



The Evaluation of the Delta D.R.E.E.A.M. Project/ Aban Aya Youth Development Project in the Mississippi Delta Region

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Intervention Name	Delta D.R.E.E.A.M. Project/ Aban Aya Youth Development Project
Intervention Description	<p>The Delta D.R.E.E.A.M. Project had three components. The core component was the four-year Aban Aya curriculum, and identified as an evidenced-based curriculum by the U.S. Department of Health and Human Services' teen pregnancy evidence review. There were two optional components—out-of-school activities and mentoring. The project was designed to reduce the rate of pregnancy, sexually transmitted infections (STIs), and other risk behaviors for pre-adolescent and adolescent boys and girls from grades 5 through 8.</p> <p>The Aban Aya Youth Development Project component consisted of 16 to 21 lessons per year from 5th to 8th grades focusing on the reduction of risky behaviors, such as unsafe sexual practices, substance use, and violence. The program provided age-appropriate lessons on cognitive-behavioral skills to build self-esteem and empathy; to manage stress and anxiety; to develop interpersonal relationships and resist peer pressure; and to develop healthy decision-making, problem-solving, conflict-resolution, and goal-setting skills. The lessons were taught in an Afro-centric context within a classroom environment and each lesson lasted 45 minutes.</p> <p>The two optional components were school/community activities for youth, parents, or community members and a mentoring program. The school/community component engaged parents and community members in helping youth create a safe and healthy environment with adult guidance and support. Local groups of school representatives, parents, community members, and project staff met at least three times per year to discuss the curriculum and provide opportunities for youth to interact with parents and members of the community through various extracurricular activities. The mentoring component of the project involved the referral and assignment of youth with socioemotional issues and low academic performance to a high school youth mentor. The high school mentor was trained to spend at least three hours per week with his or her mentee, providing the mentee with an opportunity to play, talk, and work on various areas of interest. About 10 percent of the intervention group participated in the mentoring program and was assigned to a mentor for a minimum of one year.</p>
Counterfactual	Business as usual
Counterfactual Description	The counterfactual schools selected to participate in the Delta D.R.E.E.A.M. Project did not have any formal sex education programs. No other formal sex education programs were identified in the participating schools' communities.
Primary Research Question(s)	After three years of participation in the Delta D.R.E.E.A.M. project, do middle school participants demonstrate a reduction in early sexual initiation (that is, reporting sexual activity by the end of 7th grade) and increased safe sex practices?
Additional Outcomes	Parent communication about risky behaviors including sexual activity; understanding positive health and emotional health benefits of delaying premarital sexual activity; knowledge about human sexuality, birth control methods, and sexual activity; other high risk behaviors (use of alcohol, drugs, or other substances).

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Sample	<p>Twenty-five schools in the Mississippi Delta region that included at least one 5th-grade classroom in the 2011–2012 or 2012–2013 school years were invited to participate in the Delta D.R.E.E.A.M. Project. Those that indicated an interest were recruited as intervention schools and the schools that did not wish to participate in the intervention were asked to serve as comparison school sites with an opportunity at a later date to become involved in the program. Twenty schools volunteered to participate in the intervention condition; 5 schools served as counterfactual schools. The evaluation followed the youth who were enrolled in the 5th-grade classrooms as they transitioned from elementary to middle or junior high school; ultimately, youth attended 38 schools (31 intervention and 7 comparison schools). In eight school districts the elementary schools were feeder schools to a single middle school, so intervention and comparison youth were not combined in later grades. One school district included both intervention and comparison elementary schools and had two middle schools.</p> <p>All students enrolled in the 5th grade in these schools were eligible to participate in the program and evaluation. Although the focus of the program is on African American youth, all youth could participate in the program. The total sample included 2,106 youth. There were 1,595 5th-grade students in the intervention schools (847 in the first year and 748 in the second) and 511 5th-grade students in the comparison schools (270 in the first year and 241 in the second).</p>
Setting	<p>The Delta D.R.E.E.A.M. Project served youth attending public schools in eight counties in the Mississippi Delta region. Programming was provided by Delta D.R.E.E.A.M. Project staff in a non-academic class (for example, health or physical education). All of the schools are located in rural communities with a high African American student population, high poverty rates, high percentages of single-parent families, high teen pregnancy rates, high teen STI rates, and low academic performance.</p>
Research Design	<p>This evaluation is a longitudinal cluster quasi-experimental design. There were two cohorts of students from the treatment and comparison schools. Consent and assent forms were completed in the fall of 5th grade for two consecutive years (2011–2012 and 2012–2013). Data are from online surveys administered in the fall of 5th grade (baseline) and in the spring of each year for four years (three interim and one post-test) to all students in the participating grade levels; however, the analytic sample included only students who were enrolled in the fall of 5th grade.</p>
Impact Findings	<p>To be determined when data collection and analysis are complete.</p>
Implementation Findings	<p>To be determined when data collection and analysis are complete.</p>
Schedule/Timeline	<p>Sample enrollment was completed in September 2012 and includes two cohorts (2011–2012 and 2012–2013). The final round of data collection for the full sample, which is after three years of programming, ends May 2015. A final report, which focuses on data after three years of participation for the full sample, will be available to the Office of Adolescent Health in 2015-2016.</p>