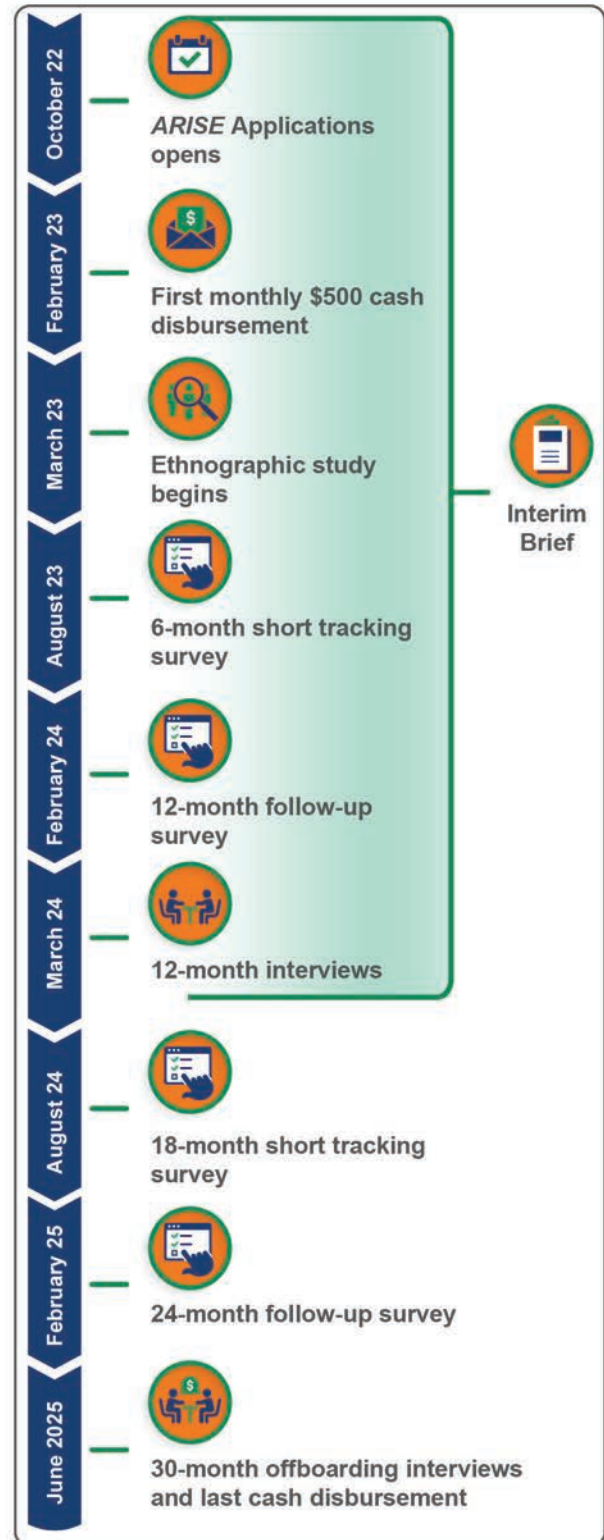
Why *ARISE*, and How Were Pilot Participants Selected?

DCHS intended the *ARISE* program to help ameliorate the income gap in Alexandria that the COVID-19 pandemic exacerbated. City residents who live in poverty in this high-cost area, where median income is over \$113,179, face challenges, often in basic needs such as housing and food. The *ARISE* program is intended to alleviate these challenges by giving residents with low incomes additional financial resources to use in whatever way best fits their individual circumstances.

To ensure broad community participation and support for the pilot, especially among immigrant communities with varying language needs, the City collaborated with a strong network of community organizations, faith-based groups, and local government agencies.




By the end of the 10-day application period, 4,149 Alexandria residents had submitted an eligible application. Abt randomly selected 170 of these applicants to receive the \$500 monthly GI payments and participate in research activities.

Exhibit 2. *ARISE* timeline



DCHS provided benefits counseling and onboarded participants. The purpose of benefits counseling was to make potential participants aware of any possible loss of benefits—for example, from housing assistance or Supplemental Security Income—as a result of their increase in income from a GI, as well as benefits that would not be affected. DCHS obtained waivers to protect benefits from the Supplemental Nutrition Assistance Program, Low Income Home Energy Assistance Program, Temporary Assistance for Needy Families, Women, Infants, and Children, Medicaid, Child Care Subsidy Program, and means-tested city programs.

