

2023 BOSTON HIGH SCHOOL YOUTH RISK BEHAVIOR SURVEY

WHAT BPS HIGH SCHOOL STUDENTS
TOLD US ABOUT THEIR HEALTH

Message from the Superintendent

This report marks 30 years of Boston High School Youth Risk Behavior Survey (YRBS) data. We can see **significant improvements** in the experiences of youth related to many areas of their life. Since 1993, **health risk behaviors related to sexual health, violence, suicidality, and substance use have decreased**. This is certainly good news and reflects the outstanding work of all of our staff who support our student health efforts.

Despite these decreases, we have more work to do. Though we've seen some small improvements recently, dietary and physical activity behaviors have not changed drastically in the past 14 years. The prevalence of **poor social-emotional and mental health measures has been steadily increasing in the past eight years, especially during the pandemic**. Mayor Wu and our team at BPS are making historic investments in mental health support. Since 2020, BPS has more than doubled our staffing levels for Social Workers and School Psychologists from 140 to 352 and increased the budget from \$13 million to \$38 million.

Boston Public Schools is proud to be part of this national and state effort to monitor behaviors related to key health outcomes for youth. This vital public health data helps us better understand the prevalence of these issues in our community and contributes to our national understanding of adolescent health. This data has and will continue to drive BPS investments in student support services, as well as our work to improve student outcomes. For each area of health, this publication outlines the many actions BPS takes to address student health and wellbeing.

We are deeply committed to ensuring that all our students have the support they need to succeed in the classroom. This commitment is rooted in an understanding that addressing students' physical and mental health, emotional well-being, and positive development is directly linked with academic success. BPS takes a Whole School, Whole Community, Whole Child approach to ensure students have the services, supportive environment, and educational instruction to be healthy now and for their lifetime.

Let's continue working together to improve health and wellness in our schools.

Sincerely,



Mary Skipper
BPS Superintendent

YRBS OVERVIEW

The YRBS is a self-administered, confidential school-based survey that is part of a national effort led by the Centers for Disease Control and Prevention (CDC) to understand the behaviors among youth related to the leading causes of illness and death. The YRBS allows us to understand youth risk behaviors and assess how they change over time. The CDC divides behaviors into six categories:

- Physical activity
- Dietary behaviors
- Behaviors that result in unintentional injuries and violence
- Tobacco use
- Alcohol and other drug use
- Sexual behaviors that result in sexually transmitted infections and unintended pregnancies

BOSTON YRBS

Since 1993, BPS has administered this survey every other year using rigorous protocols to ensure student confidentiality and data validity and generalizability. The data was cleaned and analyzed by Westat on behalf of the CDC. The 2023 YRBS was completed by 1,418 students in 29 of the 30 BPS high schools in Boston during the spring of 2023. The school response rate was 97%, the student response rate was 68%, and the overall response rate was 66%. The weighted results are representative of all regular public and in-district charter school students in grades 9-12. The results from this survey may be used to inform current and future programs, practices, and policies that aim to improve the health and wellness of the Boston community.

ABOUT THIS PUBLICATION

These fact sheets intend to highlight significant results to spark conversations and collaborations. Results are presented by the health risk-behavior area. Each section begins with an overall snapshot of key findings, followed by trend data and a closer look at significant differences by demographic student groups, and ends with key intervention strategies.



HEALTH EQUITY

Social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider forces that shape the conditions of daily life. The social determinants of health are linked to opportunities and resources to protect, improve, and maintain health. Unfair systems, policies, and practices limit access to the opportunities and resources needed to live the healthiest life possible, which leads to health inequities. Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that experience health inequities

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Through the Youth Risk Behavior Survey, BPS can learn about the prevalence of health disparities and inequities that exist among high school students in Boston. Identifying these inequities allows BPS to understand the scope of the issues. It can bridge the gap between the health disparities students may be experiencing and the opportunities to improve the health that students and their families want. The data informs our efforts in creating an environment that focuses on health equity.

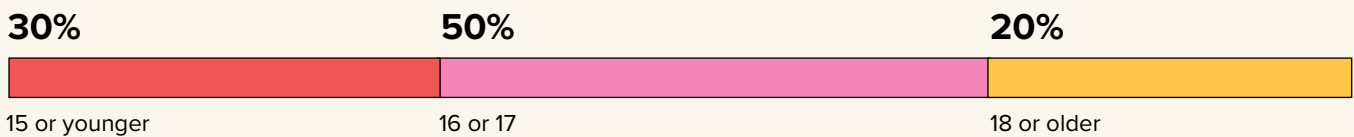
(Source: CDC).

NOTE ON SUBGROUP DATA BASED ON RACE & ETHNICITY

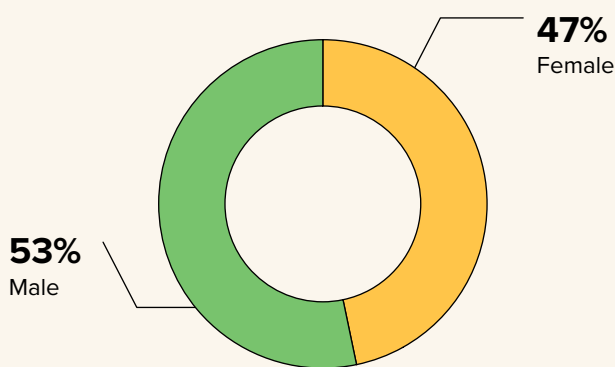
Throughout this publication, we use the race and ethnicity categories established by the CDC's research methodology. Race/Ethnicity is determined by two questions: 1) "Are you Hispanic or Latino?" and 2) "What is your race?". Students are categorized as Hispanic if they answered "yes" to the first question, regardless of how they answered the second question. We use the term Latinx in our publication charts & graphs. Students who answered "no" to the first question are categorized based on their selected answers to the second question: Native American, American Indian or Alaska Native, Asian, Black, Native Hawaiian or other Pacific Islander, White, Multiracial (selecting 2+ races), or "None of these races". While this research methodology is common practice, we acknowledge its limitations for describing racial and ethnic identities.

STUDENT REPORTED DEMOGRAPHICS

AGE

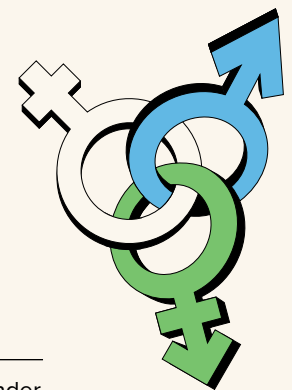


SEX



GENDER IDENTITY

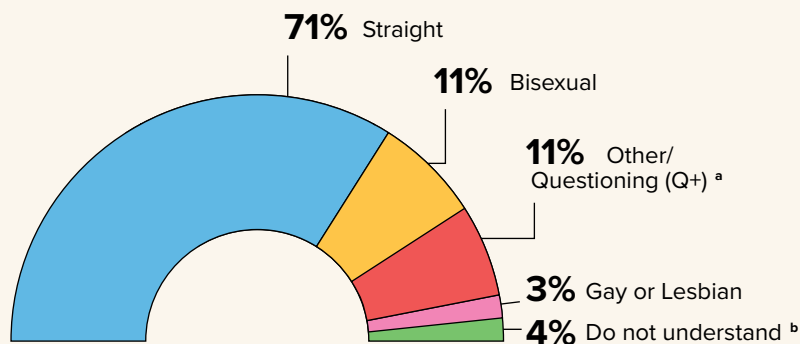
Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender.



- 2% I am transgender
- 2% I am unsure if I am transgender

SEXUAL ORIENTATION

In 2021, changes to the way this question was asked allowed students to be able to report that they describe their sexual identity in some other way or that they were not sure about their sexual identity. This allows us to better assess the prevalence of students who identify as LGBTQ+.



25%
of students identify as Lesbian, Gay, Bisexual (LGB), some other sexual identity, or are questioning their sexual identity (Q+)

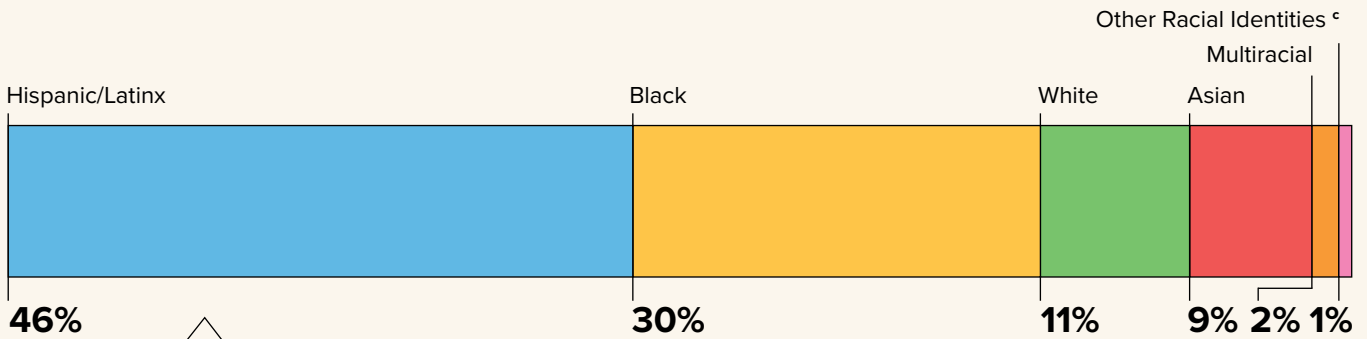
^a Includes students who responded 'I describe my sexual identity some other way' or 'I am not sure about my sexual identity (questioning)'

^b Includes students who responded 'I don't know what this question is asking'

RACE/ETHNICITY

Hispanic/Latinx:

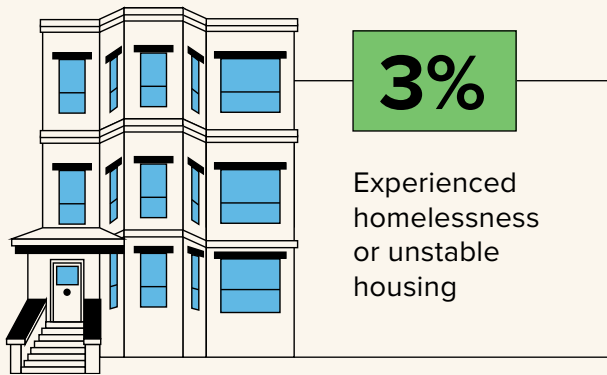
Non-Hispanic/Latinx:



Hispanic/Latinx students come from a variety of racial backgrounds. Approximately, **97%** of Latinx students identified with one or more racial categories. **3%** of Latinx students did not identify with any racial category.

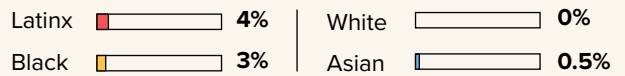
^c American Indian, Alaska Native, or Native American; Native Hawaiian or Other Pacific Islander; or None of the racial identities offered

HOUSING



SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY

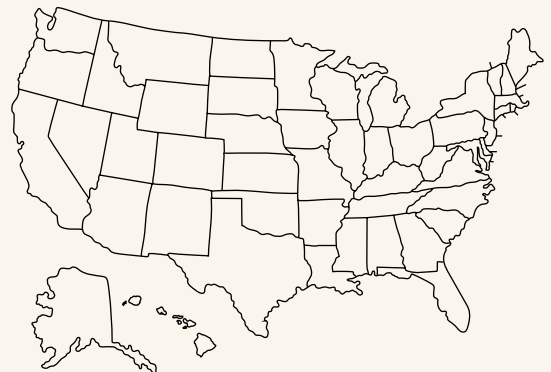
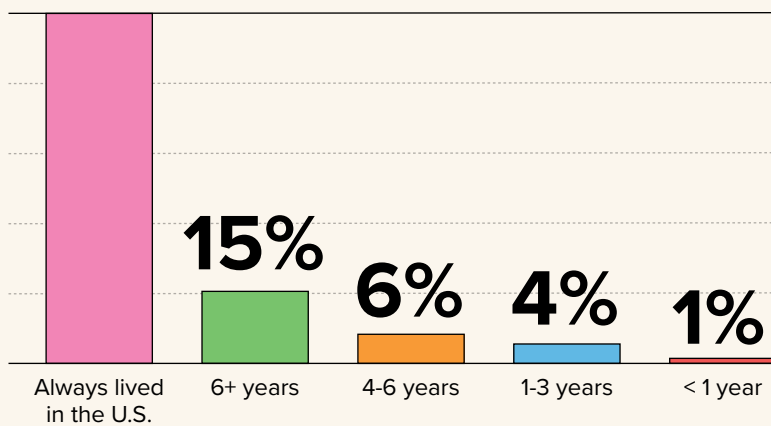
Black and Latinx students were **more likely to report unstable housing** compared to White and Asian students.^d



^d Significant differences based on t-test analyses, $p < 0.05$

TIME LIVED IN THE UNITED STATES

74%



What BPS high school students told us about...

