



2021

**YOUTH RISK  
BEHAVIOR SURVEY**  
MIDDLE SCHOOL DATA REPORT



Published November 2023

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Thank you to our partners at the Chicago Department of Public Health (CDPH) for their valuable content and technical expertise. CDPH played a key role in the creation of our 2021 High School YRBS Data Report, and that report's template served as guidance in creating our 2021 Middle School YRBS Report. We appreciate their support and collaboration.

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# CPS Resources

As one of the largest school districts in the country educating students from all walks of life, CPS bears an important responsibility to help our students with challenges related to trauma, substance use, mental health, violence in their communities, and other stressors. This is especially true as our students continue to recover from the lingering impacts of the COVID-19 pandemic.

Below is a list of resources, tools, and supports provided by CPS to help students achieve both physical and emotional health. While we are proud of this effort, we know the District can do more to ensure every child is successful in and beyond the classroom. The District will use the data gathered in this survey to continue to expand these resources, and to help build a more thoughtful and proactive response to the challenges our students face.

## **Mental Health and Substance Use Resources**

[Mental Health | Chicago Public Schools](#)  
[Comprehensive Mental Health and Suicide Prevention Policy](#)  
[Mental Health Toolkit](#)  
[Mental Health Flyer for Students](#)  
[Mental Health Flyer for Parents/Caregivers](#)  
[Substance Use and Mental Health Services Hotline](#)

## **COVID-19 Resources**

[COVID-19 Resources Web Page](#)

## **Sexual Health Resources**

[Sexual and Reproductive Health Services Web Page](#)  
[Sexual Health Education Web Page](#)  
[Sexual Health Education Policy](#)  
[Sexual Health Education Implementation Guidance](#)

## **Health Services Resources**

[Student Health Services Web Page](#)  
[School Based Health Center Locations](#)

## **LGBTQ+ Supportive Environments**

[LGBTQ+ Supportive Environments Web page](#)  
[Guidelines Regarding The Support Of Transgender and Gender Nonconforming Students](#)

## **School Safety and Violence Resources**

[Office of School Safety and Security \(OSSS\) Web Page](#)  
[Crisis Support Web Page](#)

## **Diet and Exercise**

[Nutrition Support Services \(NSS\) Web Page](#)  
[Health and Physical Education Department Web Page](#)  
[Local School Wellness Policy for Students](#)

In addition to resources linked above, CPS was awarded \$2.5 million in 2022 from the Substance Abuse and Mental Health Services Administration (SAMHSA), which the District is using to bolster our trauma-informed mental health and substance use services and support.

If you are interested in additional health-related resources from the CPS Office of Student Health and Wellness, please visit [Health and Wellness | Chicago Public Schools](#)

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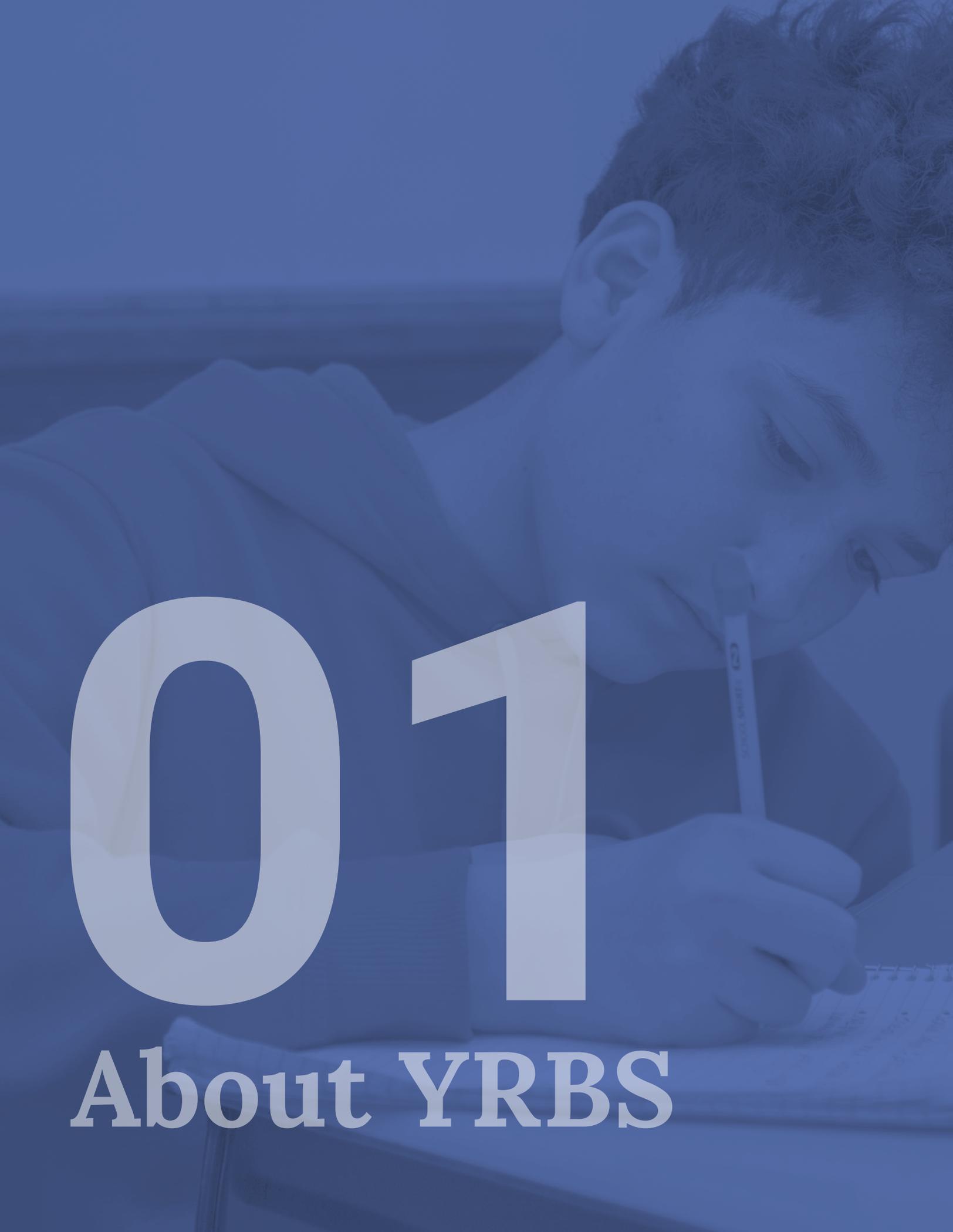
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# 01

About YRBS

# About YRBS

The Youth Risk Behavior Survey (YRBS) was developed by the Centers for Disease Control and Prevention (CDC) to monitor health behaviors among youth across the United States. Chicago Public Schools (CPS) first administered the middle school YRBS in 1995, and biennially from 2009-2013 and 2019-2023.

At CPS, YRBS monitors a variety of youth behaviors that impact students' health and well-being. Some topics covered on the 2021 YRBS include:

