Getting Ahead in a Just-Gettin'-By World: Program Evaluation Results

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Executive Summary

The findings from this program evaluation of Getting Ahead in a Just-Gettin'-By World ("Getting Ahead") suggest that the program, when conducted according to the model designed by Philip DeVol, is facilitating positive changes in poverty-related knowledge, perceived stress, mental health and well-being, social support, self-efficacy, hope, and goal-directed behavior and planning. Statistically significant changes between beginning and ending Getting Ahead were observed on standardized measures for each of these constructs in a large, diverse, national sample of Getting Ahead investigators.

Group differences were examined to determine if there were substantially different outcomes in different subgroups of investigators, specifically examining gender, racial/ethnic, and age subgroups as well as subgroups based on rural or urban location and presence of a mental health problem, chemical dependency, or learning problem. Gender differences were observed in the outcomes, and men did not experience the same improvements in mental health, self-efficacy, goal-directed behavior and planning, social support, and functioning that women experienced. Additionally, investigators with learning problems did not experience the gains in mental health, overall functioning, or content knowledge that investigators without learning problems experienced. Few differences were found between the mental health and chemical dependency subgroups, implying that investigators with barriers in these areas are likely to benefit as much from Getting Ahead as investigators who do not have these barriers.

Investigators were asked their opinion of the most important parts of Getting Ahead. The top five included learning about the eleven resource areas, completing the self-

assessment, developing a plan to increase their personal resources, having good group facilitators, and having a welcoming, comfortable group environment.

The results of this evaluation demonstrate that Getting Ahead, when used according to the model, appears to be effective with investigators who have multiple and complex barriers to economic mobility and stability. Recommendations are offered to attempt to enhance and improve the already positive outcomes found in this project. First, sites should continue to partner with other area providers as they are able in order to help meet poverty-related needs of participating investigators (housing, transportation, job training, credit repair and debt relief, etc.). Second, because the facilitators and the environment were at the top of the list of investigators' perceived importance, it is important that new facilitators are effectively oriented to the program to continue providing excellent group facilitation and creating a warm, comfortable environment. Additionally, the resource areas, self-assessment, and personalized plan portions of the curriculum are already featured prominently; this should also continue in any future revisions of the curriculum/workbooks. Third, because of poorer outcomes for men, more effort should be made to engage men in Getting Ahead and to ask for ongoing feedback about whether groups are meeting their needs. If asked, the male investigators themselves may provide valuable feedback as to why they are not seeing the same benefits that women are. Lastly, because outcomes were not as favorable for the investigators who self-identified learning problems, it would be beneficial for sites to attempt to screen for learning problems in some way. Facilitators should be aware of signs of potential learning problems and make accommodations to help improve these investigators' outcomes.

Evaluation Report

Background Information

Getting Ahead is a manualized curriculum that is currently being used by a variety of agencies across the United States and internationally as a way to help people living in poverty learn about how poverty impacts them and their communities, identify needed resources to help them improve their economic class, and set goals for beginning to increase those resources. Widely used and lauded by many staff in front-line agencies working with people in poverty, Getting Ahead has expanded rapidly without much study of its efficacy or the mechanisms by which it may be helping people. Several small-scale local studies conducted across the United States have indicated that potential benefits of Getting Ahead may potentially be related to improved mental health, increased efficacy, increased social support, and personal goal-setting. Philip DeVol, the creator of Getting Ahead, requested a nation-wide evaluation to explore these potential benefits on a larger scale.

This evaluation sought to answer three primary research questions:

1. What are the benefits of participation in Getting Ahead?
2. Is Getting Ahead more effective with some subgroups (women versus men, etc.) than others?
3. What aspects of Getting Ahead do participants find most helpful?

Methods

To answer the above research questions, Mr. DeVol provided Dr. Wahler with a list of all sites across the United States that were expected to hold a Getting Ahead group

during the evaluation period of August 1, 2014-July 30, 2015. The list also contained information about sites' responses to model fidelity questions. Only sites following the Getting Ahead model exactly as directed, and having made no modifications, were invited to participate in the evaluation. Please see the Appendix for a list of the items necessary for a site to be considered in compliance with the Getting Ahead model.

Dr. Wahler invited all English-speaking Getting Ahead sites that were planning to conduct adult (18 and above) groups during the evaluation period to participate in the study. From the list Mr. DeVol provided, there were 40 sites across the United States that met these criteria. All eligible sites were contacted by email and then paper surveys, instructions, and return mailing supplies were mailed to each site once Getting Ahead groups were confirmed. Out of the 40 original sites that were contacted, three sites were deemed to be ineligible, one refused to participate due to the time commitment involved, and nine sites did not conduct Getting Ahead groups during the evaluation period as anticipated. Out of the 27 remaining eligible sites, 19 responded and participated in this evaluation (a 70% participation rate).

Once agreeing, each site was mailed instructions and surveys. Instructions given asked the Getting Ahead facilitator to read the invitation to participate/instructions to participants upon beginning Getting Ahead and invite them to complete a baseline survey in their first group. Consenting participants completed the survey and put it in an envelope so it could be mailed back to Dr. Wahler without anyone from the site seeing the individual responses. Similar procedures were followed for the second survey, a follow-up instrument that was completed by participants in their last Getting Ahead session. Code numbers were assigned to participants so no identifying info was obtained. Dr. Wahler and

a research assistant then entered all returned survey information into a database to be used for analysis. Analysis was conducted using SPSS version 23.0. All research procedures were approved by the Indiana University Institutional Review Board.

Results

Investigator Demographics

All investigators from all Getting Ahead groups held at the consenting sites were invited to participate in this evaluation. In total, there were 399 investigators who completed the baseline survey, representing 45 different Getting Ahead groups from 19 sites across the United States. However, many investigators did not complete the entirety of Getting Ahead; there were 215 investigators who completed both the baseline and follow-up surveys. It is unknown whether individuals who completed a baseline and not a follow-up survey dropped out of Getting Ahead or if they chose not to complete the last survey or missed the final group session in which the last survey was administered.

In the final sample of investigators who completed both the baseline and the follow-up survey (n = 215), there were 67 men (31.3%) and 147 women (68.7%) in the sample. The majority of the sample identified as White (n = 141, 65.6%), 34 investigators identified as Black (15.8%), 19 identified as Latino (8.8%), and 20 (9.3%) identified as members of other racial/ethnic groups. Age of investigators ranged from 18-72, with the average age 37.64 years old. Nearly half were single and never married (n = 105, 48.8%), just over one-fifth of investigators were married or in a domestic partnership (n = 47, 21.9%), 30 were divorced (14.0%), 26 were separated (12.1 %), and 3 were widowed (1.4%). See Table 1 for demographic information. The majority of investigators had a high school diploma or above (82.2%); the average number of years of education was 13.55, indicating that many

of the investigators had participated in technical school or some college above and beyond high school. The majority of investigators were unemployed (n = 120, 55.8%) and reported that it had been an average of 27.4 months since they last held a job. Average income level from all income sources was between $500-1000 per month with an average number of 2.5 family members living off of that income.

Table 1. Demographic Information of Investigators

Demographic Category		n (%)	Average
Race	White	141 (65.6%)	
	Black	34 (15.8%)	
	Latino	19 (8.8%)	
	Other	20 (9.3%)	
Age			37.64
	18-25	50 (23.4%)	
	26-35	60 (28.0%)	
	36-45	36 (16.8%)	
	46-55	40 (18.7%)	
	56-65	24 (11.2%)	
	66+	4 (1.9%)	
Gender	Female	147 (68.7%)	
	Male	67 (31.3%)	
Marital Status	Single/Never married	105 (48.8%)	
	Married/Partnered	47 (21.9%)	
	Divorced	30 (14.0%)	
	Separated	26 (12.1%)	
	Widowed	3 (1.4%)	
Employment Status	Employed Full-time	49 (23.7%)	
	Employed Part-time	31 (14.9%)	
	Student	7 (3.4%)	
	Unemployed	120 (55.8%)	
Monthly Income	$0	47 (22.2%)	
	$1-500	50 (23.6%)	
	$501-1000	51 (24.1%)	
	$1001-1500	33 (15.6%)	
	$1501-2000	8 (3.8%)	
	$2001-2500	9 (4.2%)	
	$2501-3000	7 (3.3%)	
	$3001+	7 (3.3%)	
Number of people in household supported by income			2.48

Barriers to Economic Stability

Investigators reported a variety of barriers that were causing difficulty for them to achieve economic progress and/or stability. The most common barriers were having bad credit, being unemployed, having difficulty with transportation, and lacking affordable housing. See Table 2 for all reported barriers.