PHYSICAL ACTIVITY

RISK & PROTECTIVE FACTORS

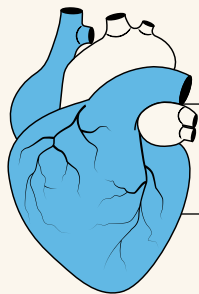
Regular physical activity helps youth improve heart and lung fitness, build strong bones and muscles, control weight, and reduce symptoms of anxiety and depression. Physical inactivity increases the risk of developing chronic health conditions including obesity, cardiovascular disease, cancer,

and type 2 diabetes. CDC guidelines recommend that youth participate in 60 minutes or more of moderate-to-vigorous physical activity daily.

(Source: CDC)

MODERATE-TO-VIGOROUS PHYSICAL ACTIVITY

Students were asked how many days in the past week they engaged in at least 60 minutes of physical activity that increased their heart rate and made them breathe hard. About **1 out of 6 students** met the CDC's guidelines for daily physical activity.



80% On 1+ Days

37% On 5+ Days

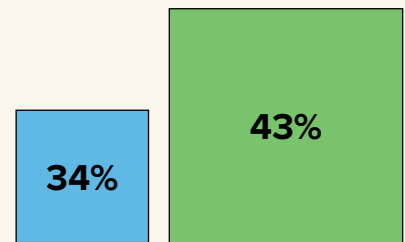
18% On All 7 Days

20%

Did not participate in 60+ minutes of physical activity on any day

SPORTS

Played on at least one sports team^a



■ 2021 ■ 2023

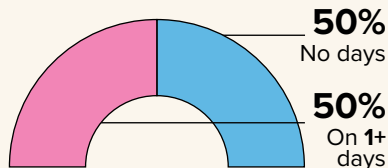
^aSignificant increase based on t-test analyses, $p < 0.05$

ACTIVE TRANSPORTATION

Walk or ride a bicycle to or from school

64%

of students who walked or biked to school did so every day

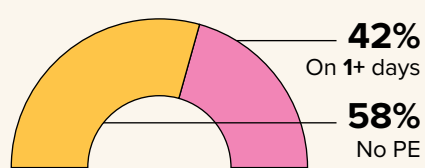


PHYSICAL EDUCATION

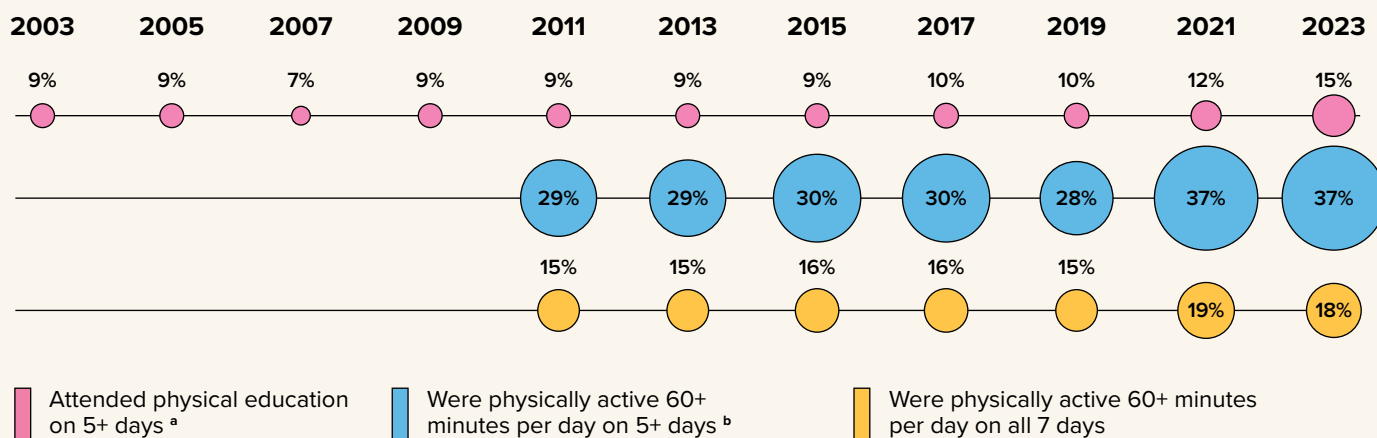
Attended physical education (PE) classes in an average week

33%

of students who attended PE classes did so on all 5 days



LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



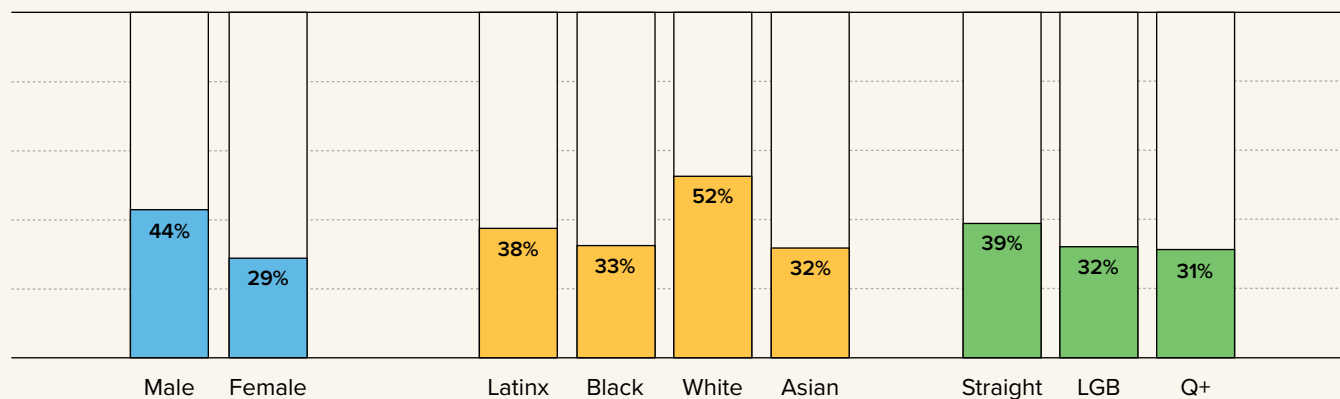
† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05

Quadratic changes:

- a Decreased, 2003-2007; Increased, 2007-2023;
- b No change, 2011-2019; Increased, 2019-2023

A CLOSER LOOK AT PHYSICAL ACTIVITY PARTICIPATION

Significant differences in engaging in moderate-to-vigorous physical activity on 5+ days by sex, race/ethnicity, and sexual orientation (based on t-test analyses, p<0.05).^b



^b M>F | W>A, W>B, W>L | Straight>LGBQ+

INTERVENTION STRATEGIES

During School	Before/After School	Community-Wide
<ul style="list-style-type: none"> • 1 semester of Physical Education every year. • Movement opportunities in the classroom. • Free Periods (Recess) for physical activity. 	<ul style="list-style-type: none"> • Intramural clubs for sports & fitness. • BPS Athletics. • Community partner programming. 	<ul style="list-style-type: none"> • Addressing community safety. • Creating & maintaining public places to be physically active. • Investing in active transportation infrastructure and public transportation.

What BPS high school students told us about...

DIETARY BEHAVIORS

RISK & PROTECTIVE FACTORS

Healthy eating helps youth get important nutrients for growth and development, fight disease and infection, and develop lifelong healthy habits. Healthy eating also reduces the risk of developing conditions such as malnutrition, obesity, high blood pressure, heart disease, Type 2 diabetes,

cancer, osteoporosis, iron deficiency, and dental cavities. Food insecurity puts youth at risk of developing these health issues.

(Source: CDC, SAMHSA)

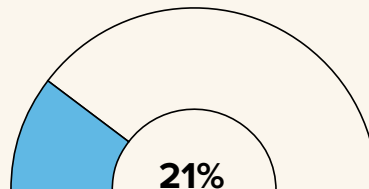
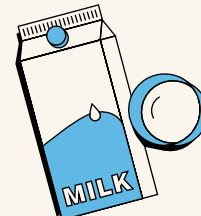
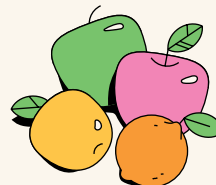
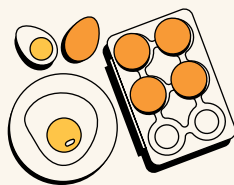
FOOD INSECURITY

Food insecurity is defined as a lack of consistent access to enough food for every person in a household to live an active, healthy life. It is distinct from hunger which is the feeling of not having food to eat.

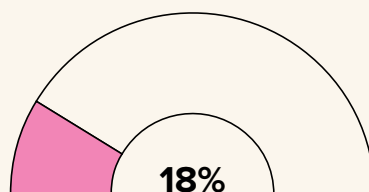


About **1 out of 5** students report their families experience food insecurity

In 2023, students reported in the past year:

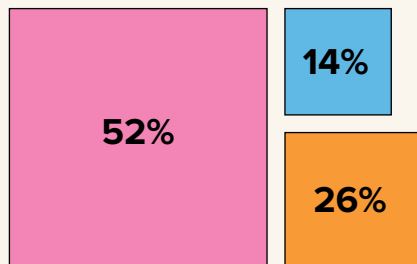


Their family was sometimes or often **worried that their food would run out** before they got money to buy more



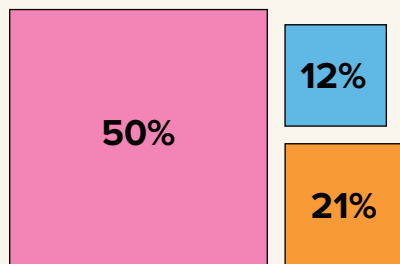
The food their family bought sometimes or often **did not last** and they did not have money to get more

FRUITS



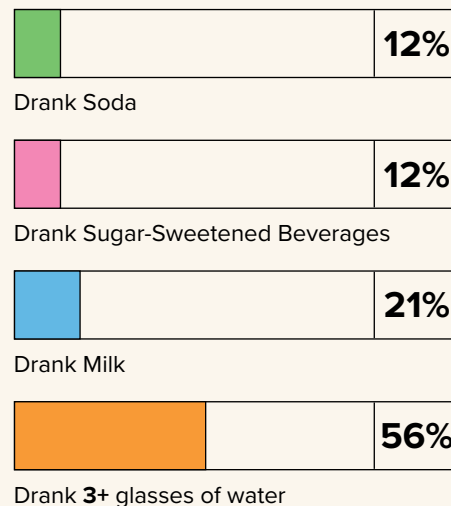
- Ate fruit or drank 100% fruit juices 1+ times/day
- Ate fruit or drank 100% fruit juices 2+ times/day
- Did not eat fruit (in the past week)

VEGETABLES

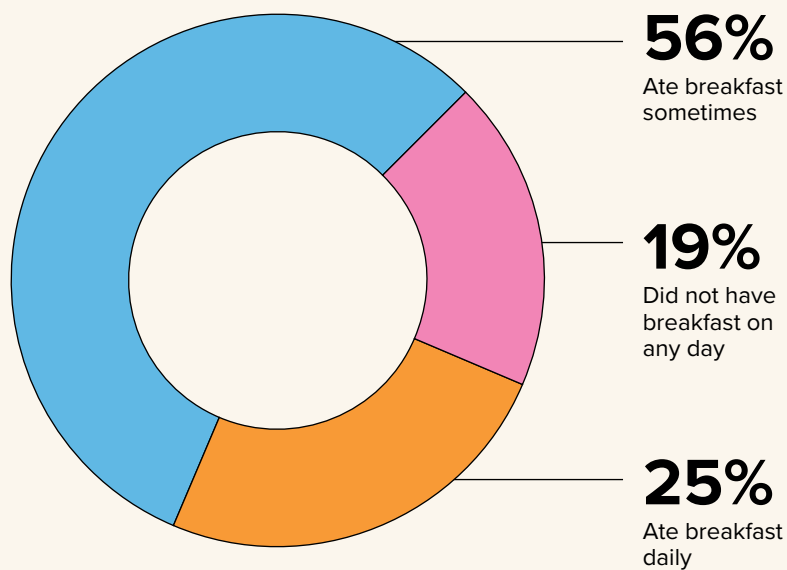


- Ate veggies 1+ times/day
- Ate veggies 2+ times/day
- Did not eat veggies (in the past week)

