

BASELINE REPORT

RISE Research Project

Baseline starting conditions

Insights from baseline surveys, interviews, and ethnographic fieldwork with 1,479 participants in Mercer County, West Virginia; Beaufort County, North Carolina; and Warren County, Mississippi.

A LONGITUDINAL MIXED-METHODS STUDY · JUNE 2026

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AT A GLANCE

Participants enter RISE with little financial margin. For many households, basic expenses nearly consume monthly income before any unexpected expenses arise. This lack of buffer is not only a financial condition; it shapes decisions across multiple areas of life. Participants are often managing multiple, interconnected challenges at once. Financial pressure is the most common and severe constraint, but it rarely operates alone. A car repair can affect work, food access, healthcare, and eligibility for support. A health condition can reduce earnings, increase costs, and narrow what kinds of work are possible.

Participants are not navigating these conditions without support. Many draw on some combination of public programs, informal networks, and community resources. But these supports are uneven and often incomplete. They help people get by, but often do not create security.

At the same time, participants are clear about their needs and priorities. They are focused first on stabilizing daily life: paying bills, reducing stress, improving housing, and securing transportation. Longer-term goals are present, but often depend on first establishing a basic foundation. Although several dynamics—financial strain, overlapping barriers, layered support—are widely shared, participants do not enter the study from a single common baseline. Starting conditions vary by income, age, challenge severity, support, and county context.

The RISE Research Project is a study of people's lives, not simply a study of a transfer. The research is descriptive rather than causal: it does not estimate program impact. This baseline report documents the conditions participants are navigating at the outset and establishes a foundation for following how their experiences unfold over time. Understanding what support makes possible requires understanding the lives, constraints, priorities, and places it enters.

Introduction

Understanding what supports help build stability and opportunity in people's lives first requires a clear understanding of the conditions they are navigating to begin with. That is a primary goal of the RISE Research Project, a longitudinal mixed-methods study of economic stability in rural America.

The study follows 1,479 participants across three rural counties—Mercer County, West Virginia; Beaufort County, North Carolina; and Warren County, Mississippi—each of whom is receiving \$1,500 per month in unconditional cash payments for 16 months through GiveDirectly's Rural Income for Self Empowerment Guaranteed Minimum Income (RISE GMI) program.

The RISE Research Project is a study of people's lives, not simply a study of a transfer. The research is descriptive rather than causal. Its purpose is not to estimate program impact, but to document how participants describe and navigate their circumstances over time in the presence of sustained financial support, and what those experiences reveal about economic stability, constraints, supports, priorities, and place. Cash is part of the context through which participants' lives can be better understood, not the sole subject of inquiry. A central feature of the design is its focus on participant-defined priorities and areas of need: rather than evaluating change solely through predefined metrics, the study asks participants what matters most to them and tracks how those priorities, needs, and experiences unfold over time.

This baseline report establishes the starting conditions participants bring into the study. Across the three sites, participants enter under conditions of limited financial buffer, overlapping barriers, and uneven access to support. Participants' own priorities make clear that immediate financial and material pressures are central, but not the only concerns shaping daily life.

Drawing on 1,472 completed baseline surveys, 84 in-depth interviews, and early ethnographic fieldwork across the three sites, this report describes those starting conditions and identifies several dimensions the study will continue to examine over time, including constraints, supports, participant-defined priorities and needs, and place.

Study design

The study is organized around six primary research questions:

1. What priorities or areas of need do participants identify at enrollment, how do these evolve over time, and what do participants report about progress on what matters most to them?
2. What structural, relational, and personal barriers to economic stability do participants report at enrollment, and how do these barriers evolve over the course of the program?
3. What informal networks, community resources, and public programs do participants rely on, and how do participants describe the role of cash alongside other supports?
4. How do participants describe using the monthly cash payments, and what changes (if any) do they report in household financial well-being, material conditions, and other domains of their lives?
5. How do participants describe changes in psychological well-being, stress levels, and future outlook while receiving the cash payments?
6. How do county-level economic, institutional, and social characteristics shape participants' experiences across research questions 1–5?

Data collection integrates three methods:

Surveys. A comprehensive baseline survey and endline survey, with six shorter bi-monthly survey waves in between, collecting information on priorities, barriers, wellbeing, resources, spending, employment, stress, social supports, future outlook, and demographics. The baseline survey (N=1,472) is complete and informs this report.

Interviews. Three rounds of semi-structured interviews at each site, exploring how participants understand and navigate their circumstances in depth. Wave 1 interviews (84 total across the three sites) are complete and inform this report.

Ethnographic fieldwork. Three embedded rotations per site, led by a researcher living in each community. This includes structured participant observation, community engagements such as attending local meetings, visiting institutions, and spending time in service settings, as well as sustained presence in community spaces over time. The first rotation of five to six weeks per site is complete and informs this report.

Most data were collected after enrollment and before participants received their first transfer, though some survey responses and interviews were completed shortly after the first payment began. This report is intended to describe who is in the study and the conditions participants report at the outset, establishing a baseline for understanding how their experiences evolve over time.

Who is in the study

Adults residing in one of the three participating counties with household income at or below 200% of the federal poverty level were eligible to apply to receive \$1,500 per month for 16 months through GiveDirectly's RISE GMI program. A total of 1,680 applicants were randomly selected to participate in the program. Participation in the research is separate from the program itself: research participation is voluntary, has no effect on RISE payments, and participants can opt out at any time. Of the 1,680 program participants, 1,479 (88%) consented to participate in the research: 498 in Mercer County, 485 in Beaufort County, and 496 in Warren County.

The sample is predominantly female (84%) with an average age of 41. Overall, 60% of participants are Black and 39% are White, though this varies substantially across sites. About half of participants are single, and 20% report a disability. Average household income is approximately \$18,600, and nearly two thirds of participants fall below the federal poverty level. Over a third (36%) are below 50% of the federal poverty level. The average household size is about three people. A full demographic breakdown by county is presented in Table 1.

THE SETTING: THREE COUNTIES

Mercer County, West Virginia

Population 59,000 · Median household income ~\$48,000

Mercer County (population 59,000) sits in the mountains of southern West Virginia, anchored by Princeton and Bluefield along the Bluestone River corridor. The county is predominantly White (89%) with a median household income of approximately \$48,000. Historically shaped by coal, rail, and manufacturing, Mercer now serves as a regional hub for surrounding counties, with healthcare emerging as the largest employment sector and some visible economic reinvention, including the Hatfield–McCoy ATV trail system, which has transformed former coal company land into a major recreational destination.

Mercer's role as a regional hub complicates how its labor market should be understood. The county shows signs of post-2020 job growth, but nearly 2,900 more workers commute into Mercer than commute out. At the same time, disability prevalence is 43% and the employment-to-population ratio is 47.5%, pointing to high levels of non-employment among residents. Together, these patterns suggest that the presence of jobs does not necessarily mean access to work for many people living in the county.

Health is a defining challenge in Mercer County: life expectancy is 68.7 years (compared to 74.5 for peer rural counties), depression affects 31% of adults, and drug overdose deaths are 118 per 100,000, more than four times the peer rural rate. Many participants we spoke with had been touched by the opioid crisis in some way, whether through personal experience, family, or neighbors.

During fieldwork, the most immediate impressions were the beauty of the landscape, which residents spoke about with pride, and the openness of the community. Participants often described a close-knit place where family and neighbors remain important parts of daily life. Several described informal support that is woven into ordinary routines: rides, meals, help after a loss, or caregiving. At the same time, participants also described traveling as far as three hours away for medical care, limited infrastructure in some areas, and daily life shaped in significant ways by addiction and health crises.

Taken together, Mercer is a place where strong informal support and local attachment coexist with severe health burdens and a labor market that is not well aligned with many participants' circumstances and capacities.

Warren County, Mississippi

Population 44,000 · Median household income ~\$57,000

Warren County (population 44,000) sits on the bluffs above the Mississippi River, with Vicksburg as its county seat. It is a place where history is highly visible, embedded in the landscape, commemorated in monuments and museums, and woven into local identity. The county is approximately 49% Black and 47% White, with a median household income of approximately \$57,000. But that median obscures sharp internal inequality. Warren has the highest measured income inequality of the three study counties: tract-level median household income ranges from roughly \$28,000 to more than \$100,000 across the county. In some parts of the county, fewer than one in ten residents live in poverty, while in others it is closer to one in three. Child poverty is 33%, with deep child poverty reaching 28–55% in the most affected tracts.

Statistically, Warren has the highest per-job pay of the three counties, a near one-to-one jobs-to-workers ratio, and major institutional and transportation assets tied to the river, I-20, and a large federal presence. Higher-paying jobs exist here, but the county's wage picture is complicated by who those jobs reach and who they do not. Government accounts for nearly 25% of employment, driven largely by a single federal facility that employs roughly 14% of the county's workers and pays an average salary of nearly \$96,000. The casino industry also brought jobs and tax revenue in the 1990s but has not translated into broad-based prosperity for low-income residents. Non-residents hold a disproportionate share of higher-earning jobs.

During fieldwork and interviews, participants often expressed both pride in Warren's history and frustration with the conditions they were navigating. Many spoke about deep roots in the county, while also noting that the institutions and development most visible there do not always feel oriented toward the people living most precariously. Participants spoke candidly about transportation dependence, utility assistance that runs out before need does, and the presence of gun violence and safety concerns as realities of daily life. They also identified Mississippi's decision not to expand Medicaid as a significant part of their context, leaving many without a clear path to health insurance. Taken together, Warren is a place where economic and institutional resources coexist with inequality and uneven access to opportunity.

Beaufort County, North Carolina

Population 44,600 · Median household income ~\$58,000

Beaufort County (population 44,600) sits on the inner coastal plain of eastern North Carolina, with the city of Washington along the Pamlico River serving as its largest city and county seat. The county is approximately 66% White, 23% Black, and 8% Hispanic, with a median household income of about \$58,000. It is a place of natural beauty, with a waterfront that draws tourists, retirees, and second-home owners.

Although Beaufort's median household income is the highest of the three study counties, that figure is partly sustained by income brought in from outside the county through commuting, along with retiree and transfer income. As a result, county-level income measures can look more favorable than the local wage structure actually is for many working-age families. Beaufort also has the highest rent burden of the three counties, high child care costs, and a child poverty rate of 32%. In addition, 87% of Beaufort's children live in tracts classified as Low or Very Low opportunity on the Child Opportunity Index, pointing to broader structural constraints in the neighborhoods where many families are raising children. A central challenge here is not only limited local opportunity, but the uneven geography of access to stable, adequately paying work and key resources.

