



2023

YOUTH RISK BEHAVIOR SURVEY HIGH SCHOOL DATA REPORT



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CPS Resources

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

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

Mental Health

[Mental Health | Chicago Public Schools](#)

[Comprehensive Mental Health and Suicide Prevention Policy](#)

[Mental Health Toolkit](#)

[Mental Health Flyer for Students](#)

[Mental Health Flyer for Parents/Caregivers](#)

Substance Use Resources

[Substance Use and Mental Health Services Hotline](#)

Sexual Health Resources

[Sexual and Reproductive Health Services Web Page](#)

[Sexual Health Education Web Page](#)

[Sexual Health Education Policy](#)

[Sexual Health Education Implementation Guidance](#)

Health Services Resources

[Student Health Services Web Page](#)

[School Based Health Center Locations](#)

LGBTQ+ Supportive Environments

[LGBTQ+ Supportive Environments Web page](#)

[Guidelines Regarding The Support Of Transgender and Gender Nonconforming Students](#)

School Safety and Violence Resources

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

[Crisis Support Web Page](#)

Diet and Exercise

[Nutrition Support Services \(NSS\) Web Page](#)

[Health and Physical Education Department Web Page](#)

[Local School Wellness Policy for Students](#)

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

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

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01

About YRBS

The Youth Risk Behavior Survey (YRBS) was developed by the Centers for Disease Control and Prevention (CDC) to monitor health behaviors among youth across the United States. Chicago Public Schools (CPS) has administered YRBS every two years since 1991.

At CPS, YRBS monitors a variety of youth behaviors that impact students' health and well-being. Some topics covered on the 2023 YRBS include:

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

Data collected through YRBS provide important insights about the health of youth nationwide. In 2023, over 1,448 Chicago high school students participated in the YRBS, providing representative data about health behaviors across the District. Schools are randomly selected to participate in the survey, using a process set up by Westat. You can learn high school sample [here](#) and how the sample is determined by Westat [here](#). **This report only contains data on CPS high school students, grades 9-12.**

Why YRBS

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





02

Health Equity

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

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

What is Resilience?

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

YRBS and WSCC

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

03

Understanding this Report

Statistical Significance

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

Significance Reported in Tables

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

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



Important Considerations

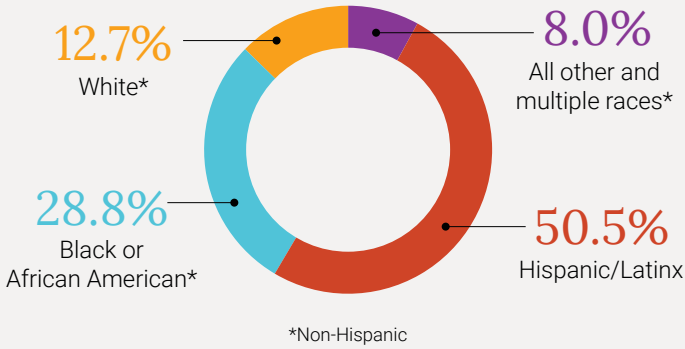
- Measures on the YRBS are primarily focused on health risks, and not on protective factors or youth resilience, and this databook is limited in that it presents findings only from this survey. Note: the trends we present are meant to aid in the creation and allocation of resources and opportunities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

04

Student Characteristics + Demographics

Self-Reported Demographics and Characteristics

Race / Ethnicity



Sex



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

2.5%

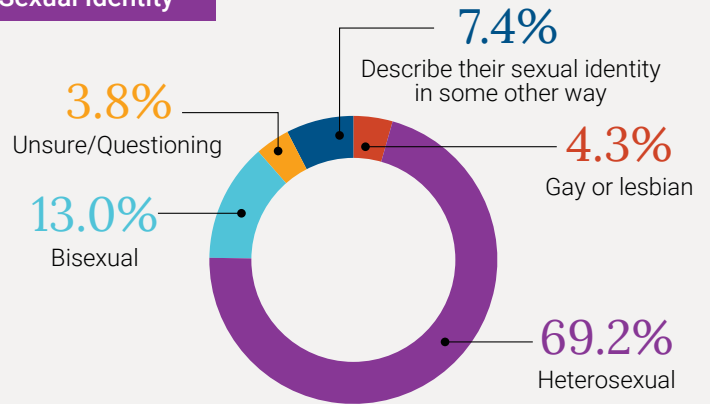
of CPS high school students are transgender

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

2021 National YRBS Sexual Identity:

Heterosexual 74.2% • Gay or lesbian 3.2% • Bisexual 11.9% • Other/Questioning 9.0%

