



2019

**YOUTH RISK
BEHAVIOR SURVEY
DATA BOOK**



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Contents

About YRBS

01

Health Equity

02

Understanding
this Report

03

Student
Characteristics +
Demographics

04

Mental Health
+ Substance Use

05

Sexual Health +
Health Services

06

School Safety
+ Violence

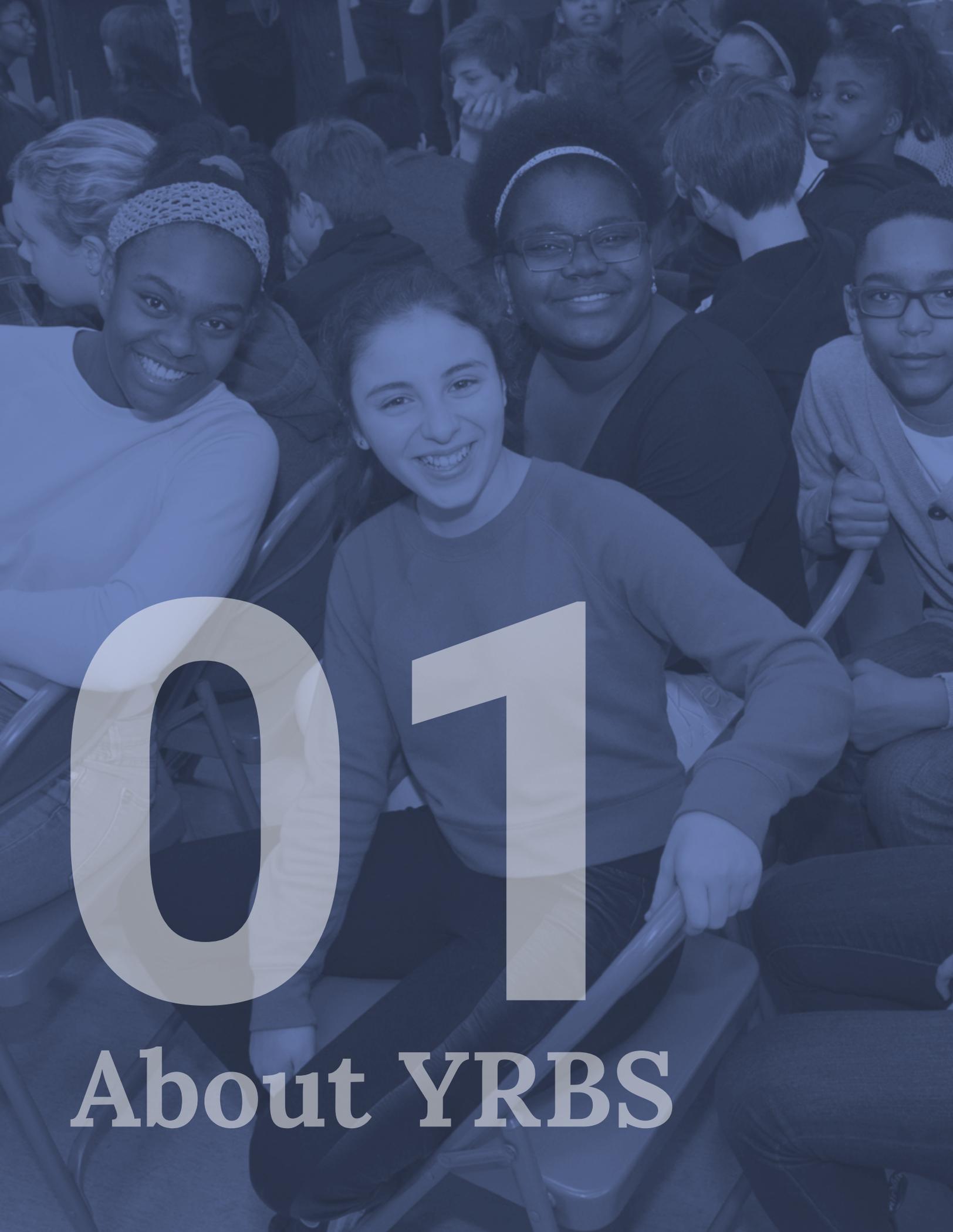
07

Diet + Exercise

08

References

09



01

About YRBS

About YRBS

The Youth Risk Behavior Survey was developed by the Centers for Disease Control and Prevention (CDC) to monitor health behaviors among youth across the United States.

YRBS monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth. These include:

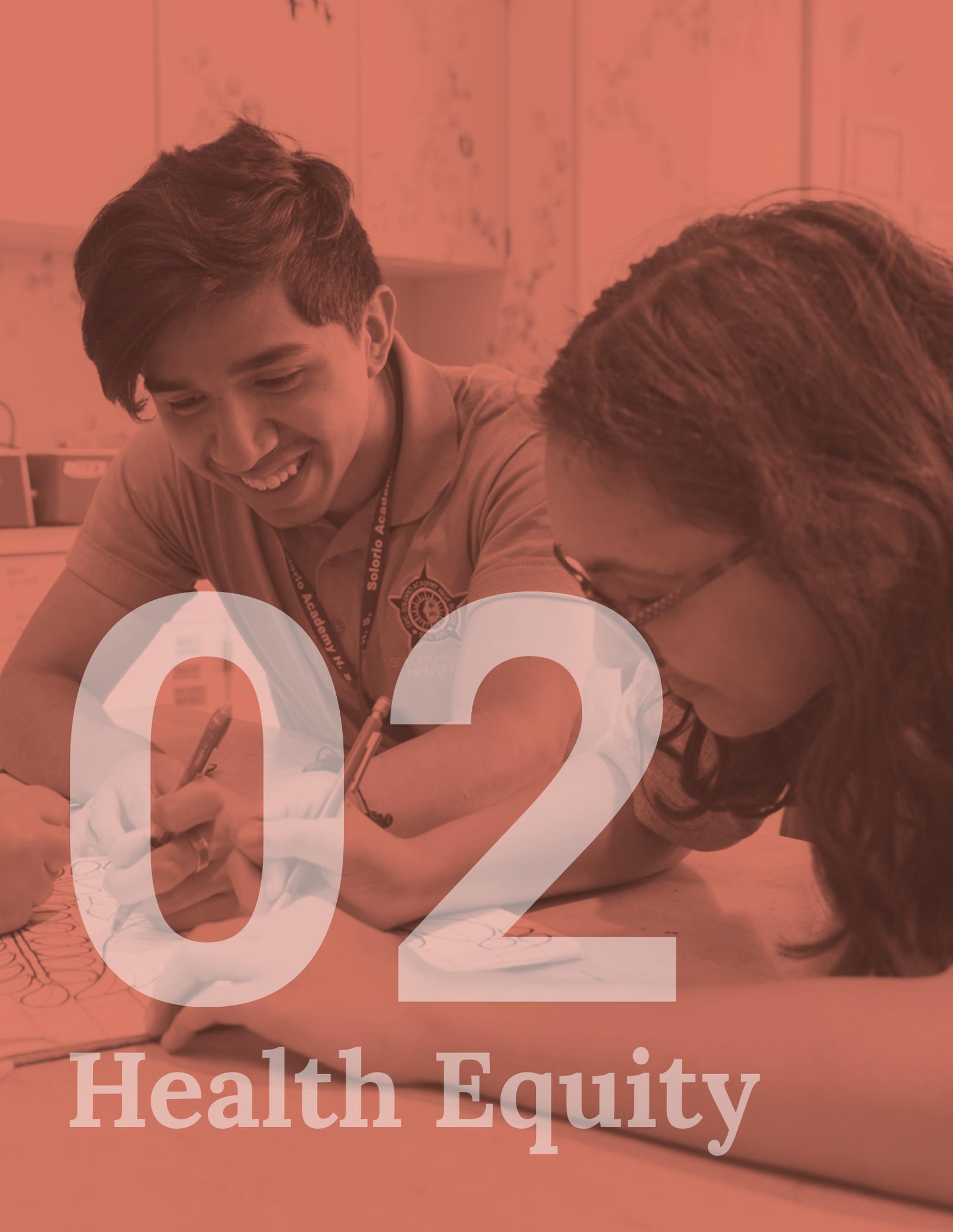
- Injuries and violence
- Sexual behaviors
- Alcohol and other drug use
- Tobacco use
- Dietary behaviors
- Physical activity