Table 2. Barriers Reported by Investigators

Barrier	Yes	No
Bad credit	132 (61.4%)	83 (38.6%)
Unemployment	130 (60.5%)	85 (39.5%)
Difficulty with transportation	92 (42.8%)	123 (57.2%)
Lack of affordable housing	74 (34.4%)	141 (65.6%)
High debt	73 (34.0%)	142 (66.0%)
Physical health problem	64 (30.8%)	151 (70.2%)
Mental health problem	64 (30.8%)	151 (70.2%)
Isolation	52 (24.2%)	163 (75.8%)
Underemployment	43 (20.0%)	172 (80.0%)
No access to computer	41 (19.1%)	174 (80.9%)
Chemical dependency	32 (14.9%)	183 (85.1%)
Learning problem	23 (10.7%)	192 (89.3%)
Felony conviction	23 (10.7%)	192 (89.3%)
Unstable work environment	23 (10.7%)	192 (89.3%)
Lack of affordable childcare	21 (9.8%)	194 (90.2%)
Domestic violence	21 (9.8%)	194 (90.2%)

Research Question #1- What are the benefits of participation in Getting Ahead?

To answer this research question, differences were examined in scores on the evaluation instrument at the end of Getting Ahead ("follow-up") compared to scores on the first day of the class ("baseline"). Average scores at the two points in time were compared. However, many times there are differences observed in average scores but those differences are not considered statistically significant because they are not consistently different across most of the individuals in the sample. For example, a few individuals with extremely high or low scores might skew the average for the whole group; a result like this could lead to an observed difference in average scores, but not a consistent difference across many of the individuals in the sample. Thus, it would not necessarily be found to be statistically significant in statistical analysis. To determine statistical significance, paired samples t-tests were used to examine the differences in average scores statistically. Statistical significance was determined by t-test results with a p value of less than .05, indicating the likelihood that the difference observed in scores at the two points in time is due to a valid difference that occurred in the investigators rather than a coincidence. Significance levels of .05, .01, or ≤.001 are shown for each of the analyses conducted and indicate that there is a 95% (for $p = .05$), 99% (for $p = .01$), or 99.9% (for $p \leq .001$) chance of the difference in average scores at the two points in time being a valid difference. Results are described below.

Psychosocial Benefits

Findings from this evaluation demonstrate statistically significant psychosocial improvements while in Getting Ahead, including scores on measures of perceived stress, mental health and wellbeing, hope, goal-directed energy and planning, and social support

while in Getting Ahead. Additionally, there were observed improvements in functioning while in Getting Ahead. See Table 3 for a visual display of the findings and details described below.

Table 3. Changes in Scores on Measures of Psychosocial Well-being (significant changes are highlighted)

Scale Name (Range of Potential Scores)	Average Baseline Score	Average Follow-up Score	*t*	*p*
Perceived Stress Scale (0-52)	27.7	25.2	7.0	.000
Mental Health Continuum- Short Form				
Positive Affect Subscale (0-15)	9.8	10.8	-4.0	.000
Social Well-being Subscale (0-25)	11.1	13.2	-5.5	.000
Psychological Well-being Subscale (0-30)	19.6	21.8	-4.9	.000
State Hope Scale (6-48)	32.9	37.3	-7.0	.000
Agency Subscale (3-24)	15.6	18.4	-7.4	.000
Pathways Subscale (3-24)	17.3	18.9	-5.2	.000
General Self-Efficacy Scale (10-40)	29.5	31.9	-5.8	.000
Interpersonal Support Evaluation List				
Appraisal Support Subscale (0-30)	17.3	19.6	-6.1	.000
Tangible Support Subscale (0-30)	16.6	18.6	-4.7	.000
Self-Esteem Support Subscale (0-30)	17.3	19.3	-6.3	.000
Belonging Support Subscale (0-30)	17.8	19.8	-5.5	.000
Overall Functioning				
Poor Physical Health in Previous Month(0-30)	8.4	7.3	1.6	.123
Days of Poor Mental Health in Previous Month (0-30)	12.8	9.1	5.1	.000
# of Days Health Prevented Usual Activities (0-30)	7.7	5.5	3.3	.001

Stress. Stress was measured using the fourteen-item Cohen's Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983). This scale has been found to have adequate reliability (alpha = .80-.86) and validity across a number of general and clinical samples (Cohen et al., 1983; Hewitt, Flett, & Mosher, 1992); however, the Cronbach's alpha (a test of

reliability of the scale) was .74 at baseline and .68 at follow-up with the current sample indicating some potential measurement problems with this scale in this particular sample. Analysis of each scale item was conducted to determine if a single item was interfering with overall scale reliability and found that one item "Have you been unable to control irritations in your life?" needed to be removed in order to improve scale reliability. With this item removed, scale reliability improved to an alpha of .80 at baseline and .76 at follow-up, indicating adequate scale reliability to measure stress. Total possible range of scores was 0-52, with higher scores indicating higher perceived stress. Between beginning and completing Getting Ahead, investigators reported a statistically significant decrease in perceived stress. Scores on the Perceived Stress Scale dropped from 27.7 to 25.2 (t = 6.97, $p \leq .001$).

Mental Health and Well-being. Mental health and well-being was measured using the Mental Health Continuum- Short Form (Keyes, 2005), which is comprised of fourteen items and contains three subscales to measure specific aspects of mental health and well-being; positive affect/mood, social well-being, and psychological well-being. Reliability testing demonstrated that these subscales had adequate internal reliability (alphas ranged from .83 to .89 for all subscales at baseline and follow-up). There were statistically significant improvements in scores noted for each of these subscales. Positive affect increased from 9.9 to 10.8 (t = -4.0, $p \leq .001$), social well-being increased from 11.1 to 13.2 (t = -5.5, $p \leq .001$), and psychological well-being increased from 19.6 to 21.8 (t = -4.9, $p \leq .001$).

Hope. Hope was measured using the six-item State Hope Scale (Snyder, et al., 1996). This instrument is able to detect potential changes in overall hope using Snyder's

cognitive model of hope; it contains two subscales, one measuring goal-directed energy and one measuring planning activities to accomplish goals. Total hope score increased throughout participation in GA from 32.9 to 37.3 (t = -7.0, $p \leq .001$). The agency subscale, which measures goal-directed energy, increased from 15.6 to 18.4 (t = -7.4, $p \leq .001$) and the pathways subscale, which measured goal-related planning, increased from 17.3 to 18.9 (t = -5.2, $p \leq .001$).

Self-efficacy. Self-efficacy, or belief in one's own ability to deal with difficult tasks or adversity, was measured using the ten-item General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995). This scale has been found to be reliable and valid in numerous studies with people of many different cultures and nationalities. Cronbach's alphas with the current sample were .93 at baseline and .90 at follow-up, indicating excellent internal reliability of the scale in the current sample. Possible range of scores was 10-40, with higher scores indicating higher self-efficacy. Scores increased significantly for the Getting Ahead investigators from 29.5 at baseline to 31.9 at follow-up (t = -5.8, $p \leq .001$).

Social Support. The forty-item Interpersonal Support Evaluation List (Cohen & Hoberman, 1983) was used to measure potential changes in social support throughout participation in Getting Ahead. This instrument contains four subscales (possible scores ranged from 0-30 on each of the subscales) to measure different types of social support-appraisal, tangible, self-esteem, and belonging (Brookings & Bolton, 1988). All of these subscales had adequate internal reliability in the current sample (alphas ranged from .78 to .88 at baseline and .77 to .88 at follow-up). Investigators had increased scores for all four of these types of social support between beginning and ending Getting Ahead. Appraisal support refers to the perceived availability of having someone with whom to talk about

important things, and scores increased from 17.3 to 19.6 from baseline to follow-up (t = -6.1, $p \leq .001$). Tangible support refers to having someone who can give material assistance when needed, and scores increased from 16.6 to 18.6 on this subscale (t = -4.7, $p \leq .001$). Self-esteem support refers to having people in the investigators' lives to whom they feel they compare positively, and scores changed from 17.3 to 19.3 during participation in Getting Ahead (t = -6.3, $p \leq .001$). Lastly, belonging support refers to feeling that one belongs to a social group, and scores on this subscale increased from 17.8 to 19.8 throughout participation in Getting Ahead (t = -5.5, $p \leq .001$). Also, investigators responded that they were slightly more likely to know people in a higher economic class than them at the end of Getting Ahead when compared to the beginning; a score of 1.6 at baseline increased to 1.9 at the follow-up survey (t = -4.1, $p \leq .001$).