Sexual Identity



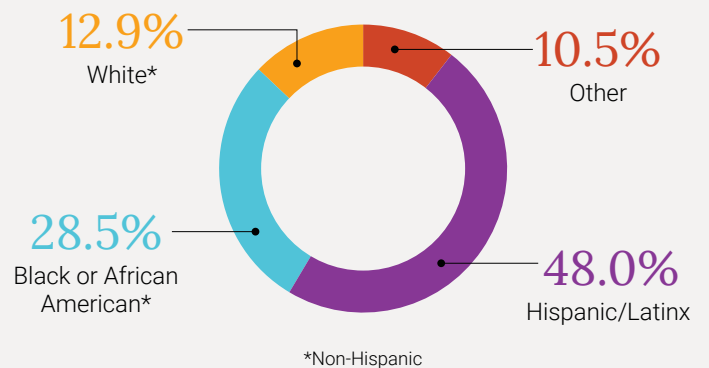
LGBTQ+ Identities

28.9%

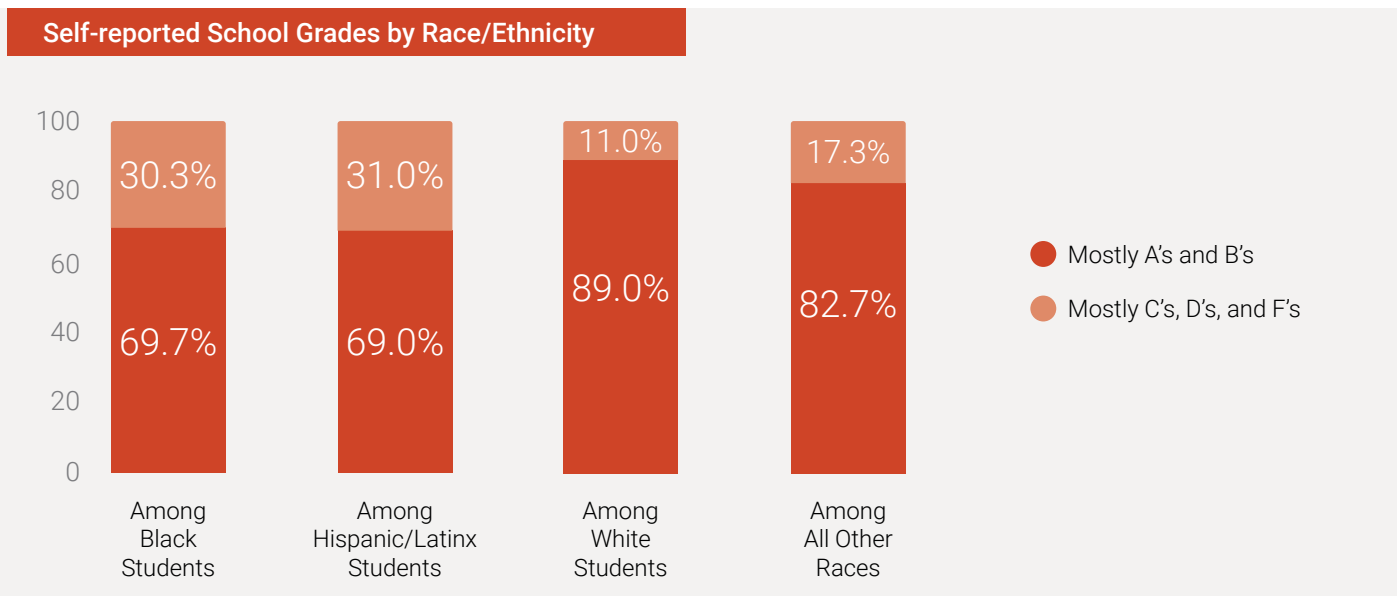
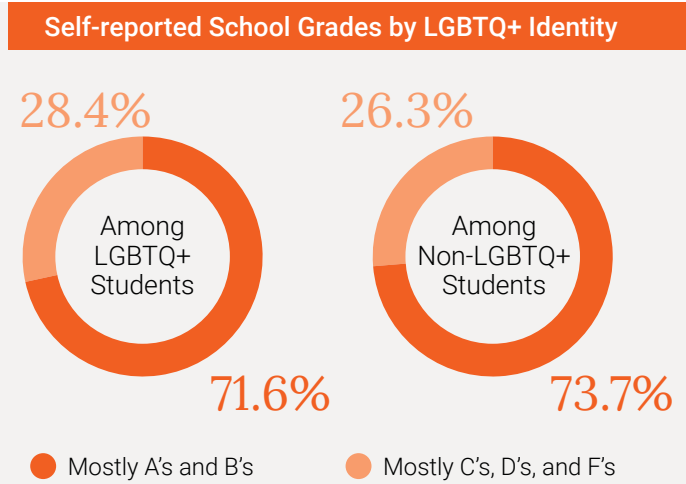
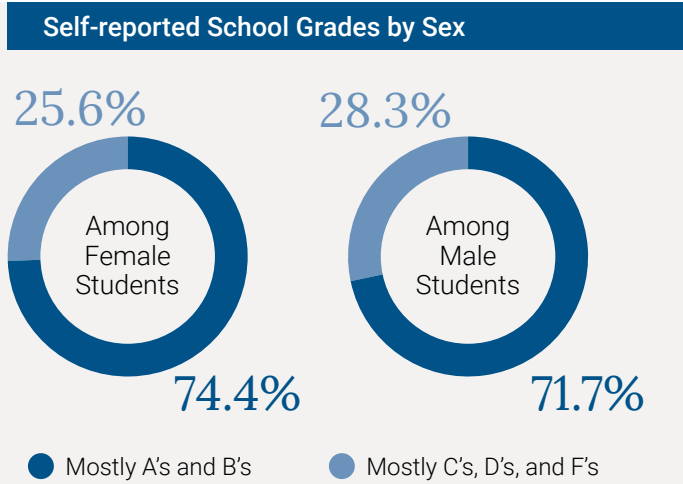
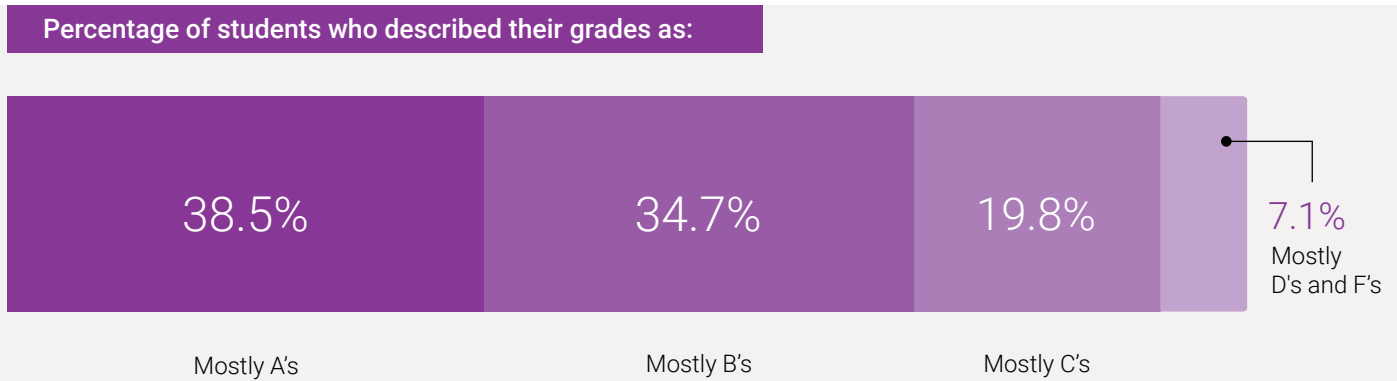
of CPS high school students are LGBTQ+

