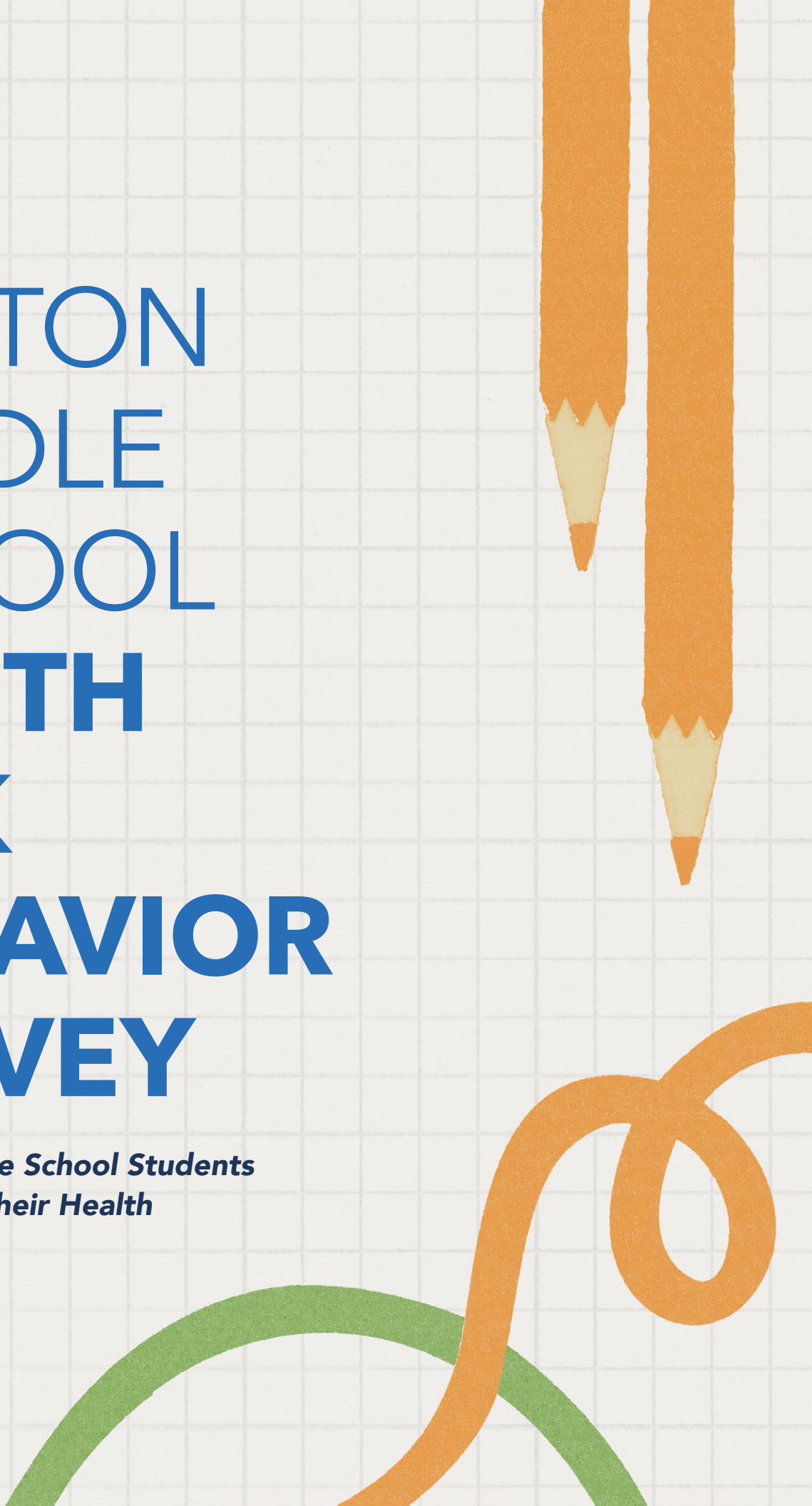
2025

BOSTON MIDDLE SCHOOL YOUTH RISK BEHAVIOR SURVEY

What BPS Middle School Students Told Us About Their Health



BOSTON Public Schools

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 Boston Public Schools (BPS) takes to address student well-being.

BPS 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 our work to improve student outcomes. For each area of health, this publication outlines the many actions BPS takes to address student health and well-being.

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:

1. Physical activity
2. Dietary behaviors
3. Behaviors that result in unintentional injuries and violence
4. Tobacco use
5. Alcohol and other drug use
6. 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 2025 YRBS was completed by 1,258 students in 30 BPS middle schools in Boston during the spring of 2025. The school response rate was 100%, the student response rate was 81%, and the overall response rate was 81%. 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. Students are categorized as Hispanic/Latinx if they selected "Hispanic or Latino" as a race/ethnicity, regardless of if they also selected other options. We use the term "Latinx" throughout the publication. The options for students were: Native American, American Indian or Alaska Native; Asian; Black; Hispanic or Latino, Middle Eastern or North African; 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

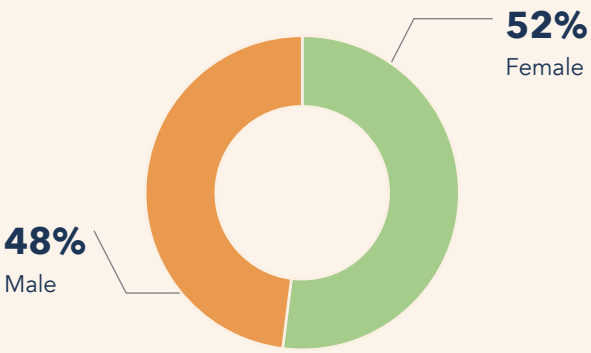
6% 11 or younger

27% 12 years old

39% 13 years old

28% 14 years old

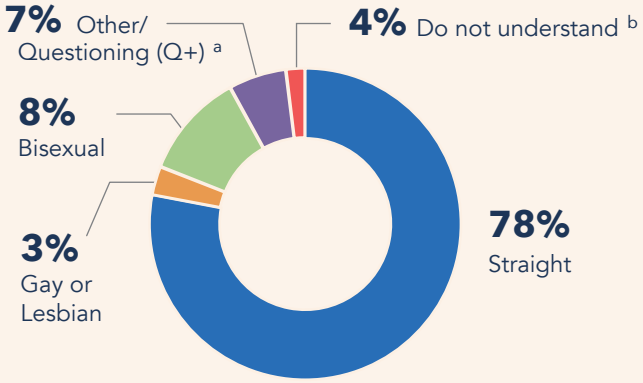
SEX



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. Due to a federal executive order, the CDC is not able to analyze the data for the Boston YRBS question that would determine how many students identify as transgender. Boston will continue asking this question, and we hope to be able to analyze this data at a later time.