Exhibit 3. *ARISE* eligibility criteria

Eligibility Requirements	
	Alexandria City residents
	At least 18 years old
	Household income at or below 50% of Area Median Income (\$49,850 for one person; \$64,050 for a family of three)

GI payments were disbursed starting in February 2023. DCHS contracted with MoCaFi, a financial technology company, which provides a debit card it reloads every month with \$500.

Who Is Participating in *ARISE*?

Consistent with the broad eligibility criteria, *ARISE* participants are a racially and ethnically diverse group who speak a wide variety of languages. They are primarily women (68%) and middle-aged, averaging 43 years old. About half (56%) live with children.

On the whole, participants were facing relatively extreme economic difficulties at the time of application. Despite the income ceiling for eligibility being \$64,050 (for a family of 3), the median household income among participants was less than \$21,600, with 61% of participants receiving public assistance.

Exhibit 4. Ethnicity

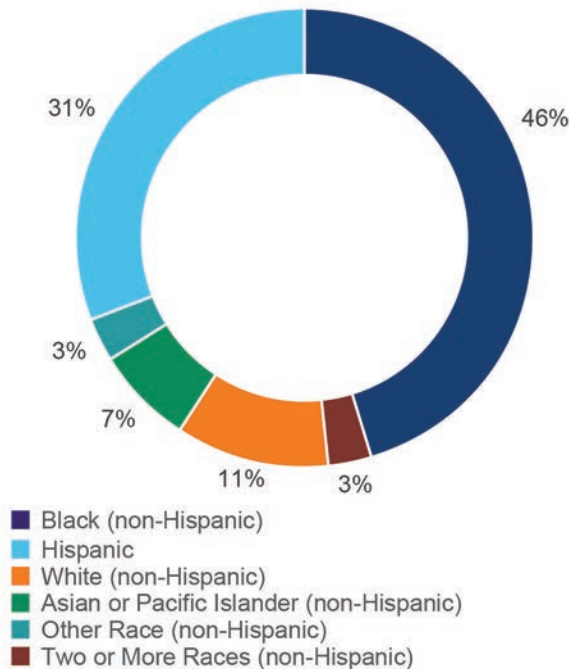
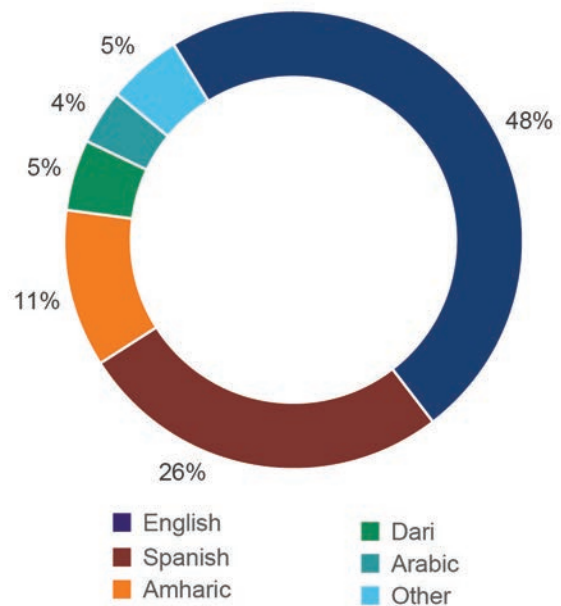


Exhibit 5. Language



\$500/Month in Context

The median household income among participants was less than \$22,000 annually, and the average household income was around \$24,000. Even adding the full \$6,000 a year of ARISE income, participants would still be living in poverty in an expensive city.



Despite this assistance, more than 70% reported experiencing food insecurity in the past month. Few had any meaningful savings, and more than half had credit card or other revolving debt.

A key challenge for ARISE participants is the high cost of living in Alexandria, particularly housing costs. As part of the Washington, DC metropolitan area, Alexandria's rental market is expensive compared to other regions in the United States. In many Alexandria ZIP codes, the annual rent for a one-bedroom apartment is more than \$23,520 (\$1,960 a month), far exceeding the reported median income of participants.¹ Our interviews and home visits with participants indicate that this disparity between housing costs and income levels creates significant financial strain, often forcing

Exhibit 6. “How do you think most people will spend the money from this program?”



