



2021 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 critical information about our students since 1993. The YRBS asks students questions about behaviors that impact their physical, mental, and social-emotional health. This publication shares the first snapshot of BPS students' health and risk behaviors since the COVID-19 pandemic began. Conducted in the fall of 2021, these data give us insight into the impact of the historical events on the wellbeing of our students.

Boston Public Schools is proud to be a part of this state and national effort to monitor behaviors related to key health outcomes for youth, particularly youth disproportionately impacted by COVID-19. 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.

Our district remains committed to meeting the needs of the whole child, for every student in every classroom. This commitment is rooted in an understanding that addressing students' physical and mental health, emotional wellbeing, and positive development is directly linked with academic success. Additionally, our key academic priority, Equitable Literacy across all content areas, and core instruction grounded in high quality, culturally and linguistically responsive instructional materials will strengthen our students ability to improve and maintain their health and the health of their families and communities.

To address the health risk behaviors in this publication, BPS takes a Whole School, Whole Community, Whole Child approach, in order to make sure students have the services, supportive environment, and educational instruction to be healthy now and for their lifetime.

On behalf of the entire Boston Public Schools community, thank you for your efforts to promote health and wellness in our schools.

Sincerely,

A handwritten signature in black ink that reads "Mary Elgert-Skipper". The signature is written in a cursive, flowing style.

Mary Skipper
BPS Superintendent

YRBS OVERVIEW

The YRBS is a self-administered, anonymous 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 2021 YRBS was completed by 1,246 students in 30 BPS middle schools in Boston during the fall of 2021. The school response rate was 100%, the student response rate was 84%, and the overall response rate was 84%. 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

The intent of this report is 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 closer looks at significant differences by demographic student groups, and ends with key intervention strategies.



NOTE ON SUBGROUP DATA BASED ON RACE & ETHNICITY

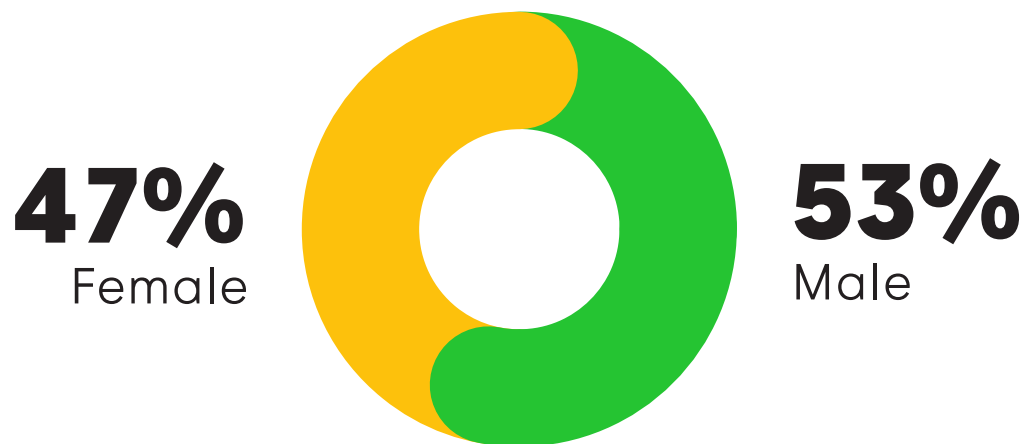
Throughout this publication, we use the race and ethnicity categories established by the CDC's research methodology. Race/Ethnicity is determined by two questions: 1) "Are you Hispanic or Latino?" and 2) "What is your race?". Students are categorized as Hispanic if they answered "yes" to the first question, regardless of how they answered the second question. We have chosen to 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: American Indian or Alaska Native, Asian, Black, Native Hawaiian or other Pacific Islander, White, or Multiracial (selecting 2+ races). While this research methodology is common practice, we acknowledge its limitations for describing racial and ethnic identities.

STUDENT 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.

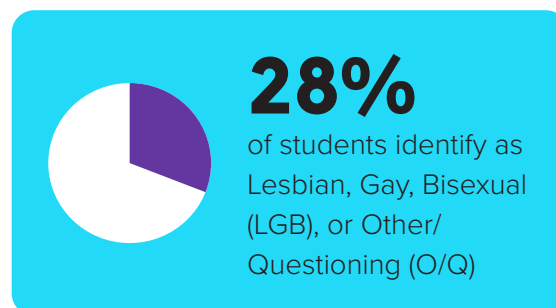
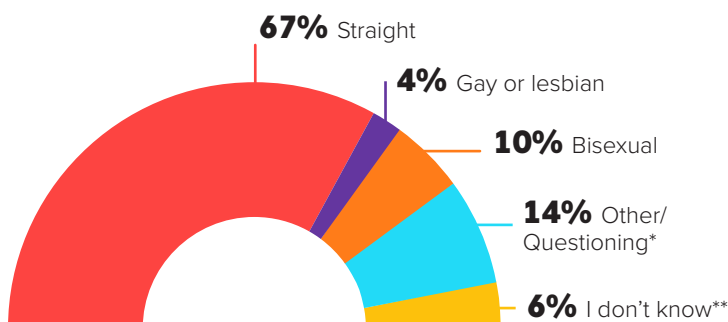
3% I am transgender



4% 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. These results show an increase in the percent of students not identifying as straight.

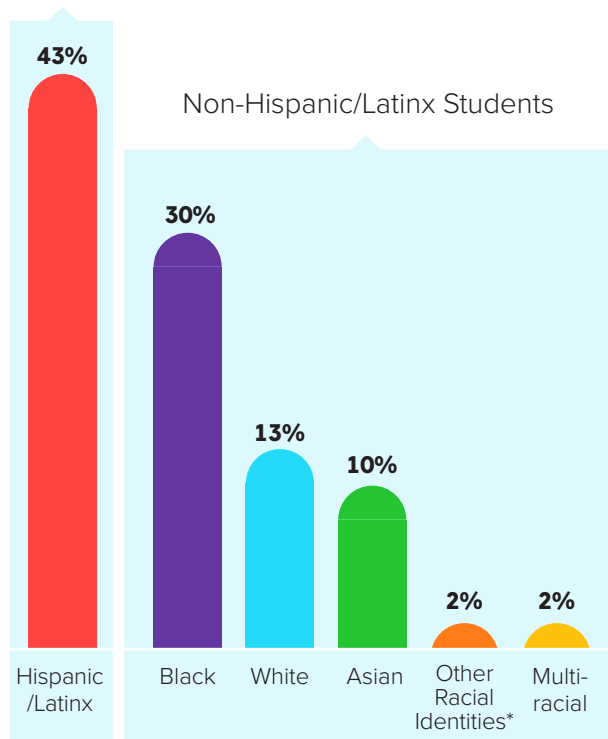


* Includes students who responded 'I describe my sexual identity some other way' or 'I am not sure about my sexual identity (questioning)'

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

RACE ETHNICITY

Latinx students come from a variety of racial backgrounds. Approximately, **88%** of Latinx students identified with one or more racial categories. **12%** of Latinx students did not identify with any racial category.

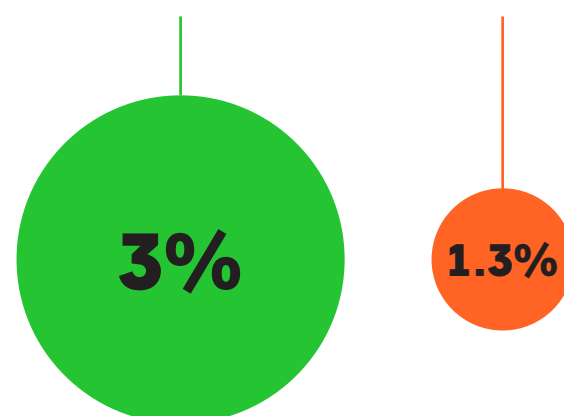


* American Indian, Alaska Native, or Native American; Native Hawaiian or Other Pacific Islander; None of the racial identities offered

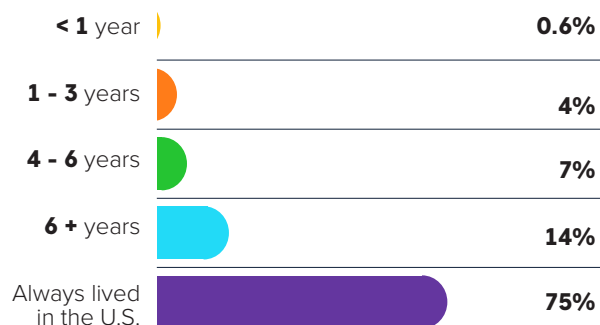
HOUSING

Experienced homelessness or housing insecurity

Were kicked out, ran away or abandoned



TIME LIVED IN THE U.S.



