

Richland County 2021 Youth Risk Behavior Survey Results (Middle School Version)

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REPORT OVERVIEW

What Is The YRBS?

The Youth Risk Behavior Survey (YRBS) is a comprehensive health and wellness surveillance tool developed by the Centers for Disease Control and Prevention (CDC) and administered by states and municipalities. Since 1993, Wisconsin's Department of Public Instruction (DPI) has administered the YRBS to a representative sample of Wisconsin high school students every two years. The results of that survey administration form the basis for Wisconsin's official, state-level YRBS statistics. Those state-level statistics only represent the state as a whole and cannot be broken down to other geographic levels, such as county, municipality, or school district. CDC also provides a standard middle school survey, although official middle school statistics are only collected by a few states.

How Does This Differ From Prior County Reports? From 2007-2018, Wisconsin DPI provided an online system that schools could use to generate their own local YRBS results. This was a "do-it-yourself" service provided for free to schools and their partners, but was not structured to generate official, comparable statistics across Wisconsin counties. The 2019 YRBS was the first time that local data collection and analysis were fully aligned with state-level processes. With this change, it became possible for DPI to produce a standard county-level report for all counties with sufficient levels of participation.

Comparisons between this report and any prior reports should take into account any differences in analytic methods and participation levels. Local results from 2007-2018 most likely represent raw percentages, unless results were cleaned and weighted by a local evaluator. The 2019 and 2021 results have been cleaned and weighted in accordance with the CDC procedures used to finalize Wisconsin's state-level YRBS results.

Criteria for County-level Results Both the State Youth Risk Behavior Survey (YRBS) and National YRBS are based on a scientific sample of students in grades 9-12. For local YRBS surveys, such as this, schools were strongly encouraged to administer the survey on a school-wide basis to all grades (i.e., on a census basis). Because the results are based on a census rather than a sample, DPI instituted a minimum threshold for producing county reports. This threshold helps to ensure that results are meaningful, even in the absence of sampling. YRBS 2021 County reports are produced if:

- At least three public middle schools were surveyed. *(If two schools were surveyed, a report is only generated with active, written permission from both schools.)*

and either:

- More than 50% of public middle schools in the area successfully surveyed at least 50% of their students.

or

- More than 50% of all public middle school students in the county were successfully surveyed.

Private schools were also able to participate, but their participation or non-participation was not used as a condition for generating reports.

Student responses were associated with a given county based on the county in which the school is located. In some cases, schools may serve students who live in an adjoining county. Unfortunately, there is no way to sort students according to county of residence. Thus, when school districts serve students from two or more counties, all responses from that district become part of the county in which the district is officially located.

Who Participated?

In the 2021-22 school year, there were 3 public schools in Richland that served middle school students, including public charter, virtual, or other types of schools. 3 of the 3 public schools (100%) participated in the survey.

Of the schools that participated, 2 of the 3 public schools in the county (67%) met or exceeded the minimum 50% school-level response rate, which was one criteria for generating county-level data. Across the county, the average school-level response rate was 86%.

Participating schools included:

Richland Online Academy, NA, Ithaca Middle

A total of **238** usable responses were collected from the 3 participating schools listed above. This represented 62% of public middle school students in the county.

Below is a breakdown of respondents by demographics.

SURVEYED GRADES AND RESPONSE RATES

Schools were encouraged to survey all grades. Below is a summary of participation by grade level.

Grade 6 Participation 1 of the 3 schools with sixth graders surveyed grade 6, yielding a 6th grade response rate of 13%.

Grade 7 Participation

2 of the 3 schools with seventh graders surveyed grade 7, yielding a 7th grade response rate of 97%.

Grade 8 Participation 3 of the 3 schools with eighth graders surveyed grade 8, yielding an 8th grade response rate of 78%.

Although the analysis adjusts for differences in response rates across grades (through weighting), if some schools opted not to survey certain grades, results for that grade level may be different than they would have been with full participation across schools.

What's In This Report?

Topic Areas:

Survey Subtotals By Demographics	
	Subtotals
SEX	
Male	121
Female	117
GRADE	
6th Grade	17
7th Grade	116
8th Grade	105
RACE/ETHNICITY	
American Indian/Native American*	3
Asian/Pacific Islander*	5
Black/African-American*	7
Hispanic/Latino	22
Multiple (Two or more races selected)*	4
White*	197

¹ *Non-Hispanic.

This report is organized by YRBS topic area. Each topic area contains key charts that highlight a few questions from that topic area. Bar charts display results for:

- The relevant student population overall
- Breakdown by sex (male/female)
- Breakdown by grade level

Topic areas may also contain some narrative providing an overview of any other relevant questions.

Higher Risk Populations At A Glance:

Provides bar charts of four key questions comparing certain vulnerable or higher risk student populations to their peers. The four questions include: mental health concerns, bullying, sense of school belonging, and having a teacher to talk to.

These questions were selected for two reasons: 1) they are particularly salient to schools and focus on things that schools may be able to address, either in whole or in part; 2) a high percentage of students overall experience these indicators, which makes it more likely that there will be enough data to disaggregate by the selected student populations. Low prevalence questions, such as drug use, are less likely to produce enough data for this purpose.

All middle school surveys will have information on three higher-risk populations: food insecure students, students of color, and students with low grades. That is because the questions on food security, race/ethnicity and average grades are on the standard middle school survey. In addition, schools could opt for a “high risk groups optional module”. Schools that included that module in

their survey will also have data on LGBT students, students with physical disabilities or chronic health conditions, and students with special education services.

Additional information for each higher-risk population is covered in the detailed data tables in the appendices.

Question-Specific Tables:

The appendices contain detailed, question-by-question tables that provide YRBS numbers for students overall and by subgroup. To keep the report a reasonable length, not all questions have charts in the topic area section. If you don't see a chart of the question you're looking for, please look the number up in the question-specific table.

Optional Modules: The local YRBS was standardized to allow for consistent and stable comparisons from the school level to the national level. In order to still allow some customization, schools were allowed to choose up to two additional optional modules if they desired. If at least three-quarters of participating schools in the county selected an optional module, data from that module appears in the appendix.

Optional module information for Richland: **Module 1: Drug Free Communities**

3 participating schools selected this optional module.

ANSWERS TO COMMON QUESTIONS

Why is data for that question/subgroup missing?

If the numbers reported for a question or subgroup were too small to report, data will not be displayed. When a subgroup is missing from a chart, or you see “–” in a table, that might be due to small numbers. This is calculated for each question. Therefore, both the size of the student respondent population (or subpopulation) and the likelihood of the risk behavior will play a role in which data are reportable. *(If a sufficient number of students answered a question, but none of them participated in the risk behavior, tables will display “0%”.)*

See the Technical Notes section of this report for more information.

Are the results statistically significant?

The data in this report is disaggregated along lines which generally show significant differences for risk behaviors (e.g., grade level, sex, etc.). However, in this report, all differences between student subpopulations (e.g., between males and females) are displayed regardless of whether those differences are statistically significant for that particular question in that particular county. Readers can use the 95% confidence interval information in the appendices to determine whether any particular association or between-group difference is statistically significant at the .05 level. Additional information on confidence intervals is provided at the beginning of Appendix A.

Where does the information come from?

All data in this report comes solely from the YRBS survey. Some of the YRBS questions ask students to self-report on information that is also maintained by the school (e.g., grade level, race, sex, special education status and academic grades), or by other organizations such as health care systems (e.g., asthma, concussions, mental health). However, none of the information used here comes from any identifiable data source. Because the survey is confidential and anonymous, there is no way to get such information from schools, and no attempt is made to do so. Similarly, the YRBS includes

questions that ask students whether or not they have certain medical conditions (e.g., asthma) or whether they have experienced symptoms that describe depression or anxiety. The responses are student self-reports of medical or psychological conditions, rather than professionally verified diagnoses. The integrity of the YRBS depends on keeping responses entirely anonymous and confidential. To help the reader know that information is based on student self-reported YRBS answers, rather than school or health care records, sometimes charts are explicitly labeled “Self-Reported”. However, all questions are self-reported, even if the chart or table does not explicitly say “Self-Reported”.

Are the data high quality?

The YRBS is a reliable and valid survey instrument used across the country for over 20 years. In addition, the information prepared for this report includes literally hundreds of data quality checks which are used to identify and remove likely invalid responses. These help to ensure that the data used for reports are as clean as possible.

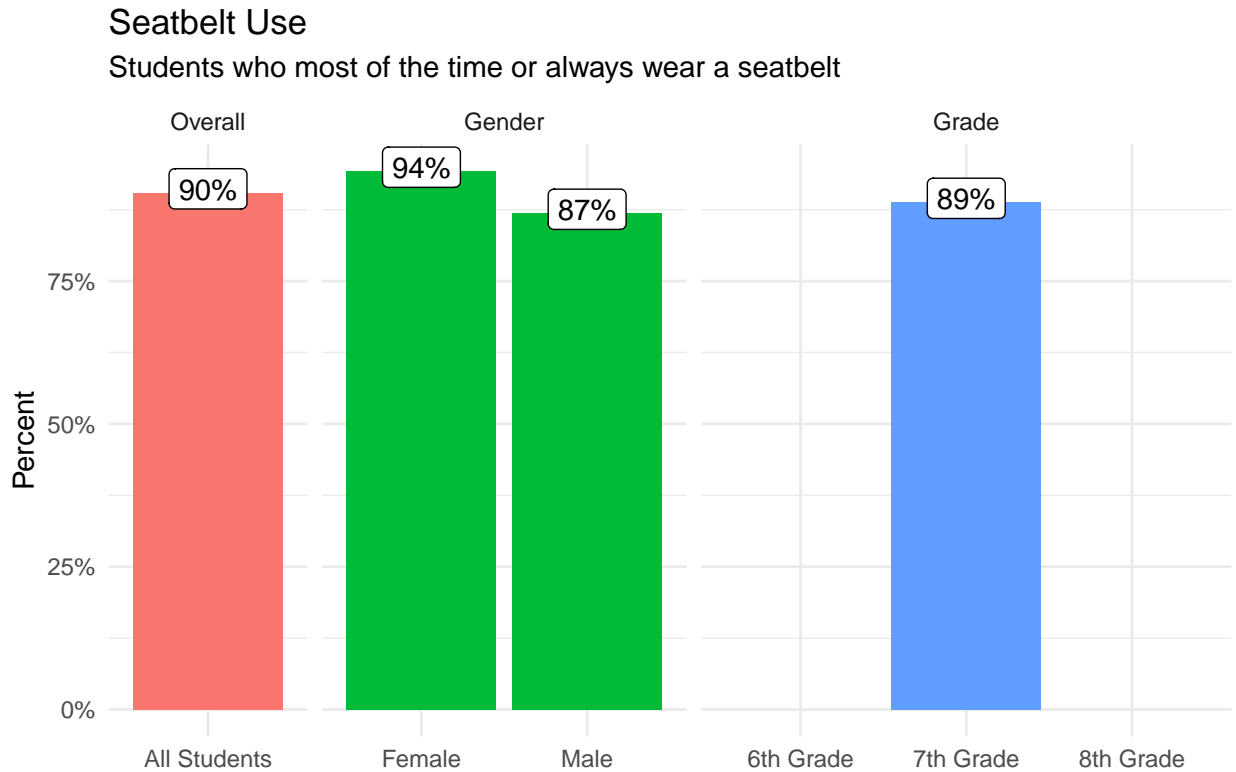
The conditions under which a survey is taken can affect data quality. If schools had substantially fewer usable surveys than students who were offered the survey, that indicates either that many students failed to answer questions, or that their answers were consistently flagged as likely to be invalid. School officials and other stakeholders interested in improving data quality may want to review survey administration methods to make sure that students are not rushed and that the survey administration experience maximizes a sense of privacy. Guidance for administering a high quality local YRBS is provided on the “Conducting A YRBS” webpage (<https://dpi.wi.gov/sspw/yrbs/online>).

Report Version

This report was updated on October 18, 2022.

MOTOR VEHICLE AND BICYCLE SAFETY

Seatbelt Use



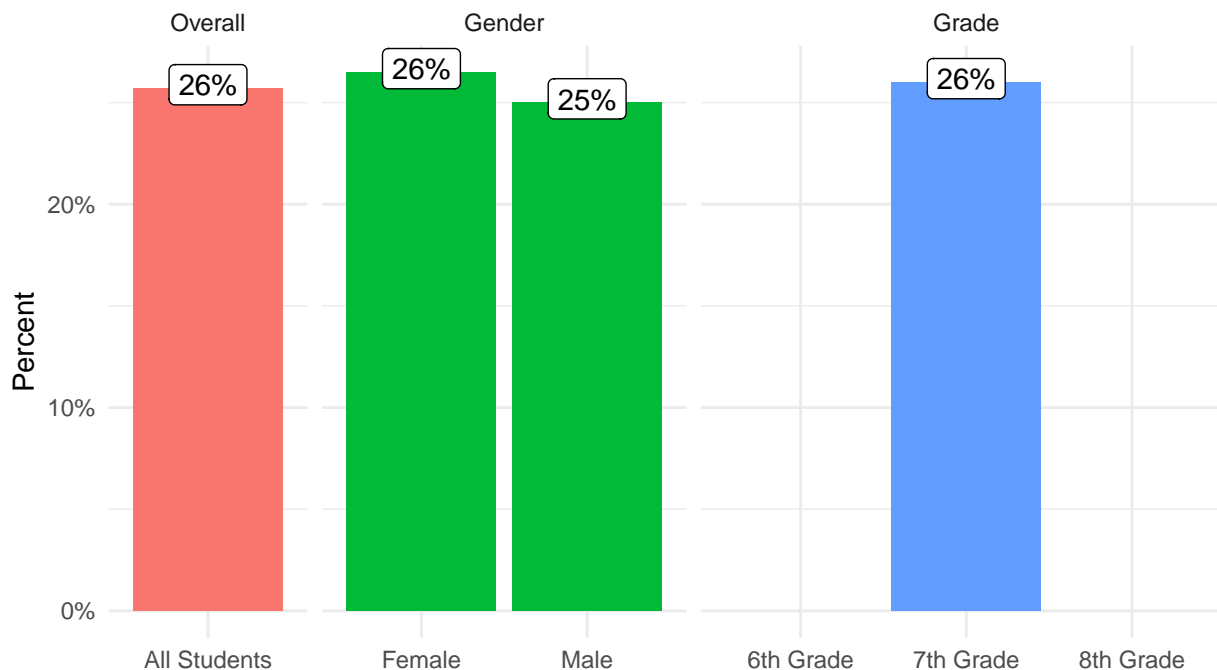
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4% of students said that they never or rarely used a seatbelt.

Helmet Use

Bicycle Helmet Use

Bicycle riders who most of the time or always wear a helmet



Missing bars mean numbers are too small to report

The middle school YRBS asks students “How often do you wear a helmet when riding a bicycle?” Students who answered “I do not ride a bicycle” were excluded from the analysis. The chart above shows helmet use among students who answered that they used a helmet “most of the time” or “always”. Other answers included “sometimes” or “never”. **57%** answered that they “never” wear a helmet when riding a bicycle.

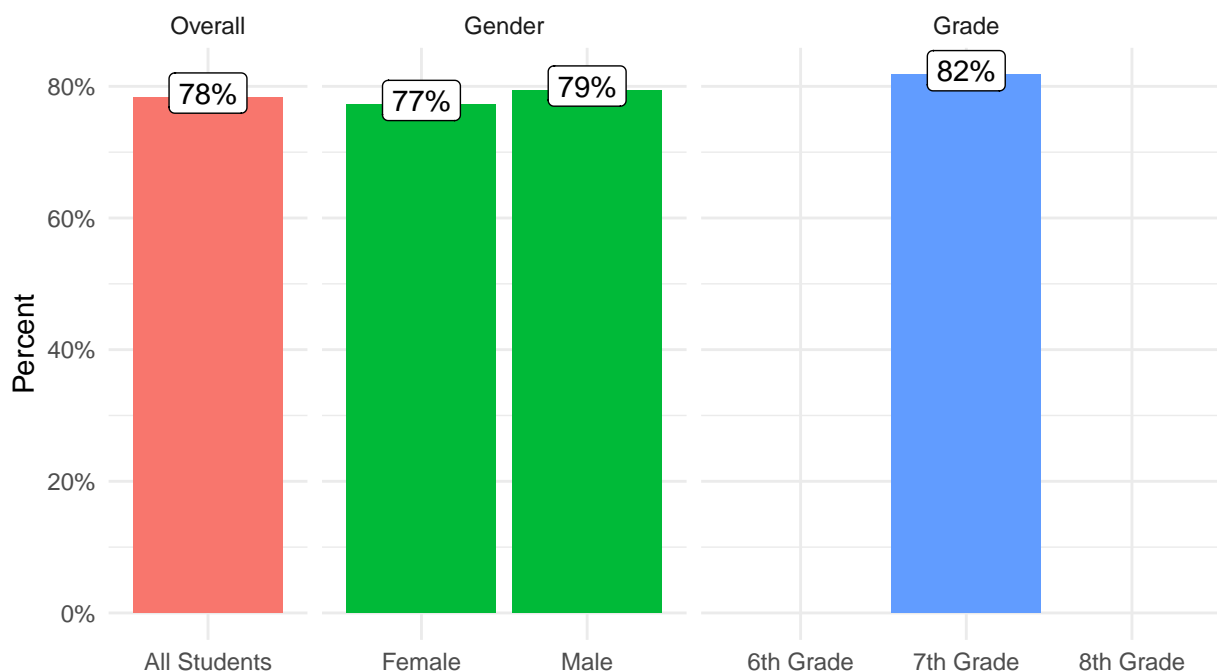
SCHOOL SAFETY

Perceptions of safety

How safe do students feel at school? The charts in this section show students' perceptions of their own physical safety as well as the general issue of violence as a problem at their school.

Feel Safe At School

Students who most of the time or always feel safe at school

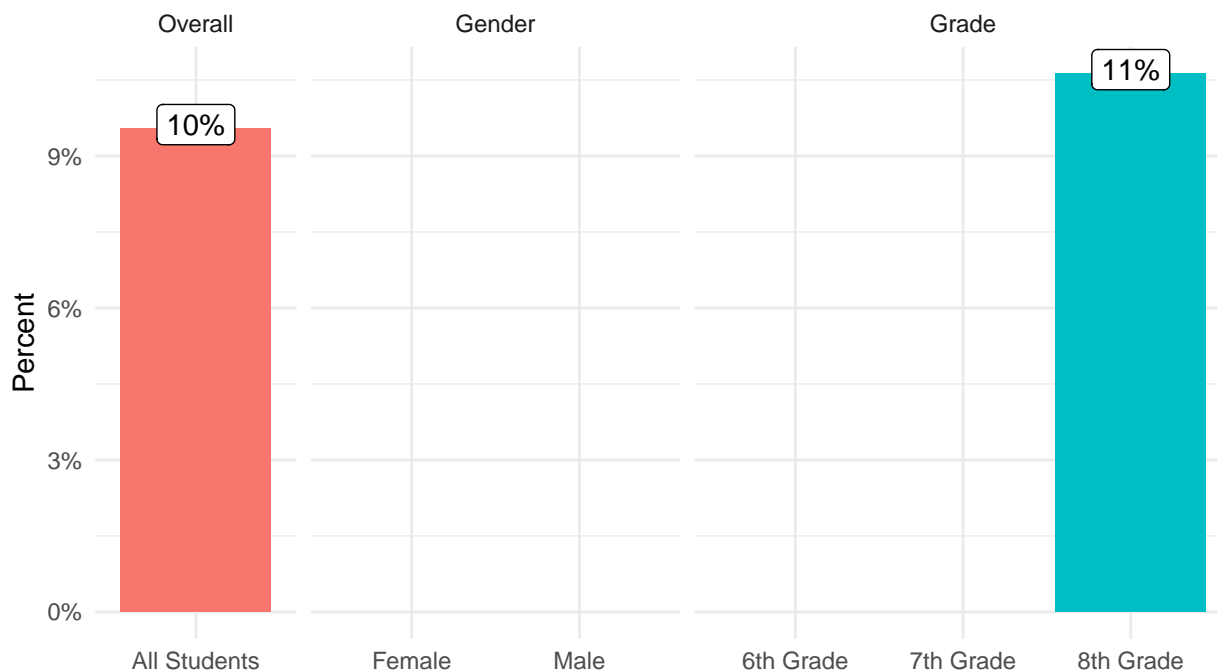


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9% of students said that they rarely or never feel safe at school. Perceptions of safety are often highest among students with higher status and lower among students of color, students with disabilities, and LGBT students. If this school selected the “high risk optional module”, information for those subpopulations will appear at the end of this report.

Safety and Attendance

Students who missed school because they felt unsafe (past 30 days)



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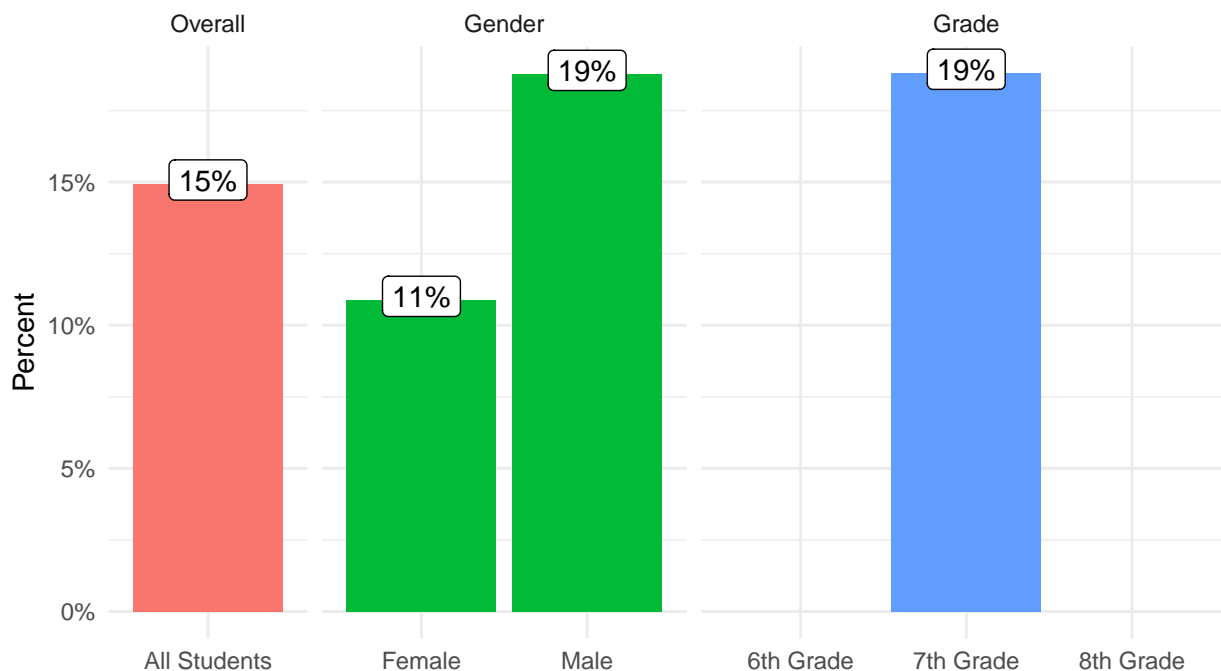
A perceived lack of safety can affect school performance and school attendance. The chart above shows the percent of students who reported missing one or more days of school because of safety concerns either at school or en route to school. To see differences by subgroup, refer to the question-specific tables.

Violence and Weapons At School

The middle school survey includes two questions related to violence and weapons at school.

Fight at School

Students who were in a physical fight at school (past 12 months)



Missing bars mean numbers are too small to report

The chart above shows students who answered that they had been involved in one or more physical fights on school property in the past 12 months.

Students were also asked whether they had carried a weapon such as a gun, knife, club or other weapon on school property in the past 12 months. **4%** said that they had done so one or more times in the past 12 months.

To see more information on each of these questions, refer to the question-specific tables.

For information and resources on school-based violence prevention, see DPI's Safe Schools resources: <https://dpi.wi.gov/sspw/safe-schools>.

Drugs at School

The YRBS asks students two questions about drugs at school: whether they had acquired drugs at school during the past 12 months, and whether they had attended school under the influence of drugs or alcohol during the past 12 months.

Drugs At School

Were offered, sold, or given drugs on school property (past 12 months)

Numbers too small to report

Missing bars mean numbers are too small to report

See DPI's Alcohol and Other Drug Addiction (AODA) webpage for information, tools and resources:
<https://dpi.wi.gov/sspw/aoda>.

SCHOOL CLIMATE

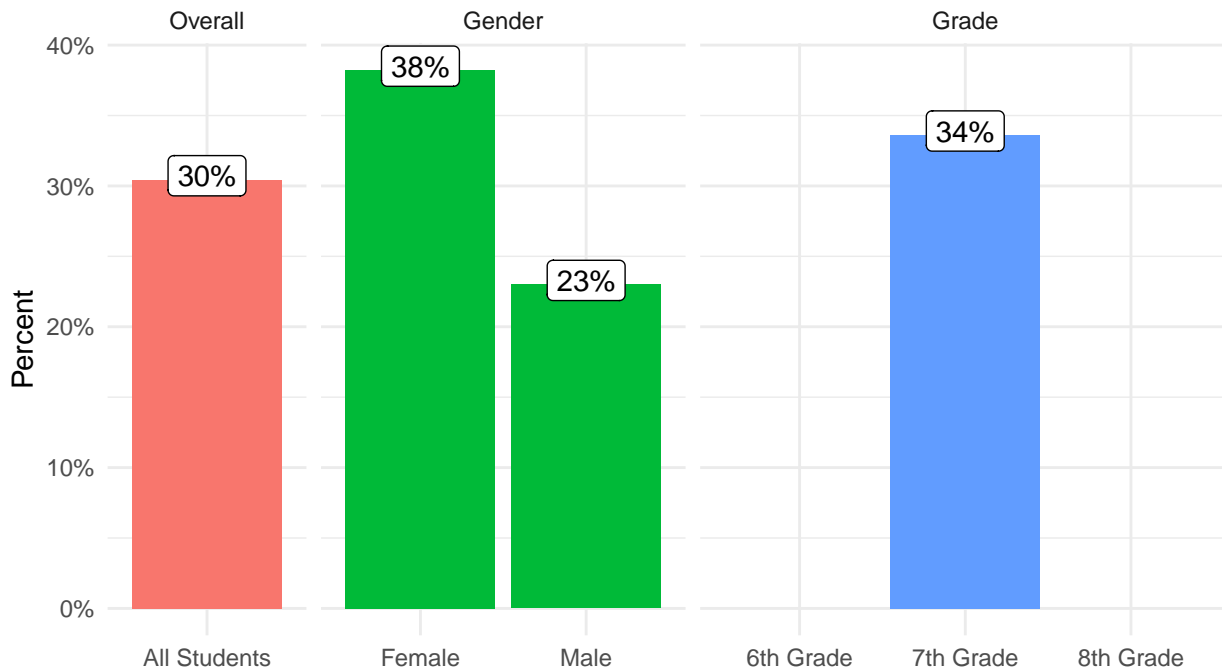
Closely related to school safety is the broader issue of school climate: whether students feel a sense of inclusion and engagement in their school. All YRBS surveys included some questions on school climate, which are reported in this section. This section covers questions on bullying, belonging, and supportive adults at school.

Bullying

Students were asked three questions on bullying: whether they have been bullied at school in the past 12 months, whether bullying is a problem at school, and whether they have been electronically bullied (at school or elsewhere) during the past 12 months. The questions do not ask about the frequency or intensity of the bullying; only whether or not it had occurred.

Bullied At School

Students who experienced bullying at school during the past 12 months

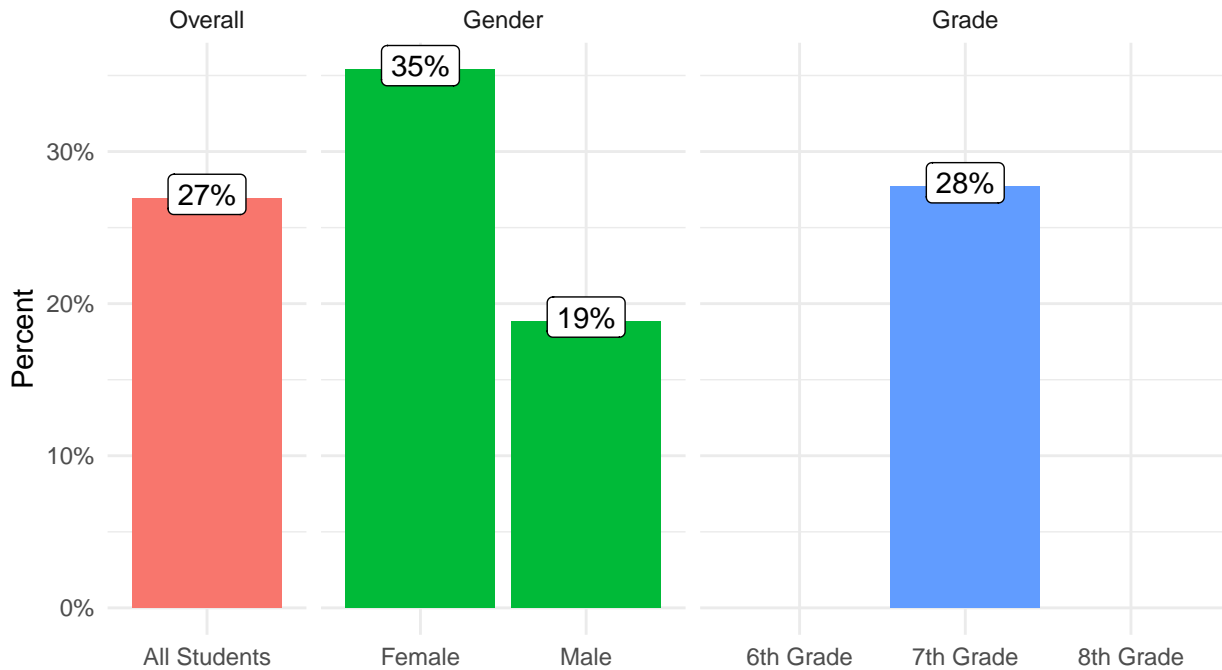


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Oftentimes students who are bullied at school are also bullied online.

Bullied Online

Students who were electronically bullied (past 12 months)



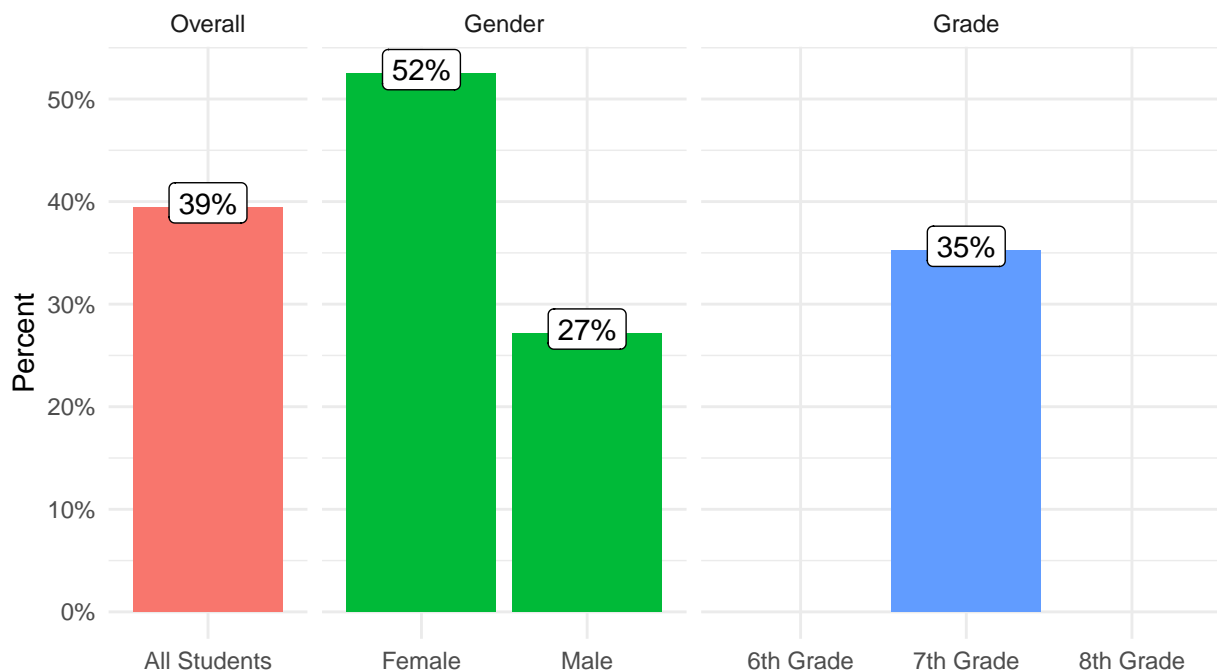
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Overall, **42%** experienced bullying either at school, online, or in both forms.