Data collected through YRBS provide important insights about the health of youth nationwide. In 2019, more than 1,500 Chicago high school students participated in the YRBS, providing representative data about health behaviors across the district. Currently, YRBS data is only available at the district level.

Why YRBS

YRBS is used by CPS and other local education agencies, state and federal governments, local non-profit organizations, and schools for various purposes including program planning, program evaluation, and advocacy work.





02

Health Equity

Health Equity

This report presents health disparities experienced by Chicago high school students based on gender, LGBT 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 one's health and wellbeing. These factors, known as 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.¹

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, irrespective of their race, ethnicity, gender, gender identity, sexual orientation, language, learning path, accessibility needs, family background, family income, citizenship, or tribal status.²



What is resilience?

While there is no universal definition of resilience, resilience is known to be an intersection of individual, household, school, community, and social factors that promote wellbeing. 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 promote well-being and reduce the risks of negative outcomes in youth. Protective factors may include individual level factors such as: self-regulation, relational 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.³

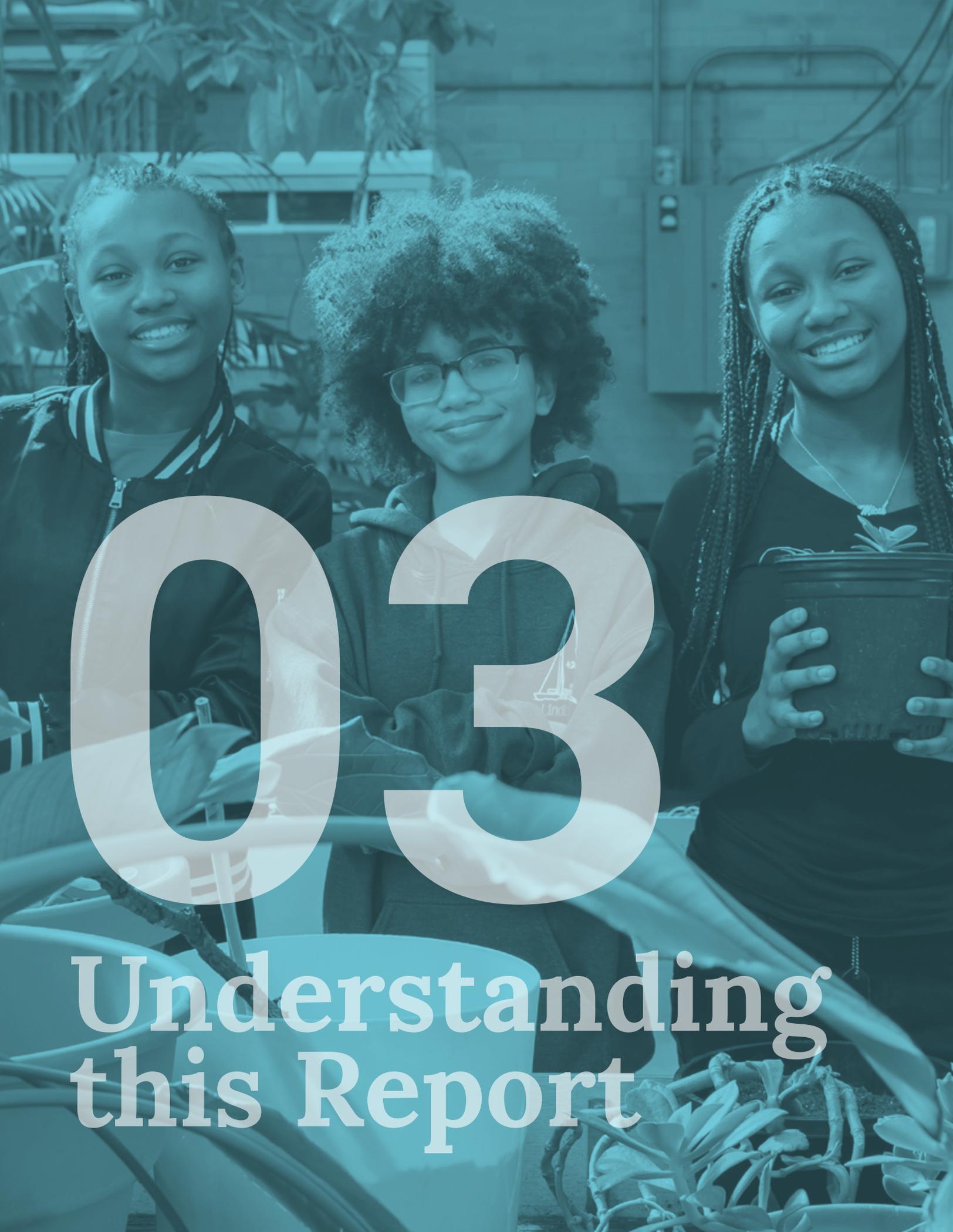
The Impact of Adverse Childhood Experiences on Health