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

LGBTQ+ Breakdown by Race



Self-Reported Academic Achievement



05

Health + Academic Achievement

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



Example of how to interpret the percentages in this report:

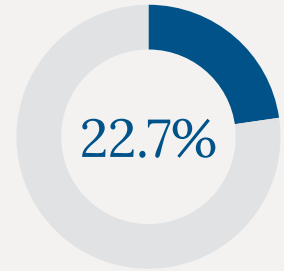
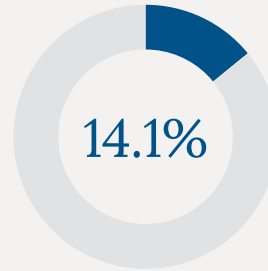
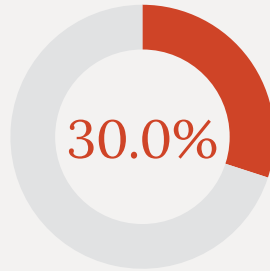
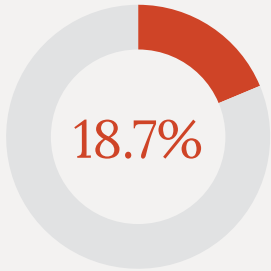
Among students who earn mostly A's or B's, **18.7%** did not eat breakfast in the past seven days.

Among students who earn mostly C's, D's, and F's, **30.0%** did not eat breakfast in the past seven days.

Percentage of High School Students Who:

Did not eat breakfast in the past seven days

Have ever been in a physical fight (in the past 12 months)



Earn Mostly A's or B's

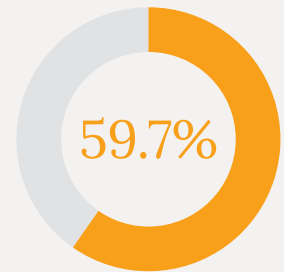
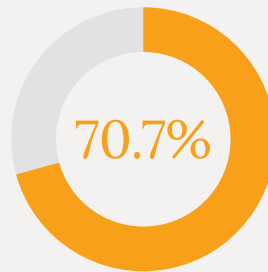
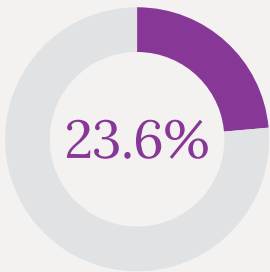
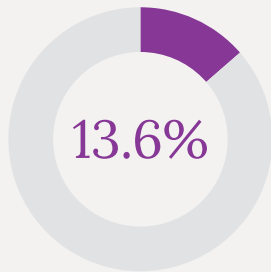
Earn Mostly C's, D's, or F's

