

2023 BOSTON MIDDLE SCHOOL YOUTH RISK BEHAVIOR SURVEY

WHAT BPS MIDDLE SCHOOL STUDENTS
TOLD US ABOUT THEIR HEALTH

Message from the Superintendent

The Boston Youth Risk Behavior Survey (YRBS) has provided valuable information about our middle school students since 2013. The YRBS asks students questions about behaviors that impact their physical, mental, and social-emotional health. We can see changes over the past decade and use these data to understand the prevalence of risk behaviors at a critical developmental time for young people. For each area of health, this publication outlines the many actions BPS takes to address student well-being.

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. 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. This data has and will continue to drive BPS investments in student support services.

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. To address the health risk behaviors in this publication, 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 2013, BPS has administered the Middle School survey 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 1,344 students in 30 BPS middle schools in Boston during the spring of 2023. The school response rate was 100%, the student response rate was 78%, and the overall response rate was 78%. The weighted results are representative of all BPS students in grades 6-8. 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 middle 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.

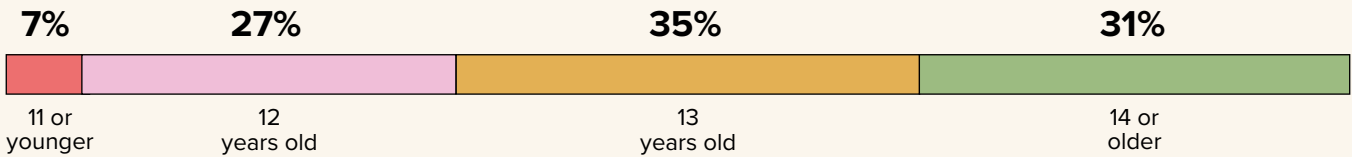
(Source: CDC).

NOTE ON SUBGROUP DATA BASED ON RACE & ETHNICITY

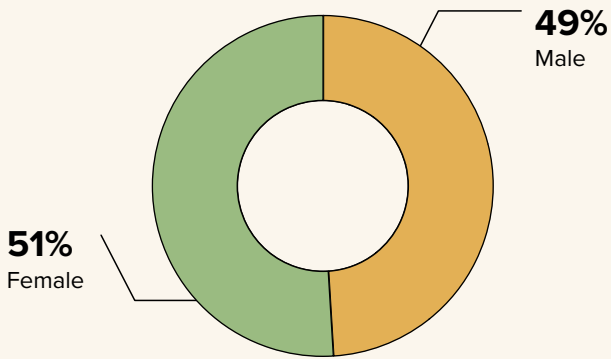
Throughout this publication, we use the race and ethnicity categories established by the CDC's research methodology. Race/Ethnicity is determined by two questions: 1) "Are you Hispanic or Latino?" and 2) "What is your race?". Students are categorized as Hispanic if they answered "yes" to the first question, regardless of how they answered the second question. We use the term Latinx in our publication. 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

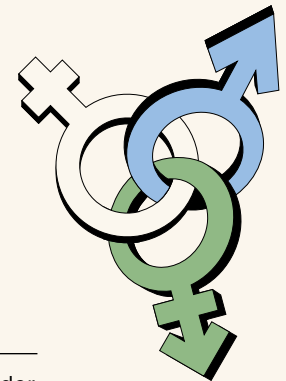


SEX



GENDER IDENTITY

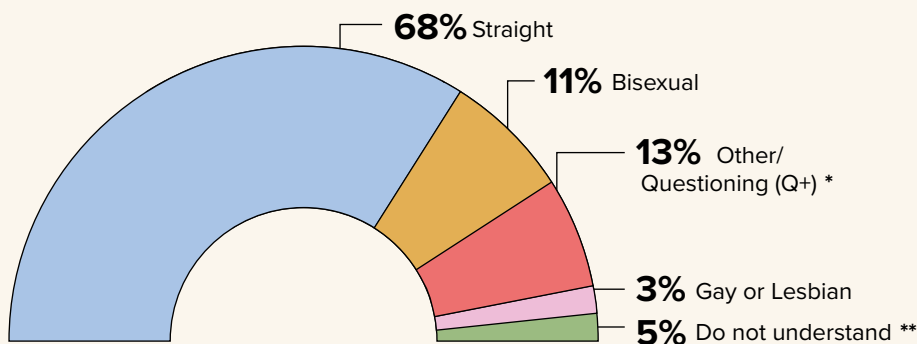
Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender.



- 2%** I am transgender
- 3%** 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 identify in some other way or to report that they were not sure about their sexual identity. This allows us to better assess the prevalence of students who identify as LGBTQ+.



27%
of students identify as Lesbian, Gay, Bisexual (LGB), or Other/Questioning (Q+)

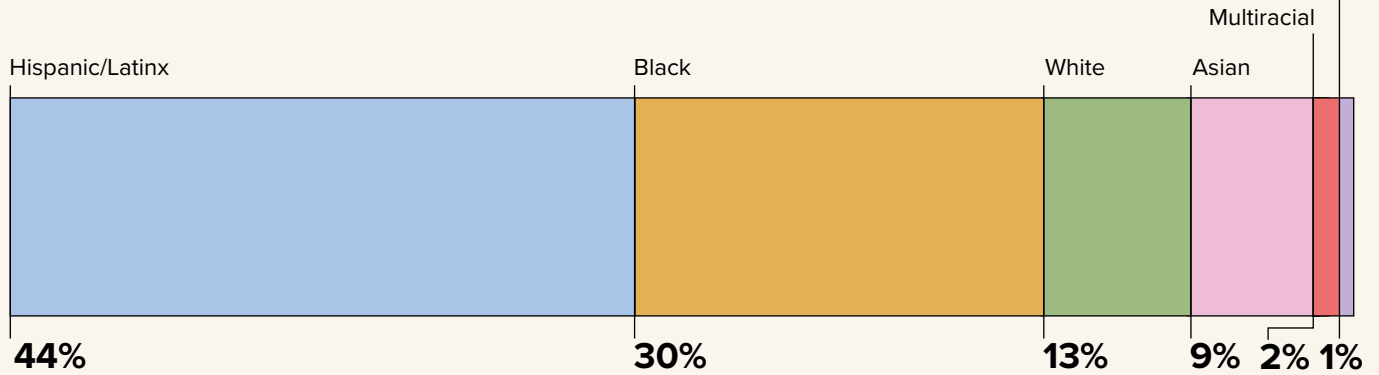
* Includes students who responded 'I describe my sexual identity some other way' or 'I am not sure about my sexual identity (questioning)'
 ** Includes students who responded 'I don't know what this question is asking'

RACE/ETHNICITY

Hispanic/Latinx:

Non-Hispanic/Latinx:

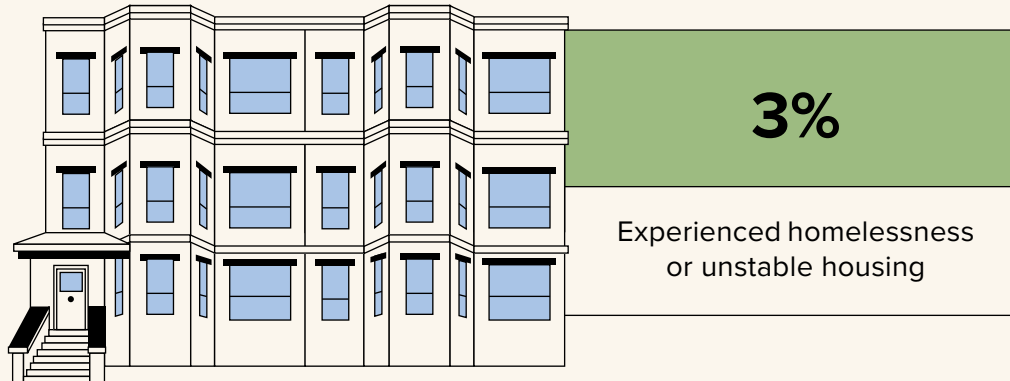
Other Racial Identities



Hispanic/Latinx students come from a variety of racial backgrounds. Approximately, **98%** of them identified with one or more racial categories. **2%** did not identify with any racial category.

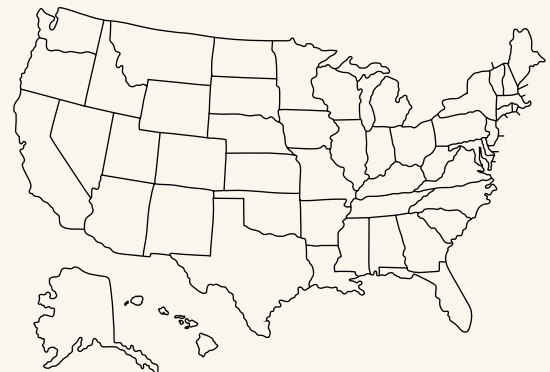
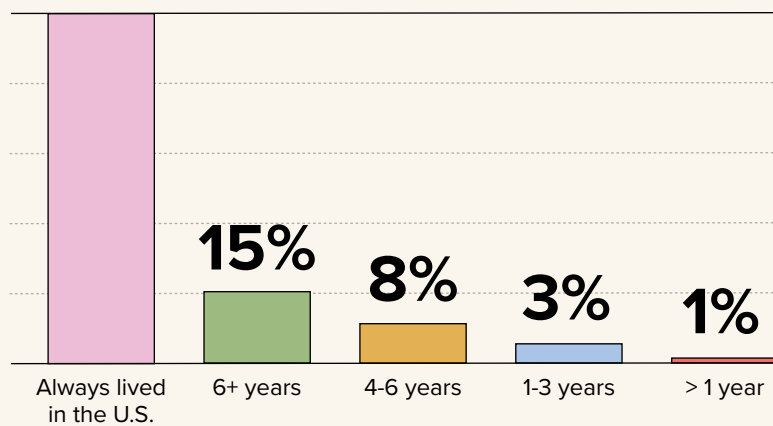
American Indian, Alaska Native, or Native American; Native Hawaiian or Other Pacific Islander; or none of the racial identities offered

HOUSING



TIME LIVED IN THE UNITED STATES

73%



What BPS high school students told us about...