SEXUAL IDENTITY

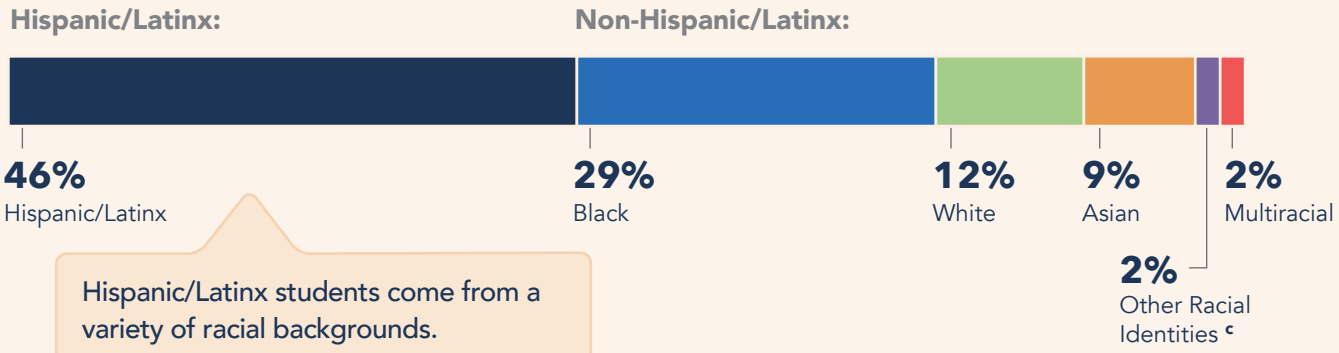


18%

of students identify as Lesbian, Gay, Bisexual (LGB), or Other/ Questioning (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

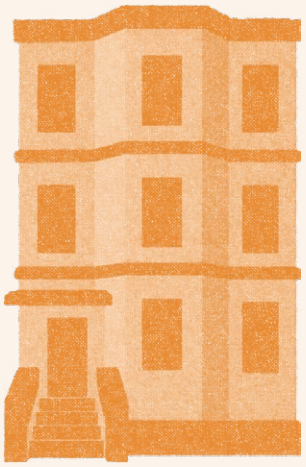


[c] American Indian, Alaska Native, or Native American; Native Hawaiian or Other Pacific Islander; or none of the racial identities offered.

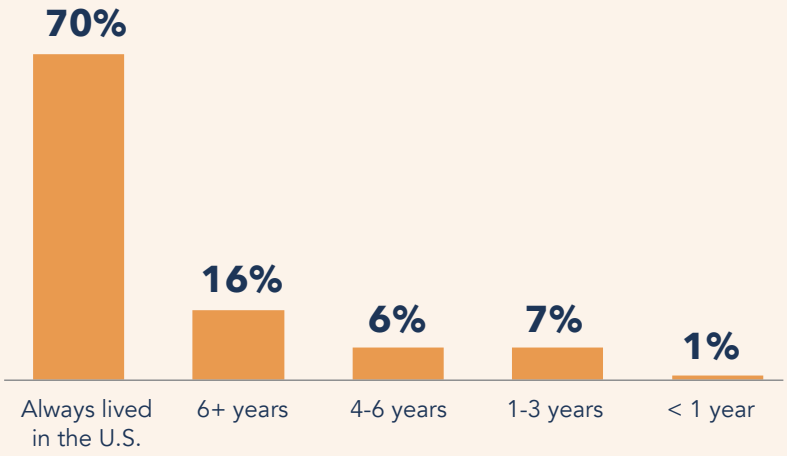
HOUSING

2%

Experienced homelessness or unstable housing



TIME LIVED IN THE UNITED STATES



1 PHYSICAL ACTIVITY

What BPS middle school students told us about...

RISK & PROTECTIVE FACTORS

Regular physical activity helps youth improve heart and lung fitness, build strong bones and muscles, 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.

85% On **1+** Days [a]

42% On **5+** Days

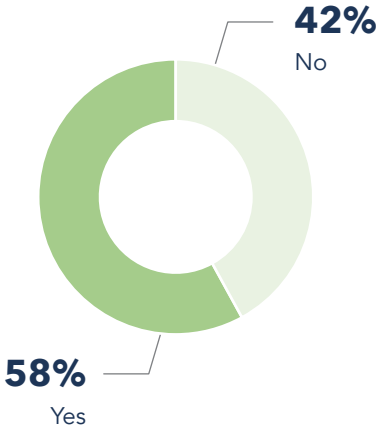
22% On All **7** Days

15%
Did not participate in at least 60 minutes of physical activity on any day [b]

[a] Significant increase from 81% in 2023 based on t-test analyses, p>0.05
[b] Significant decrease from 19% in 2023 based on t-test analyses, p>0.05

SPORTS

Played on at least one sports team



ACTIVE TRANSPORTATION

Walk or ride a bicycle to or from school

47%
No days

53%
On 1+ days

64%
of students who walked or biked to school did so every day

PHYSICAL EDUCATION

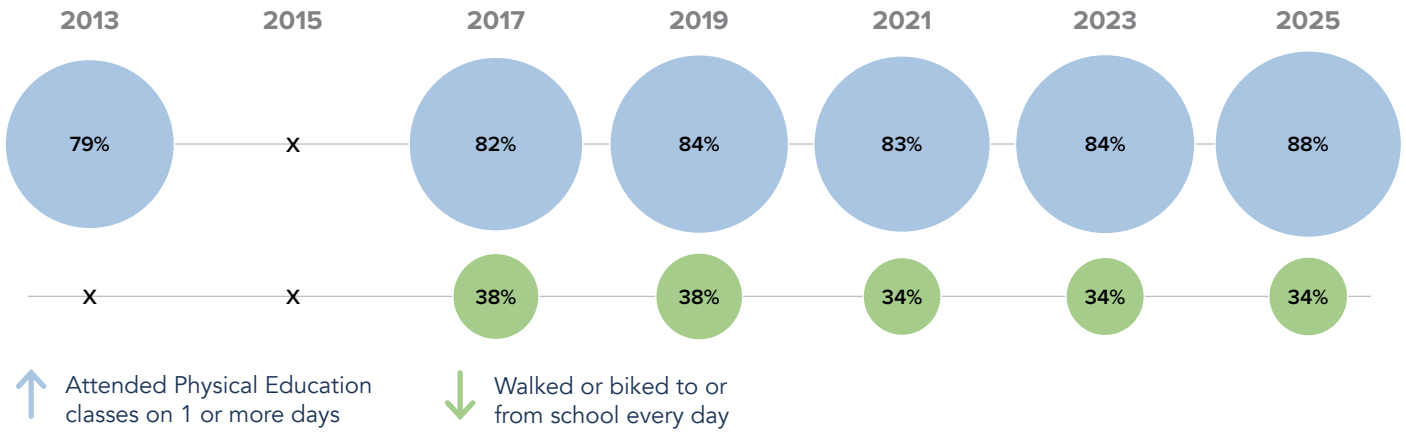
Attended physical education (PE) classes in an average week