What BPS middle school students told us about...

PHYSICAL ACTIVITY

RISK & PROTECTIVE FACTORS

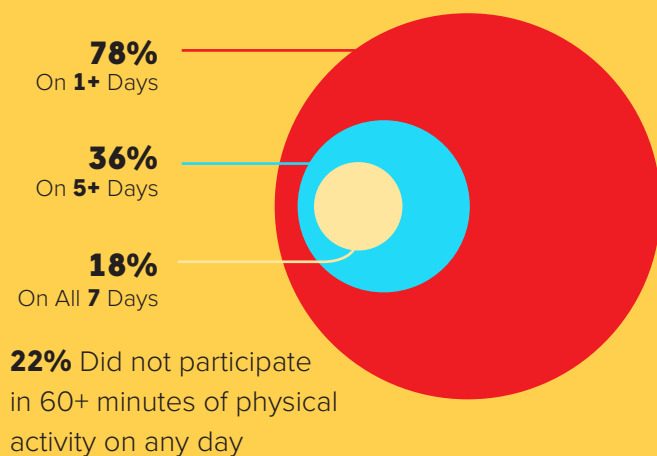
Regular physical activity helps youth improve heart and lung fitness, build strong bones and muscles, control weight, and reduce symptoms of anxiety and depression. Physical inactivity increases the risk of developing chronic health conditions including

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)

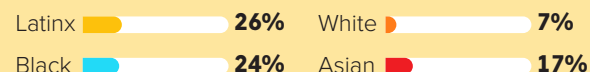
MODERATE-TO-VIGOROUS PHYSICAL ACTIVITY

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. Less than **1 out of 5 students** met the CDC's guidelines for daily physical activity.



SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY:

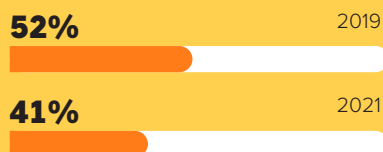
Latinx, Black, and Asian students were more likely to **not participate in at least 60 minutes of physical activity on any day** compared to White students.*



* Based on t-test analyses, $p < 0.05$

SPORTS

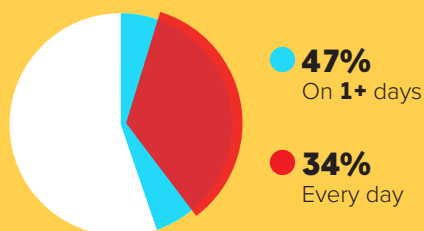
Played on at least one sports team*



* Significant decrease based on t-test analyses, $p < 0.05$

ACTIVE TRANSPORTATION

Walk or ride a bicycle to or from school



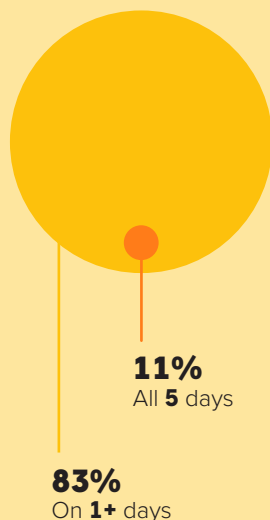
INACTIVITY

Spent **3+** hours per day on screen time (not including for school work)

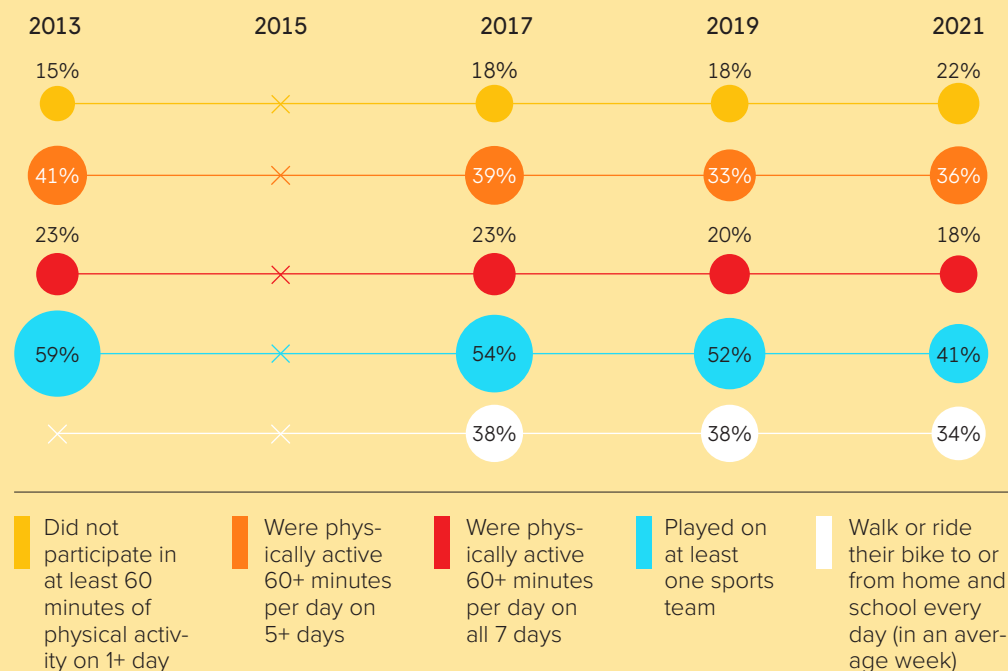


PHYSICAL EDUCATION

Attended physical education classes in an average week



LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †

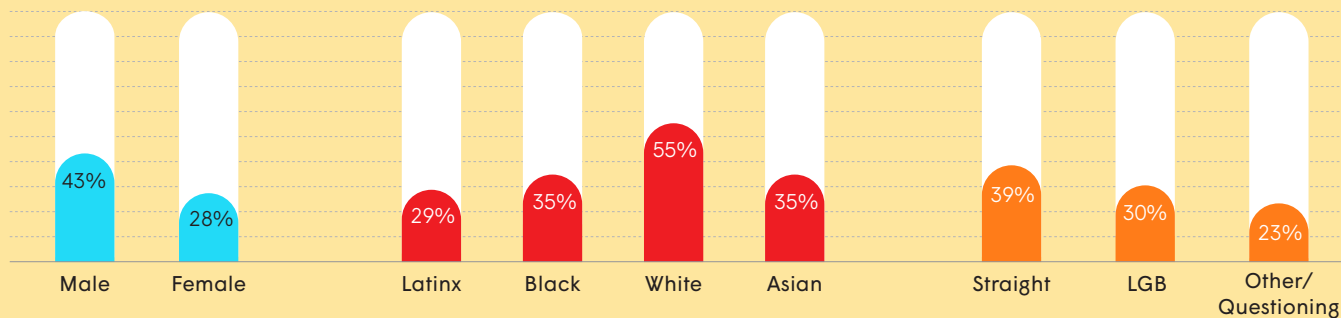


x = no data point; MS YRBS not administered in 2015

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

A CLOSER LOOK AT PHYSICAL ACTIVITY PARTICIPATION

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



* M>F | B>L, W>A, W>B, W>L | Straight>GLB, Straight>O/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.

What BPS middle 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

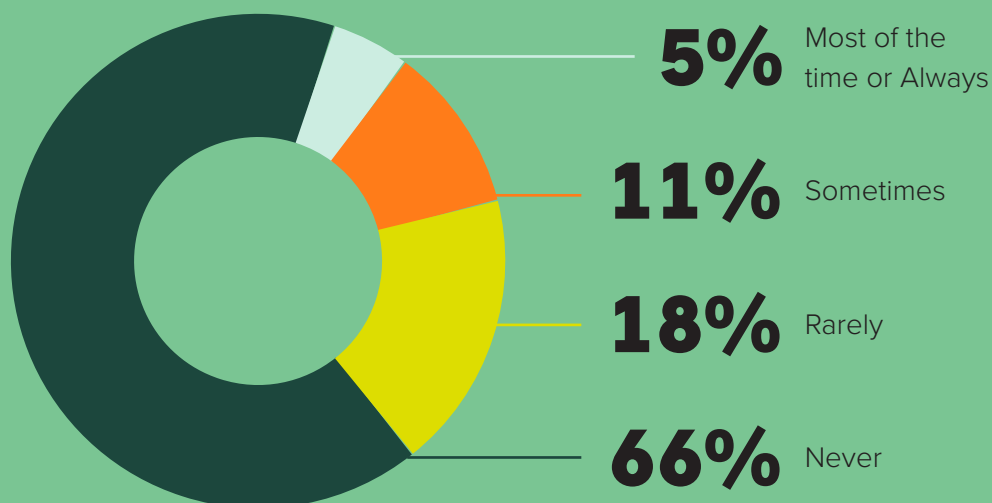
disease, Type 2 diabetes, cancer, osteoporosis, iron deficiency, and dental cavities. Food insecurity puts youth at risk of developing these health issues.