PHYSICAL ACTIVITY

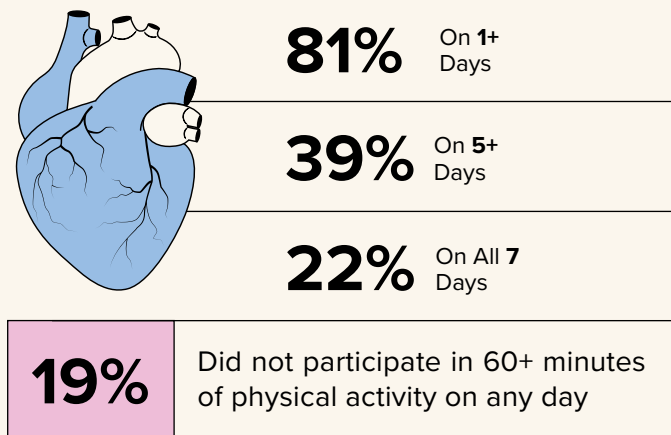
RISK & PROTECTIVE FACTORS

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)

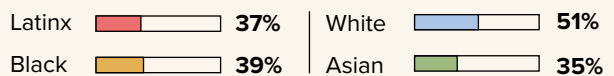
MODERATE-TO-VIGOROUS PHYSICAL ACTIVITY

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 5 students** met the CDC's guidelines for daily physical activity.



SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY

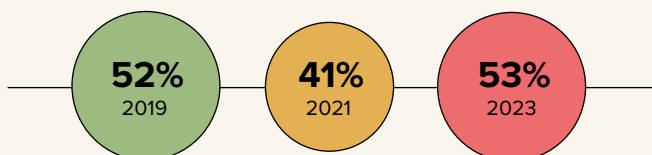
Latinx, Black, and Asian students were less likely to participate in **at least 60 minutes of physical activity on 5+ days** compared to White students.^a



^a Based on t-test analyses, p<0.05

SPORTS

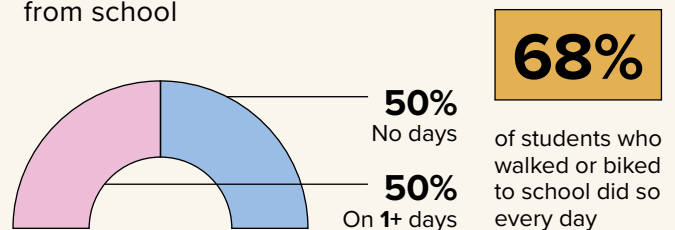
Played on at least one sports team ^b



^b Significant increase from 2021 to 2023 based on t-test analyses, p<0.05

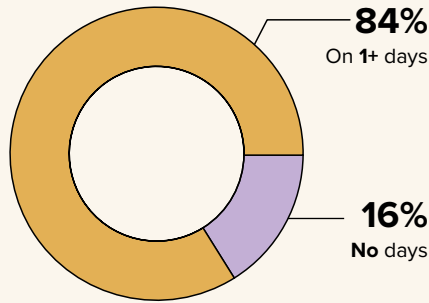
ACTIVE TRANSPORTATION

Walk or ride a bicycle to or from school



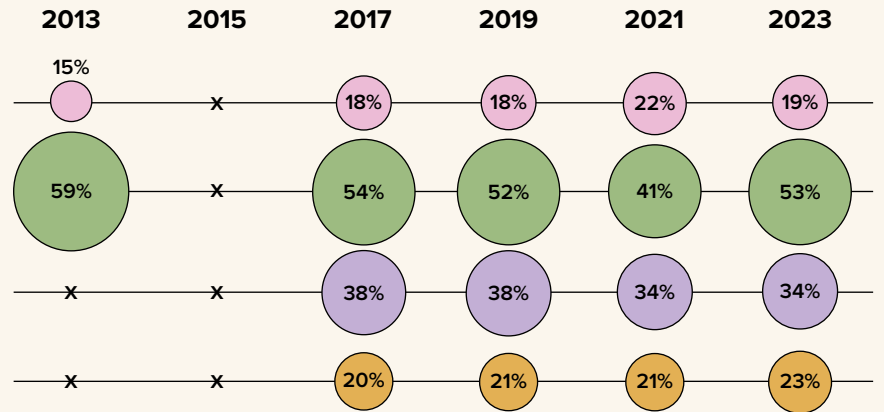
PHYSICAL EDUCATION

Attended physical education (PE) classes in an average week



18%
of students who attended PE classes did so on all 5 days

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



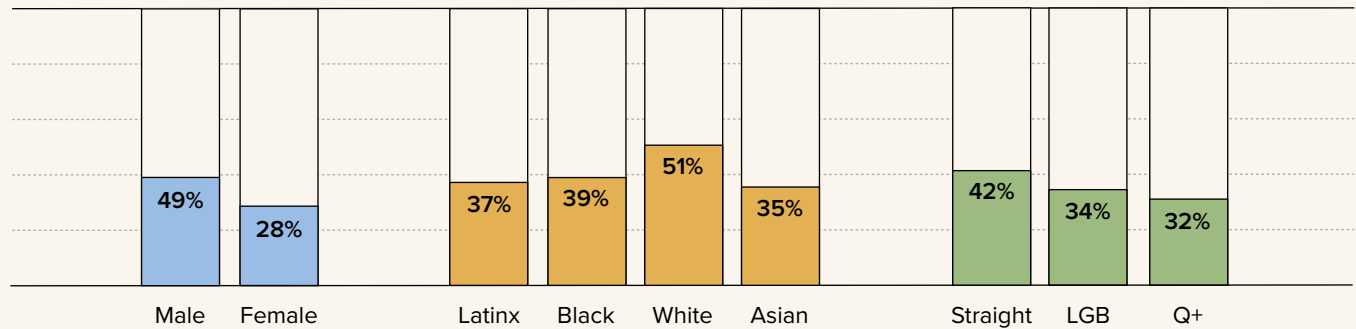
■ Was not physically active for at least 60 minutes on any day
■ Played on at least one sports team
■ Walked or biked to or from school every day
■ Had a concussion from playing a sport or being physically active

x = no data point; MS YRBS not administered in 2015

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

A CLOSER LOOK AT PHYSICAL ACTIVITY PARTICIPATION

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



^c M > F | W > A, W > B, W > L | Straight > Q+

INTERVENTION STRATEGIES

During School	Before/After School	Community-Wide
<ul style="list-style-type: none"> At least 45 min of Physical Education weekly. Movement opportunities in the classroom. At least 20 min of daily recess. 	<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,

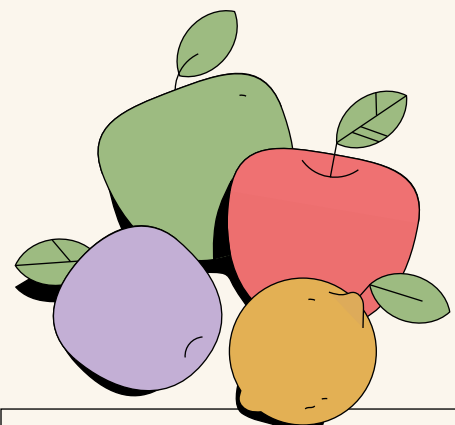
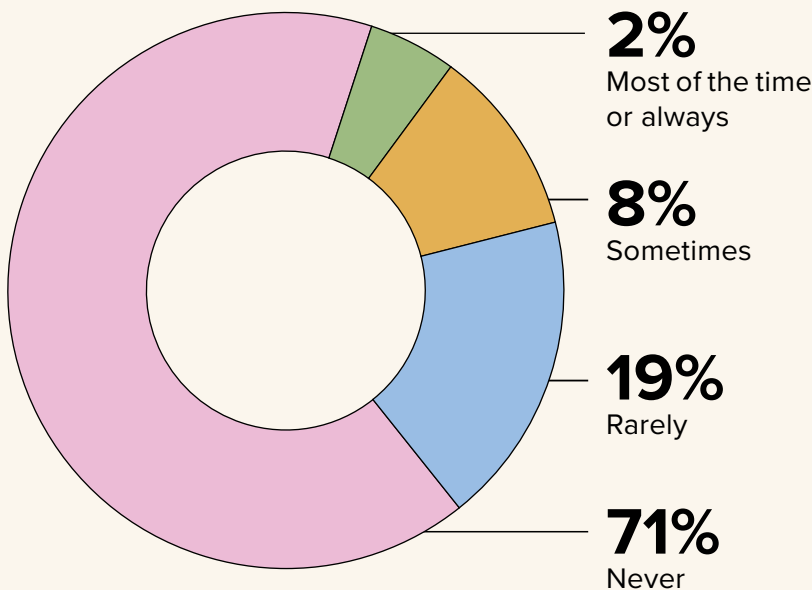
cancer, osteoporosis, iron deficiency, and dental cavities. Food insecurity puts youth at risk of developing these health issues.