Earn Mostly A's or B's

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

Seriously considered attempting suicide (during the 12 months before the survey)

Saw a doctor or nurse (for a check-up) in the past 12 months



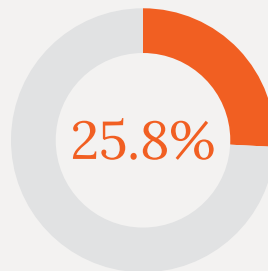
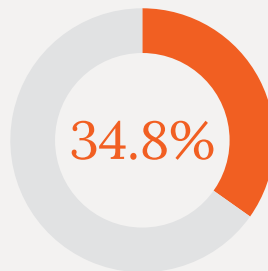
Earn Mostly A's or B's

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

Earn Mostly A's or B's

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

Most of the time or always feel that they are able to talk to an adult in their family or another caring adult about their feelings



Earn Mostly A's or B's

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

06

Mental Health and Wellbeing

Suicide is a leading cause of death among adolescents aged 15 to 29.⁸ Understanding youth behaviors related to suicidality and substance use is important when developing interventions and programs that can address these health areas. Adolescence is a critical period for preventive measures, as substance use is linked to developing more severe, co-occurring mental health and substance use disorders in adulthood.⁹ Consistent with the findings from the national 2021 YRBS results, CPS students that identified as female and students who identified as LGBTQ+ experienced significantly higher feelings of persistent sadness or hopelessness.¹⁰

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



12.1%

of students made a plan about how they would attempt suicide

24.5%

of LGBTQ+ students feel that they are able to talk to an adult in their family or another caring adult about their feelings most of the time or always;

this is

10.5

percentage points lower than their non-LGBTQ+ peers.

The percentage of LGBTQ+ students who felt sad or hopeless in the past 12 months was

30.5

percentage points higher than their non-LGBTQ+ peers.

Example of how to interpret the percentages in this report:

Among LGBTQ+ students,

62.3%

have had feelings of sadness or hopelessness in the past 12 months.

TREND

► The percentage of students who felt sad or hopeless in the past 12 months has steadily increased between 2011 and 2021.

Percentage of High School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Use social media several times a day	82.5	88.1 [◇]	80.2 [◇]	82.1	84.5	82.3	76.3	89.0 [◇]	76.1 [◇]
Got eight or more hours of sleep on an average school night	20.3	15.8 [◇]	22.2 [◇]	26.1	19.6	20.2	14.1	20.1	20.5
Have serious difficulty concentrating, remembering, or making decisions	45.4	68.9 [◇]	35.7 [◇]	42.2	42.2	48	45.5	57.4 [◇]	33.4 [◇]
Most of the time or always feel that they are able to talk to an adult about their feelings	31.8	24.5 [◇]	34.9 [◇]	46.9 [◇]	36.0 [◇]	26.4 [◇]	27.2 [◇]	31.2	32.7
Strongly agree or agree that they feel close to people at their school	59.7	56.7	61	73.6 [◇]	58.4 [◇]	57.3 [◇]	58.5 [◇]	57.5	62.3

In the past 30 days...

Reported that their mental health was most of the time or always not good	27.7	48.2 [◇]	19.1 [◇]	27.2	26.3	28.0	29.6	38.1 [◇]	17.0 [◇]
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In the past 12 months...

Felt sad or hopeless for more than two weeks	40.6	62.3 [◇]	31.8 [◇]	32.9	39.7	43.6	37.0	52.8 [◇]	28.7 [◇]
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[◇] Significant difference between demographic groups (p<0.05)

Percentage of High School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Seriously considered attempting suicide	15.7	33.5 [◇]	8.4 [◇]	13.8	13.3	17.4	16.4	20.6 [◇]	11.0 [◇]
Made a plan about how they would attempt suicide	12.1	24.7 [◇]	6.9 [◇]	8.6	9.5	14.2	11.3	13.3	10.5
Attempted suicide	7.3	15.2 [◇]	4.0 [◇]	—	7.7	7.7	7.3	9.6 [◇]	5.1 [◇]
Made a suicide attempt that resulted in an injury, poisoning, or overdose that needed treatment	2.0	2.9	1.6	—	—	2.7	—	2.1	1.9
Purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose	19.2	39.9 [◇]	11.0 [◇]	16.5	17.0	21.6	17.4	26.9 [◇]	12.0 [◇]

[◇] Significant difference between demographic groups (p<0.05)



07

Substance Use

In alignment with the Whole School, Whole Community, Whole Child (WSCC) Framework, CPS acknowledges that addressing student substance use holistically is critical to caring for students in CPS. Data indicates that certain circumstances are correlated with increased risk of substance use among adolescents. These include, but are not limited to, a family history of substance use, parental substance use, familial rejection of sexual orientation or gender identity, substance use among peers, lack of school connectedness, low academic achievement, childhood sexual abuse, and mental health issues.¹³ Further, social determinants of health such as economic disadvantage, food insecurity, and housing instability have been associated with youth experiencing mental health and substance use concerns.¹⁴

The emergence of new substances such as opioids and other synthetic drugs, in addition to exacerbated mental health concerns in part due to the COVID-19 pandemic, have greatly impacted the context and importance of providing substance use support in schools through a harm reduction and restorative approach.