(Source: CDC, SAMHSA)

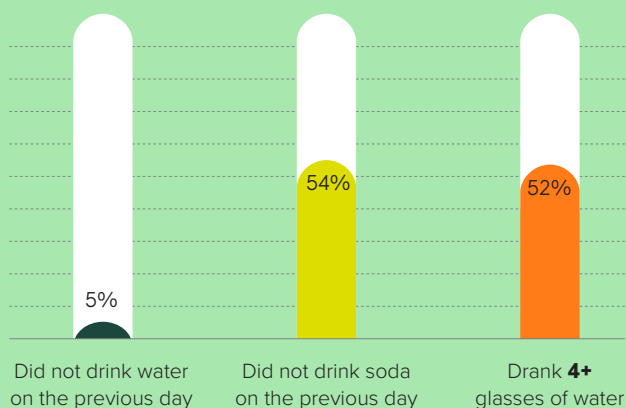
HUNGER

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.

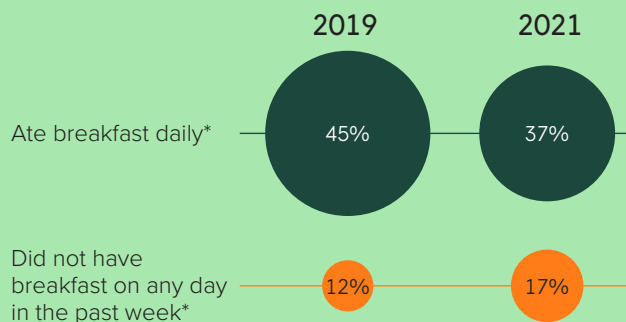
Middle school students were asked if they ever **went hungry because of a lack of food in their home in the past month.**



DAILY BEVERAGES

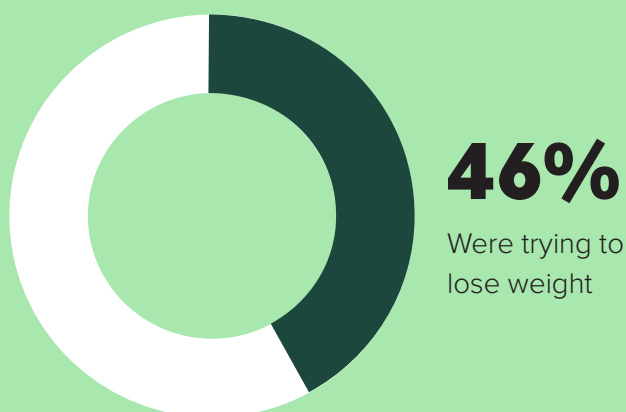


MEALS



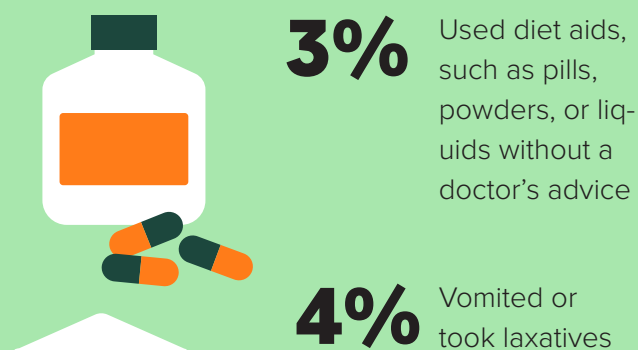
* Significant change based on t-test analyses, $p < 0.05$

WEIGHT LOSS

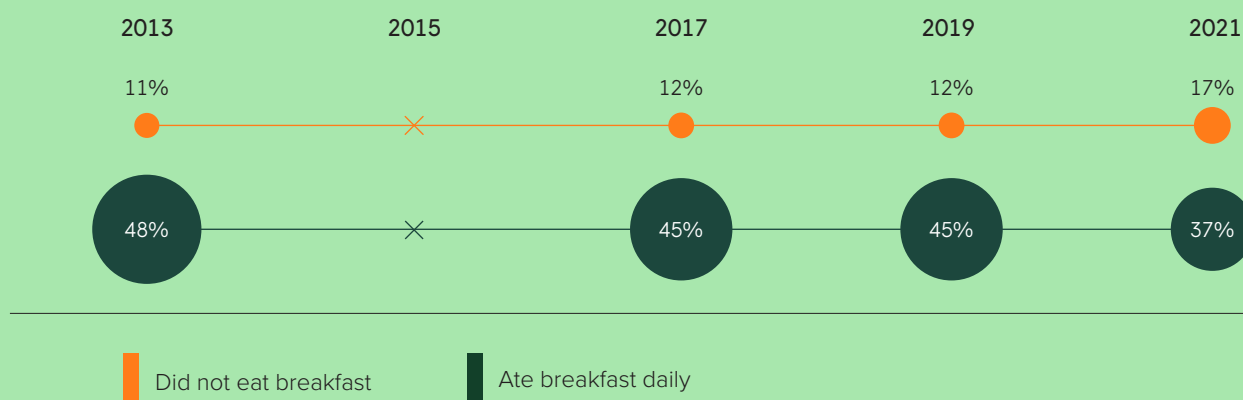


UNHEALTHY WEIGHT CONTROL

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



LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †



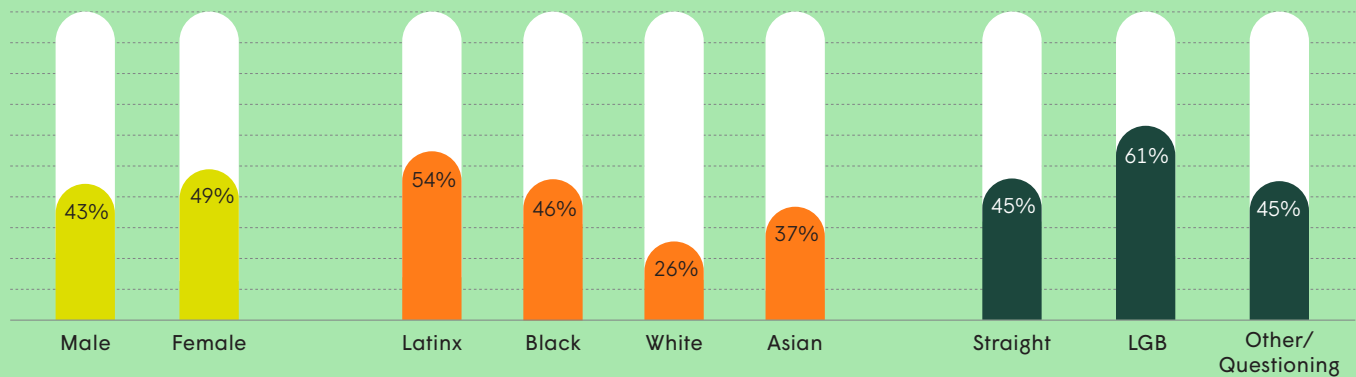
× = no data point; MS YRBS not administered in 2015

† 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

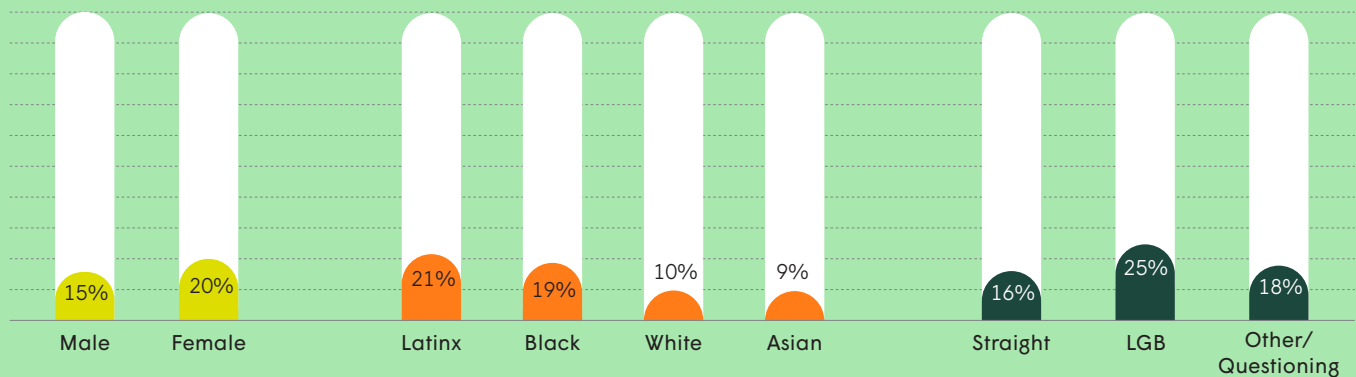
Significant differences (based on t-test analyses, $p < 0.05$) in weight loss behavior, eating breakfast, and unhealthy weight management.