(Source: CDC, SAMHSA)

HUNGER

Hunger is the feeling of not having enough food to eat. It is distinct from food insecurity which is defined as a lack of consistent access to enough food for everyone in a household to live an active, healthy life. Hunger can be a result of food insecurity.

Middle school students were asked **if they ever went hungry because of a lack of food in their home in the past month.**



10%
experienced hunger sometimes, most of the time or always the past month

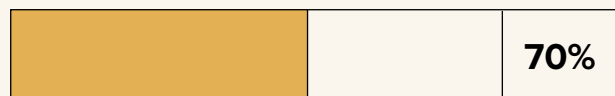
DAILY BEVERAGES



Drank soda on the previous day

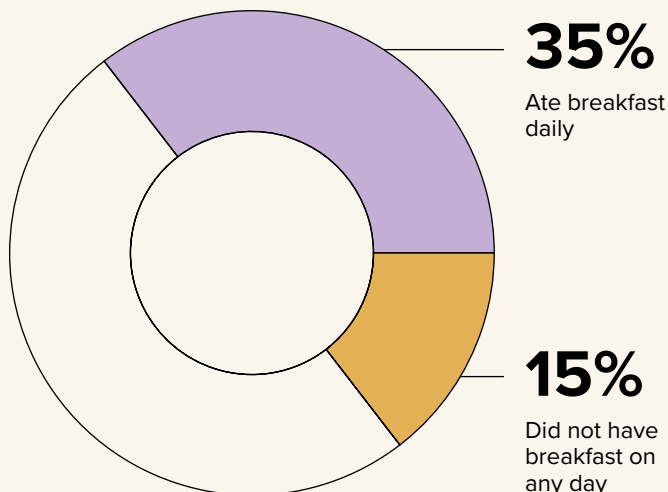


Did not drink water on the previous day



Drank 3+ glasses of water on the previous day

MEALS



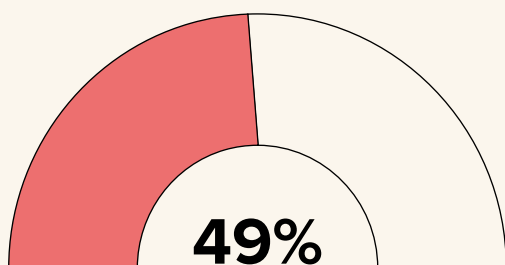
35%

Ate breakfast daily

15%

Did not have breakfast on any day

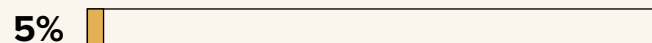
WEIGHT LOSS



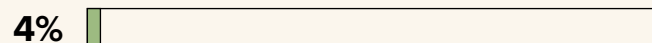
Were trying to lose weight

UNHEALTHY WEIGHT CONTROL

To lose weight or keep from gaining weight in the past month

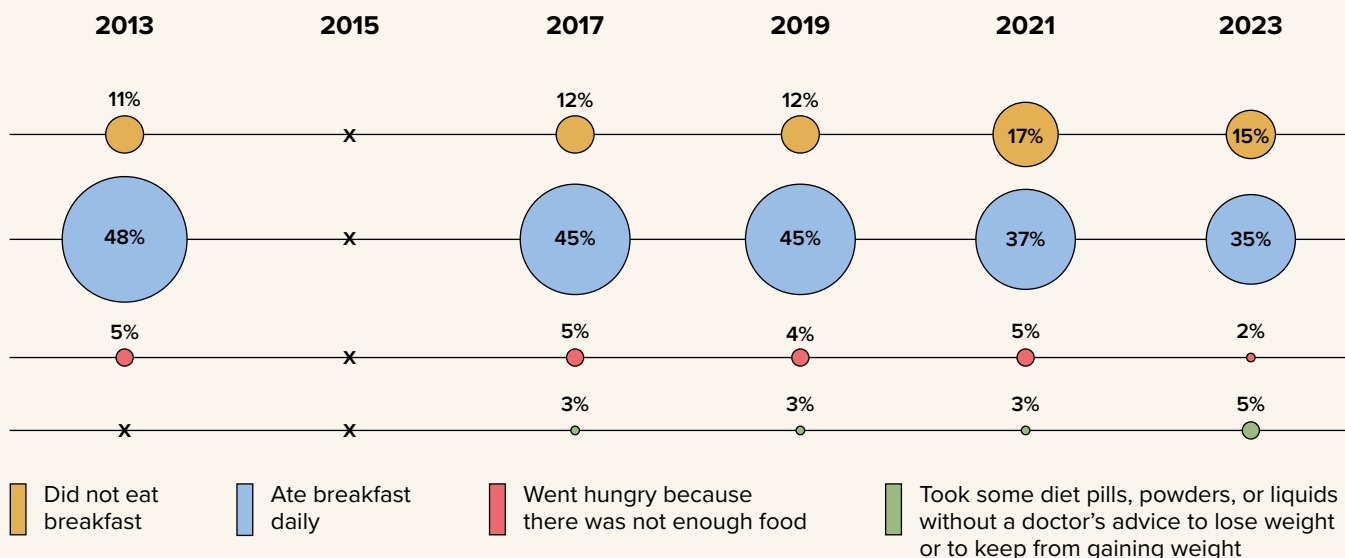


Used diet aids, such as pills, powders, or liquids without a doctor's advice



Vomited or took laxatives

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



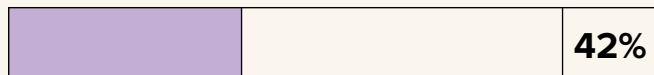
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† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05

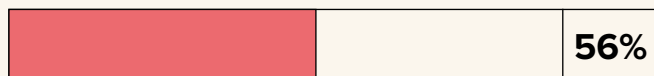
A CLOSER LOOK BY SEX

Significant differences in **weight loss behavior, eating breakfast, and unhealthy weight management** (based on t-test analyses, $p < 0.05$).

Were trying to lose weight ^a

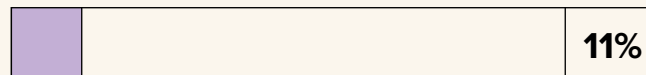


Male

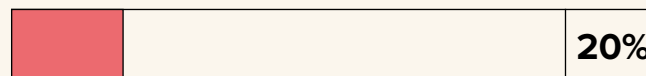


Female

Did not eat breakfast on any day ^a

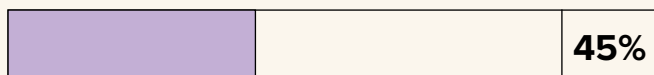


Male



Female

Ate breakfast daily ^b



Male



Female

^a F > M; ^b M > F

Vomited or took laxatives to manage weight ^a



Male



Female

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.

Smart Snacks

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

Access to Drinking Water

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

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

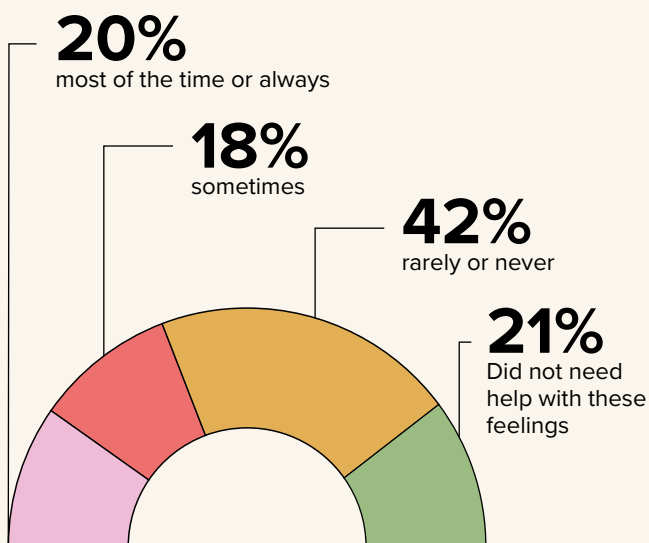
suicide. School, community, and family connectedness can be protective factors, as well as proper nutrition, physical activity, and sufficient sleep.