While YRBS data, and consequently this report, are focused on risk behaviors rather than resilience, these data provide important insights about supporting Chicago's youth. A growing body of research has found that Adverse Childhood Experiences, also known as ACEs, have negative effects on health, including health risk behaviors, and physical and mental health outcomes. Disproportionately high exposure to ACEs has been reported among Black, Hispanic, multiracial, low-income, gay, lesbian and bisexual adults and women.^{4,5} Furthermore, research indicates the impact of ACEs on health may be more pronounced among Black and Latinx youth and LGBTQ+ youth,^{6,7} which may be attributed to systemic oppression and discrimination faced by these youth. Structural barriers including access to clean water, transportation, and safe housing, also attribute to health behaviors and experiences, further driving health inequity. The YRBS data presented here includes some measures of ACEs and other potentially traumatic experiences. These data provide important insights into the prevalence of these experiences among CPS students, which may inform future efforts to address ACEs, promote resilience and establish trauma-engaged practices in Chicago schools to promote the healing needed to build protective barriers and buffer against trauma.⁸

YRBS and WSCC

Identification of leading health-related barriers to learning is vital to support the wellbeing of students. WSCC (Whole School, Whole Community, Whole Child) 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). 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 so every student in every school has the supports and resources they need to learn and thrive.

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.

* Significant difference between LGBT and non-LGBT students ($p < .05$)

◇ Significant difference among students of different races/ethnicities ($p < .05$)

□ Significant difference among students based on sex ($p < .05$)

-- Denotes too small of a sample size for meaningful analysis ($n < 10$)

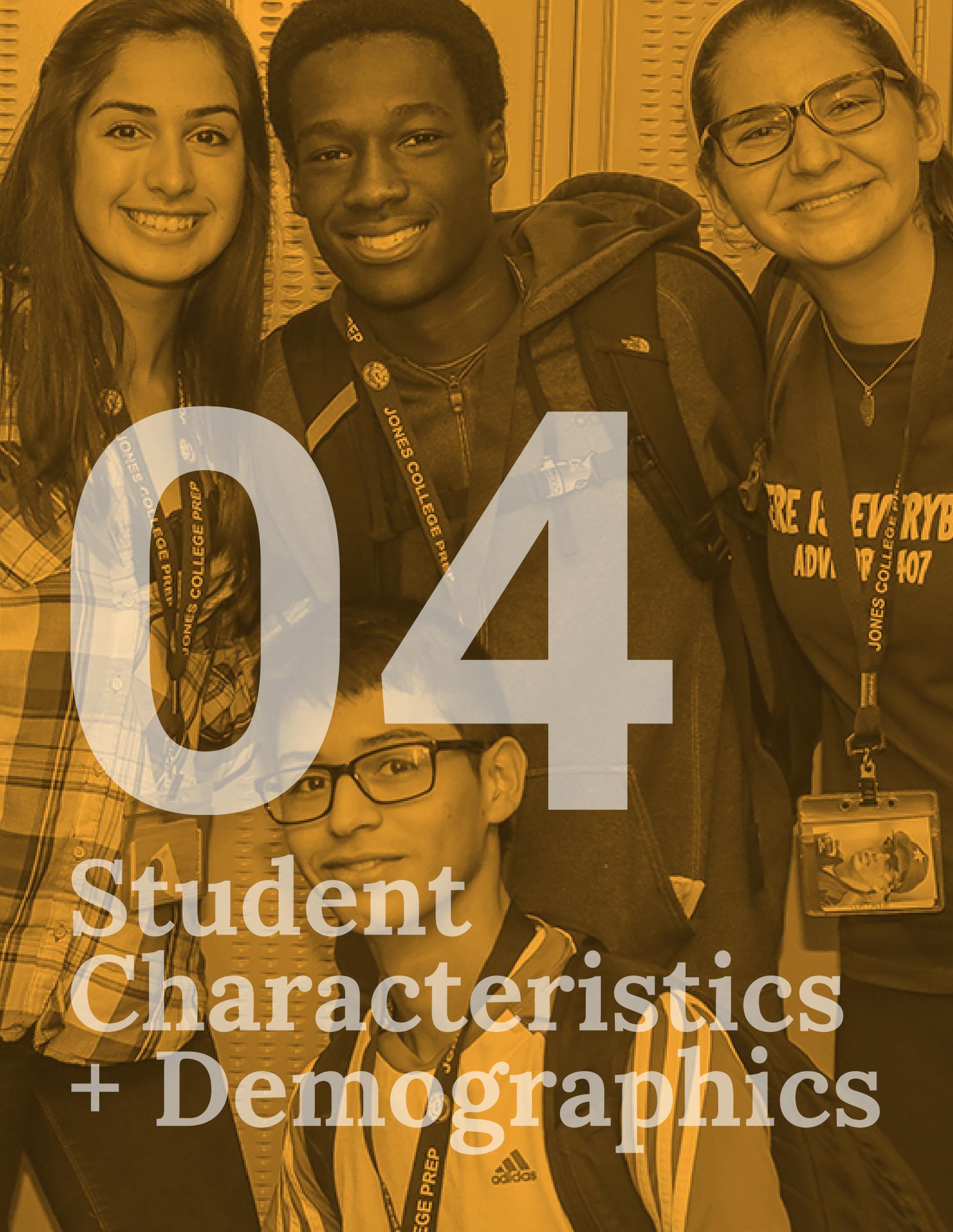


Limitations

The production of this data book was limited by a number of factors:

- Measures on the Youth Risk Behavior Survey (YRBS) are primarily focused on health risks, and not on protective factors or youth resilience. Additionally, the findings only represent data from this YRBS survey. Note the trends we present are meant to support creation and allocation of resources and opportunities to elevate students.
- This report was limited by small sample sizes for youth whose race/ethnicity is Native American or Alaska Native, Asian or Pacific Islander, and non-Hispanic/Latinx 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 for certain health behaviors. We acknowledge health inequities individuals in these groups face, and that visibility in data would provide insight to address inequities; however the Chicago YRBS sample limits the ability to conduct statistical analyses for these groups individually.
- The question on the YRBS which asks about sex asks “What is your sex?” with only the options male and female. This question does not specify whether students should define sex as 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 gender identities of transgender or non-binary students.
- The question on the YRBS which addressed sexual identity included only the following options: “heterosexual, lesbian or gay, bisexual, unsure” and these identity categories may not have been inclusive of all youth’s sexual identities.
- Participants do not always respond to every question, so different questions in the survey may have different numbers of missing 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. In order to monitor these trends, questions must retain similar wording over time, and as a result, questions may not reflect the most up-to-date language.
- While Chicago YRBS data is representative of all students attending public high schools in Chicago, it is not possible to draw differences between students attending schools in different geographic regions of Chicago due to the nature of the sampling methodology used to conduct the survey.
- The data presented in this report reflect the health behaviors of youth in 2019, prior to the COVID-19 pandemic, and it is not yet known how the pandemic will impact these health behaviors.