12%
No PE

88%
On 1+ days

17%
of students who attended PE classes did so on all 5 days

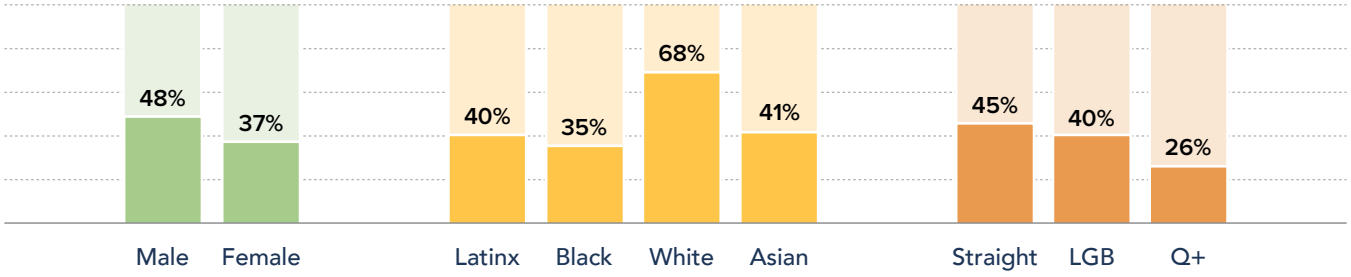
LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05
↑ Significant linear increase ↓ Significant linear decrease | X = no data point; MS YRBS not administered in 2015

A CLOSER LOOK AT PHYSICAL ACTIVITY PARTICIPATION

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



[c] Significant differences: M > F | W > A, W > B, W > L | Straight > Q+, LGB > Q+

INTERVENTION STRATEGIES

During School

- At least 45 min of Physical Education weekly
- Movement opportunities in the classroom
- At least 20 min of daily recess

Before/After School

- Intramural clubs for sports & fitness
- BPS Athletics
- Community partner programming

Community-Wide

- Addressing community safety
- Creating & maintaining public places to be physically active
- Investing in active transportation infrastructure and public transportation

2 DIETARY BEHAVIORS

What BPS middle school students told us about...

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.

About **1 out of 7** students (15%) were at risk for food insecurity.

13%

Said their family sometimes, most of the time, or always **worried that their food would run out** before they got money to buy more

9%

Said the food their family bought sometimes, most of the time, or always **ran out** before they got money to buy more

DAILY BEVERAGES

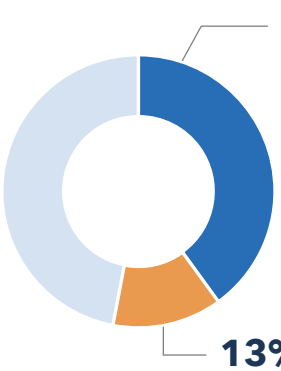
47% Drank soda [a]

5% Did not drink water

72% Drank 3+ glasses of water

[a] Significant decrease from 52% in 2023 based on t-test analyses, p>0.05

MEALS



40% Ate breakfast daily [b]

13% Did not have breakfast on any day in the past week

[b] Significant increase from 35% in 2023 based on t-test analyses, p>0.05

WEIGHT LOSS

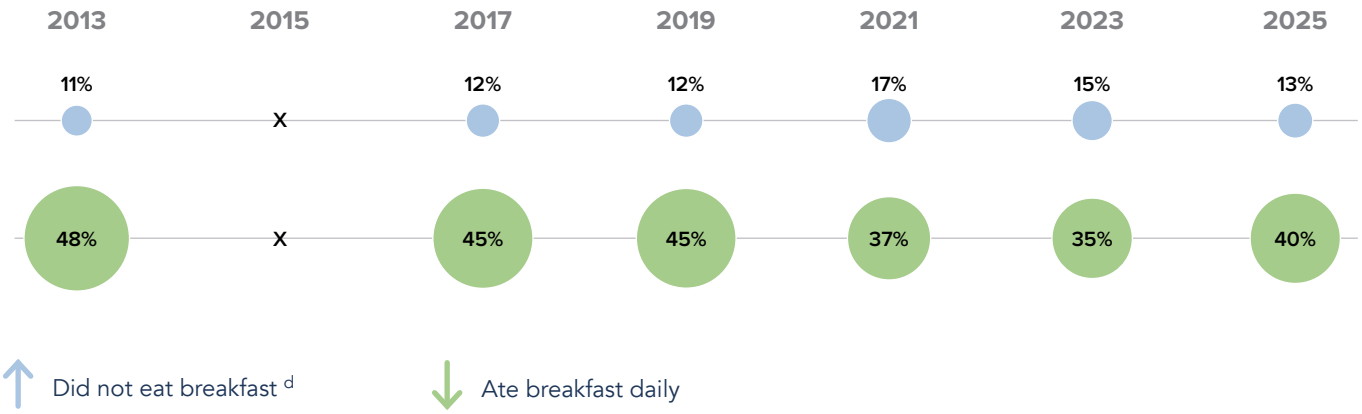
44% Were trying to lose weight [c]

[c] Significant decrease from 49% in 2023 based on t-test analyses, p>0.05

DISORDERED EATING

41% Ate an unusually large amount of food in a short period of time and experienced a loss of control over amount eaten or felt they could not stop eating

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



↑ Did not eat breakfast [d]

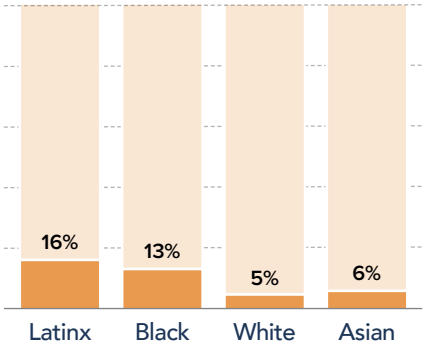
↓ Ate breakfast daily

† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05
↑ Significant linear increase ↓ Significant linear decrease | X = no data point; MS YRBS not administered in 2015
Quadratic changes: [d] Increased, 2013-2021; Decreased, 2021-2025

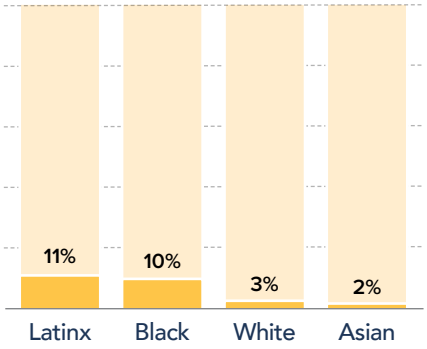
A CLOSER LOOK BY RACE & ETHNICITY

Significant differences in **food insecurity measures and binge eating** (based on t-test analyses, $p<0.05$).