Regardless of whether or not they themselves have been bullied, students may have perceptions of how pervasive and harmful bullying is at their school. Overall, **39%** of students agreed or strongly agreed that bullying was a problem at their school.

Bullying Is A Problem

Students who agree or strongly agree that bullying is a problem at their school



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See DPI's Bullying Prevention webpage for information and resources on bullying prevention:
<https://dpi.wi.gov/sspw/safe-schools/bullying-prevention>.

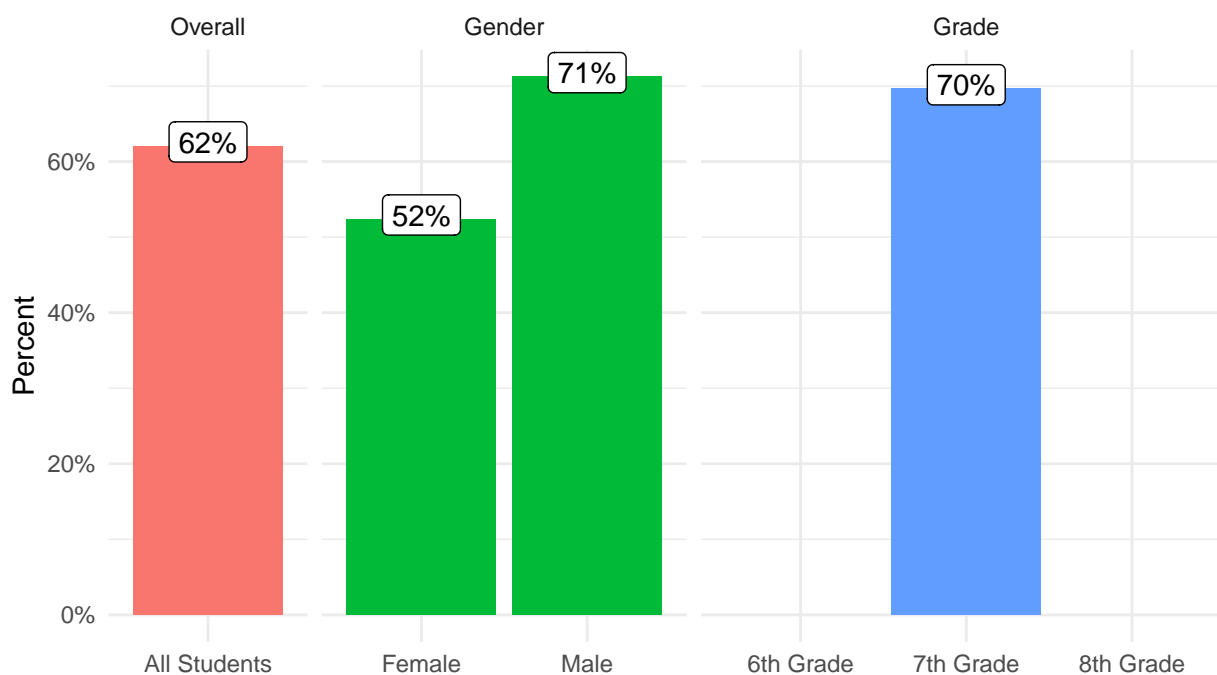
School Connectedness

Students who feel connected, included, and engaged at school generally do better academically and socially. Strong school connectedness can also buffer young people against anxiety, depression, and peer pressure.

The chart below shows how students responded to a question asking them to what extent they “feel like [they] belong at this school”.

Feel Like They Belong At School

Students who agree or strongly agree that they belong at school



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12% of students responded that they did *not* feel like they belonged at their school (e.g., either disagreed or strongly disagreed with the statement), while some students indicated that they were “not sure”.

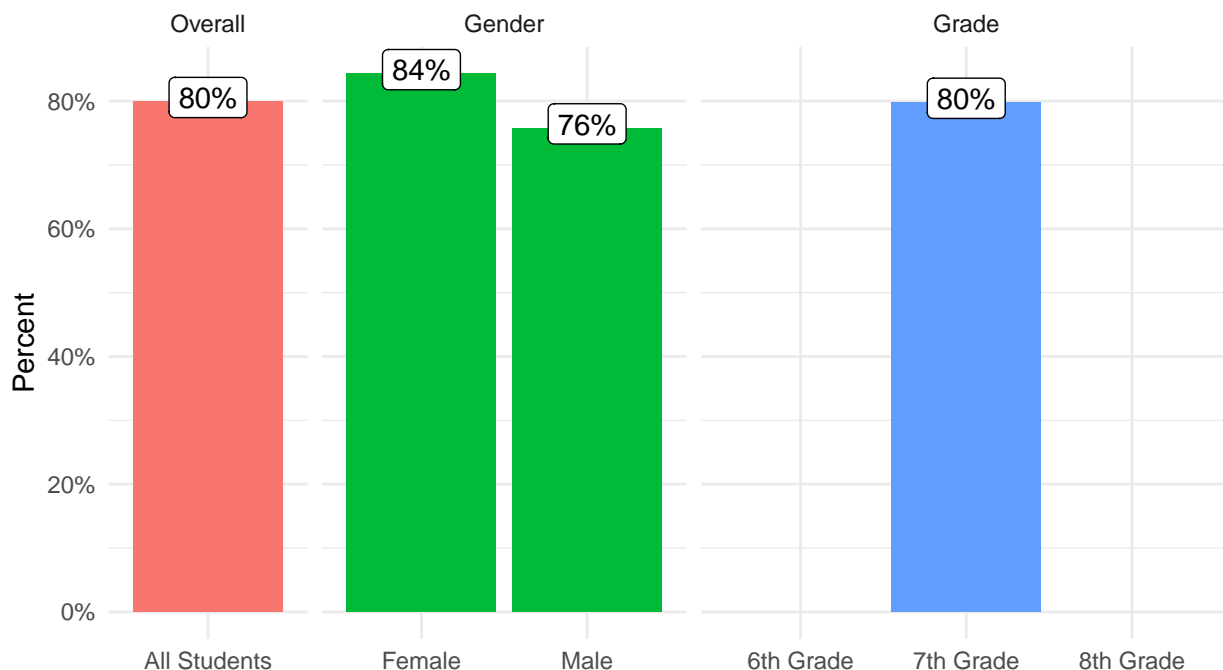
The section on “Protective Factors” provides additional information on school belonging. Similarly, the section on “Higher Risk Populations At A Glance” shows how this sense of belonging breaks down for different groups of students.

While higher risk groups often report a lower sense of belonging, teachers, administrators, and classmates within a school can have a tremendous impact on how included or excluded such students feel.

Extracurricular activities can play a key part in students’ sense of school connectedness and make them more likely to graduate (see e.g. Putnam 2015). The middle school version of the YRBS asks students whether they participate in “any school activities, such as sports, band, drama, or clubs”. The chart below shows students who answered “yes”.

Extracurriculars

Students who participate in school activities, teams, or clubs



Missing bars mean numbers are too small to report

Research indicates that:

- Being engaged in sports, drama, or other extracurricular activities can play a positive role in students' mental and physical health, as well as academic outcomes.
- At the same time, such activities are often out of reach for students with the greatest needs. Students from economic disadvantage, as well as those with trauma, face greater barriers to such participation.

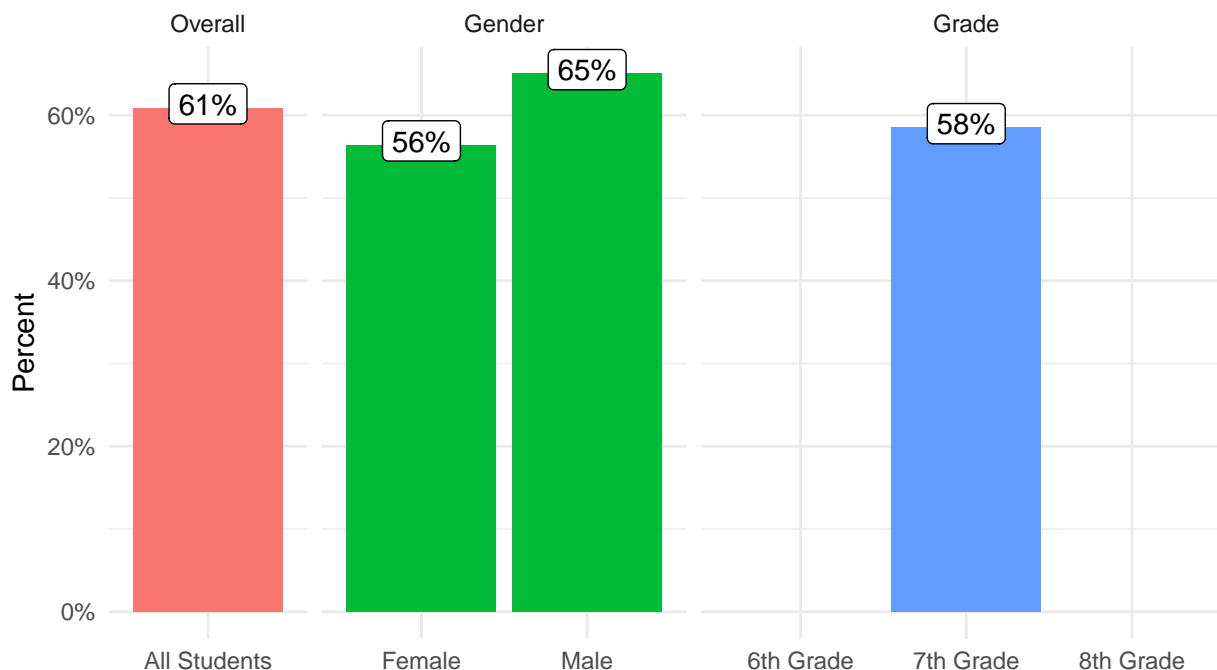
Schools can help by removing even minor economic barriers to participation (such as fees or gifts that students are asked to provide teammates before games), actively recruiting less-involved students, and trying to learn more about other reasons for non-participation. For more information, see the works by Putnam and Paluch et al. in the selected references section.

Connections to Staff

Strong, positive connections to adults are a protective factor for both educational and health outcomes. Whether or not young people feel supported by, and connected to, teachers and other school staff, can make a big difference in the short and long-term (see e.g. the references to Centers for Disease Control and Prevention 2009; Putnam 2015, Tough 2018, and Steiner et al 2019 in the "Selected References" section).

Teachers Care

Students who agree/strongly agree that teachers care about them

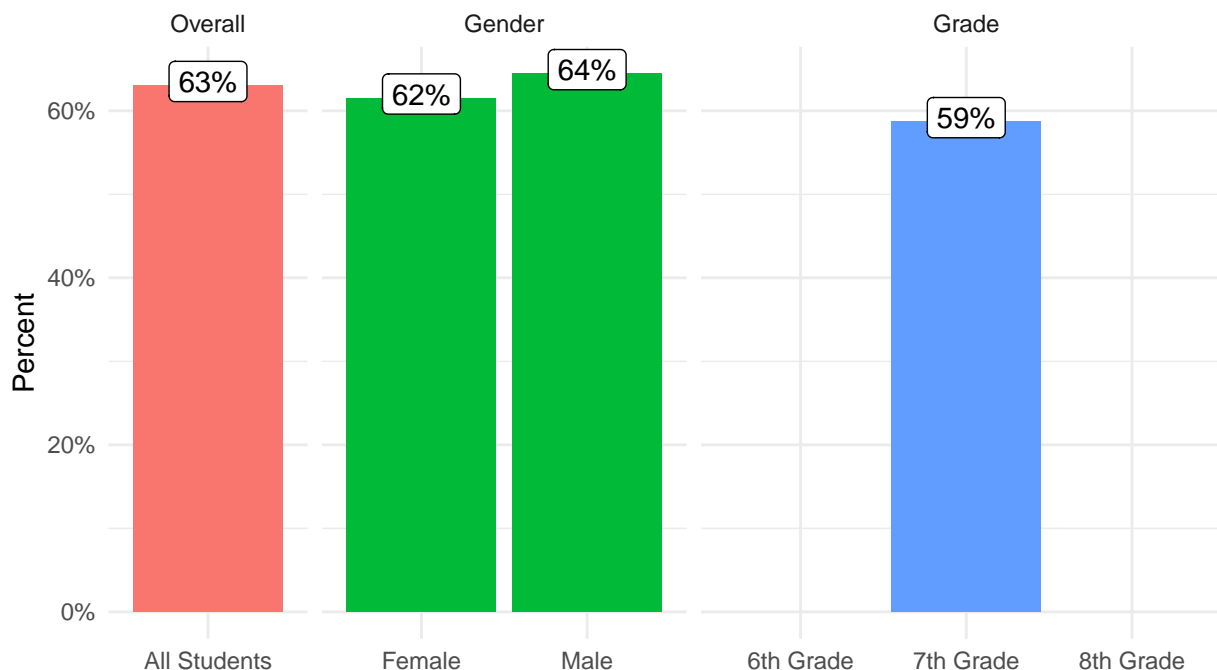


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Students who believe that their teachers care about them are more likely to stay in school and be invested in their education. Another factor that can make a tremendous difference for students' school experience is whether or not they have at least one trusted adult at school. The chart below shows results for this question.

Have a Teacher They Can Confide In

Students who have at least one teacher or other adult at school to talk to



Missing bars mean numbers are too small to report

11% of students said that they did not have a teacher or other adult at the school with whom they could talk about a problem. Schools can make special efforts to connect staff with those students who may feel more isolated or marginalized.

MENTAL HEALTH AND WELLBEING

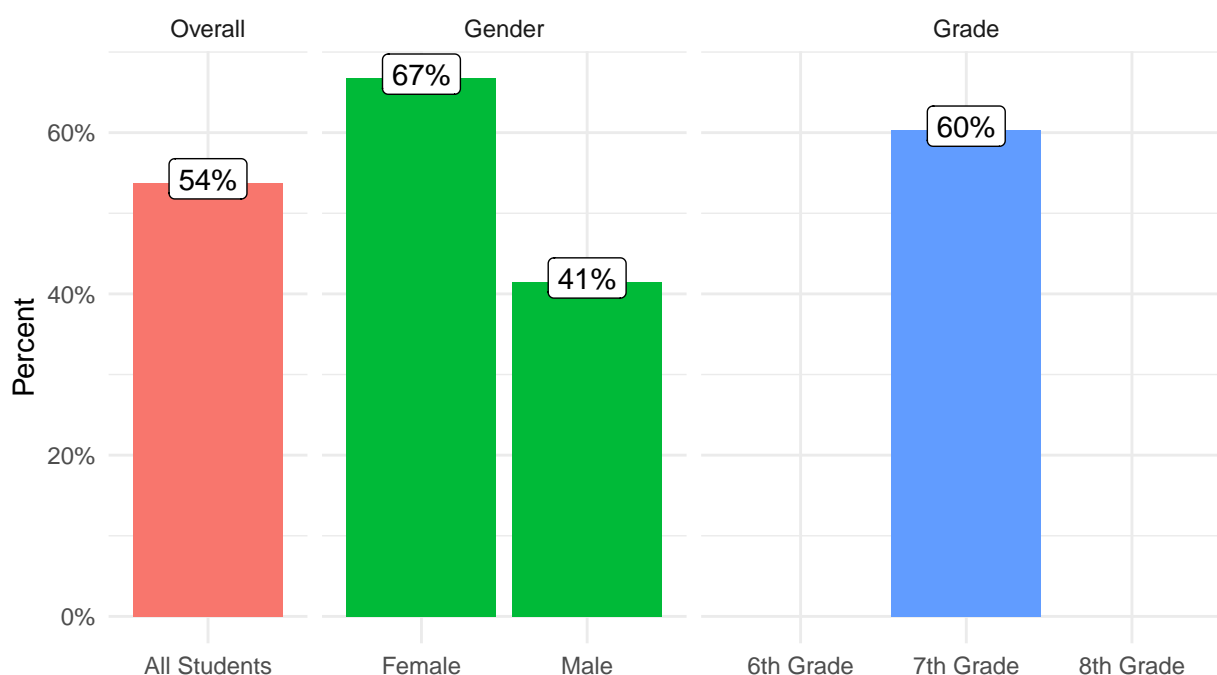
Students were asked about their mental wellbeing over the past year, as well as any experiences harming themselves or considering or attempting suicide.

Anxiety, Depression and Self-Harm

Students were asked two questions about whether they had experienced “significant problems” due to anxiety or prolonged sadness. They were not asked whether they had a mental health diagnosis. Students were also asked about non-suicidal self-harm.

Self-Reported Anxiety

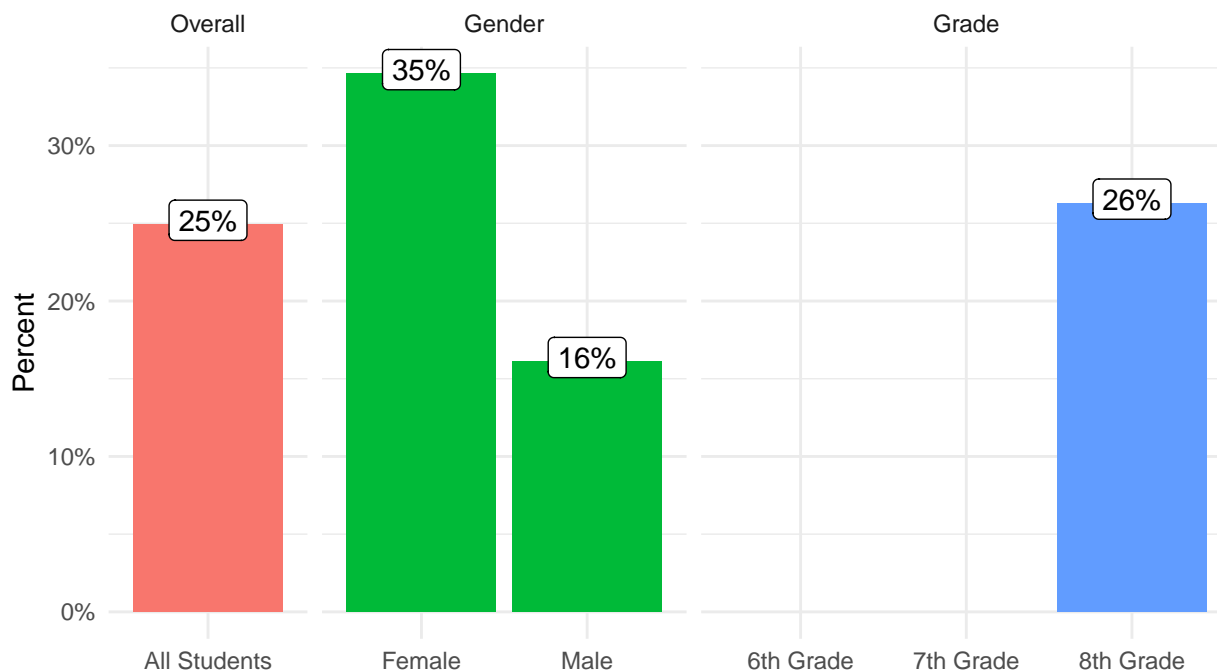
Students who had experienced significant problems with anxiety (past 12 months)



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Self-Reported Depression

Students who experienced prolonged, disruptive sadness (past 12 months)



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The question on self-reported depression asked whether students had felt “so sad or hopeless almost every day for two weeks or more in a row that [they] stopped doing some usual activities” within the past 12 months.

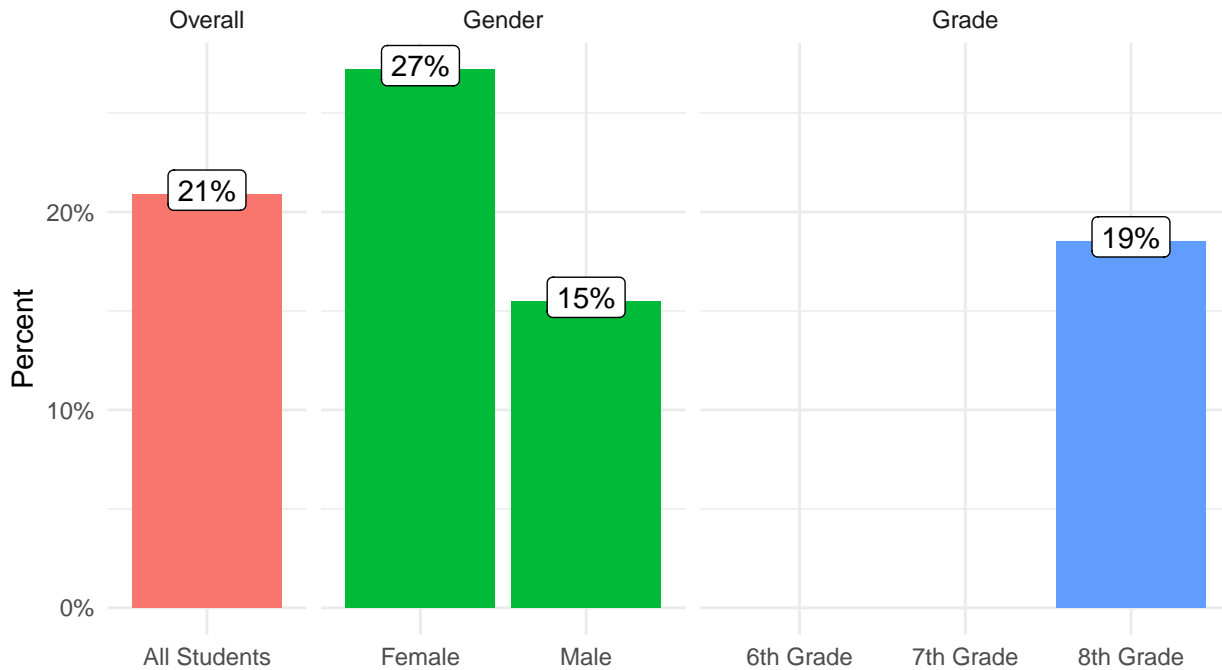
In general, self-reported rates of anxiety and depression were higher for students who:

- had a low sense of school belonging
- had experienced bullying, violence or trauma
- had low grades
- had anything else that set them apart from their peers, including race, class, sexual orientation and disability

Specific rates for subgroups can be found in the “Higher Risk Populations At A Glance” section and in the question-specific tables at the end of this report.

Self-Harm

Students who intentionally self-harmed without intending to die (past 12 months)



Missing bars mean numbers are too small to report

Students also reported on whether or not they had engaged in non-suicidal self-harming practices during the past year. **21%** of students reported having engaged in a self-harming practice at least once.

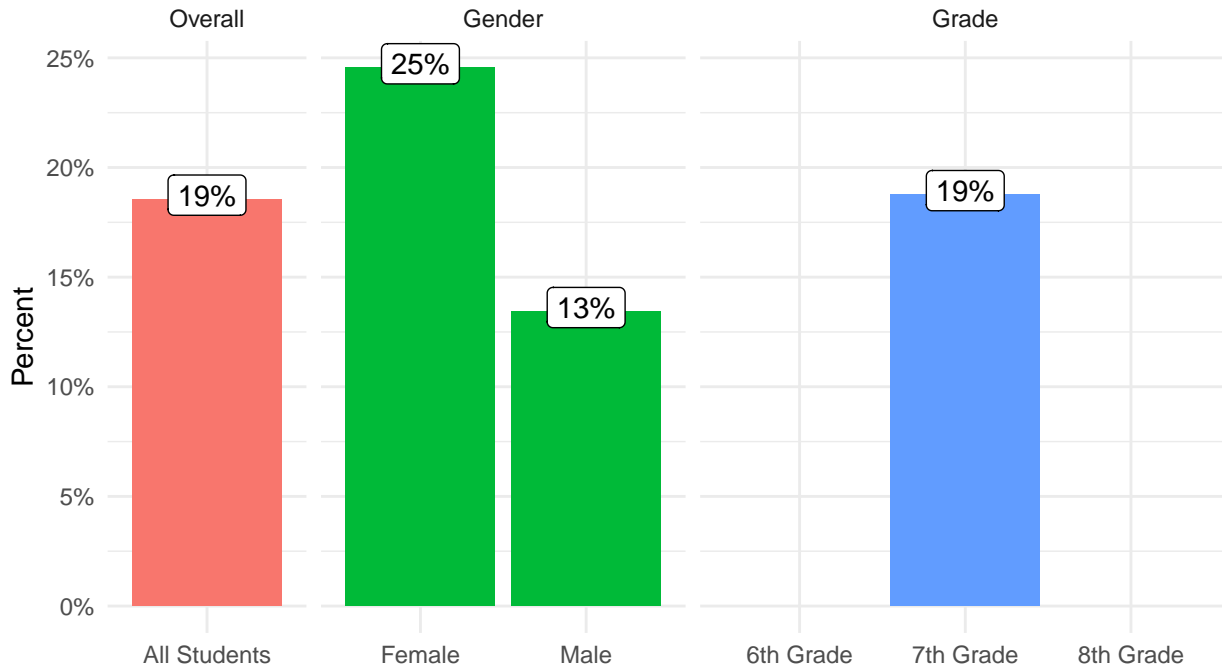
Overall, **61%** answered affirmatively to at least one of the questions about anxiety, depression, or self-harm.

Suicidal Thoughts and Behavior

In recent years, youth suicides and suicidal ideation have been on the rise (see e.g. Ruche et al). The YRBS asks students whether they have seriously considered, planned, and attempted suicide.

Considered Suicide

Students who seriously considered suicide (past 12 months)



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Had a Suicide Plan

Students who made a plan for a suicide attempt (past 12 months)



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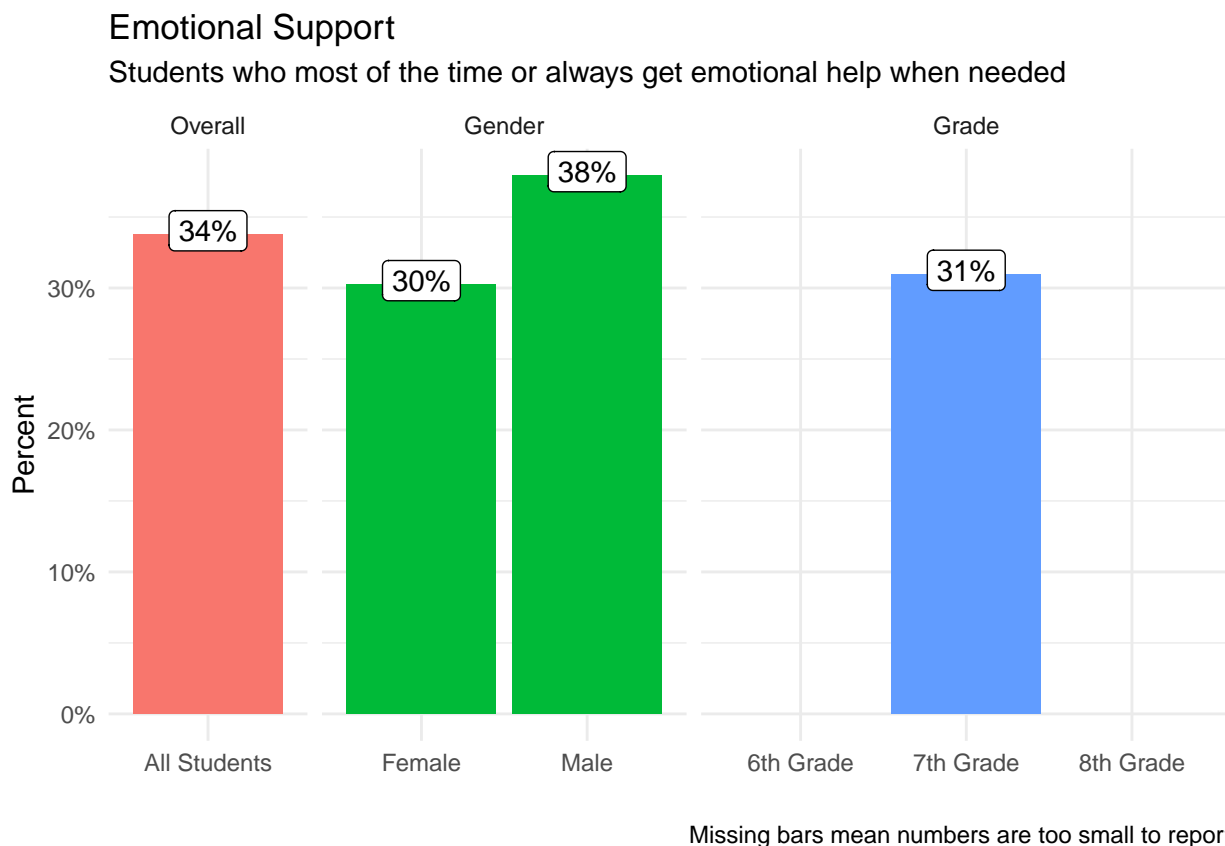
15% of students have made a plan about how they would attempt suicide.

6% of students have attempted suicide. See the appendix for more detailed tables on suicidal planning and attempts.

DPI offers schools a number of resources for suicide prevention and postvention, including trainings and curricula. Suicide prevention resources are available at: <https://dpi.wi.gov/sspw/mental-health/youth-suicide-prevention>

Help-seeking and Supports

Students were asked general questions about access to emotional supports. The questions were not specific to suicide or any mental health condition. The chart below shows the percentage of students who agreed that they “get the help they need” when they are in emotional distress.



Conversely, **40%** of students said that they rarely or never get the help they need.

Students were also asked whom they rely on for emotional support through the following question: “When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?” Students could only pick one response, so selections may represent students’ most frequent or otherwise primary (but not necessarily exclusive) source of support.

Who Do Students Turn To For Emotional Support?