Overall Functioning. Investigators were also asked to report how many days out of the last month they had poor physical health or poor mental health and how many days their health had prevented them from performing their usual activities. Statistically significant improvements were noted in responses for two of the three of these questions, indicating improvements in days of poor mental health and the number of days health problems prevented usual activities. Upon entering Getting Ahead, investigators reported an average of 12.8 days of poor mental health and 7.7 days their health had prevented usual activities. At the end of Getting Ahead, investigators reported 9.1 days of poor mental health and 5.5 days their health had prevented participation in usual activities over the previous month. Although not statistically significant, physical health also improved; at baseline, investigators reported 8.4 days of poor physical health and 7.3 days of poor physical health at follow-up.

Content Knowledge Gains

Investigators significantly improved in content knowledge for many of the concepts covered in Getting Ahead groups. These questions were derived from the St. Joseph County Bridges' Assessment Instrument (Bazata, 2014) and were scored individually, with possible scores ranging from 0-3. Scores of 0 represented responses of "definitely false," 1 meant "mostly false," 2 meant "mostly true," and scores of 3 represented responses of "definitely true."

Throughout participation in Getting Ahead, investigators gained in perceived knowledge of the self-sufficiency wage in their area (scoring 2.1 at follow-up versus 1.4 at baseline). They also learned that single mothers were the demographic group most likely to live in poverty (2.0 versus 1.8). Investigators gained a better understanding of the amount of affordable rent based on their income (2.5 versus 2.2) and became more aware of terms such as financial predator and how to avoid them (2.5 versus 1.7). They also showed increased knowledge about the maximum interest rates legally allowed to be charged on a loan in their state (1.6 versus 0.8). Additionally, they perceived an increase in knowledge about their personal amount of debt owed (2.1 versus 1.7) and a plan to reduce their debt (2.0 versus 1.5). At the end of Getting Ahead, more investigators felt prepared to explain how the economy affected their lives than at baseline (2.0 versus 1.3). Investigators also thought that they increased their ability to manage their time well (2.4 versus 2.2) and had better conflict resolution skills through talking, discussion or negotiation (2.3 versus 2.1).

There was no significant change in investigators' knowledge regarding alternative means to getting out of poverty other than increasing income alone.

Table 4. Changes in Scores on Content Knowledge Questions (significant changes are highlighted)

Question	Average Score at Baseline (Range of 0-3)	Average Score at Follow-up (Range of 0-3)	*t*	*p*
I know the self-sufficiency wage, or how to find the self-sufficiency wage, in my area.	1.4	2.1	-8.5	.00
Single mothers are much more likely to live in poverty than any other group.	1.8	2.0	-2.2	.03
I know how much rent I can afford based on my income.	2.2	2.5	-5.4	.00
I know what a financial predator is and how to avoid them.	1.7	2.5	-11.6	.00
I know the maximum interest rate that I can be charged on a loan in my state.	0.8	1.6	-9.8	.00
The main way to get out of poverty is to increase my income.	2.1	2.1	.31	.76
I know how much debt I have.	1.7	2.1	-5.9	.00
I have a plan to reduce my debt.	1.5	2.0	-5.6	.00
I can explain how the economy affects my daily life.	1.3	2.0	-9.0	.00
I can switch back and forth between the way I talk with friends and family and the way I talk with people in professional roles.	2.2	2.6	-5.7	.00
I can manage my time well.	2.2	2.4	-4.3	.00
When I have a conflict with someone, I am able to resolve the problem with the person through talking, discussion or negotiation.	2.1	2.3	-2.9	.00

Comparisons Between Investigators in Getting Ahead Only Versus Investigators Participating in Additional Services

Because over 40% of investigators in the sample were participating in services for psychosocial needs in addition to Getting Ahead, primarily services for mental health and chemical dependency, it was quite possible that some of the psychosocial gains observed were due to participation in these other services. Thus, results were compared for investigators who were in an additional service versus those who were in Getting Ahead only (See Tables 5 and 6 for results) to determine the effects of Getting Ahead only. There were 127 investigators in Getting Ahead only and 88 who were participating in an additional service. Investigators who were in additional services had a statistically significant improvement in self-efficacy that was not observed for investigators who were in Getting Ahead only; however, this improvement was observed only because the score on that scale was lower than the Getting Ahead-only group at the beginning of the program and rose to a similar level by the end. Conversely, investigators in Getting Ahead-only saw gains in physical health that investigators in other services did not. For content knowledge, investigators in additional services experienced a significant increase in their perceived ability to handle conflict. Similar to self-efficacy, this increase was observed because this skill was rated lower by this group at the beginning of Getting Ahead and then rose to a similar level as the Getting Ahead-only group.

Table 5. Changes in Scores on Measures of Psychosocial Well-being for Service Subgroups

Scale Name (Range of Potential Scores)	Baseline Score for People in Other Services	Follow-up Score for People in Other Services	Baseline Score for People in GA Only	Follow-up Score for People in GA Only
Perceived Stress Scale (0-52)	29.4	26.5***	26.6	24.4***
Mental Health Continuum- Short Form				
Positive Affect Subscale (0-15)	9.0	10.0**	10.5	11.3**
Social Well-being Subscale (0-25)	10.4	12.9***	11.6	13.4***
Psychological Well-being Subscale (0-30)	17.5	20.8***	21.2	22.5*
State Hope Scale (6-48)	29.6	36.3***	35.1	38.0***
Agency Subscale (3-24)	14.0	18.0***	16.7	18.7***
Pathways Subscale (3-24)	15.7	18.4***	18.4	19.3*
General Self-Efficacy Scale (10-40)	26.5	31.4***	31.4	32.3
Interpersonal Support Evaluation List				
Appraisal Support Subscale (0-30)	15.2	18.5***	18.7	20.3***
Tangible Support Subscale (0-30)	14.5	17.6***	18.1	19.3*
Self-Esteem Support Subscale (0-30)	15.8	18.4***	18.5	20.0***
Belonging Support Subscale (0-30)	16.0	19.0***	19.2	20.4**
Overall Functioning				
Poor Physical Health in Previous Month(0-30)	10.0	10.1	7.4	5.1**
Days of Poor Mental Health in Previous Month (0-30)	16.0	12.9*	10.7	6.5***
# of Days Health Prevented Usual Activities (0-30)	11.0	8.6*	5.3	3.4**

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Table 6. Comparisons in Content Knowledge Changes by Service Subgroup

Question	Average Score at Baseline (Range 0-3) for People in Other Services	Average Score at Follow-up (Range 0-3) for People in Other Services	Average Score at Baseline (Range 0-3) for People in GA Only	Average Score at Follow-up (Range 0-3) for People in GA Only
I know the self-sufficiency wage, or how to find the self-sufficiency wage, in my area.	1.3	2.2***	1.4	2.0***
Single mothers are much more likely to live in poverty than any other group.	1.8	2.0	1.8	2.0
I know how much rent I can afford based on my income.	2.1	2.5***	2.2	2.5***
I know what a financial predator is and how to avoid them.	1.6	2.5***	1.7	2.6***
I know the maximum interest rate that I can be charged on a loan in my state.	.8	1.6***	.8	1.5***
The main way to get out of poverty is to increase my income.	2.1	2.0	2.1	2.1
I know how much debt I have.	1.4	2.0***	1.9	2.1**
I have a plan to reduce my debt.	1.4	1.9***	1.7	2.1***
I can explain how the economy affects my daily life.	1.2	2.0***	1.4	2.0***
I can switch back and forth between the way I talk with friends and family and the way I talk with people in professional roles.	2.1	2.5***	2.3	2.6***
I can manage my time well.	2.0	2.3***	2.3	2.4*
When I have a conflict with someone, I am able to resolve the problem with the person through talking, discussion or negotiation.	1.9	2.3***	2.3	2.3

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Research Question #2- Is Getting Ahead more effective with some subgroups than others?

