



HEALTHY CPS

OFFICE OF STUDENT HEALTH & WELLNESS

LGBTQ Health in Chicago Public Schools: Working Toward Equity

Findings from the 2019 Youth Risk Behavior Survey



October 2020



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ABOUT THE PARTNERSHIP BETWEEN CHICAGO PUBLIC SCHOOLS & THE UNIVERSITY OF ILLINOIS AT CHICAGO, SCHOOL OF PUBLIC HEALTH:

A collaborative effort between the Chicago Public Schools (CPS) Office of Student Health and Wellness (OSHW) and the Policy, Practice, and Prevention Research Center, this project is funded by the Centers for Disease Control and Prevention Division of Adolescent and School Health (DASH) and is designed to inform and enrich the implementation of sexual health policies, curriculum, and strategies in Chicago Public Schools (CPS). Emphasizing collaboration among all partners, this evaluation is based on the exploration of CPS policies, curriculum, and services to support sexual health. We use evaluation findings to develop technical assistance, training, progress monitoring, and resources for students and staff. Key decisions about the evaluation questions, design, methods, analyses, and reporting are made in partnership with key stakeholders.



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INTRODUCTION

WHY FOCUS ON LGBTQ HEALTH?

A robust body of research has found that members of the LGBTQ community experience significant health disparities compared to their non-LGBTQ peers (1, 2). Minority stress theory describes the impact of stigma and discrimination on health outcomes, and has been applied by health behavior researchers to explain disparate health outcomes among LGBTQ individuals (3). Research has made clear that LGBTQ health disparities stem from the structural barriers, systemic oppression, and discrimination that members of this community face (4, 5, 6). CPS high school students are no different. LGBTQ CPS students face disproportionately negative health outcomes in mental health, substance use, school safety, violence, victimization, and bullying.

ABOUT YRBS

The purpose of the Youth Risk Behavior Survey (YRBS) is to monitor priority health risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth and adults in the United States. The YRBS is administered using a complex sampling strategy designed to collect representative data. The 2019 High School YRBS was completed by 1,562 students in 36 schools. The school response rate was 95%, the student response rate was 68%, and the overall response rate was 64%. The results are representative of all students in grades 9-12 attending public high schools in Chicago (excluding charter schools and alternative schools). Surveys were self-administered & anonymous, and participation was voluntary. Parental permission procedures were followed before survey administration (7).

A separate YRBS Survey was conducted among CPS Middle School Students. This report only focuses on LGBTQ Health Disparities using the High School YRBS data because data on sexual identity was not collected in the Middle School YRBS in 2019.

1. Birkett M, Russell S, Corliss H. Sexual-Orientation Disparities in School: The Mediation Role of Indicators of Victimization in Achievement and Truancy Because of Feeling Unsafe. *Am J Public Health.* 2014;104(6):1124-1128. doi:10.2105/ajph.2013.301785
2. Zapolski T, Rowe A, Fisher S, Hensel D, Barnes-Najor J. Peer victimization and substance use: Understanding the indirect effect of depressive symptomatology across gender. *Addict Behav.* 2018;84:160-166. doi:10.1016/j.addbeh.2018.04.010
3. Meyer I. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychol Bull.* 2003;129(5):674-697. doi:10.1037/0033-2909.129.5.674
4. Goldbach JT, Tanner-Smith EE, Bagwell M, Dunlap S. Minority Stress and Substance Use in Sexual Minority Adolescents: A Meta-analysis. *Prevention Science.* 2014;15(3):350-363.
5. Baiden P, LaBrenz CA, Asiedua-Baiden G, Muehlenkamp JJ. Examining the intersection of race/ethnicity and sexual orientation on suicidal ideation and suicide attempt among adolescents: Findings from the 2017 Youth Risk Behavior Survey. *Journal of Psychiatric Research.* 2020;125:13-20.
6. Johns MM, Lowry R, Raspberry CN, et al. Violence Victimization, Substance Use, and Suicide Risk Among Sexual Minority High School Students - United States, 2015-2017. *MMWR Morb Mortal Wkly Rep.* 2018;67(43):1211-1215.
7. Centers for Disease Control and Prevention, Youth Risk Behavior Survey, 2019 (Chicago)



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DATA ANALYSIS METHODS

All data analyses were conducted using SAS. Data was weighted, and survey procedures used during analysis accounted for the complex sampling methods used to conduct this survey (8, 9). Results that compare percentages for LGBT and non-LGBT students were assessed using Chi-Square tests. Adjusted Odds Ratios for LGBT students compared to non-LGBT students were assessed using Multivariate Logistic Regression analyses which controlled for race/ethnicity, sex, and age. All results contained within this report were statistically significant at the $p < .05$ level.