ADULT (parent, teacher or other adult): **38%**

PEER (friend or sibling): **37%**

NOT SURE: **25%**

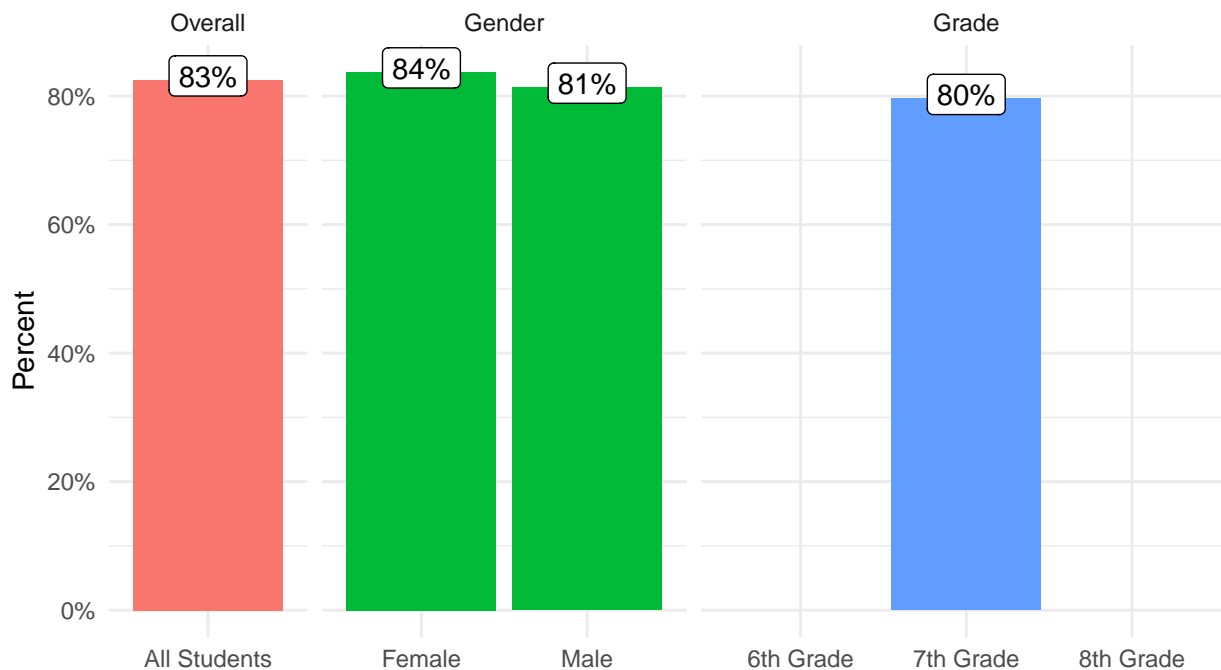
Peers are often an important source of support for students. Peer-based programs seek to leverage this natural support by helping young people help one another. Evidence-based, peer-supported programs in suicide prevention, bullying prevention, and other areas can be an important tool for schools and communities.

Supportive adults are a vital resource in a young person’s life. Parents are a primary source of support for many young people. Having other supportive adults is also important. Students were asked

how many adults besides their parents they could speak with about an important question affecting their life. The chart below shows students who had at least one such adult.

Have a Supportive Adult

Students who could turn to at least one adult besides parents



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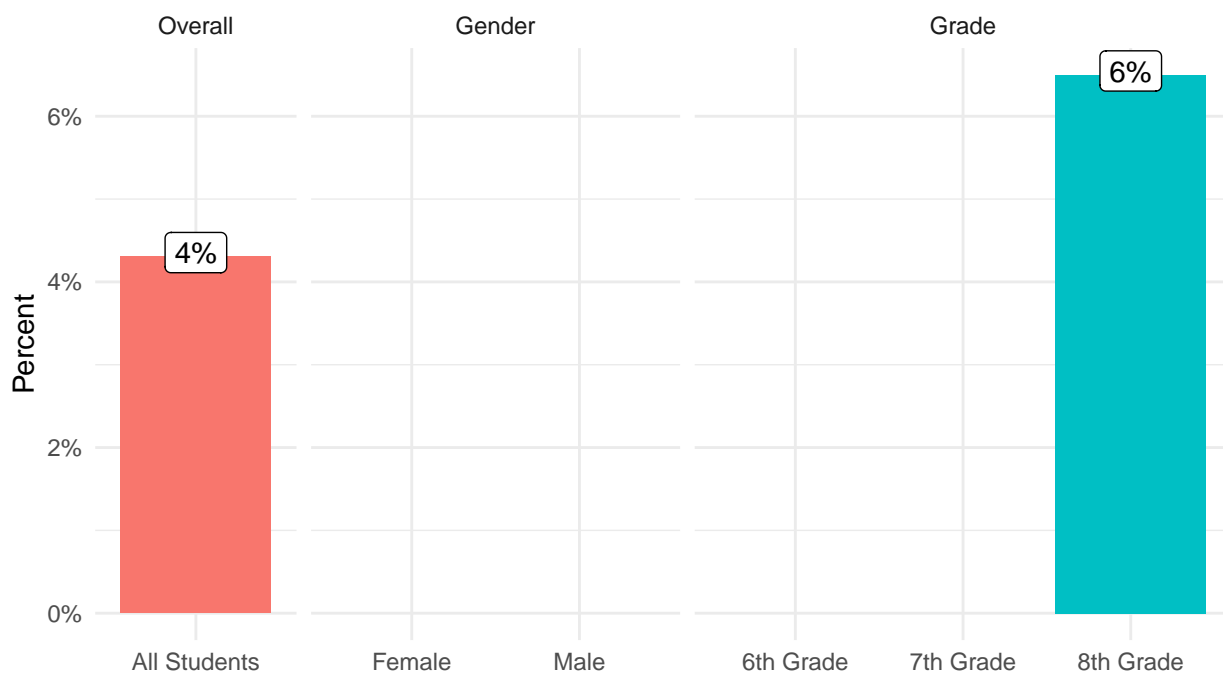
Regardless of whether students actually use such adults as a frequent source of support, the mere presence of such adults in a young person's life is an important protective factor. For more information on this question, see the "Protective Factors" section.

SEXUAL BEHAVIOR

The middle school version of the YRBS only includes one question on sexual behavior that can be used to inform public health initiatives and/or school health practices. The question asks “Have you ever had sexual intercourse?” Another question on sexting appears in the section on Technology Use and Online Behaviors. A question on sexual abuse or coercion appears in the “Trauma and Adversity” section of this report.

Ever Had Sex

Percent of students who have ever had sexual intercourse



Missing bars mean numbers are too small to report

TOBACCO

The YRBS asks about both traditional tobacco products and electronic tobacco products.

Vaping

Questions about electronic tobacco were added to Wisconsin's state (high school) YRBS in 2017. The 2019 and 2021 middle school surveys continued to ask about current use of electronic vapor products, such as JUUL.

Currently Vape

Students who used vaping products (past 30 days)



Missing bars mean numbers are too small to report

Other Tobacco Products

Students were asked about current use of a number of other tobacco products, including cigarettes, cigars, and chew or other smokeless tobacco products. The chart below shows the percent of students who responded affirmatively to any of these questions about traditional tobacco products.

Use of Any Other Tobacco Products

Students who have used cigarettes, chew, cigars or cigarillos in the past 30 days

Numbers too small to report

Missing bars mean numbers are too small to report

The overall 30-day use rates for specific tobacco products were as follow:

Chew/smokeless tobacco: [number too small to report]

Cigars, cigarillos, little cigars: [number too small to report]

Cigarettes: [number too small to report]

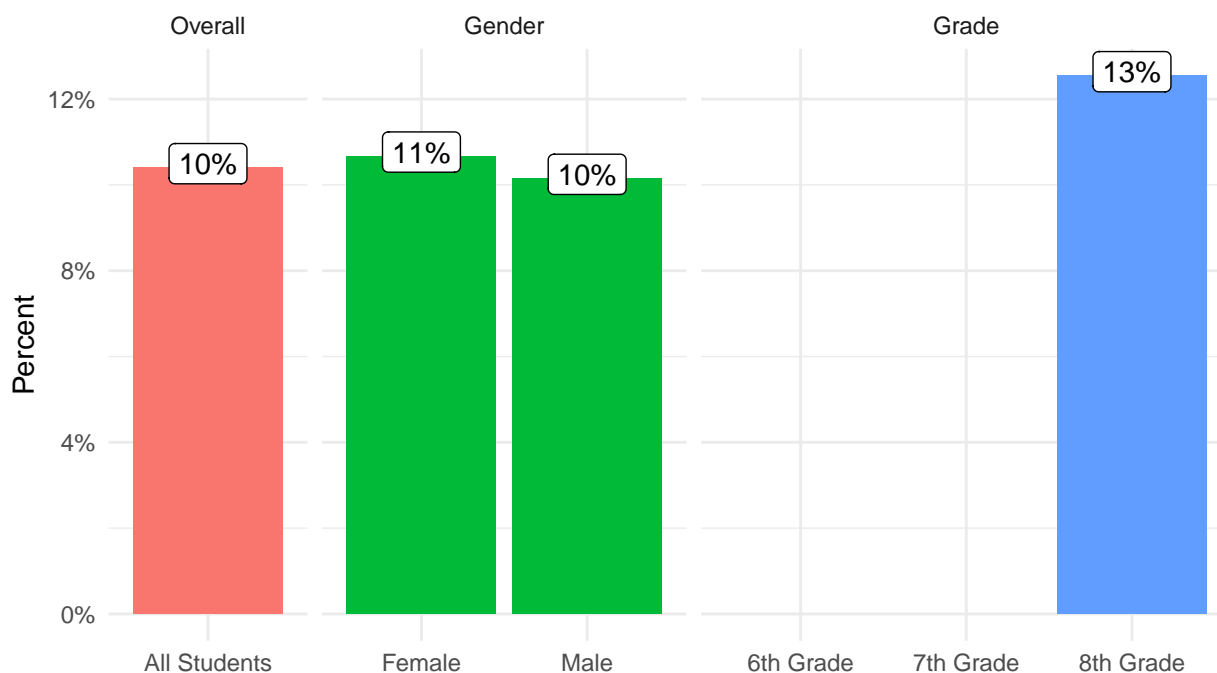
For more information on the rates of use for each of these products, see the question-specific tables at the end of this report.

ALCOHOL

The middle school version of the YRBS asks students about current alcohol use (past 30 days). Students were counted as having used alcohol in the past 30 days if they had “at least one drink of alcohol”.

Current Use of Alcohol

Students who had at least one drink (past 30 days)



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See DPI's Alcohol and Other Drug Abuse (AODA) webpage for information, tools and resources:
<https://dpi.wi.gov/sspw/aoda>.

DRUG USE

The YRBS asks students about use of illegal drugs as well as abuse of legal drugs.

Marijuana

The middle school version of the YRBS asks students about current use of marijuana.

Current Marijuana Use

Students who have used marijuana in the past 30 days



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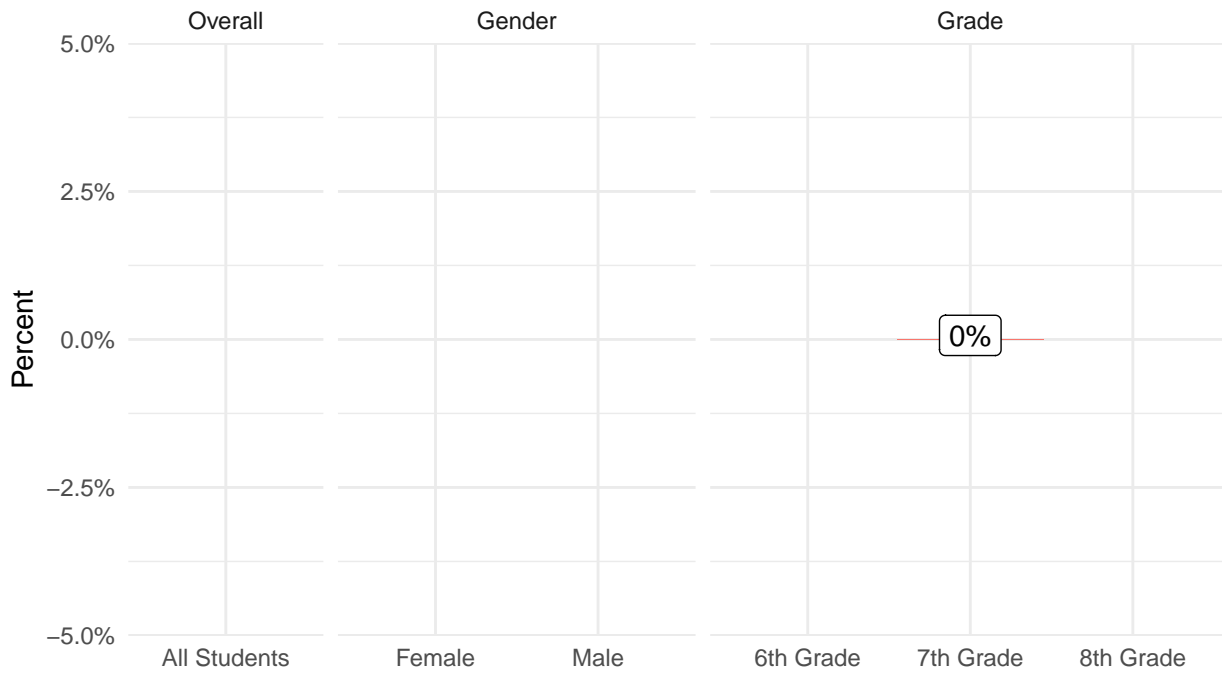
In general, such students who start using substances earlier are also more likely to report indicators of trauma, violence, or abuse. A trauma-informed lens is advised when working with students with early alcohol or drug use.

Other Illegal Drugs

The middle school version of the 2021 YRBS asks about use of any illegal drug besides marijuana in the past 12 months. Since prevalence for this measure is generally low, data may not appear here at the school or district level. Please see county and/or CESA reports for additional information.

Other Drug Use

Students who used other illegal drugs besides marijuana

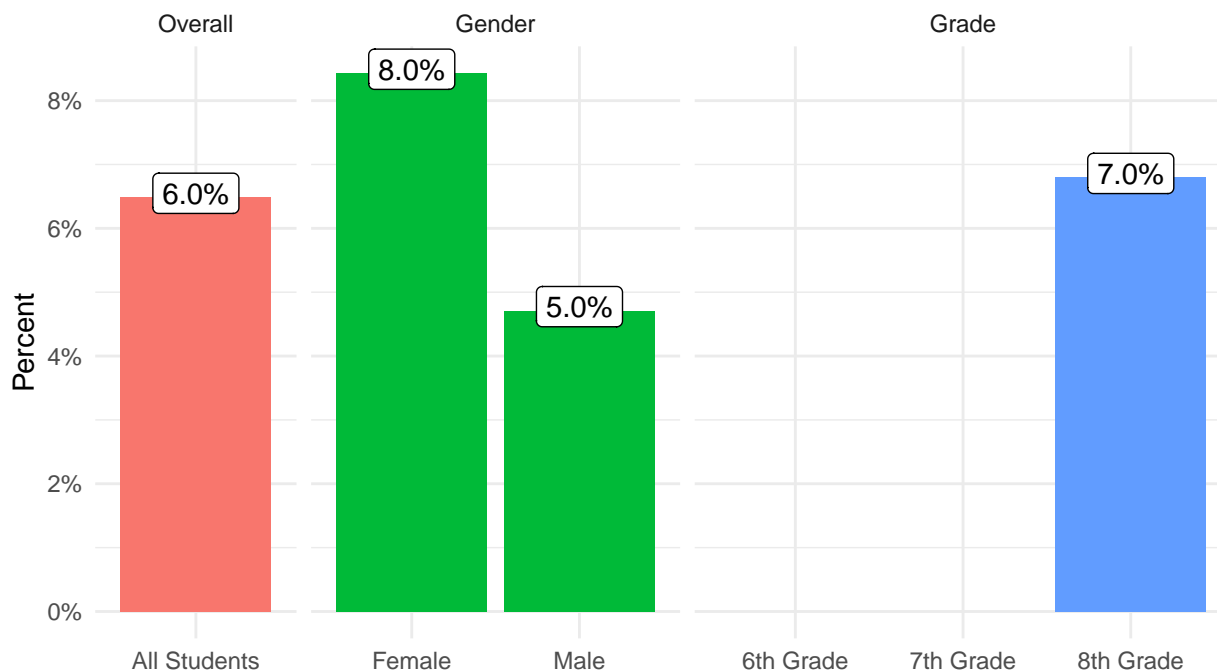


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Abuse of Legal Substances

Any Legal Drug Misuse

Students who misused over-the-counter and/or prescription pain medicines



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Students were asked about the unauthorized use of prescription painkillers and over-the-counter medications. Overall, **6%** of students had ever engaged in such use, with **5%** of students reporting use of a prescription painkiller without a doctor's prescription and **3%** reporting use of an over-the-counter drug to get high. The chart above shows the percent of students who answered affirmatively to one or both of these questions.

For more information, see the question-specific tables at the end of this report.

TECHNOLOGY USE AND ONLINE BEHAVIOR

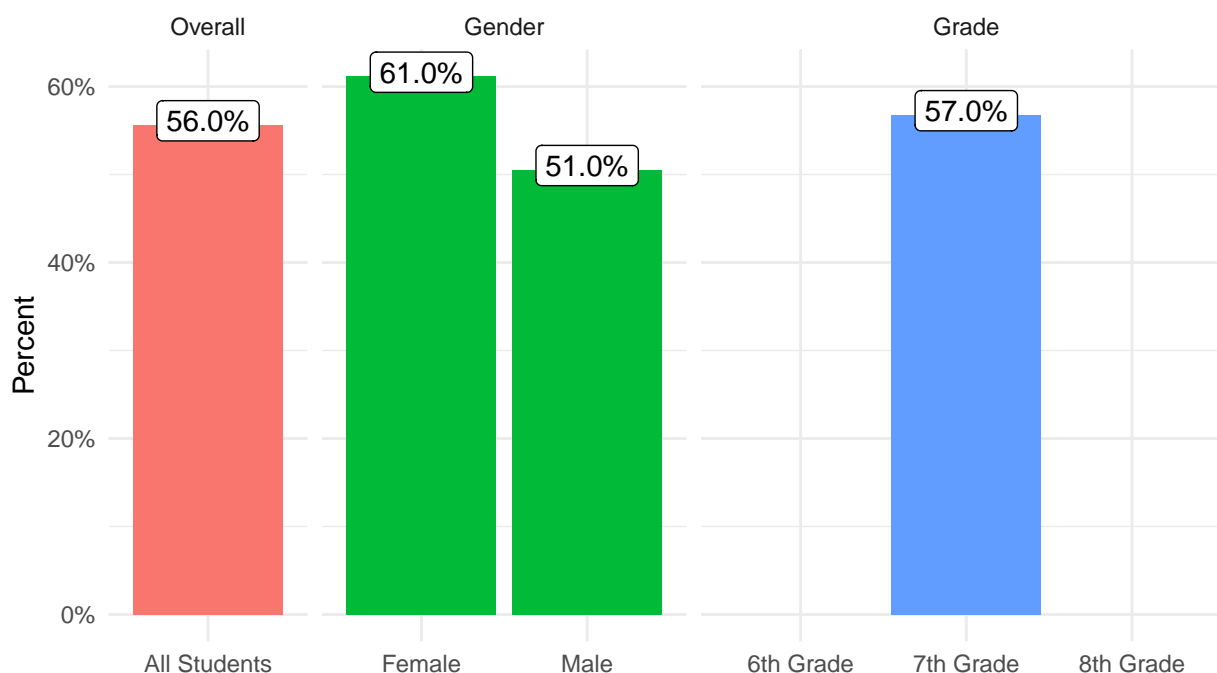
General Use Patterns

The middle school version of the 2021 YRBS included three questions related to students' recreational use of technology.

The chart below shows the percent of students who reported spending three or more hours per day engaged in video games, social media, texting, or other recreational activities using a computer, phone, gaming system or tablet.

Moderate to Heavy Screen Time

Students who spent 3+ hours/day on phone, Xbox, or other device

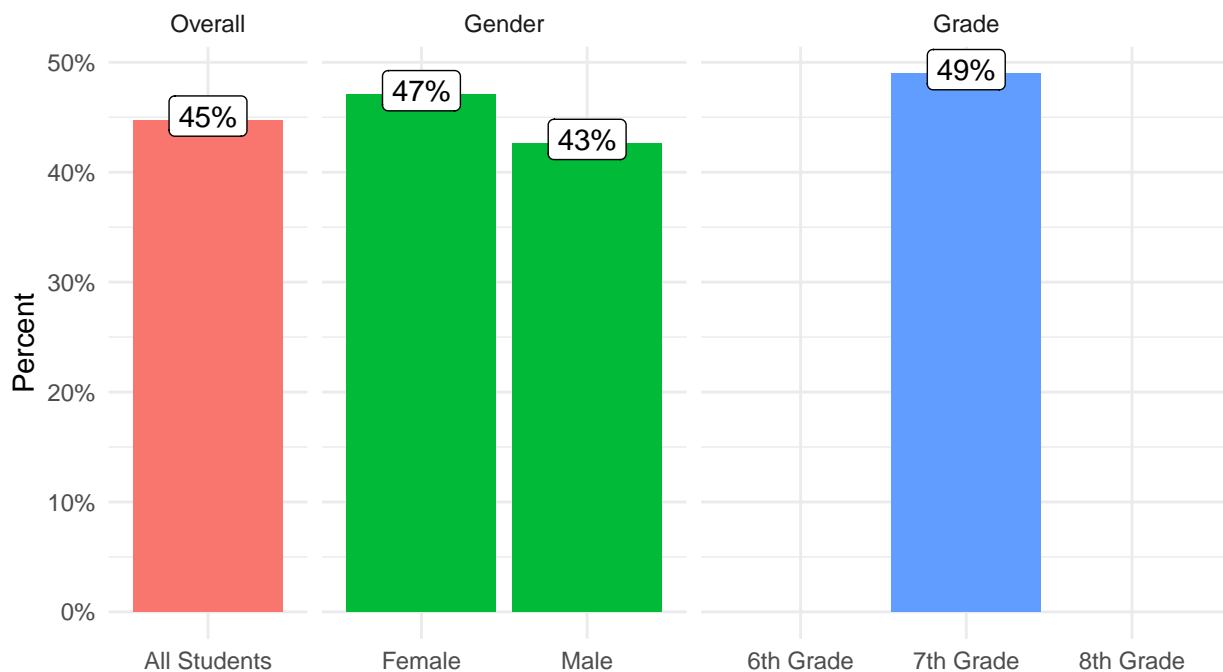


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Another online behavior that can affect both mental and physical health, as well as academic performance, is late-night screen use. When students stay up late, they miss out on sleep. Students were asked about the number of nights per week that they used technology between midnight and 5:00 am. The chart below shows responses for students who reported that they did so at least one school night per week.

Late Night Screen Use

Students who use technology between midnight and 5:00 am on school nights



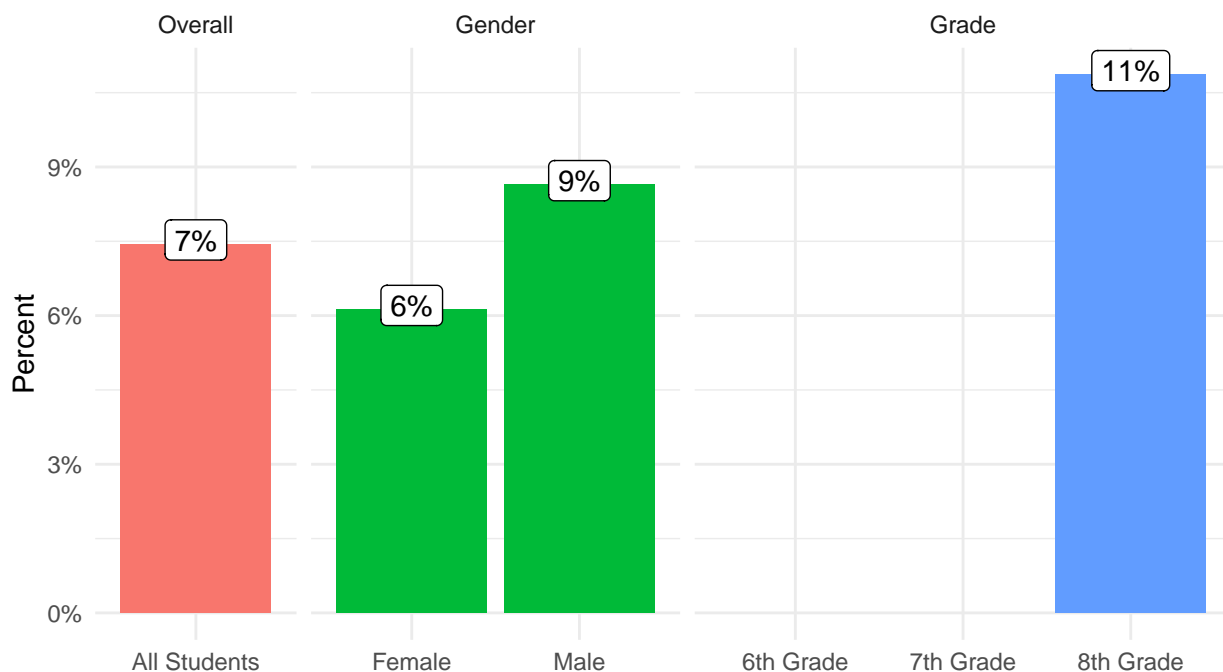
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Sexting

A question on sexting was included for the first time in 2019 and was continued in 2021. The question specifically asked whether students had sent, received, or shared nude photos or other sexual images in the past 30 days.

Sexting

Students who sent, received, or shared nude photos or sexual images(past 30 days)



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Online bullying is covered in the “Bullying” section of this report.

PHYSICAL HEALTH AND NUTRITION

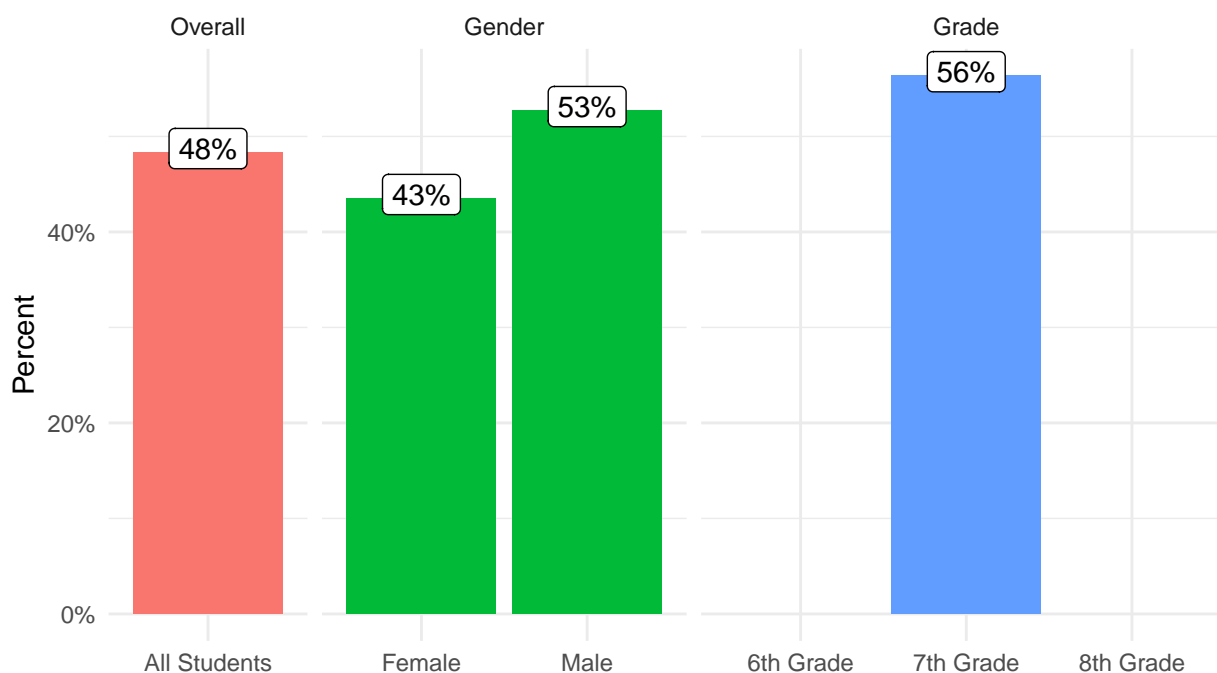
Sleep and Exercise

Sleep

Wisconsin's 2017 and 2019 YRBS results showed a decrease in the amount of sleep students reported (statewide results from 2021 are not available at the time of this report). The charts below show results for students who reported greater and lesser amounts of sleep.

Sleep 8 or More Hours Per Night

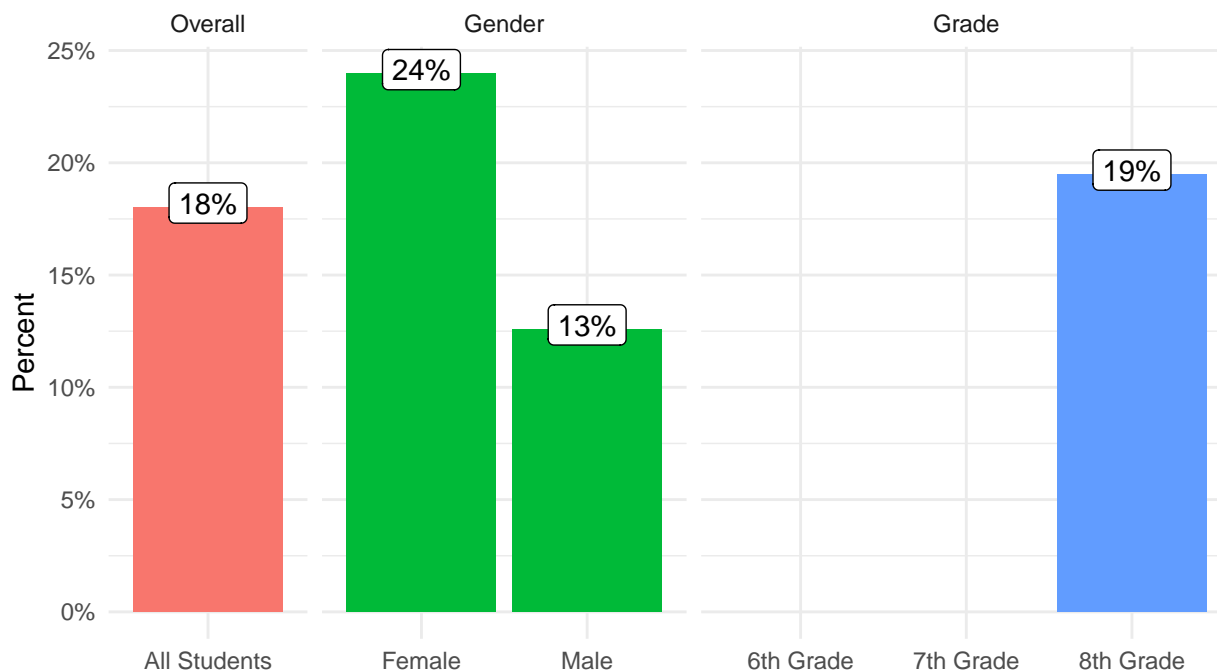
Students reporting 8+ hours of sleep per night



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Sleep 5 or Fewer Hours Per Night

Students reporting 5 or fewer hours of sleep per night



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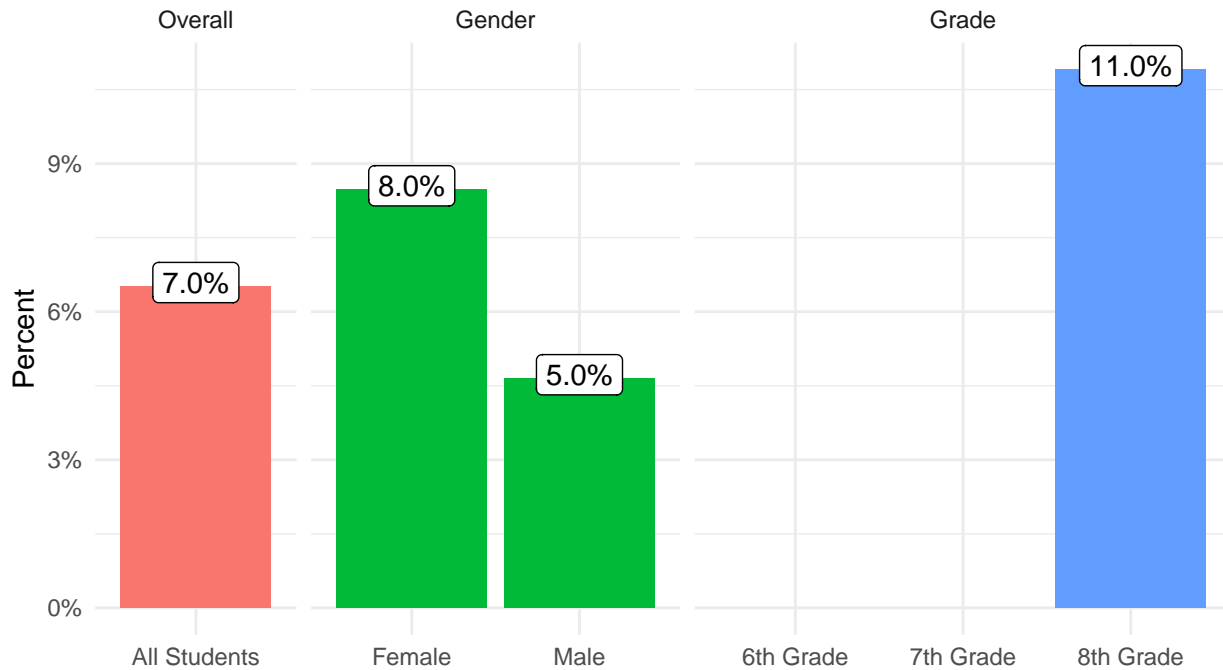
One factor that can interfere with sleep is nighttime screen use. See the section on Technology Use And Online Behavior for a breakdown of screen use at night.