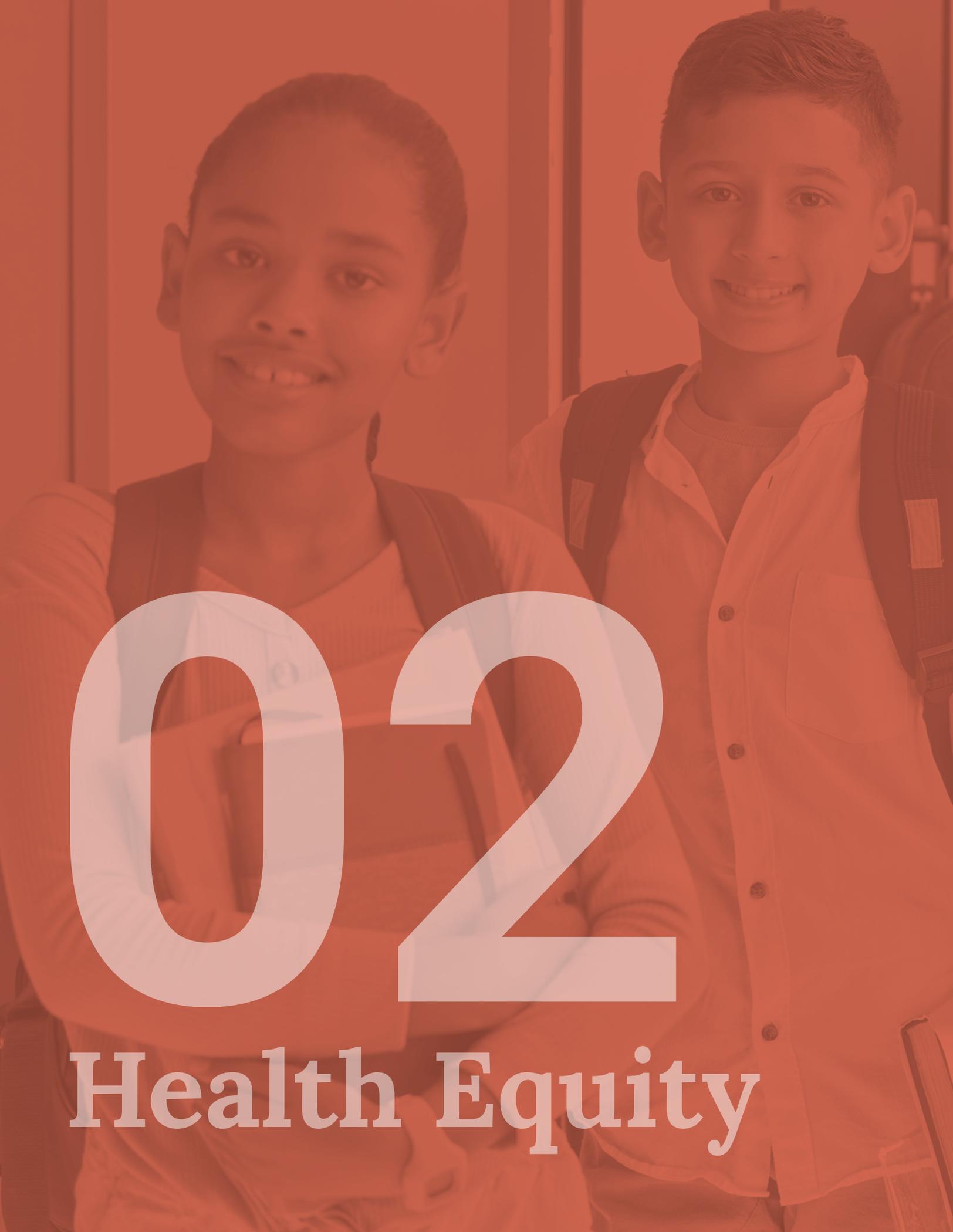
- Mental health
- Substance use
- Physical activity
- Dietary behaviors
- Community safety and violence
- School safety
- Sexual and gender identity
- Impact of COVID-19

Data collected through YRBS provide important insights about the health of youth nationwide. In 2021, 1,592 middle school students participated in the YRBS, providing representative data about health behaviors across the District. Schools are randomly selected to participate in the survey, using a process set up by Westat. You can learn more about Chicago's sample [here](#) and how the sample is determined by Westat [here](#). **This report only contains data on CPS middle school students (grades 6-8).**

## Why YRBS

Understanding the health behaviors of our Chicago youth is essential to creating programs and policies that address health-related barriers to learning. YRBS is used by CPS and other local education agencies, state and federal governments, local non-profit organizations, and schools for various purposes including planning and evaluating programs, as well as informing policies. To learn more about the national data set and see comparisons to Chicago data, visit [cdc.gov/YRBS](https://cdc.gov/YRBS).





02

Health Equity



# Health Equity

This report presents health disparities experienced by Chicago middle school students based on gender, LGBTQ+ identity, race, and ethnicity. It is important to note that these disparities are not due to innate differences between students, but rather due to an intersection of personal, social, economic, and environmental factors that impact their health and well-being. These factors, known as the [Social Determinants of Health](#), underscore the value of holistic interventions and fair policies and systems that build infrastructure to support youth while promoting resilience among those most at-risk for adverse health outcomes.<sup>1</sup>

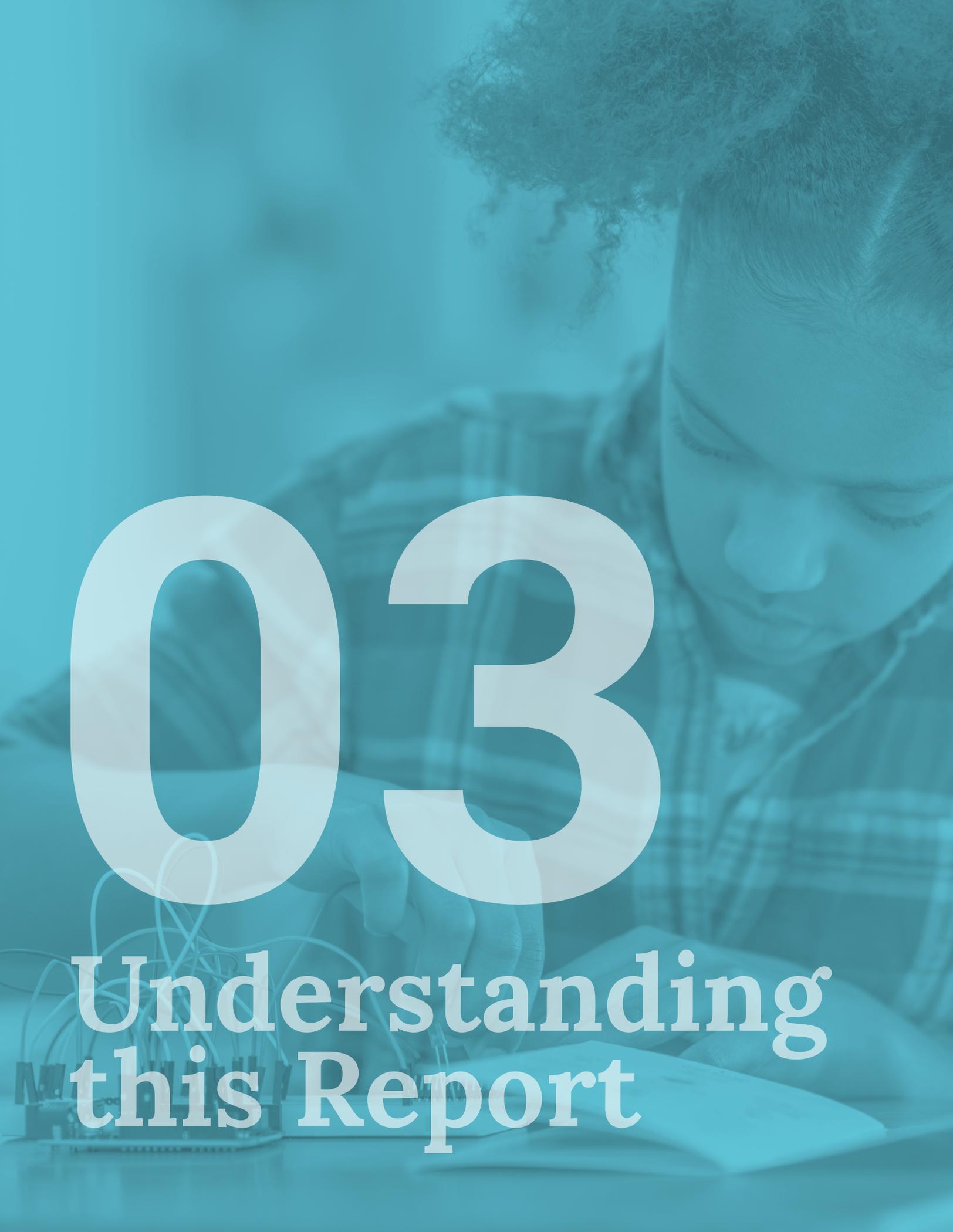
The [CPS Equity Framework](#) defines equity as championing the individual cultures, identities, talents, abilities, languages, and interests of each student by ensuring they receive the opportunities and resources that meet their unique needs and aspirations. In an equitable school district, every student has access to the resources, opportunities, and educational rigor they need, regardless of their race, ethnicity, sex, gender identity, sexual orientation, language, learning path, accessibility needs, family background, family income, citizenship, or tribal status.<sup>2</sup>

## What is Resilience?

Resilience is generally known to be an intersection of individual, household, school, community, and social factors that promote well-being. Experiences including stability, trust, perceived capability, and a sense of belonging can improve an individual's resilience. Resilience is not a construct or singular trait, but rather a collection of dynamic experiences across multiple facets of one's lived experiences. Literature suggests the presence of several protective factors that promote well-being and reduce the risks of negative outcomes in youth.<sup>3</sup> Protective factors may include individual-level factors such as self-regulation, relational skills, and problem-solving skills; relationship level factors such as positive peers and caring adults; and community-level factors such as positive community and school environments.<sup>4</sup>

## YRBS and WSCC

The identification of leading health-related barriers to learning is vital to support the well-being of students. [Whole School, Whole Community, Whole Child](#) (WSCC) is a student-centered framework for addressing physical, mental, and social-emotional health in schools, created by the CDC and ASCD (formerly the Association for Supervision and Curriculum Development).<sup>5</sup> Supporting the whole child in schools means using a holistic approach that not only makes the connection between health and academic success, but also unites stakeholders through collective impact to ensure every student in every school has the support and resources they need to learn and thrive. CPS District-level data, policies, and programs are essential to reduce barriers to learning faced by Chicago youth.



