



Stanford | Basic Income Lab

# HEALTHY COMMUNITIES AND UNIVERSAL BASIC INCOME: A CONCEPTUAL FRAMEWORK AND EVIDENCE REVIEW

A report for the **Stanford Basic Income Lab**

---

Rebecca Hasdell

Juliana Bidadanure

Sarah Berger Gonzalez

---

January **2021**





### **About the Stanford Basic Income Lab**

The Stanford Basic Income Lab (BIL) aims to promote an informed public conversation on Universal Basic Income (UBI) and its potential in alleviating poverty, precariousness and inequality. An initiative of the McCoy Family Center for Ethics in Society at Stanford, BIL fosters research on UBI, holds events around the politics, philosophy and economics of the proposal, brings together thought partners, practitioners, policymakers and academics to document best practices and discuss implementation challenges, and derives practical recommendations for advancing basic income proposals. More information is available on our website [basicincome.stanford.edu](https://basicincome.stanford.edu).

### **About the Authors**

Rebecca Hasdell is a former Postdoctoral Research Fellow with the Stanford Basic Income Lab. She holds a Masters of Public Health (Health Promotion) and PhD (Social and Behavioral Health Sciences) from the Dalla Lana School of Public Health, University of Toronto. Juliana Bidadanure is an Assistant Professor of Philosophy and, by courtesy, of Political Science, at Stanford University, and she is the founder and Faculty Director of the Stanford Basic Income Lab. Sarah Berger Gonzalez is the Program Manager at the Stanford Basic Income Lab. She joined the Lab in October 2018 and brings over ten years of experience as a Social Protection Specialist at the World Bank.

### **About this Report**

The report was funded by a grant from the Robert Wood Johnson Foundation (Grant ID #75386; Principal Investigator: Professor Juliana Bidadanure). We are grateful to both the Robert Wood Johnson Foundation and the Hopewell Foundation (Grant ID #010010-2020-01-16) for supporting this publication. The Basic Income Lab team would also like to thank Dr. Marcia Gibson, Investigative Researcher at the University of Glasgow's Institute Health and Wellbeing, Social & Public Health Sciences Unit and Dr. David Calnitsky, Assistant Professor of Sociology at Western University for their thoughtful comments on this report. This report also benefitted from timely inputs from Kevin Callaghan, City of Newark; Amy Castro-Baker, Center for Guaranteed Income Research, University of Pennsylvania; Sheida Elmi, The Aspen Institute, Financial Security Program; Mouchine Guettabi, Institute of Social and Economic Research, University of Alaska Anchorage; Sean Kline, Future of Work Center and The Access Lab; Catherine Mah, School of Health Administration, Dalhousie University; Stacia Martin-West, Center for Guaranteed Income Research, University of Tennessee College of Social Work; Hawaa Muhammad, City of Newark; and Faraz Shahidi, Institute for Work and Health, University of Toronto during a virtual workshop.

*Please cite this work as follows: Hasdell, R., Bidadanure, J. & Berger Gonzalez, S. (2020). Healthy Communities and Universal Basic Income: A conceptual framework and evidence review. Stanford, CA: Basic Income Lab.*

---

# INTRODUCTION

The idea of a Universal Basic Income (UBI) has moved up the policy agenda as a solution to ensure greater economic security for all. UBI is defined as an unconditional income granted to every member of a community. A UBI has five defining features: it is unconditional (no conditions or activities need to be completed for receipt of payment), delivered to individuals, paid in cash, universal (paid to all members of a society) and regularly disbursed (Bidadanure 2019). UBI is most often framed as a means to improve individual or household circumstances. Policy success is then largely attributed to the effects that UBI can have on an individual's or household's economic security. When members of a household receive a basic income, the theory goes, it increases their control over their own life and improves interrelated health, social, education and work outcomes, among others. These impacts on individual empowerment are essential, but an exclusive focus on individual—and often economic—metrics is limiting. Namely, it hides a range of community effects or mechanisms that are relevant to establishing the promise of UBI and to informing its design, implementation and evaluation.

In the absence of a truly universal and unconditional program delivered at scale, policies and programs that share some features with a UBI are used to draw conclusions about the policy's likely impacts. The outcomes from these UBI-type programs on individual outcomes across contexts has been summarized at length in several systematic reviews of the literature.<sup>1</sup> Findings from an umbrella synthesis of existing reviews and reports of the UBI literature are generally positive that UBI-type programs help alleviate poverty and increase economic security through savings, investment and production with minimal impacts on labor market participation. Positive impacts have also been observed for educational attainment and health status (Hasdell 2020). A wider range of social determinants have been pursued by researchers, but evidence is more limited for these outcomes, especially because the geographic scope of the evidence base is narrow. Owusu-Addo, Renzaho and Smith (2018), for example, find evidence for the impact of conditional and unconditional cash transfers on material and psychosocial circumstances, sexual risk behaviors, adolescent empowerment and utilization of health services in sub-Saharan Africa, but they note that cash transfer pathways or mechanisms to improving individual health remain largely unexamined.

There is a shift in some fields towards thinking about health and wellbeing through the framework of healthy communities. But, so far, attention to the community effects of income transfers has been more limited in policy and research debates

1. See Hasdell (2020) for a full list of systematic reviews of the literature.

surrounding UBI, and no review has focussed exclusively on these impacts. This is a surprising gap given the compelling evidence that a society fares better when income inequalities are reduced (Pickett and Wilkinson 2015)<sup>2</sup>—a structural outcome that could be reasonably expected from at least some types of UBI. This focus on collective environments and relations has a close affinity to ‘healthy communities’ frameworks and approaches. At its conceptual core, ‘healthier communities’ is the idea that the places where we live, learn, work and play contribute to our ability to become and stay healthy (Robert Wood Johnson (Robert Wood Johnson Foundation 2011). Safe neighborhoods, meaningful work opportunities, access to services and the quality of public education are all factors that contribute to health, or that can drive health inequalities. A ‘healthy communities’ approach can refocus UBI as not merely an individual matter, but as explicitly connected to the fabric where people live out their daily lives, and raises a range of questions about UBI that have received less attention in the empirical literature.<sup>3</sup> For example, what new services might open in a community when the people who live there have a secure economic base? What types of jobs are created when individuals have increased bargaining power? What types of governance processes emerge when individuals all receive the same support? These and other questions motivate our interest in looking

beyond individual effects to policy goals that can be observed or measured at the community-level.

We begin the report by describing what is meant by ‘healthy communities’ and how healthy community effects or outcomes are conceptualized and measured in the population health literature. Using this conceptual background, we propose a healthy communities model for UBI. In the next section, we go on to examine where evidence exists for community-wide effects. Given the limited evidence surfaced by our review, in the final section we set out to examine how a healthy communities lens can address unanswered questions about UBI, and how a focus on community-level outcomes could inform some core policy debates. We also consider how community-level, contextual factors may also be important for determining policy success; that is, for understanding why income transfers may promote excellent individual outcomes in some, but not all, cases.

---

2. In their exhaustive review on income inequality, *The Spirit Level: Why equality is better for everyone*, Wilkinson and Pickett examine patterns of income inequality using data from 23 high-income countries and 50 U.S. states. They conclude that more equal societies fare better across a range of health and social issues, and that inequality leads to worse outcomes not just for those living in poverty, but for everybody.

3. Those questions have been of great interest to philosophers though—especially discussions of power differentials, social hierarchies, relational inequalities and bargaining power. See for instance Widerquist, Van Parijs, Zelleke, Bidadanure.