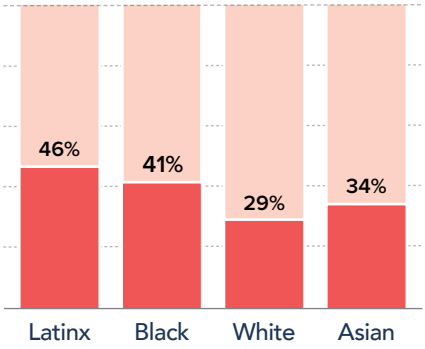
Their family sometimes, most of the time, or always worried that their food would run out before they got money to buy more [e]



The food their family bought sometimes, most of the time, or always ran out and they did not have money to buy more [e]



Ate an unusually large amount of food in a short period of time and experienced a loss of control over amount eaten or felt they could not stop eating [f]



[e] B > A, B > W, L > A, L > W [f] B > W, L > A, L > W

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 school meals eliminate 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 is 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

3 SOCIAL-EMOTIONAL & MENTAL HEALTH

What BPS middle school students told us about...

RISK & PROTECTIVE FACTORS

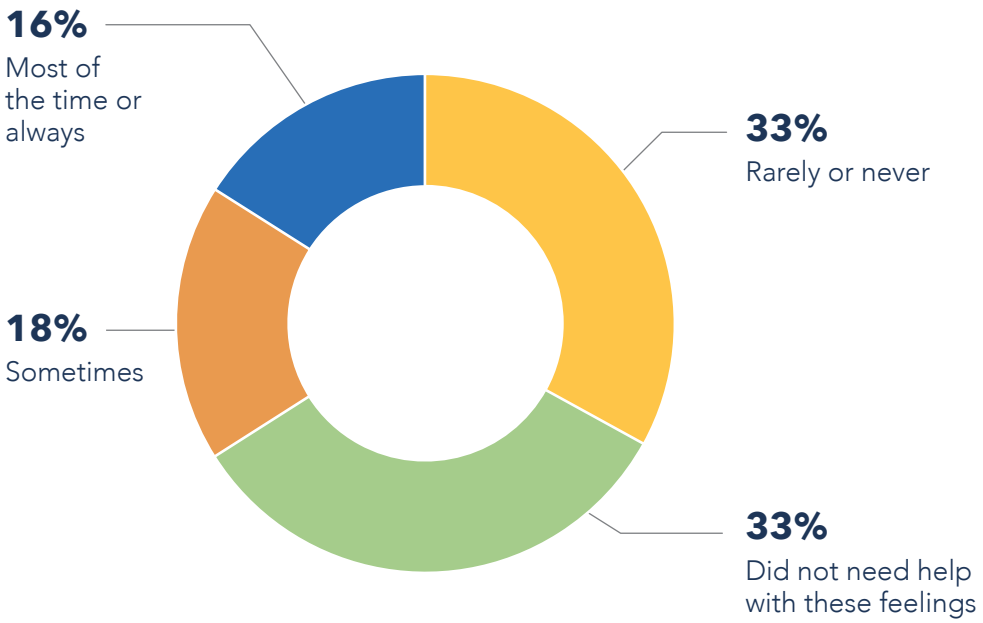
Poor social-emotional and mental health can lead to poor quality of life and can negatively impact physical health and academic achievement. Suicide is a leading cause of death in young people. A combination of individual, relationship, community, and societal factors contribute to the risk of suicide.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

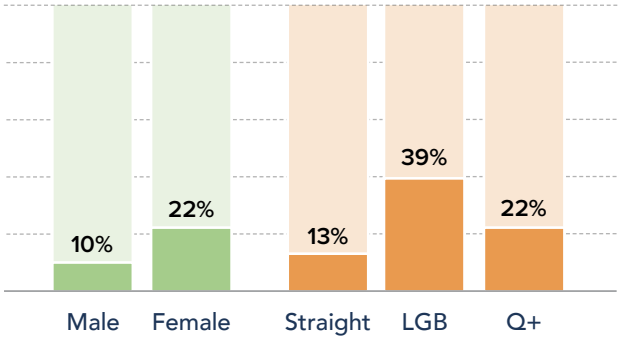


MENTAL HEALTH

16%

Said their mental health was not good (including stress, anxiety, and depression) most of the time or always in the past month [a]

Significant Differences by Sex and Sexual Identity:



[a] Significant decrease from 23% in 2023 based on t-test analyses, p>0.05 | F > M | LGB > Straight, LGB > Q+

PERSISTENT SADNESS & SUICIDALITY

31% 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. [b]

22% Ever seriously thought about killing themselves [c]

8% Ever tried to kill themselves

[b] Significant decrease from 40% in 2023 based on t-test analyses, p>0.05
[c] Significant decrease from 28% in 2023 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.

(Source: CDC)

72% Used social media several times a day [d]

36% Used social media more than once an hour

[d] Significant decrease from 77% in 2023 based on t-test analyses, p>0.05

EXPERIENCE OF BIAS

52%

Ever felt that they were treated badly or unfairly **in school** because of their race or ethnicity

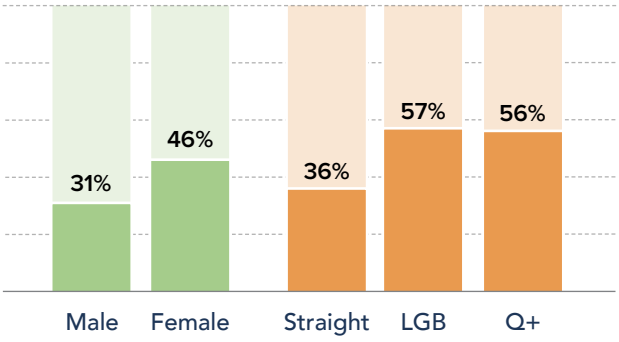
BULLYING

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

39%

Were ever bullied on school property [e]

Significant Differences by Sex and Sexual Identity:

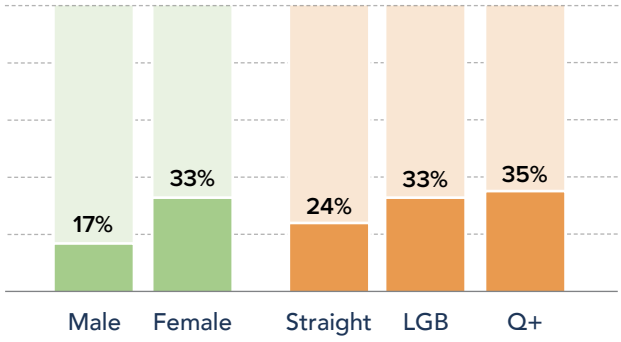


[e] F>M | LGBQ+>Straight (based on t-test analyses, p>0.05)

26%

Were ever electronically bullied [f]

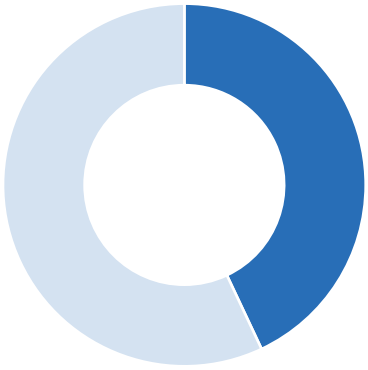
Significant Differences by Sex and Sexual Identity:



[f] F>M | Q+>Straight (based on t-test analyses, p>0.05)

SUFFICIENT SLEEP

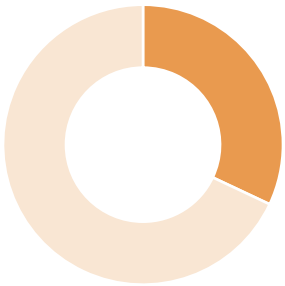
Students who do not get sufficient sleep are at increased risk for poor physical and mental health, may struggle in school, and are at increased risk for attention and behavior problems.



43%

Got 8+ hours of sleep on an average school night

MISSING SCHOOL: ASTHMA



32%

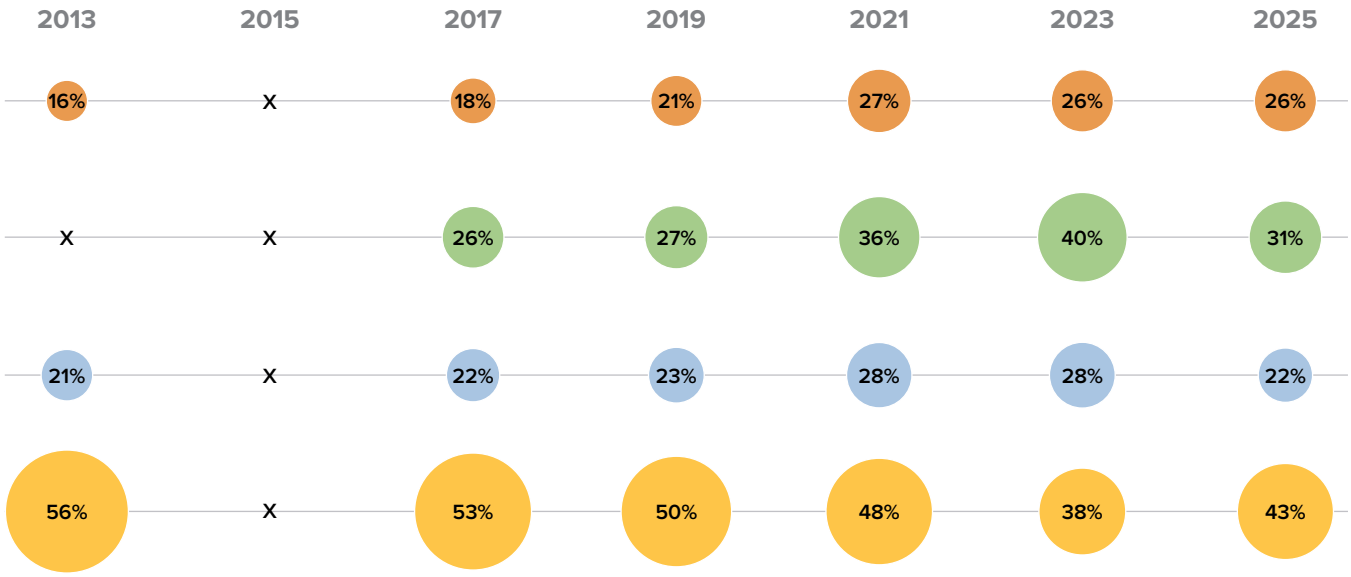
Missed one or more days of school in the past month because of their asthma (among the 22% of students who have asthma)

SCHOOL SUPPORT

62%

Reported there is at least one teacher or other adult in their school that they can talk to if they have a problem

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



↑ Were ever electronically bullied

↑ Experienced persistent sadness

↑ Ever seriously thought about killing themselves [g]

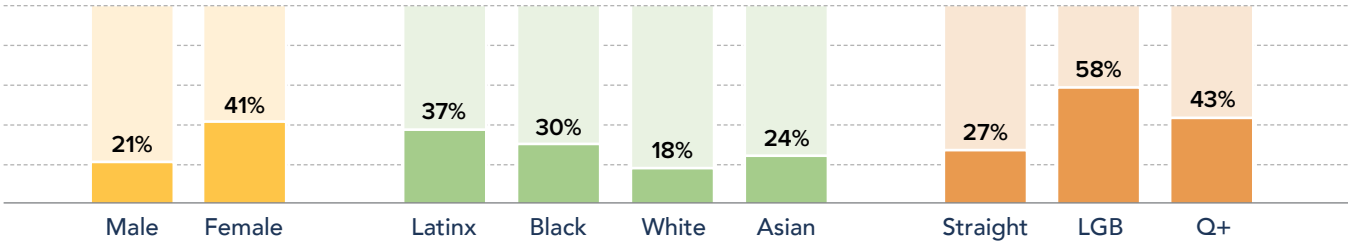
↓ Got 8+ hours of sleep (on an average school night)

† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p<0.05$
↑ Significant linear increase ↓ Significant linear decrease | X = no data point; MS YRBS not administered in 2015
Quadratic changes: [g] Increased, 2013-2021; Decreased, 2021-2025

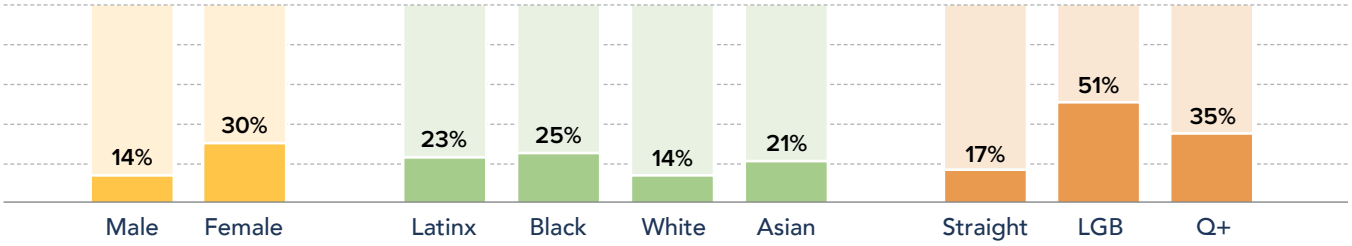
A CLOSER LOOK BY SEX, RACE/ETHNICITY & SEXUAL IDENTITY