Note: N = 380 study members who responded to this open-ended survey question. Some responses have been translated to English.

participants to prioritize rent over other essential needs. Many report living in housing units with quality issues such as mold, pests, and inadequate maintenance, which can negatively affect their health and well-being.

When asked on surveys how they or others would spend the cash, participants reported struggling to cover the costs of basic needs. One said, “I would definitely spend some on food and transportation if I need to get to somewhere like a new job and save the rest for expenses like bills.”

Evaluation Methods

The Abt study team uses a mixed (qualitative and quantitative) methods design to study the impact of ARISE on participants' lives. This design includes surveys, interviews, and an ethnographic study including observations and interviews.

Quantitatively, the study uses an experimental research design to assess the GI's impact. The study team randomly assigned eligible applicants either to the “ARISE participant group” offered a GI or to a “control group” not offered a GI but who could access whatever other services and supports were available in the community. All ARISE participants who accepted the GI offer and the 210 randomly selected members of the control group have been asked to respond to follow-up surveys 12 and 24 months after receiving their first payment, as well as brief (two-question) surveys that accompany interim requests for updated contact information. Together, ARISE participants and control group members make up the research sample.

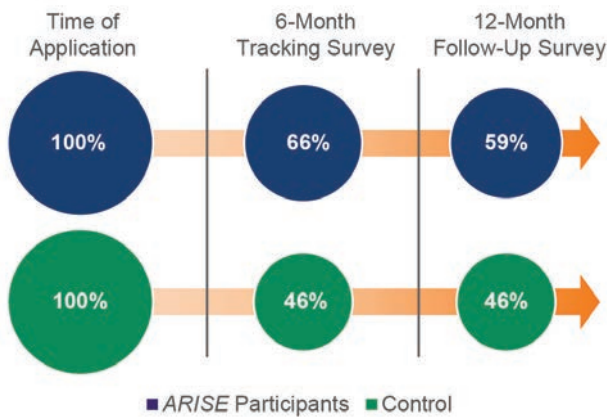
¹ U.S. Census Bureau (2022).

Not all *ARISE* participants receive the GI: 14 could not be contacted, proved to be ineligible, or declined the GI payment for various reasons such as the potential loss of other benefits. These “non-active *ARISE* participants” do not receive the GI but still are included in our analysis as is standard practice in randomized experiments.²

We estimate impacts of the GI as the difference between mean outcomes of *ARISE* participants and mean outcomes of the control group, making statistical adjustments to account for study members leaving the research sample over time (for example, because they could not be contacted).

The study’s [pre-specified analysis plan](#) identifies outcomes that the study team believed would best measure the program’s effect on *ARISE* participants’ quality of life, mental and emotional well-being, and income and employment. We use classical statistical hypothesis tests to determine which impacts can be confidently attributed to the GI.

Exhibit 7. Survey response rates



Qualitatively, the study team is conducting one-time interviews with a diverse group of participants and an ethnographic sub-study with a panel of 12 single parents. DCHS selected single parents for this sub-study, recognizing the unique challenges they have as sole providers and caregivers. We began

ethnographic research at the outset of *ARISE* with interviews early in the pilot, in-person observations, and ongoing communication.

In addition, at the 12-month mark, we recruited a diverse sample of 30 participants to participate in one-time interviews. These interviews were designed to complement and extend data collection beyond the domains of the quantitative survey by focusing on participants’ narratives and additional topics. In this brief, we note how common a theme was across the 30 interviews, using the conventions below:

All	30 cases (100%)
Almost All	Between 26 and 29 cases (87-99%)
Most	Between 18 and 25 cases (60-86%)
About half	Between 12 and 17 cases (39-59%)
Some	Between 5 and 11 cases (15-38%)
Few	Between 1 and 4 cases (<15%)

This brief synthesizes findings from survey, interview, and observational data through the first 12 months of *ARISE* payments to tell a fuller story of participants’ experiences with a GI, using a type of mixed methods research design (explanatory sequential) in which qualitative methods are used to help explain and augment the quantitative results.

The final study report will also include results from the 18-month tracking survey, 24-month survey, another year of ethnographic data collection from the 12 panelists, and 30-month interviews about the conclusion of the pilot. The final report will include results for all outcomes we tracked and provide additional technical details.