Exercise

Students were asked how many days a week they participated in an hour or more of physical activity.

No Sustained Exercise

Students who exercised zero days in the past week

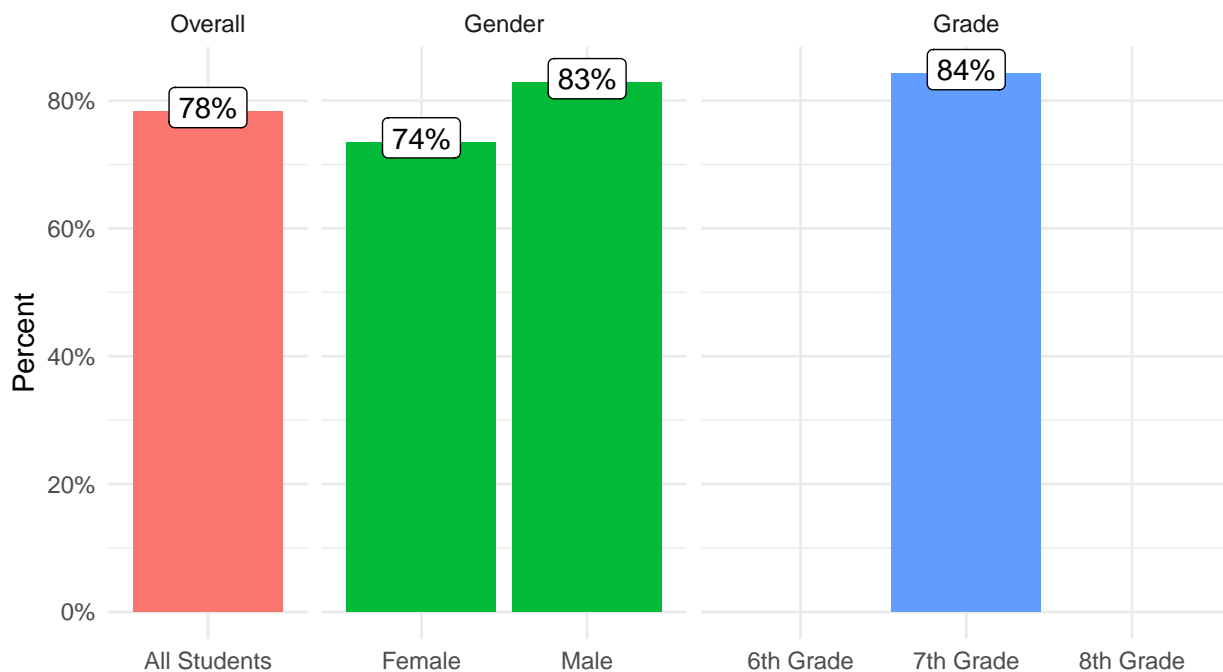


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The chart below shows students who did report engaging in an hour or more of physical activity for four or more days per week.

Exercise on Most Days

Students who exercised 4–7 days in the past week



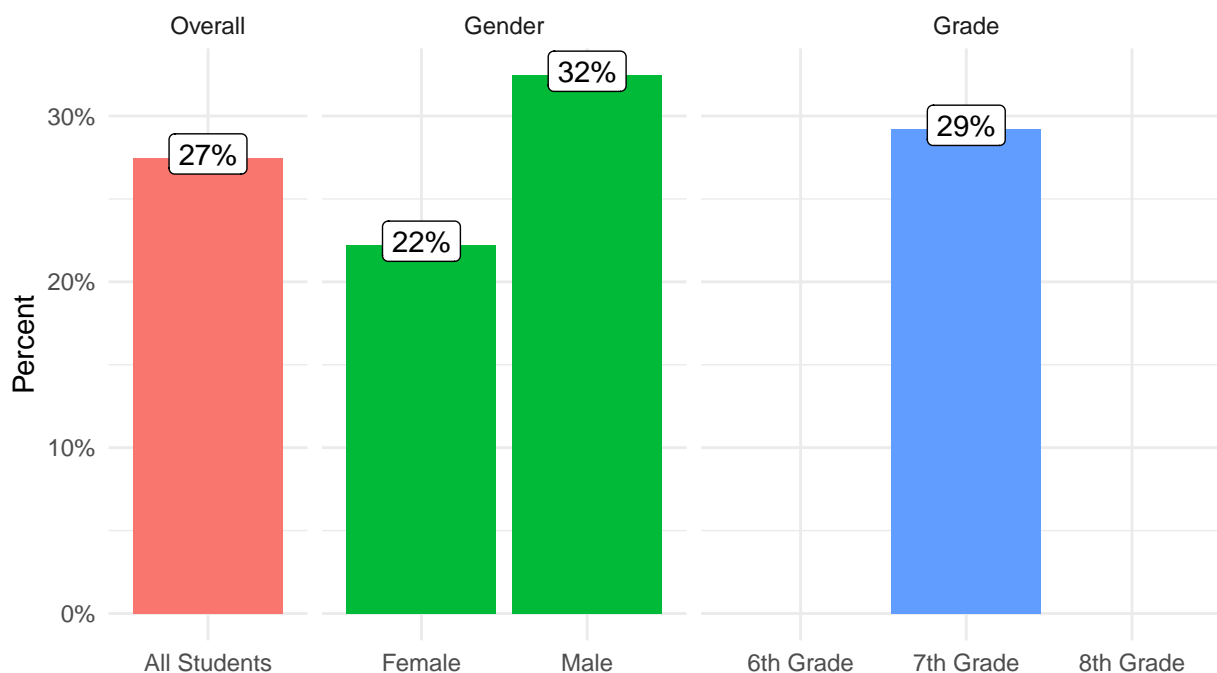
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Breakfast

Students were asked how often they eat breakfast.

Breakfast Daily

Students who ate breakfast every day (past 7 days)



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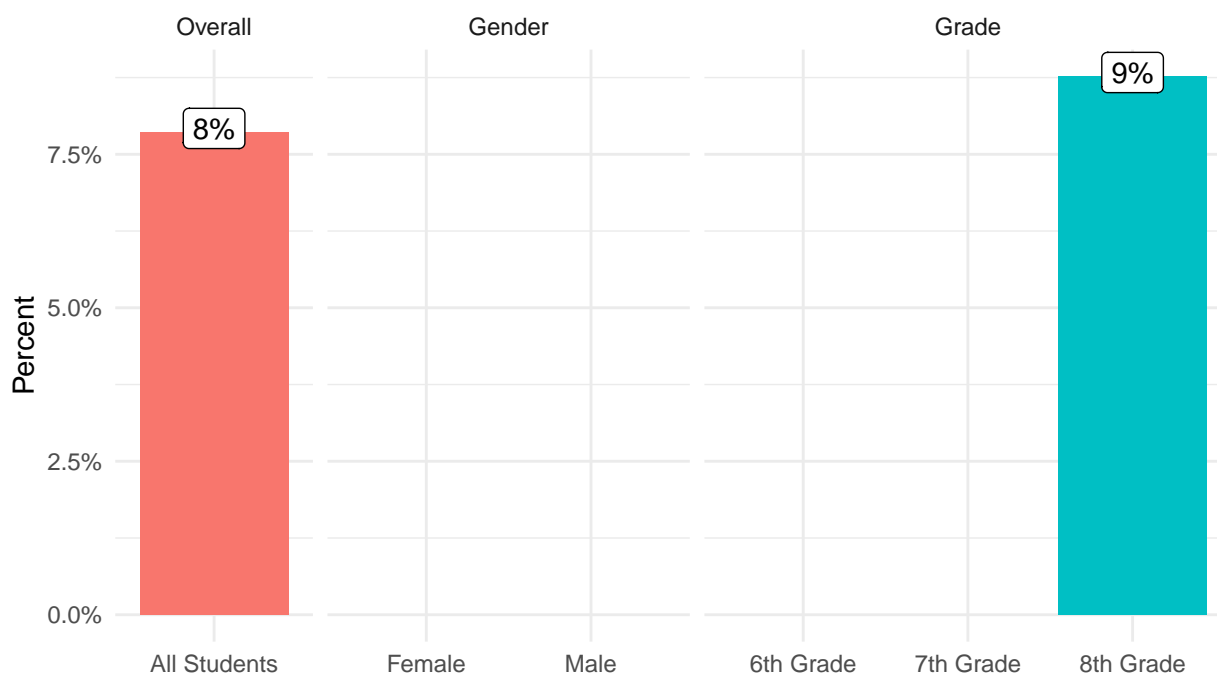
While the chart above shows the percentage of students who ate breakfast every day, **46% of students ate breakfast less than half the time (0-3 days in the past week)**. While missing breakfast may be a choice for some of these students, lack of food is likely an issue for at least some of these students. See the section on “Access to Food and Housing”.

TRAUMA AND ADVERSITY

Exposure to Violence

Experiences of violence and other forms of trauma can affect all aspects of a student's life, including their health, their behavior, and their ability to engage meaningfully in their education. The middle school version of the 2021 YRBS included one question asking students whether "anyone ever forced you to do sexual things when you did not want to". **Note that this is not a screener and cannot be used to identify individual students.** The question instead provides a general sense of how prevalent unwanted sexual contact is for this group of students. Student Services staff are trained to help identify students who may have suffered trauma and to address such situations appropriately.

Experienced Unwanted Sexual Contact
 Students who were ever forced to do sexual things

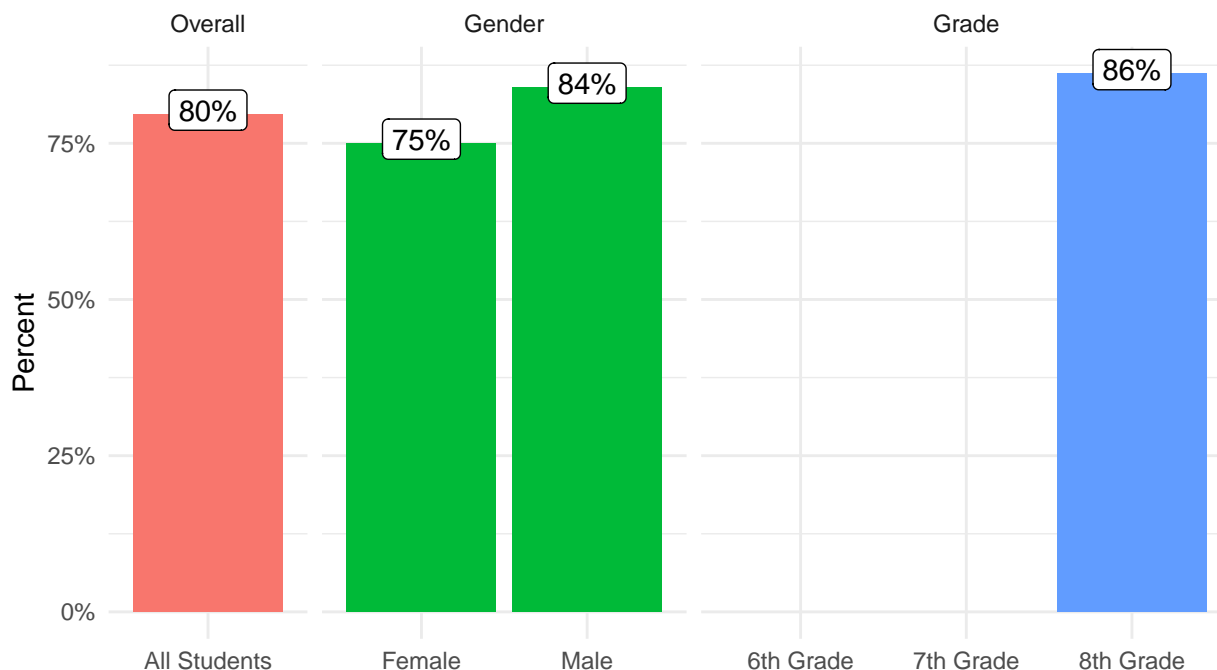


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The survey includes a question on perceptions of safety within the student's neighborhood.

Safe Neighborhood

Students who most of the time or always feel safe in their neighborhood



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In contrast to the chart above, **9%** of students rarely or never feel safe in their neighborhood.

As described in the section on School Safety, **10%** of students missed school once or more within the past 30 days due to feeling unsafe at school or on their way to or from school.

Schools are tasked with enforcing attendance, yet it is also important to note that students might miss school because they feel unsafe at school or at home. DPI provides schools with resources and guidance on how to promote attendance as well as how to engage in trauma-sensitive disciplinary practices. See e.g. <https://dpi.wi.gov/sspw/safe-schools/school-attendance#Compulsory%20School%20Attendance%20and%20Truancy> as well as the sections on discipline and trauma-sensitive schools at <https://dpi.wi.gov/sspw>.

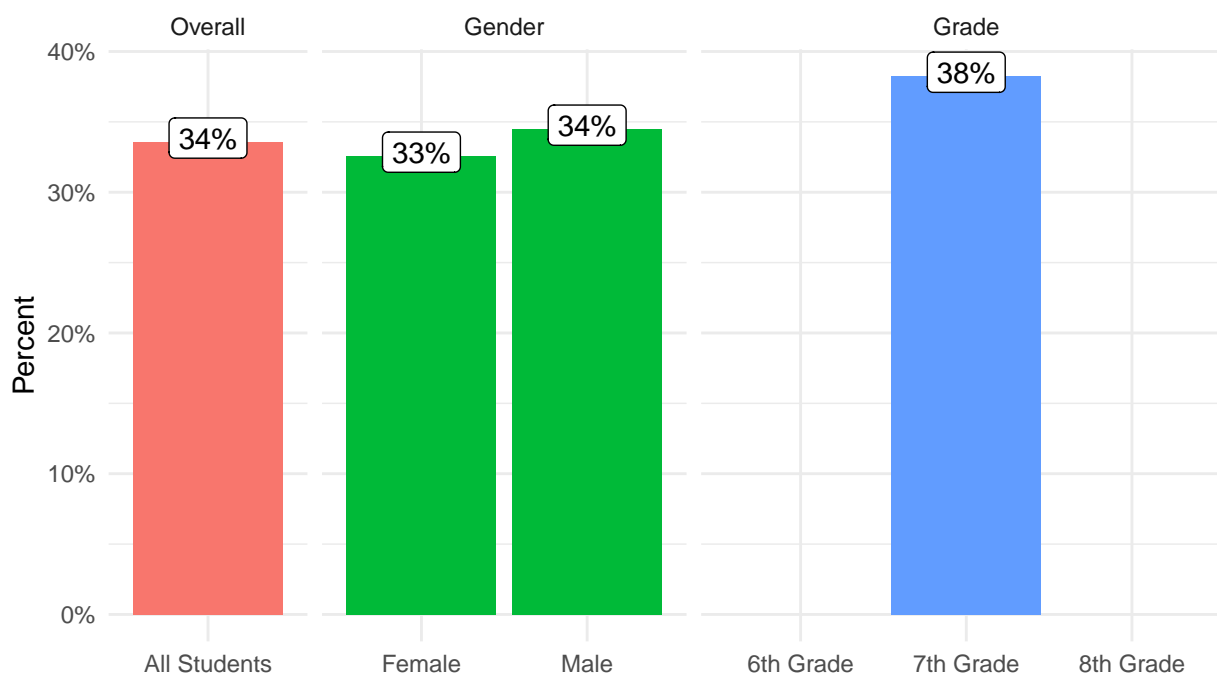
For information on prevention of sexual violence at school, see <https://dpi.wi.gov/sspw/safe-schools/resources-reduce-and-respond-sexual-violence-schools>

Access to Food and Housing

Access to stable housing can have a tremendous impact on students' health and academic success. A move or other change of housing is a significant transition, even if the move is voluntary and the student is well supported. Students who are forced to move often—due to eviction, abuse, or other situations—obviously face significant risks. The middle school version of the 2021 YRBS asked students to report on the total number of residences they have had in their lifetime. The chart below shows the percent of students indicating four or more residences.

Moved Many Times

Students who have lived in four or more residences



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Have lived in 1 place: **26%**

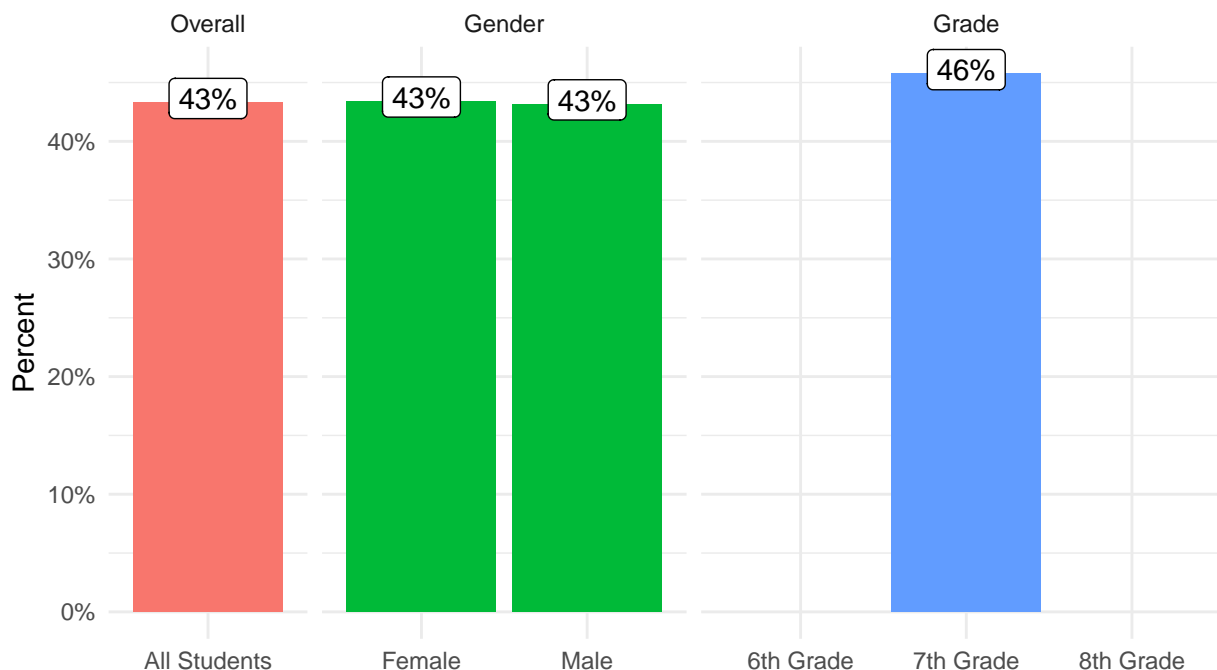
Have lived in 2-3 places: **40%**

Have lived in 4 or more places: **34%**

The YRBS asked students how often they went hungry in the past month due to a lack of food in the home. Students who indicated that they had any such experiences in the past month are reported in the chart below.

Food Insecurity

Students who experienced hunger due to lack of food at home (past 30 days)



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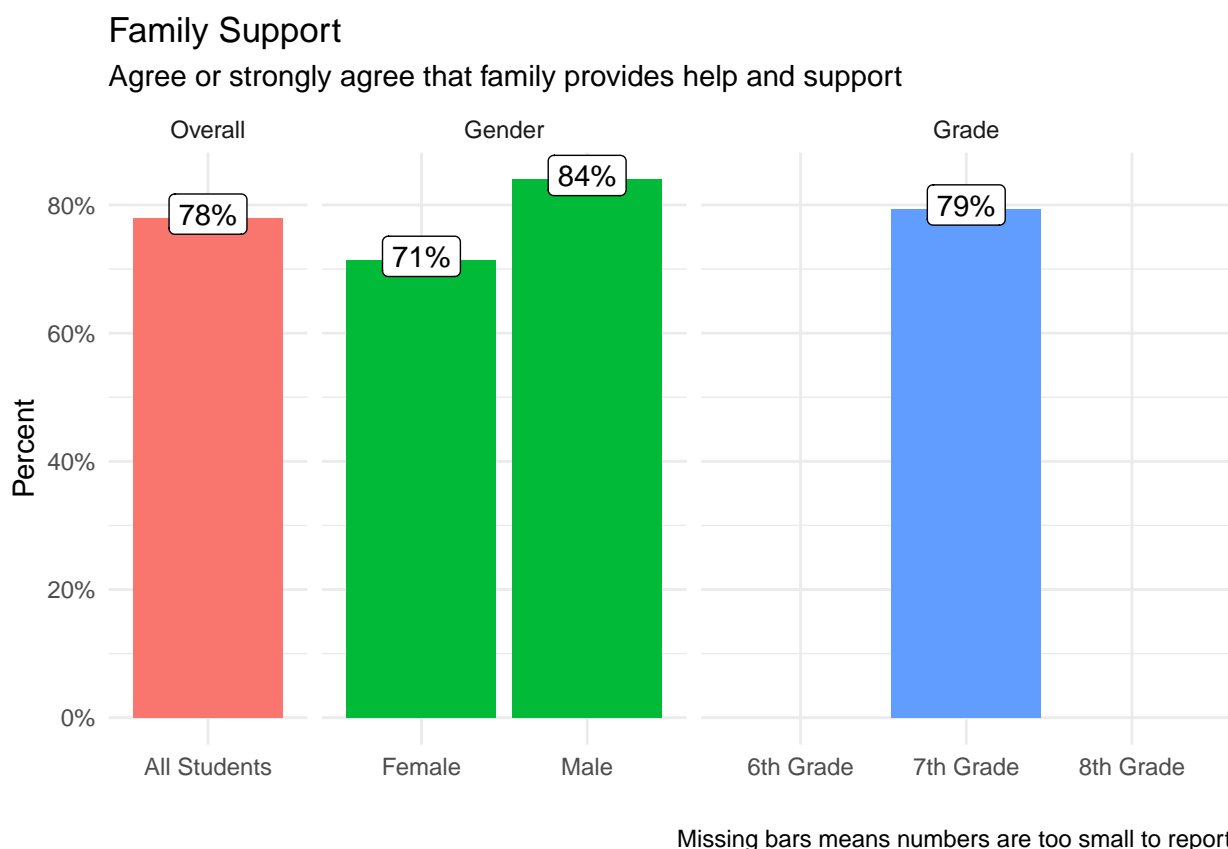
The chart above includes students who answered that they went hungry rarely, sometimes, most of the time, or always; it excludes students who answered “never”. In terms of students who regularly experience hunger at home, **3%** of students said that they went hungry “most of the time” or “always”.

PROTECTIVE FACTORS AT A GLANCE

Along with risk behaviors and risk factors, the YRBS includes a few questions that address protective factors. Many of the questions covered in other sections of this report can be seen as protective factors to the extent that students' responses indicate that they are safe, connected, and supported at home and school. This section covers one additional question on family support and then provides a closer look at school belonging and adult support beyond the family. Taken together, these factors are extremely powerful. A 2019 article in the *Journal Pediatrics* showed that "school connectedness may have long-lasting protective effects across multiple health outcomes related to mental health, violence, sexual behavior, and substance use. Increasing both family and school connectedness during adolescence has the potential to promote overall health in adulthood" (Steiner et al 2019).

Family Support

The middle school version of the YRBS asked students about their level of family support.

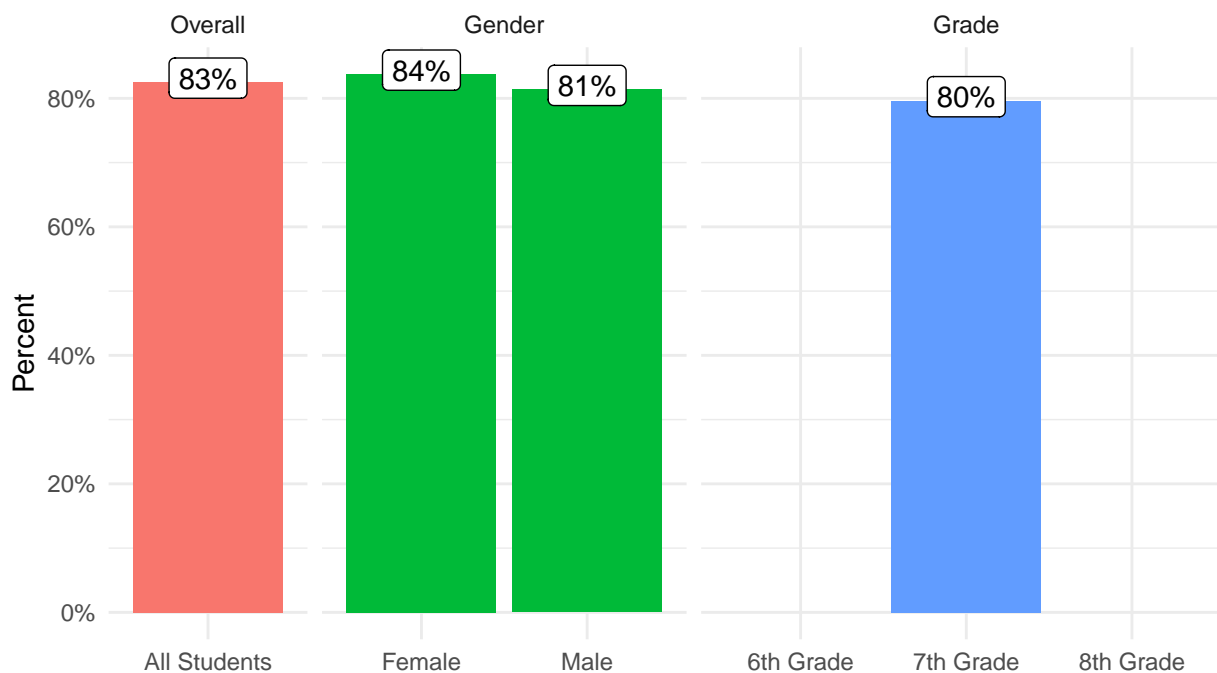


Number of Supportive Adults

This section dives into the number of adults besides parents that students said they could talk to about an important issue affecting their lives.

Other Supportive Adults

Have at least one supportive adult besides parent(s)



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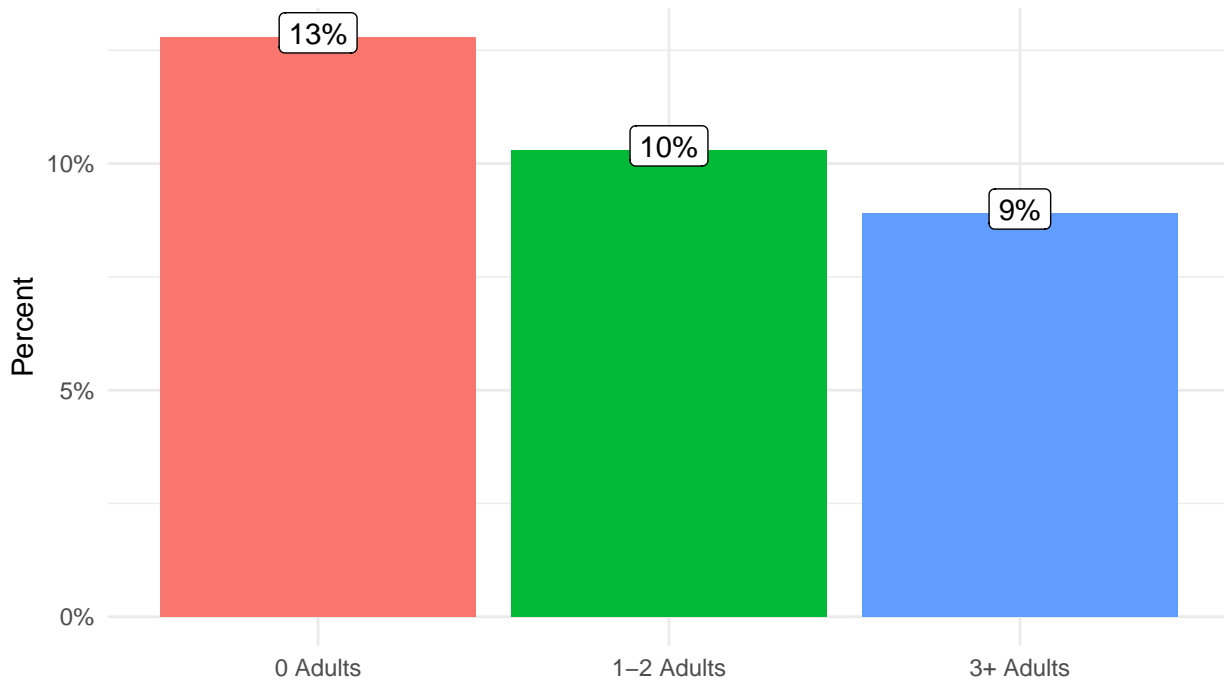
17% of students responded that they had **no** such supportive adults besides their parents.

In the next few charts, responses are grouped by students reporting zero adults, one to two adults, and three or more adults. Having supportive adults at school, home, and elsewhere can reduce the likelihood that young people get bullied or engage in risk behaviors. When young people do find themselves in difficult situations, the presence of supportive adults can also help them to problem-solve and access needed resources or interventions.

This section highlights three different types of behaviors or experiences by students' reported levels of adult support: current alcohol use, being bullied, and sexting.