03

Understanding  
this Report

# Understanding this Report

## Statistical Significance

Statistical significance is the idea that a statistical result (often, a difference between values) is unlikely to be due to random chance. The calculated probability, or p-value, is used to assess statistical significance, as the p-value corresponds to the probability that the result observed is actually due to random chance. This means that the lower the p-value, the less likely it is that the observed values occurred because of random chance alone. A p-value of less than 0.05, or 5%, indicates that there is less than a 5% chance that the differences observed are due to chance, and it is the most commonly used metric for distinguishing significant results from non-significant results.

## Significance Reported in Tables

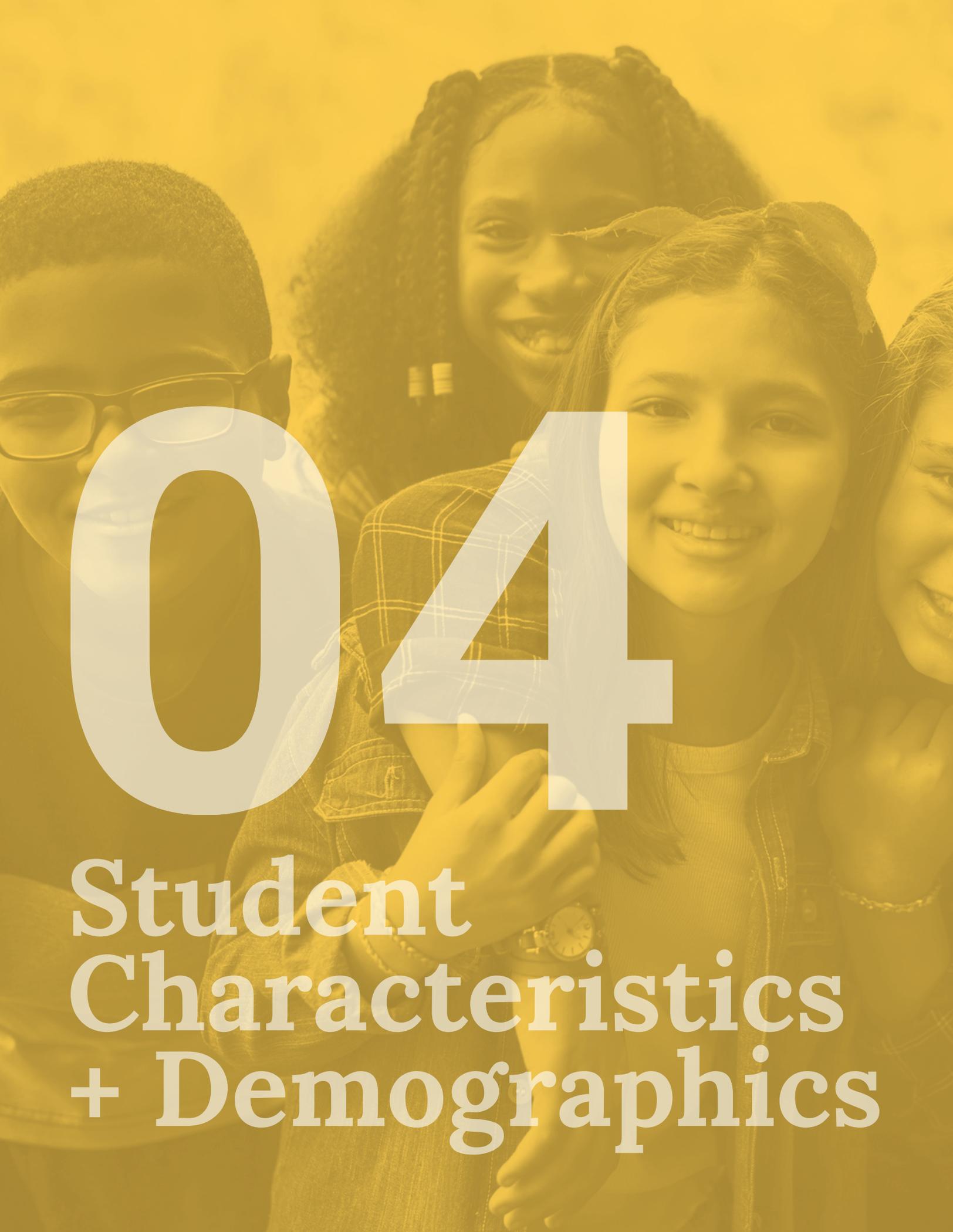
Throughout this report, statistical significance of less than .05 is denoted with icons in the respective data tables. Questions with fewer than 10 student responses are not included to protect student privacy and provide accurate estimates of health behavior engagement.

- ◇ Significant difference between demographic groups ( $p < 0.05$ )
- Fewer than 10 student responses



## Important Considerations

- The 2021 CPS YRBS results presented in this report, and the reported changes in trends, may have been impacted by the change in survey procedures due to the COVID-19 pandemic. The following factors are important for us to keep in mind.
  - The first middle school YRBS was administered in 1995. Since then, the middle school YRBS has been administered during the spring semester at CPS. In 2021, the survey was administered in the fall semester due to COVID-19's impact on in-person learning.
  - Some questions on the survey ask about students' behaviors in the past 12 months. When students took the survey in fall 2021, COVID-19 precautions were in place and students had limited opportunities for in-person social interactions which may have impacted student engagement with certain health behaviors.
- Measures on the YRBS are primarily focused on health risks, and not on protective factors or youth resilience, and this databook is limited in that it presents findings only from this survey. Note: the trends we present are meant to aid in the creation and allocation of resources and opportunities that support students.
- This report was limited by small sample sizes for youth whose race or ethnicity is Native American or Alaska Native, Asian or Pacific Islander, and non-Hispanic multiracial. As a result, these groups are combined into an "all other races" category. Still, the size of this group was not large enough to report on certain health behaviors. We acknowledge that individuals in these groups face health inequities; however, the Chicago YRBS sample limits the ability to conduct statistical analyses for these groups individually.
- One question on the YRBS asks "What is your sex?" with only the options being "male" and "female." This question does not specify if students should define sex as their sex assigned at birth or gender identity, and does not include response options other than male or female. Therefore, this data may not accurately represent the sex or gender identities of intersex, transgender, or non-binary students.
- Participants do not always respond to every question, so different questions in the survey may have different numbers of responses. Percentages should not necessarily be compared across questions as they may have varying percentages of missing data.
- The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor trends in youth risk behavior over time and administered to middle school students beginning in 1995. In order to monitor these trends, questions must retain similar wording over time, and as a result, questions are not always asked using the most up-to-date language.
- While Chicago YRBS data is representative of all students attending public middle schools in Chicago, it is not possible to identify differences between students attending schools in different geographic regions of Chicago due to the nature of the sampling methodology used to conduct the survey.

A group of diverse students smiling, overlaid with a large white number '044'. The background is a warm, yellowish-gold color. The students are of various ethnicities and are looking towards the camera with positive expressions. The number '044' is prominently displayed in the center, partially overlapping the students' faces.