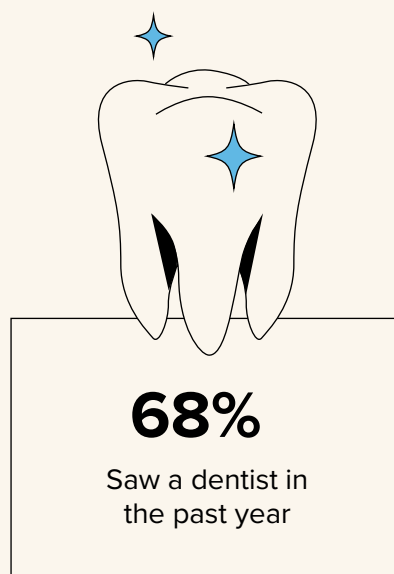
DAILY BEVERAGES



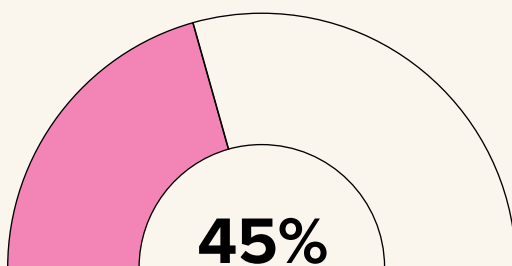
MEALS



DENTAL HEALTH



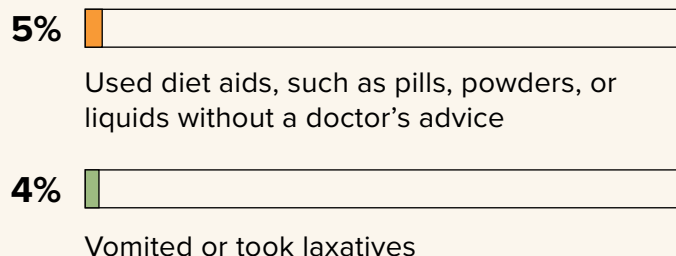
WEIGHT LOSS



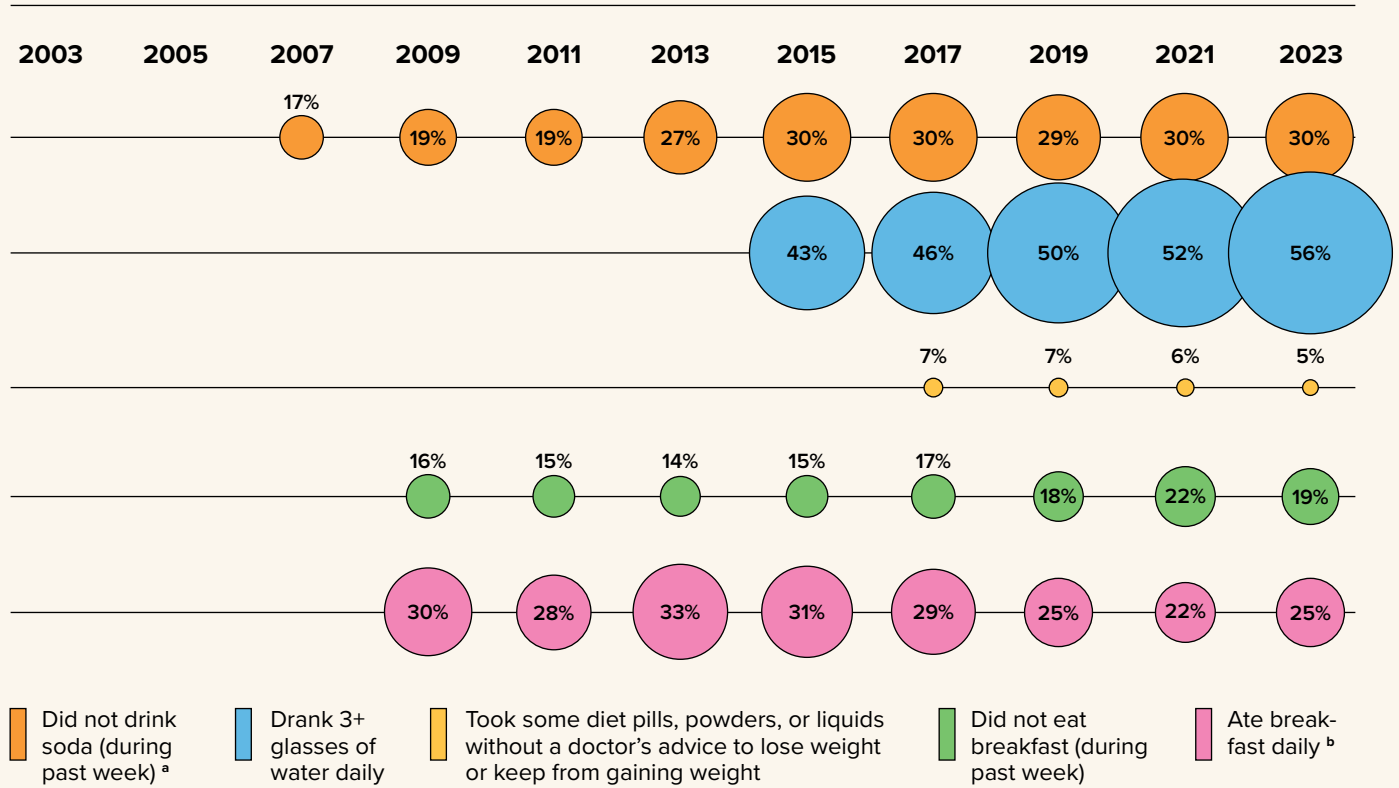
Were trying to lose weight

UNHEALTHY WEIGHT CONTROL

To lose weight or keep from gaining weight



LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

Quadratic changes:

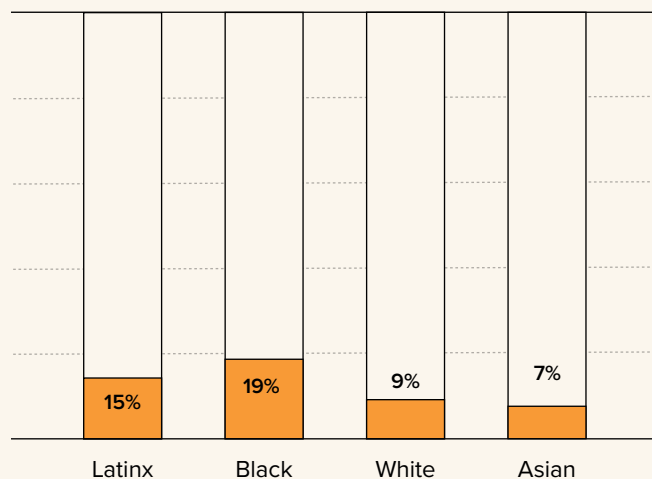
^a Increased, 2007-2015; No change, 2015-2023;

^b No change, 2009-2013; Decreased, 2013-2023

A CLOSER LOOK BY RACE & ETHNICITY

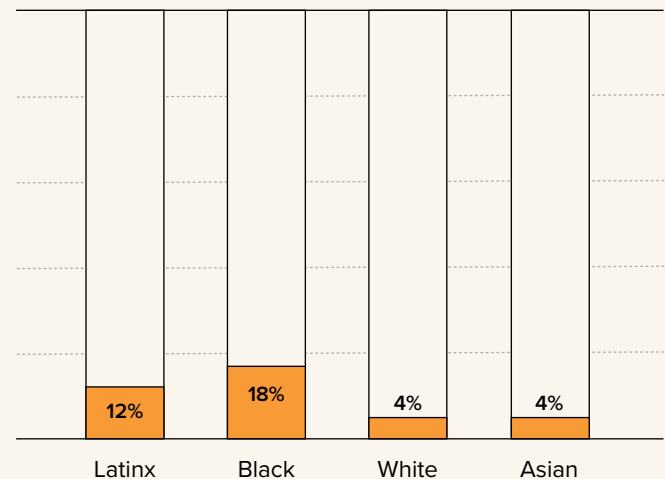
Significant differences in eating fruits, vegetables, and breakfast in the past 7 days by race/ethnicity (based on t-test analyses, $p < 0.05$).

Did not eat fruit ^a



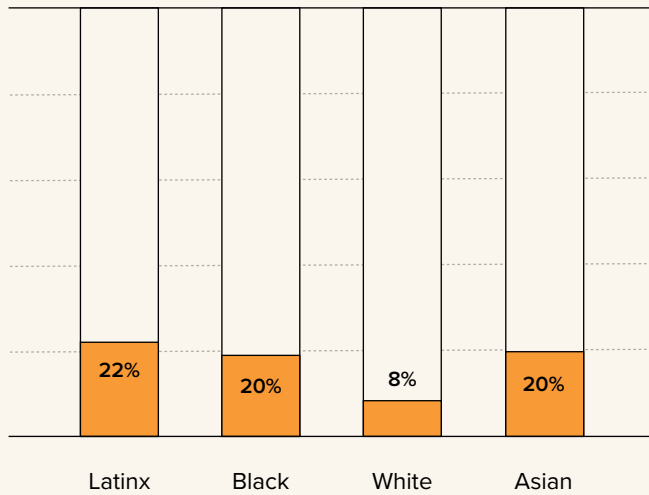
^a B>W, B>A, L>W, L>A

Did not eat vegetables ^b



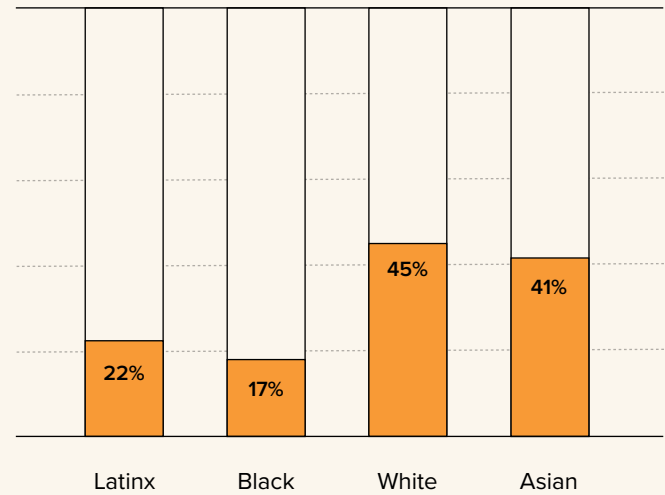
^b B>L, B>W, B>A, L>A, L>W

Did not eat breakfast ^c



^c A>W, B>W, L>W

Ate breakfast daily ^d



^d A>B, A>L, W>B, W>L

INTERVENTION STRATEGIES

Child and adolescent obesity remains a serious public health concern. Interventions should seek to reduce weight stigma and address racial equity by creating policy, systems, and environmental change to create equitable opportunities to make healthy choices. Students consume over half their daily calories while in school, making it an important place to implement change.

SCHOOL NUTRITION ENVIRONMENT

Promoting health through nutrition in all school settings

Staff Role Modeling ● Advertising & Marketing ● Health Education

School Meals

Free-For-All breakfast and lunch eliminates the barriers and stigma to opting into the qualified “free-and-reduced-lunch” model.

Access to Drinking Water

Clean drinking water accessible throughout the school, including in the cafeteria and near physical activity areas.

Smart Snacks

Food sold through in-school fundraisers, à la carte foods, vending machines, and school stores/snack bars must meet nutritional standards.

Classroom Celebrations, Events, & Non-food Rewards

Provide healthful foods and snacks at events and celebrations and limit food-based rewards in the classroom.