# 2 A HEALTHY COMMUNITIES FRAMEWORK FOR UNIVERSAL BASIC INCOME

## 2.1 OVERVIEW

The places and spaces where we live, learn, work and play can have a major impact on our health and wellbeing. If our physical, social, economic and political environments are health promoting, they can support everyone to achieve and maintain optimal health and wellbeing, with benefits being realized at the level of the individual, family, community and society.

The idea that our environments are important to our health has been consolidated in several ‘healthy communities’ frameworks (Robert Wood Johnson Foundation n.d.; Ricklin and Shah, n.d.; Robert Wood Johnson Foundation n.d.). These frameworks are based on the recognition that individual health is determined not only by individual characteristics, but also by the contexts where we live (Arcaya et al. 2016). A healthy community is one in which all systems work to create supportive environments for health and in which all residents enjoy a good quality of life. It is based on a broad

understanding of environments, contexts or settings, and it requires changes to public policies and private sector practices outside of what has traditionally been considered within the purview of health to improve collective wellbeing.

Healthy communities are commonly organized into five key domains: economic stability; education; health and health care; neighborhood and built environment; and the social context of a community (Healthy People 2020 n.d.). Some models also include the policy and political environments that shape decision-making in other domains. The types of attributes or features that are defined within each of the domains may be different in different communities, which is why processes to engage residents to define, address and evaluate what makes a place more or less healthy is a core tenet of a healthy communities approach. This is to say that healthy communities encompass both the characteristics or elements that come together to make a place, as well as the systems or structures that are in place for empowering communities and its members to engage in processes to improve health.

While the attributes or features used to define a healthy community may vary, they typically overlap with the social determinants of health. Social determinants of health (SDoH) are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life, including economic policies and systems, development agendas, social norms, social policies and political systems (World Health Organization 2010). Contemporary

approaches that conceptualize social determinants as not simply individual level attributes but also the characteristics of the groups or contexts in which people belong fit closely within a healthy communities paradigm. A SDoH lens also draws attention to the institutional processes and systems that condition the resources available to individuals and communities (World Health Organization). Racism and other forms of structural oppression that play out in societal institutions engender underinvestment or differential access to public infrastructure, such as education, health services, quality of housing and other resources essential to wellbeing.

Healthy communities research has examined a number of such area-level or community features to determine *what makes a community healthy*. An expansive literature documents the features within each of the domains that promote health (Arcaya et al. 2016; Diez Roux and Mair 2010). Attempts to synthesize the impact of environment on health have found moderate to strong evidence of neighborhood effects on “depression, mental health, early child health outcomes, birth outcomes, intimate partner violence, all-cause mortality and other general health outcomes over and above individual-level risk factors” (p.17, Arcaya et al. 2016).

## 2.2 CONCEPTUALIZING COMMUNITY EFFECTS IN HEALTHY COMMUNITIES RESEARCH AND PRACTICE

The analysis of community-level effects is fundamental to a healthy communities framework, as it focusses on those factors that create supportive environments for health. It forwards that the impacts of income transfers can and should be measured at the individual-level as well as in terms of community-level effects that have downstream impacts on health. To conceptualize community impacts, we rely on theoretical and methodological approaches that have been used to examine community-level effects in population health. We review two different ways of understanding how income transfers can impact the economic, social-cultural, physical and service environments in communities.

**Group-level variables:** Group-level variables, which are also referred to as ecological, macro-level or population-level outcomes, are variables defined above the level of individuals. Several types of group-level outcomes are relevant to consider. These can be both group properties or aggregates derived from individual-level features (e.g., educational attainment, income) or features that are integral to communities and only measurable at that level, such economic, political or cultural characteristics of communities (Pickett and Pearl 2001). Group-level variables are used as measures of relevant group-level constructs and not just as proxies for unavailable individual-level data (Diez Roux and Mair 2010; Diez-Roux 2010). A key component of group-



level analysis is the idea that groups have emergent properties that are not captured by individual-level data. The types of group-level constructs investigated have included “income inequality, social capital, residential segregation, women’s status, and neighborhood characteristics such as neighborhood disadvantage of other measures of neighborhood social and physical environments” (p. 22, Diez-Roux 2008). As one example, social scientists have long documented the relationship between trust and reciprocity and their positive impacts on social capital and community cohesion (Putnam 1991). An individual’s trust of law enforcement, local government and/or their neighbors can be captured by individual-level data, but the aggregated community measures of trust might tell a different story about social ties in that community. In other words, an aggregate measure of all members of a community may represent a community-level effect despite relying on individual members. This may result from interactions, or social effects, which produce collective behaviors that would not exist outside of the shared social context of recipients (Forget 2013).

Sometimes the distinction between group-level and individual-level constructs is clear-cut (such as an individual’s educational attainment versus graduation rates in a school or community), but other times, it may be more complex. The use of aggregate measures has generated ambiguity as to whether group characteristics that are derived from characteristics of its members represent a true group-level phenomenon, or whether individual and community effects

can be meaningfully separated empirically (Macintyre, Ellaway, and Cummins 2002; Jackson, Richardson, and Best 2008). It is difficult to demonstrate that an aggregate of individual measures—or the interactions that create the ‘sum of the parts’—represents a meaningfully different outcome than individual measures. Indeed, group level variables can obscure matters in cases where there are no interaction or spillover effects. However, there is a solid evidence base that community-level factors contribute to health independent of individual-level circumstances (Diez Roux and Mair 2010). For example, the construct of neighborhood unemployment is distinct from individual-level unemployment (Pickett and Pearl 2001), and similarly, the distribution of incomes within a community measures a different construct than the individual incomes of people who reside there (Diez-Roux, Link, and Northridge 2000). Attention to the group-level effects of UBI is important since the degree of impact for individuals may depend in part on others receiving no strings attached cash. Defining outcomes at both individual- and group-levels can also highlight whether the overall change in a community is different from the changes for sub-groups within that community (e.g., women or racialized individuals).

**Spillover effects:** Spillover effects are benefits or harms experienced by those who are not the direct target of an intervention or change. Spillover effects are relevant to a healthy communities framework because they imply that targeted interventions could impact not only those receiving it, or those receiving it to the largest degree, but also



others who share a context with those individuals. Spillovers can be measured as individual- or group-level effects.

Spillovers can occur through social and economic interactions between those who receive an intervention and non-recipients, or by changing the behaviors of recipients in ways that indirectly impact the broader environment. For example, reducing the use of illicit substances in a community can improve overall safety by reducing accidents and injuries (Forget 2013). The analysis of spillover effects is particularly relevant in the context of UBI since, although the policy is meant to be universal rather than targeted, most experiments have been targeting extensively by allocating funds to isolated individuals who meet specific criteria. It is essential to establishing the promise of UBI to be able to assess whether even targeted programs can have impressive impacts at the community level, and spillover effects are one route to understanding this connection.