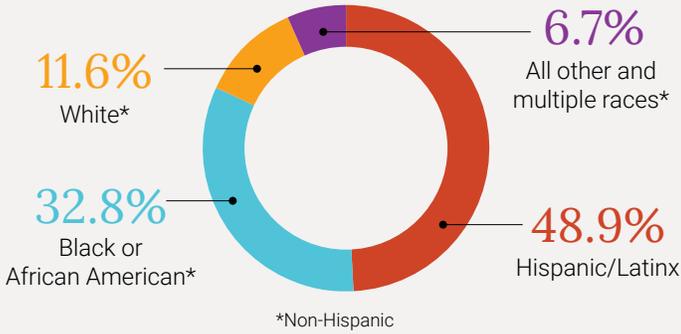
044

**Student  
Characteristics  
+ Demographics**

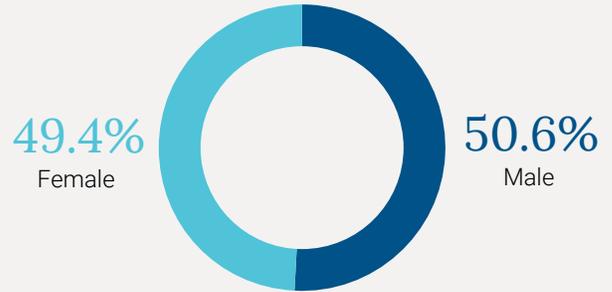
# Student Characteristics + Demographics

## Self-Reported Demographics and Characteristics

### Race / Ethnicity



### Sex

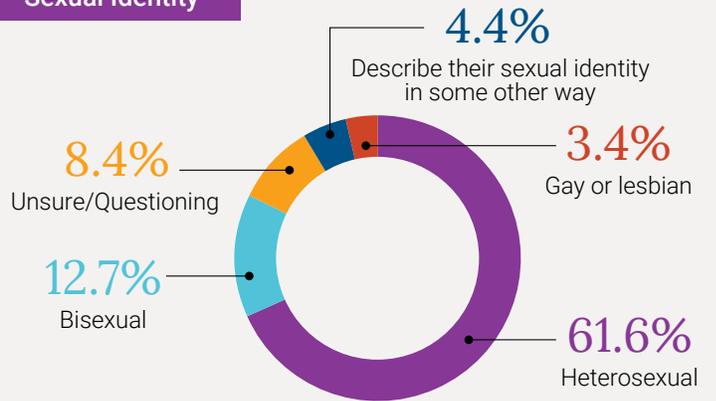


In addition to asking about sex, the YRBS also asks students if they are transgender.

**1.9%**  
of CPS middle school students are transgender

Transgender is an umbrella term for people whose gender identity or gender expression differs from the sex they were assigned at birth.<sup>6</sup>

### Sexual Identity



### LGBTQ Identities

**34%**  
of CPS middle school students are LGBTQ+

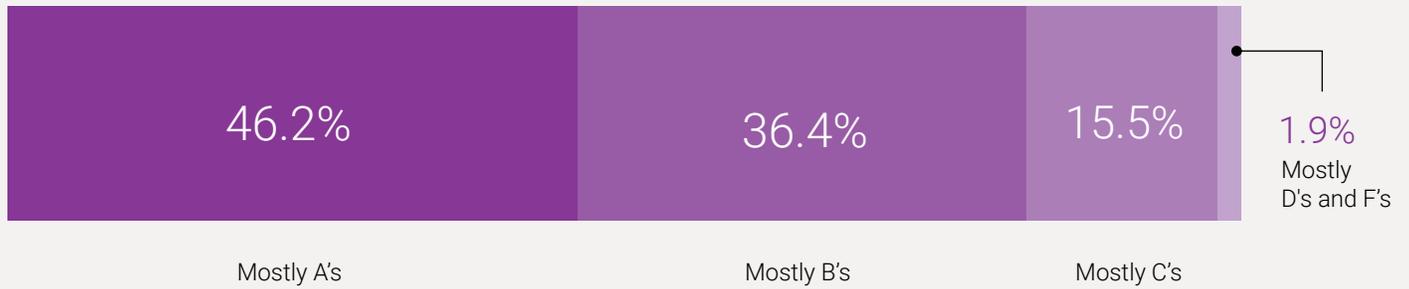
Includes students who are lesbian, gay, bisexual, transgender, non-binary, genderfluid, gender non-conforming, agender, another gender, or questioning their sexual identity or gender identity.

### LGBTQ+ Breakdown by Race

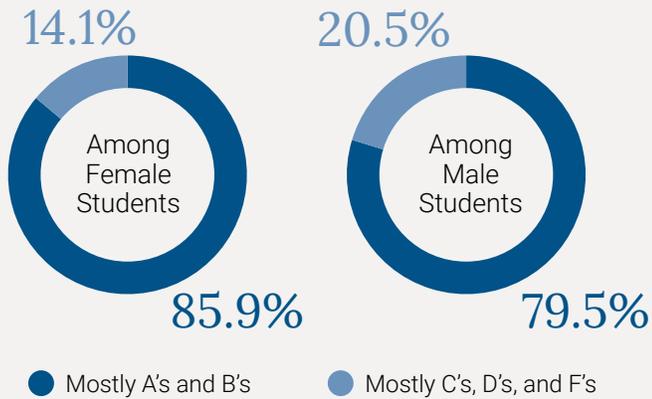


## Self-Reported Academic Achievement

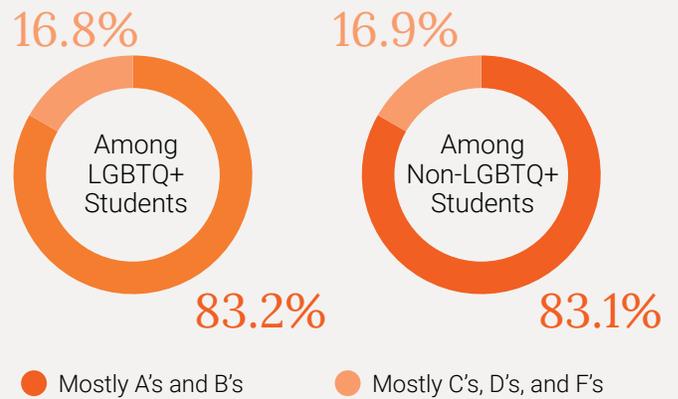
Percentage of students who described their grades as:



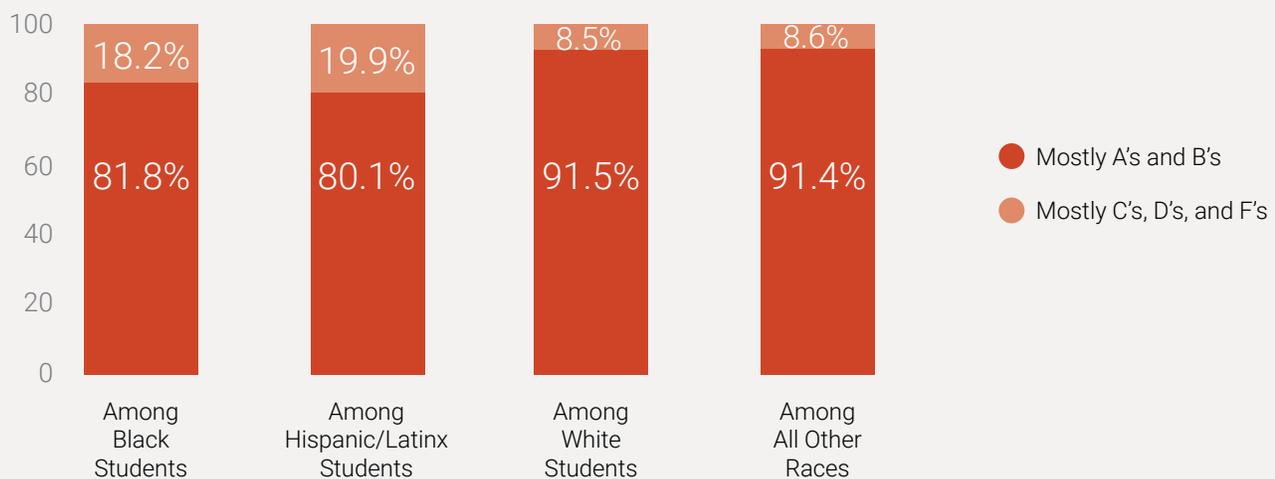
Self-reported School Grades by Sex



Self-reported School Grades by LGBTQ+ Identity



Self-reported School Grades by Race/Ethnicity





05

**Health +  
Academic  
Achievement**

# Health + Academic Achievement

Evidence shows that the health of students is linked to their academic achievement. Health and academic achievement for students can be directly impacted by their school and community environment(7). The YRBS asks students to report the type of grades they most often earn in school. By collecting self-reported grades, we can better understand their association with student health behaviors, school environments, and community experiences.



### Example of how to interpret the percentages in this report:

Among students who earn mostly A's or B's,

17.6%

did not eat breakfast in the past seven days.

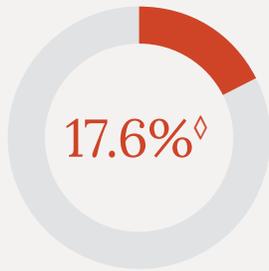
Among students who earn mostly C's, D's, and F's,

35.9%

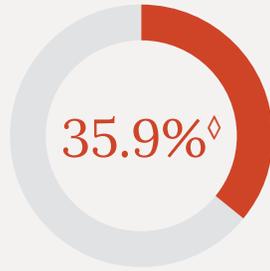
did not eat breakfast in the past seven days.