² This type of experiment is called an intent-to-treat research design. For practical reasons, non-active *ARISE* participants were not asked to respond to follow up surveys. Because they completed comprehensive surveys at the time of application, however, the research team is able to incorporate them in the analysis using the methods described in the study’s pre-specified analysis plan.

Limitations of This Report

This report represents findings for only the first year of *ARISE*, which will be updated once we include analysis of ethnographic data, future survey follow-ups through 24 months, and 30-month interviews about the conclusion of the pilot.

In addition, the study's small analytic sample ($N=394$) means that, for statistical reasons, the GI would need to have very large impacts through 12 months for us to be able to detect them. It is possible that *ARISE* might have affected more outcomes than are highlighted in this brief but the effect on those outcomes was too small to be flagged as statistically significant. This brief offers suggestive quantitative evidence, combined with rich interview data. However, we interviewed only a subset of active *ARISE* participants and no members of the control group.



Key Findings After One Year of *ARISE*

The initial findings after one year suggest that *ARISE* participants are experiencing calmer home lives, less stress, and more hope for the future. They are doing better on some financial measures than the control group even though some participants reduced their paid work hours to pursue other commitments. These results suggest progress toward the program's goal of improving participants' overall well-being. However, we cannot predict whether these gains will be sustained over the pilot's second year.

ARISE participants reported improved mental well-being

Low incomes are associated with poor mental health outcomes such as stress and anxiety.³ For example, before receiving the GI, one participant told us she went grocery shopping at 6 a.m. to avoid the anxiety and stigma of buying groceries using food assistance. Many participants we interviewed struggled to pay rent in full and on time, putting them at risk of losing their housing. One year into the pilot, the *ARISE* participants we interviewed told us they are better able to cope with these types of challenges and exert control over their lives, reducing their stress and anxiety.

Survey data confirm that after one year of GI, participants have significantly more peaceful and stable home environments than the control group, as measured on the Household Chaos Scale, and lower levels of stress. The Household Chaos Scale is based on a series of questions about household commotion, feeling relaxed at home, and noise levels, among other topics.⁴ Higher scores indicate higher levels of chaos at home, and lower scores indicate a more relaxing and organized home environment. After one year, *ARISE* participants reported significantly lower scores than the control group. They also reported marginally significantly lower scores than the control group on the Perceived Stress Scale, which measures levels of stress.⁵

Possibly because they have calmer home lives and less stress, *ARISE* participants reported feeling more hopeful about the future than members of the control group.⁶ We measured hopefulness for the future using the Adult Hope Scale. The scale measures overall hopefulness through two sub-scales on respondents' sense of goal-directed energy (Agency) and their perceived ability to plan to meet their goals (Pathways to Work). Each of these results is statistically significant, meaning we can confidently attribute them to *ARISE*.

³ Kivimäki et al. (2020); National Academies of Sciences, Engineering, and Medicine (2019).

⁴ Matheny et al. (1995).

⁵ Cohen et al. (1983).

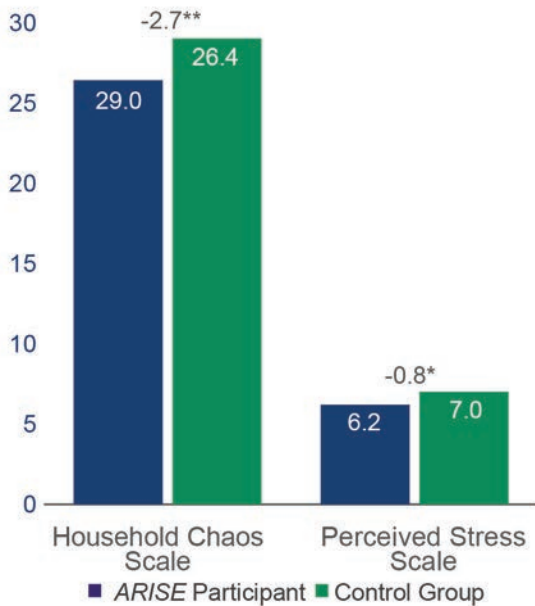
⁶ Snyder et al. (1991).