To learn more about the data analysis methodology used to produce this report as well as specific values from statistical analyses, see the attached appendix.

Note: Analyses of LGBT health behaviors were conducted for lesbian, gay, bisexual, and transgender students compared with those who did not report that they were lesbian, gay, bisexual, or transgender. Questioning or unsure students were not included in the LGBT category for health behavior analysis. However, demographic characteristics for all LGBTQ students, including questioning or unsure students, are included in this report in order to acknowledge the high prevalence of questioning identities among high school youth.

LIMITATIONS

- The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor trends in youth risk behavior over time. In order to monitor these trends, questions must retain similar wording over time. As a result, the nuances of LGBTQ+ identity may not be accurately reflected.
- Participants do not always respond to every question, so different questions in the survey may have different numbers of missing responses. Percentages should not necessarily be compared across questions.
- While Chicago YRBS data is representative of all students attending public high schools in Chicago, it is not possible to draw differences between students attending schools in different geographic regions of Chicago due to the nature of the sampling methodology used to conduct the survey.

7. Centers for Disease Control and Prevention. Youth Risk Behavior Survey, Chicago; 2019.

8. Lewis T. Analyzing Categorical Variables from Complex Survey Data Using PROC SURVEYFREQ. College Park, MD; 2013.

9. SAS Institute Inc. Performing Logistic Regression On Survey Data With The New SURVEYLOGISTIC Procedure. Cary, NC

ABOUT LGBTQ STUDENTS IN CPS

SEXUAL IDENTITY & GENDER IDENTITY YRBS QUESTIONS

LGBTQ identities were assessed using two questions from the YRBS. The Sexual Identity item asked students how they would describe themselves, with options: Heterosexual (or straight), Lesbian or Gay, Bisexual, or Unsure. The Gender Identity item asked students if they were transgender, with options: No, I am not transgender; Yes, I am transgender; I am not sure if I am transgender; I do not know what this question is asking. Using these responses, students were grouped into the LGBT (Lesbian, Gay, Bisexual, Transgender) or Non-LGBT category and the LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning) or Non-LGBTQ category.

In a CPS School of 1,000 students there are approximately:

39

lesbian or gay students

118

bisexual students

55

students who are unsure of their sexual identity

21

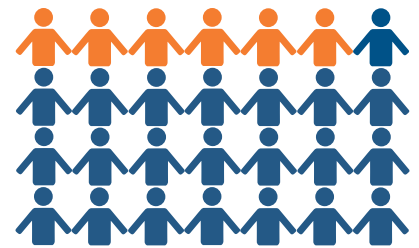
transgender students

26

students who are unsure if they are transgender

22.7% of CPS Students Identify as Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ)

In a CPS high school classroom of 28 students, on average, **6** (six) students identify as Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ)