### Percentage of Middle School Students Who:

#### Did not eat breakfast in the past seven days

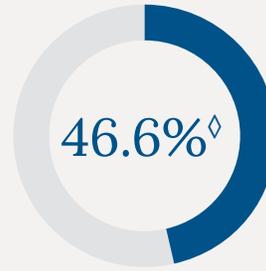


Earn Mostly A's or B's

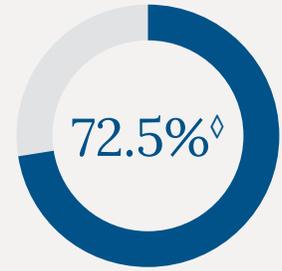


Earn Mostly C's, D's, or F's

#### Were ever in a physical fight

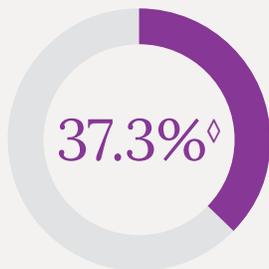


Earn Mostly A's or B's

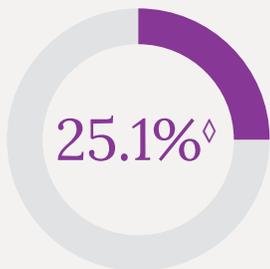


Earn Mostly C's, D's, or F's

#### Who ate breakfast on all seven days before the survey

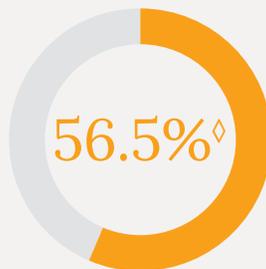


Earn Mostly A's or B's

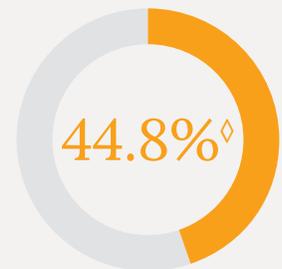


Earn Mostly C's, D's, or F's

#### Saw a doctor or nurse for a check-up in the past year

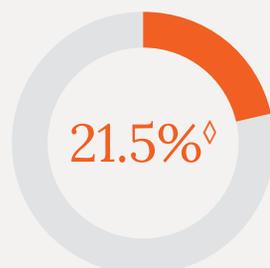


Earn Mostly A's or B's

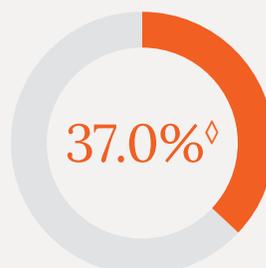


Earn Mostly C's, D's, or F's

#### Reported that their mental health was most of the time or always not good during the past 30 days



Earn Mostly A's or B's



Earn Mostly C's, D's, or F's

**NOTE**

Self-reported grades are the only measure of academic success included on the YRBS. There are many other ways to measure academic achievement that are not reflected in this report. It is important to note that the statistics reported below are strictly associations and do not indicate a causal relationship between the variables. Assumptions about individuals should not be made based on District-level data.

A young boy with dark hair is sitting on the floor, leaning forward with his head buried in his hands. He is wearing a dark-colored long-sleeved shirt and dark pants. The background is a blurred indoor setting, possibly a school hallway or classroom, with lockers visible. The entire image has a blue color overlay.

006

**Mental Health  
+ Substance Use**

# Mental Health + Substance Use

Suicide is a leading cause of death among children 10–14 years old.<sup>8</sup> Understanding youth behaviors related to suicidality and substance use is important when developing interventions and programs that can address these health areas. Adolescence is a critical period for preventive measures, as substance use is linked to developing more severe, co-occurring mental health and substance use disorders in adulthood.<sup>9</sup> Consistent with the findings reported by the U.S. Department of Education's Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs Report, CPS middle school students that identified as female and LGBTQ+ experienced significantly higher feelings of persistent sadness or hopelessness.<sup>10</sup>

The Office of Student Health and Wellness' Mental Health Team aims to drive forward inter-departmental mental health initiatives and support policy directives, such as professional development for staff and communications relating to mental health for parents and guardians. The Mental Health Team uses ongoing data collection methods as well as meaningful engagement with relevant stakeholders (e.g., students, their parents and guardians, and school-based behavioral health teams) to actively respond to mental health concerns throughout the District. In 2022, the Mental Health Team launched the new [Comprehensive Mental Health and Suicide Prevention Policy](#)<sup>11</sup> and [Implementation Guide](#)<sup>12</sup> to effectively support students and staff.



12.2%

of students have ever used an electronic vapor product

6.1%

of students have ever smoked a cigarette

1.1%

of students have ever tried marijuana

9.8%

of students have ever misused prescription pain medication

19.5%

of students made a plan about how they would attempt suicide

The percentage of LGBTQ+ students who made a plan about how they would attempt suicide was

26.5

percentage points higher than their non-LGBTQ+ peers.

The percentage of female students who made a plan about how they would attempt suicide was

19.8

percentage points higher than their male peers.

## Example of how to interpret the percentages in this report:

Among LGBTQ+ students,

# 22.3%

got help when sad, empty, hopeless, angry, or anxious

### Mental Health

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
<b>Ever...</b>									
Tried cigarette smoking	6.1	8.1	5.7	—	7.6	6.7	—	7.2	4.9
Used an electronic vapor product	12.2	15.6	11.9	—	14.9	13.7	—	14.6 <sup>◇</sup>	9.7 <sup>◇</sup>
Drank alcohol	20.6	29.1 <sup>◇</sup>	18.7 <sup>◇</sup>	13.4 <sup>◇</sup>	18.8 <sup>◇</sup>	25.7 <sup>◇</sup>	8.1 <sup>◇</sup>	25.4 <sup>◇</sup>	16.0 <sup>◇</sup>
Used marijuana	6.9	8.3	6.9	—	11.4	6.3	—	8.5	5.2
Tried alcohol before age 11	9.9	16.0 <sup>◇</sup>	7.9 <sup>◇</sup>	8.2 <sup>◇</sup>	7.4 <sup>◇</sup>	12.6 <sup>◇</sup>	6.4 <sup>◇</sup>	13.7 <sup>◇</sup>	6.0 <sup>◇</sup>
Used any drug <i>Including marijuana, cocaine, inhalants, or prescription pain medicine without a prescription</i>	16.8	23.8 <sup>◇</sup>	15.3 <sup>◇</sup>	4.7 <sup>◇</sup>	22.9 <sup>◇</sup>	17.9 <sup>◇</sup>	5.6 <sup>◇</sup>	21.6 <sup>◇</sup>	11.8 <sup>◇</sup>
Misused prescription pain medication	9.8	15.1 <sup>◇</sup>	7.7 <sup>◇</sup>	—	11.5	11.6	—	13.2 <sup>◇</sup>	6.4 <sup>◇</sup>
Used Inhalants	3.5	5.2	3.3	—	—	5.1	—	4.8 <sup>◇</sup>	1.9 <sup>◇</sup>