The [Illinois House Bill 3428](#) amends Public Act 103-0348 (School Code) and requires that a school district, public school, charter school, or nonpublic school shall (instead of may) maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose.¹⁵ To maintain compliance with state law, CPS will provide access to opioid antagonists, education, and training at every District, charter, contract, and options school. The [Administration of Medication Policy](#) adopted by the Chicago Board of Education in October 2023 was updated to include all stock emergency medication, including Narcan.¹⁶ The Office of Student Health and Wellness mental health team utilizes a holistic approach that prioritizes physical, mental, and social-emotional health to ensure that every student in every school is healthy, safe, supported, challenged, and engaged.



2.0%

of students have smoked
cigarettes in the
past 30 days

30.2%

of students have ever
used an electronic
vapor product (EVP)

11.8%

of students have ever
misused prescription
pain medication

Example of how to interpret the percentages in this report:

Among LGBTQ+ students,

16.1%

have ever tried cigarette smoking.

TRENDS

► Since 1999, the percent of students who currently use marijuana has decreased

Percentage of High School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Reported their first EVP was flavored <i>Among those who have ever used an EVP</i>	89.4	88.8	90.2	91.4	90.5	89.5	79.2	95.1 [◇]	82.3 [◇]

In the past 30 days...

Smoked cigarettes	2	3.5 [◇]	1.4 [◇]	—	—	2.3	—	1.8	2.2
Used an EVP	12.6	19.6 [◇]	9.9 [◇]	13.1	12.1	13.7	7.1	16.6 [◇]	8.8 [◇]
Drank alcohol	19.2	28.1 [◇]	15.5 [◇]	29.7 [◇]	14.2 [◇]	20.7 [◇]	10.5 [◇]	22.8 [◇]	15.4 [◇]
Used marijuana	16.6	24.8 [◇]	13.3 [◇]	22.1 [◇]	23.5 [◇]	12.9 [◇]	7.8 [◇]	20.2 [◇]	13.2 [◇]

In the past 12 months...

Tried to quit using all tobacco products <i>Among students who used any tobacco products during the 12 months before the survey</i>	53.2	59.9 [◇]	48.7 [◇]	52.4	50.9	54.4	55.9	55	50.3
Were offered, sold, or given an illegal drug on school property	18.3	25.2 [◇]	15.5 [◇]	20.4	15.5	19.6	17	18.7	17.6

Ever...

Tried cigarette smoking	11.5	16.1 [◇]	9.6 [◇]	20.0 [◇]	6.6 [◇]	13.0 [◇]	—	11.1	11.6
Used an EVP Tried cigarette smoking before age 13	4.1	6.1 [◇]	3.3 [◇]	—	4.1 [◇]	4.8 [◇]	—	4	3.9
Used an EVP	30.2	41.8 [◇]	25.3 [◇]	30.9	31	31.1	19.1	35.2 [◇]	25.0 [◇]

[◇] Significant difference between demographic groups ($p < 0.05$)

Percentage of High School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Tried an EVP before age 13	5	6.6	4.3	—	3.6	6.2	—	5.8	4.2
Drank alcohol	41.6	54.7 [◇]	36.1 [◇]	53.5 [◇]	35.3 [◇]	44.5 [◇]	27.3 [◇]	47.9 [◇]	35.3 [◇]
Tried alcohol before age 13	14.3	20.3 [◇]	11.7 [◇]	11.7	13.6	15.8	10.9	15.6	12.9
Used marijuana	29.3	39.5 [◇]	24.9 [◇]	33.2 [◇]	34.9 [◇]	26.5 [◇]	21.5 [◇]	34.0 [◇]	24.5 [◇]
Tried marijuana before age 13	4.3	6.6 [◇]	3.4 [◇]	—	5.8	4.5	—	4.3	4.4
Misused a prescription drug <i>Such as Adderall, Ritalin, or Xanax, and not counting prescription pain medicine such as Oxycontin, Percocet, Vicodin, or codeine</i>	5.1	7.6 [◇]	4.1 [◇]	7.5	3.9	5.1	—	4.6	5.6
Used any drug <i>Including marijuana, synthetic marijuana, cocaine, inhalants, heroin, methamphetamine, MDMA, illegal injection drugs, or prescription pain medicine without a prescription</i>	36.8	50.3 [◇]	31.1 [◇]	38.9 [◇]	42.4 [◇]	34.5 [◇]	28.9 [◇]	42.8 [◇]	30.8 [◇]
Misused prescription pain medicine	11.8	16.6 [◇]	9.9 [◇]	10.6	12	12.3	9.6	13.8 [◇]	9.9 [◇]
Used inhalants	4.2	6.9 [◇]	3.2 [◇]	—	4.3	5	—	4.3	4.3