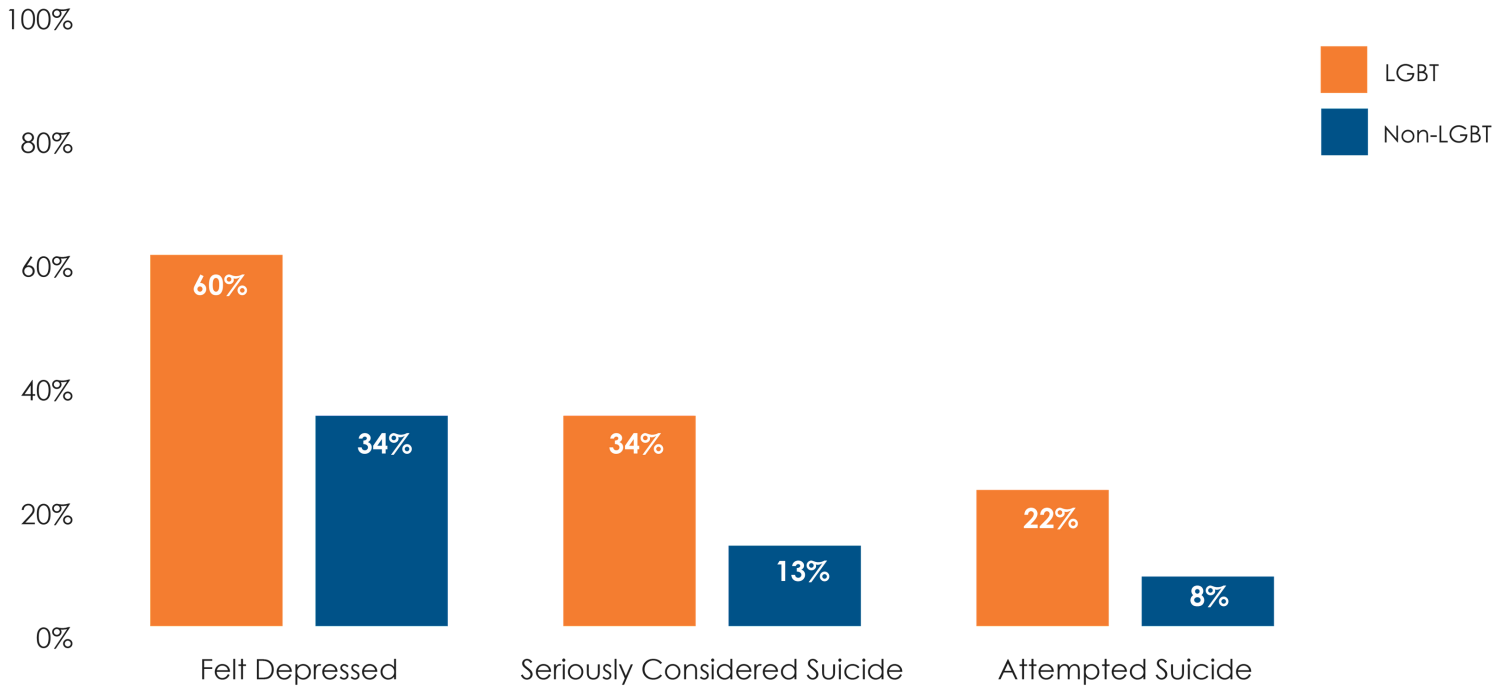
Demographics of LGBTQ Students:

- LGBTQ students are more likely to be female.
- LGBTQ students represent all race & ethnicities; no statistical differences exist among LGBTQ students by race & ethnicity.
- LGBTQ students represent all age groups of high school students; no statistical differences exist among LGBTQ students by age.
- Students who identify as LGB are more likely to identify as transgender than students who do not identify as LGB.

Note: Nationally, in 2019, 2.5% of youth identified as lesbian or gay, 8.7% as bisexual and 4.5% were unsure. 2019 national data is not available for transgender students. However, survey data from 10 state and 9 urban school districts from 2017 found that an average of 1.8% of high school students identify as transgender. See more information from the CDC [here](#) and [here](#).

MENTAL HEALTH

LGBT HIGH SCHOOL STUDENTS' MENTAL HEALTH EXPERIENCES



After controlling for demographics (race/ethnicity, age, sex), LGBT students were:

NEARLY 3X

more likely to report that they **felt depressed** in the past 12 months

OVER 3X

more likely to report that they **seriously considered suicide** in the past 12 months

OVER 3X

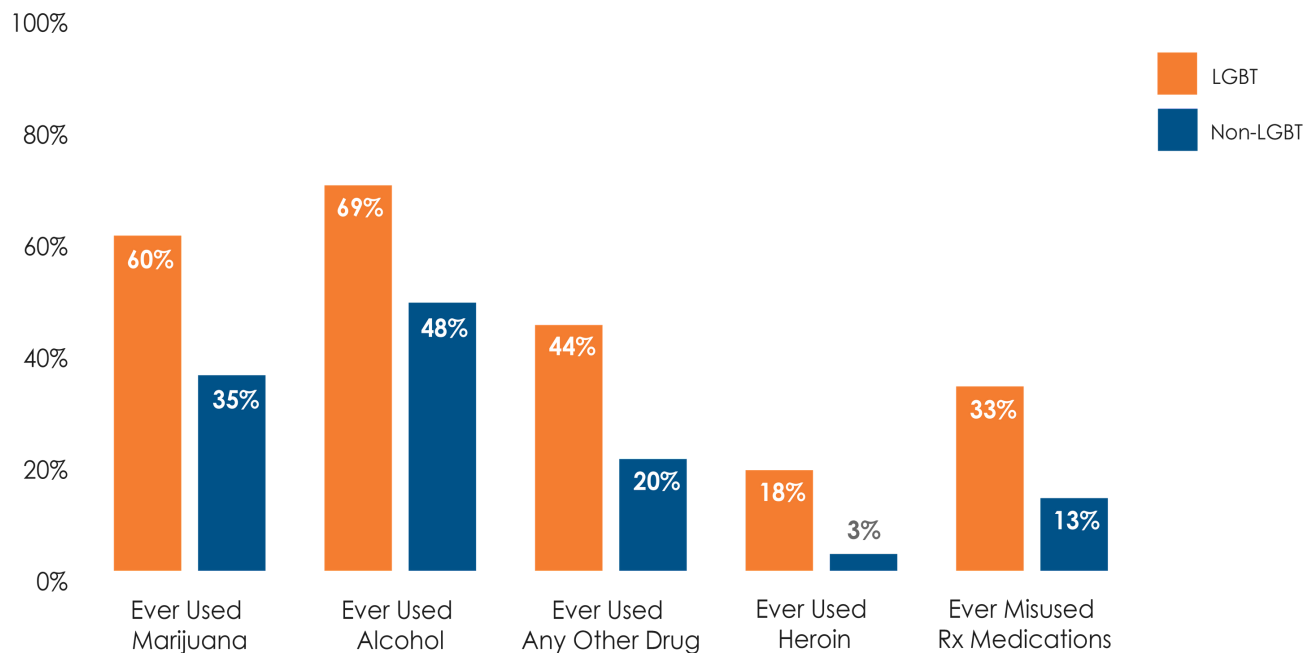
more likely to report that they **attempted suicide** in the past 12 months