WERE TRYING TO LOSE WEIGHT ^a



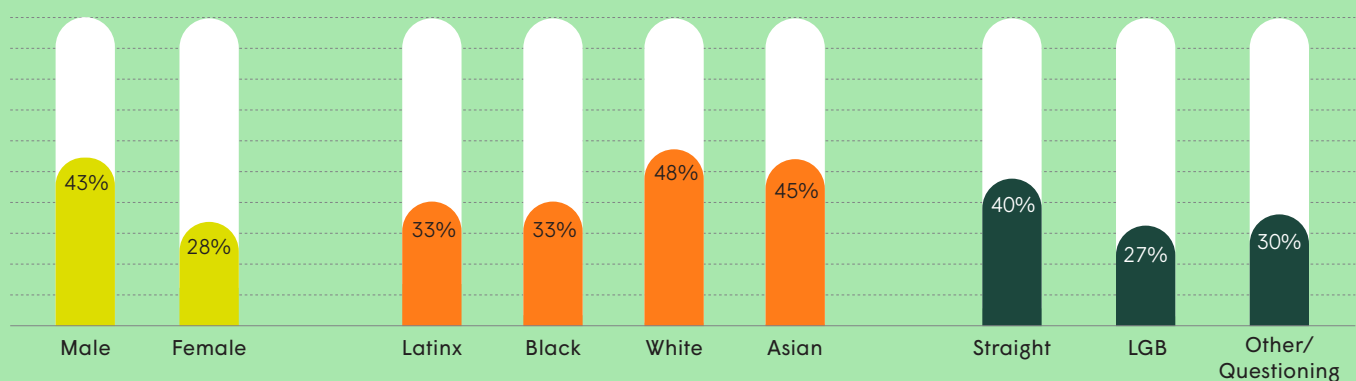
^a F>M | L>A, L>B, L>W, A>W, B>W | LGB>Straight, LGB>O/Q

DID NOT EAT BREAKFAST ON ANY DAY ^b



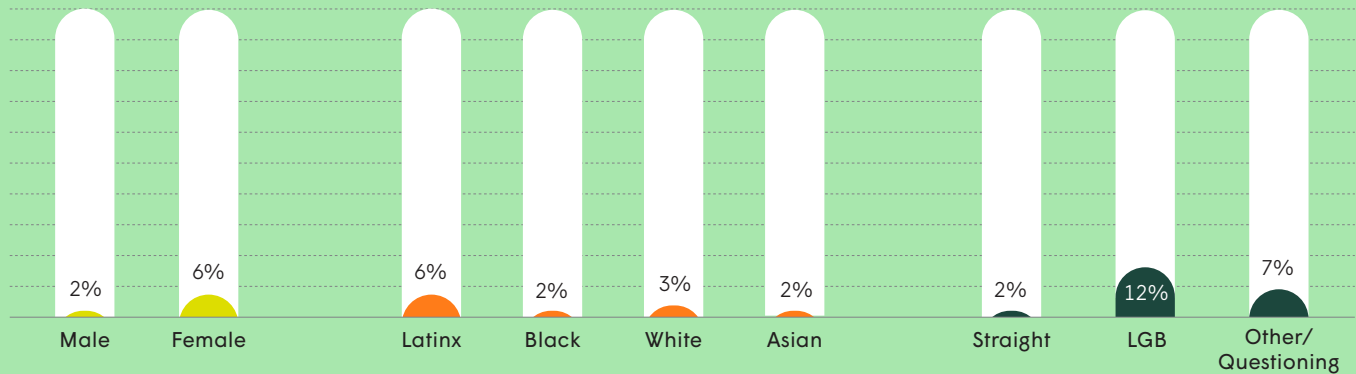
^b F>M | B>A, B>W, L>A, L>W | LGB>Straight

ATE BREAKFAST DAILY ^c



^c M>F | A>L, W>B, W>L | Straight>LGB, Straight>O/Q

VOMITED OR TOOK LAXATIVES TO MANAGE WEIGHT ^d



^d F>M | L>A, L>B | LGB>Straight, O/Q>Straight

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 so it is an important place to make change.

SCHOOL NUTRITION ENVIRONMENT

Staff Role Modeling ● Advertising & Marketing ● Health Education

Promoting health through nutrition in all school settings

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 middle school students told us about...

SOCIAL, EMOTIONAL & MENTAL HEALTH

RISK AND 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.

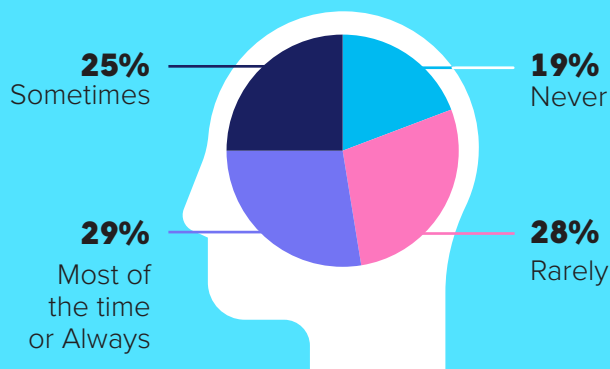
(Source: CDC)

GETTING HELP

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

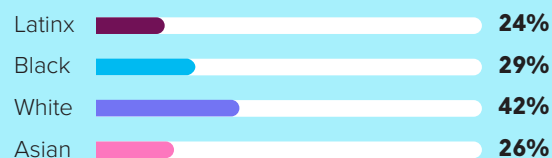
74% | Felt sad, empty, hopeless, angry, or anxious

They got the help they needed:



SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY:

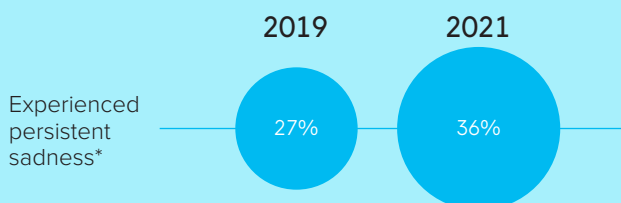
White students were more likely than Latinx, Black, and Asian students to report that when they feel sad, empty, hopeless, angry, or anxious they **most of the time or always get the kind of help they need.***



* Based on t-test analyses, $p < 0.05$

PERSISTENT SADNESS

There has been a significant increase since 2019 in the percentage of students reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.



* Significant increase based on t-test analyses, $p < 0.05$

SUFFICIENT SLEEP

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

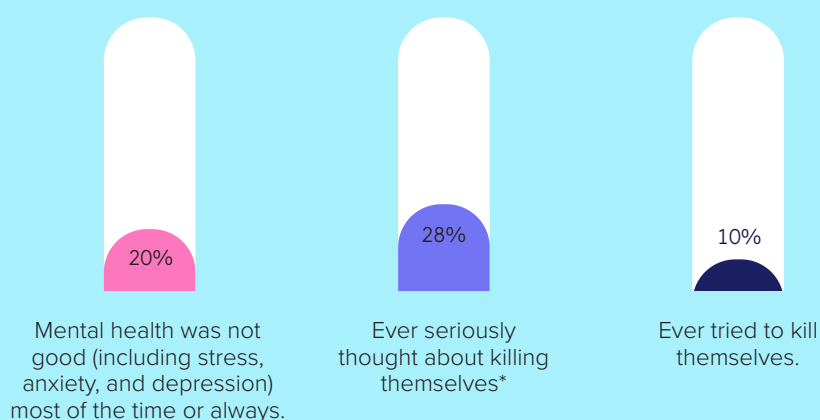


EXPERIENCE OF BIAS

Felt that they were treated badly or unfairly because of their race or ethnicity sometimes, most of the time, or always.