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

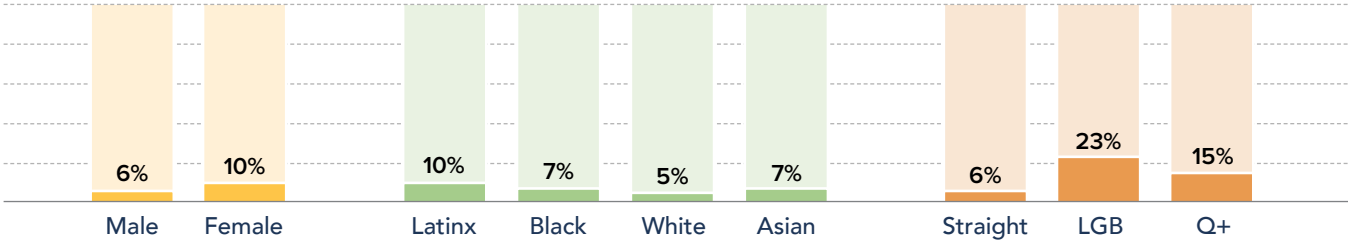
Experienced persistent sadness [h]



Ever seriously thought about killing themselves [i]



Ever tried to kill themselves [j]



[h] F > M | B > W, L > A, L > W | LGBQ+ > Straight, LGB > Q+ [i] F > M | B > W, L > W | LGBQ+ > Straight, LGB > Q+
[j] F > M | L > W | LGBQ+ > Straight

INTERVENTION STRATEGIES

Boston Public Schools addresses student social and emotional well-being through a Multi-Tiered System of Supports. Staff work together on school-wide, collaborative, and effective student support at each tier:

Tier 1	Tier 2	Tier 3
Universal approaches to integrating social-emotional learning for all students	Group interventions for some students who need extra support	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' identities and builds trust and a sense of belonging.

4 INJURY & VIOLENCE

What BPS middle school students told us about...

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

15%

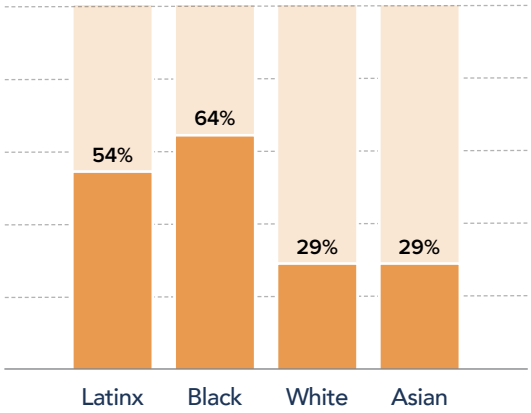
Ever carried a weapon [a]

52%

Were ever in a physical fight

[a] Significantly decreased from 20% in 2023, based on t-test analyses, $p<0.05$

Significant Differences by Race/Ethnicity:



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

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

DATING & SEXUAL VIOLENCE

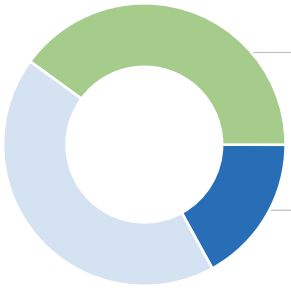
10% Ever experienced sexual violence

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.

4% Ever experienced physical dating violence

Physical Dating Violence: When someone you are dating physically hurts you on purpose, such as being hit, slammed into something, or injured with an object or weapon.

SWIMMING

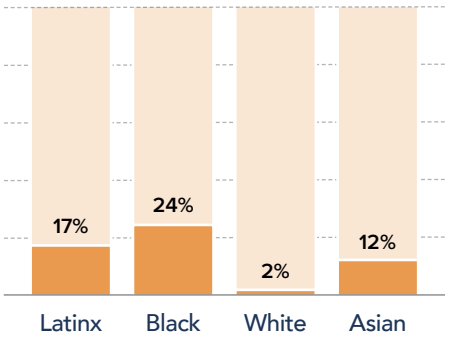


40%
Can swim the entire length of a pool

17%
Do not know how to swim

Asian, Black, and Latinx students are **more likely to not know how to swim** than White students, and Black students are more likely than Asian and Latinx students to not know how to swim. [c]

Significant Differences by Race/Ethnicity:

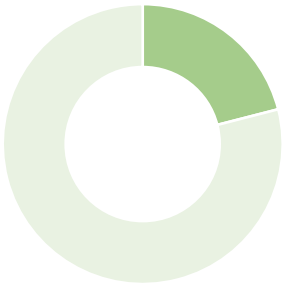


TRANSPORTATION SAFETY

12%
Ever rode in a car with someone who had been drinking alcohol

63%
Rarely or never wore a bike helmet when riding a bike

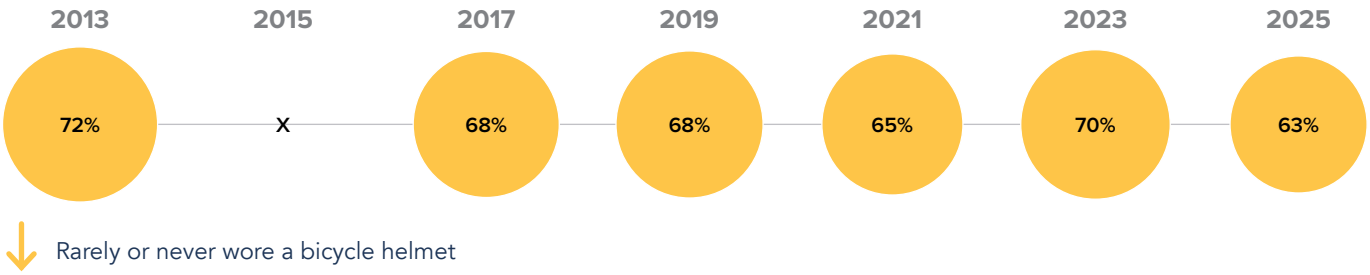
SPORTS INJURY



21%
Had a concussion from playing a sport or being physically active

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

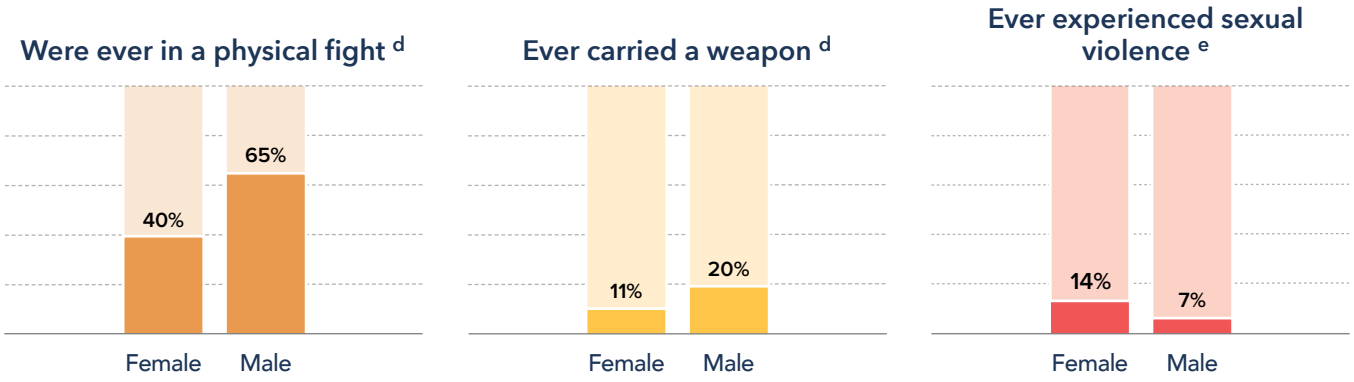
LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, $p<0.05$
↑ Significant linear increase ↓ Significant linear decrease | X = no data point; MS YRBS not administered in 2015

A CLOSER LOOK BY SEX

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



d M > F e F > M

INTERVENTION STRATEGIES

Increase Connectedness

- Create a sense of belonging where students can feel seen, heard, valued, and affirmed by the adults and peers in their school.
- Connect youth to caring adults in school and through mentoring and after-school programs.
- Strong family/caregiver 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, swimming, pedestrian safety, and sports injury prevention, including concussion first aid for sports teams.

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.

5 SUBSTANCE USE

What BPS middle school students told us about...

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

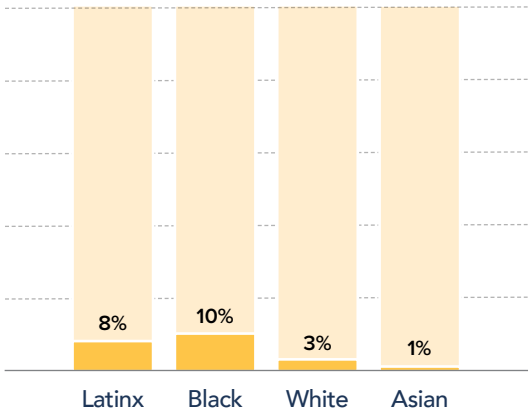
Vaping is an emerging issue of concern among youth. While there has been no significant change in students vaping overall, there has been an increase in students who vape frequently, from 0.6% in 2017 to 1.2% in 2025. [a]

7% Currently vaped nicotine

1.2% Vaped nicotine on 20 or more days in the past month [a]

[a] Increase 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 and Latinx students are more likely to **currently vape nicotine** compared to White and Asian students. [b]

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

TOBACCO USE

99%
Did not currently smoke cigarettes

ALCOHOL USE

12% Ever drank alcohol

97% Did not currently drink alcohol [c]