...compared to their non-LGBT peers

Important Note: Remember that the disparate health outcomes described in this report are not due to any inherent difference between LGBTQ+ youth and non-LGBTQ+ youth. Public health researchers have attributed inequitable health outcomes among LGBTQ+ youth to the unique kinds of stress they face due to structural barriers, systemic oppression, and discrimination. More details can be found on page 3.

SUBSTANCE USE

LGBT HIGH SCHOOL STUDENTS' SUBSTANCE USE EXPERIENCES



After controlling for demographics (race/ethnicity, age, sex), LGBT students were:



Nearly 2.5x more likely to have ever used marijuana



Nearly 2x more likely to have ever used alcohol



Nearly 3x more likely to have ever used any other drug (excluding marijuana)



Over 3x more likely to have ever misused prescription pain medication

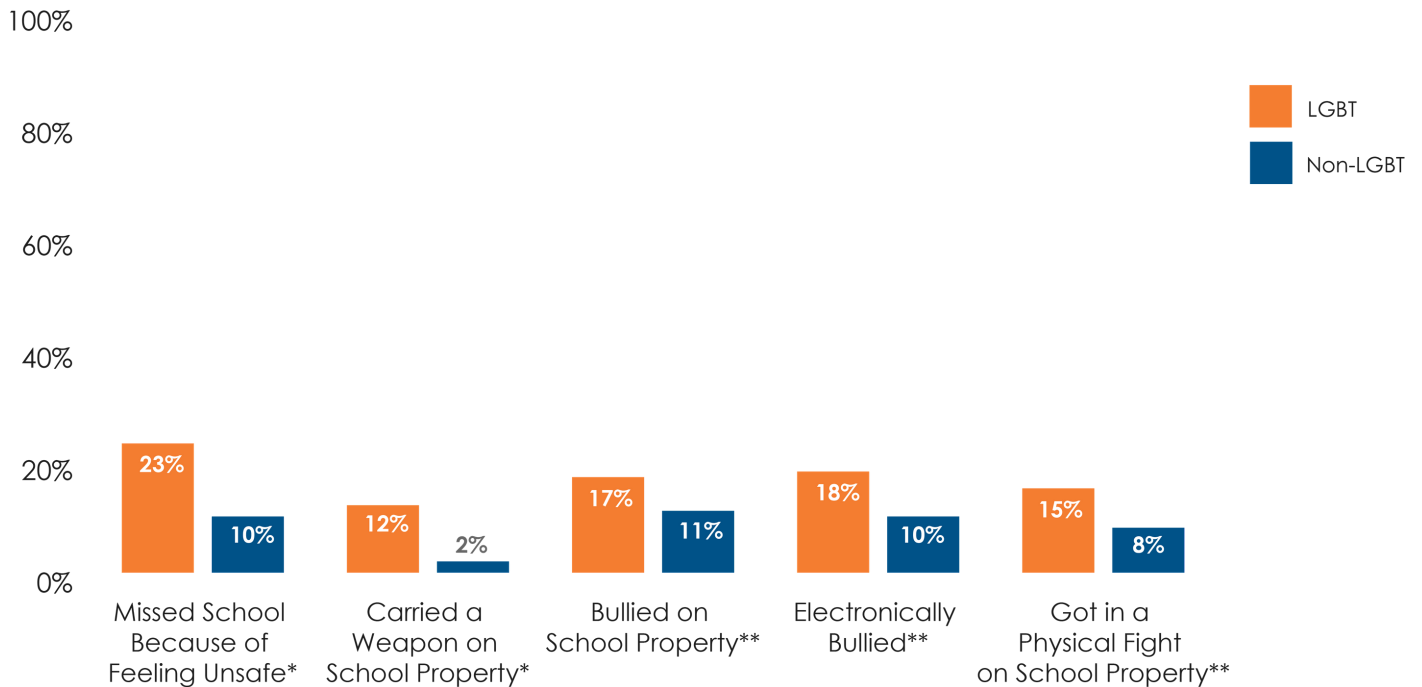


Nearly 10x more likely to have ever used heroin

...compared to their non-LGBT peers

SCHOOL SAFETY

LGBT HIGH SCHOOL STUDENTS' SCHOOL SAFETY EXPERIENCES



* In the past 30 days; ** In the past 12 months

After controlling for demographics (race/ethnicity, age, sex), LGBT students were:



2X

more likely to report that they had been bullied on school property**



OVER 2X

more likely to report that they had been in a physical fight on school property**