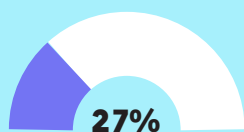
MENTAL HEALTH & SUICIDALITY



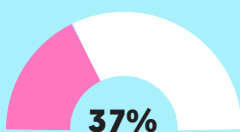
*Significantly increased from 23% in 2019, based on t-test analyses, $p < 0.05$

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.



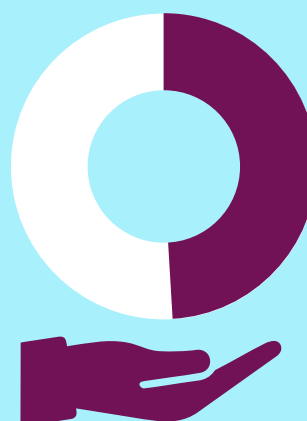
Were ever bullied on school property



Were ever electronically bullied*

*Significantly increased from 21% in 2019, based on t-test analyses, $p < 0.05$

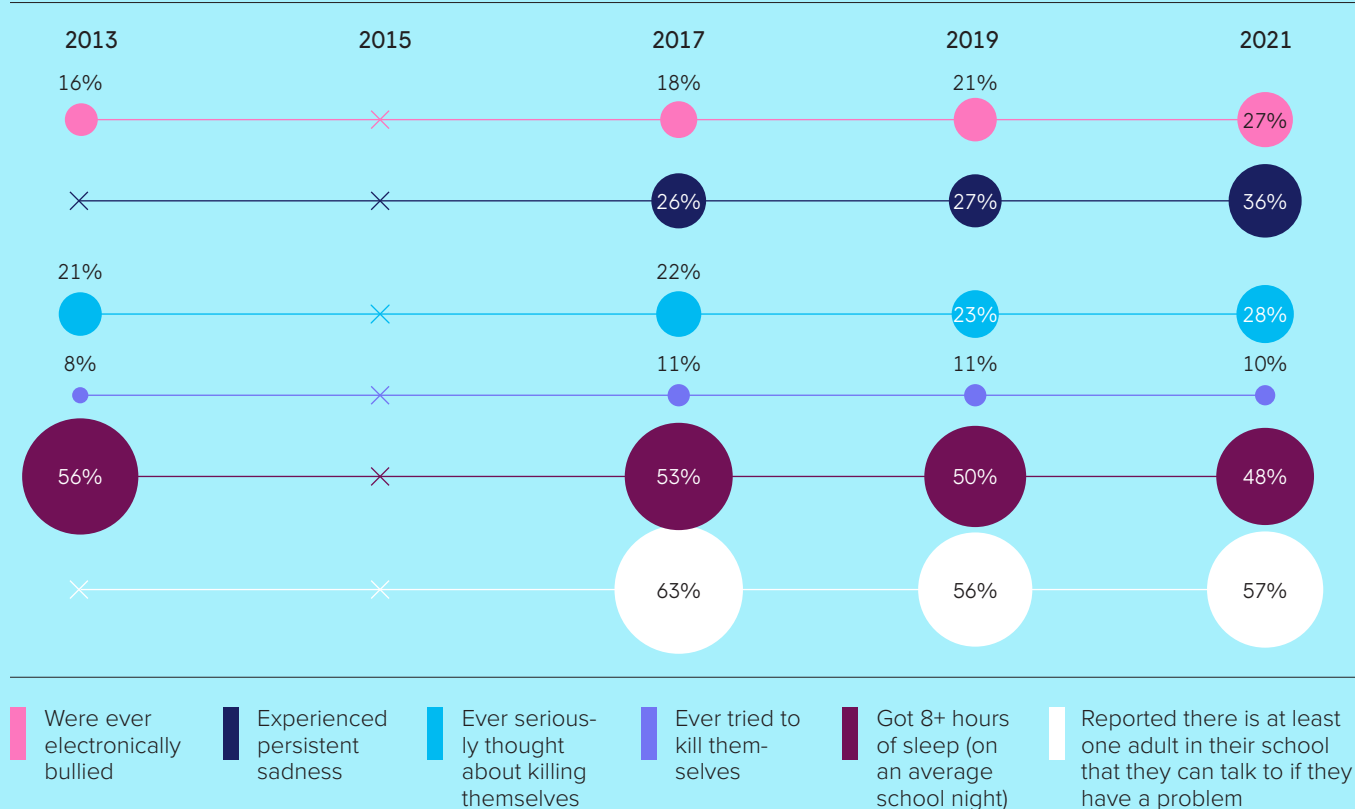
SCHOOL SUPPORT



48%

Had 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 †



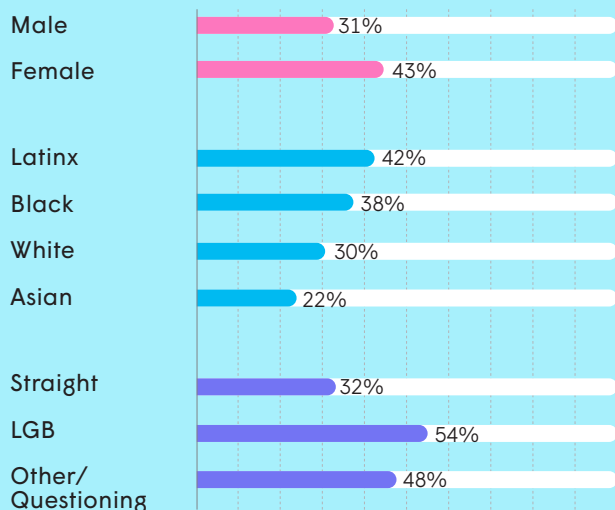
x = no data point; MS YRBS not administered in 2015

† 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

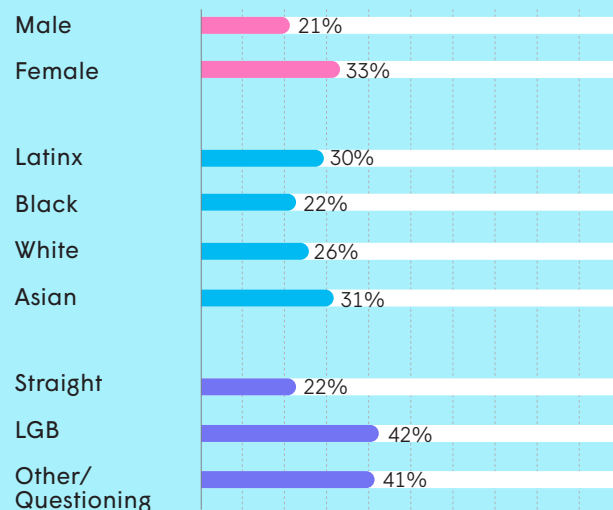
Significant differences (based on t-test analyses, $p < 0.05$) in bullying, mental health, and suicidality.

WERE EVER BULLIED ON SCHOOL PROPERTY ^a



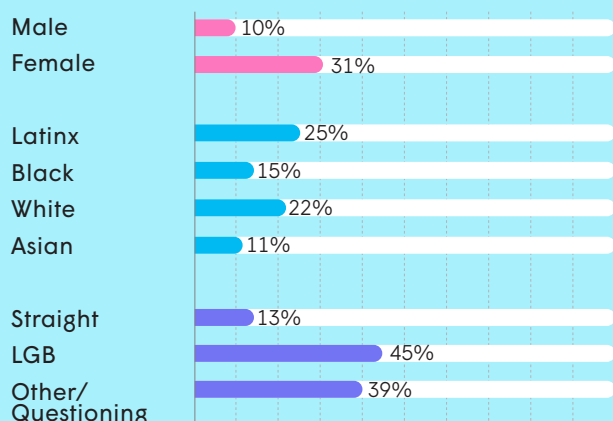
^a F>M | B>A, L>A, L>W | LGB>Straight, O/Q>Straight