[◇] Significant difference between demographic groups (p<0.05)



08

Sexual Health + Health Services

The CDC reports that 30% of U.S. high school students have ever had sexual intercourse, and 48% of those students did not use a condom the last time they had sex. When youth lack the knowledge or tools to make informed choices about their sexual health, they are more likely to acquire sexually transmitted infections (STIs) and experience unintended pregnancies.¹⁷ Understanding youth sexual behaviors is vital to developing interventions and providing health services that address social and cultural conditions affecting sexual health. Sexual health education and services in schools provide students with the necessary knowledge and tools to prevent HIV, STIs, and unintended pregnancy.¹⁸ CPS requires schools to provide students with sexual health services including healthcare referrals, free condoms for 5th–12th grade students, and free menstrual hygiene products (including pads and tampons). You can learn more about sexual health services on the [CPS website](#).¹⁹

CPS' school-based health centers (SBHCs) are primary healthcare sites located in or near schools that provide students and community members with easily accessible, high-quality, and age-appropriate health care. SBHCs offer health care services such as immunizations, physical exams, behavioral health care, chronic condition management, and sexual and reproductive health care. Currently, there are 31 SBHCs located throughout Chicago, 15 of which are open to the general public. You can review SBHC locations and guidelines [here](#).²⁰

The Office of Student Health and Wellness sexual health and LGBTQ+ support team provides students and staff with comprehensive and inclusive sexual health programming, policies, and training. The District's [Sexual Health Education Policy](#) requires that students receive personal health and safety education (grades pre-k–5) and sexual health education (grades 6–12) annually.²¹ Available training includes LGBTQ+-inclusive sexual health education teaching strategies, and all CPS staff are required to take an intensive training on supporting transgender, non-binary, and gender nonconforming students. The sexual health and LGBTQ+ support team also supports Gender and Sexuality Alliances (GSAs) in schools, which are student-run clubs that bring together LGBTQ+ and allied students to work toward creating a safe and LGBTQ+-inclusive school environment.



27.0%

of Chicago high school students have had sexual intercourse

Among sexually active students,
19.9%
used an IUD or birth control pills, implant, shot, pack, or ring

Among those who have ever had sexual intercourse,

4.1%

of students have ever been or gotten someone pregnant

24.0%

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

The percentage of students who have had an HPV vaccine has decreased since 2017

1.3%

of Chicago high school students have been told by a doctor or a nurse that they had epilepsy or a seizure disorder

Sexual Health

Percentage of High School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Had sexual intercourse for the first time before the age of 13	2.3	4.0 [◇]	1.6 [◇]	—	3.4	2.4	—	1.5	2.9
Had sexual intercourse within the last three months (currently sexually active)	18.5	22.2	17.1	15	21.7	19.1	11.1	18.5	18.8
Used a condom to prevent both pregnancy and sexually transmitted infections the last time they and their partner had sexual intercourse <i>Among those who have ever had sexual intercourse</i>	24.5	18.4 [◇]	27.3 [◇]	—	28.4	20.9	—	27	22.6

Among those currently sexually active...

Used an IUD or birth control pills, implant, shot, pack, or ring	19.9	29.1 [◇]	16.2 [◇]	—	12.9	24.3	—	26.5 [◇]	14.0 [◇]
Used a condom during the last time they had sexual intercourse	53.3	46.9	56.7	78.1 [◇]	56.0 [◇]	47.2 [◇]	47.3 [◇]	48	58.3
Did not use any method to prevent pregnancy during the last time they had sexual intercourse with an opposite-sex partner	19.2	—	20.7	—	26	20.3	—	18.8	19.6

In the past 12 months...

Got condoms at school for themselves or their partner to use	10.6	13.6 [◇]	9.3 [◇]	9.3	10	11.6	8.1	8.7 [◇]	12.5 [◇]
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Ever...

Had sexual intercourse	27	31.1	25.3	20.4 [◇]	33.8 [◇]	26.9 [◇]	16.2 [◇]	24.7	29.3
Had sexual intercourse with four or more persons	4.6	5.2	4.3	—	7.0 [◇]	4.9 [◇]	—	2.8 [◇]	6.3 [◇]
Had oral sex	23.4	30.0 [◇]	20.7 [◇]	24.9 [◇]	29.5 [◇]	21.3 [◇]	13.5 [◇]	21.8	24.9

[◇] Significant difference between demographic groups (p<0.05)

Health Services

In the past 12 months...

Were tested for an STI (other than HIV)	7.1	9.5 [◇]	6.1 [◇]	—	11.3 [◇]	6.6 [◇]	—	7.5	6.7
Saw a dentist (for a check-up, exam, teeth cleaning, or other dental work)	67.8	66.3	68.5	85.0 [◇]	59.0 [◇]	67.5 [◇]	73.1 [◇]	67.4	68.3
Saw a doctor or nurse for a check-up	66.4	67.1	66	79.5 [◇]	62.2 [◇]	64.3 [◇]	72.6 [◇]	67.5	65.3

Ever...