Comparisons on all of the above described instruments were examined between men and women, Caucasian/White investigators versus individuals who identified as other racial/ethnic groups, younger (35 and below) versus older (36 +) investigators, rural versus urban investigators, investigators with a mental health barrier versus those without one, investigators with a chemical dependency barrier versus those without one, and investigators with a self-reported learning problem versus those who did not have one.

Gender Subgroups

There were interesting findings pertaining to gender subgroups (See Tables 7 and 8 for findings. Please note that significant differences are highlighted). There were 67 men in the sample, and they did not experience any of the mental health benefits throughout participation in Getting Ahead that the 147 women experienced. They also did not have observed changes in perceived stress, self-efficacy, or either of the subscales of the State Hope Scale. Three of the four social support subscales saw no significant change for men throughout participation in Getting Ahead; the only social support subscale that improved was the self-esteem social support one. Content knowledge also did not increase for as many items measured as did for women.

Because of these differences, further analysis was conducted to examine potential differences between men and women in the sample that could have contributed to the differences observed in outcomes. Men did not differ in the sample based on education level, employment status, or the presence of barriers such as mental health problems, learning problems, or chemical dependency. However, they were more likely to identify as

a racial/ethnic group other than White/Caucasian (43% of the men were non-Caucasian versus 25% of the women) and were also older, on average, than the women in the sample (42.1 years old versus 35.7).

Table 7. Changes in Scores on Measures of Psychosocial Well-being for Gender Subgroups

Scale Name (Range of Potential Scores)	Men's Baseline Score	Men's Follow-up Score	Women's Baseline Score	Women's Follow-up Score
Perceived Stress Scale (0-52)	25.7	24.7	28.7	25.5***
Mental Health Continuum- Short Form				
Positive Affect Subscale (0-15)	10.6	10.8	9.5	10.7***
Social Well-being Subscale (0-25)	12.4	13.5	10.6	13.0***
Psychological Well-being Subscale (0-30)	20.5	21.2	19.2	22.0***
State Hope Scale (6-48)	33.1	35.4*	32.7	38.1***
Agency Subscale (3-24)	15.8	17.0	15.5	18.9***
Pathways Subscale (3-24)	17.3	18.3	17.3	19.2***
General Self-Efficacy Scale (10-40)	30.1	31.8	32.7	38.1***
Interpersonal Support Evaluation List				
Appraisal Support Subscale (0-30)	17.6	18.5	17.1	19.9***
Tangible Support Subscale (0-30)	17.9	17.7	16.0	18.9***
Self-Esteem Support Subscale (0-30)	17.7	19.1**	17.2	19.4***
Belonging Support Subscale (0-30)	18.3	19.0	17.6	20.2***
Overall Functioning				
Poor Physical Health in Previous Month(0-30)	8.3	7.8	8.5	7.1***
Days of Poor Mental Health in Previous Month (0-30)	9.8	8.2	14.2	9.6***
# of Days Health Prevented Usual Activities (0-30)	7.0	6.5	8.0	5.1***

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Table 8. Comparisons in Content Knowledge Changes by Gender Subgroup

Question	Men's Average Score at Baseline (Range 0-3)	Men's Average Score at Follow-up (Range 0-3)	Women's Average Score at Baseline (Range 0-3)	Women's Average Score at Follow-up (Range 0-3)
I know the self-sufficiency wage, or how to find the self-sufficiency wage, in my area.	1.6	2.1***	1.3	2.1***
Single mothers are much more likely to live in poverty than any other group.	1.9	2.0	1.8	1.9*
I know how much rent I can afford based on my income.	2.2	2.4	2.1	2.5***
I know what a financial predator is and how to avoid them.	1.9	2.5***	1.5	2.6***
I know the maximum interest rate that I can be charged on a loan in my state.	1.1	1.7***	.7	1.6***
The main way to get out of poverty is to increase my income.	2.0	2.1	2.1	2.1
I know how much debt I have.	1.8	2.1*	1.6	2.1***
I have a plan to reduce my debt.	1.5	1.9*	1.6	2.0***
I can explain how the economy affects my daily life.	1.4	2.0***	1.3	2.0***
I can switch back and forth between the way I talk with friends and family and the way I talk with people in professional roles.	2.3	2.7***	2.2	2.6***
I can manage my time well.	2.2	2.3	2.2	2.4***
When I have a conflict with someone, I am able to resolve the problem with the person through talking, discussion or negotiation.	2.1	2.3	2.1	2.3**

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Racial/Ethnic Subgroups

Differences in outcomes were examined for investigators who identified as Caucasian/White (n = 141) versus investigators who identified as members of other racial or ethnic groups (n = 73). Although there could be some important differences between investigators in the specific non-Caucasian racial/ethnic subgroups and it is not ideal to combine them into one group, there were not enough investigators in these specific non-Caucasian subgroups to examine each racial/ethnic identity separately. The non-Caucasian investigators in the current sample started Getting Ahead with lower stress and higher mental health and wellbeing, hope, self-efficacy, and social support than the Caucasian investigators. Similar improvements were found for all psychosocial areas between racial/ethnic groups. However, there were many differences in outcomes for the content knowledge questions between these two subgroups (see Tables 9 and 10 for comparisons). Notably, the non-Caucasian investigators began Getting Ahead with more perceived knowledge about many of these questions and thus did not see as much of an improvement over the course of the program as did their Caucasian counterparts.

Table 9. Changes in Scores on Measures of Psychosocial Well-being for Racial/Ethnic Subgroups

Scale Name (Range of Potential Scores)	Baseline Score for Caucasian Participants	Follow-up Score for Caucasian Participants	Baseline Score for non-Caucasian Participants	Follow-up Score for non-Caucasian Participants
Perceived Stress Scale (0-52)	29.0	26.0***	25.0	23.5*
Mental Health Continuum- Short Form				
Positive Affect Subscale (0-15)	9.4	10.2**	11.0	12.0**
Social Well-being Subscale (0-25)	10.4	12.1***	12.9	15.7***
Psychological Well-being Subscale (0-30)	18.5	20.6***	22.3	24.5***
State Hope Scale (6-48)	31.2	35.9***	36.8	40.6***
Agency Subscale (3-24)	14.6	17.6***	17.8	20.2***
Pathways Subscale (3-24)	16.6	18.3***	18.9	20.3**
General Self-Efficacy Scale (10-40)	28.6	31.2***	31.3	33.6**
Interpersonal Support Evaluation List				
Appraisal Support Subscale (0-30)	16.6	19.2***	19.0	20.4*
Tangible Support Subscale (0-30)	15.7	18.0***	18.5	20.0*
Self-Esteem Support Subscale (0-30)	16.4	18.6***	19.8	21.0**
Belonging Support Subscale (0-30)	16.9	19.2***	20.1	21.4**
Overall Functioning				
Poor Physical Health in Previous Month(0-30)	8.7	8.1	7.9	5.6
Days of Poor Mental Health in Previous Month (0-30)	14.6	10.4***	8.7	6.2*
# of Days Health Prevented Usual Activities (0-30)	8.6	6.0**	5.4	4.3

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Table 10. Comparisons in Content Knowledge Changes by Racial/Ethnic Subgroup