NEARLY 2.5X

more likely to report that they had missed school due to feeling unsafe*



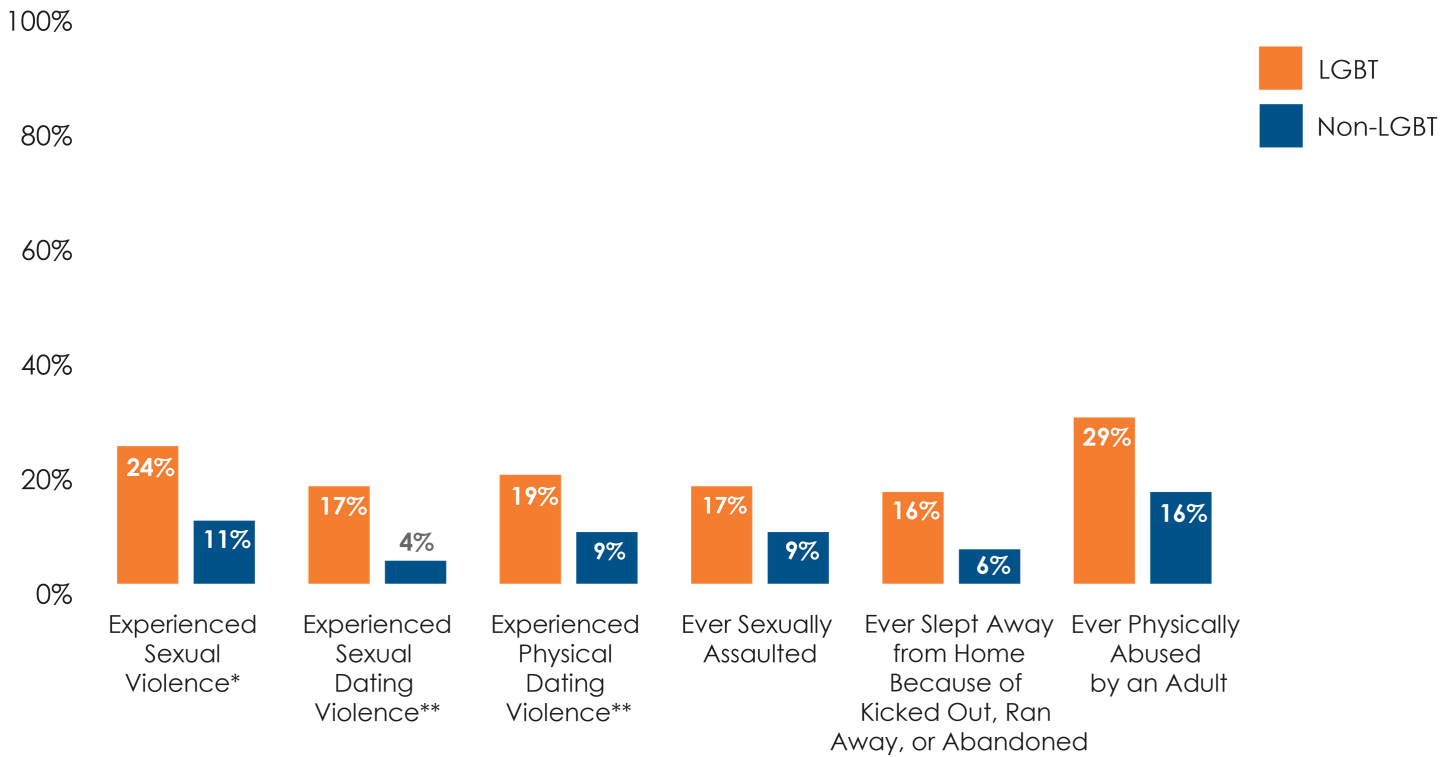
NEARLY 6.5X

more likely to report that they had carried a weapon on school property*

...compared to their non-LGBT peers

VIOLENCE & VICTIMIZATION

LGBT HIGH SCHOOL STUDENTS' VIOLENCE & VICTIMIZATION EXPERIENCES



*In the past 12 months; **Among those who had dated, in the past 12 months

After controlling for demographics (race/ethnicity, age, sex), LGBT students were:

NEARLY 2.5X

more likely to report that they had experienced sexual violence*

NEARLY 2X

more likely to report that they had ever been sexually assaulted

OVER 3.5X