(Source: CDC)

GETTING HELP

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

Got the help they needed:



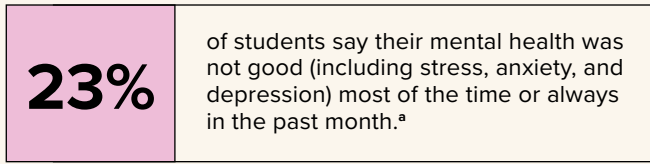
SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY

White students were more likely than Latinx, Black, and Asian students to report that when they feel sad, empty, hopeless, angry, or anxious they **most of the time or always get the kind of help they need.**^a

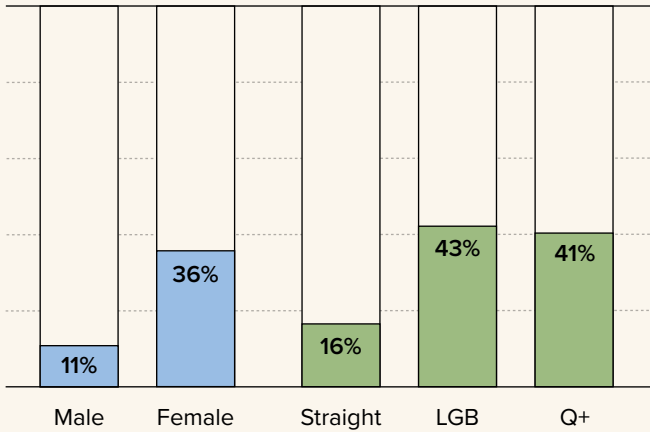


^a Based on t-test analyses, $p < 0.05$

MENTAL HEALTH

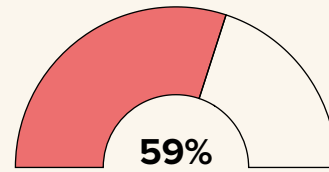


SIGNIFICANT DIFFERENCES BY SEX AND SEXUAL IDENTITY:



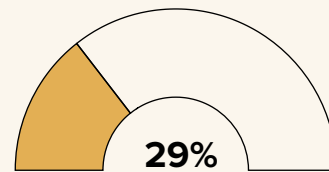
^a F>M | LGBQ+>Straight (based on t-test analyses, p>0.05)

EXPERIENCE OF BIAS



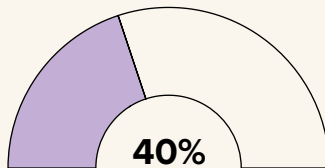
Ever felt that they were treated badly or unfairly because of their race or ethnicity during their lifetime

MISSING SCHOOL



Missed one or more days of school in the past month because of their asthma (among the 24% of students who have asthma)

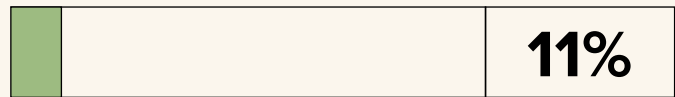
PERSISTENT SADNESS & SUICIDALITY



Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past year



Ever seriously thought about killing themselves



Ever tried to kill themselves

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.



Got 8+ hours of sleep on an average school night *

*Significant decrease from 48% in 2021 based on t-test analyses, p>0.05

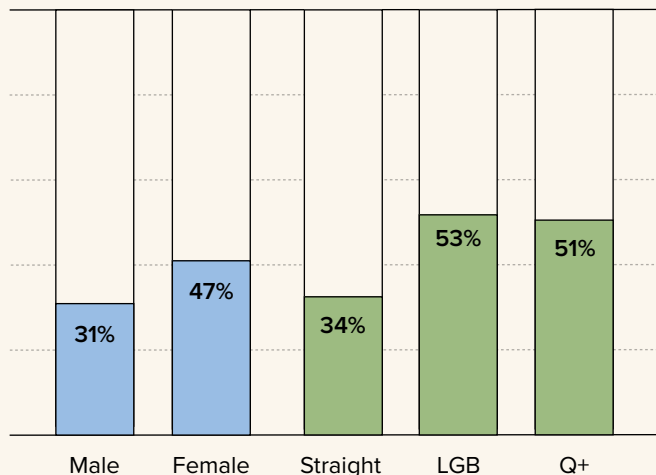


BULLYING

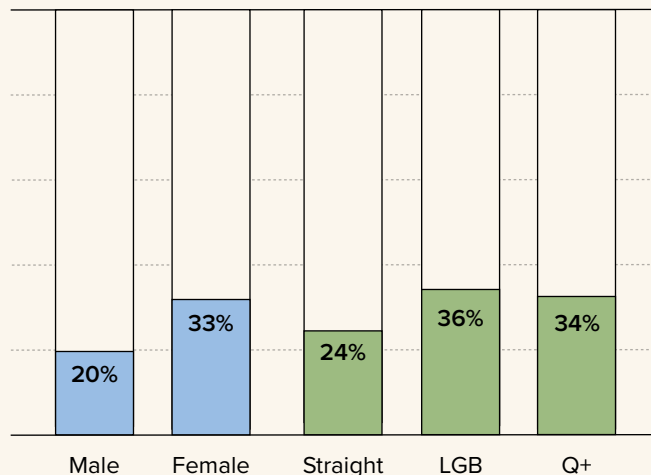
Bullying is defined as when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again.

SIGNIFICANT DIFFERENCES BY SEX AND SEXUAL IDENTITY:

39% of students were ever bullied on school property ^a



26% of students were ever electronically bullied ^a



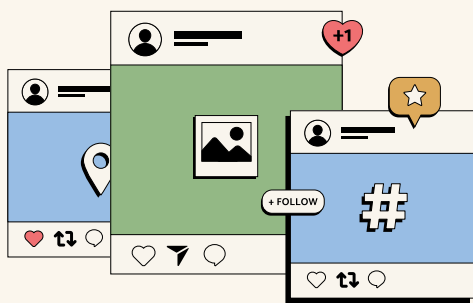
^a F>M | LGBQ+>Straight (based on t-test analyses, p>0.05)

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 and also reported more positive mental health outcomes.

(Source: CDC)