Question	Average Score at Baseline (Range 0-3) for Caucasian Investigators	Average Score at Follow-up (Range 0-3) for Caucasian Investigators	Average Score at Baseline (Range 0-3) for non-Caucasian Investigators	Average Score at Follow-up (Range 0-3) for non-Caucasian Investigators
I know the self-sufficiency wage, or how to find the self-sufficiency wage, in my area.	1.3	2.1***	1.6	2.0*
Single mothers are much more likely to live in poverty than any other group.	1.8	2.0*	1.8	1.9
I know how much rent I can afford based on my income.	2.0	2.4***	2.5	2.6
I know what a financial predator is and how to avoid them.	1.6	2.5***	1.9	2.6***
I know the maximum interest rate that I can be charged on a loan in my state.	.6	1.4***	1.2	1.9***
The main way to get out of poverty is to increase my income.	2.0	2.1	2.3	2.1
I know how much debt I have.	1.5	2.0***	1.9	2.2**
I have a plan to reduce my debt.	1.4	2.0***	1.9	2.1
I can explain how the economy affects my daily life.	1.2	1.9***	1.7	2.2***
I can switch back and forth between the way I talk with friends and family and the way I talk with people in professional roles.	2.2	2.6***	2.4	2.6*
I can manage my time well.	2.1	2.4***	2.2	2.4
When I have a conflict with someone, I am able to resolve the problem with the person through talking, discussion or negotiation.	2.0	2.2**	2.3	2.4

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Age Subgroups

Age subgroups were examined next (see Tables 11 and 12), comparing investigators who were below the median age of the sample (35 years old) with those who were 36 or above. There were 110 investigators who were 35 and younger, and 105 who were 36 or above. Similar psychosocial improvements were observed between the two age subgroups. The older group of investigators saw a significant improvement in the number of days their health prevented them from completing normal activities, while the younger group did not. Additionally, although there were similar improvements in content knowledge between the two age groups, older investigators saw significant improvements in learning that single mothers are the group most likely to live in poverty and feeling like they had improved their conflict resolution skills; younger investigators did not see significant improvements on these two content knowledge items.

Table 11. Changes in Scores on Measures of Psychosocial Well-being for Age Subgroups

Scale Name (Range of Potential Scores)	Baseline Score for Participants 35 and Below	Follow-up Score for Participants 35 and Below	Baseline Score for Participants 36+	Follow-up Score for Participants 36+
Perceived Stress Scale (0-52)	28.3	25.4***	25.2	27.1***
Mental Health Continuum- Short Form				
Positive Affect Subscale (0-15)	10.0	10.7*	9.7	10.9***
Social Well-being Subscale (0-25)	10.1	12.3***	12.3	14.1***
Psychological Well-being Subscale (0-30)	20.4	22.0**	18.8	21.5***
State Hope Scale (6-48)	34.6	38.2***	30.9	36.3***
Agency Subscale (3-24)	16.5	18.8***	14.5	17.9***
Pathways Subscale (3-24)	18.1	19.4**	16.4	18.4***
General Self-Efficacy Scale (10-40)	30.5	32.4***	28.3	31.4***
Interpersonal Support Evaluation List				
Appraisal Support Subscale (0-30)	18.2	20.1***	16.3	19.1***
Tangible Support Subscale (0-30)	17.2	18.5**	16.0	18.7***
Self-Esteem Support Subscale (0-30)	17.9	19.5***	16.8	19.0***
Belonging Support Subscale (0-30)	18.4	20.0***	17.2	19.6***
Overall Functioning				
Poor Physical Health in Previous Month(0-30)	5.8	5.2	11.3	9.5
Days of Poor Mental Health in Previous Month (0-30)	13.3	9.0***	12.3	9.3**
# of Days Health Prevented Usual Activities (0-30)	5.7	4.6	9.8	6.5***

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Table 12. Comparisons in Content Knowledge Changes by Age Subgroup

Question	Average Score at Baseline (Range 0-3) for Investigators 35 and Below	Average Score at Follow-up (Range 0-3) for Investigators 35 and Below	Average Score at Baseline (Range 0-3) for Investigators 36+	Average Score at Follow-up (Range 0-3) for Investigators 36+
I know the self-sufficiency wage, or how to find the self-sufficiency wage, in my area.	1.3	2.1***	1.4	2.1***
Single mothers are much more likely to live in poverty than any other group.	1.8	1.9	1.8	2.0*
I know how much rent I can afford based on my income.	2.1	2.4***	2.2	2.5***
I know what a financial predator is and how to avoid them.	1.6	2.5***	1.8	2.6***
I know the maximum interest rate that I can be charged on a loan in my state.	.7	1.5***	.9	1.7***
The main way to get out of poverty is to increase my income.	2.1	2.0	2.1	2.1
I know how much debt I have.	1.6	2.0***	1.7	2.2***
I have a plan to reduce my debt.	1.6	2.0**	1.5	2.0***
I can explain how the economy affects my daily life.	1.3	1.9***	1.3	2.1***
I can switch back and forth between the way I talk with friends and family and the way I talk with people in professional roles.	2.4	2.7**	2.0	2.5***
I can manage my time well.	2.2	2.4**	2.1	2.3**
When I have a conflict with someone, I am able to resolve the problem with the person through talking, discussion or negotiation.	2.2	2.3	2.0	2.2**

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Rural/Urban Subgroups

Getting Ahead sites in the sample represented a range of geographic locations and were located in cities of varying sizes. Because outcomes might differ based on the rurality of the site, comparisons were made between investigators in rural and urban sites. To classify sites based on rurality, the location of the site was categorized based on the U.S. Department of Agriculture's 2013 Rural-Urban Continuum Codes (see http://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx for more information). The majority of the current sample were from urban sites; there were 179 investigators in the sample from urban sites and 36 from rural sites. Outcomes were similar for both groups (see Tables 13 and 14). Rural investigators did not see a significant improvement in the number of days their health limited their usual activities. Additionally, although rural participants had average scores on the last two content knowledge items (managing time well and resolving conflict effectively) that were equivalent to the average scores of the urban investigators, these scores were not consistent enough across the entire rural subgroup of participants to be a statistically significant change like they were in the urban subgroup. Overall, there were no meaningful differences in the rural versus urban group on outcomes measured in this evaluation.

Table 13. Changes in Scores on Measures of Psychosocial Well-being for Rural/Urban Subgroups

Scale Name (Range of Potential Scores)	Baseline Score for Urban Participants	Follow-up Score for Urban Participants	Baseline Score for Rural Participants	Follow-up Score for Rural Participants
Perceived Stress Scale (0-52)	27.6	25.4***	28.8	24.6***
Mental Health Continuum- Short Form				
Positive Affect Subscale (0-15)	9.9	10.7***	9.7	10.9*
Social Well-being Subscale (0-25)	11.2	12.9***	11.1	14.6**
Psychological Well-being Subscale (0-30)	19.7	21.7***	19.5	22.4**
State Hope Scale (6-48)	33.1	37.5***	31.6	36.1**
Agency Subscale (3-24)	15.6	18.5***	15.5	17.7*
Pathways Subscale (3-24)	15.7	19.0***	16.1	18.4**
General Self-Efficacy Scale (10-40)	29.8	32.2***	27.9	30.6**
Interpersonal Support Evaluation List				
Appraisal Support Subscale (0-30)	17.1	19.2***	18.0	21.4***
Tangible Support Subscale (0-30)	16.3	18.2***	18.2	20.7*
Self-Esteem Support Subscale (0-30)	17.1	19.1***	18.3	20.3**
Belonging Support Subscale (0-30)	17.4	19.3***	20.1	22.3**
Overall Functioning				
Poor Physical Health in Previous Month(0-30)	8.4	6.9	8.6	9.5
Days of Poor Mental Health in Previous Month (0-30)	13.0	9.4***	11.9	7.5*
# of Days Health Prevented Usual Activities (0-30)	7.6	5.3**	8.2	6.5

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Table 14. Comparisons in Content Knowledge Changes by Rural/Urban Subgroup

Question	Average Score at Baseline (Range 0-3) for Urban Investigators	Average Score at Follow-up (Range 0-3) for Urban Investigators	Average Score at Baseline (Range 0-3) for Rural Investigators	Average Score at Follow-up (Range 0-3) for Rural Investigators
I know the self-sufficiency wage, or how to find the self-sufficiency wage, in my area.	1.3	2.0***	1.5	2.3***
Single mothers are much more likely to live in poverty than any other group.	1.8	1.9	1.7	2.0
I know how much rent I can afford based on my income.	2.2	2.5***	1.9	2.6***
I know what a financial predator is and how to avoid them.	1.6	2.5***	1.9	2.6***
I know the maximum interest rate that I can be charged on a loan in my state.	.8	1.5***	.8	1.9***
The main way to get out of poverty is to increase my income.	2.2	2.1	1.7	1.7
I know how much debt I have.	1.7	2.1***	1.5	2.1**
I have a plan to reduce my debt.	1.6	2.0***	1.4	2.3***
I can explain how the economy affects my daily life.	1.3	2.0***	1.3	2.1***
I can switch back and forth between the way I talk with friends and family and the way I talk with people in professional roles.	2.3	2.6***	2.0	2.5**
I can manage my time well.	2.2	2.4***	2.2	2.4
When I have a conflict with someone, I am able to resolve the problem with the person through talking, discussion or negotiation.	2.1	2.3**	2.1	2.3