Source: Adapted from CDC Components of the School Nutrition Environment

What BPS high school students told us about...

SOCIAL-EMOTIONAL & MENTAL HEALTH

RISK & PROTECTIVE FACTORS

Poor social-emotional and mental health can lead to poor quality of life and can negatively impact physical health and academic achievement. Suicide is the second leading cause of death in young people. A combination of individual, relationship, community, and societal factors contribute to the risk of

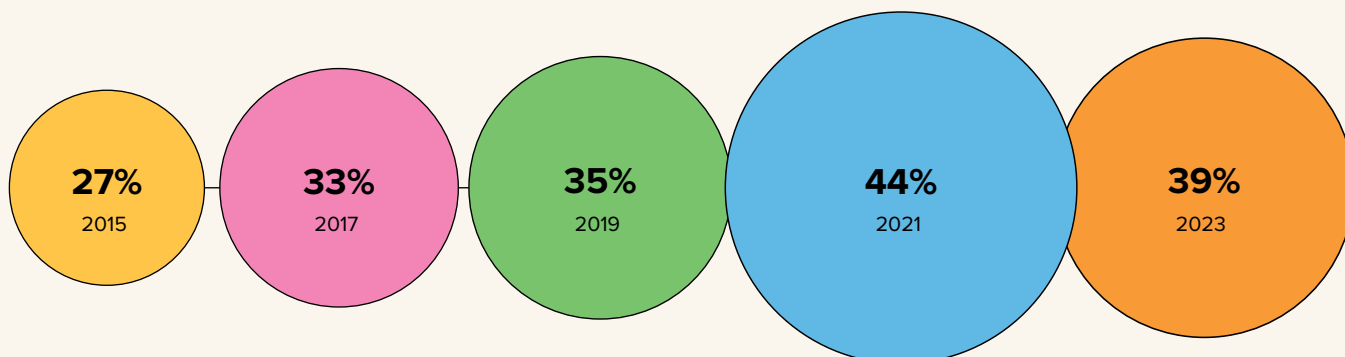
suicide. School, community, and family connectedness can be protective factors, as well as proper nutrition, physical activity, and sufficient sleep.

(Source: CDC)

PERSISTENT SADNESS

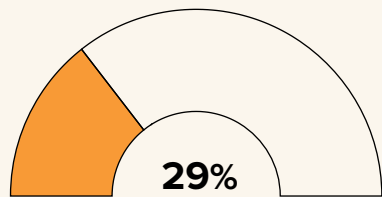
There has been a significant increase between 2015 and 2023 in the percentage of students reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Data from 2023 shows a significant decrease for the first time in eight years. ^a

Experienced persistent sadness (in the past year):



^a Significant increase based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$; significant decrease from 2021 to 2023 based on t-test analyses, $p < 0.05$

MENTAL HEALTH



Mental health was not good (including stress, anxiety, & depression) most of the time or always.

BULLYING

Bullying is defined as when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again.

In the past year:



Were bullied on school property ^b

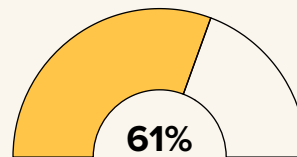


Were electronically bullied

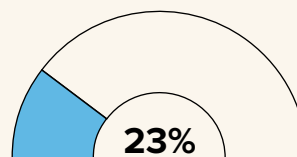
^b Increased from 6% in 2021 based on t-test analyses, p<0.05

EXPERIENCE OF BIAS

Students were asked if they felt that they were ever treated badly or unfairly



Because of their race or ethnicity



Because of their sexual orientation

SOCIAL MEDIA USE

There is evidence that the more frequently a young person is on social media, the more likely they are to experience negative mental health outcomes, such as poor sleep, depression, and anxiety. Among youth of color, social media use has been associated with experiencing racial discrimination online and higher

levels of depressive symptoms and anxiety. Alternately, youth with LGBTQ+ identities report using social media platforms for identity development & also reported more positive mental health outcomes.

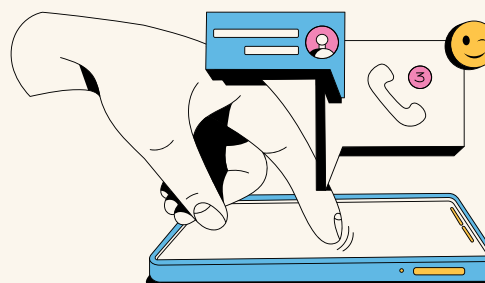
(Source: CDC)



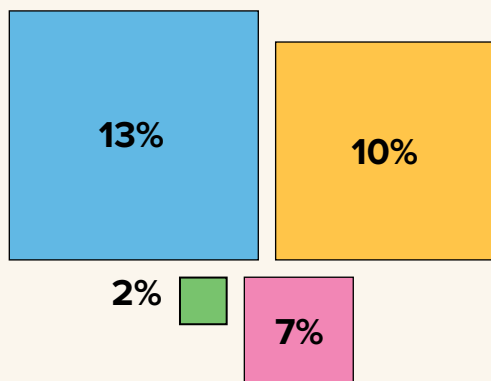
Used social media several times a day



Used social media more than once an hour



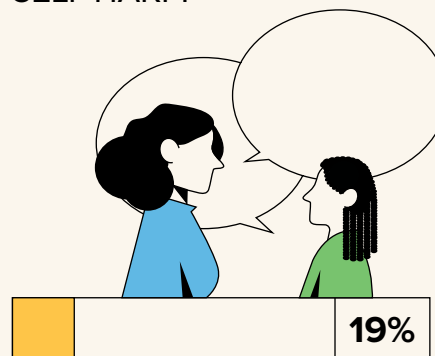
SUICIDALITY



- Seriously considered attempting suicide
- Made a plan about how they would attempt suicide ^c
- Attempted suicide (one or more times)
- Had a suicide attempt that required medical attention

^c Decreased from 14% in 2021 based on t-test analyses, p<0.05

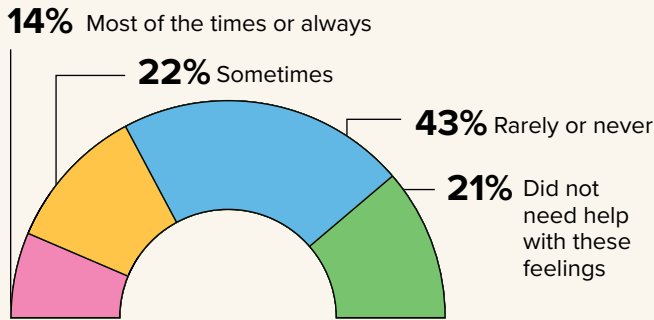
SELF HARM



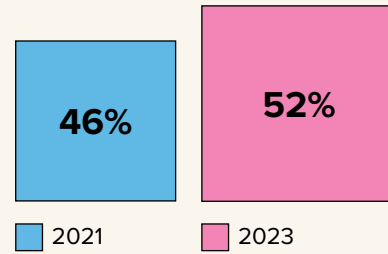
Did something to purposely hurt themselves without wanting to die

GETTING HELP

Students were asked how often they got the kind of help they needed when they felt sad, empty, hopeless, angry, or anxious in the past year



SCHOOL CONNECTEDNESS

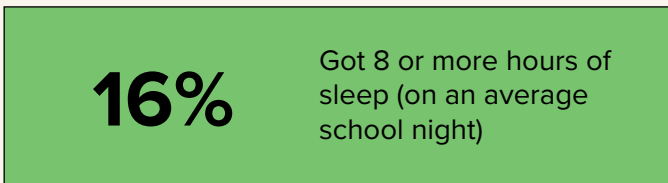


Strongly agree or agree that they felt close to people at their school ^d

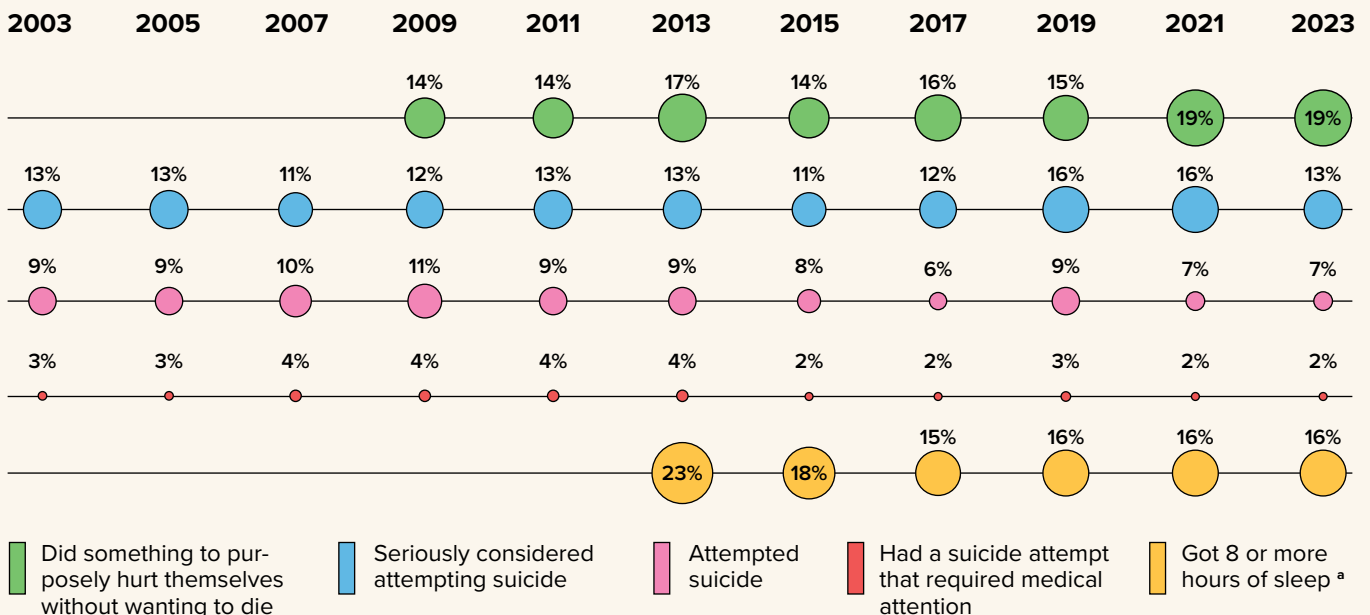
^dSignificant increase based on t-test analyses, $p < 0.05$

SUFFICIENT SLEEP

Students who do not get sufficient sleep are at increased risk for poor physical and mental health, may struggle in school, and are at increased risk for attention and behavior problems.



LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES [†]



[†] Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

Quadratic changes:

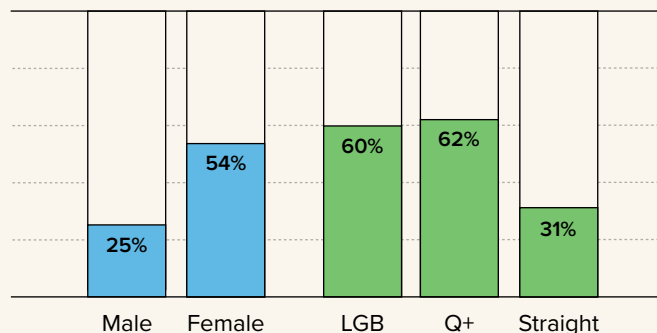
^a Decreased, 2013-2017, No change, 2017-2023

A CLOSER LOOK AT SUICIDALITY & SELF HARM

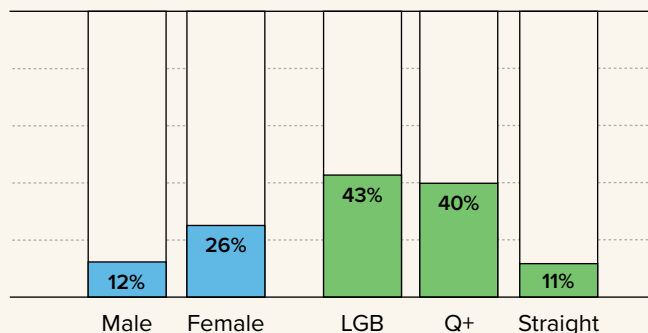
Significant differences in behaviors related to suicidality by sex and sexual identity (based on t-test analysis, $p > 0.05$).

In the past year...