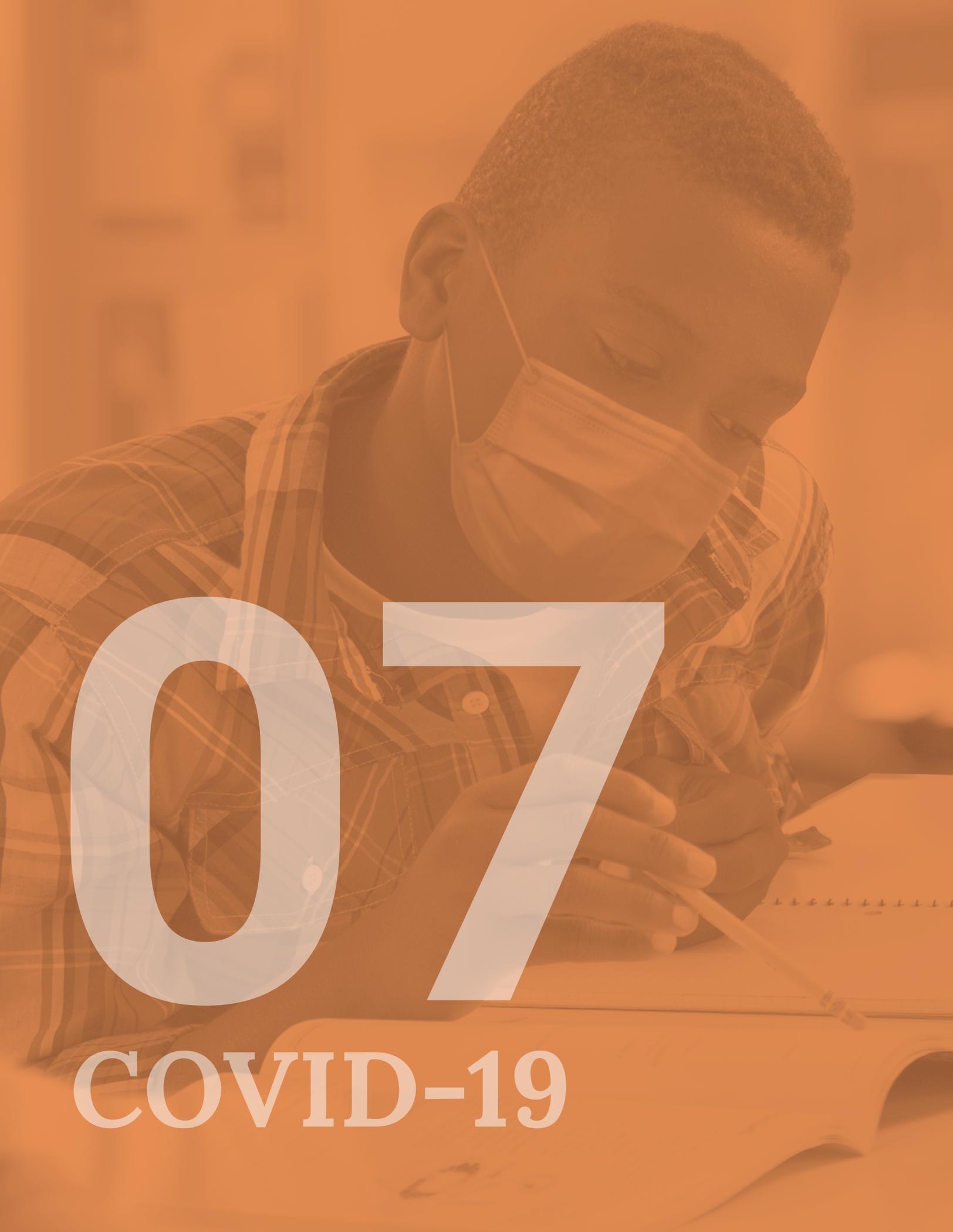
<sup>◇</sup> Significant difference between demographic groups (p<0.05)

**Mental Health (cont.)**

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
<b>Ever...</b>									
Seriously considered attempting suicide	26.4	48.6 <sup>◇</sup>	18.1 <sup>◇</sup>	19.1	26.5	29.5	20.7	37.3 <sup>◇</sup>	15.5 <sup>◇</sup>
Made a plan about how they would attempt suicide	19.5	39.0	12.6	11.0	17.8	23.5	16.9	29.2	9.4
Attempted suicide	10.4	19.6 <sup>◇</sup>	7.2 <sup>◇</sup>	—	10.8	12.5	—	17.1 <sup>◇</sup>	3.9 <sup>◇</sup>
<b>In the past 30 days...</b>									
Used an electronic vapor product	5.5	11.9	15.6	—	5.6	7.0	—	7.3 <sup>◇</sup>	3.6 <sup>◇</sup>
<b>Most of the time or always...</b>									
Got help when sad, empty, hopeless, angry, or anxious	26.0	22.3 <sup>◇</sup>	28.7 <sup>◇</sup>	41.9 <sup>◇</sup>	27.0 <sup>◇</sup>	19.7 <sup>◇</sup>	34.4 <sup>◇</sup>	23.4 <sup>◇</sup>	29.0 <sup>◇</sup>
Reported that their mental health was not good	21.9	42.9 <sup>◇</sup>	13.7 <sup>◇</sup>	24.4 <sup>◇</sup>	15.1 <sup>◇</sup>	27.4 <sup>◇</sup>	15.3 <sup>◇</sup>	32.3 <sup>◇</sup>	10.7 <sup>◇</sup>

<sup>◇</sup> Significant difference between demographic groups (p<0.05)





07

COVID-19

# COVID-19

The COVID-19 pandemic has greatly impacted students and their families. Many adolescents reported stress due to uncertainty about the future and major changes to their daily routines. The loss of family members and friends, coupled with quarantine restrictions and the inability to say goodbyes, has impacted millions of children worldwide.<sup>13</sup> Unanticipated unemployment has stood out as being a contributor to heightened stress and instability in families, contributing to negative health risks.<sup>14</sup> This data is critical in supporting our youth moving forward, as the prolonged effects of the pandemic remain unknown.

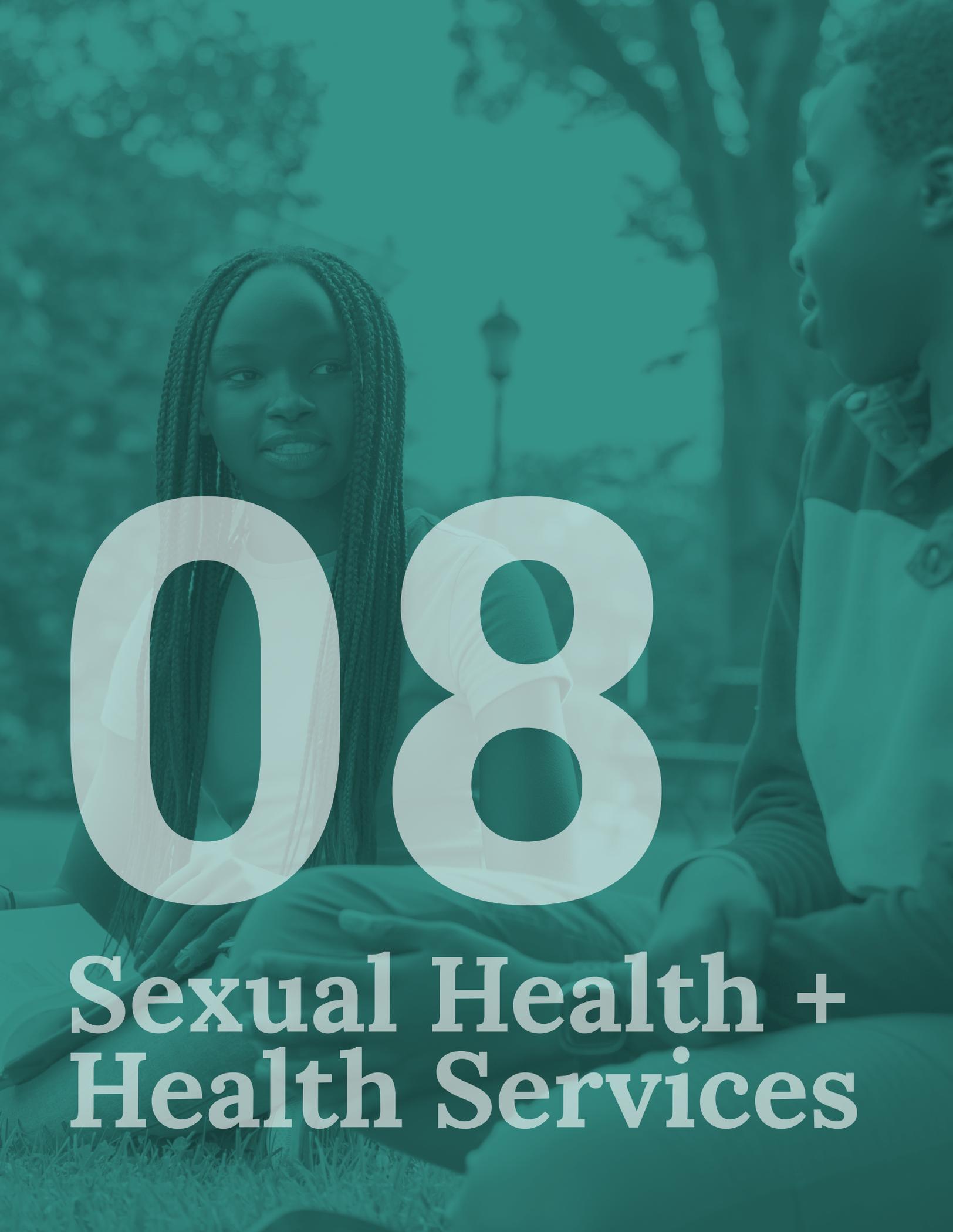
CPS rapidly responded to the COVID-19 pandemic to provide students with a safe and supportive learning environment. The development of comprehensive COVID-19 guidance has ensured families, staff, and school communities stay safe. Resources related to COVID-19 testing and vaccination sites have been made widely available. As of the end of SY22–23, 652,210 cumulative student COVID-19 tests and 256,688 cumulative staff COVID-19 tests have been used, and 961 vaccination events have been held.