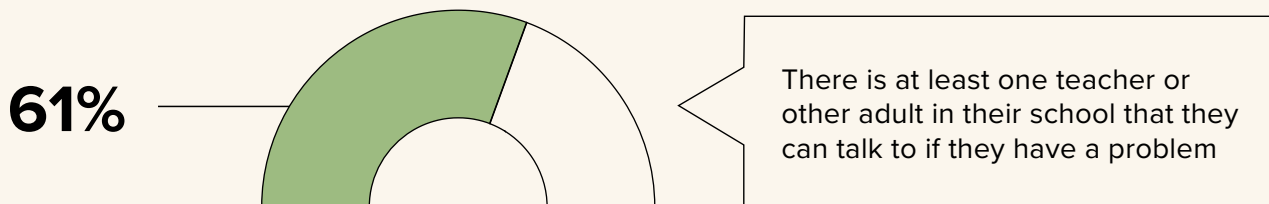


Used social media several times a day

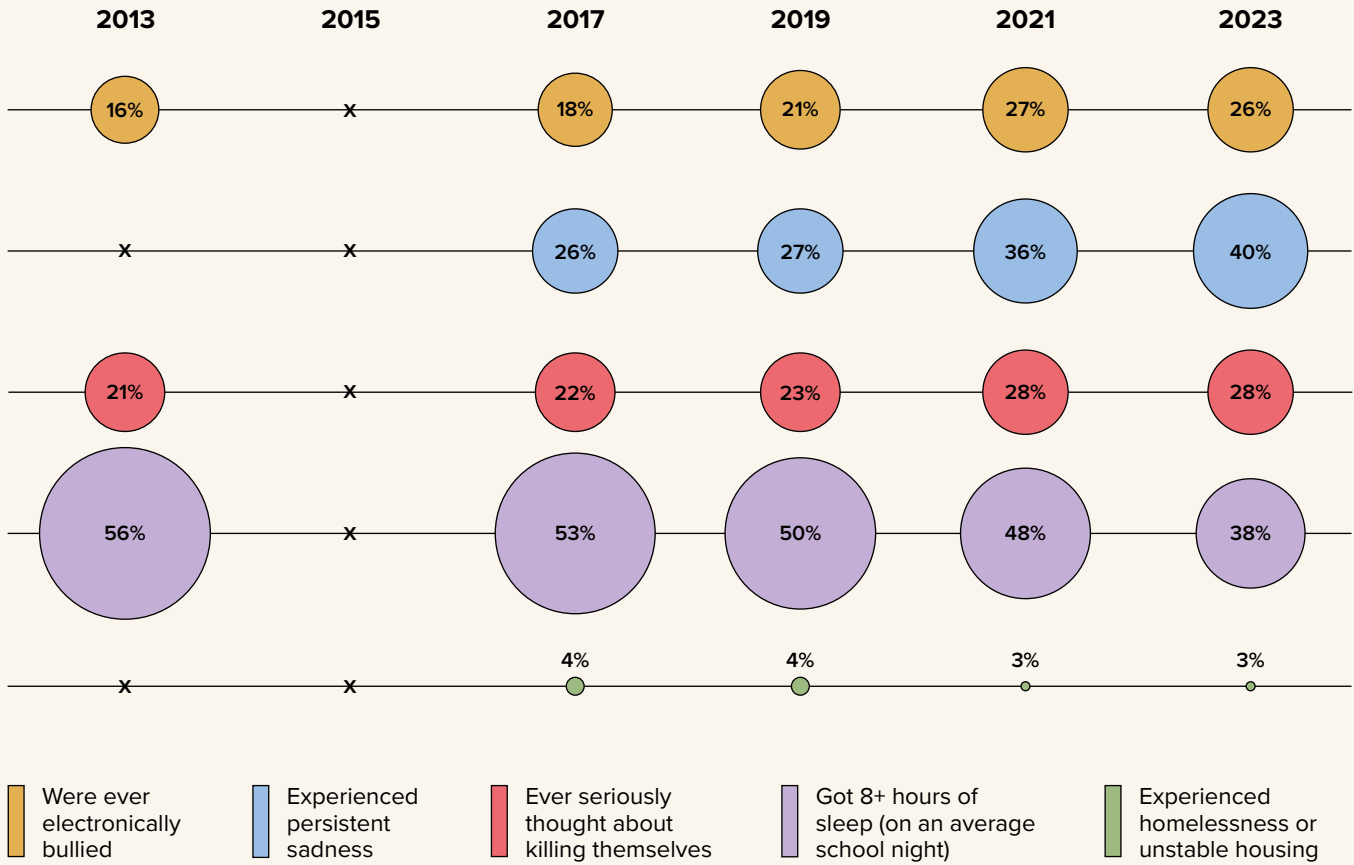


Used social media more than once an hour

SCHOOL SUPPORT



LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



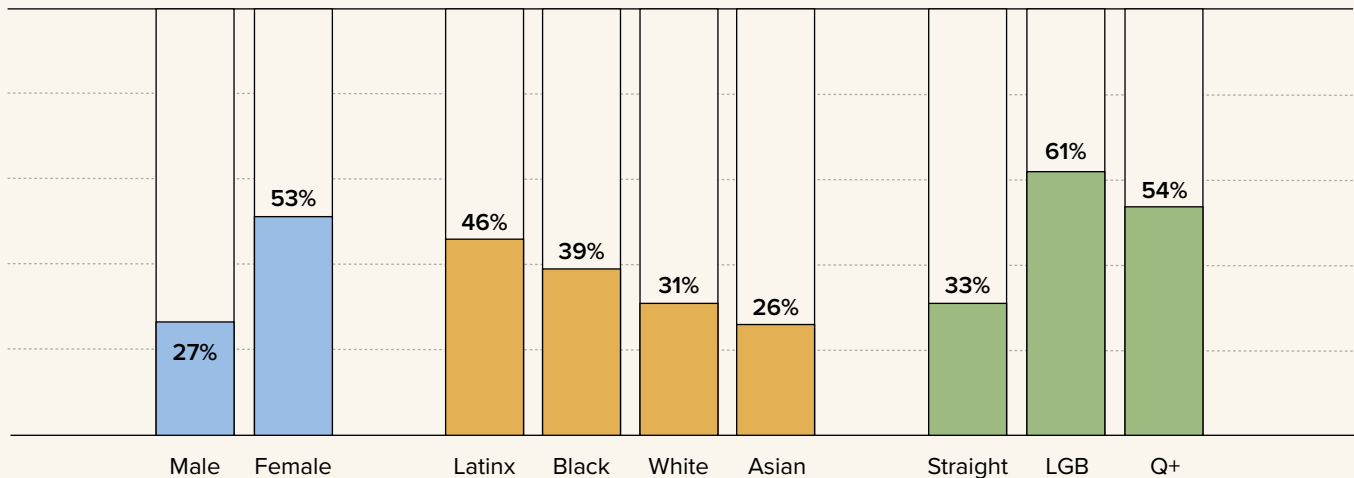
x = no data point; MS YRBS not administered in 2015

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

A CLOSER LOOK BY SEX, RACE/ETHNICITY & SEXUAL ORIENTATION

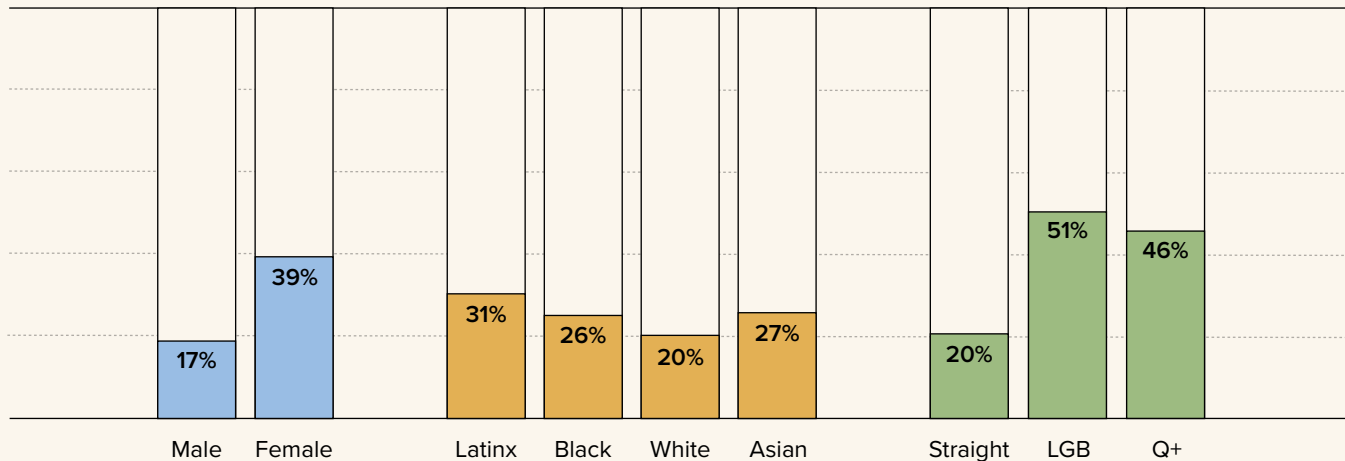
Significant differences in **behaviors related to suicidality** (based on t-test analyses, $p < 0.05$).

Experienced Sadness ^d



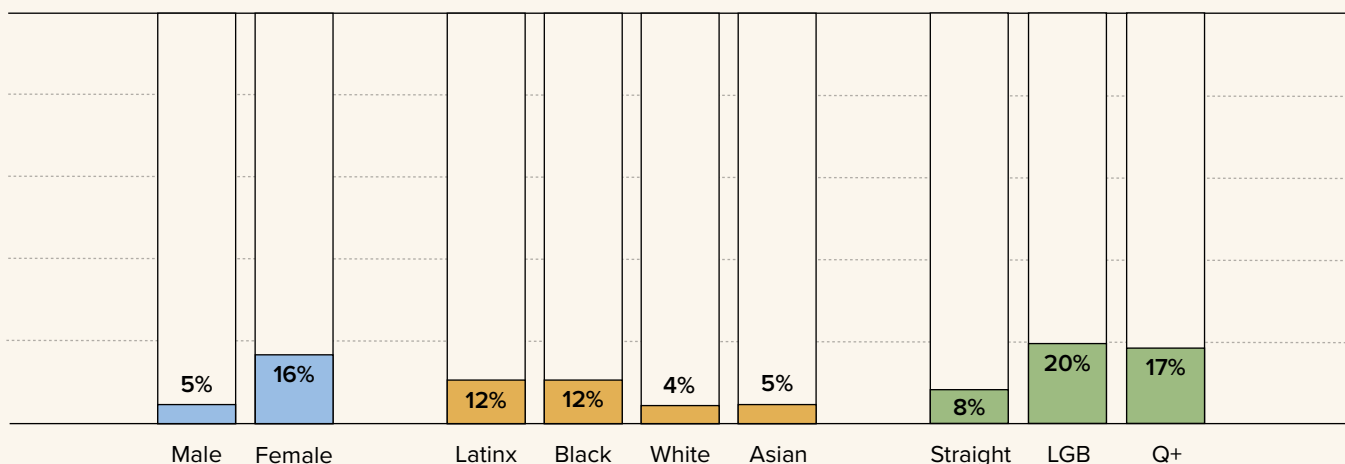
^d F > M | B > A, L > A, L > W | LGBQ+ > Straight

Ever seriously thought about killing themselves ^e



^e F>M | L>W | LGBQ+>Straight

Ever Tried to Kill Themselves ^f



^f F>M | B>A, B>W, L>A, L>W | LGBQ+>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:

Tier 1

Universal approaches to social-emotional learning for all students.

Tier 2

Group interventions for some students that need extra support.

Tier 3

Additional individualized support and services for a few students.

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

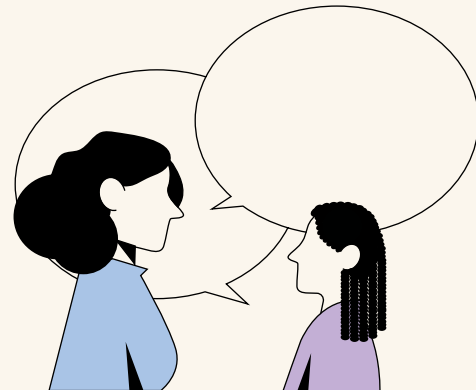
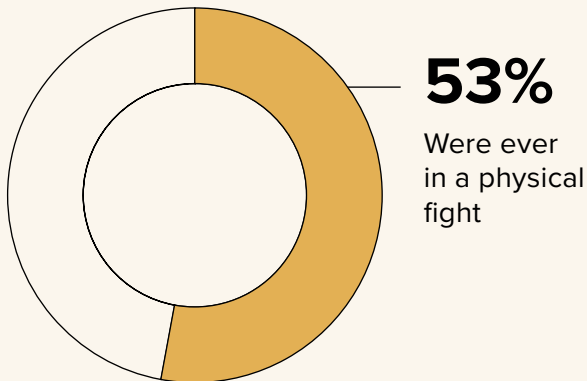
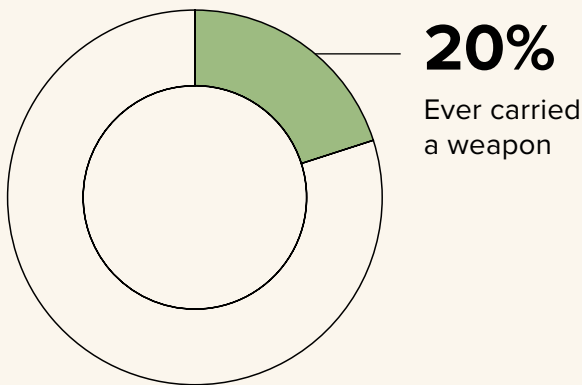
RISK & PROTECTIVE FACTORS

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.