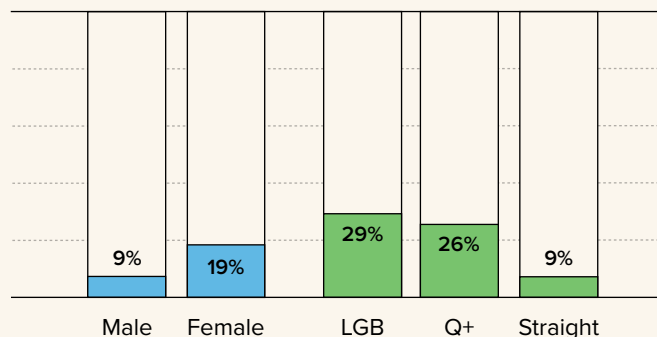
Felt persistent sadness (for 2+ weeks) ^e



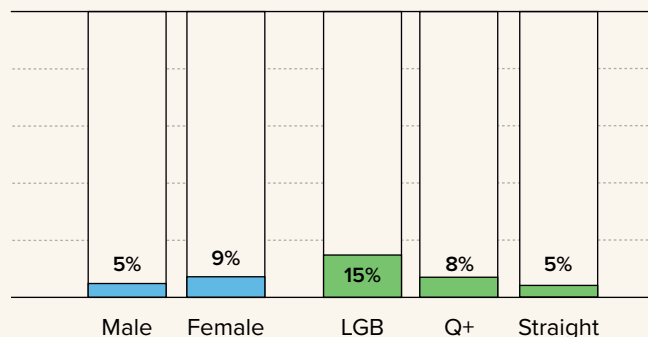
Purposely hurt themselves without wanting to die ^e



Seriously considered suicide ^e



Attempted suicide ^f

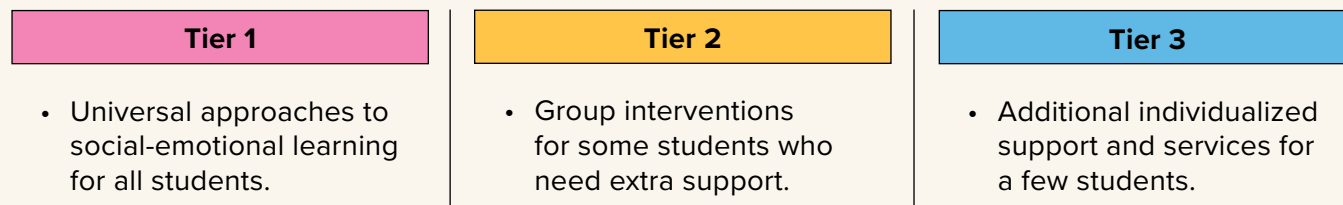


^eF>M | LGBQ+>Straight

^fF>M | LGB>Straight

INTERVENTION STRATEGIES

Boston Public Schools has significantly increased the number of health and mental health support positions and school counselors over the past several years. BPS addresses student social and emotional well-being through a Multi-Tiered System of Supports:



In addition to programs, services, and support, schools work to create a safe and supportive culture and climate in the school community that affirms students' cultural, racial, and gender identities and sexual orientation, builds trust, and promotes well-being.

What BPS high school students told us about...

INJURY & VIOLENCE

RISK & PROTECTIVE FACTORS

Unintentional injuries are the leading cause of illness, death, and disability among children in the United States. A combination of individual, relationship, community, and societal factors contribute to the risk of youth violence. Youth violence, also a leading cause of death for young people,

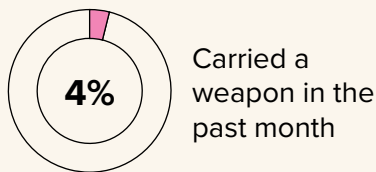
has serious and lasting effects on the physical, mental, and social health of young people and results in more than 400,000 nonfatal injuries each year.

(Source: CDC)

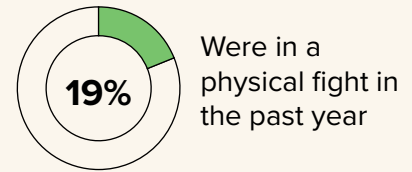
CARRYING WEAPONS & FIGHTING

Students were asked about physical fights and carrying weapons both on and off school property.

On school property...



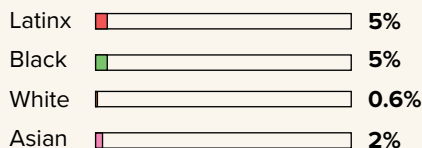
Anywhere...



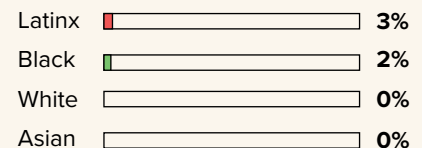
SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY

Black and Latinx students are more likely to have **carried a weapon on school property** and to have **carried a gun** compared to Asian & White students.^a

Carried a weapon on school property in the past month

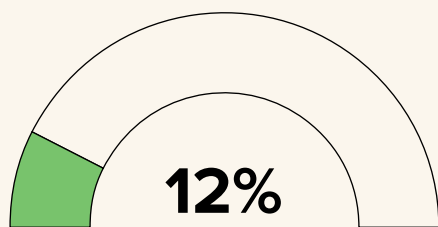


Carried a gun (not counting for sport) in the past year



^a Significant differences based on t-test analyses, $p < 0.05$

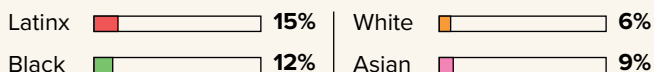
PERCEIVED SAFETY



Did not go to school because they felt unsafe at school or on their way to or from school

SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY

Black and Latinx students are more likely than White students to **not go to school because they feel unsafe** at school or on their way to or from school.^b



^b Significant differences based on t-test analyses, $p < 0.05$

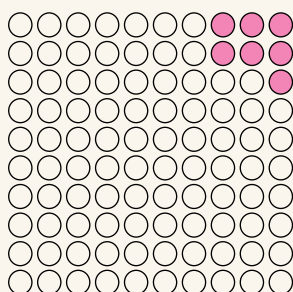
DATING & SEXUAL VIOLENCE

Sexual Violence:

When someone forces you to do sexual things that you do not want to do, such as kissing, touching, or being physically forced to have sexual intercourse.



Experienced sexual violence in the past year



7%

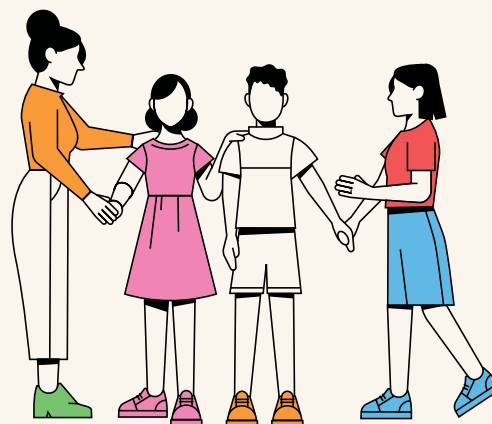
Experienced being physically forced to have sexual intercourse during their lifetime

Emotional Dating Violence:

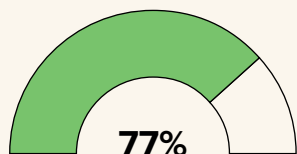
When someone you are dating or going out with purposely tries to control you or emotionally hurt you, such as being told who you can or cannot spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.



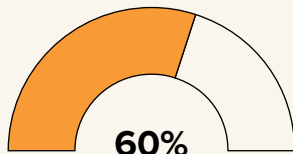
Experienced emotional dating violence in the past year



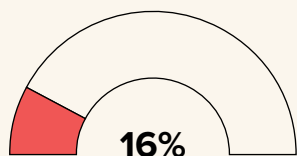
SAFETY & INJURY



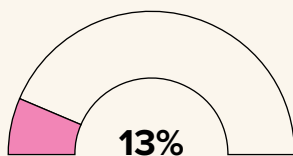
Rarely or never wore a bicycle helmet while biking



Did not always wear a seat belt when riding in a car

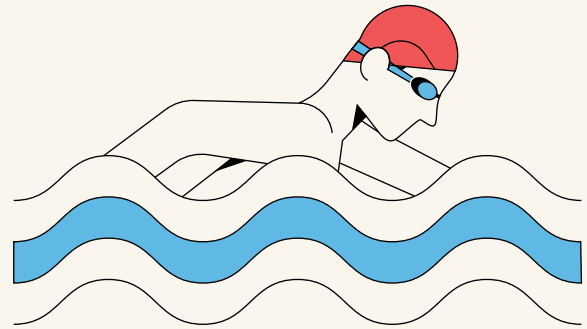
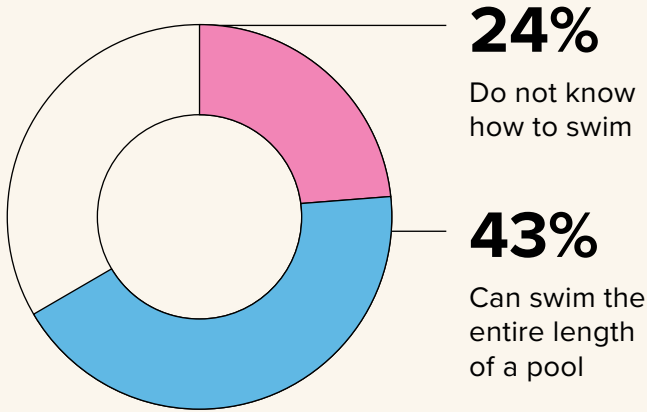


Rode with a driver who had been drinking alcohol in the past month



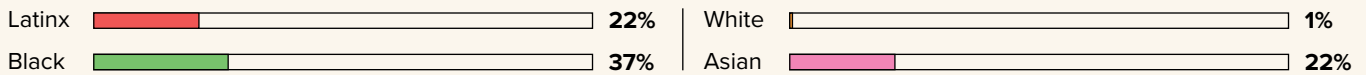
Had a concussion from playing a sport or being physically active in the past year

SWIMMING



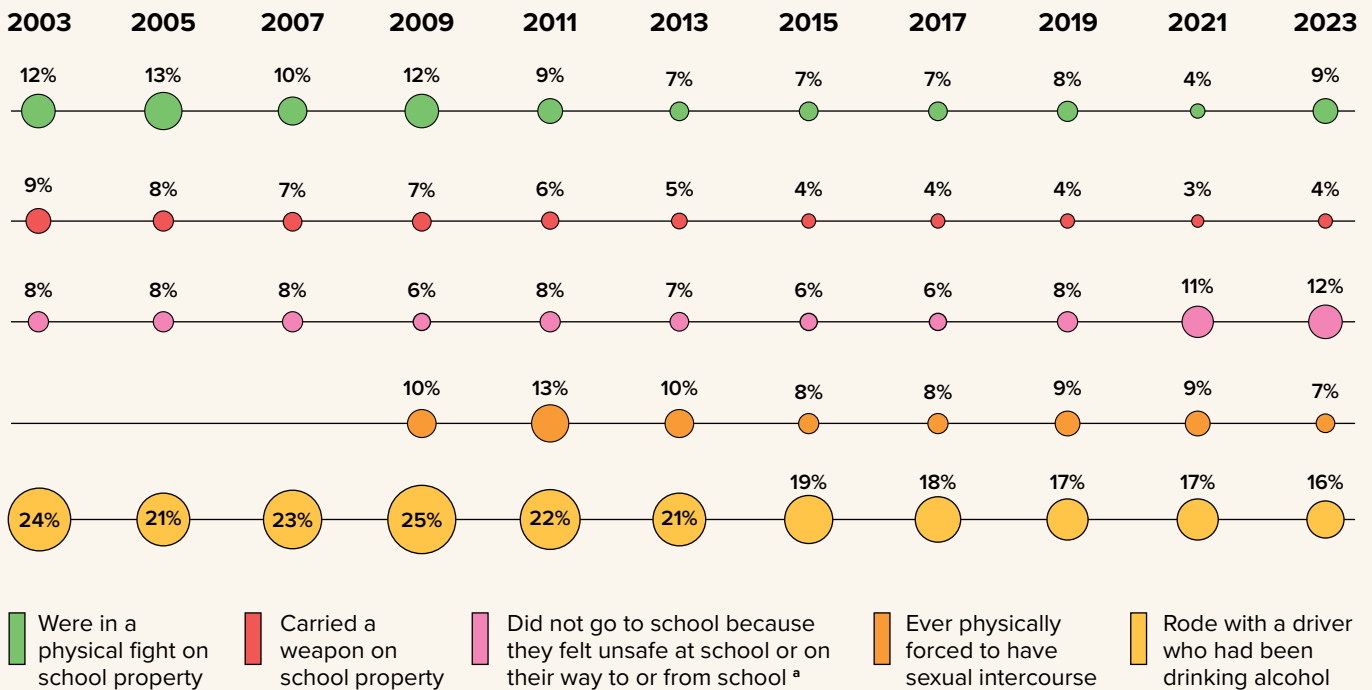
SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY