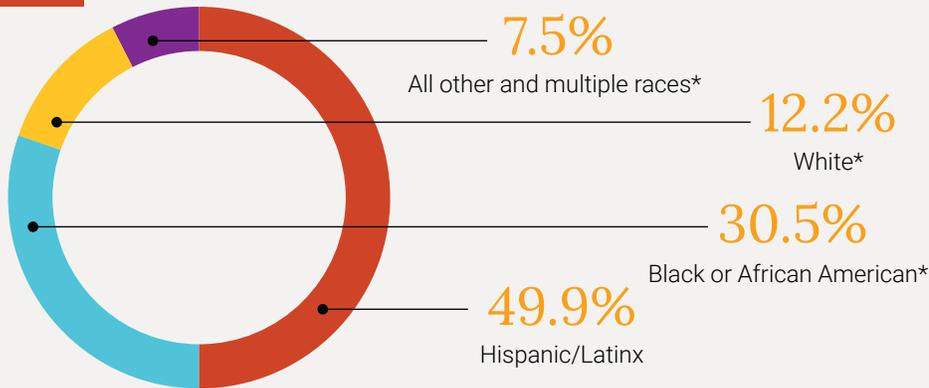
04

Student Characteristics + Demographics

Student Characteristics + Demographics

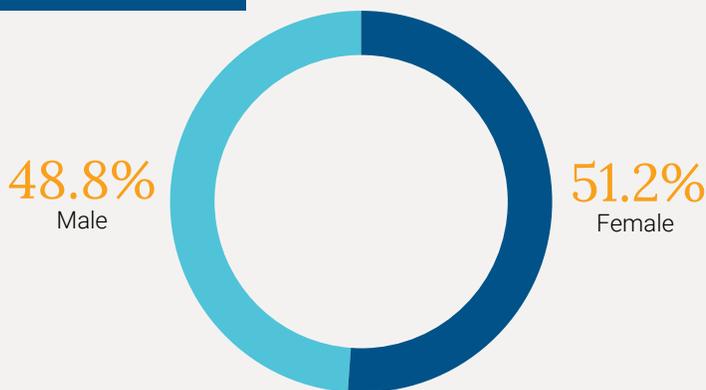
Self-Reported Demographics and Characteristics

Race / Ethnicity



*Non-Hispanic

Sex

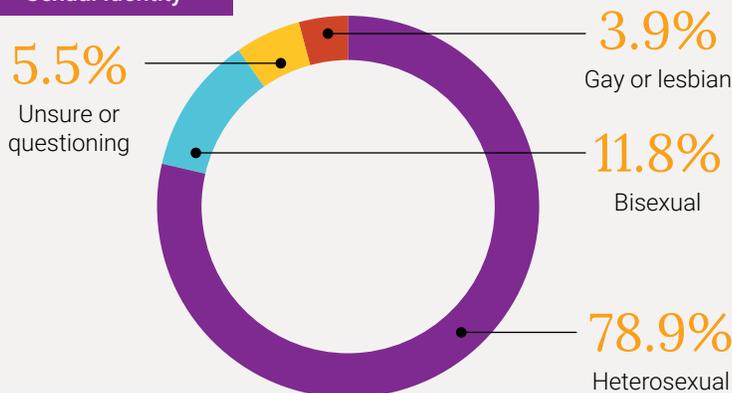


In addition to asking about sex, the YRBS also asks students whether they are transgender.

2.1%
of High Schoolers are transgender

Transgender is an umbrella term for people whose gender identity or gender expression differs from the sex they were assigned at birth.¹

Sexual Identity



LGBTQ Identities

22.7%
of CPS high school students are LGBTQ

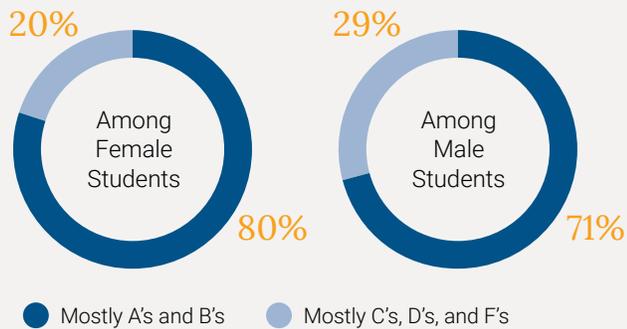
Includes students who are lesbian, gay, bisexual, transgender, or questioning their sexual identity or gender identity

Self-Reported Academic Achievement

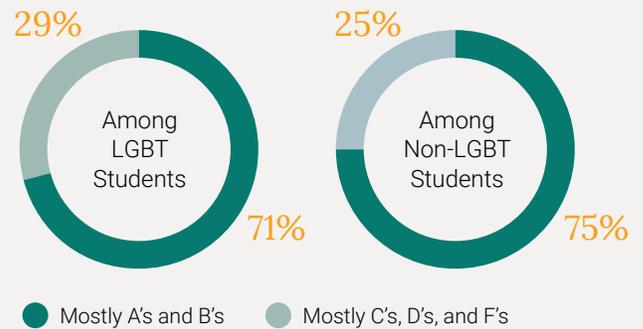
Percentage of students who described their grades as:



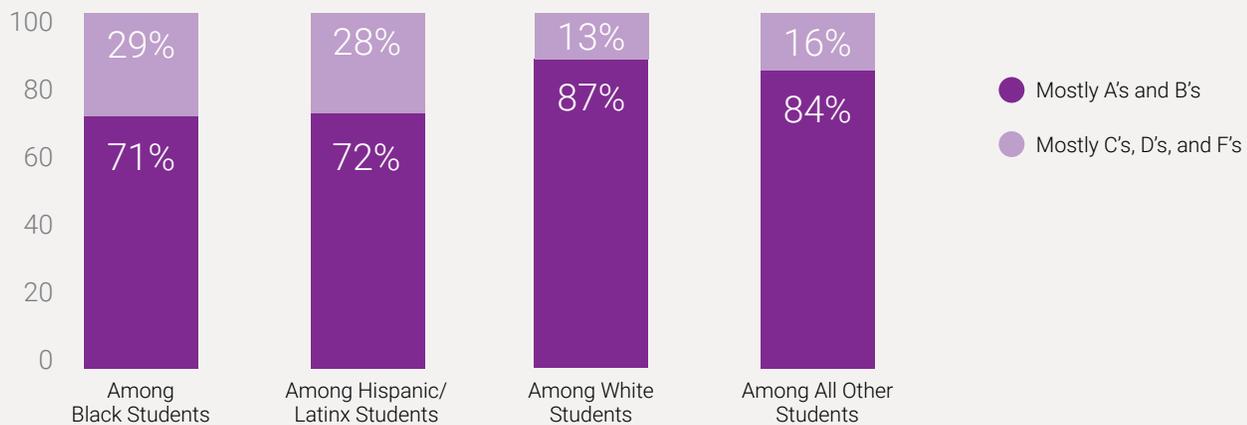
Self-reported School Grades by Sex



Self-reported School Grades by LGBT Identity



Self-reported School Grades by Race/Ethnicity



Health + Academic Achievement

Evidence shows that the health of students is linked to their academic achievement. While evidence on causal pathways is evolving, certain factors in a child’s school environment can have positive or negative impacts on health and academic achievement.⁹