WERE EVER ELECTRONICALLY BULLIED ^b



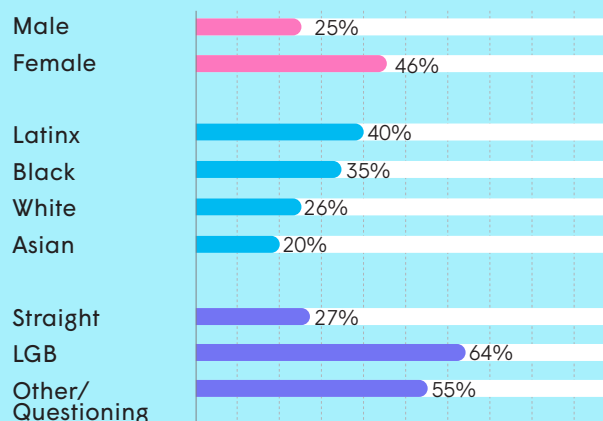
^b F>M | A>B, L>B | LGB>Straight, O/Q>Straight

MENTAL HEALTH WAS NOT GOOD (INCLUDING STRESS, ANXIETY, AND DEPRESSION) MOST OF THE TIME OR ALWAYS ^c



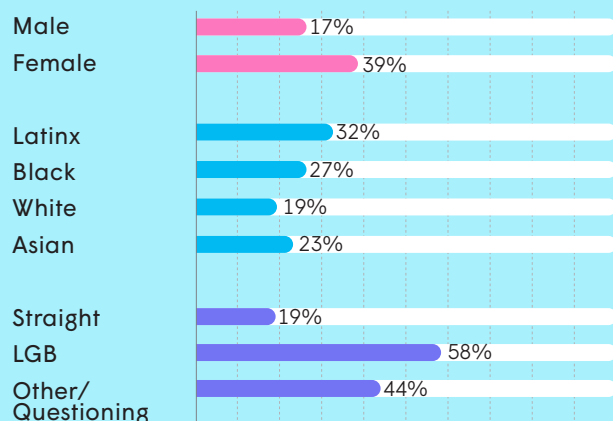
^c F>M | L>A, L>B, W>A | LGB>Straight, O/Q>Straight

EXPERIENCED PERSISTENT SADNESS ^d



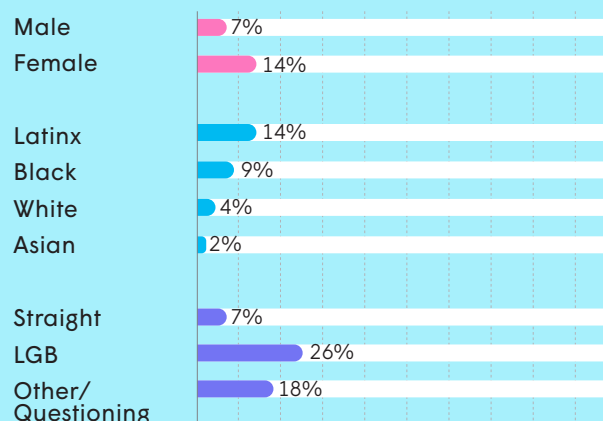
^d F>M | B>A, L>A, L>W | LGB>Straight, O/Q>Straight

EVER SERIOUSLY THOUGHT ABOUT KILLING THEMSELVES ^e



^e F>M | B>W, L>A, L>W | LGB>Straight, O/Q>Straight, LGB>O/Q

EVER TRIED TO KILL THEMSELVES ^f



^f F>M | B>A, L>A, L>B, L>W | LGB>Straight, O/Q>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 middle school students told us about...

INJURY & VIOLENCE

RISK & PROTECTIVE FACTORS

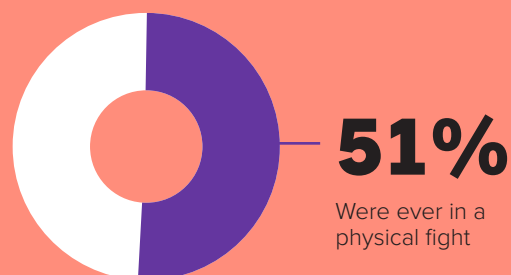
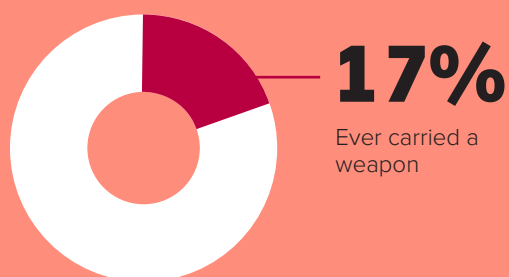
Unintentional injuries are the leading cause of illness, death, and disability among children in the United States. Youth violence, also a leading cause of death for young people, has serious and lasting effects on the physical, mental, and social health of young people and results in more than 400,000 nonfatal injuries each year.

Addressing policy, systems, and environmental change as well as community and individual education are key protective factors.

(Source: CDC)

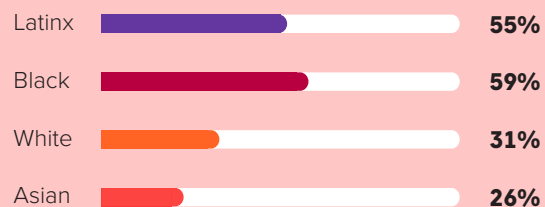
VIOLENCE

Students were asked about physical fights and carrying weapons.



SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY:

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



* Based on t-test analyses, $p < 0.05$

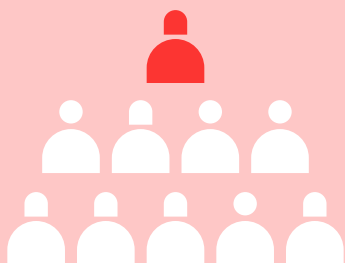
DATING & SEXUAL VIOLENCE

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.

10%

Ever experienced sexual violence

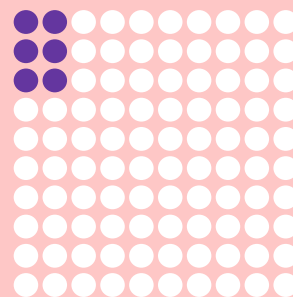


PHYSICAL DATING VIOLENCE

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

6%

Ever experienced physical dating violence (among students who have ever dated or gone out with someone)



TRANSPORTATION SAFETY



14%

Ever rode in a car with a driver who had been drinking alcohol



65%

Rarely or never wore a bike helmet when riding a bike

SIGNIFICANT DIFFERENCES BY GRADE LEVEL:

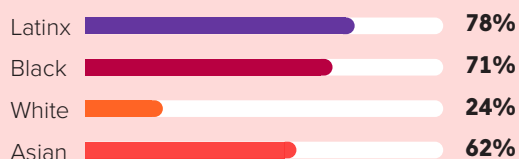
8th graders are more likely to **have ever rode in a car with a driver who had been drinking alcohol** than 6th and 7th graders and 7th graders more likely than 6th graders.*



* Based on t-test analyses, $p < 0.05$

SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY:

Latinx, Black, and Asian students are more likely to **rarely or never wear a bike helmet when riding a bike** than White students; Latinx students more likely than all their peers.*



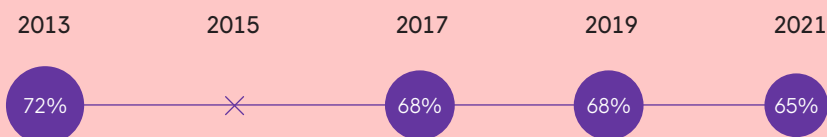
* Based on t-test analyses, $p < 0.05$

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

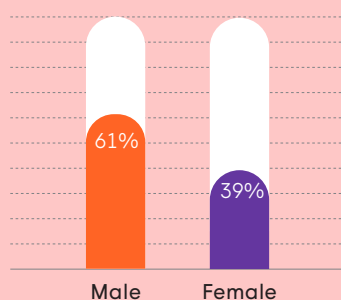
x = no data point; MS YRBS not administered in 2015

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

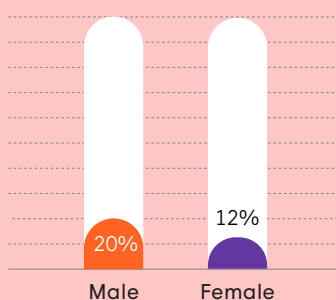
A CLOSER LOOK BY SEX

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

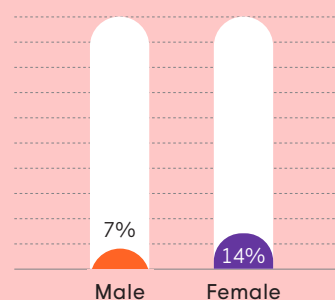
Were ever in a physical fight ^a



Ever carried a weapon ^b



Ever had someone make them do sexual things they did not want to do ^c



^aM > F | ^bM > F | ^cF > 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 middle 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

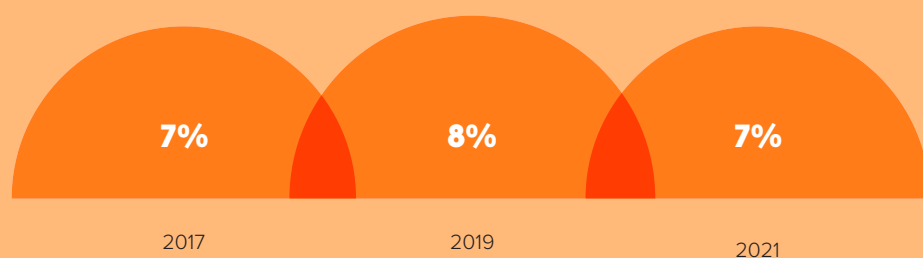
mental illnesses. Strong family, school, and community involvement and connectedness are particularly important to building health decision-making skills.