Black students are more likely than their peers to report they **do not know how to swim**; White students are less likely than their peers to report the same.^c



^c Significant differences based on t-test analyses, $p < 0.05$

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES [†]



[†] Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

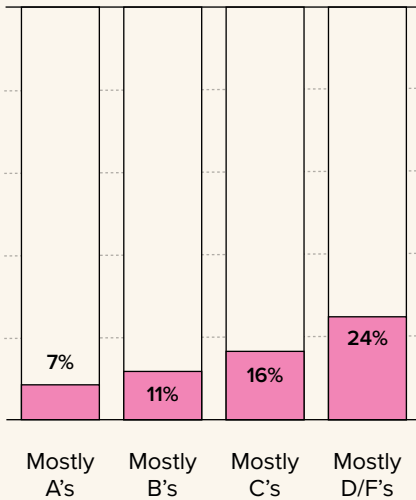
Quadratic changes:

^a Decreased, 2003-2017, Increased, 2017-2023

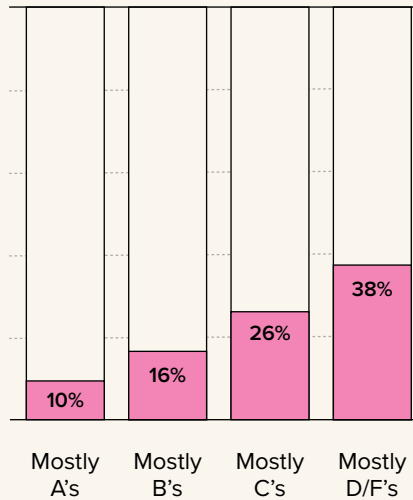
A CLOSER LOOK AT ACADEMIC ACHIEVEMENT

There are significant negative associations between safety concerns at school, being in a physical fight, and experiences of sexual violence and academic grades achieved (based on logistic regression analysis controlling for sex, race/ethnicity, and grade in school, $p < 0.05$). Students with poor grades have a significantly higher prevalence of these experiences than students with better grades.

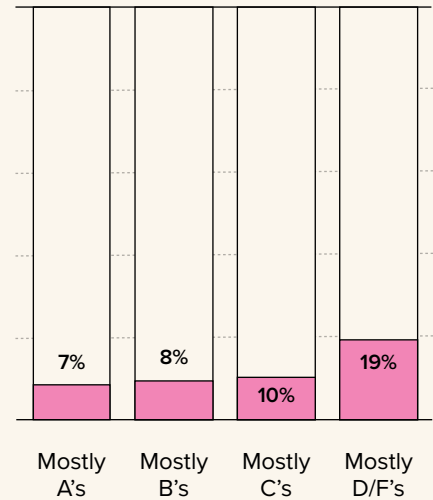
Did not go to school because they felt unsafe at school or on their way to or from school



Were in a physical fight in the past year



Experienced sexual violence in the past year



INTERVENTION STRATEGIES

Increase Connectedness

- Connecting youth to caring adults in school and through mentoring and after-school programs.
- Strong family involvement through open conversations, clear expectations, and positive role-modeling for addressing conflict.

Education & Training

- Skills-based comprehensive health education that includes the management of feelings and healthy communication for the development of healthy, respectful, and nonviolent relationships.
- Specific training on driving, biking, pedestrian safety, and sports injury prevention, including concussion first aid.

Community-Building Policies

- Adoption of restorative justice practices both in schools and in the community.
- Create protective community environments through sustainable community design.
- Provide youth employment opportunities and equitable economic development.

What BPS high school students told us about...

SUBSTANCE USE

RISK & PROTECTIVE FACTORS

Youth substance use is associated with other high-risk behaviors, such as unplanned and unprotected sexual activity and actions leading to injury and violence. Substance abuse can lead to poor educational outcomes and higher rates of physical and mental illnesses. Strong family, school,

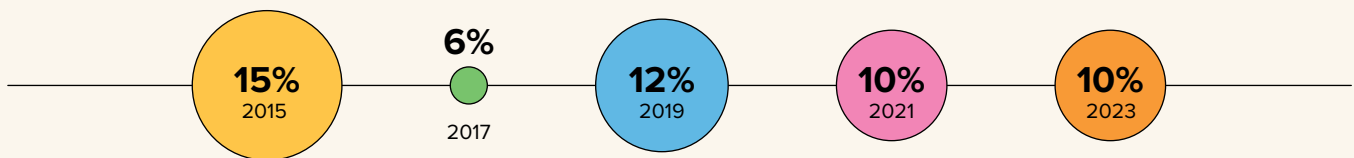
and community involvement and connectedness are particularly important to building healthy decision-making skills.

(Source: CDC, SAMHSA)

VAPING NICOTINE

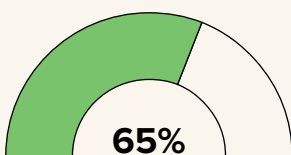
Vaping is an emerging issue of concern among youth. We saw a significant decrease between 2015 and 2017 and then a significant increase between 2017 and 2019. There was no significant change since 2021 and no significant linear change between 2015 and 2023.^a

Used vaping products in the past month

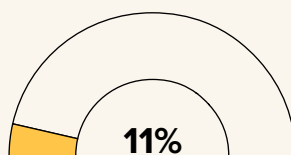


^a No significant change based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

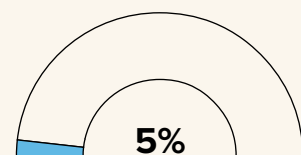
Students who vaped reported they usually got their vaping products from:



Friends/Family/Other person

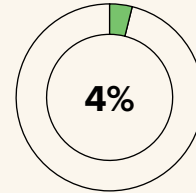
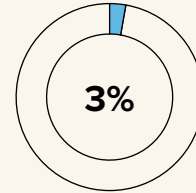
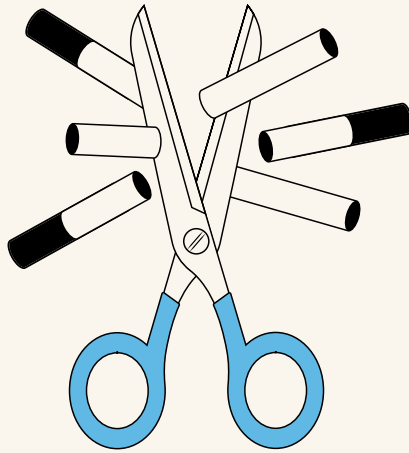


They bought them at a store or online



Took them from a store or person

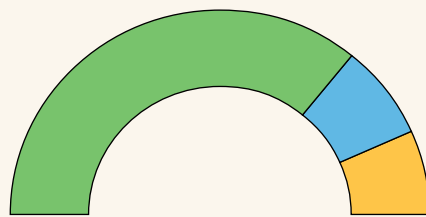
TOBACCO USE



Among the 24% of students who used any tobacco or vaping products in the past year, **41% tried quitting in the last year**

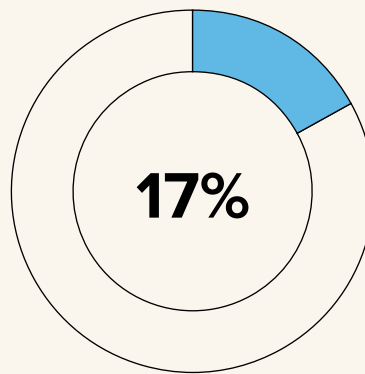
MARIJUANA USE

Age Students First Tried Marijuana

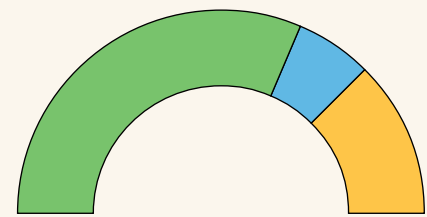


- **72%** Never tried marijuana
- **15%** Before age 15
- **13%** Age 15 and older

Currently used marijuana (in the past month)



Among students who were using marijuana, they usually...



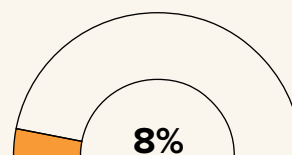
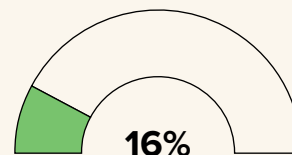
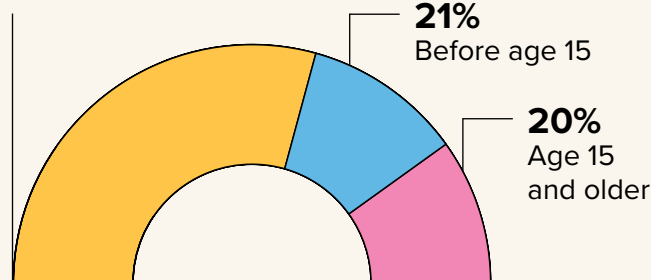
- **63%** Smoked it in a joint, bong, pipe, or blunt
- **12%** Vaped it
- **25%** Ate, Dabbed, or used it in some other way

ALCOHOL USE

Age Students First Tried Alcohol

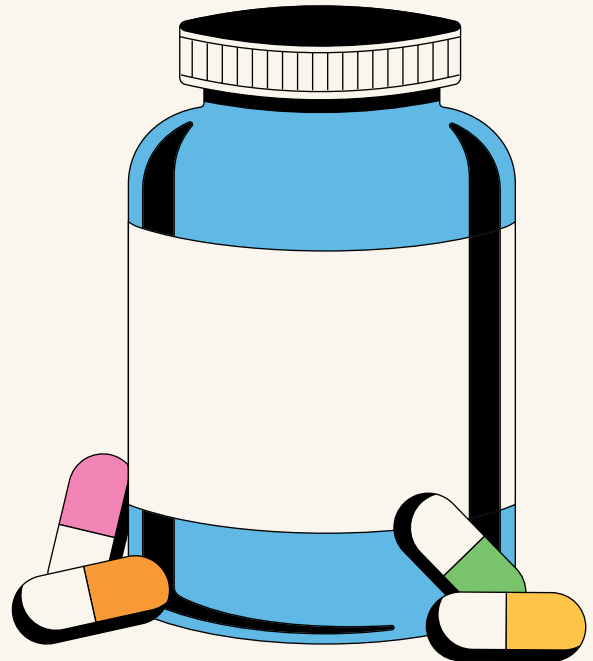
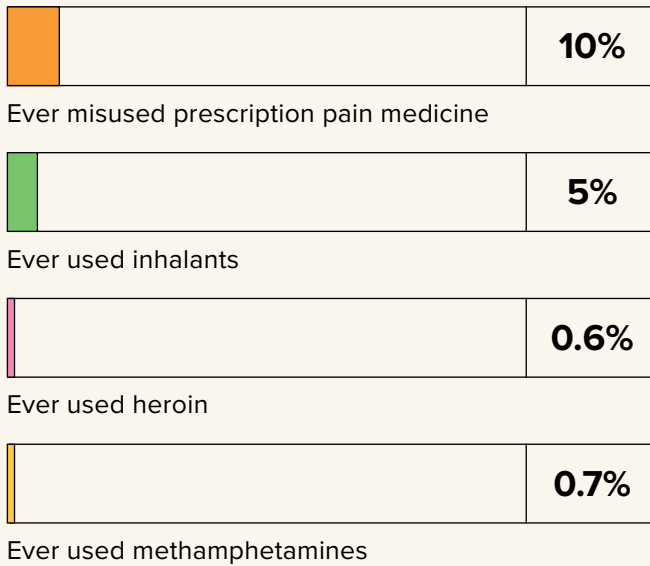
Youth who start drinking before age 15 are six times more likely to develop alcohol dependency than those who start at or after age 21.