Current Alcohol Use

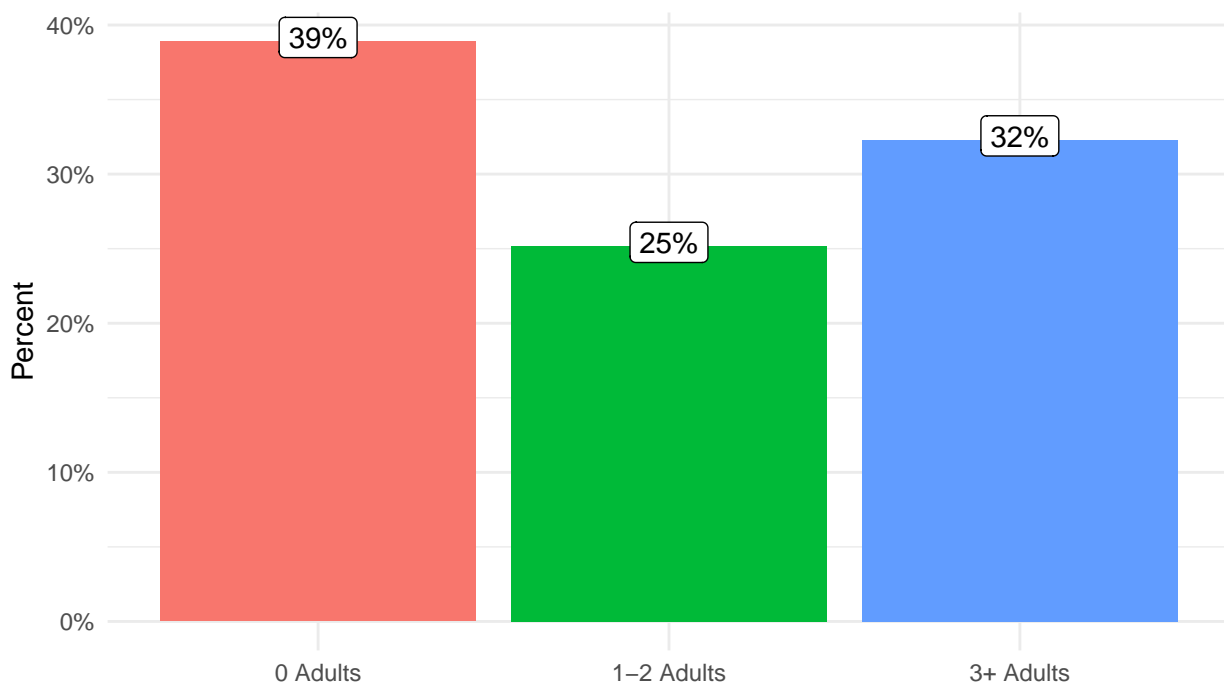
Current alcohol use for students with different levels of adult support



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Bullied At School and/or Online

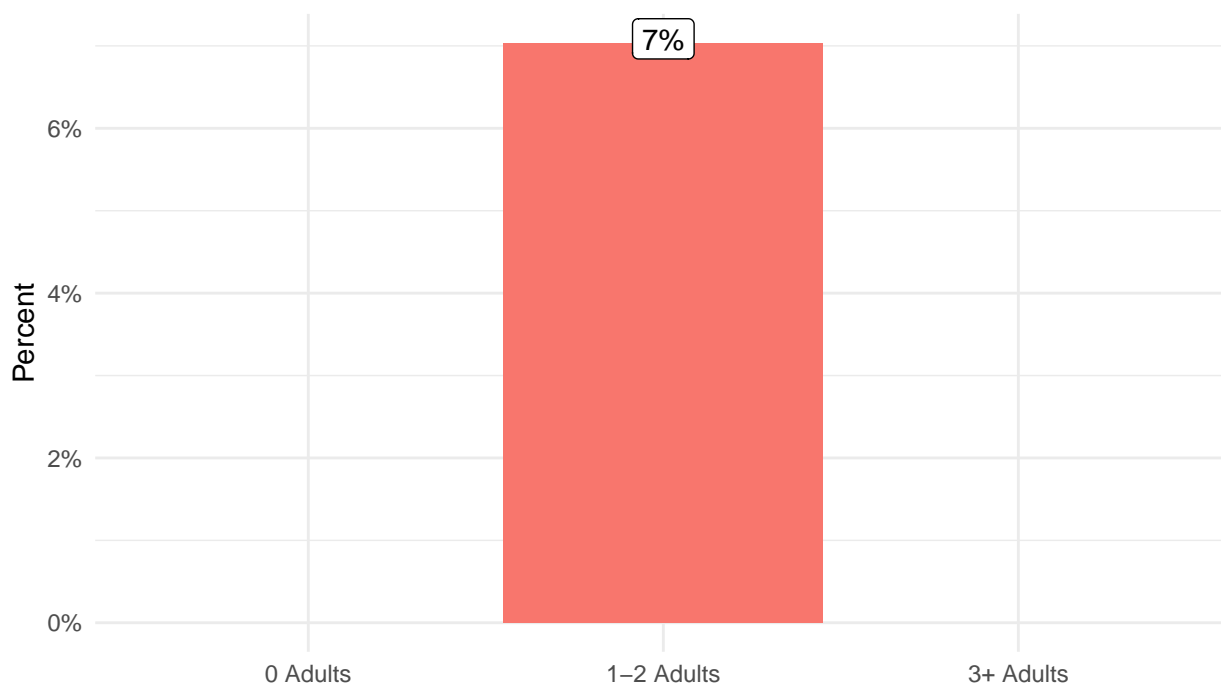
Experiences being bullied for students with different levels of adult support



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Sexting

Sending/receiving/sharing sexts for students with different levels of adult support



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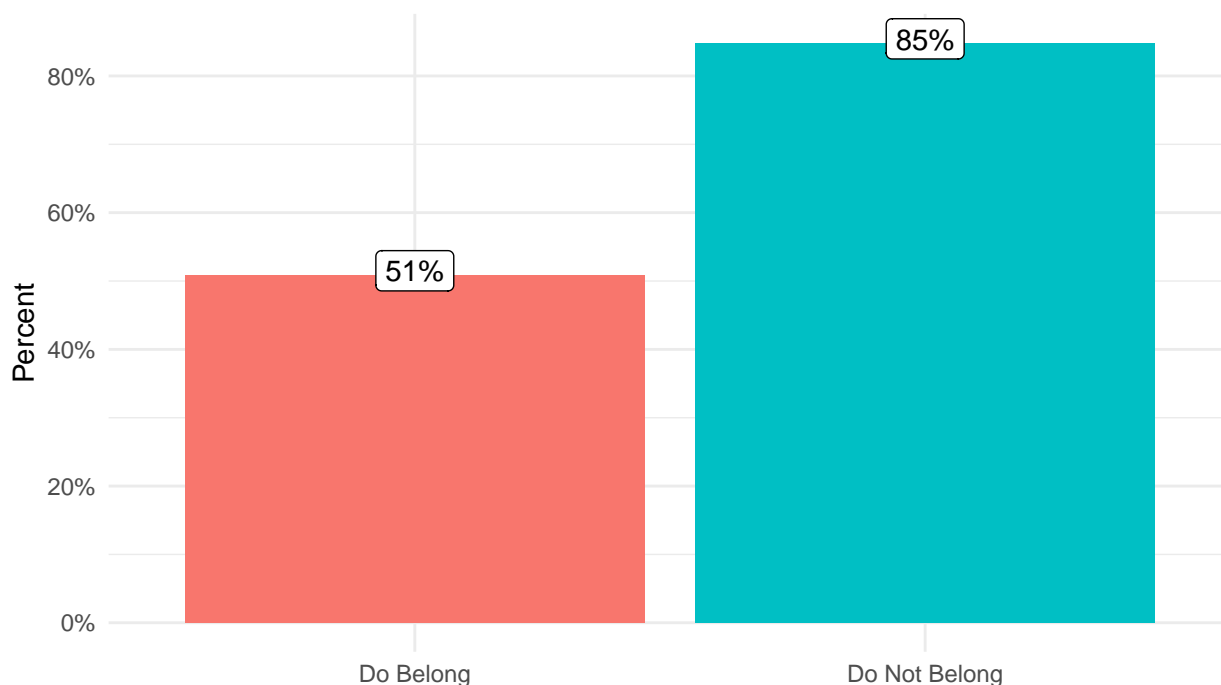
Sense of Belonging

Basic rates of school belonging are covered in the section on “School Climate” under “School Connectedness”. In this section, responses to that question are cross-tabulated with a few risk factors to highlight the likely differences between students with and without this protective factor.

Students who agreed or strongly agreed that they belonged at their school are in the “Do Belong” category, while students who disagreed or strongly disagreed are in the “Do Not Belong” category. Sense of belonging is cross-tabulated with mental health concerns, suicidality, perceived school safety, and vaping.

Mental Health Concerns

Students who reported any mental health concerns, by sense of school belonging

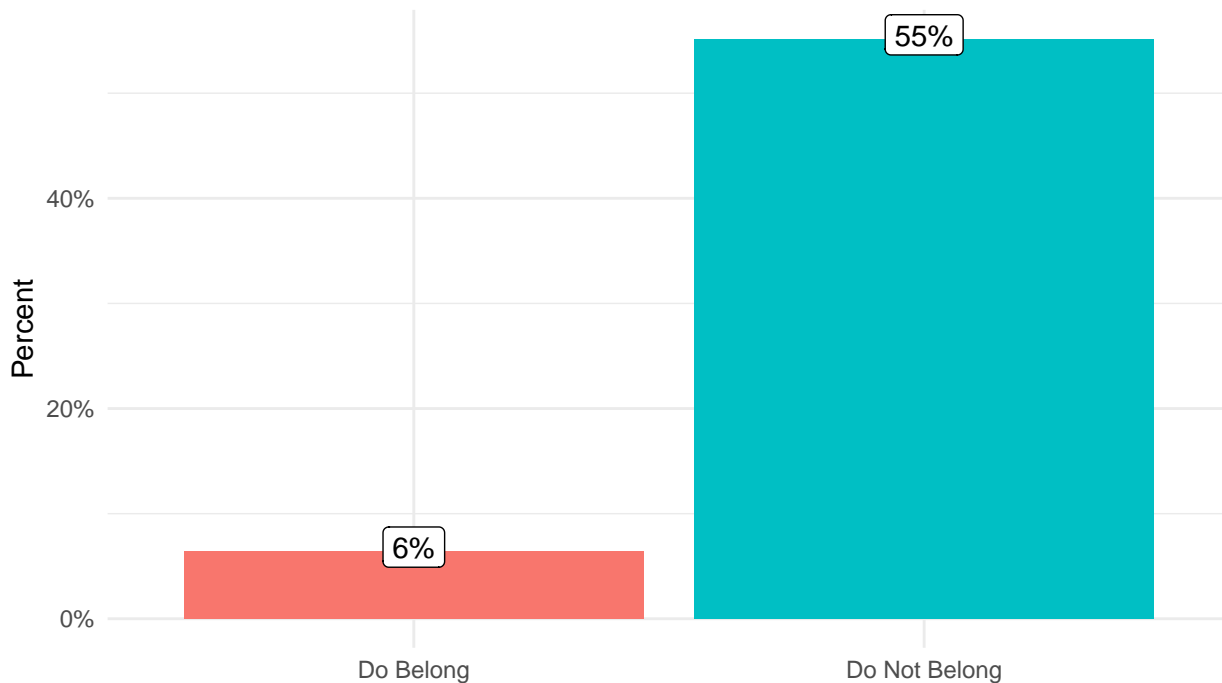


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The chart above shows the reported rates of mental health concerns for students who do not feel a sense of belonging vs. students who do feel a sense of belonging. “Mental health concerns” combines the YRBS questions on anxiety, depression, self-harm, and suicidality. The bar on the left shows the prevalence of such mental health concerns among students who feel like they belong, while the bar on the right shows the prevalence of such mental health concerns among students who don’t feel like they belong at school.

Considering Suicide

Students who seriously considered suicide, by sense of school belonging

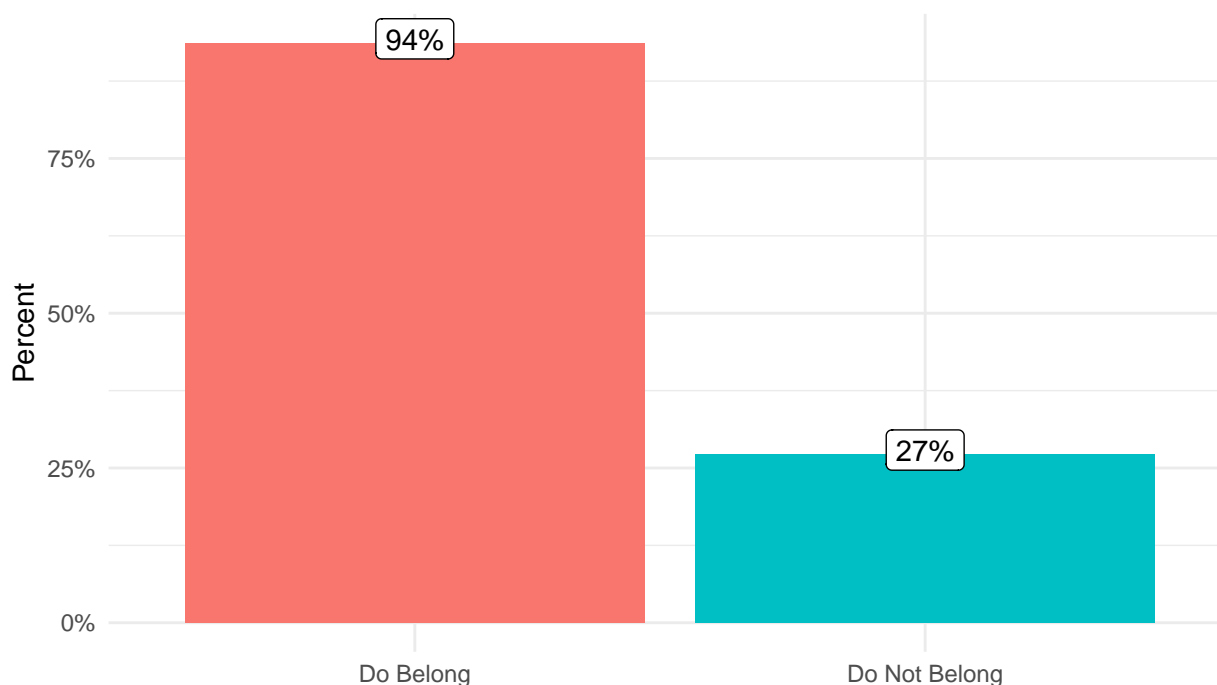


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The chart above limits the relationship between mental health and school belonging to focus on just students who say that they have seriously considered suicide in the past 12 months. Students who do not feel that they belong at school (bar on left) are generally more likely to have considered suicide than students who do feel that they belong at school (bar on right). This does not necessarily mean that school rejection causes suicidality in any way. The relationship could be reversed (students who feel suicidal self-isolate and therefore feel a low sense of belonging) or only loosely related. However, school outreach strategies that promote school belonging are best practices that can be considered as a tier 1 or universal strategy for suicide prevention.

Feelings of School Safety

Students who feel safe at school, by sense of school belonging



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The chart above shows the percentage of students who feel safe at school “most of the time” or “always”. The bar on the left shows feelings of school safety among students who feel like they belong at school, whereas the bar on the right shows feelings of school safety among students who don’t feel like they belong at school. Note that these two feelings—safety and belonging—can influence one another. A student who feels marginalized within the school might also feel more vulnerable to bullying or school violence. Conversely, it’s hard to develop a sense of belonging in a school that you view as unsafe.

Currently Vape

Students who have vaped in past 30 days, by sense of school belonging

Numbers too small to report

Missing bars mean numbers are too small to report

Students who do not feel that they belong at school (bar on right) generally are more likely to also use tobacco products or other substances than students who do feel that they belong at school (bar on left). The chart above shows how this breaks down among students using e-cigarettes.

For more information on how to improve school belonging, see <https://www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf> or go visit https://www.cdc.gov/healthyyouth/protective/school_connectedness.htm

NEWLY ADDED QUESTIONS IN 2021

COVID-19

In light of the unique situation posed by the COVID-19 Pandemic, the 2021 YRBS asked two questions related to this topic. The first question asked students whether a parent or other adult in their home lost their job during the COVID-19 pandemic, even for a short amount of time. The second question asked students to report the number of people who they know that died or got very sick from COVID-19. ("Very sick" was defined as "having to spend one or more nights at the hospital").

The COVID-19 Pandemic placed incredibly challenges on students who had to transition to remote learning. Having to cope with a parent losing a job or knowing family and friends who suffered medical complications or even death from COVID-19 can significantly affect a student's ability to learn in an adverse manner. It is possible that students who report these COVID-19-related challenges also report other adverse risk behaviors.

Overall, **12%** of students reported that a family member lost their job during the COVID-19 pandemic.

The following percentages of students had a family member or friend who became very sick or died due to COVID-19:

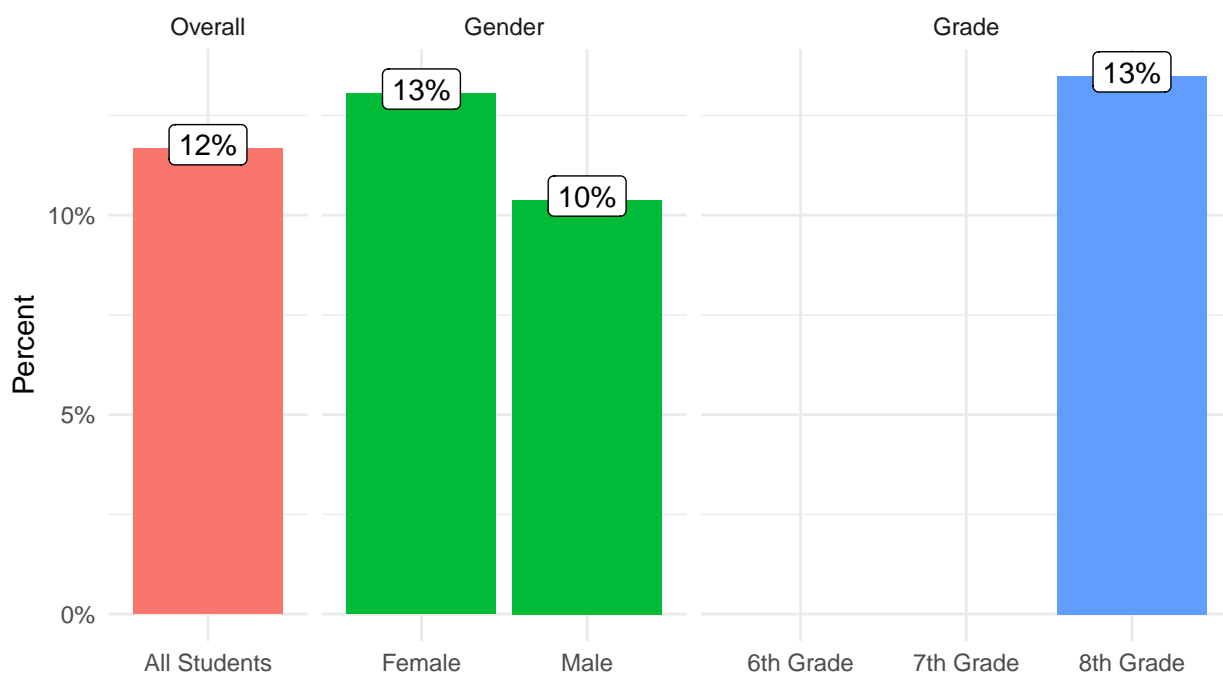
- Students who knew anyone who got sick or died from COVID-19: **48%**
- Students who knew 1 to 4 people who got sick or died from COVID-19: **41%**
- Students who knew 5 or more people who got sick or died from COVID-19: **7%**

The information from above is displayed in greater detail on the following charts.

Caregiver lost their job during COVID-19 Pandemic

Parent or Other Adult Lost Job

Students reporting that a caregiver lost their job during the COVID-19 pandemic

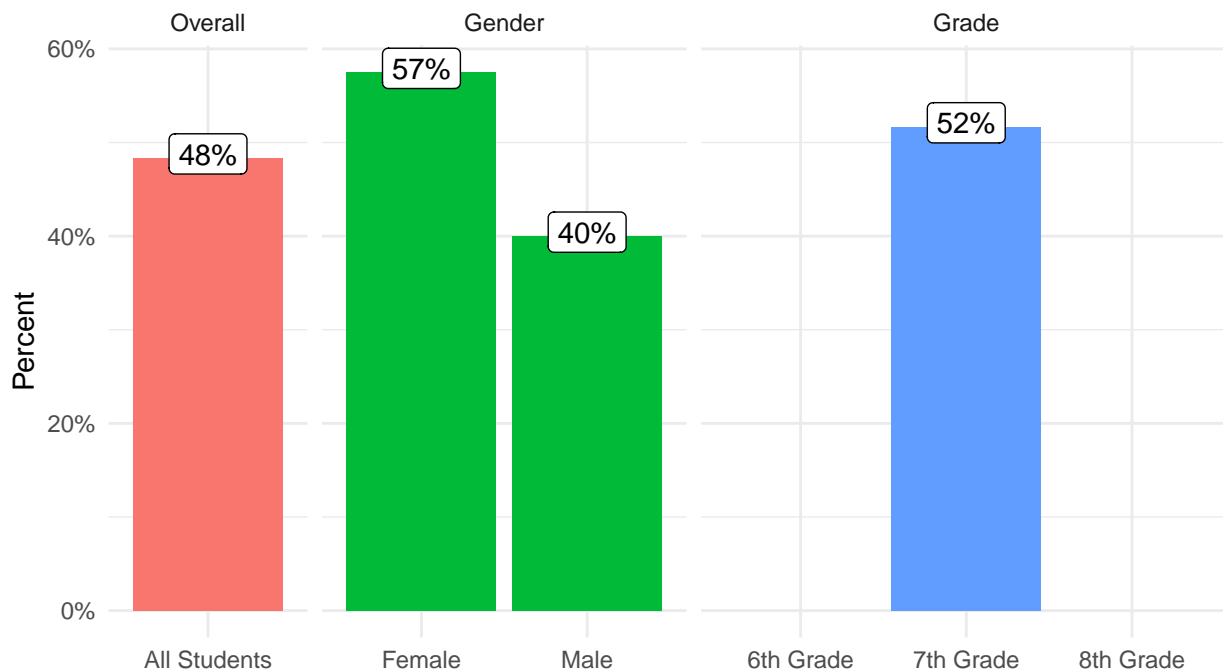


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COVID-19 Sickness and Death

COVID-19 Sickness and Death

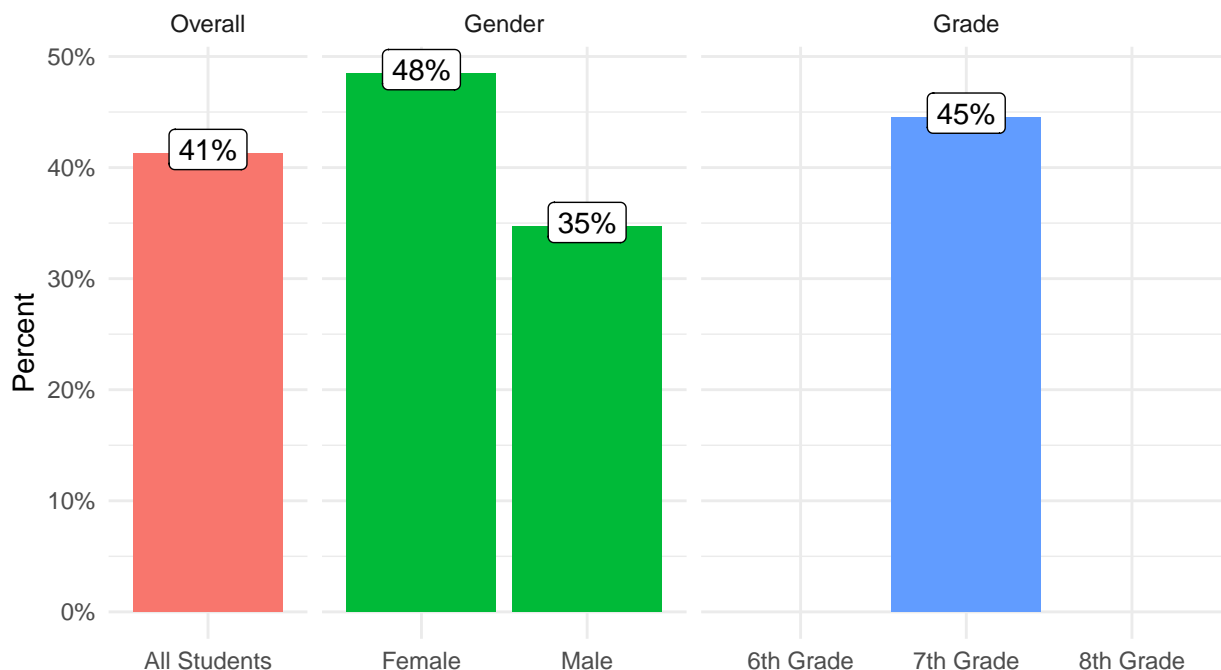
Students who knew at least one person who got very sick or died from COVID-19



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COVID–19 Sickness and Death

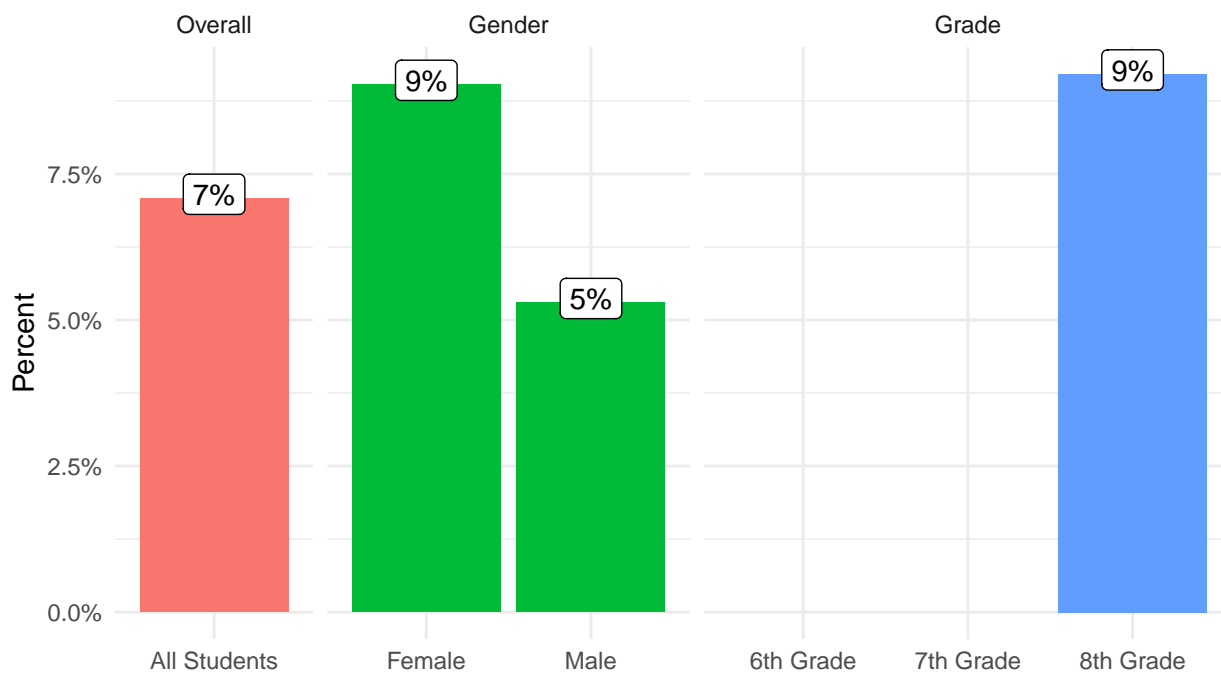
Students who knew between 1 and 4 people who got very sick or died from COVID–19



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COVID–19 Sickness and Death

Students who knew 5 or more people who got very sick or died from COVID–19



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HIGHER RISK POPULATIONS AT A GLANCE

This section highlights several different subgroups of students whose results tend to indicate that they are more vulnerable than their peers. Disparities in risk or vulnerability are not set in stone; young people in these groups, like their peers, are responsive to welcoming environments and supportive adults. Schools and communities can therefore make efforts to improve outcomes and reduce current disparities.

The high school YRBS contains questions for all of the populations in this section. At the middle school level, only the first three populations (food insecure, race/ethnicity and low grades) are included in the standard middle school survey. Middle schools that registered for the “high risk groups optional module” will have data on the other three groups (LGBT, students with physical disabilities, and students with special education services). Those questions are not included by default in the standard middle school survey.

This section is intended to provide a snapshot of some of the elevated risk areas faced by marginalized or vulnerable students, with an emphasis on areas that might be of particular interest to educators and school administrators. The same four questions are displayed for each subgroup here:

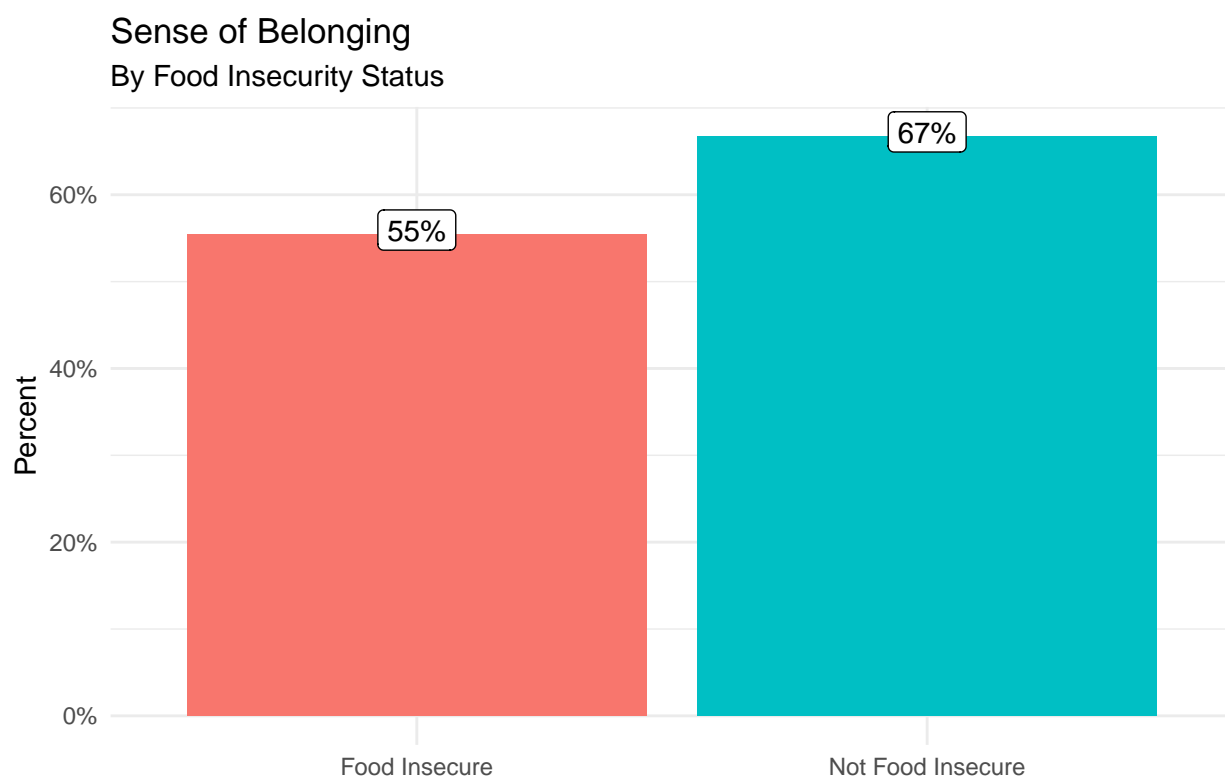
- Their sense of school belonging
- Whether they have experienced bullying in the past year (either in person or online)
- Whether they have a teacher to talk to
- Whether they indicated any mental health concerns

Mental health concerns include students who answered affirmatively to one or more of the questions about anxiety, depression, non-suicidal self-harm, and suicidal thoughts and behavior.

Note that differences between groups displayed here may or may not be statistically significant. To tell whether differences are significant, refer to the confidence interval ranges in the question-specific tables in the appendices. More questions for each subgroup also appear in the appendices.