The YRBS asks students to report the type of grades they most often earn in school. By collecting this information, we can assess associations between certain health behaviors and self-reported grades. Note, self-reported grades are the only measure of academic success included on the YRBS. There are many other ways to measure academic achievement which are not reflected in this report.

It is important to note that the statistics reported below are strictly associations and do not indicate a casual relationship between the variables. Assumptions about individuals should not be made based on district-level data.



Students who had **missed school** at least one day in the past 30 days due to feeling unsafe at school or on their way to school were

3.5 times

more likely to report earning grades of mostly D's and F's.

Students who **reported earning grades** of mostly D's and F's were over

4 times

more likely to have attempted suicide compared to all other students.

Students who had **earned grades** of mostly Ds and Fs were over

4 times

more likely to have consumed soda daily in the past seven days.

It's important to note that any student can be at risk for suicide. Among all Chicago high schoolers, one in 10 made a suicide attempt in the 12 months before the survey.

Percentage of students who did not eat breakfast in the past seven days*



Mostly A's



Mostly B's

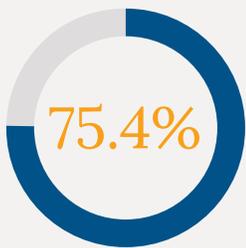


Mostly C's

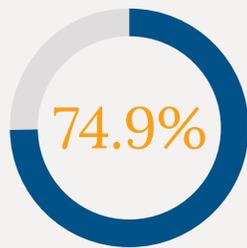


Mostly D's/F's

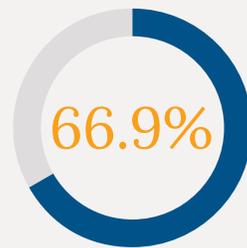
Percentage of students who saw a doctor or nurse for a checkup in the past year*



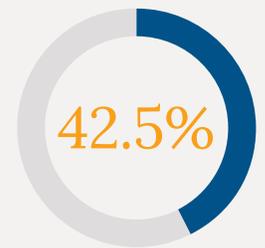
Mostly A's



Mostly B's

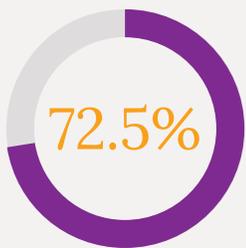


Mostly C's

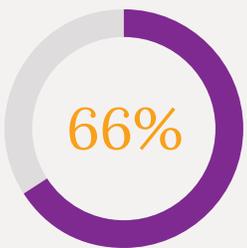


Mostly D's/F's

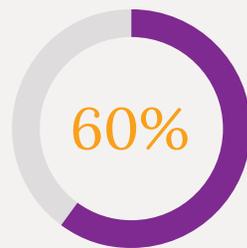
Percentage of students who felt close to people at their school*



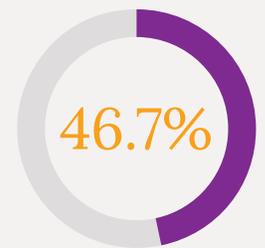
Mostly A's



Mostly B's



Mostly C's



Mostly D's/F's

*Denotes statistically significant difference by reported grade



05

**Mental Health
+ Substance Use**

Mental Health + Substance Use

Suicide is the second leading cause of death among adolescents aged 15 to 19.¹⁰ Understanding youth behaviors related to suicidality and substance use is important when developing interventions and programs that can address these health areas. Substance use and suicidality contribute to substantial morbidity and mortality among youth.



13%

of high school students made a plan about how they would attempt suicide in the past 12 months

41%

of high school students used an electronic vapor product

The percentage of LGBT students who felt sad or hopeless in the past 12 months was **26 percentage points higher than their non-LGBT peers.**

17%

of high school students reported misuse of prescription pain medication

The percentage of students who felt sad or hopeless in the past 12 months **has steadily increased over the past 10 years.**

Mental Health

Percent of High School Students Who...	All	LGBT	Non-LGBT	Black	Hispanic or Latinx	White	Other	Female	Male
<i>In the past 12 months...</i>									
Felt sad or hopeless	38.2	60.0 *	33.7 *	36.9 ◊	42.7 ◊	27.1 ◊	30.6 ◊	45.9 ◻	29.9 ◻
Seriously considered attempting suicide	16.6	34.1 *	13.0 *	18.1	16.7	11.9	16.7	20.1 ◻	12.4 ◻
Made a plan about how they would attempt suicide	13.4	30.3 *	9.8 *	12.0	15.2	6.4	16.0	15.0 ◻	11.32 ◻
Attempted suicide	10.2	22.3 *	7.9 *	9.2	11.9	--	--	10.4	8.4
Made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	3.4	7.2 *	2.8 *	--	3.8	--	--	2.6	3.7