“ I am not worried about not having gas to go somewhere if I need to. Maybe an emergency, something like that. I have the money now and in case something comes up. ”
 – Heidi

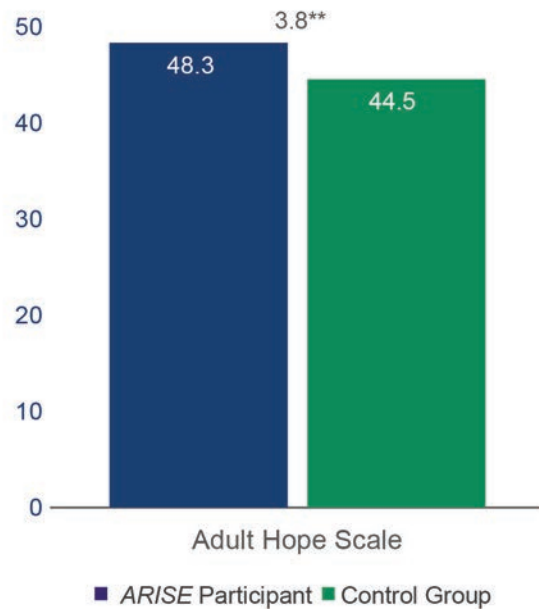
Photo courtesy of Getty Images

Exhibit 8. *ARISE* participants have more peaceful and stable home environments than the control group



In interviews, most participants described what improvements in their home lives mean day-to-day, such as being able to feel more present for themselves and their loved ones. For example, *ARISE* gives Daniel⁷ the opportunity to pick up his children from school and focus on getting promoted at work and looking for other part-time opportunities for himself. Most parents we interviewed described feeling more patient

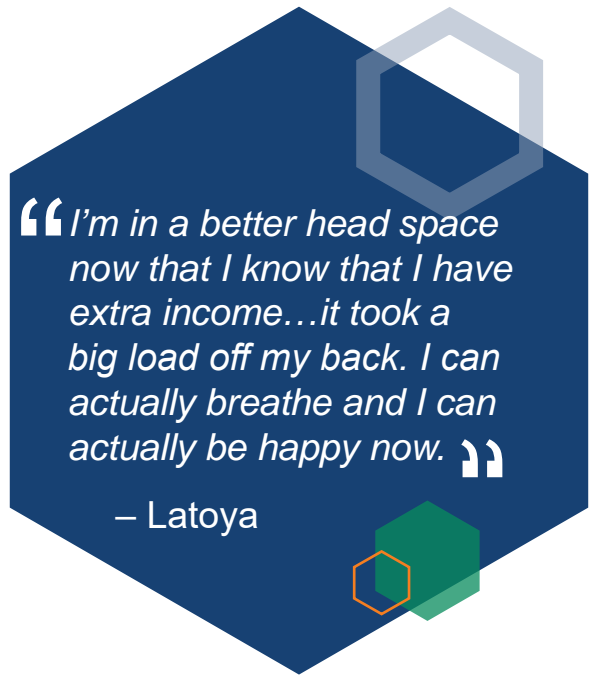
Exhibit 9. *ARISE* increases participants’ hope for the future



with their children and being able to spend time playing with them or taking them to enriching events. A few interviewees are caring for extended family members in ways they could not before. A few also talked about ways they take better care of themselves, such as going to the gym, being able to afford medication, and buying themselves small treats.

⁷ All names used in this report are pseudonyms (not the real names of our interviewees) to protect their privacy.

Interviewees also described how their stress levels are improving. Most emphasized that the *ARISE* payments reduce their financial stress, which in turn improve both their mental well-being and their stress-based ailments. One interviewee, Michael, explained how *ARISE* has been a “lifesaver” because living paycheck to paycheck strained his mental health and mindset. Another interviewee, Brandi, noticed that her neck pain has disappeared, “I think it was pressure that came from stress. It was like an overload... I feel like I am more balanced now. I have that extra help that allows me not to worry about other things because I know I have that extra help.”



ARISE participants show signs of improved financial stability

Financial stress in particular contributes to poor mental and physical health outcomes for people with low incomes, and therefore a primary goal of GI programs was to improve participants’ financial stability.⁸

After one year of GI payments, survey data show small but promising signs that *ARISE* participants have better financial health than control group members do. They are, for example, less likely to be living off their savings (1% of *ARISE* participants compared to 6% of control group members).