Learn more about the COVID-19 data and available resources on the [CPS website](#).<sup>15</sup>

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
<b>During the COVID-19 Pandemic...</b>									
Reported that a close family member, loved one, or caretaker passed away, or died, due to COVID-19	25.4	24.8	25.8	14.9 <sup>◇</sup>	24.5 <sup>◇</sup>	31.4 <sup>◇</sup>	8.3 <sup>◇</sup>	29.2	21.8
Reported that their parent or other adult in their home lost their job during the COVID-19 pandemic (even for a short amount of time, among students whose parents and adults in their home had jobs before the pandemic started)	26.4	28.4	26.4	24.0	23.7	28.6	31.2	26.1	26.4

<sup>◇</sup> Significant difference between demographic groups (p<0.05)





008

**Sexual Health +  
Health Services**

# Sexual Health + Health Services

Sexual risk behaviors put youth at increased likelihood of acquiring sexually transmitted infections (STIs), including HIV, as well as unplanned pregnancy.<sup>16</sup> Understanding youth sexual risk behaviors is vital to develop interventions and provide health services that address social and cultural conditions affecting sexual health. Sexual health services in schools provide students with the necessary tools and services to prevent HIV, STIs, and unintended pregnancy.<sup>17</sup> CPS requires that schools provide sexual health services including referrals, condom availability programs, and menstrual hygiene management. You can learn more about sexual health services on the CPS website.<sup>18</sup>

CPS' School-Based Health Centers (SBHCs) are primary health care sites located in or near schools that provide students and community members with easily accessible, high-quality, and age-appropriate health care. SBHCs offers health care services such as immunizations, physical exams, behavioral health care, chronic condition management, and sexual and reproductive health care. Currently, there are 33 CPS SBHCs located throughout Chicago. You can check out SBHC locations and guidelines [here](#).<sup>19</sup>

The Office of Student Health and Wellness' Sexual Health and LGBTQ+ Support Team provides students and staff with comprehensive and inclusive sexual health programming, policies, and training. The [Sexual Health Education Policy](#) requires that students receive Personal Health and Safety Education (grades pre-k–2) and Sexual Health Education (grades 3–12) annually.<sup>20</sup> Available training includes LGBTQ+-inclusive sexual health education teaching strategies, and all CPS staff are required to take the intensive training on supporting transgender, non-binary, and gender nonconforming students. The Sexual Health and LGBTQ+ Support Team also supports Gender and Sexuality Alliances (GSAs) in schools, which are student-run clubs that bring together LGBTQ+ and allied students to work towards creating a safe and LGBTQ-inclusive school environment.



4.9%

of Chicago middle school students have had sexual intercourse

0.1%

of Chicago middle school students have ever been or gotten someone pregnant

14.4%

of Chicago middle school students have ever had an HPV vaccine, and a significantly higher percentage of white students have had an HPV vaccine than students of any other racial or ethnic group

## Sexual Health

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Ever had sexual intercourse	4.9	4.3	5.3	—	9.8	3.1	—	2.8 <sup>◇</sup>	7.1 <sup>◇</sup>
Had sexual intercourse for the first time before the age of 11	1.8	—	1.8	—	3.0	1.6	0.5	1.4	2.2
Ever had sexual intercourse with three or more people	1.4	—	16.8	19.7	13.4	13.4	14.8	12.6	18.2

### Among students who have ever had sexual intercourse:

Used a condom during last sexual intercourse	56.1	—	61.1	—	61.6	41.0	—	—	62.2
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## Health Services

Have ever received an HPV vaccine	14.4	13.4 <sup>◇</sup>	14.1 <sup>◇</sup>	40.2 <sup>◇</sup>	9.2 <sup>◇</sup>	10.6 <sup>◇</sup>	22.6 <sup>◇</sup>	16.8 <sup>◇</sup>	11.8 <sup>◇</sup>
Saw a doctor or nurse (for a check-up) in the past 12 months	54.0	54.0	56.7	78.2 <sup>◇</sup>	46.2 <sup>◇</sup>	52.7 <sup>◇</sup>	61.6 <sup>◇</sup>	55.4	52.6

<sup>◇</sup> Significant difference between demographic groups (p<0.05)

A woman with short brown hair, wearing a light-colored long-sleeved shirt and a high-visibility safety vest, is smiling and pointing her right arm upwards. In the background, several children are visible, some wearing safety vests. The entire image has a purple tint. A large white number '009' is overlaid on the center of the image.

009

**School Safety  
+ Violence**

# School Safety + Violence

Many students are impacted by bullying or violence throughout their adolescence. Bullying and violence can be physical, verbal, social, or electronic.<sup>21</sup> These experiences can have lasting impacts on students' physical, mental, and emotional health and have been shown to disproportionately impact the LGBTQ+ student population. During the pandemic, many students lost consistent access to affirming student organizations and supportive staff.<sup>22</sup> Understanding experiences and perceptions of safety and violence can help reduce the frequency of these events and better support those impacted. Youth can greatly benefit from trauma-informed care and environments that are safe and supportive for all.

The CPS Office of Safety and Security partners with schools and communities to identify and address safety concerns that directly impact students and staff to foster secure and supportive school environments that help students learn and thrive. This office also serves schools across the District through robust safety supports, clinical and crisis management, the Safe Passage program, safety initiatives, and background checks. Students and families can call the Crisis Team Hotline with safety concerns and questions at 773-553-1792.



23.9%

of middle school students were electronically bullied

2.2%

of middle school students were physically abused by an adult

Among LGBTQ+ students,  
50.2%

have ever been treated badly or unfairly because of their sexual orientation

### School Safety

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
<b>Ever...</b>									
Were bullied on school property	35.0	49.5 <sup>◇</sup>	29.4 <sup>◇</sup>	37.0	32.1	35.5	35.9	41.6 <sup>◇</sup>	28.3 <sup>◇</sup>
Were electronically bullied	23.9	35.7 <sup>◇</sup>	20.3 <sup>◇</sup>	22.5	21.3	25.6	23.1	31.3 <sup>◇</sup>	16.0 <sup>◇</sup>
Agreed or strongly agreed that they felt close to people at their school	63.9	55.9 <sup>◇</sup>	70.1 <sup>◇</sup>	75.0 <sup>◇</sup>	63.3 <sup>◇</sup>	63.7 <sup>◇</sup>	55.0 <sup>◇</sup>	62.3	65.8