more likely to report that they had experienced sexual dating violence**

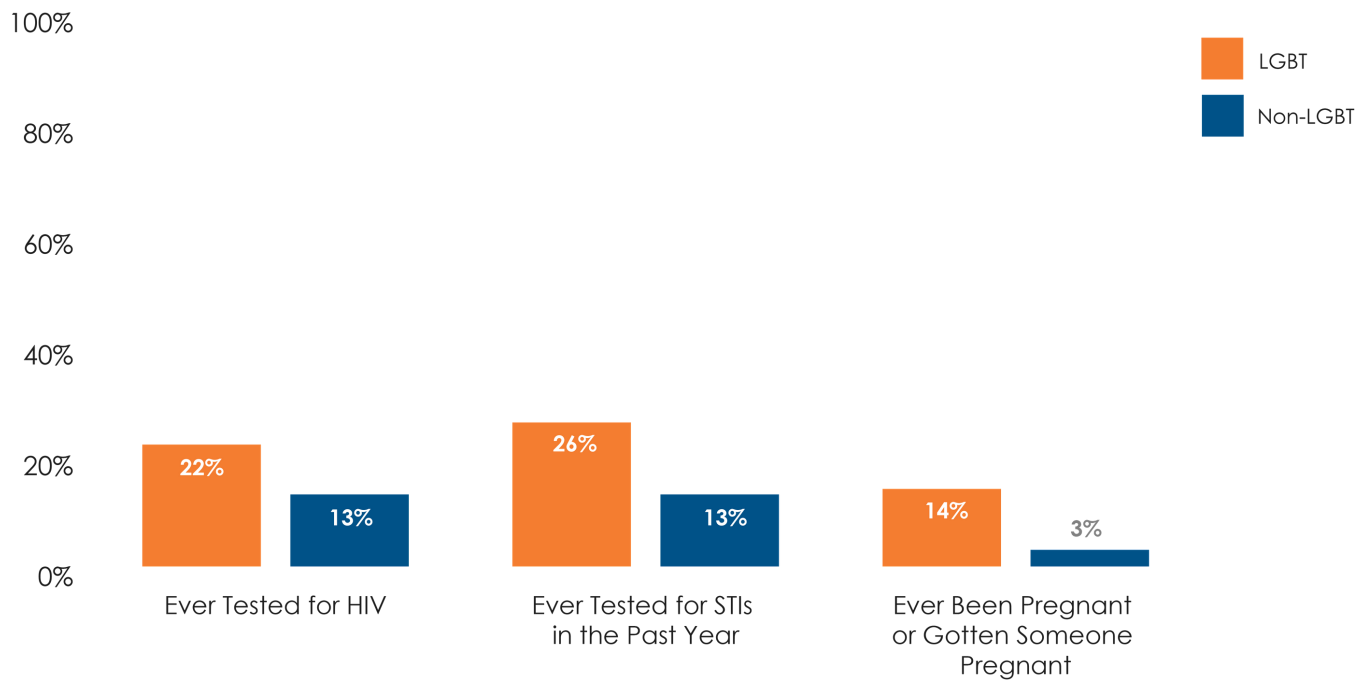
NEARLY 2.5X

more likely to report that they had experienced physical dating violence**

...compared to their non-LGBT peers

SEXUAL HEALTH

LGBT HIGH SCHOOL STUDENTS' SEXUAL HEALTH EXPERIENCES



After controlling for demographics (race/ethnicity, age, sex), LGBT students were:



OVER 5X

more likely to report that they had ever been pregnant or gotten someone pregnant, one or more times



OVER 1.5X

more likely to report that they had ever been tested for HIV



OVER 2X

more likely to report that they had been tested for STIs in the past year

...compared to their non-LGBT peers

WHERE DO WE GO FROM HERE?