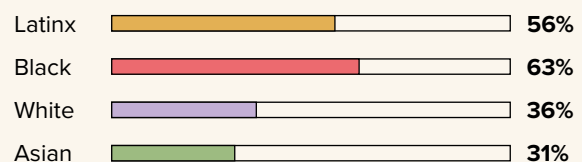
(Source: CDC)

VIOLENCE



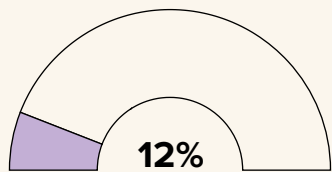
SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY

Black and Latinx students were more likely to have **been in a physical fight** than White and Asian students.^a



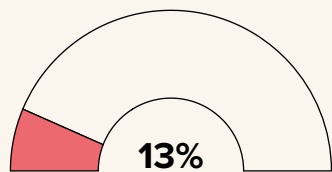
^a Based on t-test analyses, $p < 0.05$

DATING & SEXUAL VIOLENCE



Ever experienced sexual violence

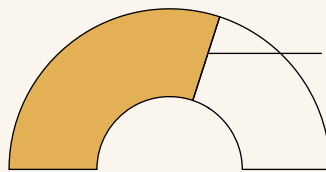
Sexual Violence: When someone forces you to do sexual things that you did not want to do, such as kissing, touching, or being physically forced to have sexual intercourse.



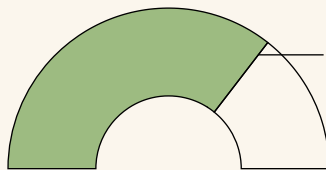
Ever experienced emotional dating violence

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.

TRANSPORTATION SAFETY



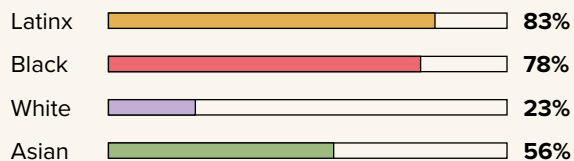
60% Did not always wear a seat belt when riding in a car



70% Rarely or never wore a bike helmet when riding a bike

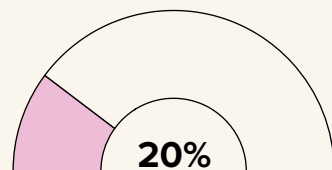
SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY

Black and Latinx students are more likely to **rarely or never wear a bike helmet when riding a bike** than White and Asian students; Asian students are also more likely than White students.^b

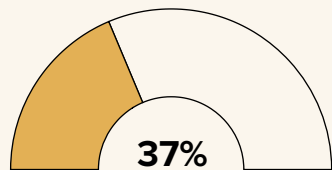


^b Based on t-test analyses, $p < 0.05$

SWIMMING



Do not know how to swim



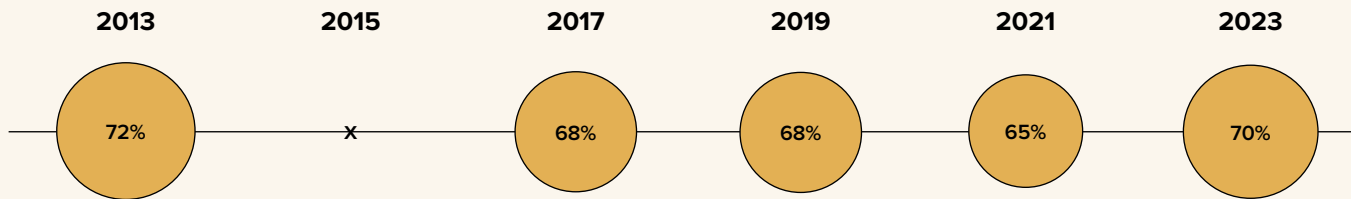
Can swim the entire length of the pool

SPORTS INJURY



Had a concussion from playing a sport or being physically active

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



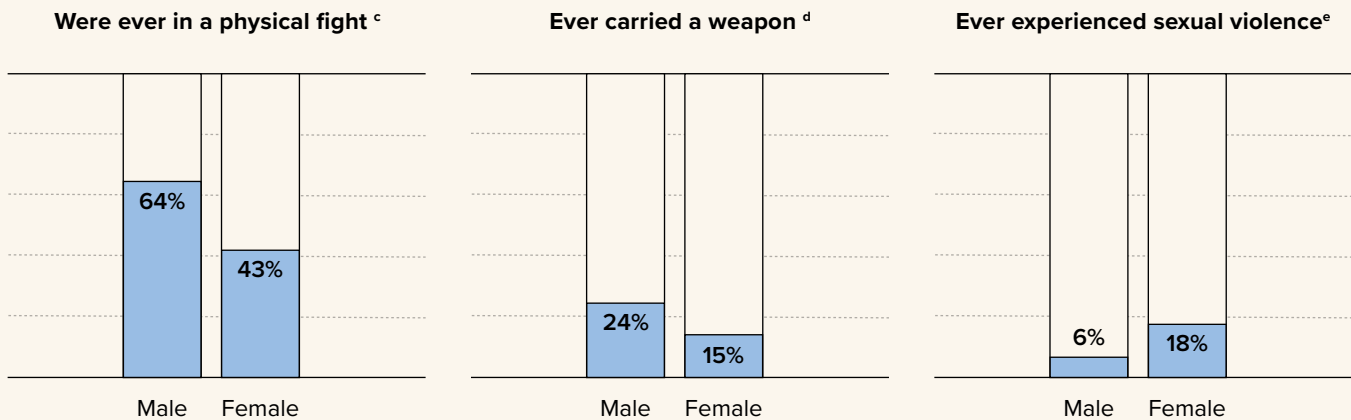
■ Rarely or never wore a bicycle helmet when they rode a bicycle

x = no data point; MS YRBS not administered in 2015

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

A CLOSER LOOK BY SEX

Significant differences in **fighting, carrying a weapon, and experiences of sexual violence** (based on t-test analyses, $p < 0.05$).



^c M>F; ^d M>F; ^e F>M

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

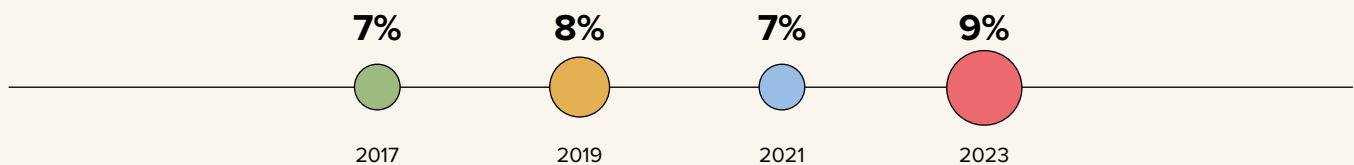
of physical and mental illnesses. Strong family, school, and community involvement and connectedness are particularly important to building healthy decision-making skills.

(Source: CDC, SAMHSA)

VAPING NICOTINE

Vaping is an emerging issue of concern among youth. Keeping an eye on this data point as vaping becomes more accessible to young people is important.