During fieldwork and interviews, participants often described Beaufort as a county that feels very different depending on where you are. Washington's waterfront and downtown stood out as places with shops, services, and relatively easy access to everyday needs. But participants outside the city center often described a more dispersed social environment and thinner ties with neighbors. Several participants also spoke about persistent safety concerns and about development that feels more oriented toward visitors and newcomers than toward the needs of low-income families already living in the county. In Aurora especially, participants described the cumulative effects of disinvestment, including school closures, long trips for groceries, and the loss of stores and other local resources people once relied on. Taken together, Beaufort is a county where jobs, services, and development are present but not evenly accessible.

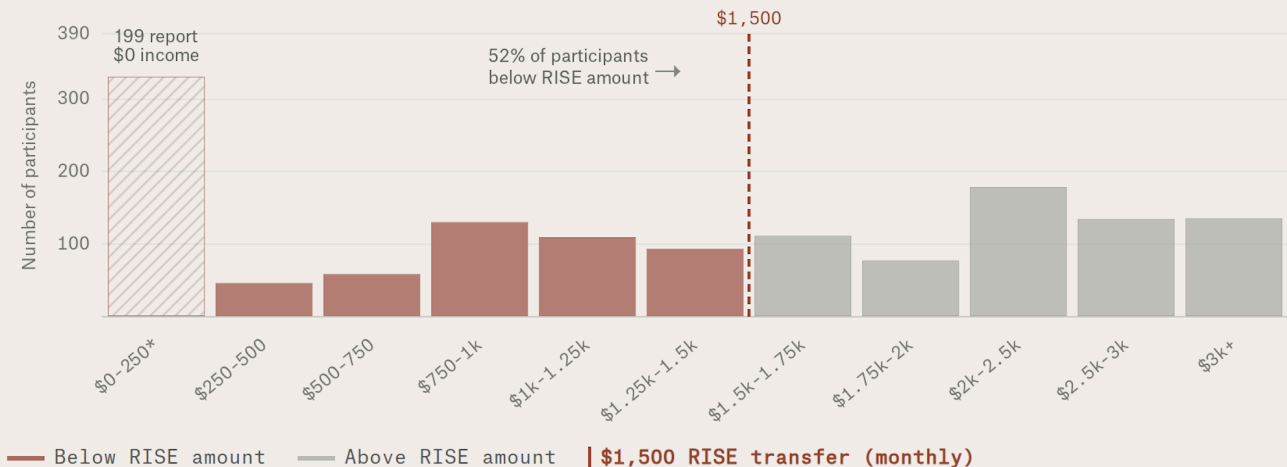
INSIGHT 01

Participants enter RISE with little financial margin

A defining feature of participants' financial circumstances at baseline is not simply low income, but how little financial margin most households have. Median monthly household income is \$1,400, with a quarter of participants reporting less than \$450 a month. For roughly half of participants, the monthly RISE transfer of \$1,500 is larger than their current monthly income.

Distribution of baseline monthly household income

MEDIAN INCOME **\$1,400/mo** REPORT \$0 INCOME **13.5%** BELOW RISE TRANSFER AMOUNT **52% of participants**



Gross pre-tax monthly household income (does not include transfer). N=1,472. The \$0-250 bin includes 199 participants reporting \$0 income and 132 reporting \$1-249. Bars spanning \$2,000-3,000 and \$3,000+ are combined for display. RISE transfer amount shown for reference only.

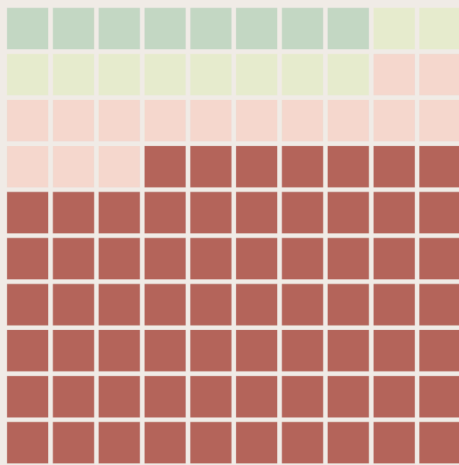
For many, the cost of basic needs alone consumes nearly all available income before any unexpected expense arises. Housing, utilities, and food total roughly \$1,500 per month on average—only about \$50 less than participants' average monthly income. This does not include transportation, medical costs, childcare, or other common expenses. For parents, core expenses are even higher. In practical terms, most households are operating with little or no financial buffer.

That lack of buffer is visible across multiple measures of financial security. 67% of participants report having no savings, 83% say they could not cover a \$400 emergency expense, and nearly seven in ten report running out of money before the end of the month nearly every month. More than three quarters experience at least one indicator of food hardship and a similar share report some form of material hardship, most commonly falling behind on bills.

Savings are limited, and monthly shortfalls are common

SAVINGS

67% no savings



- No savings 67%
- Under \$100 15%
- \$100-\$499 9%
- \$500+ 8%

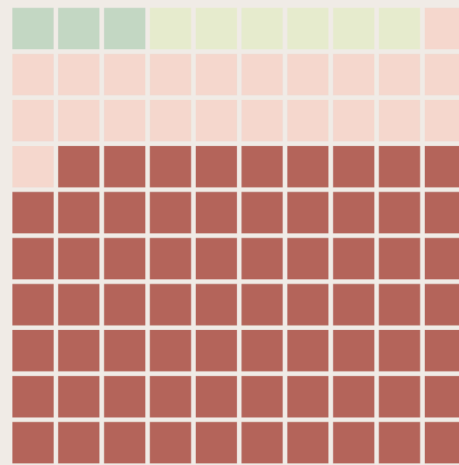
Each square = 1% of participants.

Savings includes household cash, checking, and savings accounts, but excludes retirement accounts.

Running out of money refers to how often the household ran out of money between paychecks or before month's end in the past six months.

RUNNING OUT OF MONEY (LAST 6 MONTHS)

69% almost every month

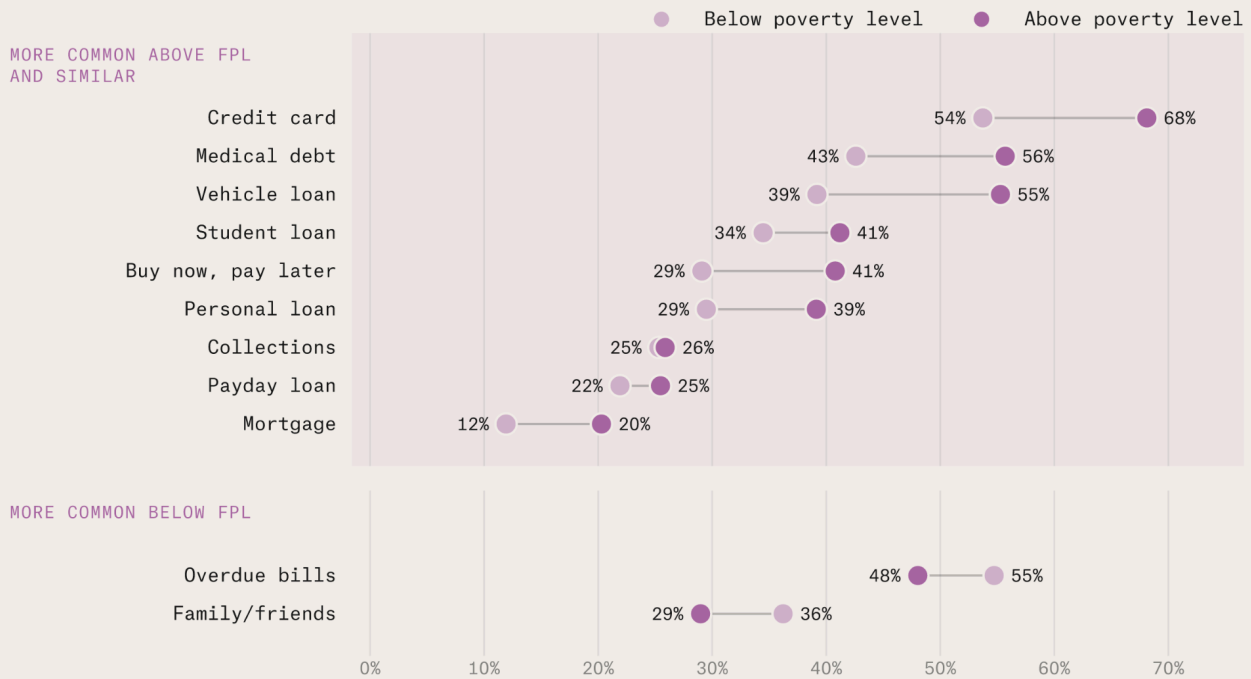


- Almost every month 69%
- Sometimes (2-3 times) 22%
- Rarely 6%
- Never 3%

Debt compounds these pressures. Excluding mortgages and home equity loans, 87% of participants carry some form of debt, with an average debt load of \$19,049 and a median of \$8,500. Among those with debt, only 13% report actively paying it down, meaning they are paying more than the minimum and their balance is declining. Lower-income participants report lower total debt overall, but the composition of debt differs across income groups. Higher-income participants are more likely to report several forms of formal debt, including credit card debt, vehicle loans, medical debt, and student loans, while lower-income participants are comparatively more likely to report owing money to friends or family and having overdue bills. Lower total debt among lower-income participants, then, likely reflects more limited access to formal credit and fewer opportunities to borrow.

Debt composition differs across income groups

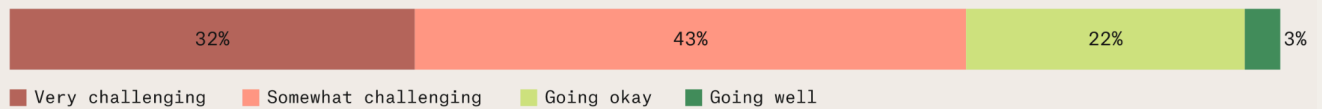
Among participants with any debt, share reporting each debt type by federal poverty level status



FPL = federal poverty level. Percentages are among participants who reported having any debt (n = 1,257); participants could report more than one debt type.

Not surprisingly, finances emerge as the most widespread and severe challenge participants identify in their lives. Three in four rate their financial situation as somewhat or very challenging, far exceeding any other domain.