What CPS is doing to address these health disparities:

CPS policies explicitly protect the rights of LGBTQ+ students. The Comprehensive Non-Discrimination, Harassment, Sexual Harassment, Sexual Misconduct and Retaliation Policy protects all individuals within CPS from discrimination and harassment based on gender identity, gender expression or sexual orientation. The Anti-Bullying Policy also protects students from bullying based on gender identity, gender expression or sexual orientation. In addition, the Guidelines Regarding the Support of Transgender and Gender Nonconforming Students outline specific protections for transgender, non-binary and gender nonconforming students.

CPS 5-Year Vision: A GSA in Every School



- Chicago Public Schools five-year vision includes a goal to have a Gender & Sexuality Alliance (GSA) in every school by 2024. To accomplish this goal, the Office of Student Health and Wellness (OSHW):
 - Offers professional development opportunities to support school staff who advise GSAs or would like to start one at their school
 - Launched the GSA Advisor Leadership Committee
 - Partners with Illinois Safe Schools Alliance, a program of the Public Health Institute of Metropolitan Chicago (PHIMC), to support GSAs

LGBTQ+ Inclusive Curricula



- Sexual Health Education is required for all students in grades K-12.
- The CPS Sexual Health Education curriculum is inclusive of LGBTQ+ Identities.
- Effective July 2020, Illinois House Bill 246 provides that "the teaching of history of the United States shall include a study of the roles and contributions of lesbian, gay, bisexual, and transgender people in the history of this country and this State." OSHW is collaborating with the Office of Teaching and Learning to incorporate LGBTQ+ Inclusive lessons into all social sciences curricula.

Staff Training & Support



- The OUT for Safe Schools Campaign allows staff to show they are an ally to LGBTQ+ students with OUT for safe school badges and other marketing materials.
- A webinar, Supporting Transgender, Nonbinary and Gender Non-Conforming Students, is required for all 40,000 CPS Staff.
- OSHW offers Safe & Supportive Environments professional development that any staff member can attend and any school can request. Contact sexualhealthed@cps.edu to request training information.
- The Supporting Gender Diversity Toolkit provides resources to help schools support transgender, non-binary and gender nonconforming students, and create healthy, safe and supportive school environments.

WHERE DO WE GO FROM HERE?

What CPS is doing to address these health disparities:

Caregiver Engagement



- In partnership with The Potocsnak Family Division of Adolescent & Young Adult Medicine at Lurie's Children's Hospital, OSHW offers a series of caregiver education sessions on a variety of health topics, including LGBTQ+ youth support.
- Resources for those supporting LGBTQ+ youth are available on the [CPS website](#).

Other CPS Initiatives



- The newly launched Healing Centered Project focuses on trauma-informed practices at the school and district level.
- To celebrate PRIDE Month, CPS staff participated in a Pride media campaign to show support of LGBTQ+ students.
- The CPS Office of Equity has a strategic goal related to supporting transgender and gender-nonconforming youth.
- The Affirmed Name Project seeks to affirm the names and genders of transgender and non-binary CPS students through IT system updates.

What you can do to support LGBTQ+ Young People in Chicago:



If you work at a CPS School:

- Start a GSA or support your school's existing GSA
- Attend a Safe & Supportive Environments training, and encourage other CPS staff to attend with you. Contact sexualhealth@cps.edu for more information.
- Represent by wearing your OUT for Safe Schools Badge!



If you work at a Community Based Organization:

- Collaborate with OSHW or a CPS school on strategic initiatives to support LGBTQ+ youth
- Share data and information about LGBTQ+ youth health and wellness (such as this report) with your networks. Request additional YRBS data via OSHW@cps.edu



For Everyone:

- Be an ally! Educate yourself on LGBTQ+ Inclusive language, and call out homophobic and transphobic language or behavior when you see it
- Volunteer at local organizations that prioritize fostering safe & supportive environments for LGBTQ+ young people
- Donate to the Children First Fund to support CPS students

APPENDIX

Detailed Data Analysis Methodology

The data analysis results included in this report were conducted using both Rao-Scott Chi Square Tests and Logistic Regression Multivariate Models. Complex sampling methodologies were used in SAS to conduct these analyses using weighted data achieved through three-stage cluster sampling methodology (7, 8, 9). Missing data were not imputed.