They also are better able to afford reliable transportation. Improving access to reliable transportation was an explicit goal of *ARISE* because better transportation allows easier access to work, school, and a host of community resources that can improve well-being. One year into the pilot, *ARISE* participants reported significantly fewer problems related to transportation reliability than control group members did on five of the six transportation questions we asked on the

Exhibit 10. *ARISE* improves access to reliable transportation

***ARISE* participants experienced fewer transportation-related problems (on a three-point scale)**



*Respondents were asked whether they experienced an issue with transportation Never (1), Sometimes (2), or Often (3). Lower scores indicate fewer transportation issues.

8 Kivimäki et al. (2020); National Academies of Sciences, Engineering, and Medicine (2019); West et al. (2023).

Responses to the two-question (tracking) survey administered six months into the pilot show another sign of financial stability, with a significantly higher percentage of *ARISE* participants than control group members saying they could pay for a \$400 emergency expense without taking on debt.



survey.⁹ They were also significantly less likely than the control group to say they have trouble accessing childcare because it was too far away.

On housing, one year into the pilot, *ARISE* participants' surveys show they were half as likely as members of the control group to have been recently evicted (not shown graphically). This difference is not statistically significant, but it is reflected in interviews, with about half of interviewees volunteering that the GI payment helped them fully pay their rent on time.

In fact, most interviewees reported that *ARISE* reduces their financial stress. It does so by helping them cover their routine expenses, weather a financial shock, and to a lesser extent, pay down debts or invest in personal and family needs. Interviewees mentioned that they are able to use *ARISE* to move from focusing solely on survival to having greater ease around money. After one year in the *ARISE* program, Farrah said what has changed most is, *"I think our spirits. We're able to enjoy things without me feeling like I can't spend a dollar."*

"The \$500 makes so much difference. The bills get paid."
— Raya

Interviewees described being newly able to cover varied expenses, demonstrating the flexibility that GI offers participants to respond to their particular circumstances. Half of interviewees, however, are still running household budget deficits. Expenses they can newly cover range from basic expenses such as rent and

transportation costs. Others described modest quality of life enhancements such as being able to afford additional food; children's clothes, toys, and entertainment; and financial support for family members outside their households. Saba said that *"the money I received has been really helpful for me. It has allowed me to buy food, pay for transportation, and even support my family when needed. The money has made a significant impact on my life."* A few interviewees specified that they can now afford some wants in addition to their needs.

"I feel like I've been able to relax a little more. Like I'm not as stressed. I know that, okay, I have \$500 that I can get for groceries this month. I'm not going to stress about it."

— Heidi

ARISE might have enabled participants to work fewer hours and focus on other responsibilities

Another contributor to poor mental and physical health outcomes for people with low incomes is poor work/life balance from working multiple jobs or long hours.¹⁰ We found signs that *ARISE* participants are shifting their time toward a better work/life balance, with some tending more to priorities such as parenting and professional development. One such participant, Brandi, explained how *ARISE* enabled her to quit her second job overnight. In doing so, it *"changed the way I think because I didn't have to think about ways to have more income."* She was able to be more available to her children and afford reliable transportation to take them to valuable family activities.

⁹ Murphy et al. (2021). See <https://poverty.umich.edu/research-funding-opportunities/data-tools/the-transportation-security-index/for-the-six-item-scale>.

¹⁰ Bruns & Pilkauskas (2019); Giardino et al. (2021); Kim & Von Dem Knesebeck (2016).

One year into the pilot, *ARISE* participants have not left the labor force as a result of receiving the GI. Counting all types of employment, similar numbers of study members in the *ARISE* participant and control groups (69% of *ARISE* participants and 70% of control group members) were working at the time of the 12-month survey. At that time there were no significant differences between the two groups in rates of full-time employment, part-time employment, caregiving, or any other category of employment.

However, there was a statistically significant difference in annual household income of nearly -\$4,500 for *ARISE* participants compared with the control group. This difference in income coupled with stable rates of employment suggests that *ARISE* participants reduced the number of hours they worked or left what had been their second or third jobs.

“I want to take better [care] of my daughters and the house we live [in]. I want to spend more time with her. So, it really is a blessing.... If I had a night job, I wouldn’t be able to do all those things with her, like take her to the young people’s program.... I wouldn’t be able to do those things because I wouldn’t have money to buy gas, and there would be times where I would have to say I don’t have gas in the car or money to buy gas.”