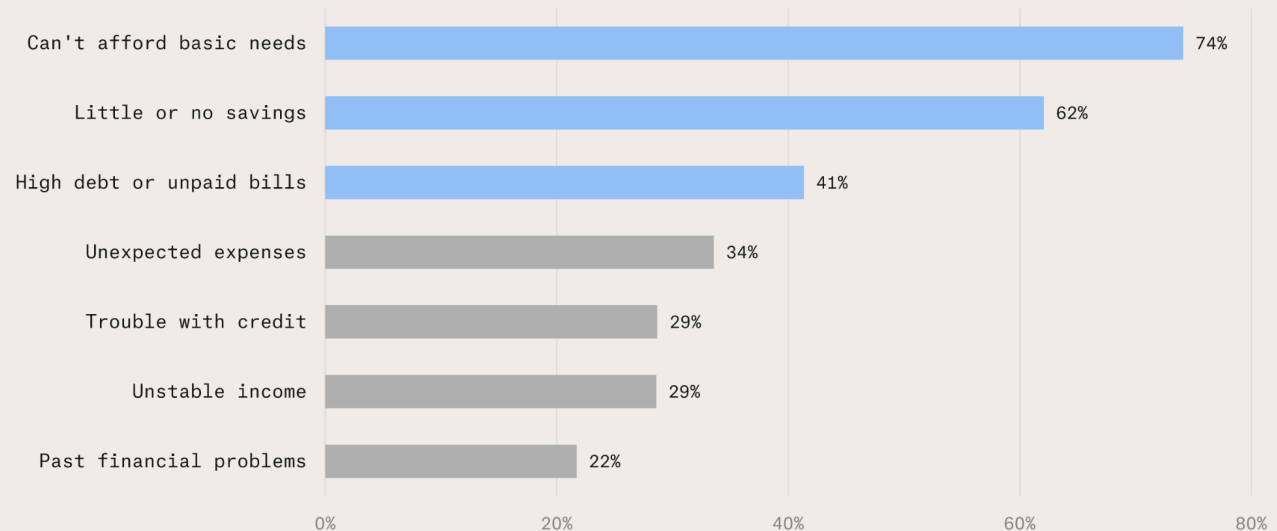
Three in four participants say money and finances are challenging



Finances also stand out in severity: 32% rate them as “very challenging,” and virtually everyone who experiences financial challenges identifies money and finances as one of the top three barriers making life harder and holding them back from building the life they want. When participants who report financial challenges are asked about specific financial barriers, the most common are inability to meet basic needs, lack of savings or emergency funds, and high debt or unpaid bills.

Participants most often point to basic needs, savings, and debt

Share reporting each financial barrier among participants who said money and finances were challenging



Percentages are among participants who said money and finances were challenging (n = 1,105). Participants could select more than one barrier. Four less common categories are not shown.

Without a buffer, even small disruptions can become difficult tradeoffs. In interviews, participants described how quickly strain compounds when there is no cushion, often forcing them to sacrifice one basic need to meet another.

“Would you rather go buy a meal to feed your family or pay that bill? I know we’re going to need that sewage to flush our toilets. But at the same time, my family needs to eat.”

PARTICIPANT, MERCER COUNTY

These were not framed as one-time crises, but as recurring decisions that structured day-to-day life. Financial pressure was not a discrete problem; it shaped how participants talked about nearly every area of life.

“Once you’ve focused so much on basic survival, your brain gets locked in that mode and it’s hard for you to even think about anything but surviving.”

PARTICIPANT, MERCER COUNTY

Income level differentiates hardship more clearly than employment status. Participants below 100% of the federal poverty level report higher hardship across all material hardship indicators, with especially large gaps in service disruption, housing hardship, and housing displacement.

Severe hardship concentrates below the poverty level

Share of participants reporting each hardship in the past 12 months · By federal poverty level

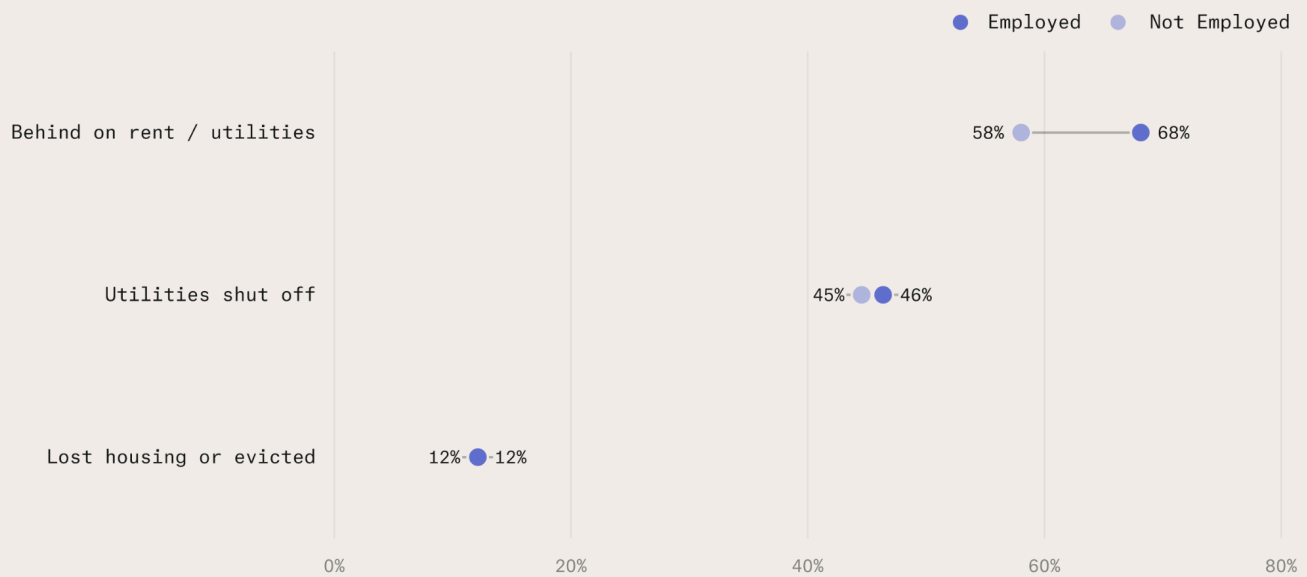


FPL = federal poverty level. "Not employed" includes retirees.

Employment, meanwhile, does not reliably insulate participants from hardship. About 60% of participants are employed (inclusive of informal employment) and earn nearly double the income of those not employed (\$23,079 vs. \$11,798), yet they report a higher overall rate of any past-year material hardship and higher rates on two specific hardship indicators: bill/payment delinquency and utility hardship. In this sample, employment does not necessarily create enough financial margin to prevent common forms of hardship.

Material hardship is widespread across employment status

Share of participants reporting each hardship in the past 12 months · By employment status



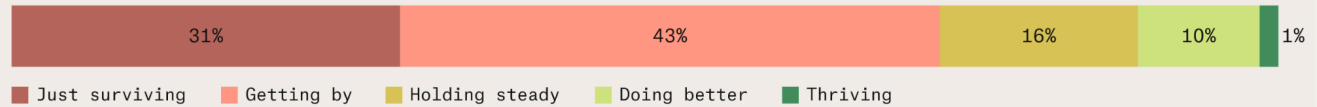
FPL = federal poverty level. "Not employed" includes retirees.

The limits of employment are especially visible among the 9% of participants who are only occasionally employed through gigs, side jobs, or odd jobs. These individuals report the highest rate of any material hardship in the past 12 months (83%) of any employment status group, though this difference should be read cautiously: half of this group falls in the 0–50% FPL range, so some of the elevated hardship likely reflects income level rather than employment status alone. Still, the uncertainty and instability associated with irregular work present their own challenges, distinct from those faced by participants who are steadily employed or fully out of the workforce.

Employment also interacts with access to formal support. Full-time employed participants receive substantially less assistance, averaging 2.2 sources of institutional support compared to 3.7 for those not employed, a pattern consistent with income-based eligibility thresholds that withdraw support faster than earnings replace it. In qualitative interviews, unstable hours emerge as the most common employment challenge among those working, and several participants describe losing benefits once they start earning, making it harder to catch up, much less get ahead.

Though individuals vary in the severity of their challenges and the specific barriers they face, financial pressure is a central experience across most participants. When asked to characterize their overall situation, 31% say they are “just surviving” and another 43% say they are “getting by.” Only 1.5% describe themselves as “thriving.”

Most participants describe themselves as surviving or getting by



Percentages show participants' responses to a five-point question about how life feels overall these days.

These conditions are not static. In interviews, participants recount constraints arriving suddenly, such as a diagnosis, a death in the family, or a car accident. Others build gradually through accumulating strain: a car that needs increasingly frequent repairs, caregiving responsibilities that expand, health conditions that make work less and less possible. Without a financial buffer, even a modest disruption can reshape daily life entirely.

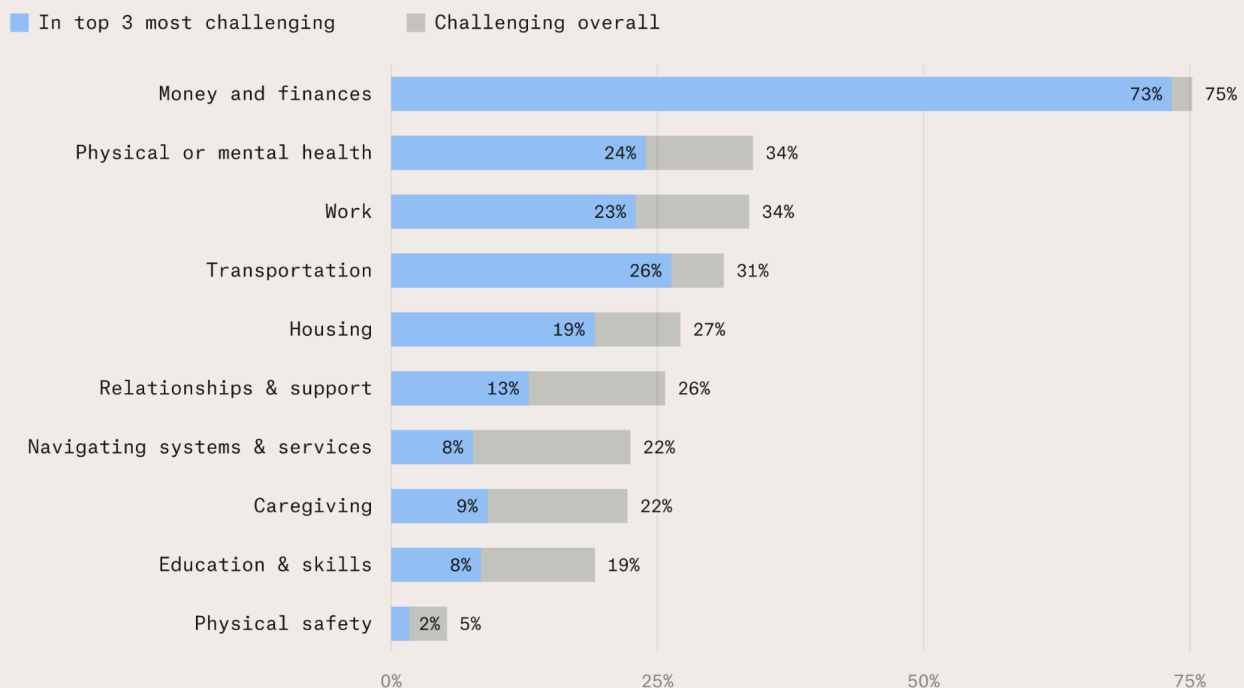
INSIGHT 02

Barriers are widespread and often interconnected

Participants rarely face a single, isolated problem. Instead, they are navigating overlapping pressures that span multiple areas of life at once. We ask participants how things are going across many domains, including health, housing, support, caregiving, transportation, education, relationships, safety, work, and government or legal matters. The most commonly reported areas of difficulty after finances are health (34%), work (34%), and transportation (31%), with similar distributions across the three counties.