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Mental Health Subgroups

Differences in outcomes were examined for investigators reporting a mental health barrier versus those who did not. There were 64 investigators who reported having a mental health problem and 151 who did not. Notably, 52 of the investigators reporting a mental health problem were also receiving services from a mental health program while participating in Getting Ahead. Although investigators with a mental health barrier had higher perceived stress, lower scores on the Mental Health Continuum subscales, lower hope, lower self-efficacy, lower social support, and more problems with overall functioning than investigators without a mental health barrier at both measurement points, they experienced significant improvements in most of the same areas. The only differences in outcomes were for the number of days they had a physical health problem and the number of days their health kept them from doing their usual activities. The group of investigators without a mental health barrier experienced improvements throughout Getting Ahead for these two survey items, and the investigators with a mental health barrier did not. There were also two minor differences in outcome for survey items measuring content knowledge (See Tables 15 and 16 for findings). Overall, there were not any meaningful differences between these two subgroups.

Table 15. Changes in Scores on Measures of Psychosocial Well-being for Mental Health Subgroups

Scale Name (Range of Potential Scores)	Baseline Score for People w/MH Barrier	Follow-up Score for People w/MH Barrier	Baseline Score for People w/o MH Barrier	Follow-up Score for People w/o MH Barrier
Perceived Stress Scale (0-52)	31.7	28.1***	26.1	24.0***
Mental Health Continuum- Short Form				
Positive Affect Subscale (0-15)	7.9	9.2**	10.7	11.4**
Social Well-being Subscale (0-25)	9.2	11.1**	11.9	14.0***
Psychological Well-being Subscale (0-30)	15.5	18.8***	21.4	23.1***
State Hope Scale (6-48)	27.5	33.8***	35.2	38.8***
Agency Subscale (3-24)	12.9	16.7***	16.7	19.1***
Pathways Subscale (3-24)	14.5	17.2***	18.5	19.6***
General Self-Efficacy Scale (10-40)	25.3	29.9***	31.1	32.7***
Interpersonal Support Evaluation List				
Appraisal Support Subscale (0-30)	13.7	17.4***	19.0	20.6***
Tangible Support Subscale (0-30)	12.5	16.4***	18.4	19.6**
Self-Esteem Support Subscale (0-30)	14.7	17.3***	18.6	20.2***
Belonging Support Subscale (0-30)	14.1	17.7***	19.5	20.8***
Overall Functioning				
Poor Physical Health in Previous Month(0-30)	13.7	13.7	6.4	4.7*
Days of Poor Mental Health in Previous Month (0-30)	19.6	16.0***	10.0	6.3***
# of Days Health Prevented Usual Activities (0-30)	14.0	11.6	5.0	3.0**

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Table 16. Comparisons in Content Knowledge Changes by Mental Health Subgroup

Question	Average Score at Baseline (Range 0-3) for People w/MH Barrier	Average Score at Follow-up (Range 0-3) for People w MH Barrier	Average Score at Baseline (Range 0-3) for People w/o MH Barrier	Average Score at Follow-up (Range 0-3) for People w/o MH Barrier
I know the self-sufficiency wage, or how to find the self-sufficiency wage, in my area.	1.2	2.1***	1.5	2.1***
Single mothers are much more likely to live in poverty than any other group.	1.7	1.9	1.8	2.0*
I know how much rent I can afford based on my income.	2.1	2.5***	2.2	2.5***
I know what a financial predator is and how to avoid them.	1.4	2.5***	1.7	2.5***
I know the maximum interest rate that I can be charged on a loan in my state.	.6	1.5***	.9	1.6***
The main way to get out of poverty is to increase my income.	2.1	2.0	2.1	2.1
I know how much debt I have.	1.3	2.0***	1.8	2.1***
I have a plan to reduce my debt.	1.3	1.9***	1.7	2.1***
I can explain how the economy affects my daily life.	1.1	2.0***	1.4	2.0***
I can switch back and forth between the way I talk with friends and family and the way I talk with people in professional roles.	2.0	2.5***	2.3	2.6***
I can manage my time well.	1.9	2.2**	2.3	2.5**
When I have a conflict with someone, I am able to resolve the problem with the person through talking, discussion or negotiation.	1.7	2.1**	2.2	2.4

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Chemical Dependency Subgroups

Differences in outcomes were examined for investigators reporting a chemical dependency problem versus those who did not. There were 32 investigators who reported having a problem with chemical dependency and 183 investigators who said they did not have a chemical dependency problem. Half of the investigators who reported experiencing current chemical dependency were also in a substance abuse treatment program, and 16 were not in any services for their chemical dependency. Investigators with chemical dependency did not experience improvements in social well-being like investigators without chemical dependency barriers reported, did not see a statistically significant improvement in mental health functioning or a reduction in days of impaired functioning due to health problems. Additionally, they also had a few differences in outcomes for survey items measuring content knowledge (See Tables 17 and 18 for findings). Overall, there were not any meaningful differences between these two subgroups.

Table 17. Changes in Scores on Measures of Psychosocial Well-being for Chemical Dependency Subgroups

Scale Name (Range of Potential Scores)	Baseline Score for People w/CD Barrier	Follow-up Score for People w/CD Barrier	Baseline Score for People w/o CD Barrier	Follow-up Score for People w/o CD Barrier
Perceived Stress Scale (0-52)	29.3	25.6***	27.5	25.2***
Mental Health Continuum- Short Form				
Positive Affect Subscale (0-15)	8.8	10.6**	10.1	10.8**
Social Well-being Subscale (0-25)	11.6	12.9	11.1	13.2***
Psychological Well-being Subscale (0-30)	18.3	21.4**	19.9	21.9***
State Hope Scale (6-48)	29.5	38.5***	33.5	37.1***
Agency Subscale (3-24)	13.6	18.8***	15.9	18.3***
Pathways Subscale (3-24)	16.0	19.7***	17.5	18.8***
General Self-Efficacy Scale (10-40)	27.3	33.3***	29.8	31.7***
Interpersonal Support Evaluation List				
Appraisal Support Subscale (0-30)	16.4	19.2***	17.4	19.6***
Tangible Support Subscale (0-30)	15.9	19.6***	16.7	18.4***
Self-Esteem Support Subscale (0-30)	17.1	19.6***	17.4	19.2***
Belonging Support Subscale (0-30)	18.1	20.4*	17.8	19.7***
Overall Functioning				
Poor Physical Health in Previous Month(0-30)	8.9	9.0	8.4	7.0
Days of Poor Mental Health in Previous Month (0-30)	17.0	13.4	12.0	8.3***
# of Days Health Prevented Usual Activities (0-30)	10.3	8.3	7.2	5.0**

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Table 18. Comparisons in Content Knowledge Changes by Chemical Dependency Subgroup

Question	Average Score at Baseline (Range 0-3) for People w/CD Barrier	Average Score at Follow-up (Range 0-3) for People w/CD Barrier	Average Score at Baseline (Range 0-3) for People w/o CD Barrier	Average Score at Follow-up (Range 0-3) for People w/o CD Barrier
I know the self-sufficiency wage, or how to find the self-sufficiency wage, in my area.	1.3	2.3***	1.4	2.0***
Single mothers are much more likely to live in poverty than any other group.	1.8	1.9	1.8	2.0*
I know how much rent I can afford based on my income.	2.2	2.5*	2.1	2.5***
I know what a financial predator is and how to avoid them.	1.6	2.5***	1.7	2.5***
I know the maximum interest rate that I can be charged on a loan in my state.	.6	1.6***	.8	1.6***
The main way to get out of poverty is to increase my income.	1.9	1.9	2.1	2.1
I know how much debt I have.	1.1	1.9***	1.7	2.1***
I have a plan to reduce my debt.	1.1	1.9***	1.6	2.0***
I can explain how the economy affects my daily life.	1.3	1.9**	1.3	2.0***
I can switch back and forth between the way I talk with friends and family and the way I talk with people in professional roles.	2.2	2.6*	2.3	2.6***
I can manage my time well.	1.9	2.3*	2.2	2.4***
When I have a conflict with someone, I am able to resolve the problem with the person through talking, discussion or negotiation.	1.9	2.1	2.1	2.3**

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Learning Problem Subgroups

Comparisons were examined between investigators who reported a learning problem and those who did not. There were 23 individuals in the sample who reported a learning problem. Notably, only 4 of those individuals were receiving services for a learning problem and the other 19 were not in any specialized services. Investigators with a learning problem had poorer outcomes than investigators without a learning problem. Although they experienced a reduction in perceived stress and gains in self-efficacy, hope, and three of the four types of social support, they did not experience any of the mental health benefits observed in investigators with no learning problem. They also only saw significant improvements in four of the twelve content knowledge items as measured by the survey items (See Tables 19 and 20 for findings).