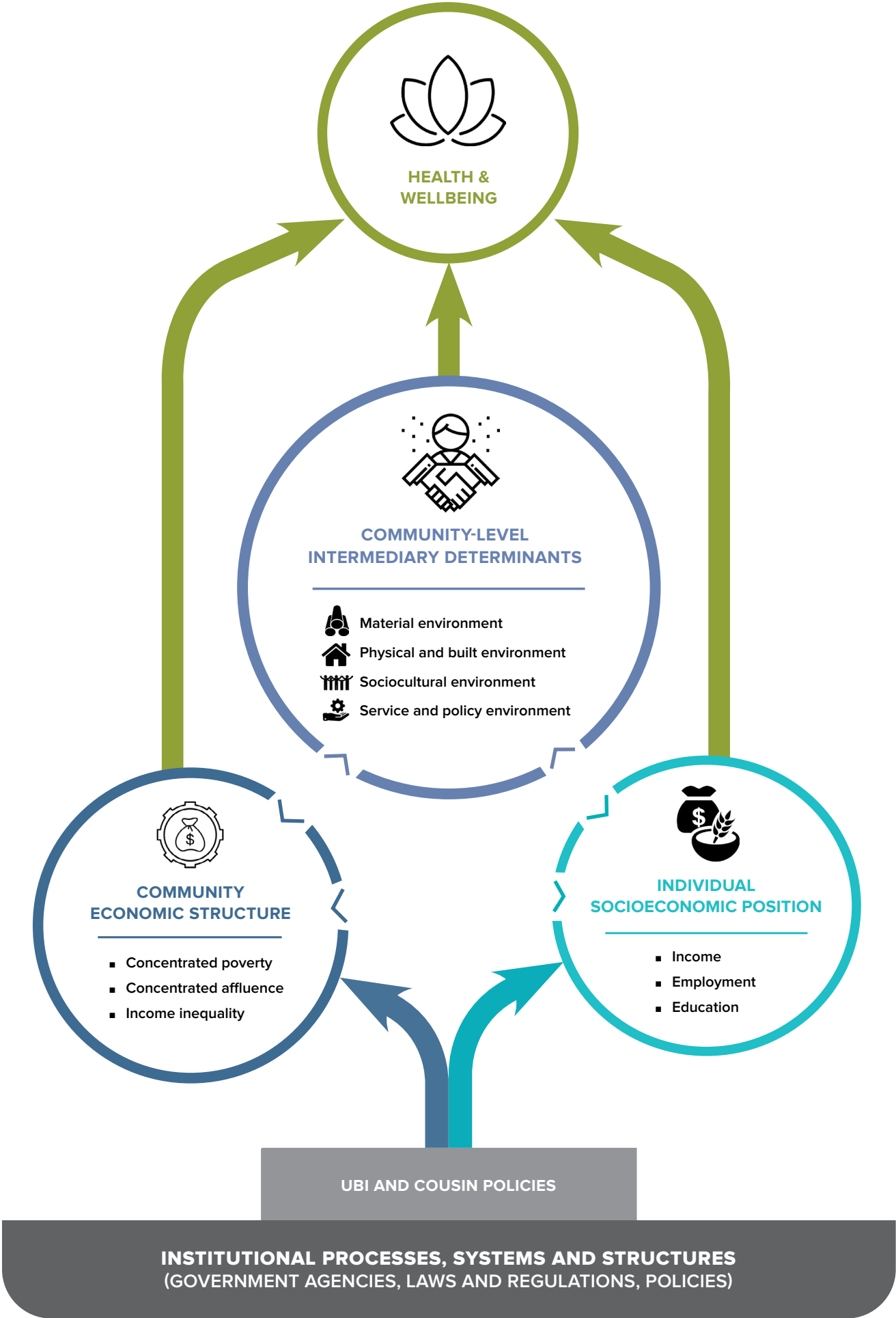
### **2.3 WHY CONSIDER UBI IN THE CONTEXT OF HEALTHY COMMUNITIES, RATHER THAN SIMPLY IN THE CONTEXT OF INDIVIDUAL HEALTH AND WELLBEING?**

Following our conceptual approach, we designed a ‘healthy communities framework’ for Universal Basic Income based on the conceptual foundations introduced in the background of this paper. This model draws our attention to different types of outcomes and new theoretical ideas about the pathways between income transfers and the

outcomes that have been of most interest to decisionmakers.

A UBI has the potential to influence multiple domains within a healthy communities framework through group-level and spillover effects. Following the conceptual background presented in this paper, Figure 1 schematically demonstrates how income transfers could impact community environments. Economic conditions are at the root of many of the factors that make a place more or less healthy (Link and Phelan 1995; Phelan, Link, and Tehranifar 2010). Underlying institutional processes—such as policies, regulations and governance structures that allocate resources to people and places—give rise to a set of fundamental socioeconomic structures, such as the spatial concentration of poverty or wealth. In turn, the economic structure of a community shapes or operates through a set of ‘intermediary’ determinants of health at the community-level. The main categories of community-level determinants are: the economic environment, physical or built environment, sociocultural environment and service environment. As can be seen, there are several reinforcing mechanisms that underscore how the fundamental, structural distribution of resources impact both individuals and communities. Our review takes up the community impacts, while recognizing the close connections between structural drivers, individual circumstances and the economic, physical, and sociocultural conditions in communities.

Figure 1: A conceptual framework of UBI's impact across multiple domains of community-level influences on health & wellbeing



## METHODS

### 3.1 OVERVIEW

We conducted a systematic narrative review. We used systematic review techniques that apply transparent and rigorous methods to identify and synthesize studies. We present a narrative synthesis due to the focus of our research question and the nature of the evidence.

### 3.2 SEARCH STRATEGY AND SELECTION CRITERIA

We searched bibliographic and specialist databases (PubMed, SCOPUS and Econlit) for peer-reviewed articles published in English from database inception until July 30, 2020, and hand-searched the reference lists of cash transfer evidence reviews (see Hasdell 2020 umbrella review of income transfer synthesis articles). The search strategy used terms related to programs that share features with UBI and community-level effects. No interventions met all of the criteria for a full basic income. Most experimental UBI-type pilots arise in the specific context of improving economic security for marginalized individuals or communities, and therefore do not achieve the universality that is at the core of many UBI proposals. Other payments are universal, but do not provide the ‘base’ needed to guarantee economic security. We therefore sought evidence from studies of

interventions that meet some of the features of a basic income. We describe these as ‘UBI-type’ interventions to clarify that they do not meet all of the criteria but can be used to understand UBI’s effects. We largely follow the intervention inclusion criteria of other UBI reviews in middle- and high-income contexts by Gibson Hearty and Craig (2020) and Marinescu (2019).

Our review departs from this previous work by including studies of state and federal Earned Income Tax Credit (EITC), an in-work transfer to low- and moderate-income earners in the United States. While the ability to choose whether to engage in paid employment is arguably one of the key features of basic income proposals, the EITC is more like a UBI than many other work-conditional transfers as the role of government is camouflaged compared to other means-tested programs where caseworkers have discretion to approve or deny benefits. The EITC is also of topical interest due to reforms proposed by lawmakers and UBI advocates that would expand coverage to make it more similar to a UBI, including by expanding our conception of what counts as work (students and caregivers, for instance, would be included under versions of the proposal) (Center on Budget and Policy Priorities 2009; Mattos, Baxandall, and Neighly 2020). Cash transfers that were conditional upon other types of behavioral requirements (for instance, participation in training or education programs, attending health clinics) were excluded.

We derived search terms for community-level effects using our conceptual review

of healthy communities (see Figure 1), and using the healthy communities variables, measures and indicators included in several accepted healthy community models (Robert Wood Johnson Foundation n.d.; Ricklin and Shah, n.d.; Robert Wood Johnson Foundation n.d.). Using these frameworks, we generated a list of search terms of group-level effects reported as aggregates of individual attributes or area-level attributes, and as community spillover effects to non-recipients in quasi-universal interventions.

Peer-reviewed studies of any design that reported on empirical findings of community-level effects, including quasi-experimental, controlled before-and-after, and qualitative studies were included. Modelling studies were excluded.