Challenges span multiple areas of life, but finances dominate

Share rating each area as somewhat or very challenging, and share ranking it among their top 3 challenges



Gray bars show the share rating each area as somewhat or very challenging. Blue bars show the share ranking that area among their top 3 challenges.

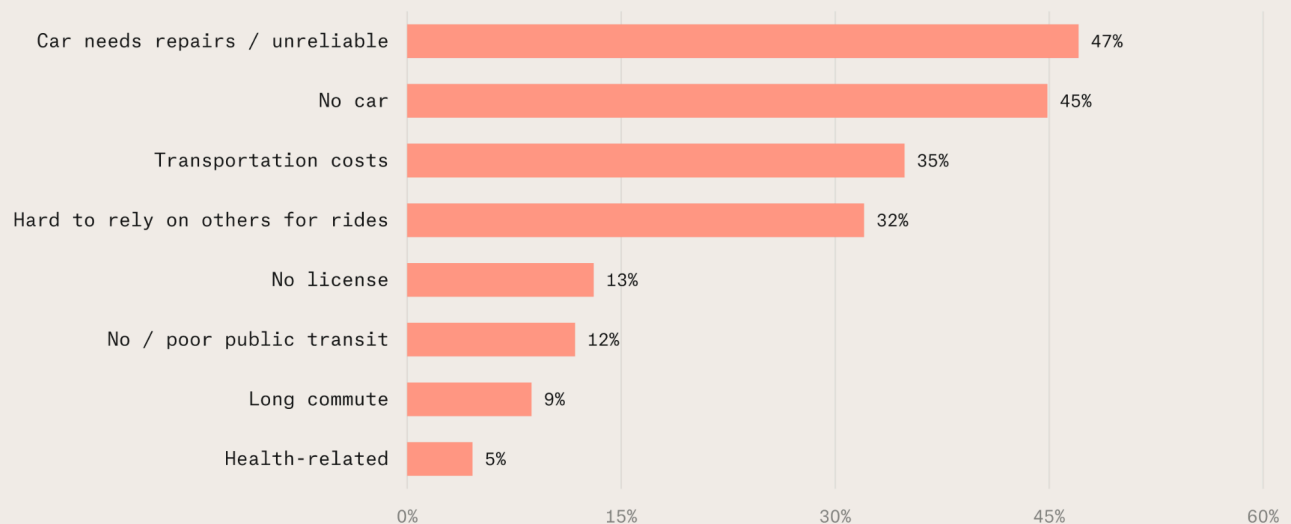
When participants rate a domain as challenging, they are asked a follow-up question about the specific barriers contributing to that difficulty. Across those responses, financial barriers accounted for 46% of all specific barriers selected, regardless of domain. When people are struggling with health, work, housing, or transportation, the specific barriers they point to are often financial: they cannot afford medication, cannot cover car repairs, or cannot pay rent.

But finances are not the only thread connecting these challenges. On average, participants report three domains as challenging, and more than a quarter (26%) report two or more areas that are very challenging. The barriers participants identify within each domain frequently overlap, not only because financial pressure runs through many of them, but because constraints in one area often create or worsen constraints in others.

Transportation offers a clear example. When participants report transportation as challenging, they almost always rank it among their top three most challenging domains. The specific barriers participants identify—a vehicle that needs repairs or is unreliable, no vehicle at all, or transportation costs that are too high—extend far beyond transportation itself.

Car access and reliability are the top transportation barriers

Share selecting each barrier among participants who rated the selected area as challenging · Transportation



Percentages are among participants who rated the selected area as somewhat or very challenging (n = 459). Participants could select more than one barrier.

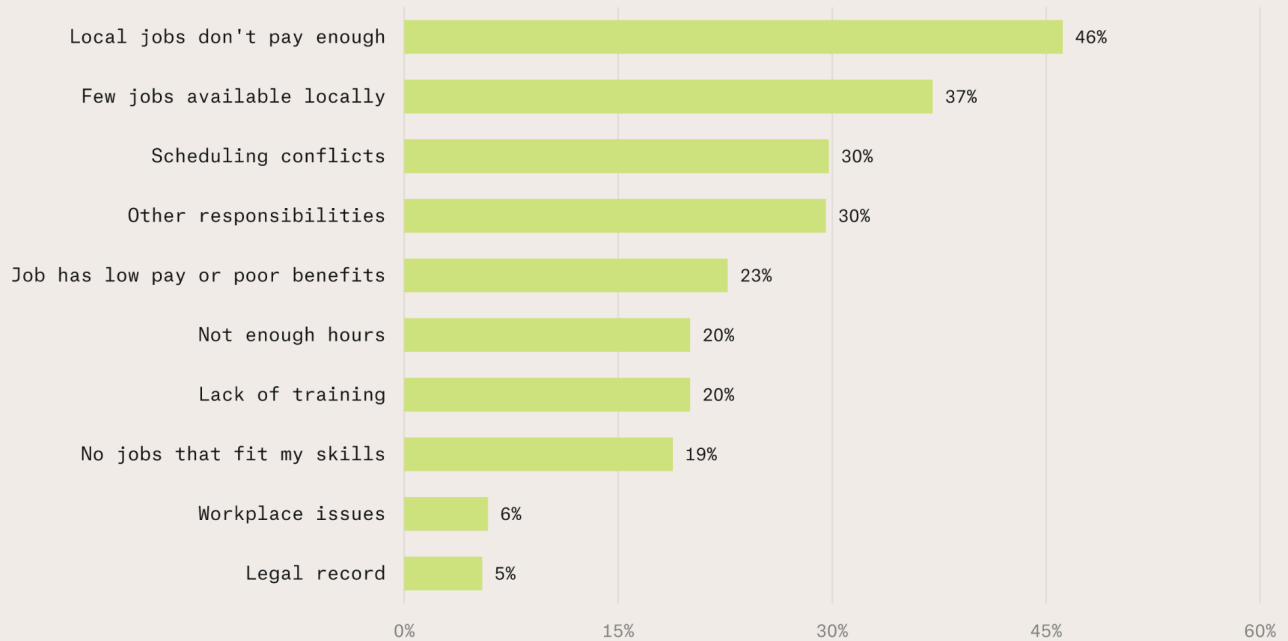
In interviews, participants describe how unreliable transportation affects their ability to work, access healthcare, buy food, and manage family responsibilities. One participant in Beaufort shares a vehicle across five adults in her household. As a result, no one can maintain full-time employment. Without stable work hours, the household does not qualify for SNAP, forcing her to rely on food banks she struggles to reach without consistent transportation. What begins as a barrier in one domain quickly becomes a constraint in several others.

Work-related challenges are similarly entangled. Among participants who report difficulty with work, the most common barriers are that available jobs do not pay enough or lack benefits (46%) and are too far away (37%). But these are often compounded by other constraints. The next most common work-related barriers participants identify are health issues, caregiving responsibilities, and transportation problems. Together,

these constraints shape what jobs participants can take, how many hours they can work, how far they can travel, and whether they can sustain employment over time. Employment challenges reflect both the structure of local labor markets and the realities of participants' lives outside of work.

Pay and local job availability are the top work barriers

Share selecting each barrier among participants who rated the selected area as challenging · Work



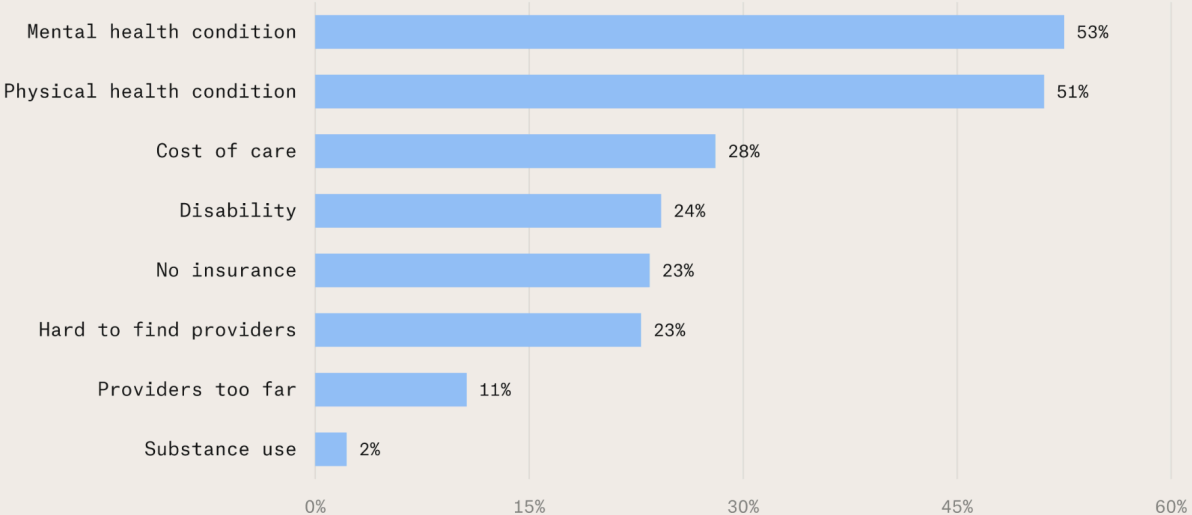
Percentages are among participants who rated the selected area as somewhat or very challenging (n = 494). Participants could select more than one barrier.

The qualitative data make the interconnected nature of barriers especially clear. Across the three counties, roughly half of participants were working at the time of their interviews. Among those who were not, most were out of the workforce due to disability or serious health conditions, caregiving responsibilities, or temporary medical leave. Here too, barriers rarely operated in isolation. One participant has been unemployed for nearly a decade since his employer closed; ongoing health issues and lack of transportation limit his job search to a narrow geographic area with few opportunities. Another turned down job offers because she needs to be home when her children get off the bus. In both cases, employment barriers are inseparable from health, transportation, and caregiving barriers.

Health challenges follow a somewhat different pattern. While health is the second most commonly reported area of difficulty, the barriers participants identify are often the conditions themselves rather than structural factors like cost or provider access. Ongoing mental health conditions (53%) and physical health conditions (52%) are the most frequently reported barriers, a near-even split that underscores how central both are to participants' daily lives.

