

Evaluation Abstract: Delta D.R.E.E.A.M - Aban Aya Youth Development Project

Grantee

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Intervention Name

Delta D.R.E.E.A.M. (DaRing to Excel through Education, Advocacy, & Modeling):
Aban Aya Youth Development Project

Intervention Description

The Delta D.R.E.E.A.M. Project had three components. The core component is a four-year Aban Aya Youth Development Project (Aban Aya) curriculum identified as an evidenced-based curriculum by the U.S. Department of Health and Human Services' teen pregnancy program evidence review team. There are two optional components to the program—out-of-school activities and mentoring. The project is designed to reduce the rate of pregnancy, sexually transmitted infections (STIs), and other risk behaviors for pre-adolescent and early adolescent boys and girls from grades 5 through 8.

The Aban Aya curriculum consists 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 provides 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 are taught in an Afrocentric context within a classroom environment with each lesson lasting 45 to 50 minutes.

The two optional components are school/community activities for youth, parents, or community members and a mentoring program. The school/community component engage 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 meet quarterly 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 involves the referral and assignment of youth with socioemotional issues and low academic performance to a high school youth mentor. The high school mentors are 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. Not all participants have a mentor, but there is a target of reaching about 10 percent of the intervention group per year.

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)

- (1) What is the impact of the Aban Aya school-based program on middle school participants on reducing the level of current sexual intercourse after **three years** in the intervention program?
- (2) What is the impact of the Aban Aya school-based program on middle school participants in using safe sex practices after **three years** in the intervention program?

Sample

Twenty-eight 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 28 schools (21 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.

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 2,141 youth. There were 1,631 5th-grade students in the intervention schools and 510 5th-grade students in the comparison schools.

Setting

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.

Research Design

This evaluation is a longitudinal quasi-experimental design.

Method

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 was collected from web-based online surveys administered in the fall of 5th grade (baseline) and in the spring of each year for four to all students in the participating grade levels; however, the analytic sample included only students who were enrolled in the fall of 5th grade. The pooled survey data from both cohorts were used to estimate program impacts using propensity score matched sample analyses. Program fidelity and lesson observation data were used to describe program implementation.

Impact Findings

Not reported.

Implementation Findings

Not reported.

Schedule/Timeline

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, and four years for the first cohort, ended May 2015.