### **3.3 DATA ANALYSIS**

All studies were uploaded into a data management tool (*Covidence*) and inclusion/exclusion decisions were recorded. We developed a data extraction form and extracted intervention and study characteristics, community-level outcomes or effects, and impact data for focal outcomes. We did not critically appraise the quality of the studies. Given the formative nature of our questions and heterogeneity in how outcomes were reported it was not possible to calculate effect sizes. We instead narratively report findings that are of relevance to UBI-related experiments and healthy communities domains.

## 4 FINDINGS

Excluding duplicates, we found 937 publications, from which we identified 16 studies of 5 interventions. Further information on study context, design and implementation, including which basic income criteria each of the interventions met, is provided in the appendix.

### 4.1 HISTORICAL AND CONTEMPORARY STUDIES INCLUDED IN THE ANALYSIS

Before examining the data, we provide some background on the experiments and policies that formed the basis of the findings we present in our review. Following Gibson, Hearty and Craig (2020), we classify the historical and contemporary studies included in this analysis as targeted, quasi-universal and universal (Table 1), along with the other criteria outlined in our inclusion criteria.

**Negative Income Tax Studies:** Landmark studies of a Negative Income Tax (NIT) were implemented in several North American cities in the 1970s, namely with the aim of measuring the work disincentive effects of providing a guaranteed income. Intervention sites included New Jersey and Pennsylvania (New Jersey Graduated Work Incentive Experiment); Iowa and North Carolina (Rural Income Maintenance Experiment); Gary, Indiana (Gary Income Maintenance Experiment); Seattle and Denver (Seattle-Denver Income Maintenance Experiment); and Winnipeg and rural Manitoba (Mincome). For three to five years, they provided low-income families with a monthly guaranteed income without work requirements based on income and family size. The size of the transfer varied with income, and individuals were gradually phased-out at higher income thresholds. All of the studies were originally evaluated using randomized designs, but several retrospective analyses have sought to understand effects beyond the narrow focus on behavioral work impacts (and, to a lesser extent, marital dissolution) that the studies sought to address. Contemporary

**TABLE 1. BASIC INCOME CRITERIA**

<u>INTERVENTION</u>	<u>UNIVERSALITY</u>	<u>UNCONDITIONALITY</u>	<u>PERMANENT</u>	<u>SUBSISTENCE (AMOUNT SUFFICIENT TO MEET BASIC NEEDS)</u>
North American NIT	Quasi-universal	Y	N	Y
Alaska PDI	Universal	Y	Y	N
Iran Targeted Subsidy Plan	Universal	Y	N	N
Ontario Basic Income Pilot	Quasi-universal	Y	N	Y
Earned Income Tax Credit	Targeted	N	Y	N

analyses of historic data have pursued what can be learned about social as opposed to economic behavior and seek to contextualize results in the social context where interventions were delivered.

**Resource dividends:** Distribution of dividends from Alaska's oil resources has been implemented since 1982 as an annual lump sum to almost all Alaskan residents at the same time that state-level income taxes were abolished. The payments are not affected by other income, but they fluctuate and are less than subsistence level. Payments are delivered to individuals and can be substantial at the household level. The Iran Targeted Subsidy plan has been paid to all individuals as a fixed monthly sum from 2010 to 2016 to replace part of direct subsidies for petrol, gas, electricity and other staples.

**Earned Income Tax Credit:** The Earned Income Tax Credit is a U.S. federal tax credit for low- and moderate-income working people enacted in 1975 that is now considered one of the federal government's largest antipoverty programs. In addition to the federal EITC, 26 states and the District of Columbia have their own EITC. Most state EITCs are structured as a fixed percentage of the federal benefit, supplementing the credit for residents filing taxes in those states. The amount of the EITC depends on a recipient's income, marital status, and number of children. Workers receive the credit beginning with their first dollar of earned income until it reaches a maximum level and begins to phase out at higher income levels. The EITC is 'refundable,' which means that if it exceeds a low-wage worker's income tax liability, the IRS will refund the balance.

**Contemporary experiments:** The Ontario Basic Income Pilot in Canada was a negative income tax, unconditional on work and at a subsistence level that began in 2018. The program was terminated early upon a change in the governing party, but some qualitative data have been collected from participants since the cancellation.

## 4.2 OVERVIEW OF COMMUNITY-LEVEL IMPACTS

In the following section, we review evidence from the historical and contemporary studies to describe how neighborhoods/communities are considered in relation to income transfers and classify a range of outcomes relevant to healthy community domains. The full list of outcomes and direction of the association are reported in Table 2. While our conceptual overview of community-level outcomes distinguishes between group-level variables and spillover effects, in practice, there is significant overlap between these two. In other words, the conceptual pathway between UBI and community-level impact may differ, but the types of questions that are asked and the indicators or variables that are used are often the same. For this reason, we make distinctions where possible in Table 1 but report outcomes thematically according to the healthy community domains. In most cases, outcomes of targeted and quasi-universal transfers are reported as spillover effects, and outcomes of universal transfers are reported as group-level effects.

**TABLE 2. SUMMARY OF COMMUNITY-LEVEL EFFECTS AND DIRECTION OF OUTCOME**

OUTCOME DOMAIN	OUTCOME INDICATOR	REFERENCE (FIRST AUTHOR, DATE)	APPROACH TO COMMUNITY EFFECTS	DIRECTION OF ASSOCIATION
<i>ECONOMIC STRUCTURE OF COMMUNITIES – POVERTY AND INEQUALITY</i>				
	Income inequality (Theil's Entropy Index)	Kozminski 2017	Group-level	+
	Income inequality (Gini coefficient)	Kozminski 2017, Farzanagan 2017	Group-level	+, -
<i>MATERIAL ENVIRONMENT – LABOR AND ECONOMIC DEVELOPMENT</i>				
	Stigmatization from labor market withdrawal	Calnitsky 2016	Group-level	-
	Labor market participation	Calnitsky 2017	Group-level	-
	Reductions of over-employment	Calnitsky 2017	Group-level	
	Changes in power relations	Calnitsky 2017	Group-level	
	Wages rates	Calnitsky 2017, Stokan 2019	Group-level	+, no effect
	Applications (to firms)	Calnitsky 2017	Group-level	-
	Hiring (by firms)	Calnitsky 2017	Group-level	-
	Neighborhood job base	Spencer 2007	Spillover	+
	Local employment	Stokan 2019	Spillover	No effect
	Increase in number of establishments	Stokan 2019	Spillover	No effect



**TABLE 2. SUMMARY OF COMMUNITY-LEVEL EFFECTS AND DIRECTION OF OUTCOME (CONTINUED)**

<u>OUTCOME DOMAIN</u>	<u>OUTCOME INDICATOR</u>	<u>REFERENCE (FIRST AUTHOR, DATE)</u>	<u>APPROACH TO COMMUNITY EFFECTS</u>	<u>DIRECTION OF ASSOCIATION</u>
<i>PHYSICAL AND BUILT ENVIRONMENT</i>				
	Eviction rates	Pilkauskas 2019	Group-level	No effect
	Cost burden (housing affordability)	Pilkauskas 2019	Group-level	+
	Improved living arrangements or housing	Pilkauskas 2019, Shanks-Booth	Group-level	+, +
	Violent crime	Watson 2019, Calnitsky 2020	Spillover, group- level, Group-level	+, -
	Property crime	Watson 2019, Calnitsky 2020	Spillover, group- level, Group-level	-, -
<i>SOCIO-CULTURAL ENVIRONMENT</i>				
	Social relationships	Hamilton 2019	Group-level	+
	External political efficiency	Robles 2007	Group-level	-
	Civic obligation	Robles 2007	Group-level	+
	Political behavior	Robles 2007	Group-level	+
	Political activity	Robles 2007, Caputo 2010	Group-level	+, no effect
	Social inclusion	Sykes 2015	Group-level	+
<i>SERVICE AND POLICY ENVIRONMENT – NO OUTCOMES REPORTED</i>				

## ECONOMIC STRUCTURE OF COMMUNITIES

We begin with the impact of UBI transfers on the material conditions in a community given the inter-relationships discussed in our conceptual framework between economic drivers and other sociocultural and physical factors. Several measures have been used to identify the impact of UBI-type programs on the material or economic context of communities. These include income inequality, the spatial concentration of poverty, and local economic activity, including wages, employment and business growth.