Mental and physical health conditions top health barriers

Share selecting each barrier among participants who rated the selected area as challenging · Health



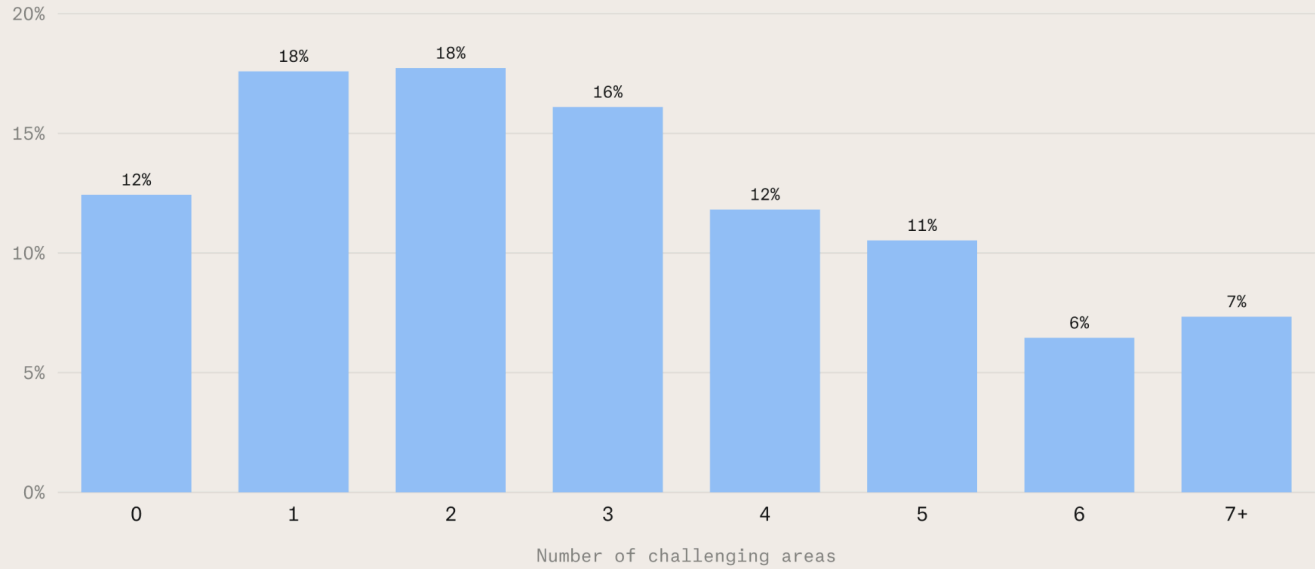
Percentages are among participants who rated the selected area as somewhat or very challenging (n = 499). Participants could select more than one barrier.

In qualitative interviews, only one third characterize themselves as being in good health. Many live with chronic conditions that shape daily routines and limit what is possible. Some have never been able to work because of their health. Others point to a sharp turning point where a crisis disrupted an otherwise stable situation, leading to job loss, financial strain, and reduced mobility. This distinction matters: some barriers are closely tied to immediate financial constraints that may shift as resources change, while others reflect longer-term conditions that participants have managed for years.

The typical participant is managing moderate challenges across an average of three domains of life, but there is meaningful variation. While about half report no domains that are “very challenging,” those with the lowest incomes face both more widespread and more severe difficulties, with fewer reporting zero very challenging areas and more reporting difficulty across three or more.

Most participants report challenges across multiple areas of life

Share of participants by number of life areas rated as somewhat or very challenging

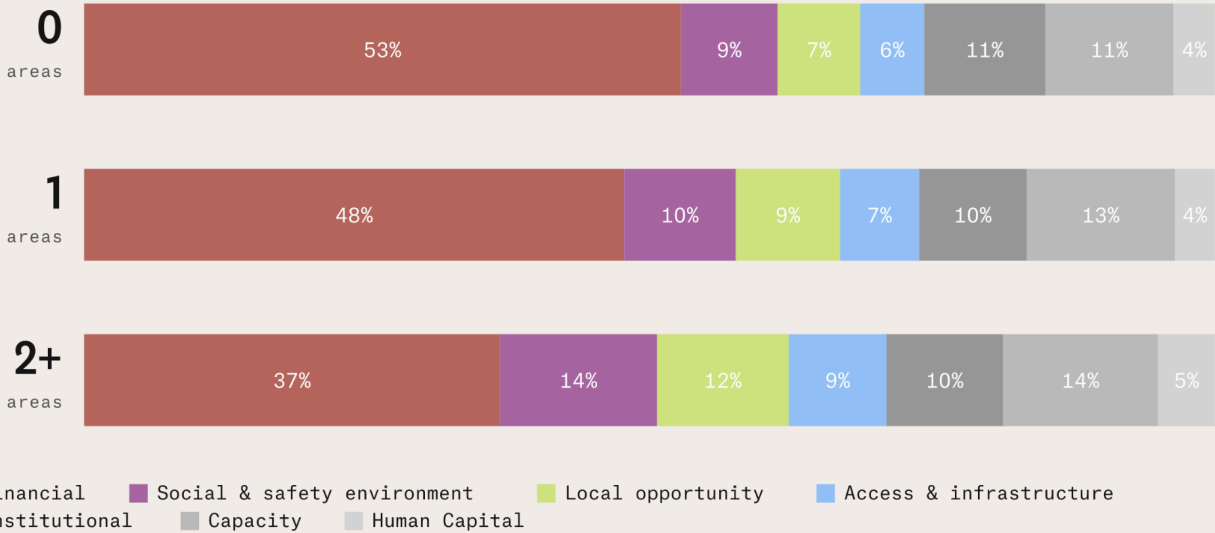


The 7+ category combines participants reporting seven or more challenging areas.

As challenges become more severe, the nature of barriers shifts as well. For participants without any “very challenging” domains, financial barriers make up the majority of reported barriers. But among those facing serious challenges across multiple areas, financial barriers are joined by social ones, such as isolation or lack of support, and local or structural barriers, such as limited job opportunities or inadequate services. For these participants, financial pressure remains central, but it is only one part of a more complex set of constraints.

As challenges increase, barriers diversify

Share of total barriers in each category by number of life areas rated very challenging



Taken together, these patterns show not only which barriers are most common, but how participants experience them as interconnected and mutually reinforcing. A central question going forward is how these dynamics evolve over time: which barriers, if any, ease, which persist, and how shifts in one area of life affect others.

INSIGHT 03

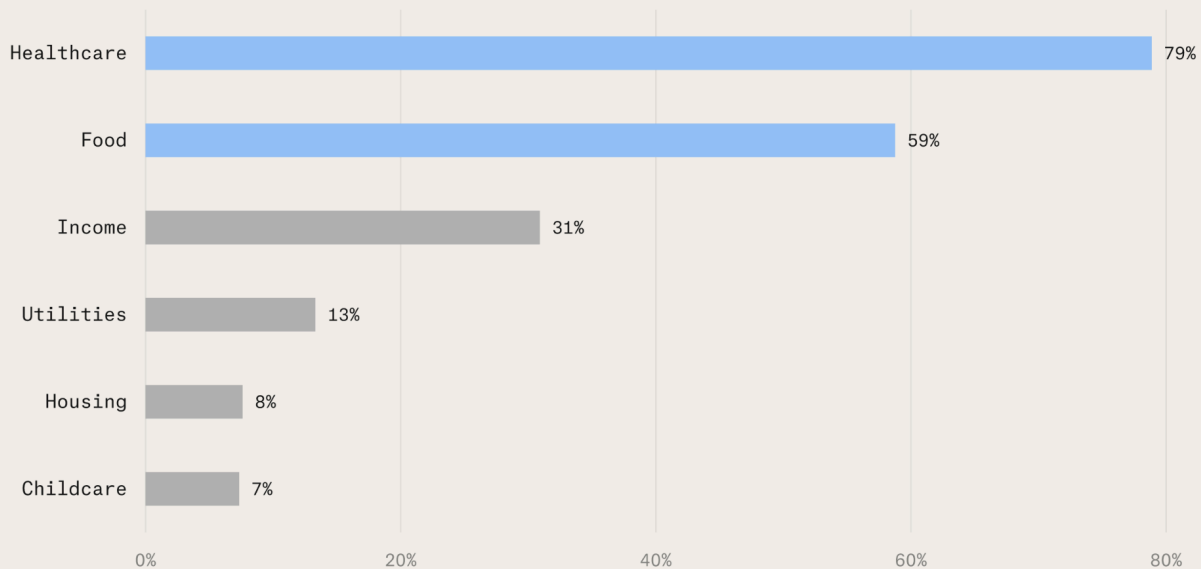
Support is layered, reciprocal, and uneven

Income is not the only way people make ends meet. Alongside earnings and savings, participants draw on a combination of government programs, informal social networks, and community resources. Yet these supports do not add up to a stable safety net. They are better understood as a patchwork: important, often indispensable, but uneven and incomplete.

Government and institutional support reaches most participants. Overall, 88% of participants receive some form of government or institutional assistance, averaging two sources. Healthcare and food account for the large majority: healthcare coverage reaches 79% of participants and food assistance reaches 59%.

Government support is deepest for healthcare and food

Share of participants receiving government support in each area



Participants could report support in more than one area.

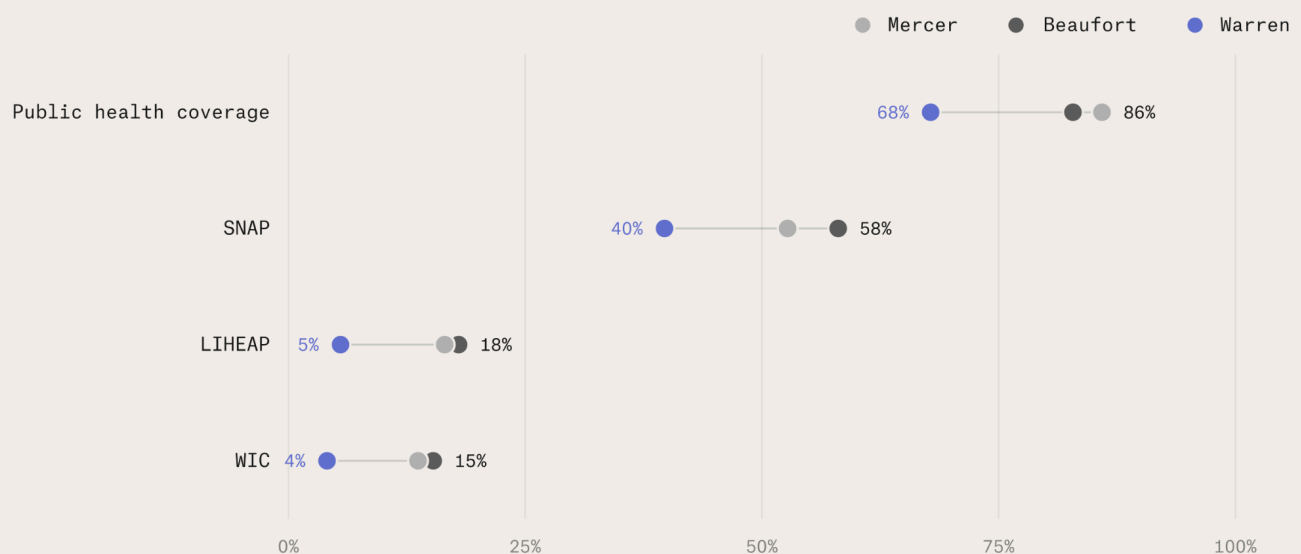
Beyond healthcare and food, however, institutional support drops sharply. Utility assistance reaches only 13% of participants, despite utilities being among households' largest recurring expenses. NGO and community-based support appears to fill part of that gap: about 30% of participants report receiving support from NGOs or community organizations, most commonly help with utilities such as heat, water, electricity, or internet, which reaches 18% of participants.