[c] Significant increase from 95% in 2023 based on t-test analysis, p<0.05

MARIJUANA USE

5% Ever used marijuana

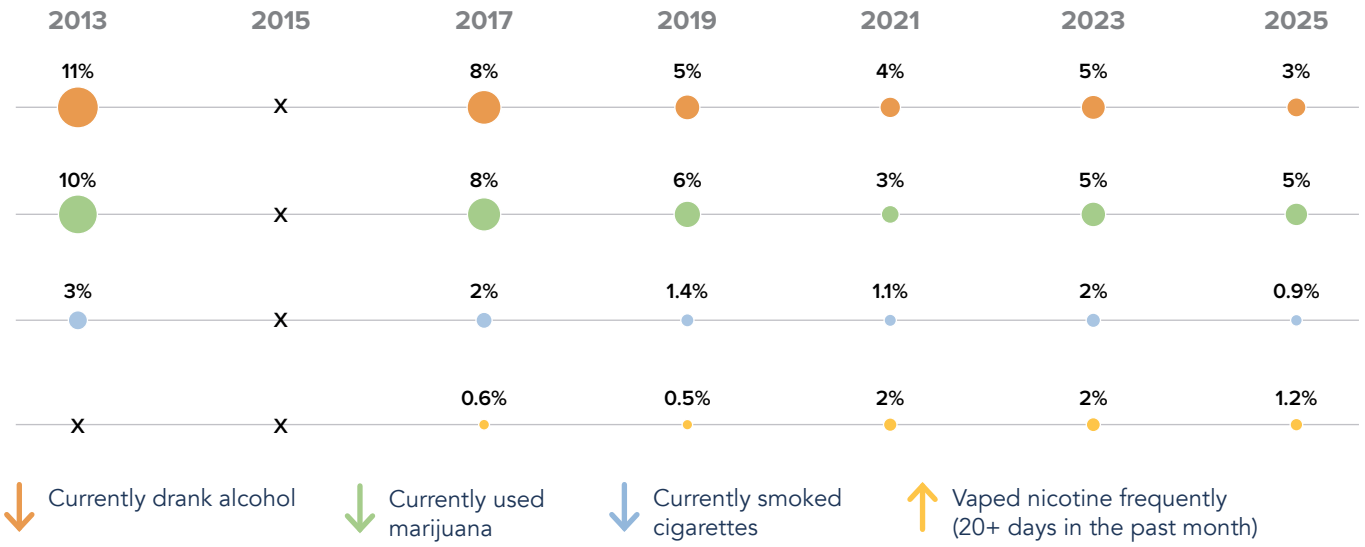
95% Did not currently use marijuana

OTHER DRUG USE

1.1% Ever used cocaine

8% Ever misused prescription pain medicine

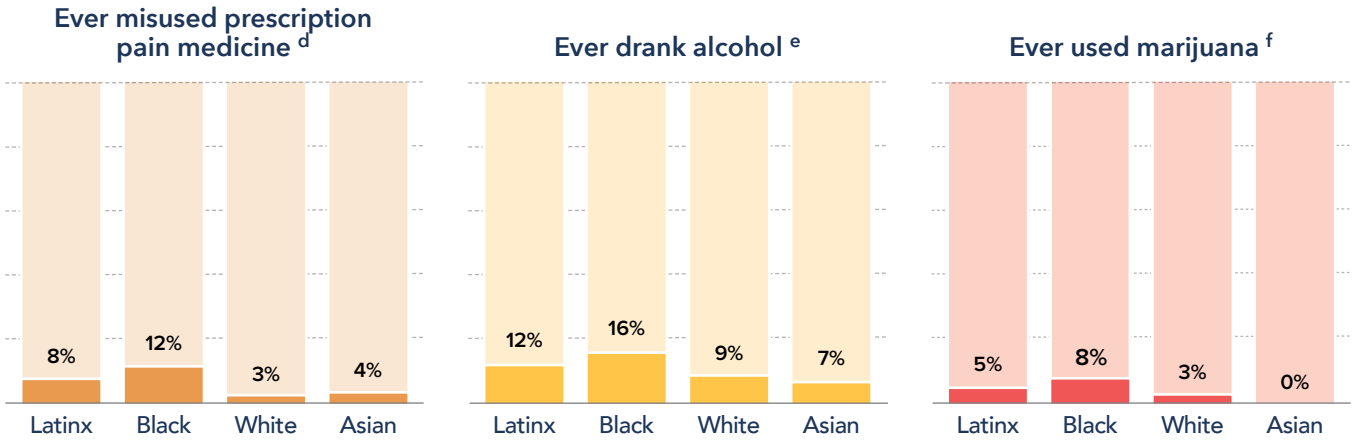
LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES [†]



[†] Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05
↑ Significant linear increase ↓ Significant linear decrease | X = no data point; MS YRBS not administered in 2015

A CLOSER LOOK BY RACE/ETHNICITY

Significant differences in **misuse of prescription pain medication and alcohol and marijuana use** (based on t-test analyses, $p<0.05$).



[d] B > A, B > W, L > W [e] B > A, B > W, L > A [f] B > A, B > W, L > A, W > A

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

- Building school connectedness and a sense of belonging, 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

- 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 cannabis, alcohol, and vaping products.

6 SEXUAL HEALTH

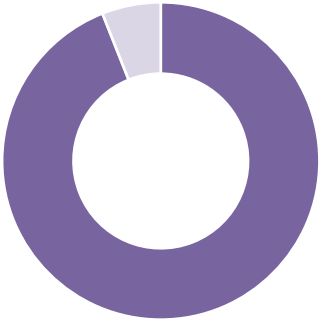
What BPS middle school students told us about...

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 STIs, and unintended pregnancy.

(Source: CDC)

SEXUAL ACTIVITY



94%
Never had sexual intercourse

1.3% Ever had sexual intercourse with 3+ persons

4% Ever participated in oral sex [a]

[a] Significantly decreased from 6% in 2023, based on t-test analyses, $p<0.05$

CONDOM USE

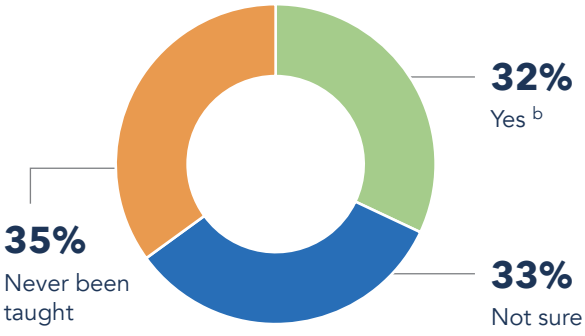
Among 6% of students who have ever engaged in sex

51% Used a condom during last sexual intercourse

HEALTH EDUCATION

79% Ever been taught health education in grades 6-8 in school

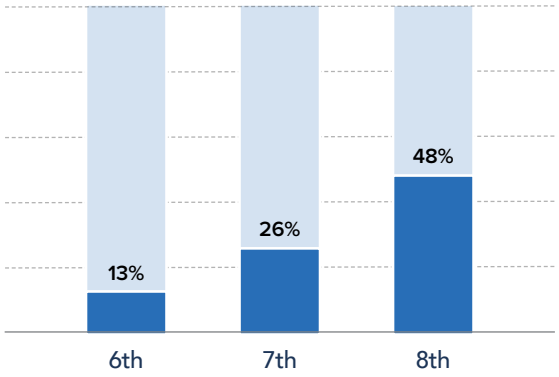
Ever been taught about AIDS/HIV in school



[b] Significant increase from 22% in 2023 based on t-test analyses, p<0.05

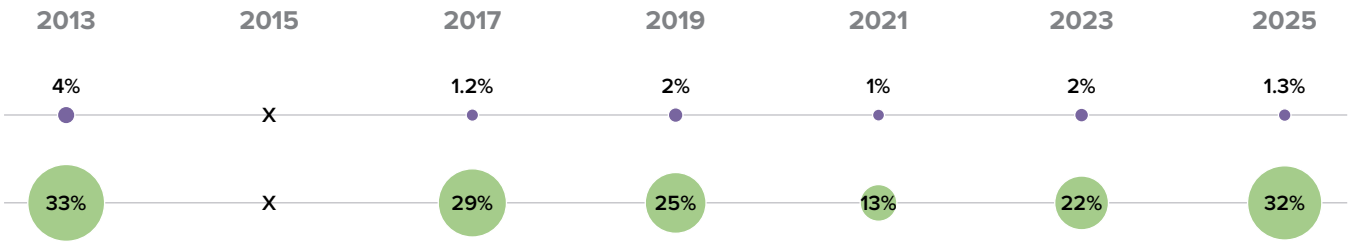
7th and 8th graders are more likely to **have been taught about AIDS/HIV in school** than 6th graders. 8th graders are more likely to have been taught about HIV/AIDS than 7th graders. [c]

Significant Differences by Grade Level:



[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 [d]

† Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05
↑ Significant linear increase ↓ Significant linear decrease | X = no data point; MS YRBS not administered in 2015
Quadratic changes: [d] Decreased, 2013-2021; Increased, 2021-2025

A CLOSER LOOK AT SEXUAL INITIATION

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

[e] M > F

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, STIs, and unintended pregnancy, and promote sexual health through the Empowering Teens Through Health (ETTH) initiative. BPS is working to strengthen the quality of **sexual health education** (1 semester in both grade 7 & 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

2300 Washington Street | Boston MA 02119
617-635-9000 | bostonpublicschools.org

Michelle Wu, Mayor, City of Boston

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Boston School Committee:
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For more information about the YRBS
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BPS Office Of
Health & Wellness

370 Columbia Rd | Dorchester, MA 02125
www.bostonpublicschools.org/yrbs
yrbs@bostonpublicschools.org
Main phone: 617.635.6643

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