(Source: CDC, SAMHSA)

VAPING NICOTINE

Vaping is an emerging issue of concern among youth. There have been no significant changes over time since 2017.* Keeping an eye on this data point as vaping becomes more accessible to young people is important.

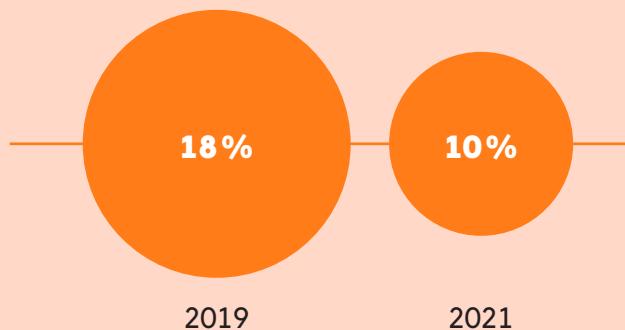
Used vaping products in the past month.



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

TOBACCO USE

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



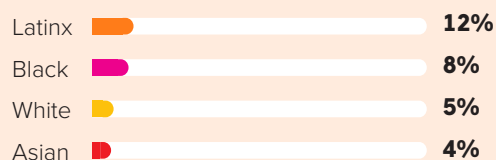
* Significant decrease based on t-test analyses, $p < 0.05$



Did not smoke cigarettes
in the past month

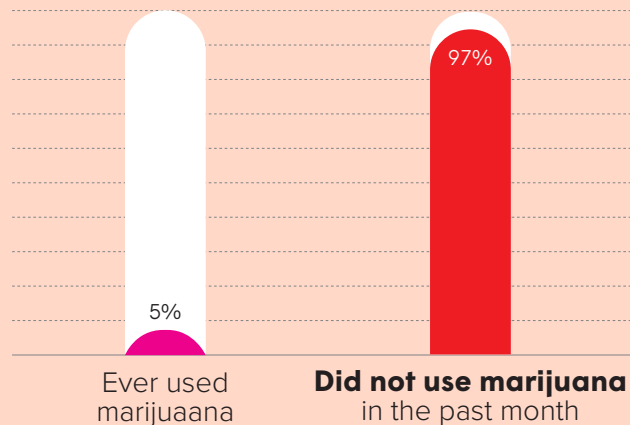
SIGNIFICANT DIFFERENCES BY RACE/ETHNICITY:

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

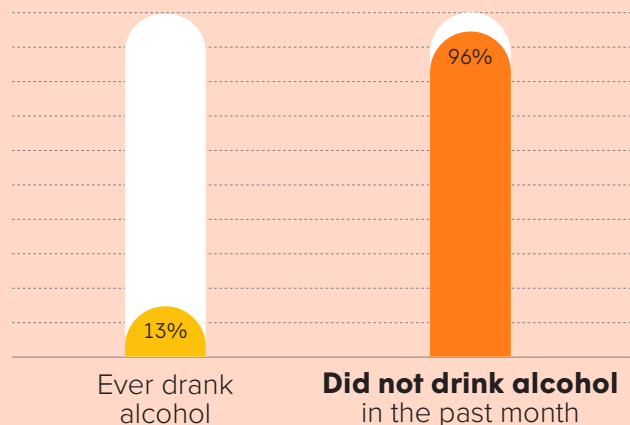


* Based on t-test analyses, $p < 0.05$

MARIJUANA USE



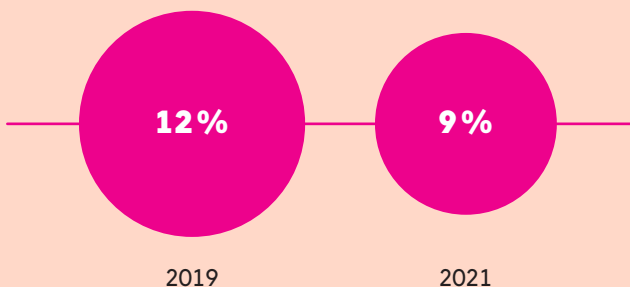
ALCOHOL USE



OTHER DRUG USE

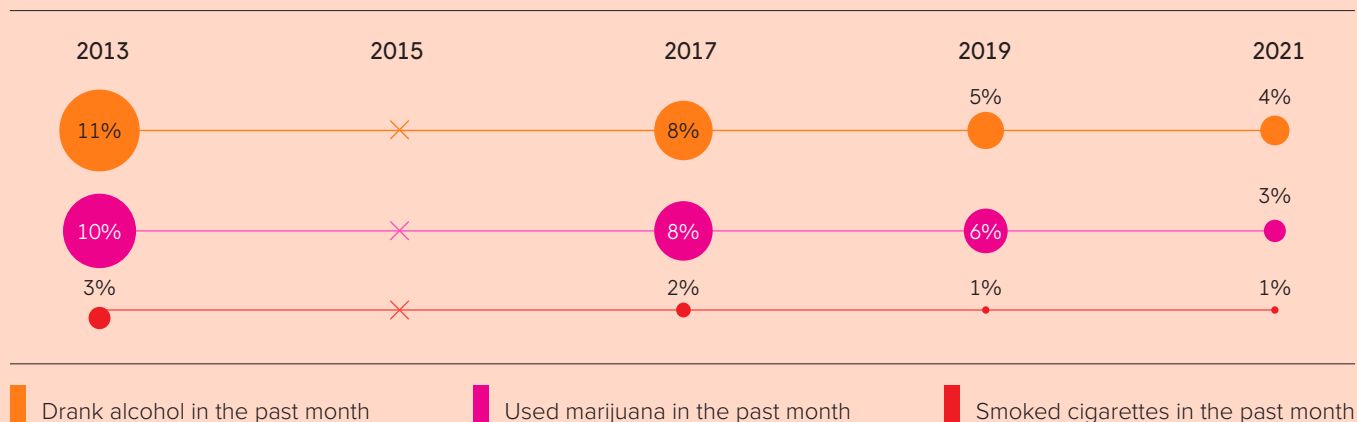
4% Ever used inhalants

Ever misused prescription pain medicine*



* Significant decrease based on t-test analyses, $p < 0.05$

LONG-TERM TRENDS: SIGNIFICANT LINEAR CHANGES †

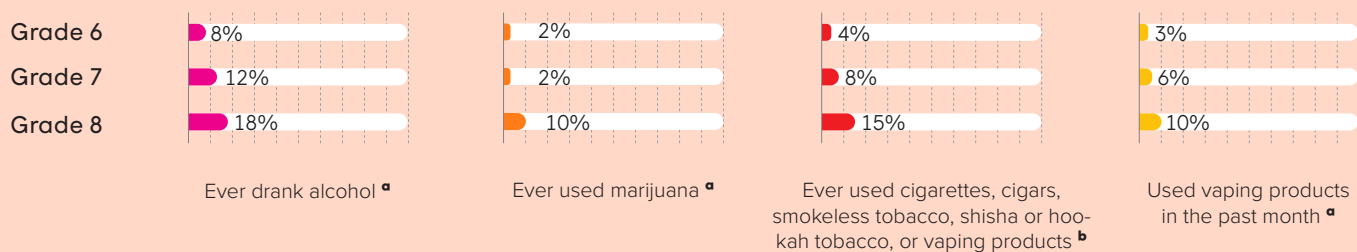


x = no data point; MS YRBS not administered in 2015

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

A CLOSER LOOK BY GRADE LEVEL

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



INTERVENTION STRATEGIES

At Home

- Strong family involvement through open conversations, clear expectations, positive role modeling, and monitoring 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 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 racial equity and LGBTQ+ inclusion.
- Collaborative, multi-sectoral approaches to address the economic and social factors.
- Public health policies to limit advertisement for and access to alcohol and tobacco.