Housing and child care show a similar pattern of thinner institutional support. Housing assistance reaches only 8% of participants, and only 7% receive institutional child care assistance even though about a third of participants have a child under five in the household. The safety net is deep in some domains and shallow in others, including some of the areas where participants face their largest ongoing costs.

The unevenness in support also has a geographic dimension. Participants in Warren County report systematically lower rates of support across nearly every measure: SNAP (food assistance) reaches 40% there compared to 53–58% in the other two counties, LIHEAP (energy assistance) reaches 6% compared to 17–19%, and healthcare coverage reaches 68% compared to 83–86%. These differences are important context for understanding how place shapes the resources available to participants at baseline.

Warren County reports lower rates of government supports

Share of participants receiving selected government supports, by county



Supports are ordered by highest overall receipt rate.
Public health coverage includes Medicare, Medicaid, CHIP, or other state health plans.

Alongside institutional support, more than 60% of participants report receiving some form of informal support from friends, family, or community. In qualitative interviews across all three counties, participants describe a web of material exchanges within families and communities that functions as an informal safety net: housing provided to prevent homelessness, utility bills covered during a crisis, cars handed down or gifted, childcare shared across households, and caregiving exchanged across generations.

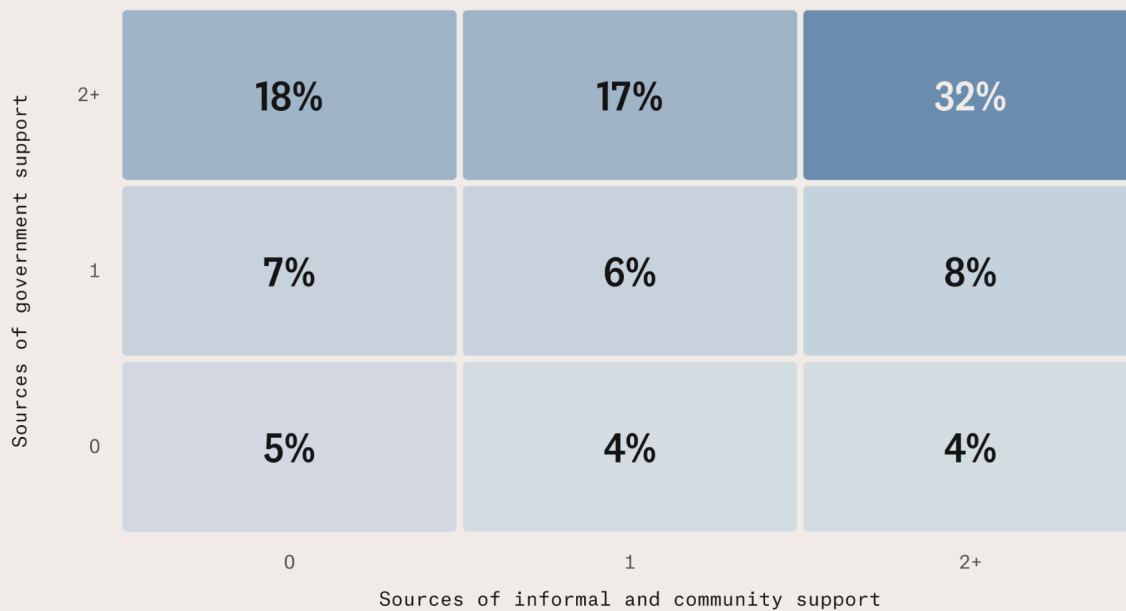
In the baseline survey, 42% of participants report receiving direct financial help from others; among those, roughly 42% say they rely on it only a little and 21% not at all. But these figures likely understate the full picture. The qualitative data suggest that some forms of material support, such as a plate of food from a neighbor, a family member covering a utility bill, or an uncle repairing a car, may not register as “financial help” in a survey context, even though they meaningfully reduce financial pressure.

One reason may be that support relationships described in qualitative interviews are rarely one-directional. One participant drives her mother to medical appointments; in return, her mother paid for her car. A son provides daily transportation for his legally blind father; the father cooks for him several times a week. A participant cares for her elderly father next door; he mows her grass and lends her money when finances are tight. When support flows in both directions, people may not think of what they receive as assistance because they are also giving. It may feel like mutual exchange, or simply how life is organized.

Notably, government and informal support appear to operate as overlapping rather than competing systems.

Formal and informal supports often overlap

Share of participants by number of government and informal/community support sources



Percentages show combinations of support sources reported by participants. Categories are grouped as 0, 1, or 2+ sources.

Receiving institutional assistance is not associated with reporting less informal support, or vice versa. The two often coexist, and most participants draw on multiple sources simultaneously, piecing together stability through combinations of formal assistance, family exchange, and community help.

Yet despite these layered supports, most participants remain under significant strain at baseline. They are not navigating hardship without support, but neither are they supported in ways that reliably create security. The supports help people get by, but often do not close the gap between what they need and what they have.

A central question for future analyses is how these support configurations evolve: how participants describe using and combining different forms of support over time, whether those sources remain stable, and what role the cash plays alongside them.

INSIGHT 04

What participants say they are focused on

Cash is flexible, and because participants can use the RISE cash however they choose, understanding what participants identify as important to them is essential to understanding how the program fits into their lives. Rather than measuring change only against researcher-defined outcomes, the study asks participants directly: what are you focused on, what would help most, and what is standing in the way?

Across these questions, the answers converge on a clear starting point. At baseline, participants are primarily focused on stabilizing their finances and meeting immediate material needs. Paying bills without falling behind is the most common priority, identified by 86% of participants. Seventy percent select money or improved finances as the single thing that would help most, and 48% say money or costs is the biggest barrier standing in the way. When asked which one of their priorities would make the biggest difference in their lives, the most common responses across all three counties are paying bills without falling behind, improving housing, and getting reliable transportation.

Meeting material needs would make the biggest difference for participants

Top responses to which priority would make the biggest difference in participants' lives right now

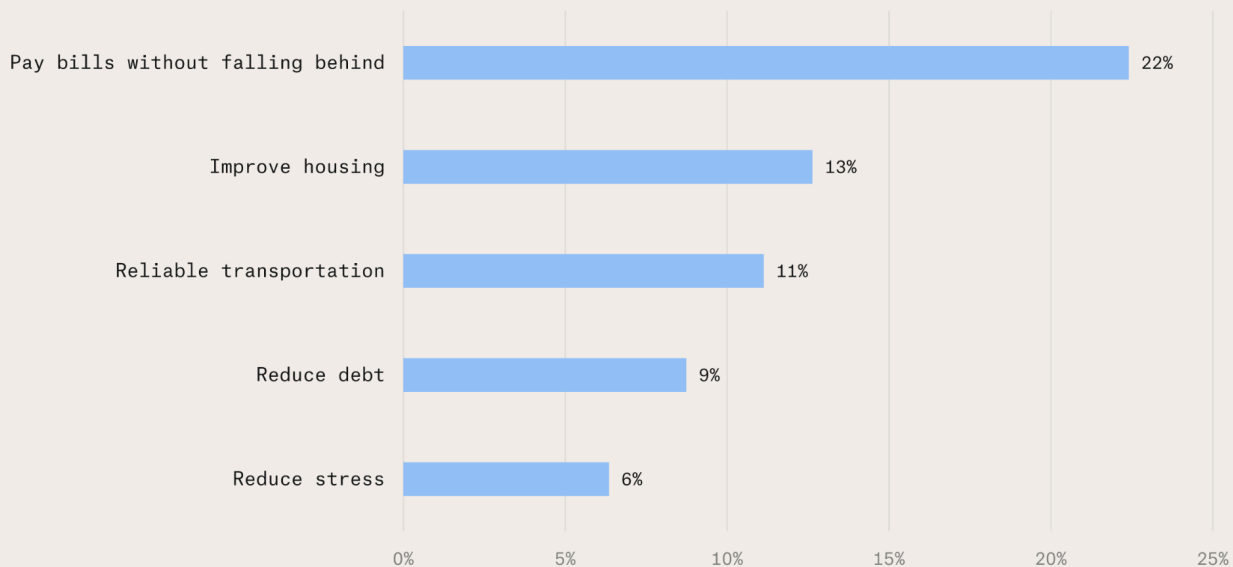


Chart shows the five most commonly selected response options

These responses reinforce that financial strain is a central feature of participants' baseline circumstances. The data also add something more specific: participants themselves see relief from immediate financial pressure as the most meaningful form of change.

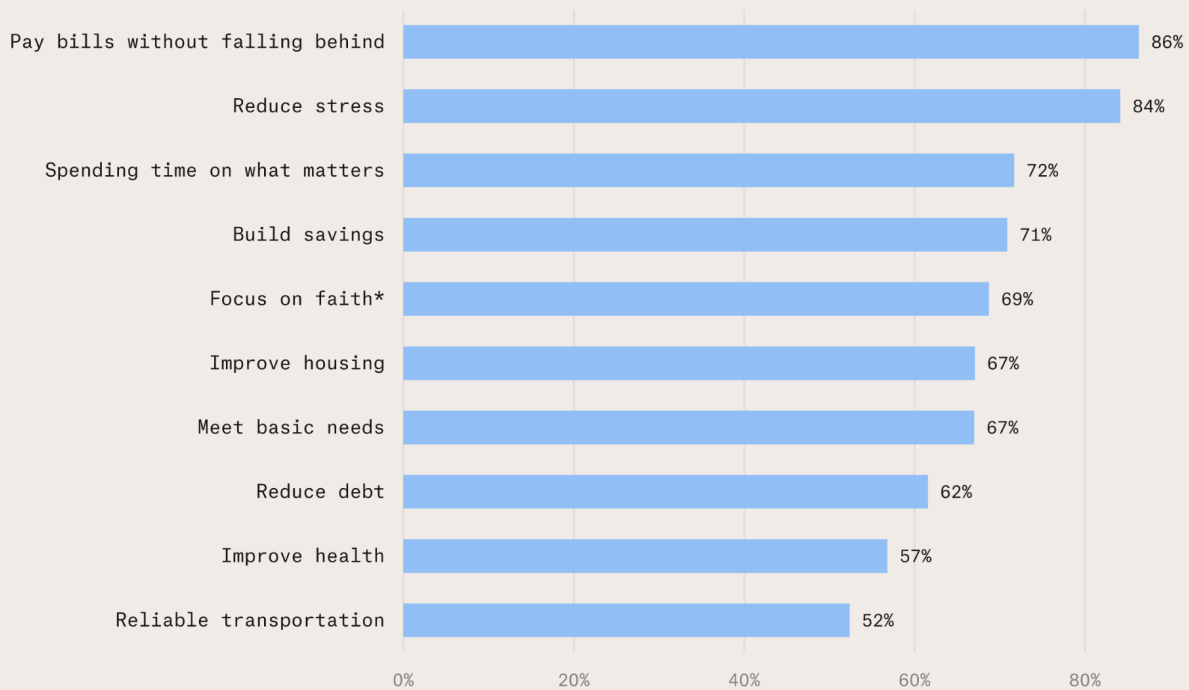
After identifying the one priority that would make the biggest difference, participants described what would be different in their daily lives if that priority were addressed. Two thirds describe changes in terms of stability: being caught up on bills, not having to choose between competing needs, or not worrying about what is due tomorrow. A smaller share describes change in more aspirational terms, such as returning to school or moving into a better job.