### Safety + Violence

Rarely or never wore a bicycle helmet (among students who had ridden a bicycle)**	69.0	66.8	70.5	25.8 <sup>◇</sup>	81.1 <sup>◇</sup>	78.3 <sup>◇</sup>	47.4 <sup>◇</sup>	71.8	66.4
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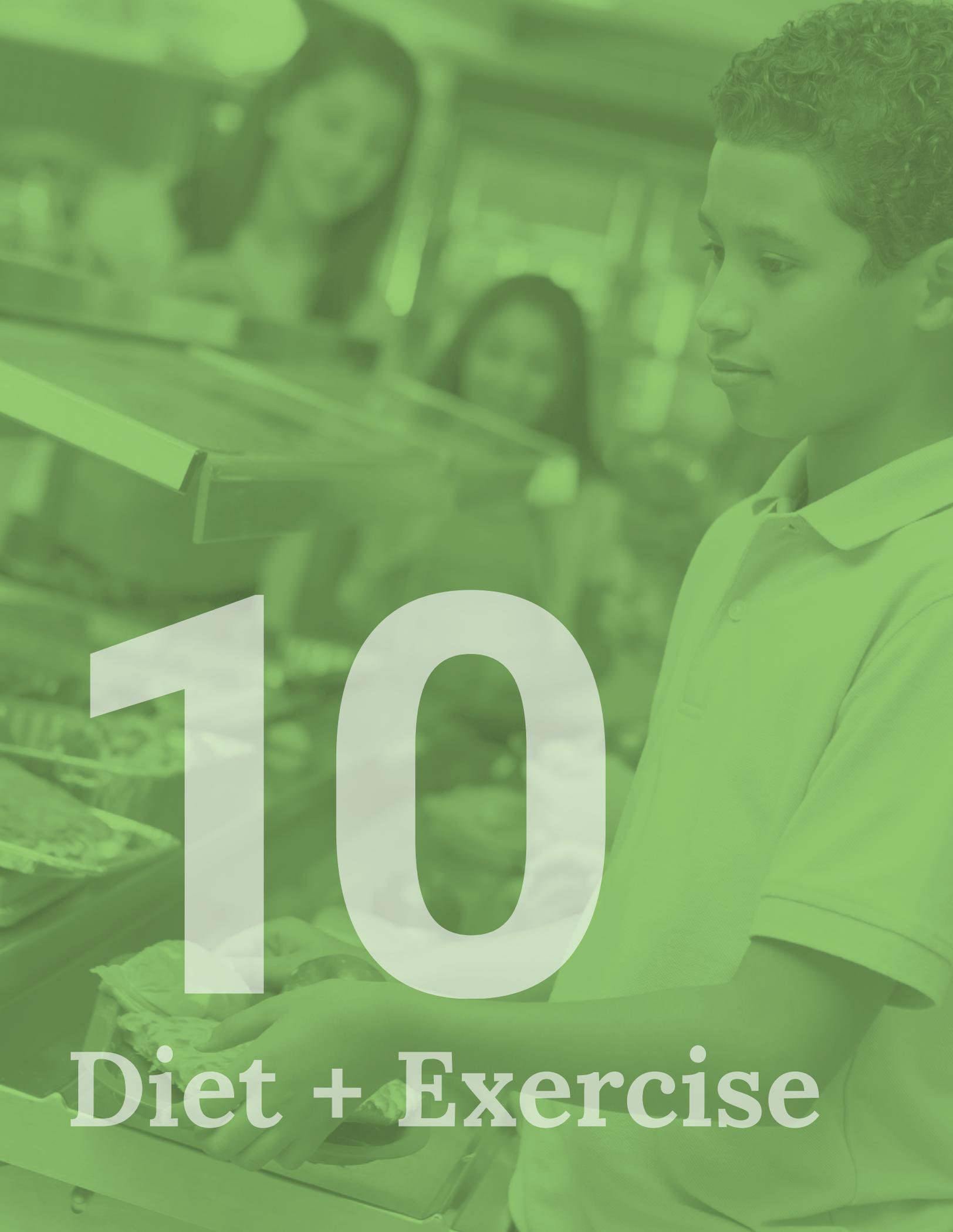
**Ever...**

Slept away from home because they were kicked out, ran away, or abandoned	4.0	8.2 <sup>◇</sup>	1.8 <sup>◇</sup>	—	2.5	6.5	—	5.3 <sup>◇</sup>	2.4 <sup>◇</sup>
Witnessed physical abuse between adults in the home	1.5	2.8	—	—	—	3.0	—	1.8	—
Physically abused by an adult	2.2	3.2	1.7	—	2.5	2.5	—	2.0	2.3
Seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood	35.5	39.6	34.6	20.2 <sup>◇</sup>	46.0 <sup>◇</sup>	34.9 <sup>◇</sup>	18.0 <sup>◇</sup>	37.7	33.1
Treated badly or unfairly because of their race or ethnicity	46.8	56.4 <sup>◇</sup>	44.8 <sup>◇</sup>	27.7 <sup>◇</sup>	48.3 <sup>◇</sup>	50.3 <sup>◇</sup>	51.9 <sup>◇</sup>	51.1 <sup>◇</sup>	42.1 <sup>◇</sup>
Were in a physical fight	48.4	45.6 <sup>◇</sup>	51.4 <sup>◇</sup>	38.4 <sup>◇</sup>	69.5 <sup>◇</sup>	37.6 <sup>◇</sup>	43.4 <sup>◇</sup>	40.2 <sup>◇</sup>	56.4 <sup>◇</sup>
Rode with a driver that had been drinking alcohol in the car	21.2	28.6 <sup>◇</sup>	19.5 <sup>◇</sup>	17.1 <sup>◇</sup>	19.3 <sup>◇</sup>	25.5 <sup>◇</sup>	10.6 <sup>◇</sup>	25.4 <sup>◇</sup>	17.1 <sup>◇</sup>

<sup>◇</sup> Significant difference between demographic groups (p<0.05)

**NOTE**

Statistically significant difference was determined by the modified Rao Scott chi-square test. This procedure uses the null hypothesis cell proportions to determine statistical significance. All other statistically significant differences were determined with the Rao-Scott chi-square test, which used estimated cell proportions. For more information about the Rao-Scott chi-square test used in the analysis, visit the [SAS Documentation page](#).<sup>23</sup>

A young boy with curly hair, wearing a light-colored polo shirt, is looking at a food tray in a school cafeteria. The background shows other students and cafeteria fixtures, all with a green color overlay.

10

Diet + Exercise

# Diet + Exercise

A healthy diet is important for the consumption of essential nutrients and can reduce the risk of developing a variety of health conditions (such as high blood pressure, heart disease, type 2 diabetes, or iron deficiency) for adolescents. It has also been shown that eating a healthy breakfast is associated with improved cognitive function and mood.<sup>24</sup> Regular physical activity is also important to adolescents' physical health as it builds strong bones and muscles and helps improve cardiorespiratory fitness.<sup>25</sup> Additionally, adolescent participation in physical activity has social and physiological benefits, including higher self-esteem and less depressive symptoms.<sup>26</sup> Behaviors related to nutrition and physical activity involve various individual, social, physical, and macro-level factors — including access to food (such as distance to a grocery store or proximity of schools to fast food restaurants)<sup>27</sup>, nutrition education, preventative health care, and a safe environment to exercise. Schools play an important role in ensuring students have access to healthy food and opportunities for physical activity.

CPS policies and programs aim to mitigate the effects of numerous inequities experienced by CPS students, such as food insecurity and inequitable access to safe spaces for outdoor play, by ensuring that schools provide consistent access to nutritious food and opportunities for physical activity and nutrition education. All students have access to a free breakfast and lunch every day, and meals include fruits, vegetables, milk, and whole grains. Additional information about school nutrition policies is available on the [CPS website](#).<sup>28</sup>



34.2%

students who were physically active at least 60 minutes per day on five or more days

18.2%

of middle school students did not eat breakfast in the past seven days

32.3%

of students reported that some of their classroom teachers provide short physical activity breaks during regular class time (not counting their physical education teacher)

11.9%

more female students than male students have eaten an amount of food that most people would consider to be very large in a short period of time, sometimes called an "eating binge"

3.5%

of students most of the time or always go hungry most or all of the time because there was not enough food in their home

Percentage of Middle School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
<b>In the past 12 months...</b>									
Participated in one or more physical activity-based teams, clubs, or activities. <i>Includes sports, dance, cheerleading, color guard, gymnastics, or other teams, clubs, or activities run by their school or community groups</i>	59.6	58.6	63.7	81.2 <sup>◇</sup>	59.6 <sup>◇</sup>	54.4 <sup>◇</sup>	58.0 <sup>◇</sup>	58.8	60.1
<b>Ever...</b>									
Tried to lose weight or keep from gaining weight by skipping meals or going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; or smoking cigarettes, or skipping meals	26.0	41.5 <sup>◇</sup>	20.9 <sup>◇</sup>	18.2 <sup>◇</sup>	22.6 <sup>◇</sup>	32.6 <sup>◇</sup>	17.9 <sup>◇</sup>	35.8 <sup>◇</sup>	16.1 <sup>◇</sup>
Ate an amount of food that most people would consider to be very large in a short period of time, sometimes called an "eating binge"	32.8	43.8 <sup>◇</sup>	31.3 <sup>◇</sup>	34.8 <sup>◇</sup>	28.4 <sup>◇</sup>	36.7 <sup>◇</sup>	27.9 <sup>◇</sup>	38.6 <sup>◇</sup>	26.7 <sup>◇</sup>
<b>In the past 7 days...</b>									
Did not eat breakfast	18.2	22.0 <sup>◇</sup>	17.1 <sup>◇</sup>	6.2 <sup>◇</sup>	15.9 <sup>◇</sup>	23.3 <sup>◇</sup>	14.8 <sup>◇</sup>	22.6 <sup>◇</sup>	13.9 <sup>◇</sup>
Did not participate in at least 60 minutes of physical activity on at least one day	27.9	24.2	27.5	10.2 <sup>◇</sup>	36.0 <sup>◇</sup>	27.9 <sup>◇</sup>	19.2 <sup>◇</sup>	31.7 <sup>◇</sup>	24.6 <sup>◇</sup>

<sup>◇</sup> Significant difference between demographic groups (p<0.05)



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# HEALTHY CPS

— OFFICE OF STUDENT HEALTH & WELLNESS —

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