– Brandi

Some interviewees told us they have reduced their paid work hours slightly, finding time to be more present with their children, to focus on finishing school, or take up other activities. For example, Omar is able to spend the time and resources necessary to advance his career by studying and paying for \$3,000 licensing exams before graduating, when most people wait until after, allowing him to enter the job market immediately after graduation and begin supporting his family. Many parents in *ARISE* explained feeling more present and engaged with their children since being able to reduce their work hours. Farrah said, *“[My children*

and I] can just go outside and throw football outside. We have all the time to do that instead of worrying about something that we don’t have to worry about.” These changes fit a pattern the study team has seen with other GI pilots.¹¹



Exhibit 11. Employment and earnings



11 Jefferson et al. (2024); Kappil et al. (2023); Vivalt et al. (2024).

On the brief, six-month tracking survey, *ARISE* participants reported a small but significant reduction in part-time employment, which was mostly offset by small increases in other types of work (e.g., full-time work, seasonal work, and caregiving).



Despite Improvements from *ARISE*, Participants Still Face Challenges

Receiving \$500 per month from *ARISE* helps participants improve their hopefulness, home lives, and some measures of financial stability, but they are still living with the challenges of poverty in a high-cost city. After one year, participants' median incomes remain below the federal poverty level and well below Alexandria's Area Median Income, and about half of interviewees specifically reported still running a household budget deficit. They were still making trade-offs by forgoing material needs or basic self-care such as sufficient sleep so they can work enough hours to make ends meet or living in substandard housing or unsafe neighborhoods.

The survey tracked many measures of well-being. Aside from the statistically significant improvements reported in this brief, other measures showed little or no improvement. Even receiving the GI, it is likely that many participants are still facing substantial life challenges, some of which might improve with an additional 18 months of GI payments but others of which might not.

We will continue to track study members' well-being using survey and ethnographic data collection to see whether any significant trends sustain or emerge over that time.



Photo courtesy of Getty Images

"It is not easy to take care of, to give [the children] all of [the] things they need, because it's not easy, it's only daddy working. We need to pay the two cars and we need to pay the rent. Our rent is going, like, \$2,500 every month, we have a phone bill, it's not easy a lot for him. Sometime my children ask me something that I can't really afford it for them. It's not easy."

— Andre



Discussion

After a year of *ARISE* participants receiving \$500 a month, our research shows that the GI improved at least some aspects of life, including their home environments, hopefulness, stress, transportation security, and ability to cover routine expenses. There are indications that participants might be making modest progress in other areas of their lives, including housing stability, and other financial matters. Receiving the GI had no effect on rates of employment, but likely affected the number of hours worked, and as a result slightly reduced total household income. There are other measures that the GI did not seem to affect, such as physical health, some measures of mental health, and food security, though a few interviewees discussed improvements in each of these areas.

The moderate positive impacts of *ARISE* so far could be blunted by how far \$500 a month goes toward the cost of living in Alexandria, Virginia. Asked what changes they would make to the *ARISE* program, a few interviewees advocated for monthly payments of \$1,000 or more to offset the high cost of housing. As Kristina put it, “[H]aving \$1,500 and then your rent being taken care of, then you feel like, okay, the money that I am working for is going towards improving my

life versus just surviving and paying the bare minimum.” Or *ARISE* participants might need more time to be able to fundamentally change their financial positions.

These points align with other study findings that \$500 per month for a short duration is helpful to triage participants’ financial strain but is not enough to be transformative.¹²

Compared with other GI pilots of shorter duration, the 2.5-year (30 month) *ARISE* pilot is positioned to help policymakers understand the impact of a longer period of GI payments on participants’ outcomes. The study team will revisit all the outcomes described in this interim brief at the 18- and 24-month follow-ups to see whether existing impacts of the GI persist and whether gains emerge for any additional outcomes. Interviews at 30 months will allow us to understand more about participants’ experiences with the end of GI support, an important policy question.

Altogether, *ARISE* data will help policymakers understand the longer-term impact of a GI on Alexandria’s residents with low-incomes and provide insight into whether and how those residents used the GI to change their lives.



Photo courtesy of City of Alexandria

¹² For example, Bartik et al. (2024); Jefferson et al. (2024); Kappil et al. (2023).

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