Even within the responses focused on relief from immediate burdens, there is an important distinction. About half are centered on emotional relief—lower stress, less worry, better sleep, feeling less overwhelmed—while the other half describe concrete, material improvements such as fixing a car or catching up on bills. Stress-centered responses are especially common among participants whose top priority is financial security. This pattern highlights something that appears throughout the baseline data: participants describe financial strain not only as a material constraint but as an ongoing drain on mental and emotional bandwidth. They are not simply trying to pay bills, they are trying to reduce the constant pressure of having to track, make trade offs, delay, and worry over expenses they cannot reliably cover.

At the same time, participants' priorities extend beyond finances. When asked broadly about their areas of focus, large majorities select reducing stress (84%), spending more time doing things they want to do (72%), and building savings (71%). In the first county, participants also consistently wrote in faith and spirituality as a priority even when it was not offered as a response option. Once added for subsequent counties, nearly 70% of participants named it as a priority.

Participants report a diverse set of priorities

Top 10 priorities selected by participants (any mention); multiple selections allowed



* Faith was added as a response option after Mercer fielding due to frequent write-ins; it was asked only in Beaufort and Warren.

When asked to narrow to their top three priorities, however, immediate material pressures tend to rise to the top, even as stress, time, and faith remain important parts of daily life. In interviews, stress in particular is described not as a secondary concern but as something that affects participants' bodies, sleep, and ability to function.

"I get worried that my stress levels might cause some physical problems if I don't get any kind of relief from it soon."

PARTICIPANT

Another described how stress compounds with existing health conditions: when your nerves go up you do not sleep, when you do not sleep you stay worn out, and when you have health problems on top of that, the strain multiplies.

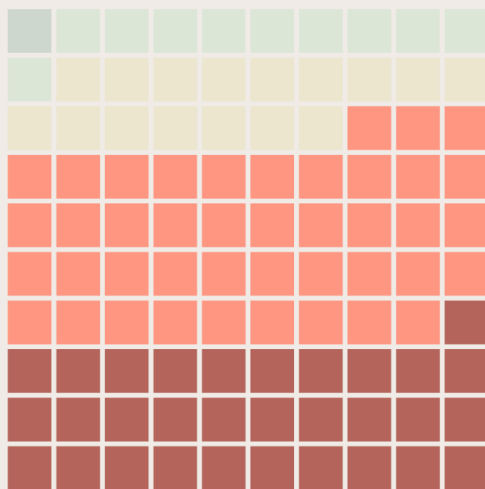
Participants also describe actively trying to manage that stress. Across qualitative interviews, faith and spirituality are among the most commonly mentioned strategies. One participant explained that she copes by giving "all my worries and cares to God," using affirmations and prayer to manage daily pressures.

Taken together, these data suggest a consistent structure to participants' priorities at baseline. Immediate financial stabilization is central, but it sits alongside a broader set of goals: reducing stress, gaining time, strengthening relationships, and maintaining spiritual grounding. Aspirational, longer-term goals are present for many participants, but they are often described as contingent—something to pursue once they meet immediate needs and secure a basic level of stability.

Struggling today, but optimistic for the future

TODAY

73% 'just surviving' or 'getting by'



■ Thriving 1%
■ Doing better 10%
■ Holding steady 16%
■ Getting by 42%
■ Just surviving 31%

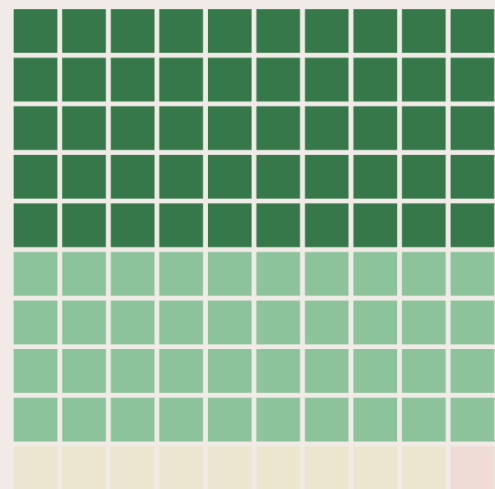
Each square = 1% of participants.

Today refers to participants' response to how life feels overall these days.

One year from now refers to how participants expect their overall situation to compare with today.

ONE YEAR FROM NOW

90% expect things to be better



■ Much better 50%
■ A little better 40%
■ About the same 9%
■ A little worse 1%
■ Much worse 0%

Participants' expectations about the future are striking. When asked how they expect their overall situation in one year to compare to today, 91% say they expect things to be better, including 40% who expect things to be a little better and 50% who expect things to be much better. This optimism is widespread, even among participants facing the greatest challenges: 88% of those who describe themselves as “just surviving” expect improvement.

The survey was administered after participants learned they had been selected for the program but before receiving their first payment. When participants overwhelmingly identify money as their biggest barrier and then find out they are about to receive \$1,500 a month for the next 16 months, expecting improvement is a reasonable response. In interviews, many participants explicitly connected their hopefulness to the RISE cash itself.

Across nearly every interview, participants described specific plans for their futures: returning to school, starting a business, changing careers, becoming more secure, giving back to their communities. These plans were almost always described in sequence. Participants struggling to meet basic needs focus first on stabilization, with longer-term goals framed as contingent on securing that foundation. The aspirational layer is almost always present, but it is typically conditional on first addressing more immediate constraints. Almost no one articulates only short-term survival needs. Almost everyone is trying to build toward something.

That context matters because optimism at baseline should not be mistaken for evidence that hardship is limited. Participants are under significant strain and still describe aspirations and hope for the future, often anchored in the expectation that additional income will make those plans more attainable.

INSIGHT 05

Participants enter the study from different starting points

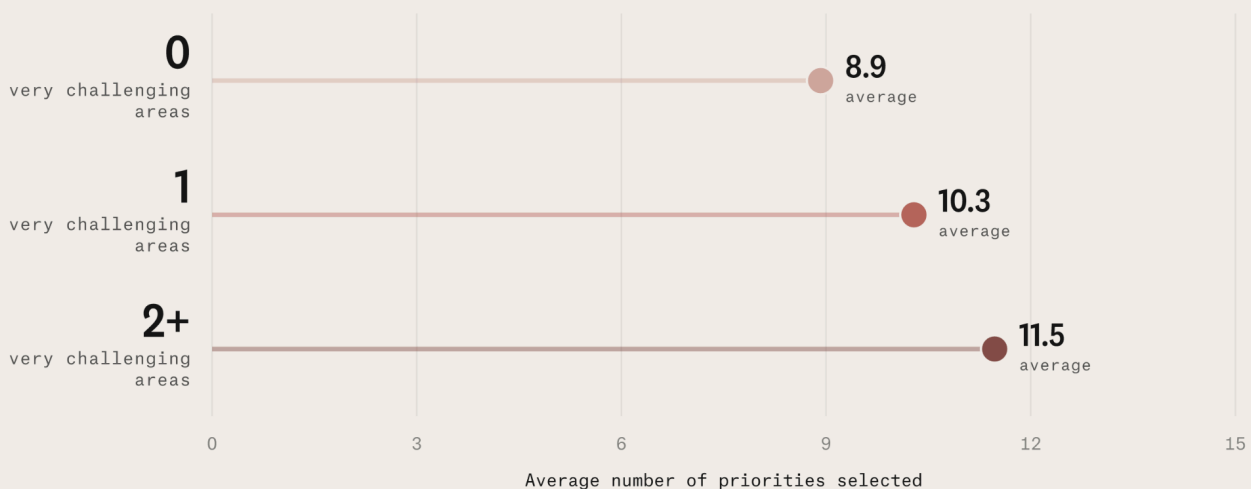
Although several dynamics—financial strain, overlapping barriers, layered support—are widely shared, participants do not enter the study from a single common baseline. Starting conditions vary meaningfully by income, age and life stage, the depth and breadth of challenges, available support, and county context. These are not small variations around one experience. They reflect distinct starting points that shape what participants are focused on and what trajectories may look like over time.

Constraint depth shapes what participants prioritize

The breadth of what participants identify as priorities is closely related to the severity of the challenges they face. The average participant selects roughly 10 out of 23 possible priorities, but participants who rate two or more areas of life as “very challenging” identify more. When multiple areas of life are under strain at once, more feels urgent. The breadth of priorities reflects the reality of managing overlapping pressures across finances, health, housing, caregiving, and transportation.

Participants with more severe challenges name more priorities

Average number of total priorities selected, by number of life areas rated very challenging



Average number of priorities selected out of 23 total options.