Universal resource transfers have demonstrated mixed impacts on income inequality. Analysis of the impacts of the Alaska PFD indicate short- and long-term increases in inequality. A 50-year time series of incomes in Alaska found a significant relationship between PFD payments and three different measures of income inequality—the Gini Coefficient, Relative Mean Deprivation and Thiel's Entropy Index. Spending patterns were posited as an explanation for increased inequality, where higher-income households were able to invest the PFD into assets that produce long-term growth and increase wealth inequality, versus investments by lower-income households in durable and essential goods (Kozminski and Baek 2017). Conversely, a study of resource rents in Iran demonstrates a decreasing effect on inequality using the Gini Coefficient when transfers were accompanied by the imposition of a direct income tax on households with incomes above the poverty line, indicating that the funding mechanism for benefits systems are relevant to the

inequality decreasing effects (Farzanegan and Habibpour 2017). A review of multiple studies found that no evidence has been able to distinguish whether income transfers achieve their effects through the reduction of income inequality, or through the reduction of absolute poverty (Forget 2013).

## MATERIAL ENVIRONMENT



The spatial concentration of poverty in many cities means that transfers that are targeted to low-income individuals or communities can represent a significant injection of cash. The result is a greater possible impact on economic activities such as firm growth and employment in areas with a higher concentration of lower-income households who receive benefits compared to middle- or higher-income areas. Studies have found mixed results on whether payments result in increased economic activity. Spencer (2007) examines the impact of the EITC on local economic activity in neighborhoods with a greater concentration of economic marginalization. Results indicate that Los Angeles neighborhoods with greater than 30 percent of the poverty rate compared to the region as a whole receive about twice the level of benefits, with estimated or modelled gains on retail employment. However, evidence of impact on actual economic activity was not observed in a study of border counties in metropolitan areas where one side of the border adopts a state-wide credit and the other does not (Stokan 2019). No significant change in employment, wages or establishments in general or within specific industries was observed in the borders of metropolitan

areas with state-level EITC relative to the area with no state-level EITC, despite a hypothesized incentive for businesses to locate on the side of the border with the credit.

Changes to local economic activity and employment also occur if firms adjust their practices in response to the labor market participation of individuals who are provided with a guaranteed income. A study of labor market participation in the Mincome saturation site of Dauphin, Manitoba, led businesses to raise wages from their baseline level both on advertised job vacancies and actual wages of new hires compared to firms in towns where recipients of the transfer were more dispersed (Calnitsky and Latner 2017). An overall decline in applications and new hires was also observed during the experimental period. These findings are further explained in an examination of the social context of labor withdrawal. In the saturation site, 3.1 percent of the 11.3 percent of the reduction in labor market participation was attributed to social interaction or community context effects, although the effect was not significant. Hypothesized mechanisms included diminished stigmatization of withdrawal from the labor market, labor demand effects, reduction of over-employment, and changes in power relations between workers. Qualitative data supported the influence of social context in dual-headed households, while individual mechanisms were more likely to explain declines for single-headed households.

## SOCIO-CULTURAL ENVIRONMENT



Socio-cultural measures examine how UBI-type programs influence community norms, customs and processes and impact the way that people within a community relate to each other. While these measures are often defined using aggregations of individual-level data, we include them in the analysis as they capture the norms, values and structures enveloping individuals' behaviors. This is to say that socio-relational practices are generated at the intersection of individuals and their social context. Indicators of socio-cultural change identified in our review include social relationships, and civic and political engagement.

Two qualitative studies provide support to the idea that quasi-universal transfers can impact how people relate to their social networks. Lower-income household heads with at least one qualifying child receiving a substantial EITC refund describe consumption as a social activity and report that the transfer payments allowed them to participate in social and economic life (Sykes et al. 2015). The credit allowed recipients to direct funds towards goods or activities they could not otherwise afford and to make larger future-oriented financial investments such as paying down debt or accruing savings, which activated a sense of social inclusion and social citizenship that living with financial challenges did not. Recipients of the Ontario BI pilot also reported that higher payments allowed them to maintain better personal relationships with friends and family (Hamilton and Mulvale 2019). Participants report that the basic income

allowed them to participate in social activities—such as travelling or meeting for coffee—that they would not have otherwise been able to afford.

The ability for people to exercise autonomy over their lives also leads to other forms of social participation. Two quantitative studies on citizenship and civic engagement demonstrate mixed-effects. EITC recipients were more likely than nonbeneficiaries or recipients on social assistance to be registered to vote, vote in non-presidential elections and participate in a greater number of political activities—all despite EITC recipients' more negative assessments than nonbeneficiaries of the responsiveness of political officials, or their feelings about the ability to influence what government does (Shanks-Booth and Mettler 2019). Conflicting results are reported by Caputo (2010) in a study comparing the recipients of in-kind programs such as Food Stamps and Medicaid with the EITC. No effect was observed on participation in social and environmental issues in EITC recipients compared to those receiving other types of social transfers.

## PHYSICAL AND BUILT ENVIRONMENTS



Physical and built environments can provide health-promoting resources within a geographic area. The studies reviewed above report consistent impacts on economic conditions, which can be theorized to increase investment in assets (such as housing or services). However, no studies identified in this search report on

observable community features, such as investments in collective infrastructure or amenities. Rather, several studies report on the built environment indirectly through individual mobility to areas that provide higher quality amenities and services. We therefore consider mobility to be a community effect because the cash transfer allows for access to more health-promoting environments. Physical environments also include the safety of a community. As with mobility, we consider crime as a community effect given the potential for lower rates of crime to improve community safety.

Housing has been the main focus of several qualitative studies exploring mobility. Qualitative analysis (Mendenhall, Kramer, and Bellisle 2018) of EITC recipients in Boston and Illinois found that the EITC facilitated home ownership, which allowed recipients to move to neighborhoods that were more desirable due to connection with social networks as well as closer proximity to work, children's schools and grocery stores. This convenience saved time on commuting and reduced overall stress. Similar conclusions were reached by Shanks-Booth and Mettler (2018) in a diverse sample of EITC recipients. Improved mobility was attributed to the view of EITC transfers as 'special' money that could be directed to aspirational or 'upwardly mobile' decisions, such as improved housing. Complementary findings were reported in a quantitative study of expansions to the EITC (Pilkaukas and Micheltmore 2019). A US\$1,000 increase improved housing outcomes for single mothers and their children by reducing cost burdens and decreasing

living with non-nuclear family adults and in multigenerational co-residences. At the same time, no effect was found on eviction or homelessness by the same authors, suggesting mixed results on mobility to more secure, healthier settings. The quasi-universal or targeted nature of the EITC creates complex dynamics with community change. If the EITC creates mobility out of high-poverty neighborhoods, the transfer may be economically advantageous to the individual family, but detrimental to the neighborhood from where they move (Spencer 2007).