Currently used vaping products ^a



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

SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY

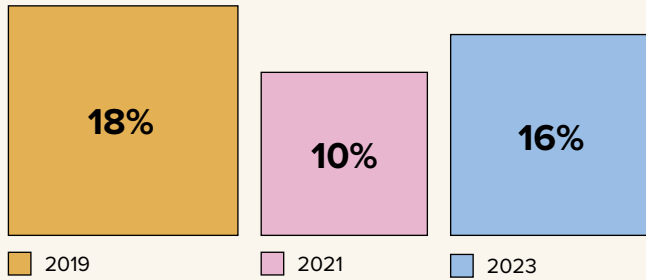
Black, White, and Latinx students are more likely to **have used nicotine vaping products** compared to Asian students.^b



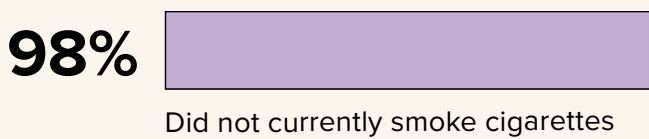
^a Based on t-test analyses, $p < 0.05$

TOBACCO USE

Ever used cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, or vaping products.^c

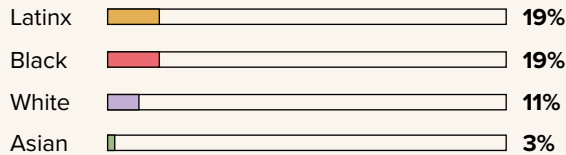


^cSignificant increase from 2021 to 2023 based on t-test analyses, $p < 0.05$



SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY

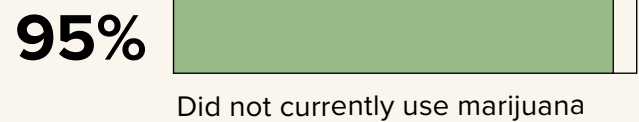
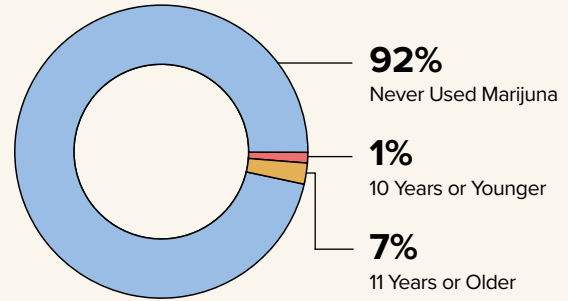
Black, White, and Latinx students are more likely to **have used tobacco products** in their lifetime compared to Asian students.^d



^d Based on t-test analyses, $p < 0.05$

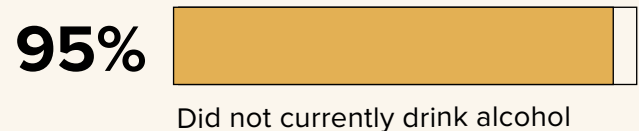
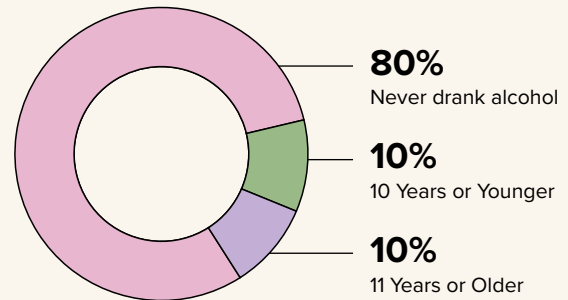
MARIJUANA USE

Age first used marijuana

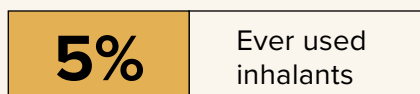
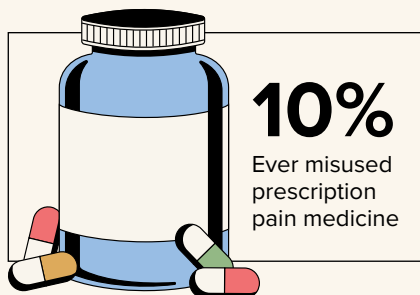


ALCOHOL USE

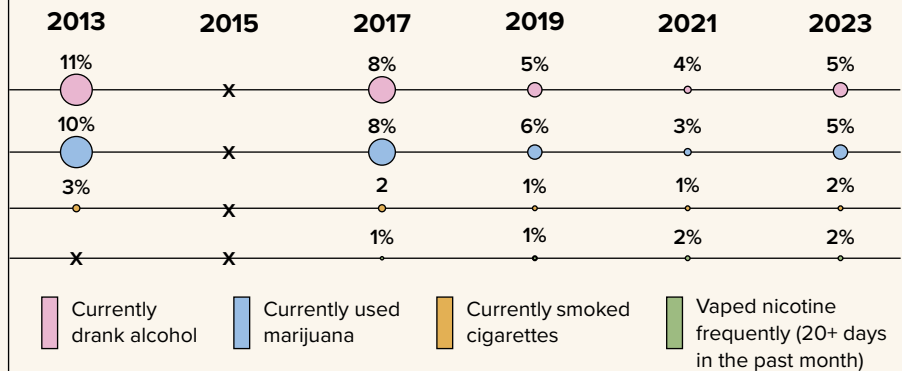
Age first drank alcohol



OTHER DRUG USE



LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



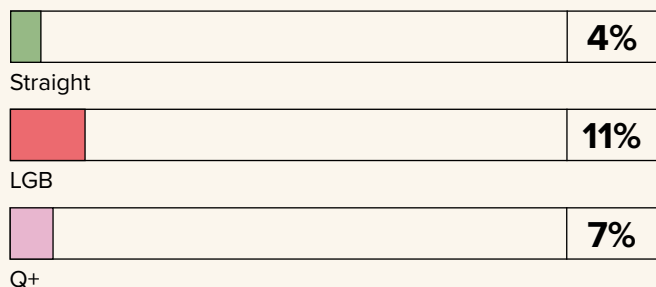
x = no data point; MS YRBS not administered in 2015

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

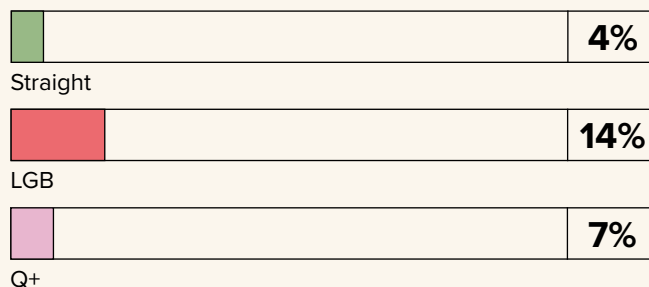
A CLOSER LOOK BY SEXUAL IDENTITY

Significant differences in **current vaping and ever-using alcohol, marijuana, and tobacco products** (based on t-test analyses, $p < 0.05$).

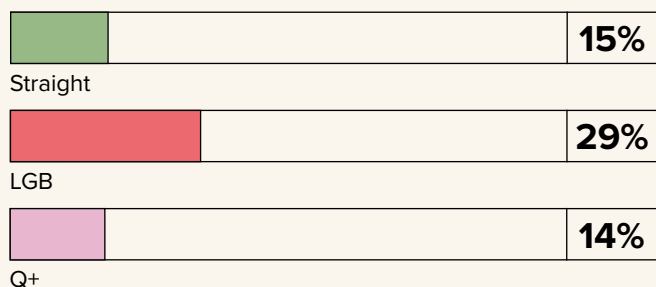
Currently drank alcohol ^e



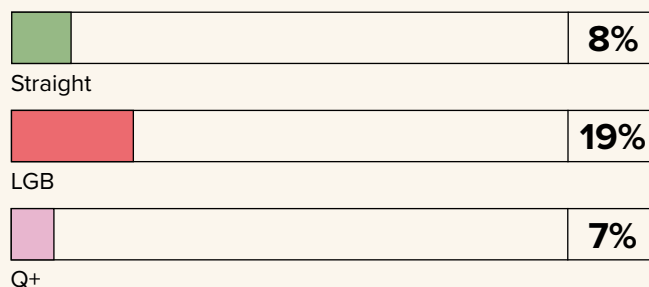
Currently used marijuana ^e



Ever used cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, or vaping products ^f



Used vaping products in the past month ^f



^e LGB>Straight; ^f LGB>Straight, LGB>Q+

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 LGBTQ+ 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

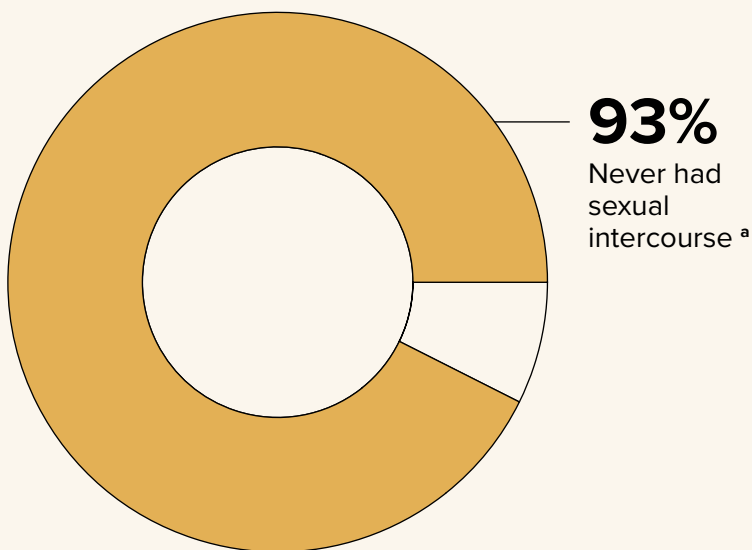
RISK & PROTECTIVE FACTORS

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.