Table 19. Changes in Scores on Measures of Psychosocial Well-being for Learning Problem Subgroups

Scale Name (Range of Potential Scores)	Baseline Score for People w/LP Barrier	Follow-up Score for People w/LP Barrier	Baseline Score for People w/o LP Barrier	Follow-up Score for People w/o LP Barrier
Perceived Stress Scale (0-52)	29.7	27.1*	27.6	25.1***
Mental Health Continuum- Short Form				
Positive Affect Subscale (0-15)	8.4	10.0	10.0	10.8***
Social Well-being Subscale (0-25)	11.3	13.6	11.1	13.2***
Psychological Well-being Subscale (0-30)	16.9	20.1	20.0	22.0***
State Hope Scale (6-48)	28.7	36.7**	33.4	37.4***
Agency Subscale (3-24)	13.6	18.3**	15.8	18.4***
Pathways Subscale (3-24)	15.2	18.3*	17.6	19.0***
General Self-Efficacy Scale (10-40)	26.7	30.9*	29.8	32.0***
Interpersonal Support Evaluation List				
Appraisal Support Subscale (0-30)	15.6	19.4**	17.5	19.6***
Tangible Support Subscale (0-30)	14.5	16.8	16.8	18.8***
Self-Esteem Support Subscale (0-30)	15.4	17.6*	17.6	19.5***
Belonging Support Subscale (0-30)	16.0	20.0**	18.1	19.8***
Overall Functioning				
Poor Physical Health in Previous Month(0-30)	7.2	5.7	8.6	7.4
Days of Poor Mental Health in Previous Month (0-30)	13.1	10.0	12.8	9.0***
# of Days Health Prevented Usual Activities (0-30)	8.0	5.1	7.6	5.5**

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Table 20. Comparisons in Content Knowledge Changes by Learning Problem Subgroup

Question	Average Score at Baseline (Range 0-3) for People w/LP Barrier	Average Score at Follow-up (Range 0-3) for People w/LP Barrier	Average Score at Baseline (Range 0-3) for People w/o LP Barrier	Average Score at Follow-up (Range 0-3) for People w/o LP Barrier
I know the self-sufficiency wage, or how to find the self-sufficiency wage, in my area.	1.5	2.0	1.4	2.1***
Single mothers are much more likely to live in poverty than any other group.	2.0	2.2	1.8	1.9*
I know how much rent I can afford based on my income.	2.2	2.6	2.1	2.5***
I know what a financial predator is and how to avoid them.	1.5	2.7***	1.7	2.5***
I know the maximum interest rate that I can be charged on a loan in my state.	.9	2.0***	.8	1.5***
The main way to get out of poverty is to increase my income.	2.0	2.3	2.1	2.0
I know how much debt I have.	1.4	2.0	1.7	2.1***
I have a plan to reduce my debt.	1.7	2.1	1.5	2.0***
I can explain how the economy affects my daily life.	1.4	2.3***	1.3	2.0***
I can switch back and forth between the way I talk with friends and family and the way I talk with people in professional roles.	1.7	2.2	2.3	2.6***
I can manage my time well.	2.1	2.4	2.2	2.4***
When I have a conflict with someone, I am able to resolve the problem with the person through talking, discussion or negotiation.	1.9	2.5*	2.1	2.3*

* = $p \leq .05$, ** = $p \leq .01$, *** = $p \leq .001$ (significant changes are highlighted)

Research Question #3- What aspects of Getting Ahead do participants find most helpful?

Nearly all investigators felt that Getting Ahead had been helpful for their lives (93%). Investigators were asked to identify the five most important aspects of Getting Ahead and to rank the one that was the most important to them of those five (see Table 21 for the aspects of Getting Ahead ranked most important). The top five ranked components of Getting Ahead, when investigators were asked to choose the *one* that was most important, were 1) developing a plan for building resources, 2) learning how to build resources, 3) having good facilitators, 4) completing the self-assessment, and 5) feeling welcomed and comfortable in the group. The most important aspect of Getting Ahead in investigators' opinions was developing a personalized plan for building resources. Nearly one-fifth of responding investigators listed this component of the program as the most important one to them. The five lowest-ranked components of Getting Ahead, in the investigators' opinions, were 1) the community assessment, 2) meeting friends in the group, 3) meeting people of other economic classes, 4) the mental model, and 5) the stages of change.

Investigators were also asked to list which components of Getting Ahead they thought they would use in their own lives (see Table 22). Seventy-seven percent said they would use information about ways to build resources, 67% percent of investigators reported that they would use information about the hidden rules, 65% said they would use information about the stages of change, 63% said they would use information from the discussion of the mental models, 62% said they would use information about the eleven

resource areas, 62% said they would use information from their self-assessment, and 61% said they would use information about the causes of poverty and the rich/poor gap.

Table 21. Investigators' Opinion of the Most Important Component of Getting Ahead

Component	%
Developing a plan for building resources	18.2%
Learning how to build resources	13.0%
Good facilitators	11.7%
Self-assessment	9.1%
Feeling comfortable and welcome	7.1%
Eleven resource areas	6.5%
Hidden rules	5.8%
Workbook	5.8%
Causes of poverty	5.2%
Feeling respected	4.5%
Stages of change	3.2%
Mental model	3.2%
Meeting people of other economic classes	2.6%
Meeting friends in the group	2.6%
Community assessment	1.3%

Table 22. Investigators' Opinion of the Components of Getting Ahead They Would Use in Their Lives

Component	Yes	No
Ways to build resources	166 (77.2%)	43 (20.0%)
Hidden Rules	145 (67.4%)	64 (29.8%)
Stages of Change	140 (65.1%)	69 (32.1%)
Personal plan for building resources	136 (63.3%)	73 (34.9%)
Mental model	135 (62.8%)	74 (34.4%)
Eleven resource areas	134 (62.3%)	75 (34.9%)
Self-assessment of resources	134 (62.3%)	75 (34.9%)
Cause of Poverty and Rich/Poor Gap	130 (60.5%)	79 (36.7%)
Language Register	116 (54.0%)	93 (43.3%)
Community assessment	88 (40.9%)	121 (57.9%)

***percentages do not equal 100 due to 6 investigators not responding to this series of questions.**

Conclusions, Recommendations, and Next Steps

The findings of this evaluation have important implications for Getting Ahead sites and for future research. First, the findings demonstrate that Getting Ahead appears to be accomplishing many of the goals that Philip DeVol had in mind when creating the curriculum. It is facilitating knowledge gains about poverty and how to begin to "get ahead" when living in poverty. Investigators are leaving the program with more knowledge about how to avoid financial predators, what kind of rent they can afford, what kind of interest they can legally be charged, and how to navigate different systems in their communities. They're leaving the program with increased knowledge of themselves and the resources they need in order to move forward economically and with an individualized plan for beginning to increase their resources. Most importantly, these findings also provide preliminary quantitative evidence that Getting Ahead may be doing much more than merely teaching a curriculum; rather, it appears to be facilitating at least short-term improvements in mental health and well-being, goal-directed behavior, and social support above and beyond any knowledge gains that occur during the program. These changes could be quite powerful in the long run for people who are often at the bottom of the social and economic ladder. Gaining well-being, support from others, a sense of personal power, and a newfound perceived ability to conquer obstacles that lie in one's way certainly could only benefit people who may have previously felt quite powerless in their lives. The next logical step in research on Getting Ahead would be to examine whether these psychosocial gains translate into behavioral outcomes. Do improvements in mental health, self-efficacy, goal-directed behavior, hope, and social support lead to changes in job searching, education seeking, and overcoming barriers to economic stability such as mental health problems,

chemical dependency, and intimate partner violence? With so many structural barriers to overcoming poverty, do these individual changes help perpetuate long-term motivation and perseverance that can help someone living in poverty begin to climb over the barriers?