What BPS middle school students told us about...

SEXUAL HEALTH

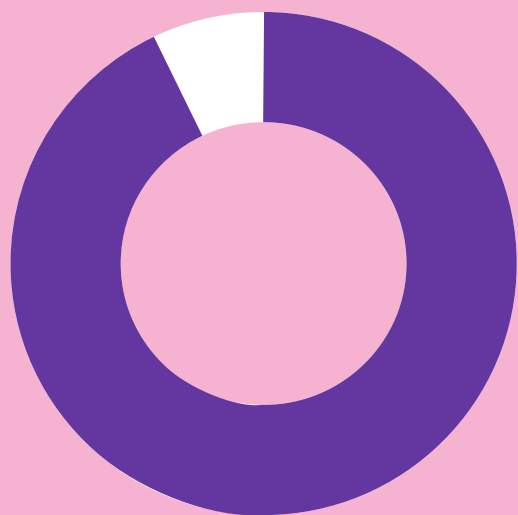
RISK & PROTECTIVE FACTORS

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



97%

Have **never had** sexual intercourse

3%

Ever participated in **oral sex**

1%

Had sexual intercourse with **3+ persons***

* Significantly decreased from 2% in 2019, based on t-test analyses, $p < 0.05$

CONDOM USE

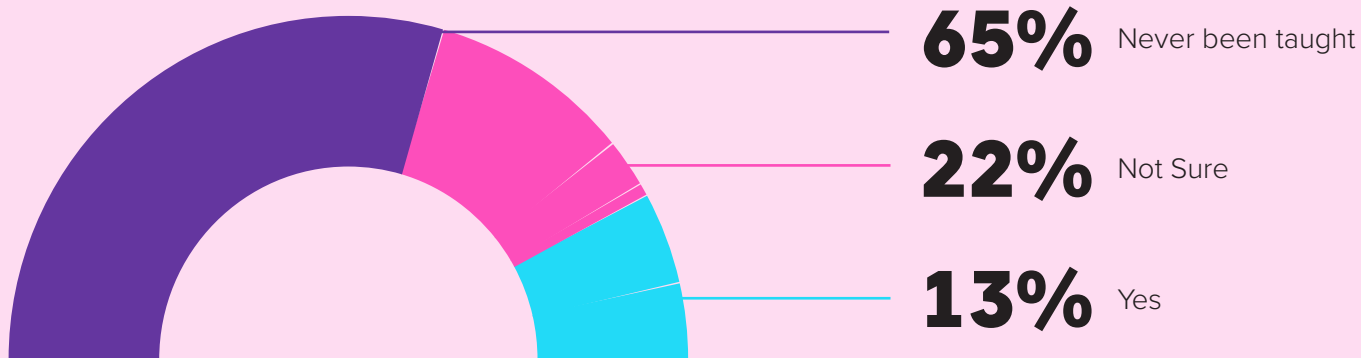
Among **3%** of students who engaged in sex:



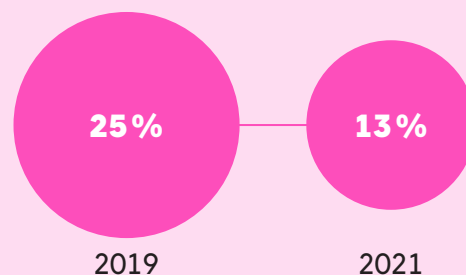
58%
Used a condom
during last sexual
intercourse

HIV/AIDS EDUCATION

Have ever been taught about AIDS/HIV in school



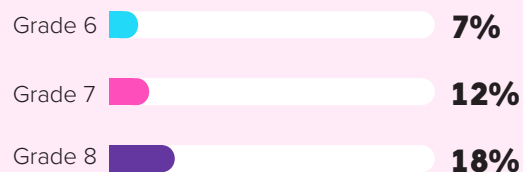
The percent of students who have ever been taught AIDS/HIV in school has significantly decreased since 2019*



* Significant decrease based on t-test analyses, $p < 0.05$

SIGNIFICANT DIFFERENCES BY GRADE LEVEL:

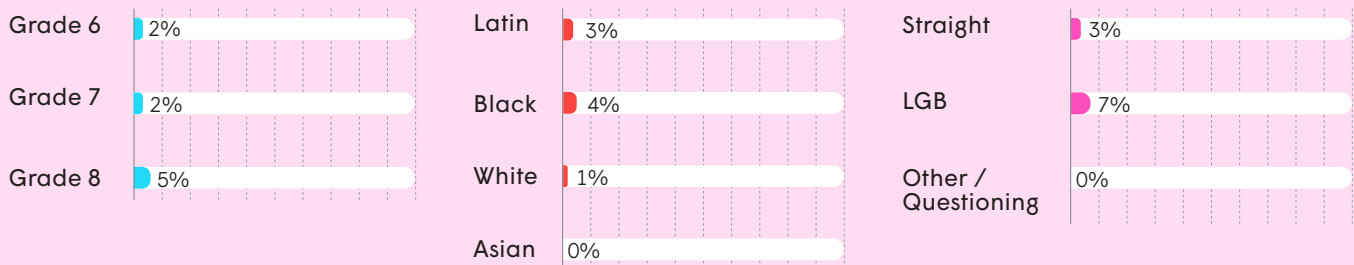
8th grade students are more likely to have **ever been taught AIDS/HIV in school** compared to their 7th and 6th grade peers.*



* Based on t-test analyses, $p < 0.05$

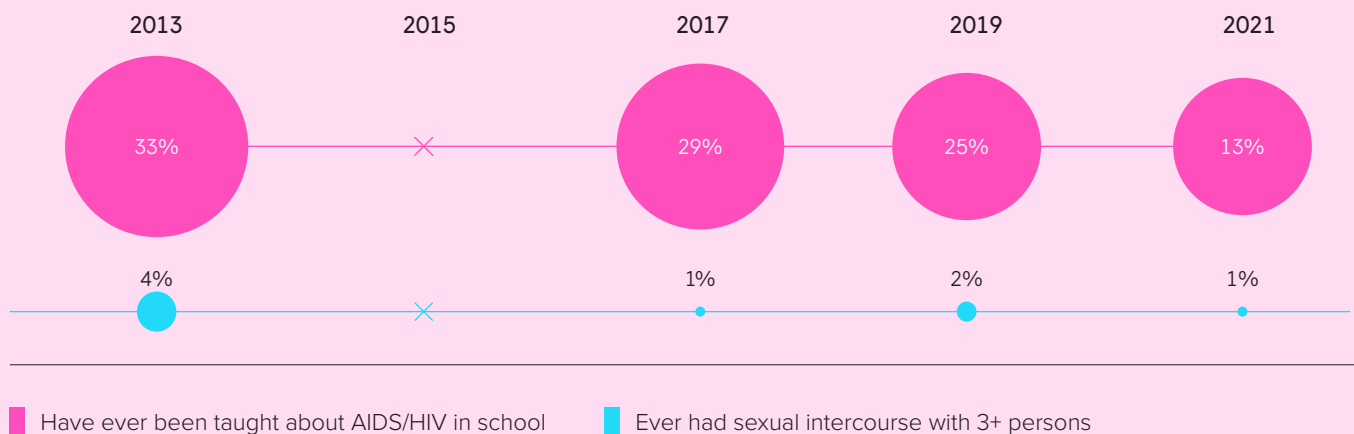
A CLOSER LOOK AT SEXUAL INITIATION

Significant differences (based on t-test analyses, $p < 0.05$) in having ever had sexual intercourse by grade level, race/ethnicity, and sexual orientation.*



* 8th>6th, 8th>7th | B>A, L>A, L>W | Straight>O/Q, LGB>O/Q

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, $p < 0.05$

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.



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As the birthplace of public education in this nation, the Boston Public Schools is committed to transforming the lives of all children through exemplary teaching in a world-class system of innovative, welcoming schools. We partner with the community, families, and students to develop within every learner the knowledge, skill, and character to excel in college, career, and life.

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



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