Substance Abuse

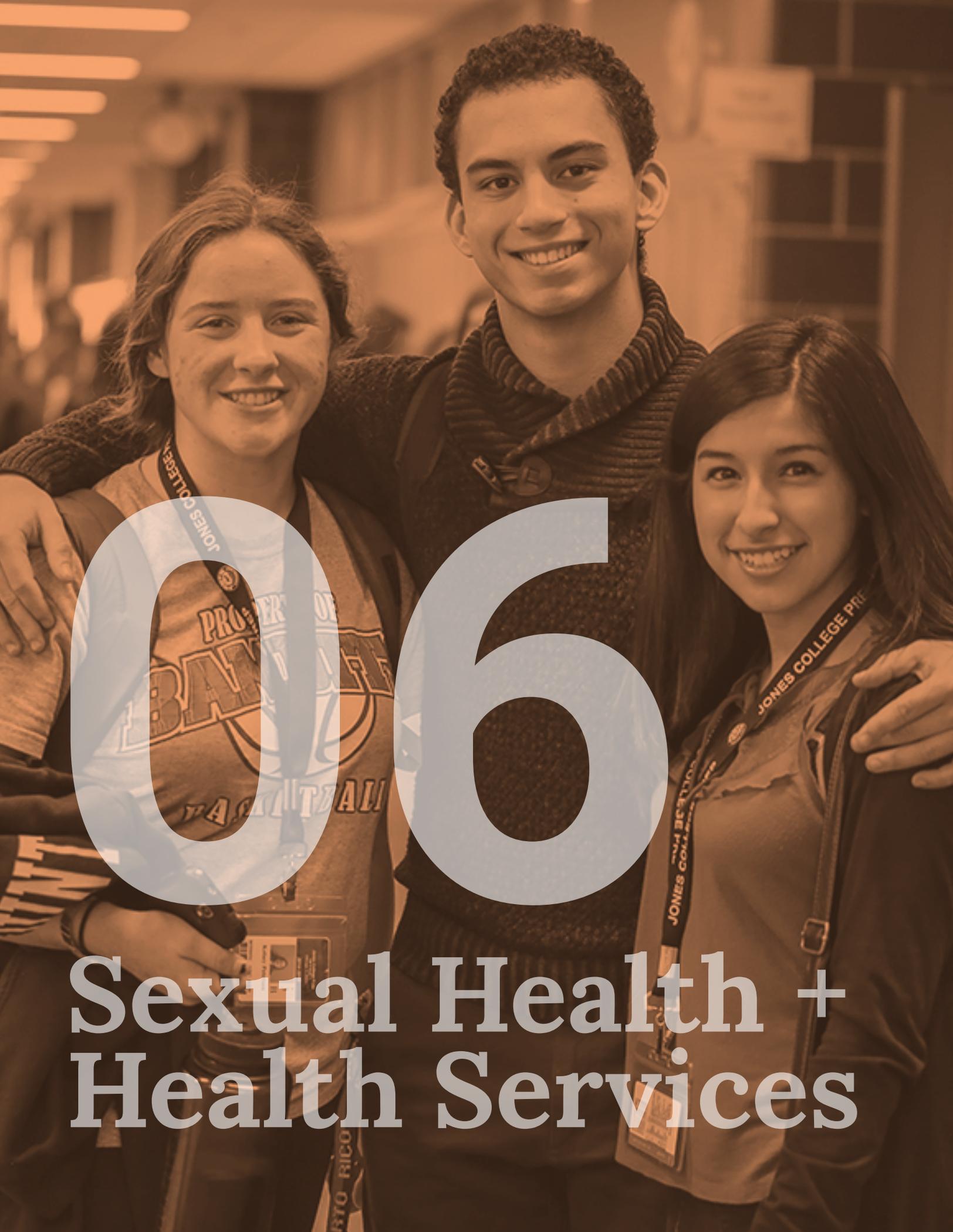
<i>In the past 30 days...</i>									
Smoked cigarettes	3.9	9.0 *	2.7 *	--	3.1	7.1	--	2.8	4.4
Used an electronic vapor product	12.4	27.5 *	9.5 *	11.3	10.7	19.3	11.4	11.5	12.6
Drank alcohol	26.0	40.5 *	23.9 *	18.1 ◊	29.2 ◊	36.4 ◊	14.5 ◊	29.6 ◻	21.3 ◻
Used marijuana	23.4	36.8 *	20.9 *	24.4	24.1	22.6	14.8	25.7 ◻	20.1 ◻
<i>Ever...</i>									
Tried cigarette smoking	15.9	27.5 *	13.9 *	11.0 ◊	19.2 ◊	17.9 ◊	9.8 ◊	16.4	15.2
Used an electronic vapor product	41.3	58.9 *	38.4 *	40.2	42.1	43.3	35.2	41.4	40.4
Drank alcohol	51.5	69.3 *	48.3 *	46.9 ◊	55.8 ◊	52.9 ◊	37.9 ◊	55.7 ◻	46.3 ◻
Used marijuana	38.8	59.7 *	35.2 *	40.0	41.2	31.4	26.5	42.9 ◻	33.0 ◻
Tried marijuana before age 13	7.3	19.3 *	4.8 *	8.1	8.2	--	--	6.5	7.4
Tried alcohol before age 13	16.5	26.0 *	14.8 *	13.0 ◊	19.2 ◊	16.1 ◊	8.9 ◊	14.4	18.1
Used any other drug (excluding marijuana) <i>including cocaine, inhalants, heroin, methamphetamine, MDMA, steroids without a prescription, prescription pain medication without a prescription</i>	23.9	43.6 *	19.6 *	28.8	20.9	18.1	21.6	21.3 ◻	25.0 ◻
Misused prescription pain medication	16.6	33.4 *	12.8 *	19.7	14.7	10.1	16.5	15.5	16.5
Used heroin	5.1	17.7 *	2.6 *	8.0 ◊	3.1 ◊	--	--	2.1 ◻	7.1 ◻
Used any injected illegal drug	4.3	11.7 *	2.9 *	7.4 ◊	2.6 ◊	--	--	1.6 ◻	6.5 ◻

* Significant difference between LGBT and non-LGBT students ($p < .05$)

◊ Significant difference among students of different races/ethnicities ($p < .05$)

◻ Significant difference among students based on sex ($p < .05$)

-- Denotes too small of a sample size for meaningful analysis ($n < 10$)



Sexual Health + Health Services

Sexual Health + Health Services

The Centers for Disease Control and Prevention (CDC) estimates 15-25 year olds make up over one quarter of the sexually active population. Sexual risk behaviors put youth at increased likelihood of acquiring sexually transmitted infections (STIs), including HIV, as well as unplanned pregnancy.¹¹ Understanding youth sexual risk behaviors is vital to develop interventions and provide health services that address social and cultural conditions affecting sexual health.