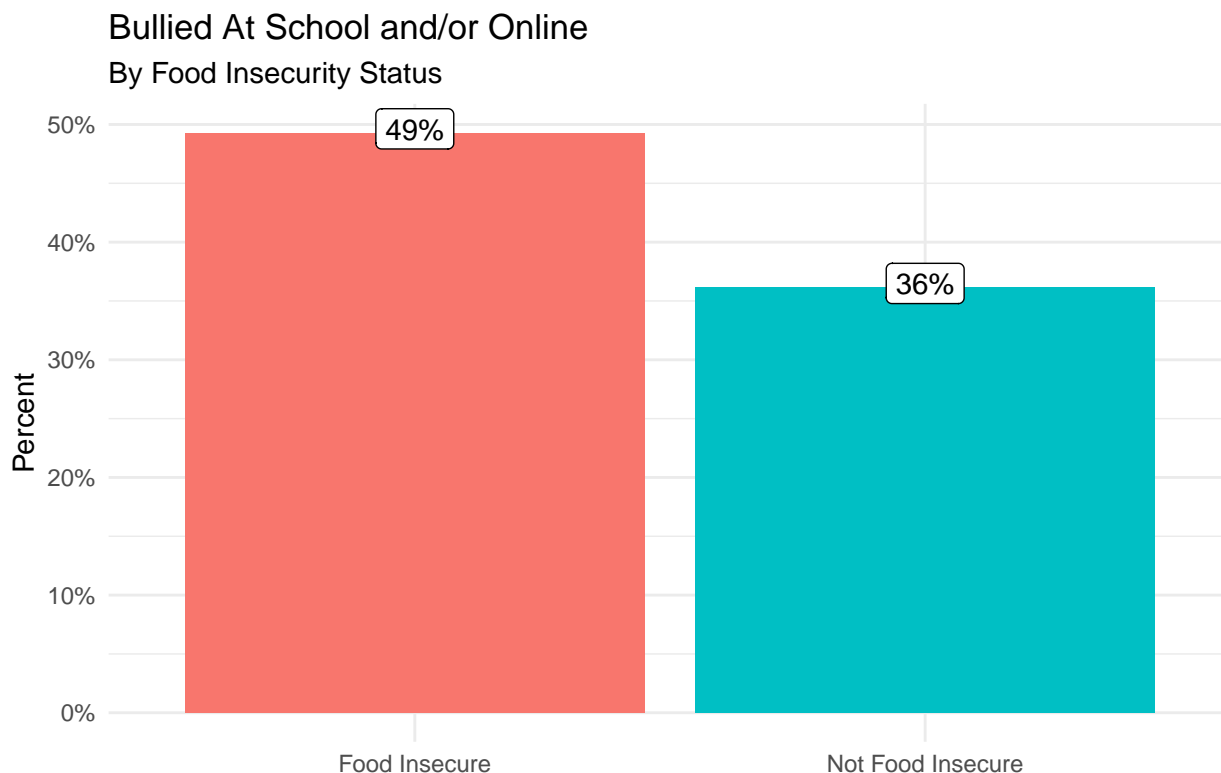
Food-Insecure Students At A Glance

Students living in poverty or with very limited means face increased stresses and risks, compared to their peers. The closest YRBS proxy measure for such students is whether or not they experienced hunger in the past month because there was not enough food at home. Students who indicated that they had experienced such hunger are included in the “Food Insecure” category. Students who had not experienced such hunger are included in the “Not Food Insecure” category.



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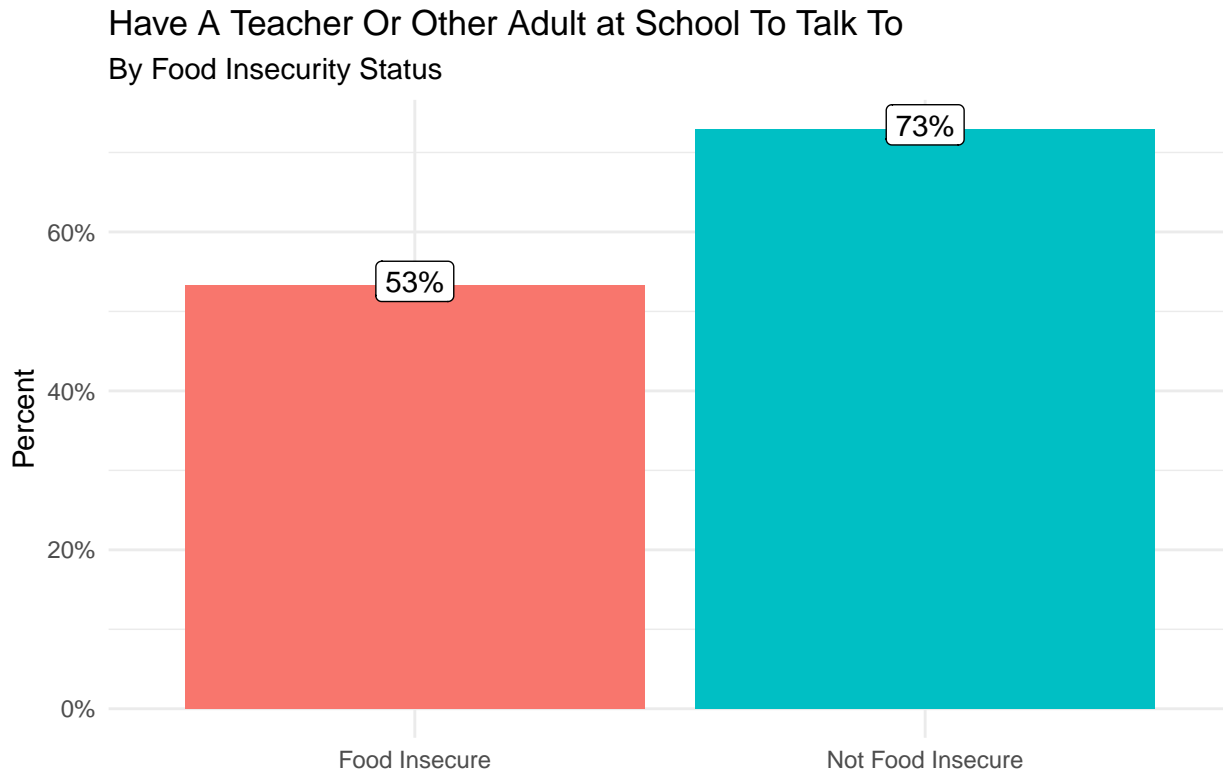
Living with poverty and scarcity can easily make young people feel like outsiders. This can be particularly pronounced during adolescence, when young people are trying to fit in. The chart above shows the sense of belonging among students who went hungry due to lack of food in the home in the past month (the “Food Insecure” bar on the left) versus the sense of belonging among students who did not face such food insecurity.



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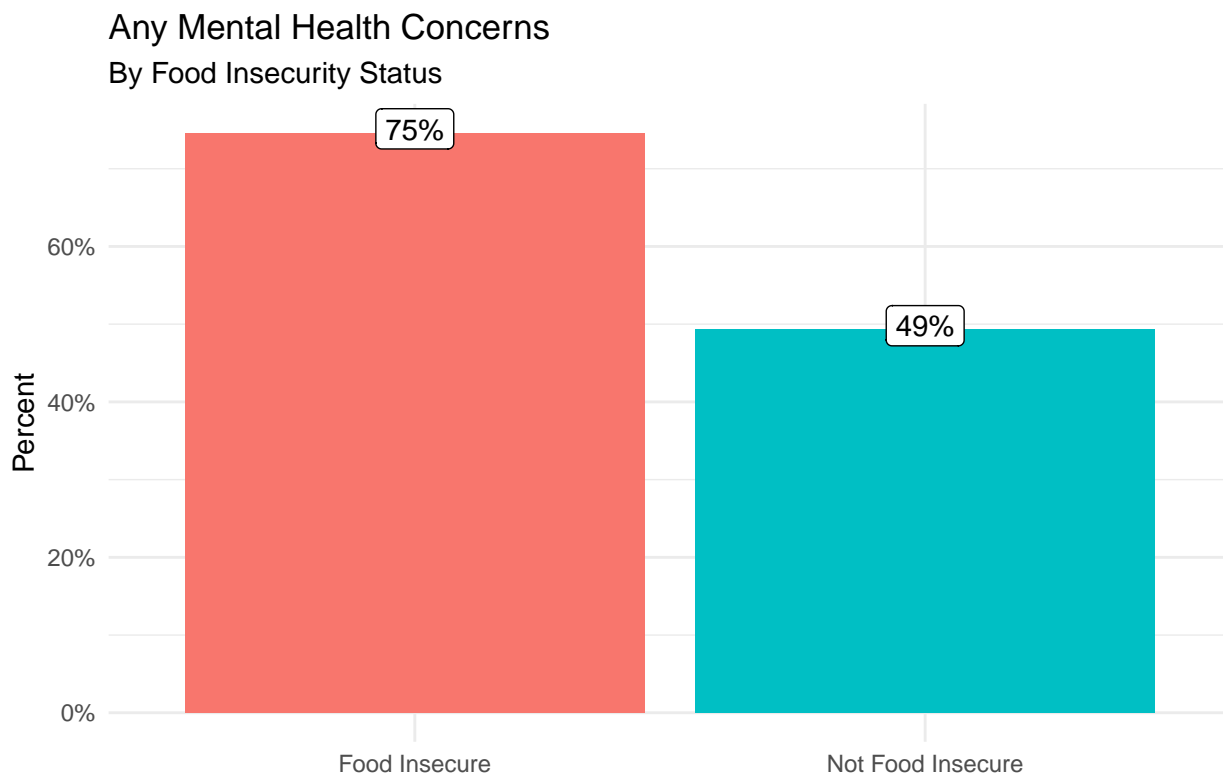
Class differences provide clear status markers that can become the target of bullying. Students who are hungry and highly stressed by the ongoing insecurity of poverty might also have fewer mental and emotional resources to deflect or withstand taunts, which can increase their likelihood of being bullied.

The chart above combines responses to two bullying questions to get a broad sense of bullying. It looks at students whose answers indicated that they had been bullied online, at school, or both.



Missing bars mean numbers are too small to report

Students who lack enough to eat at home are facing a level of stress and strain not faced by most adults. These students therefore have a high need for supportive teachers, school counselors, school administrators, and other adults. However, these students tend to be less likely than their peers to say that they have a teacher or other adult at school in whom they could confide.

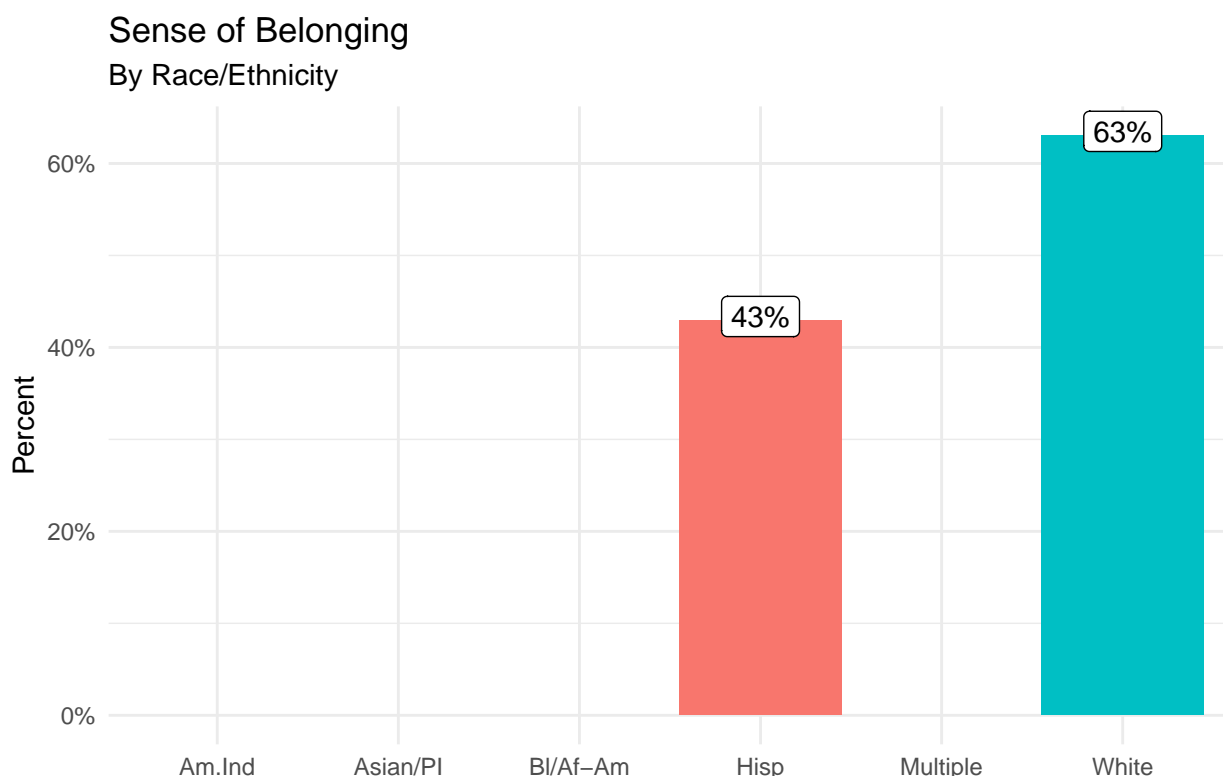


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Poverty and food insecurity take a toll on mental health as well as physical health, especially when many of the people around you do not seem to be facing the same kinds of economic challenges. Worrying about having and maintaining basic necessities; being concerned for parents, siblings, or other family members; seeing others grasp opportunities that elude you and constantly fighting the shame and stigma that our society assigns to people facing poverty, can all take a toll on a young person's mental and emotional wellbeing. The chart above shows the percent of food insecure vs. not food insecure students who reported anxiety, depression, self-harm or suicidal ideation or behavior.

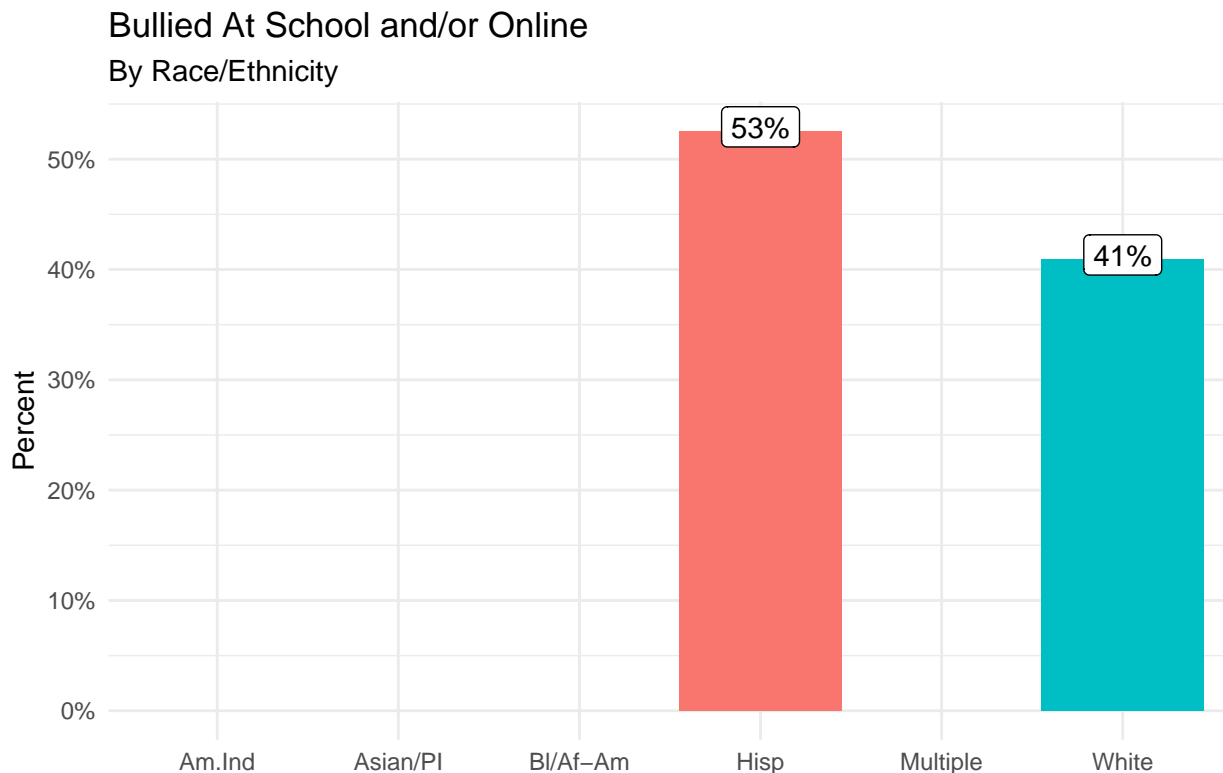
Students of Color At A Glance

The Department of Public Instruction acknowledges that there are pronounced educational disparities along racial and ethnic lines in Wisconsin. The DPI is committed to addressing such disparities and promoting educational equity. The YRBS helps show some of the non-academic factors that are also relevant to helping all Wisconsin students graduate college and career ready.



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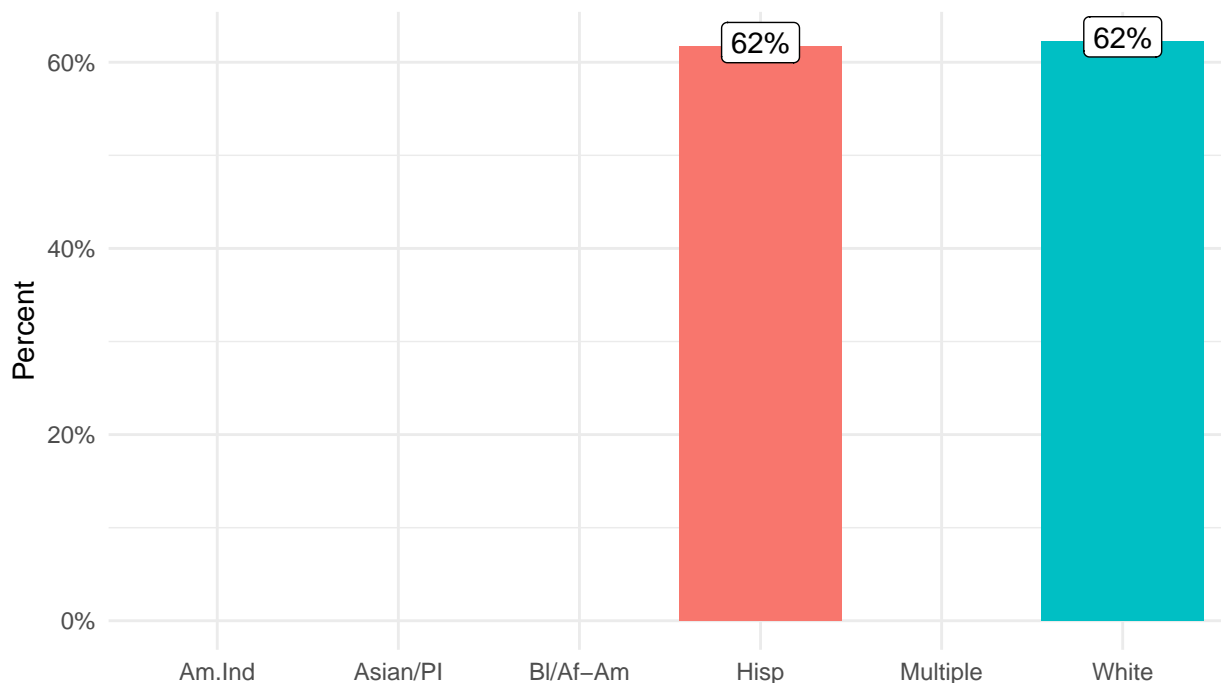
Students' sense of belonging can be increased by general efforts to improve school climate, as well as targeted efforts to address any issues that are particularly salient to students of color. While individual schools vary, in general this might include such things as reviewing school disciplinary practices and data for signs of bias or disparities; ensuring that students of color are encouraged to take challenging courses and are offered the same preparation as their peers; ensuring that the school practices and curricula are inclusive; and incorporating student feedback into school change efforts.



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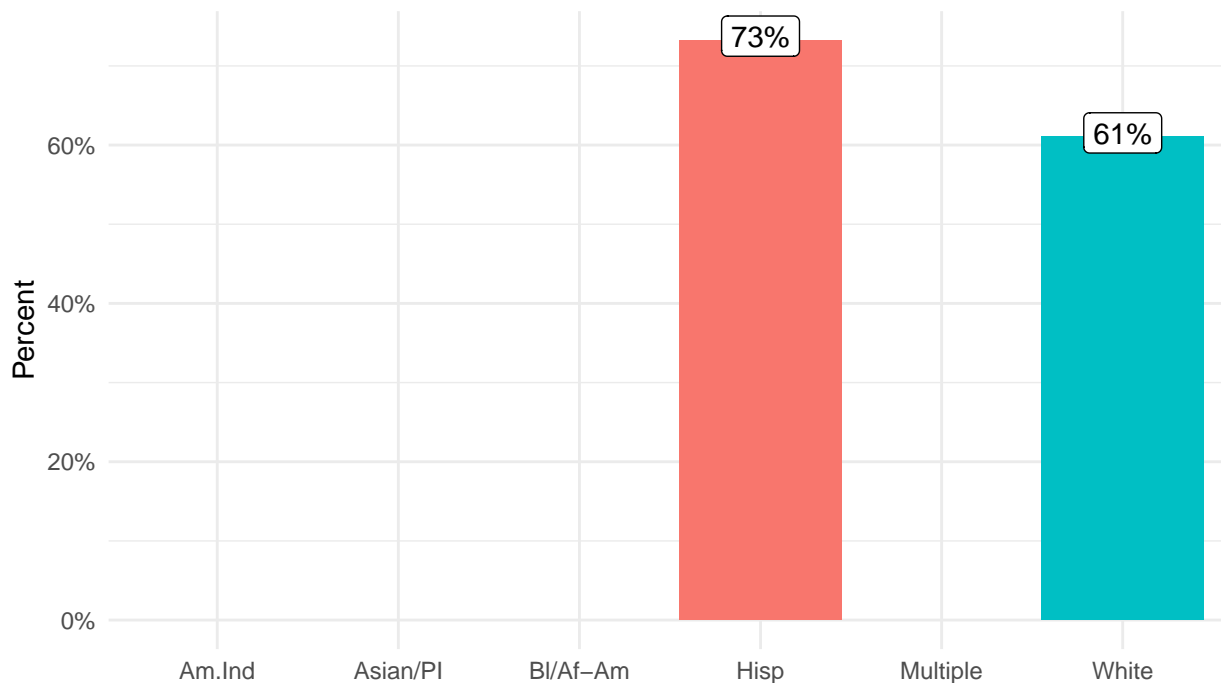
The chart above combines responses to two bullying questions to get a broad sense of bullying. It looks at students whose answers indicated that they had been bullied online, at school, or both.

Have A Teacher Or Other Adult at School To Talk To By Race/Ethnicity



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Poor Mental Health By Race/Ethnicity



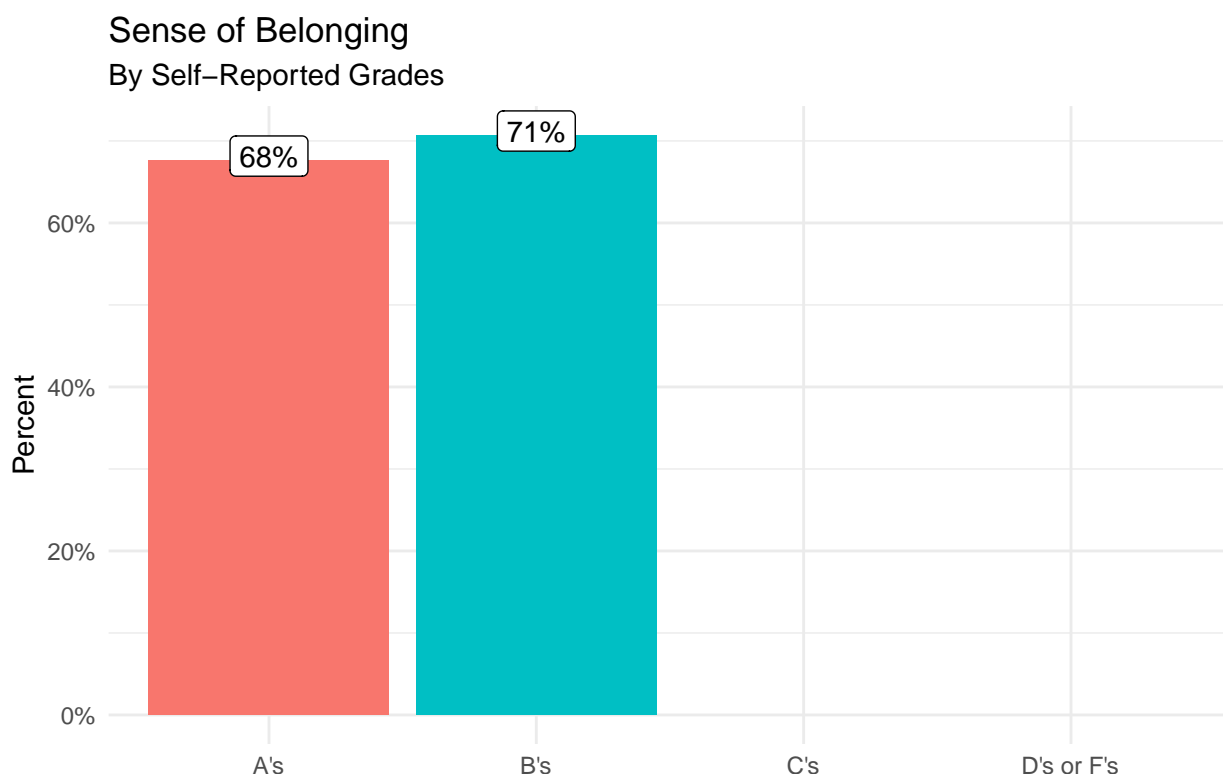
Missing bars mean numbers are too small to report

Wisconsin's statewide 2017 and 2019 YRBS results found notable mental health disparities for students of color (statewide 2021 results were not yet available at the time of this report). For instance, the Center for Disease Control and Prevention's Youth Online analysis tool (<https://nccd.cdc.gov/Youthonline/App/Default.aspx>) shows that African American students in Wisconsin are more likely to have planned a suicide attempt than the national average for African American students (from the national 2017 YRBS; statistically significant at the .05 level). Knowing that some students of color report higher rates of anxiety, depression, non-suicidal self-harm and suicidal thoughts behavior than their peers might help teachers and school officials to be alert to signs of both externalizing and internalizing behavior that could indicate distress. For the specific breakdown of the prevalence of all mental health-related questions, see the question-specific tables at the end of this report.

For more information on how schools can support students of color and become more equitable, see <https://dpi.wi.gov/rti/equity>.

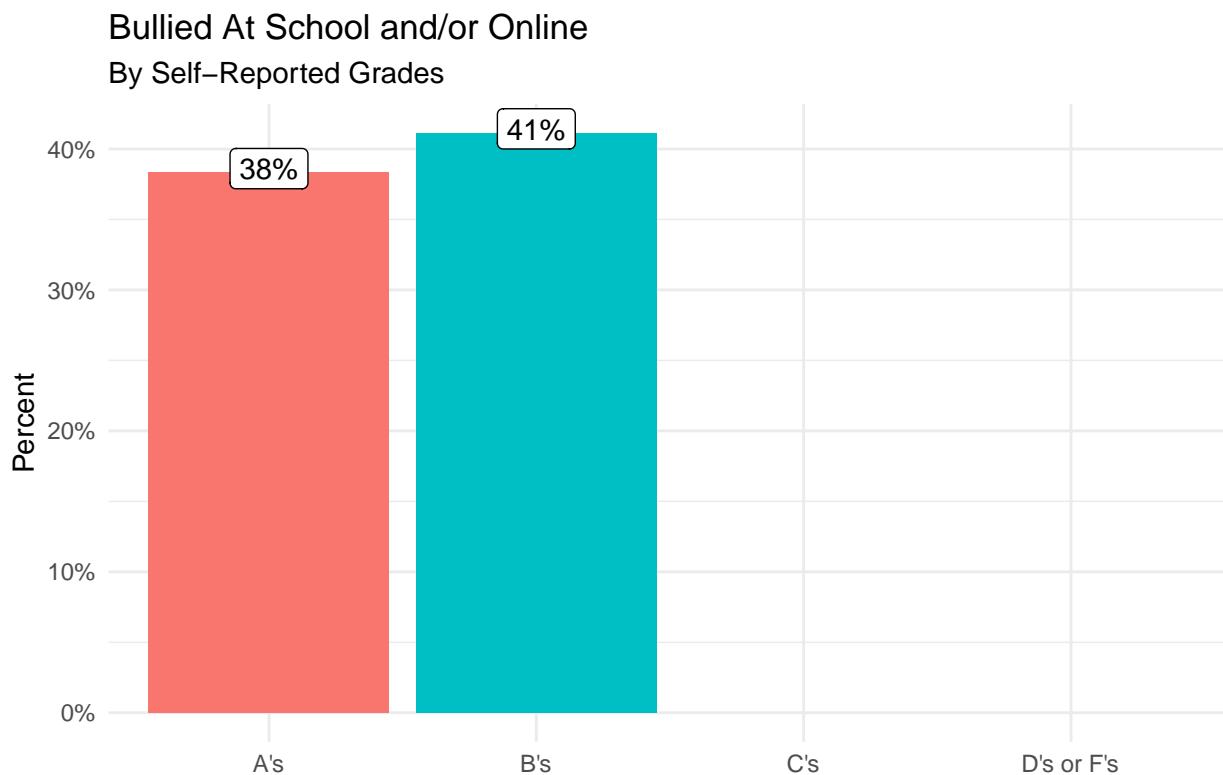
Students with Low Grades At A Glance

The YRBS asks students to self-report whether they get “Mostly A’s”, “Mostly B’s”, etc. Responses to that question form the basis for the information in this section. The YRBS is a stand-alone, anonymous survey. Therefore, no school records on student grades are ever used. The way the survey is conducted prevents any such use.



Missing bars mean numbers are too small to report

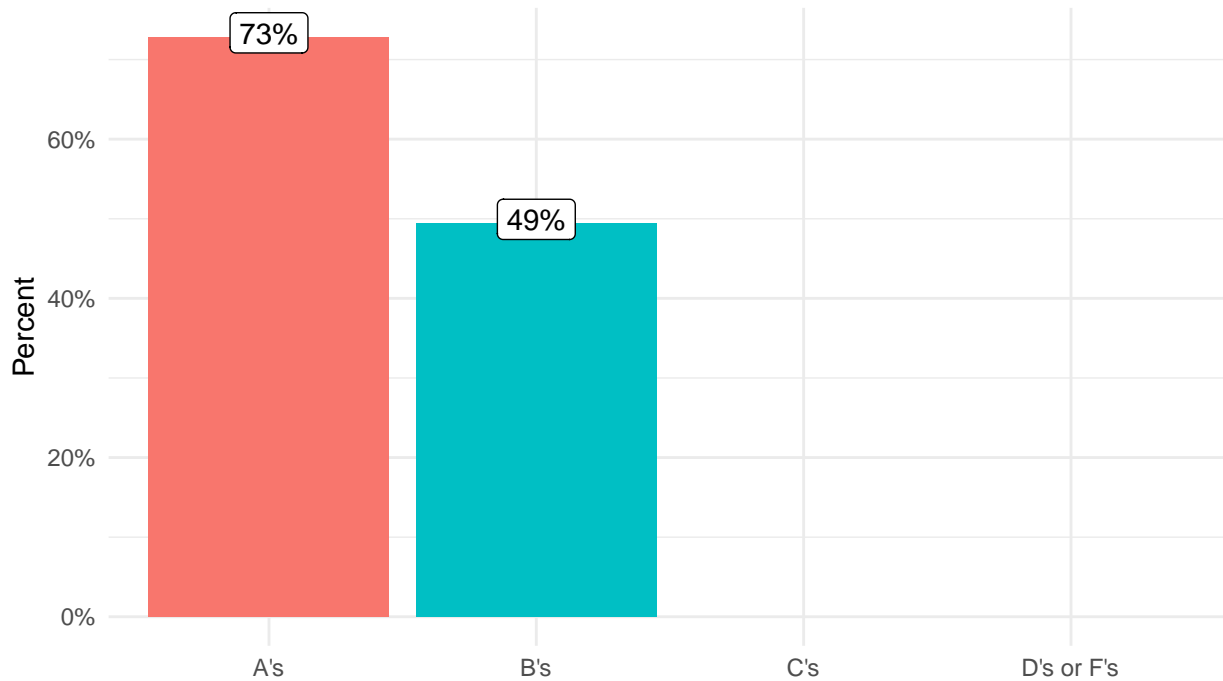
School belonging and grades are often related. Perhaps it’s not surprising that students who feel less academically inclined, are oftentimes less likely to feel like they belong at school. At the same time, it’s also possible for students’ grades to go down when they feel excluded, marginalized, or just disengaged from school. Schools that provide an array of courses (including the arts and career and technical courses) and extracurricular activities, can help to address this issue.