59%
Never drank alcohol

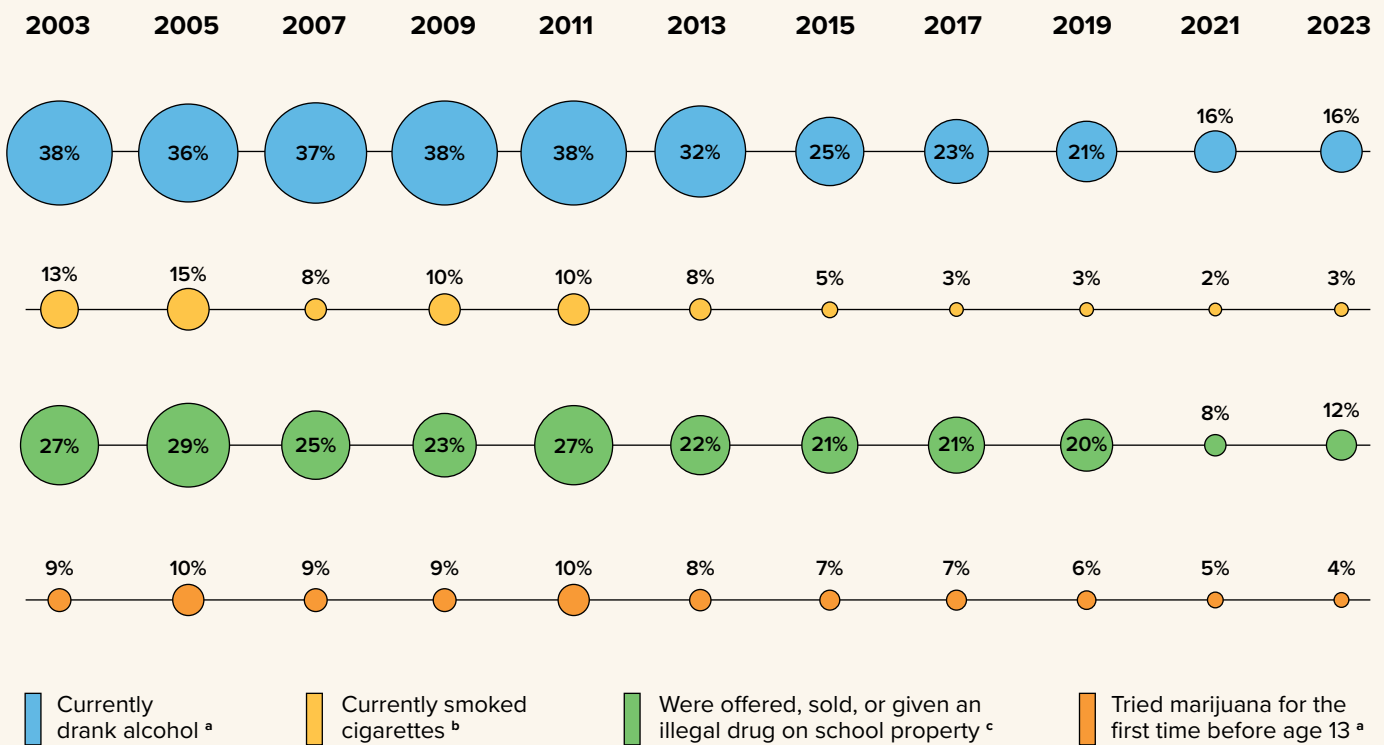


^b Significant decrease since 2017 (11%), based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05

OTHER DRUG USE



LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$

Quadratic changes:

a No change, 2003-2011; Decreased, 2011-2023;

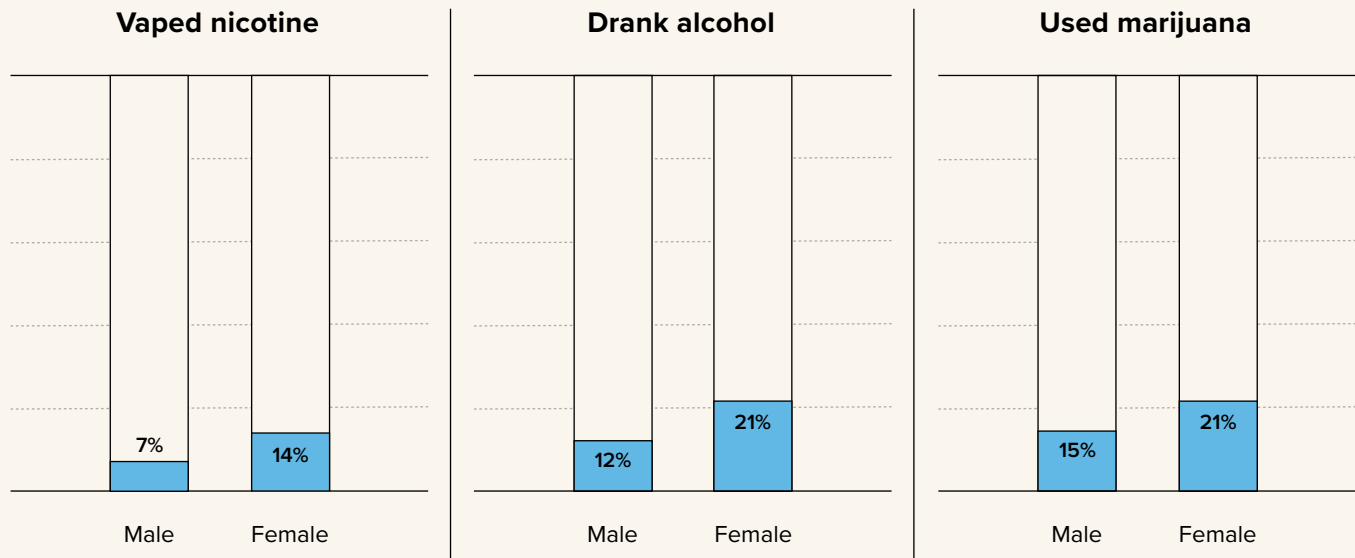
b Decreased, 2003-2011; Decreased, 2011-2023;

c Decreased, 2003-2017; Decreased, 2017-2023;

A CLOSER LOOK BY SEX

Significant differences in major substance use behaviors by sex (based on t-test analyses, $p < 0.05$).^c

In the past month...



^cF>M

INTERVENTION STRATEGIES

At Home

- Strong family involvement through open conversations, clear expectations, positive role modeling, and being aware of where youth are going and what they are doing.

At School

- School connectedness, the presence of positive mentors, and engagement in extracurricular activities.
- Health Education that builds skills related to effective communication, relationship building, self-efficacy and assertiveness, and drug use resistance.
- Culturally responsive and inclusive group and individual services for students engaged in drug use to reduce negative outcomes.

In the Community

- Community development focused on race & gender equity and LBGTQ+ inclusion.
- Collaborative, multi-sectoral approaches, like Boston's Youth Substance Use Prevention Strategic Plan, to address economic and social factors.
- Public health policies to limit advertisement for and access to alcohol and vaping products.

What BPS high school students told us about...

SEXUAL HEALTH

RISK & PROTECTIVE FACTORS

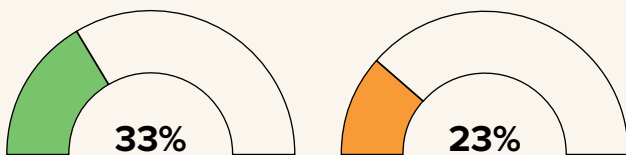
Sexual health requires a positive and respectful approach to sexuality and sexual relationships, with medically accurate and developmentally appropriate information. Effective sexual health education helps youth to develop the skills and self-efficacy to have strong, positive relationships

and make informed decisions about their well-being, including delaying sexual activity and protecting themselves and others from HIV infection, other STDs, and unintended pregnancy.

(Source: CDC)

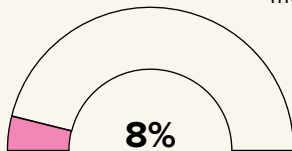
SEXUAL INTERCOURSE

Students were asked about engaging in sexual intercourse. **67% of students reported they had never had sexual intercourse.**



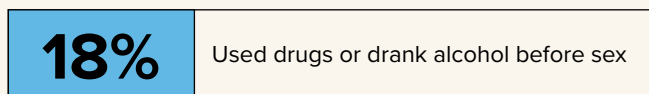
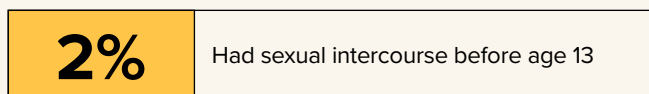
Ever had sexual intercourse ^a

Were currently sexually active (in the past 3 months) ^a

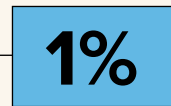


Had sexual intercourse with 4+ persons (lifetime) ^a

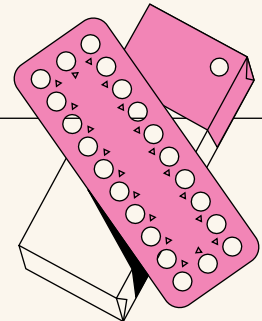
^a Increased significantly from 2021 based on t-test analysis, $p > 0.05$



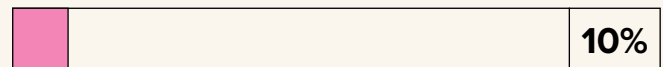
PREGNANCY & PREVENTION



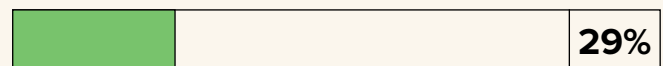
Have been pregnant or gotten someone pregnant



Before/during last sexual intercourse with a person of the opposite sex (in the past 3 months)



Did not use any method to prevent pregnancy

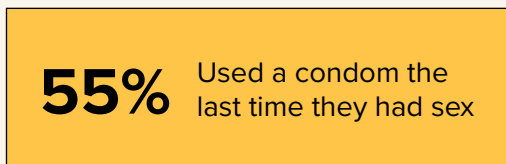


Used effective hormonal birth control before sexual intercourse

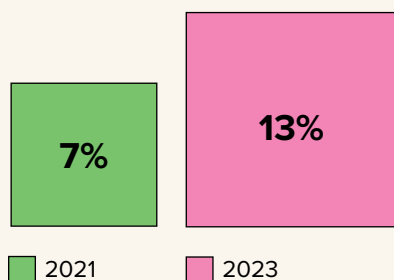


Used both a condom and effective hormonal birth control

CONDOM USE



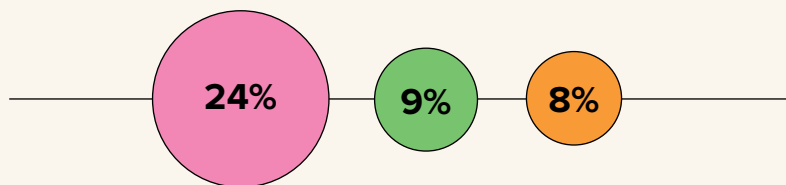
Accessed condoms from an adult at school in the past year ^b



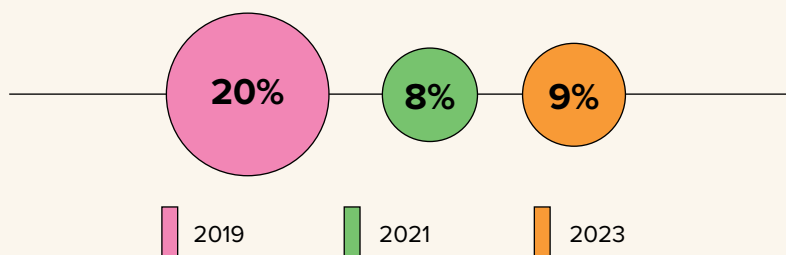
^b Increased significantly based on t-test analysis, $p > 0.05$