For more information on the methodology of the Youth Risk Behavior Survey, see [CDC Overview and Methods publication](#).

All reported differences in percentages comparing LGBT and non-LGBT students in this report were statistically significant at the $p < .05$ level based on complex-sampling-adjusted Rao-Scott Chi Square Tests (8). All reported odds ratios resulted from complex-sampling-adjusted multivariate logistic regression models which controlled for age, race/ethnicity, and sex, and were statistically significant at the $p < .05$ level (9). Adjusted Odds Ratios and associated p-values are included in the tables that follow. Odds ratios indicate how many times more likely an outcome is to have occurred for LGBT students, compared with non-LGBT students.

Contact OSHWecps.edu to request a copy of the data set or more detailed data reports.

A note on statistical significance: Statistical significance is the idea that a statistical result (often, a difference between values) are unlikely to be due to random chance. The 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.

7. Centers for Disease Control and Prevention. Youth Risk Behavior Survey, Chicago; 2019.

8. Lewis T. Analyzing Categorical Variables from Complex Survey Data Using PROC SURVEYFREQ. College Park, MD; 2013.

9. SAS Institute Inc. Performing Logistic Regression On Survey Data With The New SURVEYLOGISTIC Procedure. Cary, NC

APPENDIX

Logistic Regression Analysis Results

Outcome Variable	AOR* (95% CI**)	p-value	Sample Size
Felt Sad or Hopeless (past 12 months)	2.752 (1.902-3.983)	<.0001	N=1404
Seriously Considered Suicide (past 12 months)	3.173 (1.590-2.699)	<.0001	N=1391
Attempted Suicide (past 12 months)	3.063 (1.661-5.651)	0.001	N=1167
Ever used alcohol	1.876 (1.142-3.082)	0.0153	N=1303
Ever used marijuana	2.358 (1.792-3.260)	<.0001	N=1335
Ever used any other drug	2.935 (1.877-4.588)	<.0001	N=1421
Ever misused prescription pain medication	3.098 (2.059-4.661)	<.0001	N=1400
Ever used heroin	9.70 (4.4048-23.246)	<.0001	N=1411
Bullied on school property (past 12 months)	1.949 (1.201-3.163)	0.0091	N=1412
Bullied electronically (past 12 months)	2.037 (1.266-3.279)	0.0051	N=1398
Got in a physical fight on school property (past 12 months)	2.037 (1.266-3.279)	0.0232	N=1389
Missed school due to feeling unsafe (past 30 days)	2.383 (1.517-3.742)	0.0006	N=1383
Carried a weapon on school property (past 30 days)	6.352 (2.458-16.411)	0.0005	N=1403

Note: Adjusted Odds Ratios are reported from Multivariate Logistic Regression Models which controlled for age, race/ethnicity, and sex.

* Adjusted Odds Ratio = AOR, LGBT (ref: non-LGBT)

** 95% Confidence Interval

APPENDIX

Logistic Regression Analysis Results Continued

Outcome Variable	AOR* (95% CI**)	p-value	Sample Size
Experienced sexual violence (past 12 months)	2.272 (1.371-3.764)	0.0027	N=1382
Ever sexually assaulted	1.828 (1.066-3.134)	0.0299	N=1390
Ever physically abused by an adult	1.947 (1.344-2.822)	0.0012	N=1284
Ever slept away from home because kicked out, ran away, or where abandoned	3.183 (1.399-7.241)	0.008	N=1214
Experienced sexual dating violence, among those who dated (past 12 months)	3.741 (1.658-8.443)	0.0028	N=726
Experienced physical dating violence, among those who dated (past 12 months)	2.328 (1.318-4.110)	0.0054	N=757
Ever tested for HIV	1.724 (1.048-2.835)	0.0333	N=1358
Tested for STIs (past 12 months)	2.258 (1.345-3.792)	0.0035	N=1351
Ever been pregnant or gotten someone pregnant	5.206 (2.809-9.650)	<.0001	N=1295

Note: Adjusted Odds Ratios are reported from Multivariate Logistic Regression Models which controlled for age, race/ethnicity, and sex.

*Adjusted Odds Ratio = AOR, LGBT (ref: non-LGBT)

**95% Confidence Interval