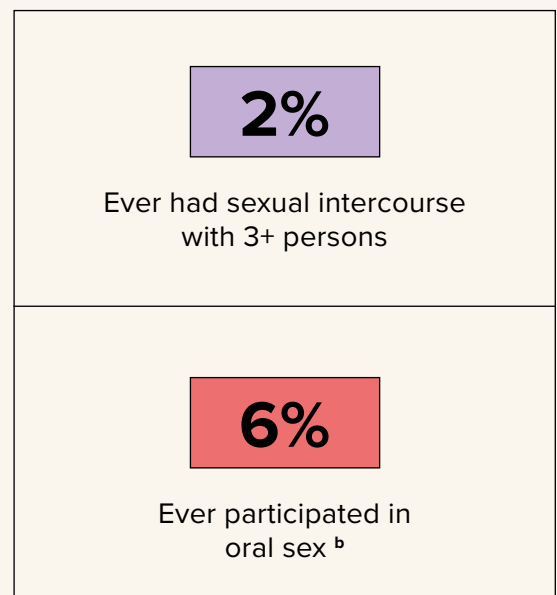
(Source: CDC)

SEXUAL ACTIVITY



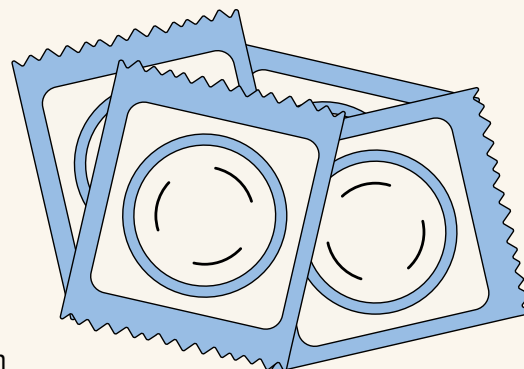
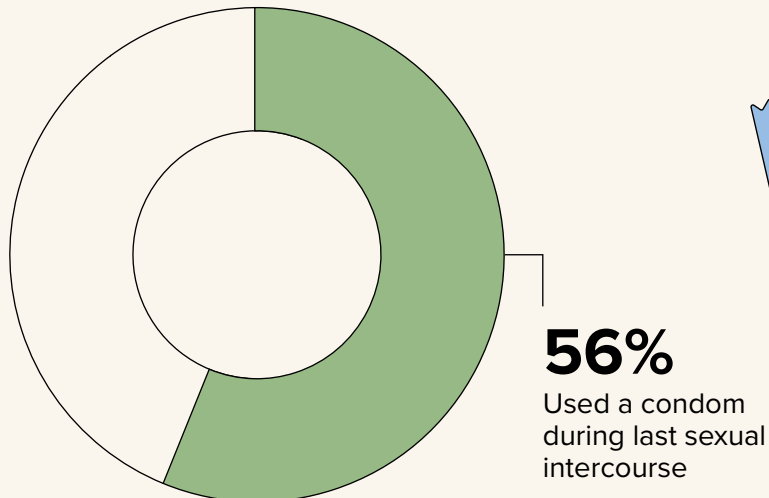
^a Significantly decreased from 97% in 2021, based on t-test analyses, $p < 0.05$

^b Significantly increased from 3% in 2021, based on t-test analyses, $p < 0.05$



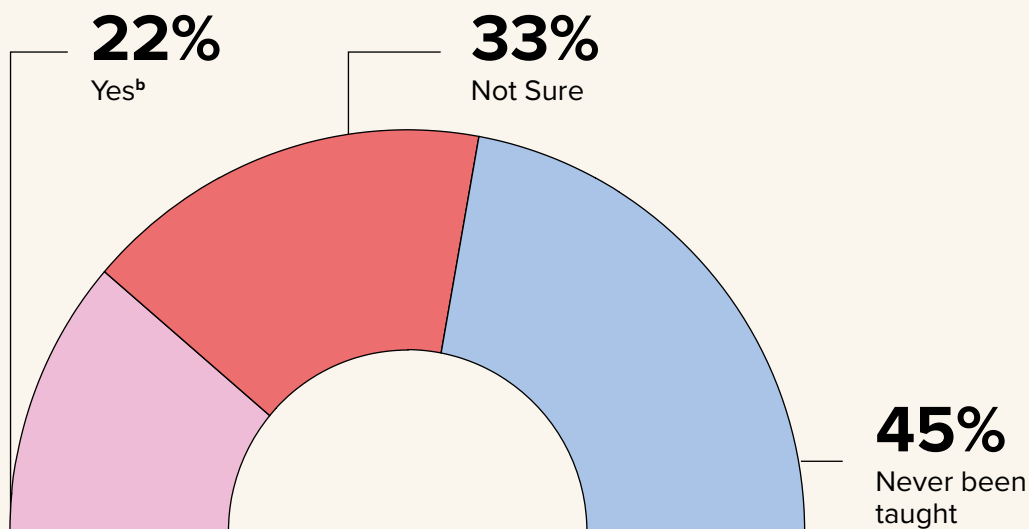
CONDOM USE

Among **7%** of students who have ever engaged in sex



HIV/AIDS EDUCATION

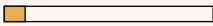
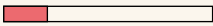
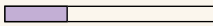
Have ever been taught about AIDS/HIV in school



^b Significant increase from 13% in 2021 based on t-test analyses, $p < 0.05$

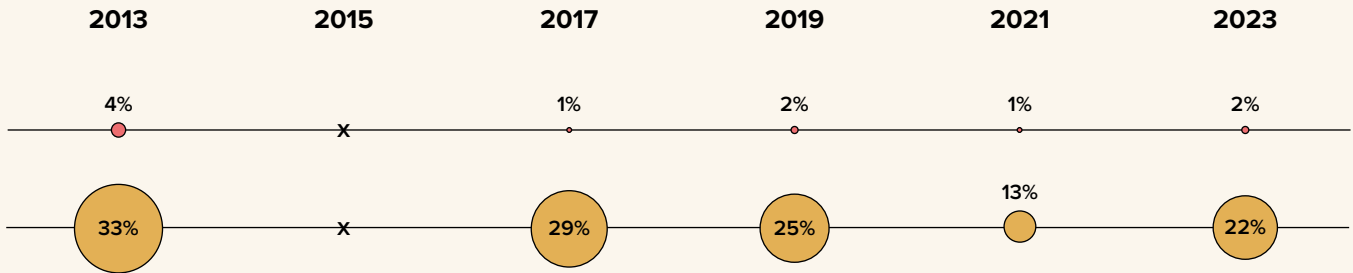
SIGNIFICANT DIFFERENCES BY GRADE LEVEL

7th and 8th-grade students are more likely to have **ever been taught AIDS/HIV** in school compared to their 6th-grade peers.^c

Grade 6  **10%** Grade 7  **21%** Grade 8  **30%**

^c Based on t-test analyses, $p < 0.05$

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



- Ever had sexual intercourse with 3+ persons
- Have ever been taught about AIDS/HIV in school

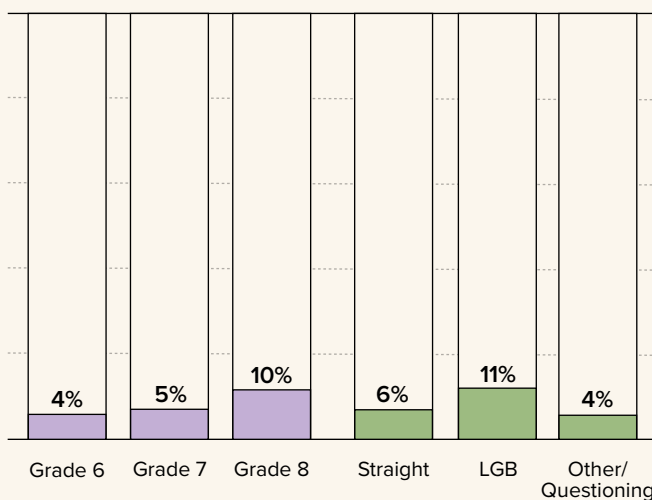
x = no data point; MS YRBS not administered in 2015

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

A CLOSER LOOK AT SEXUAL INITIATION

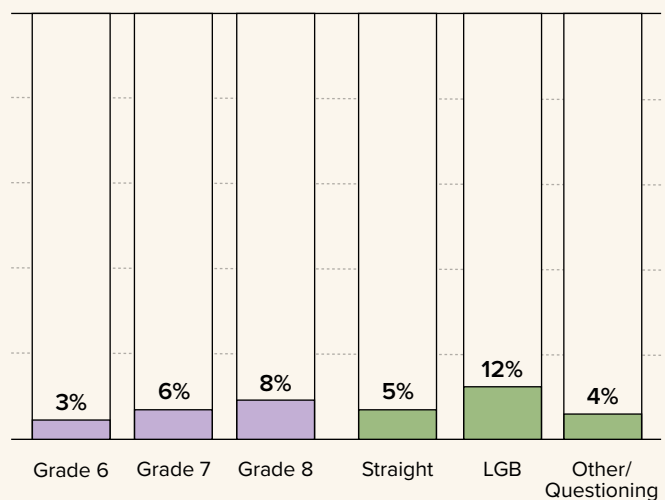
Significant differences in **engaging in sexual intercourse and oral sex** by grade level and sexual orientation (based on t-test analyses, $p < 0.05$).

Ever had sexual intercourse ^d



^d 8th > 6th, 8th > 7th | LGB > Q+

Ever participated in oral sex ^e



^e 8th > 6th | LGB > Straight, LGB > Q+

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** (2 semesters during grades 6-8), increase access to key **sexual health services**, and establish **safe and supportive school environments** for all students, including affirming LGBTQ+ students. Materials and resources provided by the ETTH initiative are culturally responsive and available in multiple languages to improve sexual health equity for BPS students.



Boston Public Schools

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



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