31.1%

of Chicago high school students have ever had sexual intercourse

40.9%

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

5.1%

of Chicago high school students used a condom and a second form of birth control during their last sexual intercourse

Sexual Health

Percentage of High School Students Who:	All	LGBT	Non-LGBT	Black	Hispanic or Latinx	White	Other	Female	Male
Ever had sexual intercourse	31.1	38.7 *	29.7 *	39.4 ◊	34.8 ◊	14.8 ◊	12.3 ◊	28.3 ◻	33.9 ◻
Had sexual intercourse for the first time before the age of 13 years	3.2	5.5 *	2.8 *	5.0	3.2	--	--	1.9 ◻	4.7 ◻
Had sexual intercourse in the past 3 months (currently sexually active)	20.4	23.2	19.8	29.5 ◊	20.0 ◊	11.7 ◊	--	19.9	20.4
Ever been pregnant or gotten someone pregnant	4.8	13.9 *	2.9 *	6.8	3.7	2.2	2.0	2.2 ◻	7.3 ◻

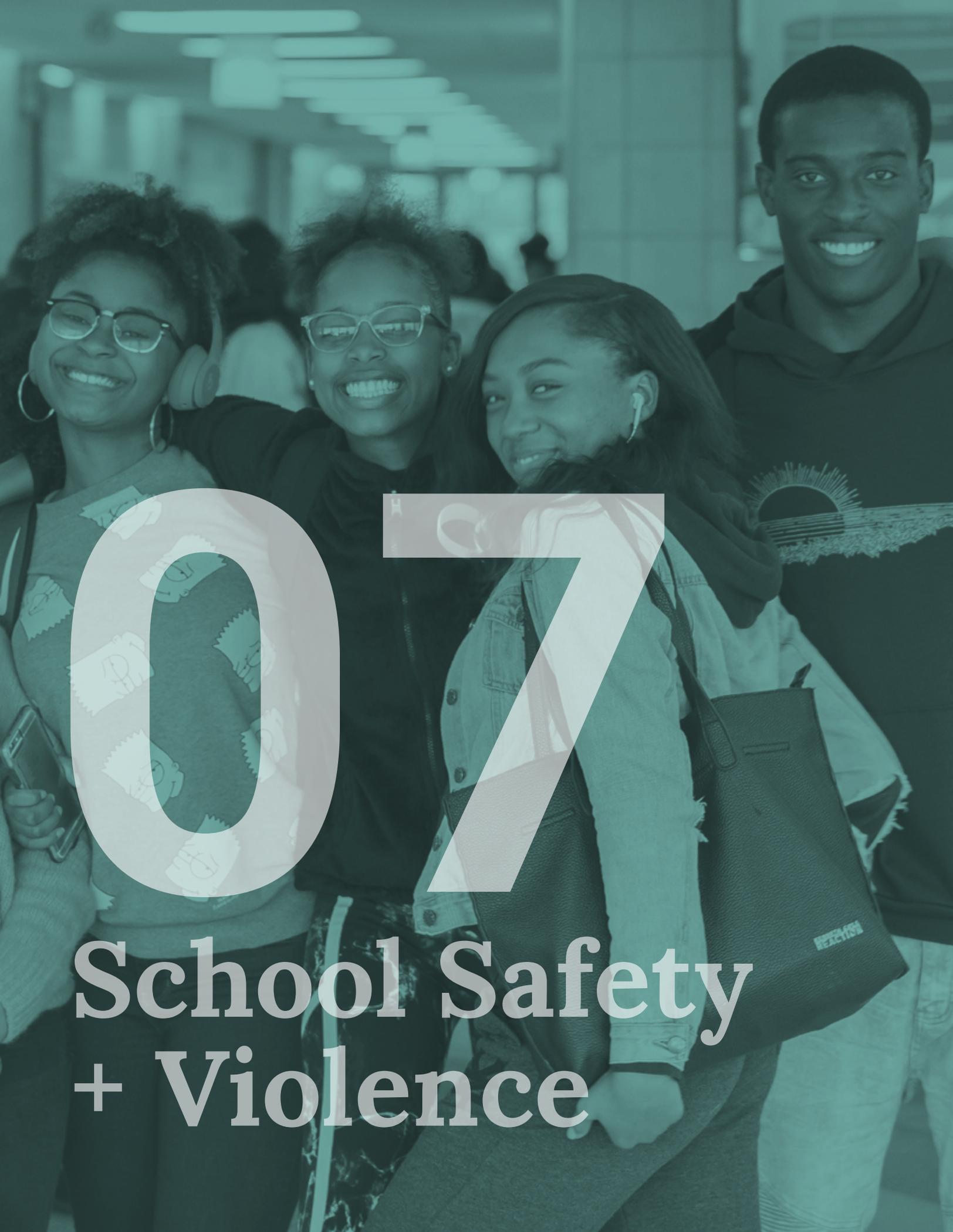
Among those currently sexually active:

Drank or used drugs before last sexual intercourse	15.3	--	14.8	15.3	13.7	30.1	--	14.0	17.5
Used a condom during last sexual intercourse	60.3	51.9	61.8	56.7	58.3	80.0	--	57.2	63.1
Used birth control pills, an IUD, implant, a shot (such as Depo-Provera), patch, or birth control ring (such as NuvaRing) to prevent pregnancy before last sexual intercourse	20.4	--	21.0	21.9	22.1	--	--	27.9 ◻	12.3 ◻

Health Services

Tested for an STI (other than HIV) in the past 12 months	15.2	26.3 *	13.3 *	25.2 ◊	13.2 ◊	5.2 ◊	6.2 ◊	14.9	15.6
Ever tested for HIV	13.9	21.7 *	12.6 *	20.5 ◊	12.9 ◊	6.0 ◊	8.3 ◊	12.8	15.2
Have received an HPV vaccine	40.9	47.6	39.8	42.1 ◊	36.7 ◊	57.5 ◊	45.2 ◊	45.0 ◻	36.7 ◻
Saw a dentist (for a check-up, exam, teeth cleaning, or other dental work) in the past 12 months	70.2	58.5 *	72.5 *	63.0 ◊	70.1 ◊	89.8 ◊	73.3 ◊	71.7	69.1
Saw a doctor or nurse (for a check-up or physical exam when they were not sick or injured) in the past 12 months	70.6	55.4 *	74.0 *	67.1 ◊	69.7 ◊	85.4 ◊	79.8 ◊	76.6 ◻	64.7 ◻

* Significant difference between LGBT and non-LGBT students ($p < .05$)◊ Significant difference among students of different races/ethnicities ($p < .05$)◻ Significant difference among students based on sex ($p < .05$)-- Denotes too small of a sample size for meaningful analysis ($n < 10$)



07

School Safety + Violence

School Safety + Violence

Many students are impacted by bullying and/or violence throughout their adolescence. These experiences can have lasting impacts on their physical, mental, and emotional health. Understanding experiences and perceptions of safety and violence can help reduce the incidence 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.

NOTE

The data included in this section reveals valuable insights about the discrimination and violence that LGBT high school students face at disproportionate rates compared to their non-LGBT peers. This is not due to any inherent difference between LGBT youth and non-LGBT youth. Researchers have attributed inequitable health outcomes among LGBTQ youth to the unique kinds of stress they face due to structural barriers, systemic oppression, and discrimination. To learn about LGBTQ Health in CPS, see [LGBTQ Health In Chicago Public Schools: Working Toward Equity](#).