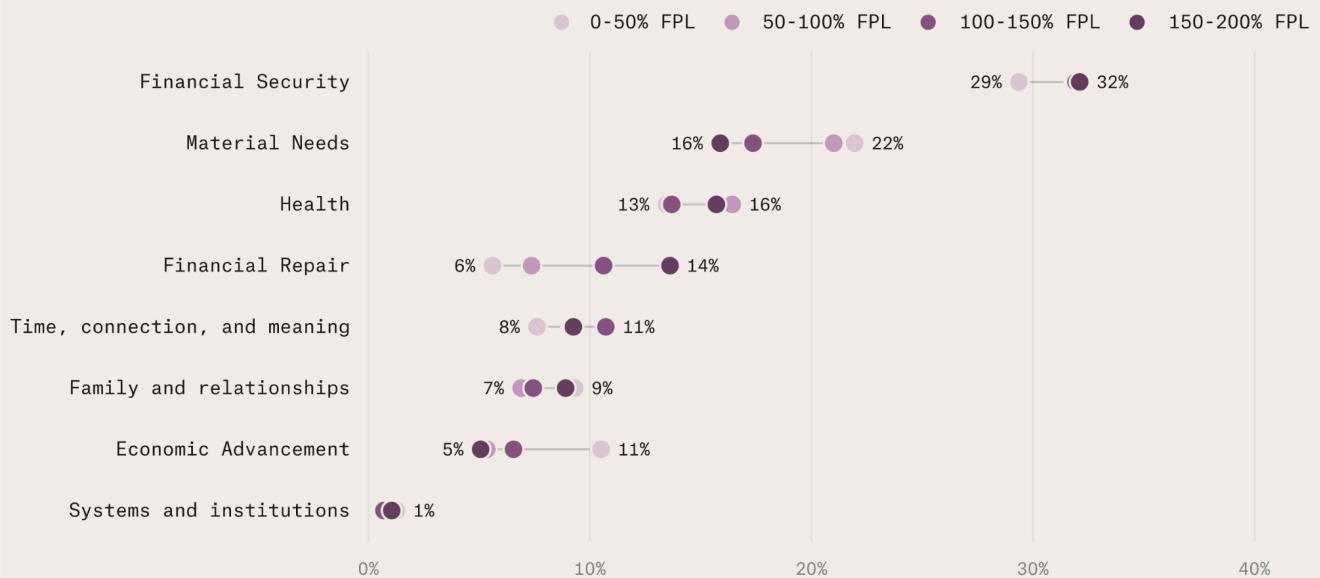
Differences in starting conditions are also visible across the income distribution. Financial stability is central for everyone, but priorities diverge beyond that shared core. Lower-income participants are more likely to focus on

securing basic material needs, such as reliable transportation and improved housing. Finding a job appears as a top-three priority only among participants with incomes below 50% of the federal poverty level.

Higher-income participants are more likely to focus on financial repair, particularly paying down debt and building savings. When asked what single change would make the biggest difference, participants at the lowest income levels are most likely to name reliable transportation, while those at higher income levels are most likely to name paying off or reducing debt.

Top priorities shift across the income distribution

Share of top-three priorities in each category, by household income



FPL = federal poverty level. Priority categories were created by grouping related responses to the priority question.

The lowest-income group also reports the most diverse set of top-three priorities, suggesting a need to stabilize multiple areas of life simultaneously. The highest-income group is more narrowly concentrated on financial goals—a different kind of starting point, where fewer domains are under acute strain and it is easier to focus on building a stable financial foundation.

Priorities shift by age and life stage

Priorities also differ by age in ways that reflect both what participants are focused on and the conditions they are navigating. Participants ages 18–34 are most focused on education and employment, with about half naming each as a priority. Those ages 35–54 are more likely to name stress as a top-three priority, consistent with this group reporting the heaviest burden across multiple indicators, including stress, food insecurity, skipped healthcare, and the number of life domains rated as very challenging. Participants ages 55 and older look distinct in a different way: education and employment priorities drop sharply, while health, healthcare

access, and faith become more salient, consistent with a group that is less connected to the labor market and more likely to be managing health concerns.

What does not change much across age groups is the financial core. Bills and housing show minimal variation by age, reinforcing that these pressures are widely shared regardless of life stage.

After paying bills, priorities differ by age

Share of participants selecting each priority among their top three, by age group

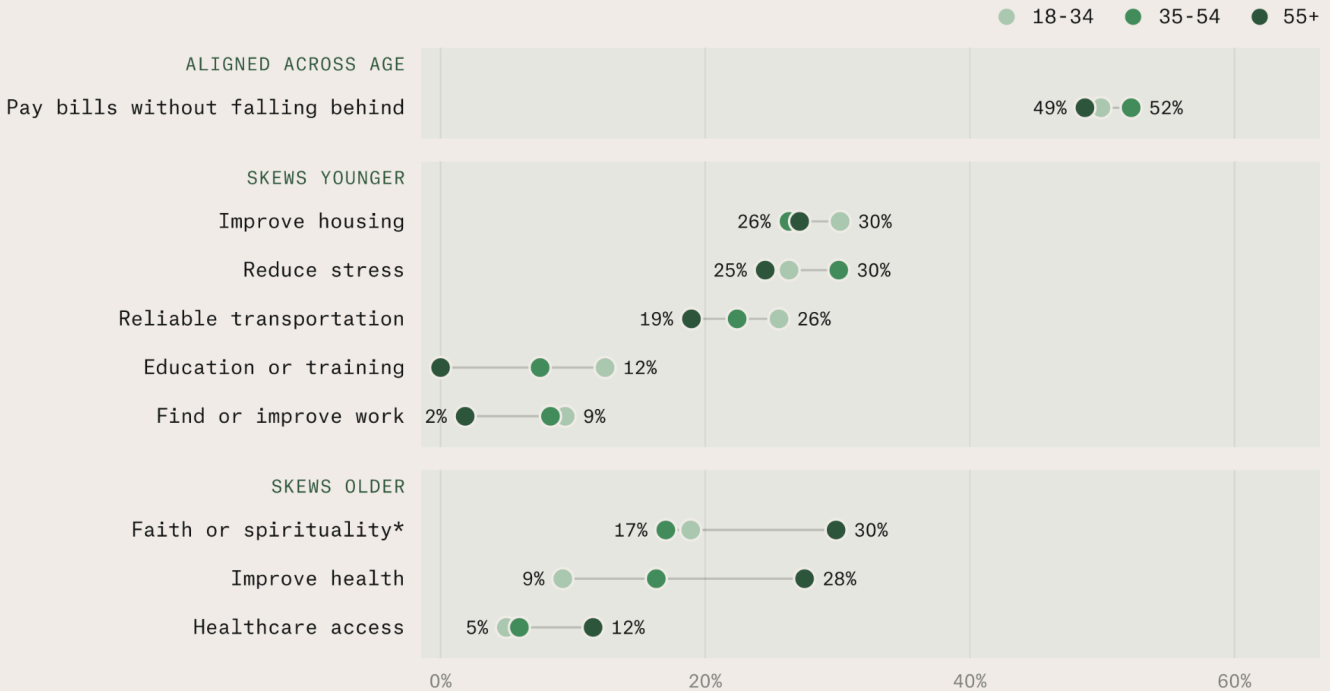


Chart shows 8 of 23 priority options with the clearest age differences in top-three selections.
 * Faith was added as a response option after Mercer fielding due to frequent write-ins; it was asked only in Beaufort and Warren.

What this variation could mean

Participants are starting from a range of conditions, not a single baseline. Some are trying to secure basic resources across multiple domains at once. Others are focused more narrowly on financial stabilization. Some are oriented toward entering or advancing in the labor market, while others are navigating health challenges or caregiving responsibilities that shape what is possible.

This variation provides essential context for understanding what unfolds over time. The RISE GMI program may intersect differently with participants' lives depending on what constraints they face, what resources they have, and how many areas of life require attention at once. Future analyses will explore how participants across these different starting points describe changes in their circumstances, priorities, and daily lives.

CLOSING

Looking ahead

Participants do not enter the RISE GMI program from a common baseline. While many share a core experience of financial pressure, they differ in the severity of what they face, the barriers that constrain them, the support they can draw on, and what they prioritize. Some are managing moderate challenges that are primarily financial. Others are navigating overlapping constraints across multiple areas of life that may not respond to money alone. These differences shape what feels urgent, what feels possible, and how participants approach change.

That variation matters for how we interpret what follows. Support does not enter a uniform landscape, and changes over time will not mean the same thing for everyone. Understanding what support makes possible in people's lives requires understanding the lives it enters. Without that context, patterns of improvement, persistence, or change risk being misread or oversimplified.

This report is intended to make those starting conditions visible and to establish a foundation for the study's longitudinal work. As future waves of data are collected, the study will track how participants describe changes in their financial situation, barriers, supports, priorities, wellbeing, and future outlook; which challenges ease, persist, or shift; and how those trajectories differ across people and place. The goal is not only to observe whether conditions change, but to understand how people experience and navigate the circumstances that shape what change is possible.

TABLE 1

Baseline Demographics of RISE Study Participants

Variable		Overall (N=1,472)	Beaufort (N=484)	Mercer (N=497)	Warren (N=491)
County	Mercer	33.80%	100.00%	—	—
	Warren	33.40%	—	100.00%	—
	Beaufort	32.90%	—	—	100.00%
Age	18-34	38.20%	39.60%	38.30%	36.80%
	35-54	43.50%	43.30%	44.60%	42.60%
	55+	18.30%	17.10%	17.10%	20.70%
Race / Ethnicity	Black	59.60%	19.70%	88.80%	70.90%
	White	37.00%	77.90%	10.20%	22.10%
	Hispanic	2.60%	—	—	—
	Other / multiracial	0.90%	—	—	—
Female		83.60%	77.10%	88.60%	85.10%
Education	Bachelor's or higher	8.40%	10.70%	8.40%	6.20%
	Associates or technical degree	16.20%	14.90%	18.10%	15.70%
	Some college	22.80%	17.70%	26.10%	24.80%
	High school graduate or less	52.50%	56.70%	47.50%	53.30%
Employment	Yes, working	51.00%	48.20%	55.50%	49.40%

Variable	Overall (N=1,472)	Beaufort (N=484)	Mercer (N=497)	Warren (N=491)
Yes, occasionally	9.30%	8.10%	9.00%	10.80%
No, looking	18.20%	20.00%	17.00%	17.50%
No, not looking	21.50%	23.80%	18.40%	22.30%
Has Disability	20.20%	23.50%	17.60%	19.50%
FPL Category				
150% FPL+	13.00%	15.10%	11.20%	12.80%
100-150% FPL	22.80%	21.50%	23.40%	23.60%
50-100% FPL	28.10%	28.60%	29.30%	26.20%
0-50% FPL	36.10%	34.80%	36.00%	37.40%
Mean HH Income	\$18,573	\$19,661	\$17,817	\$18,224
Children in HH	58.70%	55.30%	62.30%	58.50%
Homeownership	27.60%	32.20%	25.70%	24.80%

Em dashes (-) indicate values that do not apply or that round to zero.

Notes

- 1 Of the 1,680 program participants, 1,479 consented to participate in the research. The baseline survey was completed by 1,472 of those participants.
- 2 Census tracts are small statistical areas defined by the U.S. Census Bureau that approximate neighborhoods within counties. Tract-level data make it possible to examine how conditions vary within a county rather than relying only on countywide averages.
- 3 The Child Opportunity Index (COI 3.0, 2023) is a tract-level, nationally normed measure of neighborhood conditions relevant to children's healthy development, spanning education, health and environment, and social and economic opportunity. Scores are grouped from Very Low to Very High opportunity and reflect neighborhood conditions rather than individual children's outcomes.

ACKNOWLEDGMENTS

We are grateful to the participants who shared their time, experiences, and perspectives with us. Their willingness to participate in surveys, interviews, and ethnographic fieldwork makes this research possible.

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