Were taught about about AIDS or HIV infection in school	67.8	68.5	67.6	73.8	66.8	66.3	72.1	67.4	68.5
Been tested for HIV	9.1	10.2	8.7	—	13.1 [◇]	8.4 [◇]	—	8.2	10.1
Received an HPV vaccine	24	29.9 [◇]	21.6 [◇]	51.0 [◇]	18.5 [◇]	19.2 [◇]	30.1 [◇]	26.2	22

[◇] Significant difference between demographic groups (p<0.05)

009

School Safety + Violence

Many students are impacted by bullying or violence throughout their adolescence. Bullying and violence can be physical, verbal, social, or electronic.²² These experiences can have lasting impacts on students' physical, mental, and emotional health and have been shown to disproportionately impact the LGBTQ+ student population. During the pandemic, many students lost consistent access to affirming student organizations and supportive staff.²³ Understanding experiences and perceptions of safety and violence can help reduce the frequency of bullying and violence, as well as better support those impacted. Youth can greatly benefit from trauma-informed care and environments that are safe and supportive for all.

The CPS Office of Safety and Security partners with schools and communities to identify and address safety concerns that directly impact students and staff to foster secure and supportive school environments that help students learn and thrive. This office also serves schools across the District through robust safety supports, clinical and crisis management, the Safe Passage program, safety initiatives, and background checks. Students and families can call the Crisis Team Hotline with safety concerns and questions at 773-553-1792 or the Student Safety Center at 773-553-3335.



12.3%

of high school students were electronically bullied

11.8%

of high school students experienced any dating violence

13.8%

of high school students missed school because they felt unsafe while at school or on their way to or from school

2.1%

of high school students were physically abused by an adult

Among LGBTQ+ students,

46.3%

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

TREND

► No change in the percentage of students who felt unsafe while at school or on their way to or from school in the past ten years

School Safety

Percentage of High School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
Missed school because they felt unsafe at school or on their way to or from school	13.8	19.0 [◇]	11.6 [◇]	11.2	12.1	16	9.8	17.1 [◇]	10.3 [◇]
Carried a weapon on school property	2.3	3	2	—	1.8	2.8	—	2	2.5

In the past 12 months...

Were threatened or injured with a weapon on school property	10	15.5 [◇]	7.8 [◇]	10.9	8.9	10.9	6.9	9.8	10.3
Were bullied on school property	12.6	20.6 [◇]	9.2 [◇]	14.6	11.5	13	10.1	14.8 [◇]	10.5 [◇]
Were in a physical fight on school property	8	7.7	8	—	12.5 [◇]	7.4 [◇]	—	6.8	9.2
Agreed or strongly agreed that they felt close to people at their school	59.7	56.7	61	73.6 [◇]	58.4 [◇]	57.3 [◇]	58.5 [◇]	57.5	62.3

Safety + Violence

In the past 12 months...

Were electronically bullied	12.3	20.4 [◇]	8.9 [◇]	13.7	11.7	12.3	12.6	15.3 [◇]	9.4 [◇]
Were in a physical fight	16.8	18.1	16.2	12.7	20.5	16.6	11.2	13.3 [◇]	20.3 [◇]
Experienced any sexual violence	9.7	19.6 [◇]	5.8 [◇]	11.1	7.2	10.8	10.3	13.8 [◇]	5.9 [◇]
Experienced dating violence, including physical and sexual dating violence	11.8	17.6 [◇]	9.4 [◇]	—	11.1	13	—	13.6	10.1
Experienced sexual dating violence	5.9	12.2 [◇]	3.2 [◇]	—	3.6	7.2	—	8	3.8
Experienced physical dating violence	7.3	8.3	6.9	—	9.1	7.6	—	7.1	7.6

[◇] Significant difference between demographic groups (p<0.05)

Safety + Violence cont.

Ever...

Slept away from home because they were kicked out, ran away, or abandoned	2.9	5.3 [◇]	1.9 [◇]	—	4	2.8	—	3.1	2.8
Witnessed physical abuse between adults in the home	1.4	2.9 [◇]	—	—	—	1.7	—	1.8	—
Physically abused by an adult	2.1	5.0 [◇]	—	—	2.9	2.4	—	2.7	1.6
Physically forced to have sexual intercourse	6	12.6 [◇]	3.4 [◇]	—	6.6	6.7	—	9.9 [◇]	2.4 [◇]
Seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood	40.8	47.4 [◇]	38.2 [◇]	31.1 [◇]	48.5 [◇]	41.0 [◇]	28.8 [◇]	40.4	41
Treated badly or unfairly because of their race or ethnicity	31	39.5 [◇]	27.6 [◇]	16.1 [◇]	29.1 [◇]	33.3 [◇]	48.0 [◇]	34.7 [◇]	27.6 [◇]
Treated badly or unfairly because of their sexual orientation	17.5	46.3 [◇]	5.7 [◇]	23.3 [◇]	15.6 [◇]	15.9 [◇]	24.2 [◇]	22.1 [◇]	12.5 [◇]
Forced to work or do something illegal by someone who got money or something of value for what they did	2.3	3.5 [◇]	1.8 [◇]	—	—	2.2	—	1.6	3.1
Been stopped, questioned, or searched by police	26.4	30	25	25.3 [◇]	34.1 [◇]	24.8 [◇]	12.8 [◇]	20.2 [◇]	32.7 [◇]