11.0%

of high school students
were electronically bullied

17.7%

of high school students
were ever physically
abused by an adult

22.6%

of LGBT students have
missed school because
they felt unsafe at school or
on their way to school

13.8%

of high school
students experienced
any dating violence

School Safety

Percentage of High School Students Who:	All	LGBT	Non-LGBT	Black	Hispanic or Latinx	White	Other	Female	Male
<i>In the past 30 days...</i>									
Missed school because they felt unsafe at school or on their way to school	12.8	22.6 *	10.0 *	14.0	13.1	8.1	10.3	12.8	12.2
Carried a weapon on school property	3.6	11.5 *	2.1 *	5.2	2.7	--	--	2.5	4.0
<i>In the past 12 months...</i>									
Were threatened or injured with a weapon on school property (such as a gun, knife, or club)	9.5	18.1 *	7.7 *	12.2	7.8	6.8	7.1	6.9 □	11.2 □
Were bullied on school property	12.0	17.3 *	10.9 *	8.9	13.2	11.6	17.3	12.6	11.6
Were bullied electronically	11.0	17.6 *	9.6 *	8.2	11.2	11.8	11.9	11.8	9.7
Were in a physical fight on school property	9.1	15.4 *	7.6 *	13.0 ◇	8.0 ◇	--	--	6.5 □	11.5 □
Agreed or strongly agreed that they felt close to people at their school	65.8	59.1 *	67.2 *	65.4	64.0	78.7	64.4	62.7 □	69.2 □

* Significant difference between LGBT and non-LGBT students (p<.05)

◇ Significant difference among students of different races/ethnicities (p<.05)

□ Significant difference among students based on sex (p<.05)

-- Denotes too small of a sample size for meaningful analysis (n<10)

Safety + Violence

Percentage of High School Students Who:	All	LGBT	Non-LGBT	Black	Hispanic or Latinx	White	Other	Female	Male
Ever slept away from home because kicked out, ran away or abandoned	7.4	15.5 *	5.9 *	10.8	6.6	--	--	5.6	9.0
Ever witnessed physical abuse between adults in the home	16.8	18.9	16.1	15.9	18.2	13.0	14.1	18.1	15.4
Ever were physically abused by an adult	17.7	28.8 *	15.5 *	18.4	18.1	14.5	11.0	19.1	15.3
Ever were physically forced to have sexual intercourse	10.2	16.9 *	8.9 *	12.0	10.1	5.6	--	10.6	9.4

In the past 30 days...

Carried a weapon	10.1	19.8 *	8.1 *	9.4	11.2	5.2	--	6.5 □	12.5 □
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In the past 12 months...

Were in a physical fight	20.5	29.1 *	18.5 *	25.5	19.3	16.9	12.1	15.8 □	25.3 □
Experienced any sexual violence	13.1	23.8 *	11.2 *	13.8	12.3	12.0	15.9	15.2 □	10.1 □
Experienced dating violence, including physical and sexual dating violence	13.8	26.3 *	11.0 *	13.9	13.7	9.0	12.4	14.13	11.9

* Significant difference between LGBT and non-LGBT students (p<.05)

◇ Significant difference among students of different races/ethnicities (p<.05)

□ Significant difference among students based on sex (p<.05)

-- Denotes too small of a sample size for meaningful analysis (n<10)



08

Diet + Exercise

Diet + Exercise

A healthy diet and regular physical activity have many benefits on the health of adolescents including improved mental health (reducing risks of anxiety and depression) and improved physical health (reducing risks of health conditions such as heart disease, diabetes, and high blood pressure).¹² Behaviors related to eating and physical activity involve various individual, social, physical, and macro-level factors – including access to food, nutrition education, preventative healthcare, a safe environment to exercise, and more. Schools play an important role in ensuring students have access to healthy food and opportunities for physical activity.

NOTE

The CDC calculates BMI based on self-reported height and weight, and overweight and obesity status is based on 2000 CDC Growth charts. More information on how these measures are calculated can be found [here](#). It should be noted that BMI is not a holistic or complete measure of an individual's health. The CDC has described the use of BMI as an inexpensive and easy screening tool for potential weight and health-related issues, but not as a diagnostic measure of health.¹³



17.7%

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

14%

of students did not eat vegetables in the past seven days; Black and Hispanic/Latinx students were significantly less likely to eat vegetables compared to white students

Females were **10 percentage points more likely** to describe themselves as slightly or very overweight, compared to male peers

19%

of CPS high school students did not get 60 minutes of exercise on any one day (in the past seven days)

Variable	All	LGBT	Non-LGBT	Black	Hispanic or Latinx	White	Other	Female	Male
Students who most of the time or always went hungry because there was not enough food in their home (during the 30 days before the survey)	4.9	8.2	4.1	5.5	5.0	--	--	3.1 □	6.5 □
Students who described themselves as slightly or very overweight	35.7	40.9 *	34.5 *	29.2 ◇	41.4 ◇	29.9 ◇	35.9 ◇	40.4 □	30.7 □
Overweight based upon BMI Students who were >= 85th percentile but <95th percentile for body mass index, calculated based on self-reported height and weight	15.7	14.2	16.0	16.9	16.9	12.9	--	18.5 □	12.8 □
Obese based upon BMI Students who were >= 95th percentile for body mass index, calculated based on self-reported height and weight	17.6	22.3 *	7.9 *	9.2	11.9	--	--	10.4	8.4
Students who were trying to lose weight	52.1	53.8	51.9	45.8 ◇	57.2 ◇	48.3 ◇	52.7 ◇	58.5 □	45.0 □
Students who attended physical education (PE) classes once per week on an average week of school	70.2	70.2	70.1	64.7	72.4	72.5	72.9	69.3	71.1

In the past 7 days...

Students who did not eat vegetables	14.0	14.4	14.0	17.2 ◇	14.8 ◇	7.4 ◇	8.2 ◇	12.0 □	16.0 □
Students who ate vegetables one or more times per day	48.5	57.3 *	46.6 *	41.3 ◇	43.6 ◇	72.3 ◇	64.4 ◇	49.3	47.5
Students who drank a can, bottle, or glass of soda or pop everyday (not counting diet soda or diet pop)	12.3	12.1	12.3	13.7 ◇	14.1 ◇	6.7 ◇	6.9 ◇	10.3 □	14.7 □
Students who did not eat breakfast	17.7	24.4 *	16.4 *	20.5 ◇	18.2 ◇	10.4 ◇	11.7 ◇	16.5	18.8
Students who did not participate in at least 60 minutes of physical activity on at least 1 day	19.3	23.9	18.4	22.8	18.7	14.1	22.0	20.8	17.5

* Significant difference between LGBT and non-LGBT students (p<.05)
 ◇ Significant difference among students of different races/ethnicities (p<.05)
 □ Significant difference among students based on sex (p<.05)
 -- Denotes too small of a sample size for meaningful analysis (n<10)



09

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