Two quantitative studies examine the impact of income transfers on crime with mixed effects. Watson, Guettabi, and Reimer (2019) examine the short-run effects of the Alaska PFD on daily counts of policing incidents. While an average sized PFD distribution does not induce changes in violent incidents the day it is received, violence is responsive to the size of the payment with a 10 percent increase in distribution resulting in a 4 percent increase in incidents. Property crime, on the other hand, decreases with responsiveness to payment size. Substance use also increases directly following disbursement and is also sensitive to the size of the transfer. Calnitsky and Gonalons-Pons (2020) find similar results in an analysis comparing crime rates in the Mincome saturation site of Dauphin, Manitoba, to similarly sized towns, controlling for socio-economic differences. Results demonstrate a significant decrease in violent crime and a measurable but smaller effect on other forms of crime.

### **SERVICE AND POLICY ENVIRONMENT**



No evidence was found on the impacts of cash transfers on the types of services and policies in communities.

## CONCLUSION

This report has attempted to outline a conceptual basis for a healthy communities framework for Universal Basic Income and makes some progress towards identifying and summarizing how the UBI literature has conceptualized community effects and where evidence exists for these outcomes. We found the strongest evidence for changes to the material or economic structure of communities. Fewer studies exist for physical/built and sociocultural environments, and effects were inconsistent. We were not able to identify studies that examined how UBI impacts the services, amenities or policies in a community. Overall, while it is reasonable to expect that structural changes to the material conditions of a community will impact these other healthy communities domains, there is scant discussion of these outcomes in the literature, and what evidence there is shows mixed results.

Many questions remain about a broader set of community impacts that UBI-type programs might achieve. While the lack of evidence for societal impacts has been raised in previous reviews (Gibson, Hearty, and Craig 2020), our paper adds to this discussion by proposing communities as an appropriate and rich scale to measure impacts (especially through an analysis of

spillover effects and group-level variables), and one that has particular purchase to growing momentum about city-level experimentation with UBI. Cities and the urban health agendas have been a driving force in healthy communities research, policy and practice. Cities are increasingly experimenting with UBI and have been key players in growing the evidence base on the role and potential of a guaranteed income (J. Bidadanure et al. 2018). Mayors across the United States (including, among others, the mayors of Los Angeles, Newark, Atlanta, Jackson, St. Paul and Seattle) recently launched ‘Mayors for a Guaranteed Income,’ building on the city demonstration currently underway in Stockton, CA.<sup>4</sup> Many of the domains within a healthy communities framework are related to how communities are planned and designed, which is within municipal jurisdiction. Indeed, many cities have adopted healthy communities plans and strategies (Kegler et al. 2009). The intersection between healthy communities work underway in cities and the momentum around city-level UBI experimentation offers unique opportunities to ask novel questions about what a UBI can achieve in the context of building healthy and vibrant communities.

Building the case for community-level impacts is worthwhile on several fronts. First, demonstration of community impacts can obviously help build a robust policy case for a UBI—particularly for targeted proposals or experiments. Many contemporary experiments have adopted ‘targeted universalism,’ where only those below a household or median

4. <https://www.mayorsforagi.org>

community income threshold are eligible. The eligibility threshold of these programs is set at a level that is generously high so that many members of the community receive the benefit (Bidadanure and Berger-Gonzalez 2020). UBI may be viewed as a more desirable societal option if targeted approaches can deliver significant impacts beyond the direct recipients of transfers. Our review found moderate evidence for spillover effects to non-recipients through economic development and crime reduction, but the literature for these types of effects is very scant. Future research on these and other spillover effects in the sociocultural domains is an important gap that needs to be addressed to strengthen the case for targeted approaches and to explore where targeted approaches may produce less desirable outcomes—as may be the case for outcomes that examine how individuals in a community relate to one another (e.g., social capital).

Second, a focus on community effects can put UBI in the conversation about how to tackle persistent, spatially-concentrated poverty. Although there has been limited discussion of UBI in relation to healthy communities, an expansive literature links income or socioeconomic status to neighborhood environments and, ultimately, adverse health outcomes (Pickett and Pearl 2001). Income transfers have a close affinity with structural approaches to improving neighbourhood environments (Brown et al. 2019; Khan et al. 2016; Naik et al. 2017), with the potential to fundamentally transform communities to be more supportive of health and wellbeing. Such approaches

aim to redress structural underinvestment in some individuals and communities due to systemic marginalization through anti-Black racism, patriarchy and other forms of oppression. The results of this review indicate that income transfers may provide mobility out of less health-promoting environments, but there is minimal evidence for whether changes would be equitable across communities. Indeed, there is a concern that disadvantages could be compounded, particularly if targeted transfers provide mobility for some, but not all, members of a community.

Finally, a communities focus can address major gaps in knowledge regarding the mechanisms through which a UBI can influence work, education, health and other outcomes. The environments where people live, work and play can enable or constrain the decisions people make, and community effects may be an integral part of how a UBI achieves impact. We found a small body of evidence for social interaction effects of work and personal relationships, but few studies examine the pathways or mechanisms of a UBI (Owusu-Addo, Renzaho, and Smith 2018b; 2018a).

The findings of our review demonstrate the need for new methodological approaches for documenting and analyzing community effects. We identify several directions for how we might study them. First, rich contextual analyses can add to our understanding of how interventions change community environments, and relatedly, how health-promoting assets or detriments within an environment enable or constrain



intervention effects. Rich description of the settings where interventions are introduced can help to better account for the full range of changes experienced in a community and the role that community factors play in intervention outcomes. Accounting for and integrating context into the design, execution and evaluation of interventions is identified as a priority for policy research (Hawe et al. 2011; Shoveller et al. 2016), but the role of context has only received minimal attention in UBI debates (Owusu-Addo, Renzaho, and Smith 2018a; Gibson, Hearty, and Craig 2020). Contextual analyses would benefit from mixed-methods designs that examine intervention outcomes and also explain how and why they occur. Next, several types of multi-level or nested analyses can be employed within randomized and quasi-experimental designs. Multi-level models estimate the difference between outcomes for individuals and outcomes for the communities where those individuals are grouped to explain how much of an outcome may be due to those higher-order contextual factors.

What types of new questions would a discussion of communities surface? A critique of the income maintenance experiments of the 1970s is that they were not designed to tell us what can be learned about social, as opposed to economic, behavior; in other words, they were limited in the scope of outcomes pursued by researchers (Calnitsky 2016). A healthy communities framework adopts an intersectoral approach by the nature of the types of outcomes pursued and could overcome the limitations of earlier

studies. Contemporary experiments would benefit from this approach and build a more holistic view of what UBI aims to achieve as well as how it might achieve it through theory-based investigation of a range of community effects. The rich, interdisciplinary evidence base that has been developed for environments and health research provides a strong starting point for this endeavor. To conclude this report, we outline a few community effects that could be pursued within UBI experimentation through natural experiments like the Alaska Permanent Dividend Fund or Earned Income Tax Credit in Box 1.

**BOX 1. A 'HEALTHY COMMUNITIES' AGENDA FOR UBI**

This report builds the case for the healthy communities possibilities of a UBI. We provide some examples from each of the domains in our conceptual framework to animate this discussion. In each case, we speak to why an effect may occur as well as some of the outcomes that we could investigate to demonstrate the effect.