These are questions for future research. Additionally, to further examine the effects of Getting Ahead, future research should include a comparison group of similar participants who are not participating in Getting Ahead to ensure these gains occurring for Getting Ahead investigators are greater than for similar individuals who are not in Getting Ahead. Also, because the current evaluation only examined whether or not these gains occurred throughout participation in Getting Ahead, future studies should examine investigators long-term after completion of the program to determine if those gains continue after Getting Ahead is done.

In addition to future research on Getting Ahead, the findings from this evaluation lead to the following practice recommendations to continue to improve this intervention: 1) Like many groups of people living in poverty, the group of investigators in this evaluation presented with many barriers to economic mobility and stability. Many of these are structural barriers that often prevent people from "getting ahead" in the first place, like lack of available jobs, lack of affordable housing, and lack of low-interest loans and credit repair assistance. The most common barriers for this sample of investigators were bad credit, unemployment, difficulty with transportation, lack of affordable housing, high debt, physical health problems, and mental health problems. The high number of individuals that began Getting Ahead and didn't finish most likely had similar barriers that prevented them from even participating in a program like Getting Ahead. Although many Getting Ahead sites currently partner with other agencies as they are able and try to maintain as

much funding as possible in order to try to help investigators meet basic needs and overcome these barriers, it is recommended that all sites continue to do this and try to increase partnerships with other agencies if possible. Additionally, if people begin Getting Ahead and do not come back to complete the program, sites should reach out to them to determine if they stopped coming due to dissatisfaction with the program or whether transportation, childcare, employment, or other poverty-related barriers caused the individual to drop-out of the program; if such a barrier caused the drop out, then sites should attempt to address these barriers whenever possible. Many sites may be already be doing this as they are able, and if so, should continue with this practice.

2) Investigators are currently responding well to the program and have favorable feelings about it overall. They particularly value good facilitators and a welcoming environment, as well as learning about the resource areas, assessing themselves, and developing a personalized plan for beginning to build their resources. Because the facilitators and the environment were at the top of the list of investigators' perceived importance, it is important that new facilitators are effectively oriented to the program to continue providing excellent group facilitation and creating a warm, comfortable environment. All sites in this evaluation were required to go through training with Philip DeVol or another approved trainer; this practice should continue in order to ensure sites understand the importance of the facilitator and the environment for keeping investigators engaged and coming back to group. Additionally, the resource areas, self-assessment, and personalized plan portions of the curriculum are already featured prominently; this should also continue in any future revisions of the curriculum/workbooks.

3) The gender differences in outcomes were an interesting finding that was relatively unexpected. Further examination of differences between men and women in the sample did not uncover anything else that might have contributed to the differences in outcomes such as the presence of a mental health or chemical dependency barrier; although there were differences in age and race/ethnicity between men and women in the sample, analysis of outcome differences between age groups and between racial/ethnic groups did not identify meaningful differences in outcomes potentially due to these demographic factors. Thus, it can be implied that there was something else about gender that led to the differences in scores on the scales measured in this evaluation. Although the exact reason for these differences needs to be the focus of future research, more effort should be made by sites and facilitators to engage men in Getting Ahead and to ask for ongoing feedback about whether groups are meeting their needs. If asked, the male investigators themselves may provide valuable feedback as to why they are not seeing the same benefits that women are.

4) Similarly, because outcomes were not as favorable for the investigators who self-identified learning problems, it would be beneficial for sites and facilitators to attempt to screen for learning problems in some way. Learning problems are common in populations of people living in poverty but often go undiagnosed and unidentified. Besides asking new investigators if they have a learning problem, facilitators should also be aware of investigators who appear to have difficulty reading or writing, seem to struggle with processing information, following directions, or with memory, or are showing up at group each time not having completed homework or reading assignments from the workbook. For these individuals, accommodations should be made by the facilitators such as using

easy-to-understand terms in groups, practicing reflective listening to ensure investigators' comprehension, and reviewing written material orally. When investigators are identified as having potential learning problems, referrals should be made for further testing to help them learn about their own strengths and challenges, be diagnosed (if applicable), obtain appropriate accommodations for school or work, and to improve chances for school or work success.

Limitations

As with any research study, there are some limitations that can affect the generalizability of these findings. First, the sample in this assessment was a convenience sample and it is unknown whether the investigators in these Getting Ahead groups are representative of all Getting Ahead participants. Specifically, the findings of the current evaluation only apply to English-speaking, adult Getting Ahead investigators in the U.S. Since Getting Ahead is being used with adolescent groups, in other countries, and has been translated into other languages, it is important that future research also examine the effects of Getting Ahead with these different populations. However, the investigators in this evaluation represented all English-speaking adult investigators that completed the entire Getting Ahead program at all U.S. sites that were faithful to the model during the one year evaluation period and therefore the results should apply to similar groups of Getting Ahead investigators at similar types of sites. Additionally, many current Getting Ahead sites were excluded from this evaluation because they had modified the curriculum in some way; further research should be considered with sites that are using a modified curriculum to determine how their modifications might impact outcomes. It is important to note that the results of this evaluation only apply to sites remaining faithful to Philip DeVol's model.

Second, it is possible that participants answered in a certain way because they thought those responses were expected, so it is difficult to tell whether responses at follow-up indicated true changes that occurred. However, it would be unlikely that investigators could remember how they responded on the initial survey at the time they completed the follow-up survey in their final Getting Ahead meeting. Also, since this study did not use an experimental design, causation of the outcomes by Getting Ahead can only be suggested and not fully presumed. Future study of Getting Ahead is necessary to further establish causation between the intervention and improved outcomes. However, this study examined the outcomes in a heterogenous national sample and was able to compare outcomes for participants who were and were not in any other services; thus, it is likely that Getting Ahead led to the changes observed.

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Appendix

List of Model Fidelity Elements

(from Getting Ahead Facilitators' Guide, DeVol, 2012)

Getting Ahead Model Fidelity Elements	
1. Getting to the table: Getting Ahead graduates are at the planning and decision-making table for all matters that apply to GA.	
2. Diverse poverty experiences: The investigators in each group are from diverse circumstances and backgrounds, most particularly from both situational and generational poverty. This enriches the dialogue and the learning experience.	
3. Sequence and reinforcement: GA is provided in sequence and in the full 20 sessions. There are several learning sequences in GA that allow for reinforcement of difficult concepts. About half of the learning is in the GA content, about half is in the conversations within the group.	
4. Agenda-free: GA investigators choose the resources they want to build, and they pursue the future stories of their own making.	
5. Closed group: GA investigators begin and end the group together. During GA, investigators usually develop a sense of trust that enhances the learning experience and leads to deeper social capital. GA is hard work, and guests and observers would turn GA into a fish bowl that isn't respectful of or helpful to the investigators—so neither is recommended.	
6. Attraction, not coercion: GA investigators are recruited through attraction. Planners are often pushed for quick results and think that forcing people to attend a particular work-shop will bring the desired outcome. We know that GA principally attracts people by word of mouth.	
7. Motivation for change: GA investigators make their own arguments for change as a result of the process. Those who participate in the workgroup aren't necessarily expected to be motivated for change at the outset.	
8. Long-term support: Sponsors of GA work with the investigators and the community to create a support system for GA graduates. This includes opportunities to meet regularly, strategies for reducing barriers to transitions, options for building resources, and a variety of pathways out of poverty provided by business, workforce development, education, and other sectors.	
9. Learning community: Provide recordkeeping, data-collection, and quality-improvement activities to improve the GA experience. GA sites are encouraged to learn from and contribute to the Bridges and Getting Ahead Communities of Practice.	