Missing bars mean numbers are too small to report

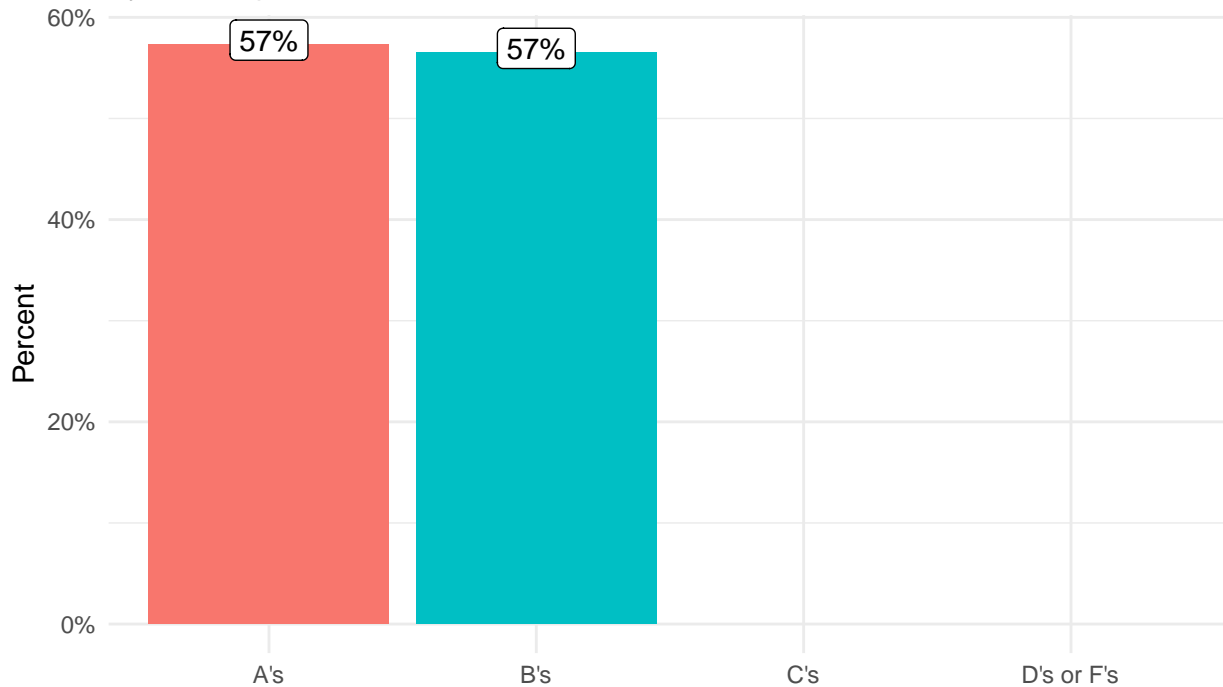
The chart above combines responses to two bullying questions to get a broad sense of bullying. It looks at students whose answers indicated that they had been bullied online, at school, or both.

Have A Teacher Or Other Adult at School To Talk To By Self-Reported Grades



Missing bars mean numbers are too small to report

Any Mental Health Concerns By Self-Reported Grades



Missing bars mean numbers are too small to report

The chart above shows the percent of students who answered affirmatively to any of the questions on depression, anxiety, non-suicidal self-harm, or suicidal thoughts and behavior. Wisconsin's 2017 statewide YRBS showed that students with poor grades reported worse mental health outcomes, including anxiety (Wisconsin's 2021 results have not been released as of the date of this report). Being anxious or depressed can make it hard to learn and to follow through on steps such as studying, completing assignments, and turning them in. Similarly, the experience of consistent failure or low performance can exacerbate feelings of depression and anxiety. Teachers and school officials who consider mental wellbeing as a possible factor behind student performance, might be better positioned to route students to resources and to reinvest in low-performing students.

For the specific breakdown of the prevalence of self-reported depression, anxiety, and non-suicidal self-harm, as well as the questions on suicidal ideation and behavior, see the question-specific tables at the end of this report.

LGBT Students At A Glance

*PLEASE NOTE THAT ONLY MIDDLE SCHOOLS THAT REGISTERED FOR THE “HIGH RISK GROUPS OPTIONAL MODULE” WILL HAVE DATA IN THIS SECTION.

*High risk groups optional module data not available for this county

Students who identify as Lesbian, Gay, Bi-sexual, or Transgender (LGBT) tend to be at higher risks than their peers in a number of areas. This section highlights four topic areas related to school connectedness and performance: sense of belonging, bullying, having a teacher to talk to and mental health concerns. LGBT status was based on two YRBS questions: one asking about sexual orientation and the other about gender identity (i.e., transgender vs. cisgender). Students were characterized as “LGBT” if they identified in the YRBS as one or more of the following: lesbian, gay, bisexual, transgender. Students who explicitly identified as straight (in the sexual orientation question) and/or “not transgender” (in the gender identity question) are the comparison group. Students did not have to answer both questions to be included in the analysis, but if they did answer both questions their answers were only included in this analysis if they could clearly and consistently be assigned to LGBT or Straight/Cisgender. Ambiguous responses (e.g. “not sure”) were not used for this particular analysis.

LGBT students tend to have a lower sense of belonging than their peers. However, school climate and culture can influence students’ sense of belonging. Thus, school officials who are concerned about this disparity might look for ways to positively impact school climate overall and for LGBT students in particular.

The chart above combines responses to two bullying questions to get a broad sense of bullying. It looks at students whose answers indicated that they had been bullied online, at school, or both.

LGBT students tend to report higher levels of mental health concerns. They also tend to report fewer protective factors and higher levels of bullying, harassment, marginalization and violent victimization—all of which affect mental and emotional wellbeing (see e.g. Kann et al. 2016). The chart above covers students who answered affirmatively to one or more of the YRBS questions on depression, anxiety, non-suicidal self-harm, and suicidal ideation and behavior. Breakdowns for the individual questions can be found in the question-specific in the appendix.

Information for schools on how to support LGBT students can be found at <https://dpi.wi.gov/sspw/safe-schools/lgbt>.

Students with Physical Disabilities At A Glance*

High-risk groups optional module data not available for this county.

The middle school high risk groups optional module asks students whether they have a physical disability or chronic health condition. Students who answered affirmatively are contrasted here with those who said they did not have such a condition. (*No health records or other sources beyond student responses to this YRBS question are used; student YRBS responses are anonymous and confidential.*)

In general, students who are dealing with disability or chronic illness tend to report more signs of strain and fewer protective factors than their peers. It is also worth noting that in general, people with disabilities are more likely to be victims of violence and abuse than their peers (see e.g. Everett Jones and Lollar, 2008).

As described above, people with disabilities are more likely to experience violence and abuse than people without disabilities (see e.g. <https://www.stopbullying.gov/sites/default/files/2017-09/bullyingtipsheet.pdf> and <https://www.stopbullying.gov/bullying/special-needs>). Additionally, students who have experienced other forms of violence or abuse are at an increased risk of bullying. Those factors, plus the general tendency for students to be targeted for bullying based on lower status or perceived differences, can contribute to potentially higher rates of bullying among students with physical disabilities or chronic health conditions.

The chart above combines responses to two bullying questions to get a broad sense of bullying. It looks at students whose answers indicated that they had been bullied online, at school, or both.

The chart above shows the percent of students who answered affirmatively to any of the questions on depression, anxiety, non-suicidal self-harm, or suicidal thoughts and behavior. (For the specific breakdown of the prevalence of mental health questions, see the question-specific tables at the end of this report.) Physical wellbeing and mental wellbeing are related. If students with disabilities or chronic health conditions feel physically unwell, that can take a toll on their mental health as well. Feeling lonely, marginalized, or being victimized can of course also affect mental health. Schools that help students with health issues to become involved in appropriate physical activity, ensure that such students are connected to staff and are academically challenged, and highlight examples of people with disabilities or health conditions in their curricula, can help with students' general wellbeing. Such steps can complement (not replace) access to mental health care, where appropriate.

Students with Special Education Services At A Glance*

*High-risk groups optional module data not available for this county.

The middle school high risk groups optional module included a question asking students whether they currently receive special education services or had an individualized education plan (IEP) or 504 plan. Students could answer: “A. Yes, I do”; “B. Not anymore, but I used to”; “C. No, and I never have”; or “D. Not sure”. Students who answered “A. Yes, I do” are categorized here as “Current Services”. Students who answered “B. Not anymore, but I used to” are categorized here as “Past Services”. Students who answered “C. No, and I never have” are categorized here as “Never Services”. Students who answered “D. Not sure” are not included in the charts below, as their response was ambiguous.

Schools were encouraged to survey students with IEPs whenever possible and appropriate. However, it should be noted that some students with IEPs were most likely exempted from taking the YRBS, because the reading level was not appropriate for them or due to other, similar considerations. Thus, the students who indicated IEPs here most likely represent a particular subset of students receiving special education services, in that they are the students who teachers believed were most capable of completing the survey. For that reason, it’s likely that any differences reported here actually understate the differences between students with IEPs overall and their peers. Regardless, it should be noted that the numbers would likely be different if all students with IEPs/504 plans were able to participate.

The chart above combines responses to two bullying questions to get a broad sense of bullying. It looks at students whose answers indicated that they had been bullied online, at school, or both. In general, students with conditions related to special education services are often at higher risk for bullying. See e.g. <https://www.stopbullying.gov/at-risk/groups/special-needs/index.html>

The chart above shows the percent of students who answered affirmatively to any of the questions on depression, anxiety, non-suicidal self-harm, or suicidal thoughts and behavior. For the specific breakdown of the prevalence of mental health questions, see the question-specific tables at the end of this report.

What helps?

While many factors affect student wellbeing and behavior, there are ways that schools can help. Students who feel seen, supported, included and challenged tend to have better academic and health outcomes. All members of a school community can contribute to a more supportive and inclusive environment through:

- Strong, responsive adult leadership at the district, school, and classroom level
- Having a wide variety of free, readily accessible extracurricular and co-curricular activities that appeal to different types of students, including students with disabilities
- Supportive student programs and organizations. Programs such as Link Crew help students through transitions, while student organizations (e.g., Gay/Straight Alliances (GSA's) or other supportive student groups) offer opportunities for cultural expression
- Equitable access to rigorous academics that engage and push all students to excel
- Curricula that highlight the positive contributions of scholars, artists, or other historical figures who come from a variety of backgrounds, including any of the high-risk groups highlighted in this report
- Classroom practices and school policies that refrain from implicitly or explicitly targeting, shaming or denigrating any social group
- Access to mental health supports as needed
- Access to general health information and health services

For more resources and ideas, see:

DPI's Student Services, Prevention and Wellness (SSPW) Team at <https://dpi.wi.gov/sspw>

DPI's Special Education Team at <https://dpi.wi.gov/sped>

DPI's Equity webpage at <https://dpi.wi.gov/rti/equity>

APPENDIX A: QUESTION-SPECIFIC TABLES

This section provides breakdowns of YRBS questions by various demographic groups.

Each table contains the percent or point estimate for that group, followed by the upper and lower 95% confidence intervals. Differences between groups are statistically significant if the confidence intervals between groups do not overlap. If confidence intervals do overlap, the differences across groups are not statistically significant at the .05 level.

Confidence intervals can also tell you how stable the statistic is. Wide confidence intervals indicate less stable numbers, while narrow confidence intervals indicate more stable numbers. Statistics can be less stable if there are relatively few students in that category, or if there's more variation across student answers.

For instance, this statistic: 15% (13%-17%) is more stable than this statistic: 15% (5%-25%). This matters when comparing across areas and assessing trends. Less stable statistics are more susceptible to variation from one YRBS year to the next.

Tables of Overall Results

Weighted YRBS Results	
Behavior	Percent
Most of the time or always wear a seatbelt	90% (87%-94%)
Most of the time or always wear bike helmet (if ride a bike)	26% (19%-32%)
Ate breakfast every day (past 7 days)	27% (22%-33%)
Exercise most days (past 7 days)	78% (73%-84%)
Participate in school activities, teams, or clubs	80% (75%-85%)
Have at least one teacher or other adult at school to talk to	63% (57%-69%)
Agree or strongly agree that they belong at school	62% (56%-68%)
Agree or strongly agree that teachers care about them	61% (55%-67%)
Most of the time or always feel safe at school	78% (73%-84%)
Agree or strongly agree that bullying is a problem at school	39% (33%-46%)
Bullied on school property (past 12 months)	30% (25%-36%)
Electronically bullied (past 12 months)	27% (21%-33%)
Composite measure: answered affirmatively to being bullied online and/or at school	42% (36%-48%)
Had a weapon at school (past 12 months)	4% (1%-7%)
In a physical fight on school property (past 12 months)	15% (10%-20%)
Problems with anxiety (past 12 months)	54% (47%-60%)
So sad or hopeless that stopped usual activities (past 12 months)	25% (19%-30%)
Seriously considered suicide (past 12 months)	19% (14%-24%)
Made a suicide plan (past 12 months)	15% (10%-19%)
Attempted suicide (past 12 months)	6% (2%-9%)
Self-harm (past 12 months)	21% (15%-26%)
Composite measure: answered affirmatively to any of the previous six mental health questions	61% (54%-67%)
Was offered, sold, or given illegal drugs on school property (past 12 months)	–
Used any illegal drug besides marijuana (past 12 months)	–
Smoke cigarettes (past 30 days)	–
Vaping/juul/e-cigarettes (past 30 days)	5% (2%-8%)
Use chew, dip, or other smokeless tobacco (past 30 days)	–
Use cigars/cigarillos (past 30 days)	–
Use marijuana (past 30 days)	–
Drank alcohol (past 30 days)	10% (7%-14%)
Missed school due to safety concerns at school or en route (past 30 days)	10% (6%-13%)
Sent, received, or shared sexual photos or images (past 30 days)	7% (4%-11%)
Ever misused over-the-counter drug	3% (1%-5%)
Ever misused prescription pain medicine	5% (2%-8%)

¹ – means numbers too small to report at this level.

² –Composite measures combine responses across two or more questions.

Weighted YRBS Results

Behavior	Percent
Ever had sexual intercourse	4% (2%-7%)
Ever been forced to do anything sexual	8% (4%-11%)
Lived in 4 or more residences	34% (27%-40%)
Sleep 8 or more hours per night	48% (42%-55%)
Spend 3 or more hours per day on phone, Xbox, or other device (excluding use for school work)	56% (49%-62%)
Use phone, Xbox or other device after midnight on a school night (not for homework)	45% (38%-51%)
Experienced hunger due to lack of food at home (past 30 days)	43% (37%-50%)
Most of the time or always feel safe in their neighborhood	80% (74%-85%)
Most of the time or always get emotional support when needed	34% (27%-41%)
List adult as most likely source of emotional support	38% (31%-46%)
Have at least one supportive adult besides parent(s)	83% (78%-87%)
Agree or strongly agree that family provides help and support	78% (73%-83%)
Parent or other adult in the home lost job during the COVID-19 pandemic	12% (8%-16%)
Knew at least one person who got very sick or died from COVID-19	48% (42%-55%)
Knew 1 to 4 people who got very sick or died from COVID-19	41% (35%-47%)
Knew at least 5 people who got very sick or died from COVID-19	7% (4%-10%)

¹ – means numbers too small to report at this level.

² –Composite measures combine responses across two or more questions.

Tables by Sex

The following tables display weighted YRBS variables which are disaggregated by Sex.

Weighted YRBS Results By Sex

Behavior	Female	Male
Most of the time or always wear a seatbelt	94% (90% - 98%)	87% (81% - 93%)
Most of the time or always wear bike helmet (if ride a bike)	26% (17% - 36%)	25% (16% - 34%)
Ate breakfast every day (past 7 days)	22% (14% - 30%)	32% (24% - 41%)
Exercise most days (past 7 days)	74% (65% - 82%)	83% (76% - 90%)
Participate in school activities, teams, or clubs	84% (78% - 91%)	76% (68% - 84%)
Have at least one teacher or other adult at school to talk to	62% (52% - 71%)	64% (56% - 73%)
Agree or strongly agree that they belong at school	52% (43% - 62%)	71% (63% - 79%)
Agree or strongly agree that teachers care about them	56% (47% - 66%)	65% (56% - 74%)
Most of the time or always feel safe at school	77% (69% - 85%)	79% (72% - 86%)
Agree or strongly agree that bullying is a problem at school	52% (43% - 62%)	27% (19% - 35%)
Bullied on school property (past 12 months)	38% (29% - 47%)	23% (15% - 31%)
Composite measure: answered affirmatively to being bullied online and/or at school	53% (44% - 61%)	32% (23% - 41%)
Electronically bullied (past 12 months)	35% (27% - 44%)	19% (11% - 26%)
Had a weapon at school (past 12 months)	–	–
In a physical fight on school property (past 12 months)	11% (5% - 17%)	19% (12% - 26%)
Problems with anxiety (past 12 months)	67% (58% - 76%)	41% (32% - 51%)
So sad or hopeless that stopped usual activities (past 12 months)	35% (26% - 43%)	16% (9% - 23%)
Seriously considered suicide (past 12 months)	25% (16% - 33%)	13% (7% - 19%)
Made a suicide plan (past 12 months)	20% (12% - 28%)	10% (5% - 15%)
Attempted suicide (past 12 months)	–	–
Self-harm (past 12 months)	27% (19% - 36%)	15% (9% - 22%)
Composite measure: answered affirmatively to any of the previous six mental health questions	75% (66% - 83%)	48% (39% - 57%)
Was offered, sold, or given illegal drugs on school property (past 12 months)	–	–
Used any illegal drug besides marijuana (past 12 months)	–	–
Smoke cigarettes (past 30 days)	–	–
Vaping/juul/e-cigarettes (past 30 days)	–	–
Use chew, dip, or other smokeless tobacco (past 30 days)	–	–
Use cigars/cigarillos (past 30 days)	–	–

¹ – means numbers too small to report at this level.

² Composite measures combine responses across two or more questions.

Weighted YRBS Results By Sex		
Behavior	Female	Male
Use marijuana (past 30 days)	–	–
Drank alcohol (past 30 days)	11% (5% - 16%)	10% (5% - 15%)
Missed school due to safety concerns at school or en route (past 30 days)	–	–
Sent, received, or shared sexual photos or images (past 30 days)	6% (1% - 11%)	9% (4% - 13%)
Ever misused over-the-counter drug	–	–
Ever misused prescription pain medicine	–	–
Ever had sexual intercourse	–	–
Ever been forced to do anything sexual	–	–
Lived in 4 or more residences	33% (23% - 42%)	34% (26% - 43%)
Sleep 8 or more hours per night	43% (34% - 53%)	53% (44% - 62%)
Spend 3 or more hours per day on phone, Xbox, or other device (excluding use for school work)	61% (52% - 70%)	51% (42% - 59%)
Use phone, Xbox or other device after midnight on a school night (not for homework)	47% (38% - 56%)	43% (34% - 52%)
Experienced hunger due to lack of food at home (past 30 days)	43% (34% - 53%)	43% (34% - 52%)
Most of the time or always feel safe in their neighborhood	75% (67% - 83%)	84% (77% - 91%)
Most of the time or always get emotional support when needed	30% (21% - 39%)	38% (27% - 49%)
List adult as most likely source of emotional support	34% (24% - 44%)	44% (33% - 55%)
Have at least one supportive adult besides parent(s)	84% (77% - 91%)	81% (75% - 88%)
Agree or strongly agree that family provides help and support	71% (63% - 80%)	84% (78% - 90%)
Parent or other adult in the home lost job during the COVID-19 pandemic	13% (7% - 19%)	10% (5% - 16%)
Knew at least one person who got very sick or died from COVID-19	57% (49% - 66%)	40% (31% - 49%)
Knew 1 to 4 people who got very sick or died from COVID-19	48% (39% - 57%)	35% (26% - 43%)
Knew at least 5 people who got very sick or died from COVID-19	9% (4% - 14%)	5% (1% - 9%)

¹ – means numbers too small to report at this level.

² Composite measures combine responses across two or more questions.

Tables by Grade

The following tables display weighted YRBS variables which are disaggregated by Grade.

Weighted YRBS Results By Grade

Behavior	6th Grade	7th Grade	8th Grade
Most of the time or always wear a seatbelt	–	89% (83% - 95%)	–
Most of the time or always wear bike helmet (if ride a bike)	–	26% (17% - 35%)	–
Ate breakfast every day (past 7 days)	–	29% (21% - 38%)	–
Exercise most days (past 7 days)	–	84% (77% - 91%)	–
Participate in school activities, teams, or clubs	–	80% (72% - 87%)	–
Have at least one teacher or other adult at school to talk to	–	59% (50% - 68%)	–
Agree or strongly agree that they belong at school	–	70% (62% - 78%)	–
Agree or strongly agree that teachers care about them	–	58% (49% - 68%)	–
Most of the time or always feel safe at school	–	82% (75% - 89%)	–
Agree or strongly agree that bullying is a problem at school	–	35% (27% - 44%)	–
Bullied on school property (past 12 months)	–	34% (25% - 42%)	–
Electronically bullied (past 12 months)	–	28% (20% - 36%)	–
Composite measure: answered affirmatively to being bullied online and/or at school	–	47% (38% - 56%)	–
Had a weapon at school (past 12 months)	–	–	–
In a physical fight on school property (past 12 months)	–	19% (12% - 26%)	–
Problems with anxiety (past 12 months)	–	60% (51% - 69%)	–
So sad or hopeless that stopped usual activities (past 12 months)	–	–	26% (18% - 35%)
Seriously considered suicide (past 12 months)	–	19% (12% - 26%)	–
Made a suicide plan (past 12 months)	–	–	14% (7% - 21%)

¹ – means numbers too small to report at this level.

² If grade not surveyed, all values for that grade are 0 or NA.

³ Composite measures combine responses across two or more questions.

Weighted YRBS Results By Grade

Behavior	6th Grade	7th Grade	8th Grade
Attempted suicide (past 12 months)	–	–	–
Self-harm (past 12 months)	–	18% (11% - 25%)	–
Composite measure: answered affirmatively to any of the previous six mental health questions	–	67% (58% - 76%)	–
Was offered, sold, or given illegal drugs on school property (past 12 months)	–	–	–
Used any illegal drug besides marijuana (past 12 months)	–	0% (0% - 0%)	–
Self-harm (past 12 months)	–	18% (11% - 25%)	–
Composite measure: answered affirmatively to any of the previous six mental health questions	–	67% (58% - 76%)	–
Was offered, sold, or given illegal drugs on school property (past 12 months)	–	–	–
Used any illegal drug besides marijuana (past 12 months)	–	0% (0% - 0%)	–
Smoke cigarettes (past 30 days)	–	–	–
Vaping/juul/e-cigarettes (past 30 days)	–	–	8% (3% - 13%)
Use chew, dip, or other smokeless tobacco (past 30 days)	–	0% (0% - 0%)	–
Use cigars/cigarillos (past 30 days)	–	0% (0% - 0%)	–
Use marijuana (past 30 days)	–	0% (0% - 0%)	–
Drank alcohol (past 30 days)	–	11% (6% - 17%)	–
Missed school due to safety concerns at school or en route (past 30 days)	–	–	11% (5% - 16%)
Sent, received, or shared sexual photos or images (past 30 days)	–	–	11% (5% - 17%)
Ever misused over-the-counter drug	–	–	–
Ever misused prescription pain medicine	–	–	6% (1% - 10%)

¹ – means numbers too small to report at this level.

² If grade not surveyed, all values for that grade are 0 or NA.

Weighted YRBS Results By Grade

Behavior	6th Grade	7th Grade	8th Grade
Ever had sexual intercourse	–	–	6% (2% - 11%)
Ever been forced to do anything sexual	–	–	9% (3% - 14%)
Lived in 4 or more residences	–	38% (29% - 48%)	–
Sleep 8 or more hours per night	–	56% (47% - 66%)	–
Spend 3 or more hours per day on phone, Xbox, or other device (excluding use for school work)	–	57% (47% - 66%)	–
Use phone, Xbox or other device after midnight on a school night (not for homework)	–	49% (40% - 58%)	–
Experienced hunger due to lack of food at home (past 30 days)	–	46% (36% - 55%)	–
Most of the time or always feel safe in their neighborhood	–	–	86% (79% - 93%)
List adult as most likely source of emotional support	–	44% (33% - 54%)	–
Most of the time or always get emotional support when needed	–	31% (21% - 41%)	–
Have at least one supportive adult besides parent(s)	–	80% (72% - 87%)	–
Agree or strongly agree that family provides help and support	–	79% (72% - 87%)	–
Parent or other adult in the home lost job during the COVID-19 pandemic	–	–	13% (7% - 20%)
Knew at least one person who got very sick or died from COVID-19	–	52% (42% - 61%)	–
Knew 1 to 4 people who got very sick or died from COVID-19	–	45% (35% - 54%)	–
Knew at least 5 people who got very sick or died from COVID-19	–	–	9% (4% - 15%)

¹ – means numbers too small to report at this level.

² If grade not surveyed, all values for that grade are 0 or NA.

Tables by Largest Race/Ethnic Groups

The following tables display weighted YRBS variables which are disaggregated by Race/Ethnicity.

Weighted YRBS Results By Largest Race/Ethnic Groups

Behavior	White	Hisp	Bl/Af-Am	Asian/PI	Am.Ind	Multiple
Most of the time or always wear a seatbelt	90% (86% - 94%)	95% (87% - 104%)	-	-	-	-
Most of the time or always wear bike helmet (if ride a bike)	26% (20% - 33%)	-	-	-	-	-
Ate breakfast every day (past 7 days)	27% (21% - 34%)	27% (8% - 46%)	-	-	-	-
Exercise most days (past 7 days)	77% (71% - 83%)	82% (66% - 98%)	-	-	-	-
Participate in school activities, teams, or clubs	81% (75% - 86%)	70% (50% - 89%)	-	-	-	-
Have at least one teacher or other adult at school to talk to	62% (56% - 69%)	62% (40% - 83%)	-	-	-	-
Agree or strongly agree that they belong at school	63% (56% - 70%)	43% (21% - 65%)	-	-	-	-
Agree or strongly agree that teachers care about them	62% (55% - 69%)	50% (27% - 73%)	-	-	-	-
Most of the time or always feel safe at school	80% (74% - 85%)	64% (40% - 87%)	-	-	-	-
Agree or strongly Agree that bullying is a problem at school	39% (32% - 45%)	49% (26% - 72%)	-	-	-	-
Bullied on school property (past 12 months)	30% (23% - 36%)	49% (26% - 72%)	-	-	-	-
Electronically bullied (past 12 months)	26% (20% - 32%)	30% (10% - 50%)	-	-	-	-
Composite measure: answered affirmatively to being bullied online and/or at school	41% (34% - 48%)	53% (30% - 75%)	-	-	-	-

¹ - means numbers too small to report at this level.

² Composite measures combine responses across two or more questions.

Weighted YRBS Results By Largest Race/Ethnic Groups

Behavior	White	Hisp	Bl/Af-Am	Asian/PI	Am.Ind	Multiple
Had a weapon at school (past 12 months)	5% (2% - 8%)	0% (0% - 0%)	-	-	-	-
In a physical fight on school property (past 12 months)	13% (9% - 18%)	-	-	-	-	-
Problems with anxiety (past 12 months)	54% (47% - 61%)	68% (48% - 89%)	-	-	-	-
So sad or hopeless that stopped usual activities (past 12 months)	25% (19% - 31%)	33% (9% - 57%)	-	-	-	-
Seriously considered suicide (past 12 months)	17% (12% - 23%)	37% (13% - 61%)	-	-	-	-
Made a suicide plan (past 12 months)	14% (9% - 20%)	-	-	-	-	-
Attempted suicide (past 12 months)	5% (2% - 8%)	-	-	-	-	-
Self-harm (past 12 months)	21% (15% - 27%)	-	-	-	-	-
Composite measure: answered affirmatively to any of the previous six mental health questions	61% (54% - 68%)	73% (54% - 92%)	-	-	-	-
Was offered, sold, or given illegal drugs on school property (past 12 months)	-	0% (0% - 0%)	-	-	-	-
Used any illegal drug besides marijuana (past 12 months)	-	0% (0% - 0%)	-	-	-	-
Smoke cigarettes (past 30 days)	-	-	-	-	-	-
Vaping/juul/e-cigarettes (past 30 days)	5% (2% - 9%)	-	-	-	-	-
Use chew, dip, or other smokeless tobacco (past 30 days)	-	0% (0% - 0%)	-	-	-	-

¹ - means numbers too small to report at this level.

² Composite measures combine responses across two or more questions.

Weighted YRBS Results By Largest Race/Ethnic Groups

Behavior	White	Hisp	Bl/Af-Am	Asian/PI	Am.Ind	Multiple
Use cigars/cigarillos (past 30 days)	-	-	-	-	-	-
Use marijuana (past 30 days)	-	0% (0% - 0%)	-	-	-	-
Drank alcohol (past 30 days)	11% (7% - 15%)	0% (0% - 0%)	-	-	-	-
Missed school due to safety concerns at school or en route (past 30 days)	8% (4% - 12%)	-	-	-	-	-
Sent, received, or shared sexual photos or images (past 30 days)	8% (4% - 12%)	0% (0% - 0%)	-	-	-	-
Ever misused over-the-counter drug	3% (1% - 5%)	0% (0% - 0%)	-	-	-	-
Ever misused prescription pain medicine	5% (2% - 9%)	-	-	-	-	-
Ever had sexual intercourse	4% (1% - 6%)	-	-	-	-	-
Ever been forced to do anything sexual	7% (3% - 10%)	-	-	-	-	-
Lived in 4 or more residences	33% (27% - 40%)	-	-	-	-	-
Sleep 8 or more hours per night	48% (41% - 55%)	53% (30% - 77%)	-	-	-	-
Spend 3 or more hours per day on phone, Xbox, or other device (excluding use for school work)	55% (48% - 61%)	60% (38% - 82%)	-	-	-	-

¹ - means numbers too small to report at this level.

² Composite measures combine responses across two or more questions.

Weighted YRBS Results By Largest Race/Ethnic Groups

Behavior	White	Hisp	Bl/Af-Am	Asian/PI	Am.Ind	Multiple
Use phone, Xbox or other device after midnight on a school night (not for homework)	43% (36% - 50%)	63% (42% - 84%)	-	-	-	-
Experienced hunger due to lack of food at home (past 30 days)	43% (36% - 51%)	35% (13% - 56%)	-	-	-	-
Most of the time or always feel safe in their neighborhood	81% (75% - 87%)	76% (52% - 100%)	-	-	-	-
Most of the time or always get emotional support when needed	34% (26% - 42%)	-	-	-	-	-
List adult as most likely source of emotional support	41% (33% - 49%)	-	-	-	-	-
Have at least one supportive adult besides parent(s)	82% (77% - 87%)	82% (65% - 98%)	-	-	-	-
Agree or strongly agree that family provides help and support	79% (73% - 84%)	77% (59% - 95%)	-	-	-	-
Parent or other adult in the home lost job during the COVID-19 pandemic	12% (7% - 16%)	-	-	-	-	-
Knew at least one person who got very sick or died from COVID-19	47% (41% - 54%)	56% (33% - 78%)	-	-	-	-
Knew 1 to 4 people who got very sick or died from COVID-19	40% (34% - 47%)	47% (23% - 70%)	-	-	-	-
Knew at least 5 people who got very sick or died from COVID-19	7% (3% - 10%)	-	-	-	-	-

¹ - means numbers too small to report at this level.