**Collective bargaining:** A UBI could advance bargaining power not only by providing a safety net for individuals to leave undesirable work, but through various forms of intention cooperation between workers to advance their collective interests. Examples of new forms of worker cooperation include union representation, the formation of cooperatives of other worker-owned businesses or directing transfers to collective assets such as a strike fund.



**Social norms around leisure:** Leisure time may become more valuable if there are gains through interaction with others in the community who also reduce their work hours due to the income replacing effect of a UBI. Examples include the use of free time for collective activities, or the creation of new types of leisure activities in communities.



**Health-promoting community assets:** The guarantee of a secure economic base in a community may lead to investments by public and private actors in health-promoting assets if they have confidence that community members will have the time and resources to utilize these resources. Examples may include parks, transit infrastructure, and new housing builds or improvements to existing housing stock.



**Civic participation** encompasses a wide range of formal and informal activities such as voting, volunteering and community organizing that can influence policy discussions and policy development. A UBI may free up time from the formal labour force to participate in these types of activities, and contribute to advocacy for, and good governance of, policies and services that form the backbone of a healthy community. Examples may include policies and services around health care, education, environmental practices, housing, among others offered by local, state and national governments.

Finally, it is worth noting there are several limitations to our review. Given the breadth of how healthy communities can be defined and described in the literature, it is impossible to simply and accurately identify all community-level effects. It may be the case that community-level interactions are discussed but not the primary focus of the literature and not captured in our search. We also acknowledge the methodological challenges of defining community-level effects. In some cases, the studies in our review report on observable measures of community environments, but in most cases, we use aggregates of individual measures (such as voting) as a measure of community impact. There is ambiguity in defining which aggregates of individual measures represent a meaningfully different outcome, and what represent a true community effect.

# REFERENCES

---

- Arcaya, Mariana C., Reginald D. Tucker-Seeley, Rockli Kim, Alina Schnake-Mahl, Marvin So, and S. V. Subramanian. 2016. "Research on Neighborhood Effects on Health in the United States: A Systematic Review of Study Characteristics." *Social Science & Medicine* 168 (November): 16–29. <https://doi.org/10.1016/j.socscimed.2016.08.047>.
- Bidadanure, Juliana, Sean Kline, Camille Moore, Brooks Rainwater, and Catherine Thomas. 2018. "Basic Income in Cities: A Guide to Experiments and Pilot Projects." Stanford, CA: National League of Cities and Stanford Basic Income Lab. [https://www.nlc.org/sites/default/files/2018-11/BasicIncomeInCities\\_Report\\_For%20Release%20.pdf](https://www.nlc.org/sites/default/files/2018-11/BasicIncomeInCities_Report_For%20Release%20.pdf).
- Bidadanure, Juliana Uhuru. 2019. "The Political Theory of Universal Basic Income." *Annual Review of Political Science* 22 (1): 481–501. <https://doi.org/10.1146/annurev-polisci-050317-070954>.
- Brown, Arleen F., Grace X. Ma, Jeanne Miranda, Eugenia Eng, Dorothy Castille, Teresa Brockie, Patricia Jones, et al. 2019. "Structural Interventions to Reduce and Eliminate Health Disparities." *American Journal of Public Health* 109 (S1): S72–78. <https://doi.org/10.2105/AJPH.2018.304844>.
- Calnitsky, David. 2016. "'More Normal than Welfare': The Mincome Experiment, Stigma, and Community Experience: More Normal than Welfare." *Canadian Review of Sociology/Revue Canadienne de Sociologie* 53 (1): 26–71. <https://doi.org/10.1111/cars.12091>.
- Calnitsky, David, and Pilar Gonalons-Pons. 2020. "The Impact of an Experimental Guaranteed Income on Crime and Violence." *Social Problems*, March. <https://doi.org/10.1093/socpro/spaa001>.
- Calnitsky, David, and Jonathan P. Latner. 2017. "Basic Income in a Small Town: Understanding the Elusive Effects on Work." *Social Problems* 64 (3): 373–97. <https://doi.org/10.1093/socpro/spw040>.
- Center on Budget and Policy Priorities. 2009. "Policy Basics: The Earned Income Tax Credit." Center on Budget and Policy Priorities. February 5, 2009. <https://www.cbpp.org/research/federal-tax/policy-basics-the-earned-income-tax-credit>.
- Diez Roux, Ana V., and Christina Mair. 2010. "Neighborhoods and Health." *Annals of the New York Academy of Sciences* 1186 (1): 125–45. <https://doi.org/10.1111/j.1749-6632.2009.05333.x>.
- Diez-Roux, A. V., B. G. Link, and M. E. Northridge. 2000. "A Multilevel Analysis of Income Inequality and Cardiovascular Disease Risk Factors." *Social Science & Medicine* (1982) 50 (5): 673–87. [https://doi.org/10.1016/S0277-9536\(99\)00320-2](https://doi.org/10.1016/S0277-9536(99)00320-2).
- Diez-Roux, Anna. 2008. "Next Steps in Understanding the Multilevel Determinants of Health." *Journal of Epidemiology & Community Health* 62 (11): 957–59. <https://doi.org/10.1136/jech.2007.064311>.
- Farzanegan, Mohammad Reza, and Mohammad Mahdi Habibpour. 2017. "Resource Rents Distribution, Income Inequality and Poverty in Iran." *Energy Economics* 66 (August): 35–42. <https://doi.org/10.1016/j.eneco.2017.05.029>.
- Forget, Evelyn L. 2013. "New Questions, New Data, Old Interventions: The Health Effects of a Guaranteed Annual Income." *Preventive Medicine* 57 (6): 925–28. <https://doi.org/10.1016/j.ypmed.2013.05.029>.
- Gibson, Marcia, Wendy Hearty, and Peter Craig. 2020. "The Public Health Effects of Interventions Similar to Basic Income: A Scoping Review." *The Lancet Public Health* 5 (3): e165–76. [https://doi.org/10.1016/S2468-2667\(20\)30005-0](https://doi.org/10.1016/S2468-2667(20)30005-0).
- Hamilton, Leah, and James P. Mulvale. 2019. "'Human Again': The (Unrealized) Promise of Basic Income in Ontario." *Journal of Poverty* 23 (7): 576–99. <https://doi.org/10.1080/10875549.2019.1616242>.
- Hasdell, Rebecca. 2020. "What We Know about Universal Basic Income: A Cross-Synthesis of Reviews." Stanford, CA: Basic Income Lab. [https://basicincome.stanford.edu/uploads/Umbrella%20Review%20BI\\_final.pdf](https://basicincome.stanford.edu/uploads/Umbrella%20Review%20BI_final.pdf).
- Hawe, Penelope, Stephen Samis, Erica Di Ruggiero, and Jean A. Shoveller. 2011. "Population Health Intervention Research Initiative for Canada: Progress and Prospects." *New South Wales Public Health Bulletin* 22 (1–2): 27–32. <https://doi.org/10.1071/NB10072>.
- Jackson, Christopher H., Sylvia Richardson, and Nicky G. Best. 2008. "Studying Place Effects on Health by Synthesising Individual and Area-Level Outcomes." *Social Science & Medicine* 67 (12): 1995–2006. <https://doi.org/10.1016/j.socscimed.2008.09.041>.
- Kawachi, Ichiro. 2010. "The Relationship Between Health Assets, Social Capital and Cohesive Communities." In *Health Assets in a Global Context: Theory, Methods, Action*, edited by Antony Morgan, Maggie Davies, and Erio Ziglio, 167–79. New York, NY: Springer. [https://doi.org/10.1007/978-1-4419-5921-8\\_9](https://doi.org/10.1007/978-1-4419-5921-8_9).
- Kegler, Michelle C., Julia Ellenberg Painter, Joan M. Twiss, Robert Aronson, and Barbara L. Norton. 2009. "Evaluation Findings on Community Participation in the California Healthy Cities and Communities Program." *Health Promotion International* 24 (4): 300–310. <https://doi.org/10.1093/heapro/dap036>.
- Khan, Mishal S., Bernie Y. Guan, Jananie Audimulam, Francisco Cervero Licerias, Richard J. Coker, and Joanne Yoong. 2016. "Economic Interventions to Improve Population Health: A Scoping Study of Systematic Reviews." *BMC Public Health* 16 (1): 528. <https://doi.org/10.1186/s12889-016-3119-5>.
- Kozminski, Kate, and Jungho Baek. 2017. "Can an Oil-Rich Economy Reduce Its Income Inequality? Empirical Evidence from Alaska's Permanent Fund Dividend." *Energy Economics* 65 (June): 98–104. <https://doi.org/10.1016/j.eneco.2017.04.021>.