STD TESTING

Were ever tested for HIV ^c



Were tested for an STD other than HIV in the past year ^c

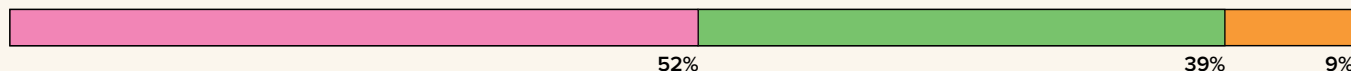


^c Decreased, 2019-2021; No significant change since 2021 based on t-test analyses, $p < 0.05$

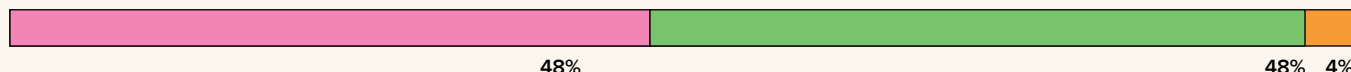
SEXUAL CONTACT

Students were asked with whom they had ever had sexual contact of any kind, not just sexual intercourse. These data points represent student behavior no matter how they reported their sexual orientation. **Among students who have ever had sexual contact, 19% have had sexual contact with only the same sex or with both sexes.**

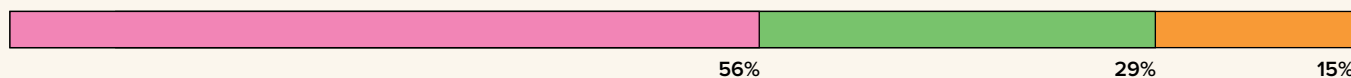
All Students



Male Students



Female Students

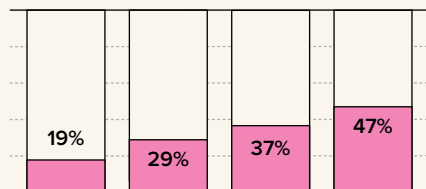


Legend: ■ Never had sexual contact ■ Only with opposite sex ■ With same sex only or with both sexes

A CLOSER LOOK BY GRADE LEVEL

Significant differences in sexual activity by grade level (based on t-test analyses, $p < 0.05$)

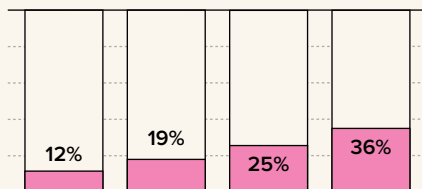
Ever had sexual intercourse ^d



Grade 9 Grade 10 Grade 11 Grade 12

^d 10th>9th, 11th>9th, 12th>9th, 12th>10th, 12th>11th

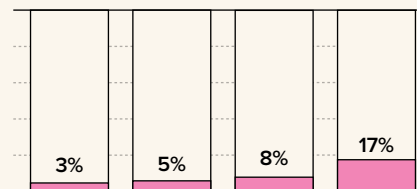
Were currently sexually active ^e



Grade 9 Grade 10 Grade 11 Grade 12

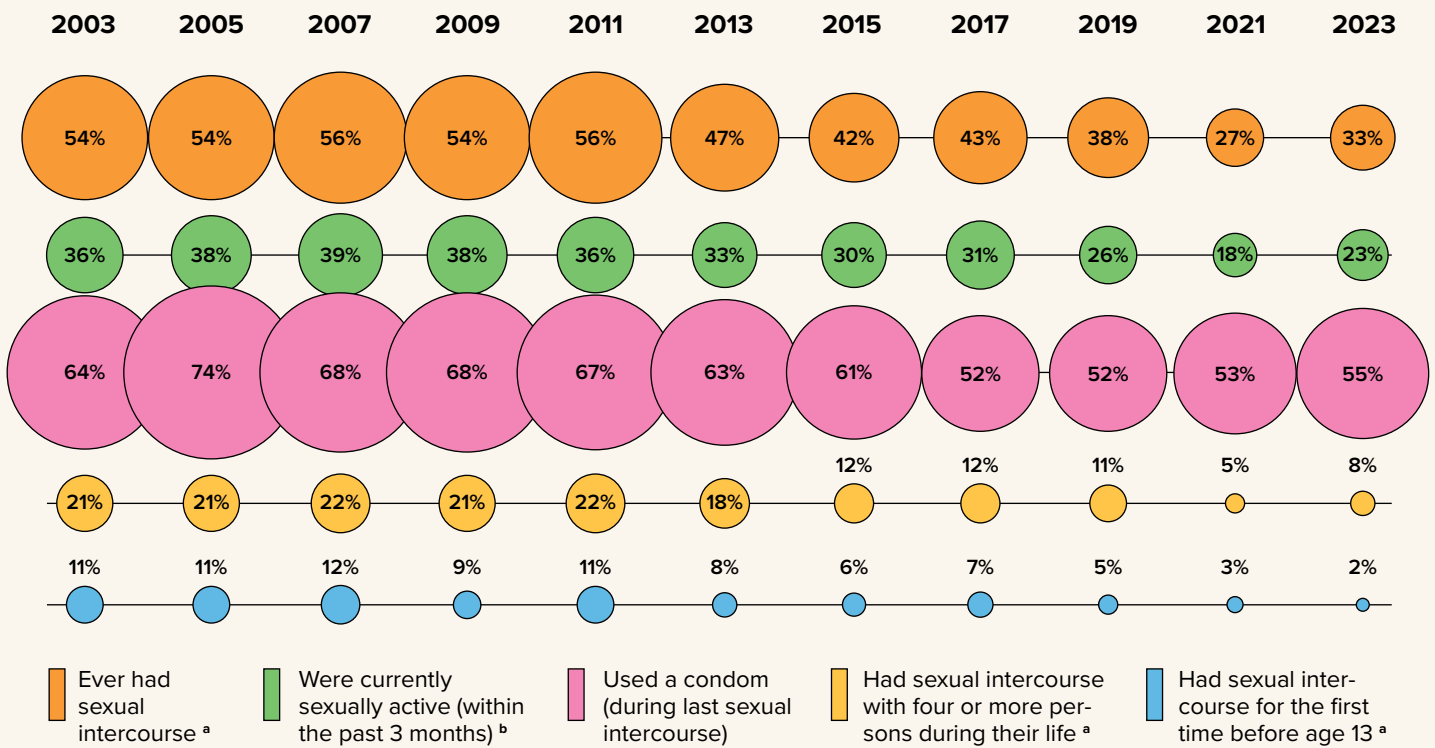
^e 11th>9th, 12th>9th, 12th>10th, 12th>11th

Has sexual intercourse with 4+ persons ^e



Grade 9 Grade 10 Grade 11 Grade 12

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05

Quadratic changes:

a No change, 2003-2011; Decreased, 2011-2023;

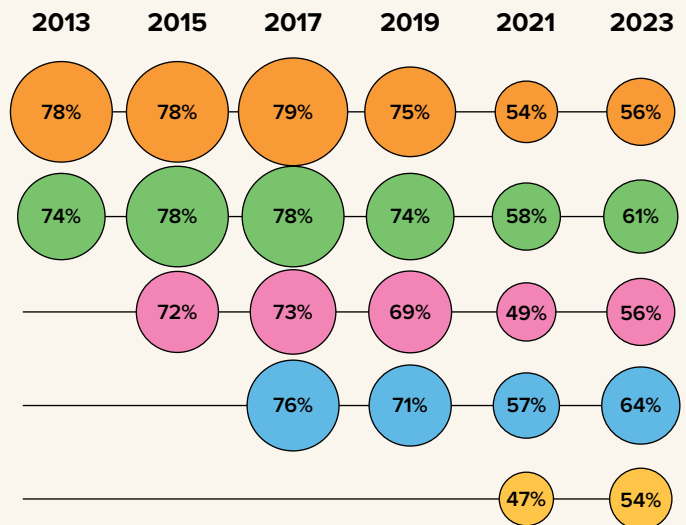
b No change, 2003-2009; Decreased, 2009-2023

INTERVENTION STRATEGIES

Boston Public Schools is working with the CDC and community partners to implement evidence-based strategies to delay the onset of sexual activity, prevent HIV, STDs, and unintended pregnancy, and promote sexual health through the Empowering Teens Through Health (ETTH) initiative. ETTH is designed to strengthen the quality of sexual health education, increase access to key sexual health services, and establish safe and supportive school environments for all students, including affirming LGBTQ+ students.

Sexual Health Education:

Have been taught in school about...

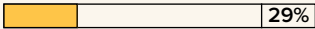
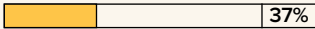
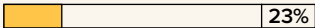
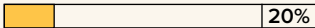




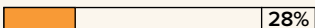
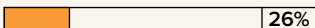
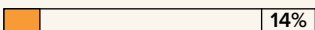
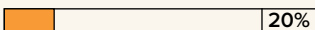
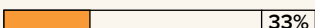
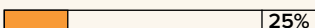


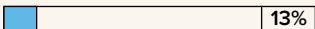
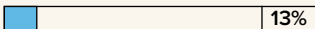
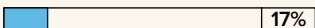
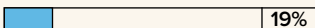
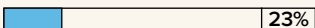
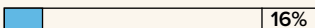


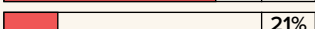
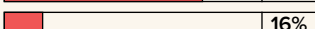
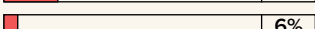
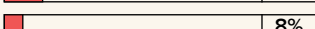
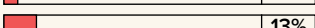
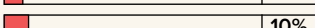
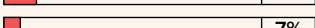
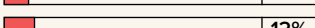
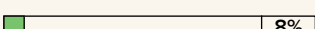
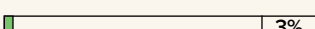
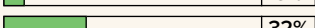
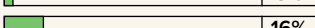
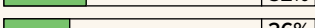
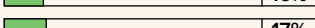
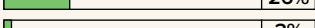
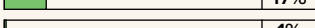
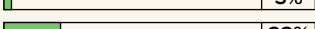
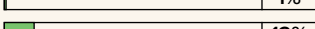




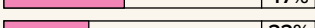
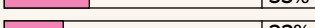
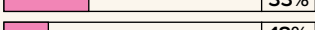
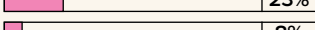
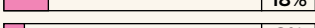
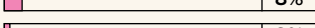


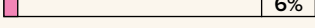
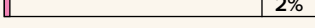


^f Decreased significantly based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05.

^g Increased significantly since 2021 based on t-test analyses, p<0.05

KEY SIGNIFICANT 10-YEAR TRENDS

Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p < 0.05$.

	2013	2023
PHYSICAL ACTIVITY		
Were physically active 60+ minutes/day on 5+ days/week *	 29%	 37%
Was not physically active for at least 60 minutes on any day *	 23%	 20%
DIETARY BEHAVIORS		
Drank water 3+ times daily *	 43%	 56%
Drank soda 1+ times daily *	 17%	 12%
Consumed fruits or fruit juice 2+ daily	 28%	 26%
Did not eat breakfast during last week	 14%	 20%
Ate breakfast on all 7 days	 33%	 25%
SOCIAL-EMOTIONAL & MENTAL HEALTH		
Experienced persistent sadness	 30%	 39%
Seriously considered attempting suicide	 13%	 13%
Purposely hurt themselves without wanting to die	 17%	 19%
Got 8 or more hours of sleep	 23%	 16%
INJURY & VIOLENCE		
Rarely or never wore a bicycle helmet *	 82%	 77%
Rode with a driver who had been drinking alcohol *	 21%	 16%
Were threatened or injured with a weapon on school property	 6%	 8%
Were bullied on school property *	 13%	 10%
Did not go to school because they felt unsafe	 7%	 12%
SUBSTANCE USE		
Currently smoked cigarettes *	 8%	 3%
Currently drank alcohol *	 32%	 16%
Currently used marijuana *	 26%	 17%
Ever used heroin *	 3%	 1%
Were offered, sold, or given an illegal drug on school property *	 22%	 12%
SEXUAL HEALTH		
Used a condom	 63%	 55%
Ever had sexual intercourse *	 47%	 33%
Were currently sexually active *	 33%	 23%
Have had sexual intercourse with 4+ persons *	 18%	 8%
Had sexual intercourse before age 13 *	 8%	 2%
Have been pregnant or gotten someone pregnant *	 6%	 2%
Ever tested for HIV (other than donating blood)	 24%	 8%

* Trends improving



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**For more information about the YRBS
and comprehensive trends & subgroup results:**



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