◇ Significant difference between demographic groups (p<0.05)

A young man with a bright smile, wearing a white chef's hat and a white chef's jacket, stands in a kitchen. He is holding a framed photograph of himself in a similar pose. The entire image has a green color overlay. On his jacket, there is a patch that reads "CHICAGO PUBLIC SCHOOLS CPS" and "Cooking up C...".

10

Diet + Exercise

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

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



19.0%

of high school students did not get 60 minutes of exercise on any one day in the past week

22.0%

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

14.2%

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

16.5%

more female students than male students have tried to lose weight or keep from gaining weight by skipping meals, going without eating for 24 hours or more, taking diet pills, powders, or liquids; vomiting or taking laxatives; or smoking cigarettes

2.2%

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

Percentage of High School Students Who:	All	LGBTQ+	Non-LGBTQ+	White	Black	Hispanic or Latinx	Other	Female	Male
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In the past seven days...

Ate vegetables one or more times	85.8	86.8	85.3	96.1 [◇]	83.1 [◇]	84.3 [◇]	88.6 [◇]	86.9	84.6
Ate fruit one or more times	91.1	89.1	91.9	—	88.4 [◇]	91.9 [◇]	88.0 [◇]	91.5	90.5
Drank a can, bottle, or glass of soda or pop every day (not counting diet soda or pop)	16.4	18.7	15.5	12.8	19.1	17.2	8	17.2	15.6
Did not eat breakfast	22	21.4	22.2	12.4 [◇]	23.8 [◇]	23.4 [◇]	23.4 [◇]	21.7	22.4
Did not participate in at least 60 minutes of physical activity on at least one day	19	19.9	18.5	12.7	21.1	19.1	19.5	20.4	17.3
Drank a cup, can, or bottle of coffee, coffee drinks, or any kind of tea one or more times per day	13.4	17.0 [◇]	11.8 [◇]	17.8 [◇]	8.5 [◇]	15.0 [◇]	12.7 [◇]	14.6	12

In the past 30 days...

<i>Have to avoid some foods because eating the food could cause an allergic reaction</i>	14.3	19.4 [◇]	12.2 [◇]	16.5 [◇]	18.9 [◇]	11.0 [◇]	16.4 [◇]	17.9 [◇]	10.8 [◇]
Tried to lose weight or keep from gaining weight by skipping meals or going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; or smoking cigarettes	23.8	39.4 [◇]	17.4 [◇]	23.0 [◇]	19.6 [◇]	27.4 [◇]	16.4 [◇]	32.1 [◇]	15.6 [◇]
Ate an amount of food that most people would consider to be very large in a short period of time, sometimes called an "eating binge"	28.9	38.2 [◇]	25.0 [◇]	27.7	25.6	30.7	28.8	30.5	27.1

[◇] Significant difference between demographic groups ($p < 0.05$)

In the past 12 months...

Participated in one or more physical activity-based teams, clubs, or activities. <i>Includes sports, dance, cheerleading, color guard, gymnastics, or other teams, clubs, or activities run by their school or community groups</i>	54.9	51.4	56.4	67.2 [◇]	59.9 [◇]	49.2 [◇]	55.4 [◇]	52.0 [◇]	58.1 [◇]
Had a concussion from playing a sport or being physically active	11.8	11.8	11.8	10	12.8	12.4	7.1	9.0 [◇]	14.5 [◇]

Ever...

Most of the time or always went hungry because there was not enough food in their home	2.2	2.9	1.9	—	3.2	1.7	—	1.9	2.5
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[◇] Significant difference between demographic groups (p<0.05)

NOTE While YRBS asks questions around body mass index (BMI), those data points have not been included in this report. CPS recognizes that BMI is a complex indicator that does not represent the complexity and nuances of health. This indicator is uniquely stigmatized, and a negative representation of this indicator may, in itself, have negative health consequences for the community (Pulh, 2010). Emphasis on obesity distracts from the relationship between behaviors or environments and conditions or disease outcomes. BMI data is available through the CDC main data page [CDC's YRBSS page](#).

A photograph of a smiling man with short dark hair, wearing a light-colored safety vest over a t-shirt. The t-shirt features a graphic of a sun rising over a city skyline with the text 'FOR RAHMEMANUE' and 'SUMMER' below it. The background is a chain-link fence. The entire image is overlaid with a dark blue tint.

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Citations

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HEALTHY CPS

— OFFICE OF STUDENT HEALTH & WELLNESS —

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