- 
- Link, Bruce G., and Jo Phelan. 1995. "Social Conditions As Fundamental Causes of Disease." *Journal of Health and Social Behavior*, 80–94. <https://doi.org/10.2307/2626958>.
- Macintyre, Sally, Anne Ellaway, and Steven Cummins. 2002. "Place Effects on Health: How Can We Conceptualise, Operationalise and Measure Them?" *Social Science & Medicine* (1982) 55 (1): 125–39.
- Mattos, Trevor, Phineas Baxandall, and Madeline Neighly. 2020. "A Guaranteed Income for Massachusetts." Boston, Massachusetts: Boston Indicators Project. <https://www.bostonindicators.org/reports/report-website-pages/guaranteed-income>.
- Mendenhall, Ruby, Karen Z. Kramer, and Dylan Bellisle. 2018. "Low- and Moderate-Income Families' Avenues to Mobility: Overcoming Threats to Asset Accumulation and Remaining in Undesirable Neighborhoods." *Research in Social Stratification and Mobility* 53 (February): 26–39. <https://doi.org/10.1016/j.rssm.2017.12.001>.
- Naik, Yannish, Peter Baker, Ian Walker, Taavi Tillmann, Kristin Bash, Darryl Quantz, Frances Hillier-Brown, and Clare Bamba. 2017. "The Macro-Economic Determinants of Health and Health Inequalities—Umbrella Review Protocol." *Systematic Reviews* 6 (1). <https://doi.org/10.1186/s13643-017-0616-2>.
- Owusu-Addo, Ebenezer, Andre M N Renzaho, and Ben J Smith. 2018a. "The Impact of Cash Transfers on Social Determinants of Health and Health Inequalities in Sub-Saharan Africa: A Systematic Review." *Health Policy and Planning* 33 (5): 675–96. <https://doi.org/10.1093/heapol/czy020>.
- . 2018b. "Cash Transfers and the Social Determinants of Health: A Conceptual Framework." *Health Promotion International*, October. <https://doi.org/10.1093/heapro/day079>.
- Phelan, Jo C., Bruce G. Link, and Parisa Tehranifar. 2010. "Social Conditions as Fundamental Causes of Health Inequalities: Theory, Evidence, and Policy Implications." *Journal of Health and Social Behavior* 51 (1\_suppl): S28–40. <https://doi.org/10.1177/0022146510383498>.
- Pickett, K. E., and M. Pearl. 2001. "Multilevel Analyses of Neighbourhood Socioeconomic Context and Health Outcomes: A Critical Review." *Journal of Epidemiology & Community Health* 55 (2): 111–22. <https://doi.org/10.1136/jech.55.2.111>.
- Pickett, K. E., and R. G. Wilkinson. 2015. "Income Inequality and Health: A Causal Review." *Social Science & Medicine*. <https://www.ncbi.nlm.nih.gov/pubmed/25577953>.
- Pilkas, Natasha, and Katherine Micheltore. 2019. "The Effect of the Earned Income Tax Credit on Housing and Living Arrangements." *Demography* 56 (4): 1303–26. <https://doi.org/10.1007/s13524-019-00791-5>.
- Ricklin, Anna, and Sagar Shah. n.d. "Metrics for Planning Healthy Communities,." American Planning Association. <https://planning-org-uploaded-media.s3.amazonaws.com/document/Metrics-Planning-Healthy-Communities.pdf>.
- Robert Wood Johnson Foundation. 2011. "How Can Your Environment Influence Your Health?" RWJF. September 1, 2011. <https://www.rwjf.org/en/library/research/2011/09/how-does-where-we-live-work-learn-and-play-affect-our-health-.html>.
- . n.d. "Explore Health Rankings | Measures & Data Sources." County Health Rankings & Roadmaps. Accessed August 23, 2020a. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources>.
- . n.d. "Healthy Neighborhoods Equity Fund I LP — Impacts." Healthy Neighborhoods Equity Fund I LP. Accessed August 23, 2020b. <http://www.hnefund.org/impacts>.
- Rose, Geoffrey. 2001. "Sick Individuals and Sick Populations." *International Journal of Epidemiology* 30 (3): 427–32. <https://doi.org/10.1093/ije/30.3.427>.
- Shanks-Booth, Delphia, and Suzanne Mettler. 2019. "The Paradox of the Earned Income Tax Credit: Appreciating Benefits but Not Their Source." *Policy Studies Journal* 47 (2): 300–323. <https://doi.org/10.1111/psj.12305>.
- Shoveller, Jean, Sarah Viehbeck, Erica Di Ruggiero, Devon Greyson, Kim Thomson, and Rodney Knight. 2016. "A Critical Examination of Representations of Context within Research on Population Health Interventions." *Critical Public Health* 26 (5): 487–500. <https://doi.org/10.1080/09581596.2015.1117577>.
- Spencer, James H. 2007. "Neighborhood Economic Development Effects of the Earned Income Tax Credit in Los Angeles: Poor Places and Policies for the Working Poor." *Urban Affairs Review* 42 (6): 851–73. <https://doi.org/10.1177/1078087407300515>.
- Stokan, Eric James. 2019. "An Estimate of the Local Economic Impact of State-Level Earned Income Tax Credits." *Economic Development Quarterly* 33 (3): 170–86. <https://doi.org/10.1177/0891242419858412>.
- Sykes, Jennifer, Katrin Križ, Kathryn Edin, and Sarah Halpern-Meekin. 2015. "Dignity and Dreams: What the Earned Income Tax Credit (EITC) Means to Low-Income Families." *American Sociological Review* 80 (2): 243–67. <https://doi.org/10.1177/0003122414551552>.
- Watson, Brett, Mouhcine Guettabi, and Matthew Reimer. 2019. "Universal Cash and Crime." *The Review of Economics and Statistics*, April, 1–12. [https://doi.org/10.1162/rest\\_a\\_00834](https://doi.org/10.1162/rest_a_00834).
- World Health Organization. 2010. *A Conceptual Framework for Action on the Social Determinants of Health: Debates, Policy & Practice, Case Studies*. Geneva, Switzerland. [http://apps.who.int/iris/bitstream/10665/44489/1/9789241500852\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44489/1/9789241500852_eng.pdf).