² Composite measures combine responses across two or more questions.

Tables by Average Grades (Self-Reported)

The following tables display weighted YRBS variables which are disaggregated by student's average grades. Please note that grades are self-reported.

Weighted YRBS Results By Average Grades (Self-Reported)

Behavior	A's	B's	C's	D's or F's
Most of the time or always wear a seatbelt	93% (88% - 97%)	88% (78% - 98%)	-	-
Most of the time or always wear bike helmet (if # ride a bike)	29% (21% - 37%)	20% (5% - 35%)	-	-
Ate breakfast every day (past 7 days)	35% (27% - 43%)	19% (6% - 33%)	-	-
Exercise most days (past 7 days)	80% (73% - 87%)	88% (76% - 99%)	-	-
Participate in school activities, teams, or clubs	89% (84% - 94%)	77% (64% - 91%)	-	-
Have at least one teacher or other adult at school to talk to	73% (66% - 80%)	49% (34% - 65%)	-	-
Agree or strongly agree that they belong at school	68% (60% - 76%)	71% (56% - 85%)	-	-
Agree or strongly agree that teachers care about them	67% (59% - 75%)	62% (46% - 78%)	-	-
Most of the time or always feel safe at school	85% (79% - 91%)	83% (71% - 95%)	-	-
Agree or strongly Agree that bullying is a problem at school	43% (34% - 51%)	26% (12% - 41%)	-	-
Bullied on school property (past 12 months)	30% (23% - 38%)	21% (9% - 34%)	-	-
Electronically bullied (past 12 months)	22% (15% - 29%)	29% (13% - 45%)	-	-
Composite measure: answered affirmatively to being bullied online and/or at school	38% (30% - 46%)	41% (25% - 57%)	-	-
Had a weapon at school (past 12 months)	-	0% (0% - 0%)	-	-
In a physical fight on school property (past 12 months)	12% (7% - 18%)	17% (5% - 29%)	-	-
Problems with anxiety (past 12 months)	49% (41% - 58%)	48% (31% - 64%)	-	-
So sad or hopeless that stopped usual activities (past 12 months)	22% (15% - 29%)	-	38% (18% - 58%)	-
Seriously considered suicide (past 12 months)	12% (7% - 17%)	-	35% (15% - 54%)	-
Made a suicide plan (past 12 months)	10% (5% - 16%)	-	27% (8% - 45%)	-

¹ - means numbers too small to report at this level.

² Composite measures combine responses across two or more questions.

Weighted YRBS Results By Average Grades (Self-Reported)

Behavior	A's	B's	C's	D's or F's
Attempted suicide (past 12 months)	–	–	–	–
Self-harm (past 12 months)	19% (12% - 25%)	22% (8% - 36%)	–	–
Composite measure: answered affirmatively to any of the previous six mental health questions	57% (49% - 66%)	57% (40% - 73%)	–	–
Was offered, sold, or given illegal drugs on school property (past 12 months)	–	–	–	–
Used any illegal drug besides marijuana (past 12 months)	0% (0% - 0%)	–	–	–
Smoke cigarettes (past 30 days)	–	0% (0% - 0%)	–	–
Vaping/juul/e-cigarettes (past 30 days)	–	–	–	–
Use chew, dip, or other smokeless tobacco (past 30 days)	–	0% (0% - 0%)	0% (0% - 0%)	–
Use cigars/cigarillos (past 30 days)	0% (0% - 0%)	–	0% (0% - 0%)	–
Use marijuana (past 30 days)	0% (0% - 0%)	–	–	–
Drank alcohol (past 30 days)	9% (4% - 13%)	–	–	–
Missed school due to safety concerns at school or en route (past 30 days)	6% (2% - 11%)	–	–	–
Sent, received, or shared sexual photos or images (past 30 days)	6% (2% - 9%)	–	–	–
Ever misused over-the-counter drug	–	0% (0% - 0%)	–	–
Ever misused prescription pain medicine	5% (1% - 8%)	–	–	–
Ever had sexual intercourse	–	–	–	–
Ever been forced to do anything sexual	5% (1% - 9%)	–	–	–
Lived in 4 or more residences	29% (21% - 37%)	30% (15% - 45%)	–	–
Sleep 8 or more hours per night	57% (49% - 65%)	34% (19% - 48%)	–	–

¹ – means numbers too small to report at this level.

² Composite measures combine responses across two or more questions.

Weighted YRBS Results By Average Grades (Self-Reported)

Behavior	A's	B's	C's	D's or F's
Spend 3 or more hours per day on phone, Xbox, or other device (excluding use for school work)	53% (45% - 61%)	56% (40% - 73%)	-	-
Use phone, Xbox or other device after midnight on a school night (not for homework)	39% (31% - 47%)	51% (34% - 68%)	-	-
Experienced hunger due to lack of food at home (past 30 days)	38% (29% - 46%)	48% (32% - 64%)	-	-
Most of the time or always feel safe in their neighborhood	81% (75% - 88%)	79% (65% - 92%)	-	-
Most of the time or always get emotional support when needed	33% (24% - 42%)	26% (9% - 43%)	-	-
List adult as most likely source of emotional support	47% (38% - 57%)	25% (9% - 41%)	-	-
Have at least one supportive adult besides parent(s)	85% (79% - 90%)	89% (79% - 99%)	-	-
Agree or strongly agree that family provides help and support	82% (76% - 89%)	81% (68% - 94%)	-	-
Parent or other adult in the home lost job during the COVID-19 pandemic	8% (3% - 13%)	-	-	-
Knew at least one person who got very sick or died from COVID-19	47% (39% - 55%)	51% (35% - 67%)	-	-
Knew 1 to 4 people who got very sick or died from COVID-19	43% (35% - 51%)	41% (25% - 57%)	-	-
Knew at least 5 people who got very sick or died from COVID-19	4% (1% - 7%)	-	-	-

¹ - means numbers too small to report at this level.

² Composite measures combine responses across two or more questions.

Tables by Food Insecurity (Self-Reported)

The following tables display weighted YRBS variables which are disaggregated by food insecurity status. Please note that food insecurity is self-reported by students.

Weighted YRBS Results By Food Insecurity Status

Behavior	Food Insecure	Not Food Insecure
Most of the time or always wear a seatbelt	91% (86% - 97%)	89% (84% - 94%)
Most of the time or always wear bike helmet (if ride a bike)	17% (8% - 26%)	31% (23% - 40%)
Ate breakfast every day (past 7 days)	20% (11% - 29%)	34% (26% - 43%)
Exercise most days (past 7 days)	78% (69% - 86%)	79% (71% - 86%)
Participate in school activities, teams, or clubs	75% (66% - 84%)	83% (77% - 90%)
Have at least one teacher or other adult at school to talk to	53% (43% - 63%)	73% (65% - 81%)
Agree or strongly agree that they belong at school	55% (45% - 65%)	67% (59% - 75%)
Agree or strongly agree that teachers care about them	54% (44% - 64%)	65% (57% - 73%)
Most of the time or always feel safe at school	68% (59% - 78%)	86% (80% - 92%)
Agree or strongly agree that bullying is a problem at school	47% (38% - 57%)	33% (25% - 42%)
Bullied on school property (past 12 months)	35% (25% - 44%)	27% (19% - 35%)
Electronically bullied (past 12 months)	37% (27% - 46%)	20% (13% - 27%)
Composite measure: answered affirmatively to being bullied online and/or at school	49% (40% - 59%)	36% (28% - 45%)
Had a weapon at school (past 12 months)	–	–
In a physical fight on school property (past 12 months)	14% (7% - 21%)	16% (9% - 22%)
Problems with anxiety (past 12 months)	63% (54% - 73%)	46% (37% - 54%)
So sad or hopeless that stopped usual activities (past 12 months)	33% (24% - 42%)	19% (12% - 26%)
Seriously considered suicide (past 12 months)	27% (18% - 36%)	12% (6% - 18%)
Made a suicide plan (past 12 months)	20% (12% - 29%)	10% (4% - 16%)
Attempted suicide (past 12 months)	–	–
Self-harm (past 12 months)	28% (19% - 37%)	16% (9% - 23%)
Composite measure: answered affirmatively to any of the previous six mental health questions	75% (66% - 83%)	49% (41% - 58%)
Was offered, sold, or given illegal drugs on school property (past 12 months)	–	–
Used any illegal drug besides marijuana (past 12 months)	–	–
Smoke cigarettes (past 30 days)	–	–
Vaping/juul/e-cigarettes (past 30 days)	6% (1% - 11%)	5% (1% - 9%)
Use chew, dip, or other smokeless tobacco (past 30 days)	–	–
Use cigars/cigarillos (past 30 days)	–	–

¹ – means numbers too small to report at this level.

² Composite measures combine responses across two or more questions.

Weighted YRBS Results By Food Insecurity Status

Behavior	Food Insecure	Not Food Insecure
Use marijuana (past 30 days)	–	–
Drank alcohol (past 30 days)	14% (8% - 21%)	7% (3% - 12%)
Missed school due to safety concerns at school or en route (past 30 days)	12% (5% - 19%)	8% (3% - 12%)
Sent, received, or shared sexual photos or images (past 30 days)	10% (4% - 16%)	6% (2% - 10%)
Ever misused over-the-counter drug	–	–
Ever misused prescription pain medicine	–	–
Ever had sexual intercourse	–	–
Ever been forced to do anything sexual	11% (5% - 17%)	5% (1% - 9%)
Lived in 4 or more residences	35% (26% - 45%)	32% (23% - 40%)
Sleep 8 or more hours per night	38% (29% - 48%)	55% (47% - 64%)
Spend 3 or more hours per day on phone, Xbox, or other device (excluding use for school work)	60% (51% - 70%)	52% (44% - 61%)
Use phone, Xbox or other device after midnight on a school night (not for homework)	55% (45% - 66%)	37% (28% - 45%)
Experienced hunger due to lack of food at home (past 30 days)	100% (100% - 100%)	0% (0% - 0%)
Most of the time or always feel safe in their neighborhood	72% (63% - 81%)	86% (79% - 92%)
Most of the time or always get emotional support when needed	22% (12% - 31%)	45% (34% - 55%)
List adult as most likely source of emotional support	32% (21% - 42%)	44% (34% - 55%)
Have at least one supportive adult besides parent(s)	76% (68% - 85%)	87% (82% - 93%)
Agree or strongly agree that family provides help and support	69% (60% - 78%)	85% (78% - 91%)
Parent or other adult in the home lost job during the COVID-19 pandemic	14% (7% - 21%)	10% (5% - 15%)
Knew at least one person who got very sick or died from COVID-19	57% (47% - 67%)	42% (34% - 50%)
Knew 1 to 4 people who got very sick or died from COVID-19	49% (39% - 59%)	36% (27% - 44%)
Knew at least 5 people who got very sick or died from COVID-19	8% (3% - 13%)	6% (2% - 10%)

¹ – means numbers too small to report at this level.

² Composite measures combine responses across two or more questions.

APPENDIX B: Question-Specific Tables for High Risk Groups Optional Module Questions

Tables by LGBT Status

The following tables display weighted YRBS variables which are disaggregated by sexual orientation if the school registered for the High Risk Groups Optional Module in their survey.

Schools could select an optional module if they so desired. county-level results are included if at least 75% of schools within a county selected the same optional module. If only some participating schools in the county selected an optional module, results are available in the school-level reports.

High-risk groups optional module data not available for this county.

Tables by Physical Disability (Self-Reported)

The following tables display weighted YRBS variables which are disaggregated by physical disability/chronic health condition status if the school registered for the High Risk Groups Optional Module. Please note that physical disability/chronic health condition status is self-reported by students.

Schools could select an optional module if they so desired. county-level results are included if at least 75% of schools within a county selected the same optional module. If only some participating schools in the county selected an optional module, results are available in the school-level reports.

High-risk groups optional module data not available for this county.

Tables by Special Education Services (Self-Reported)

The following tables display weighted YRBS variables which are disaggregated by IEP/504 status if the school registered for the High Risk Groups Optional Module. Please note that IEP/504 status is self-reported by students.

Schools could select an optional module if they so desired. county-level results are included if at least 75% of schools within a county selected the same optional module. If only some participating schools in the county selected an optional module, results are available in the school-level reports.

High-risk groups optional module data not available for this county.

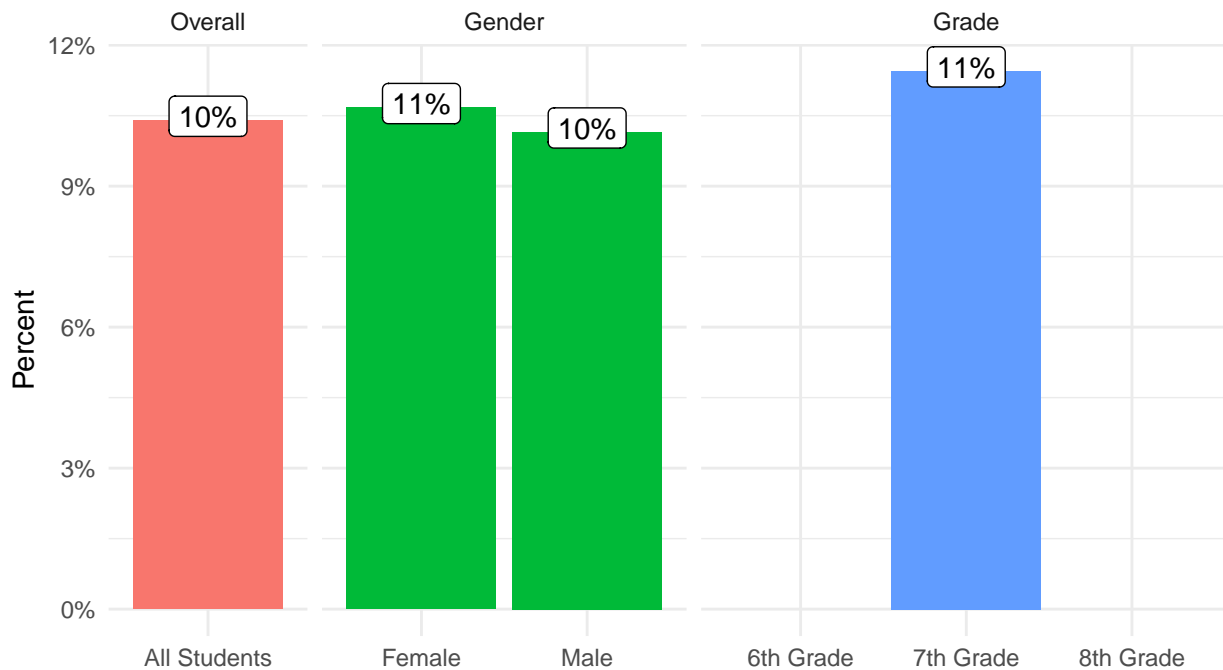
APPENDIX C: OPTIONAL MODULE RESULTS

Optional Module 1: Drug-Free Communities

Schools could select an optional module if they so desired. county-level results are included if at least 75% of schools within a county selected the same optional module. If only some participating schools in the county selected an optional module, results are available in the school-level reports.

DFC Alcohol Use Core Measure:

Drank alcohol (past 30 days)



Missing bars mean numbers are too small to report

DFC Tobacco Use Core Measure:

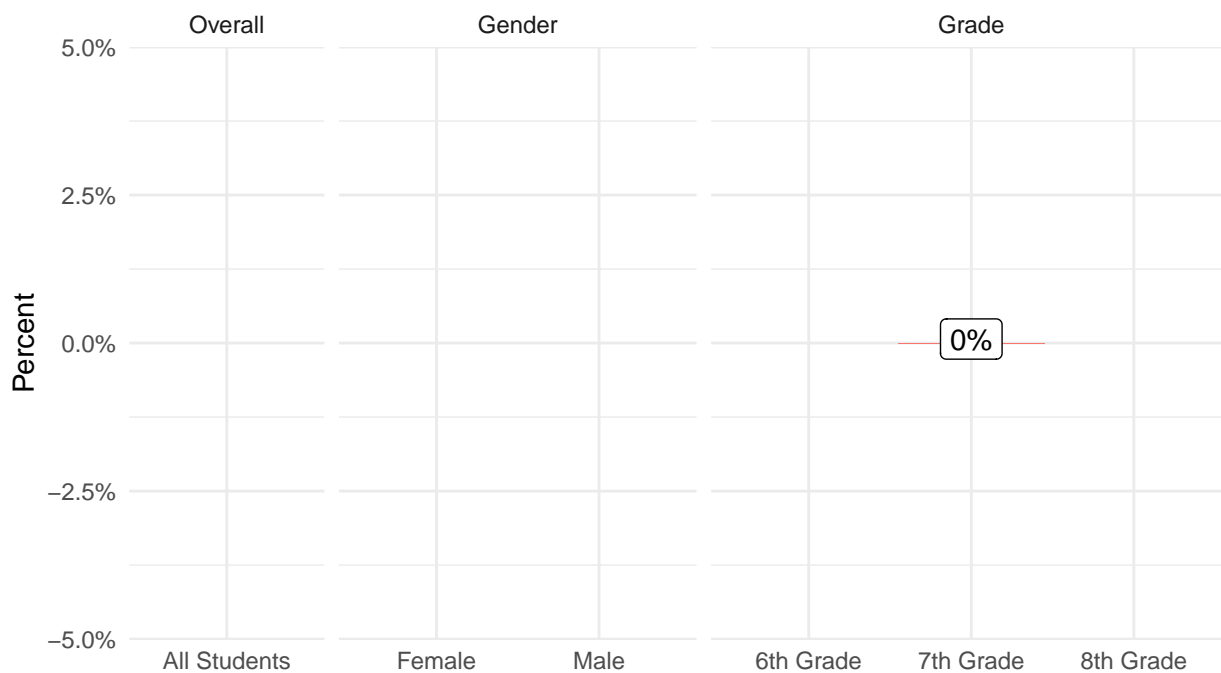
Smoke cigarettes (past 30 days)

Numbers too small to report

Missing bars mean numbers are too small to report

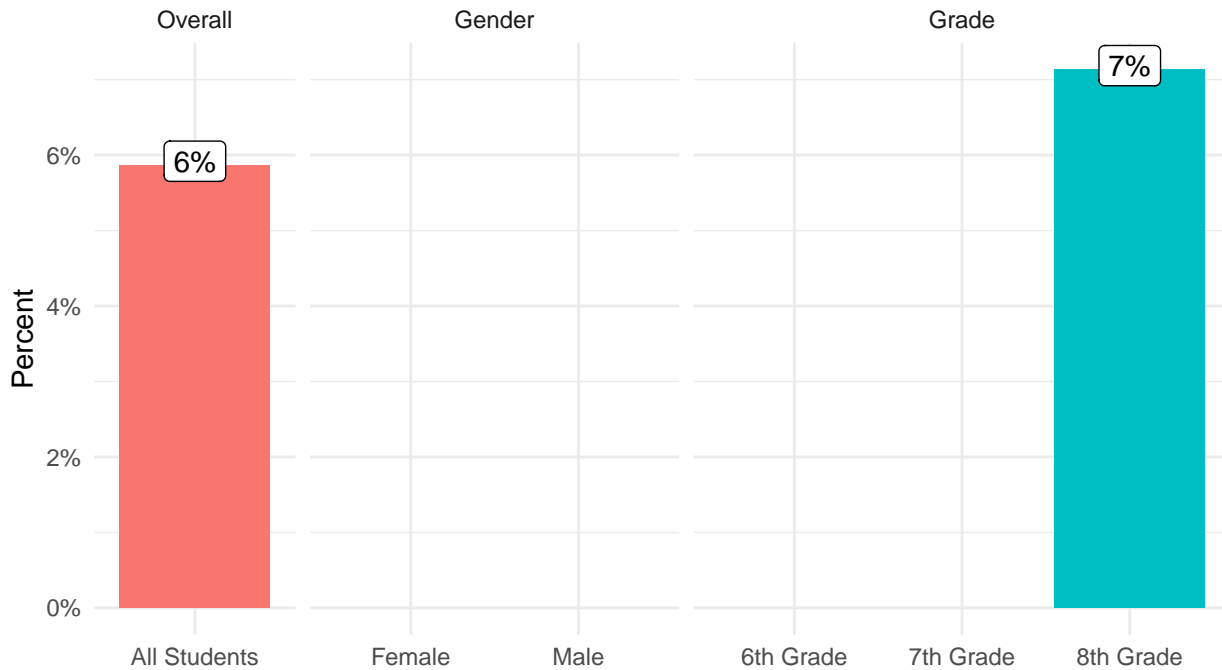
DFC Marijuana Use Core Measure:

Smoke marijuana (past 30 days)



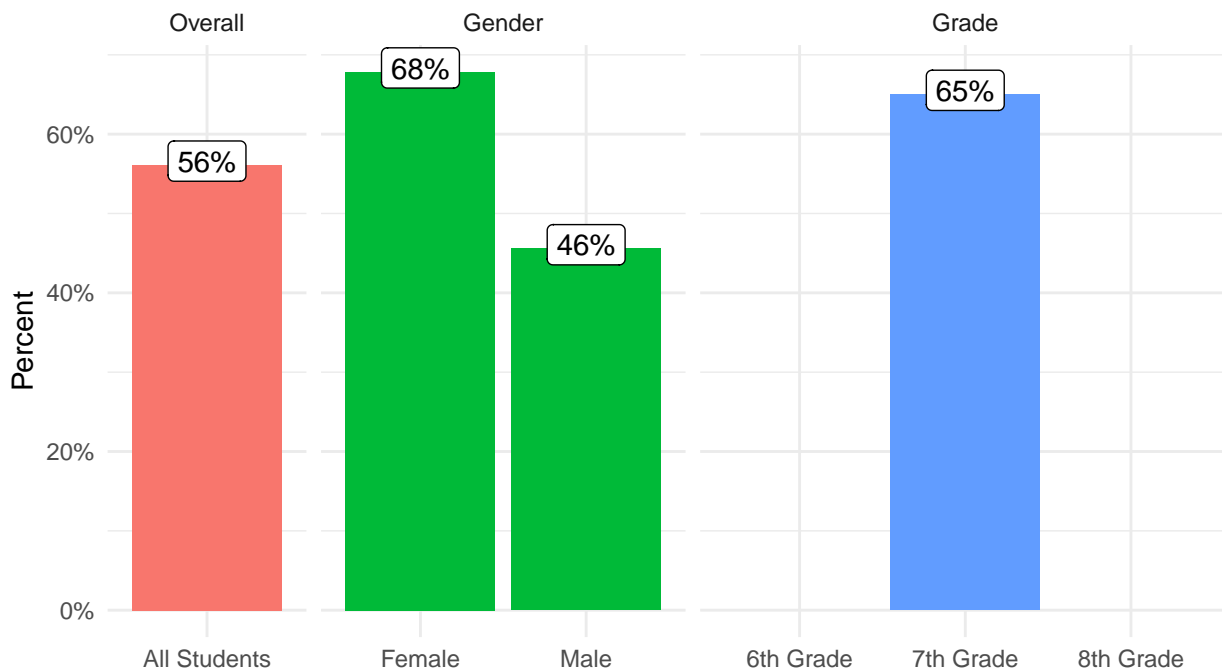
Missing bars mean numbers are too small to report

DFC Prescription Drug Use Core Measure:
 Misused any prescription drug (past 30 days)



Missing bars mean numbers are too small to report

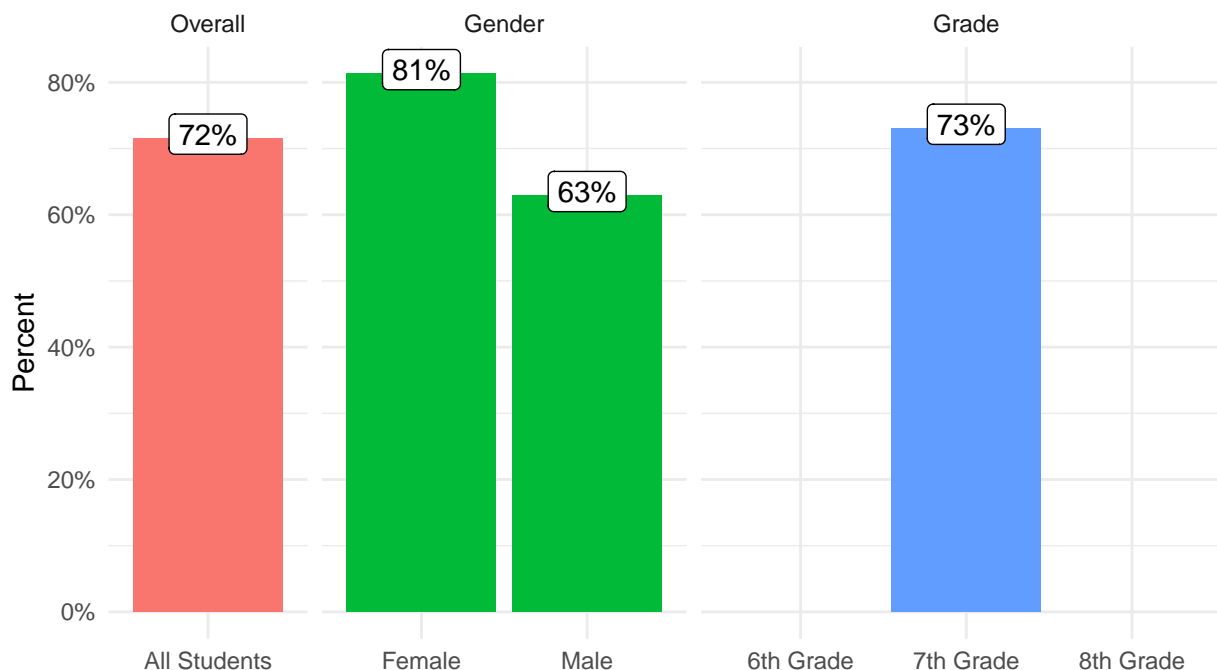
DFC Alcohol Perception of Harm Core Measure:
 Perceive alcohol as a moderate or great risk of harm



Missing bars mean numbers are too small to report

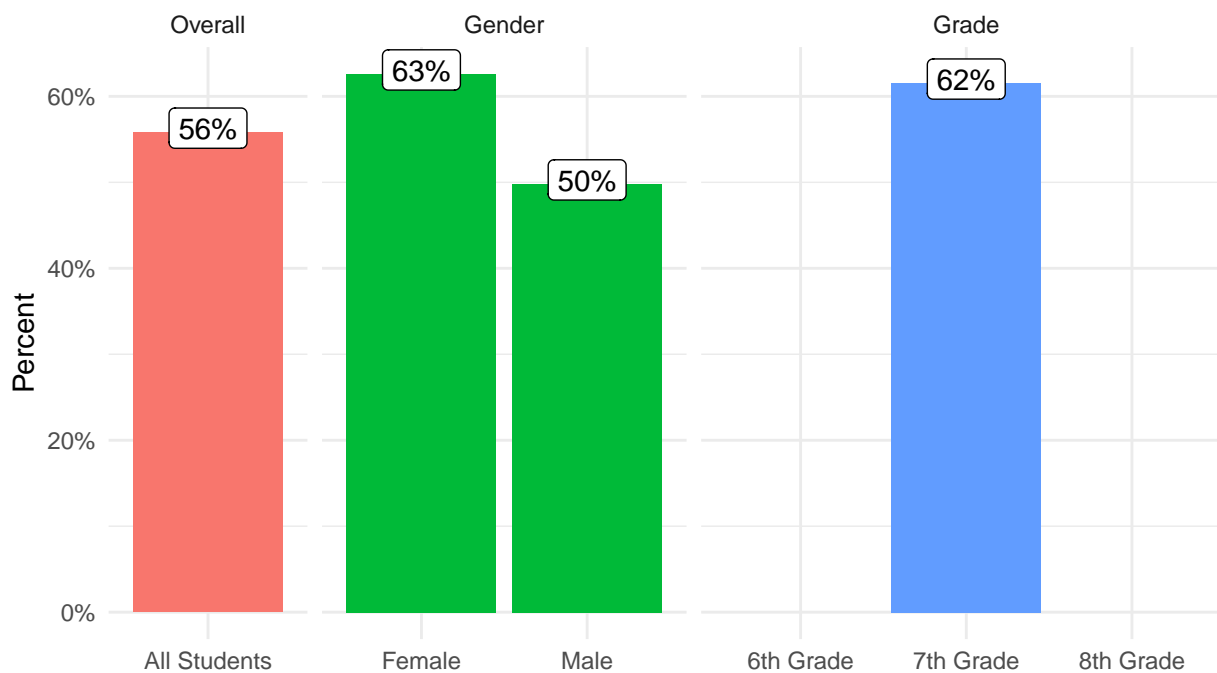
DFC Tobacco Perception of Harm Core Measure:

Perceive tobacco as a moderate or great risk of harm



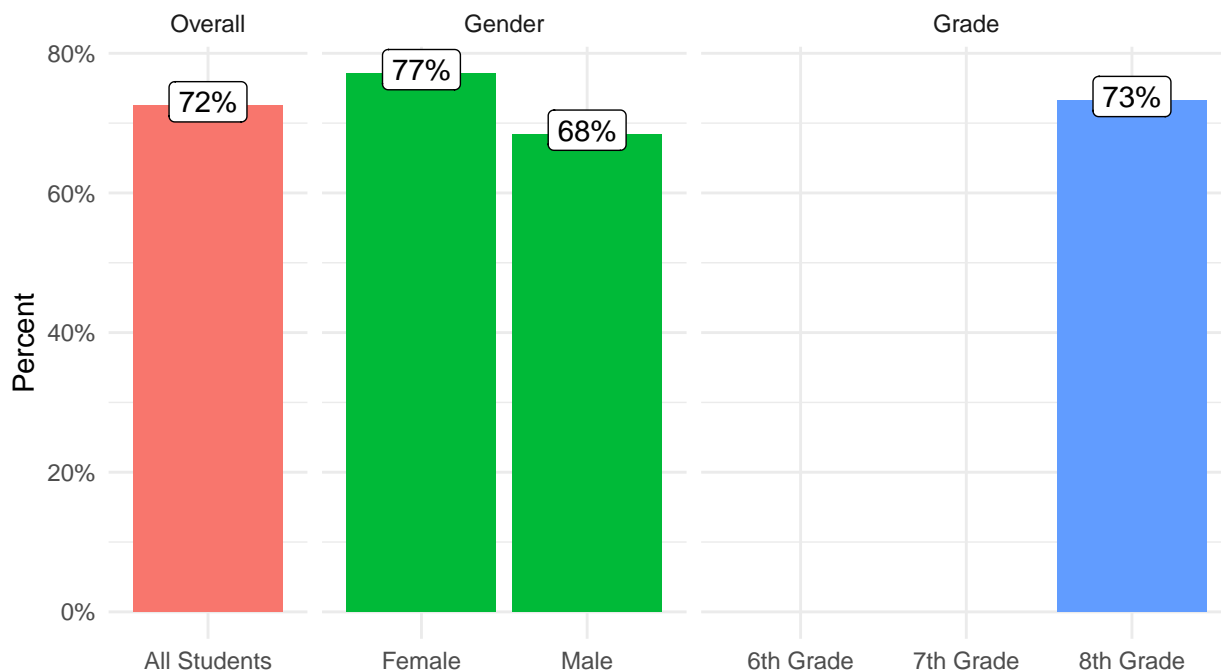
DFC Marijuana Perception of Harm Core Measure:

Perceive marijuana as a moderate or great risk of harm



DFC Prescription Drug Perception of Harm Core Measure:

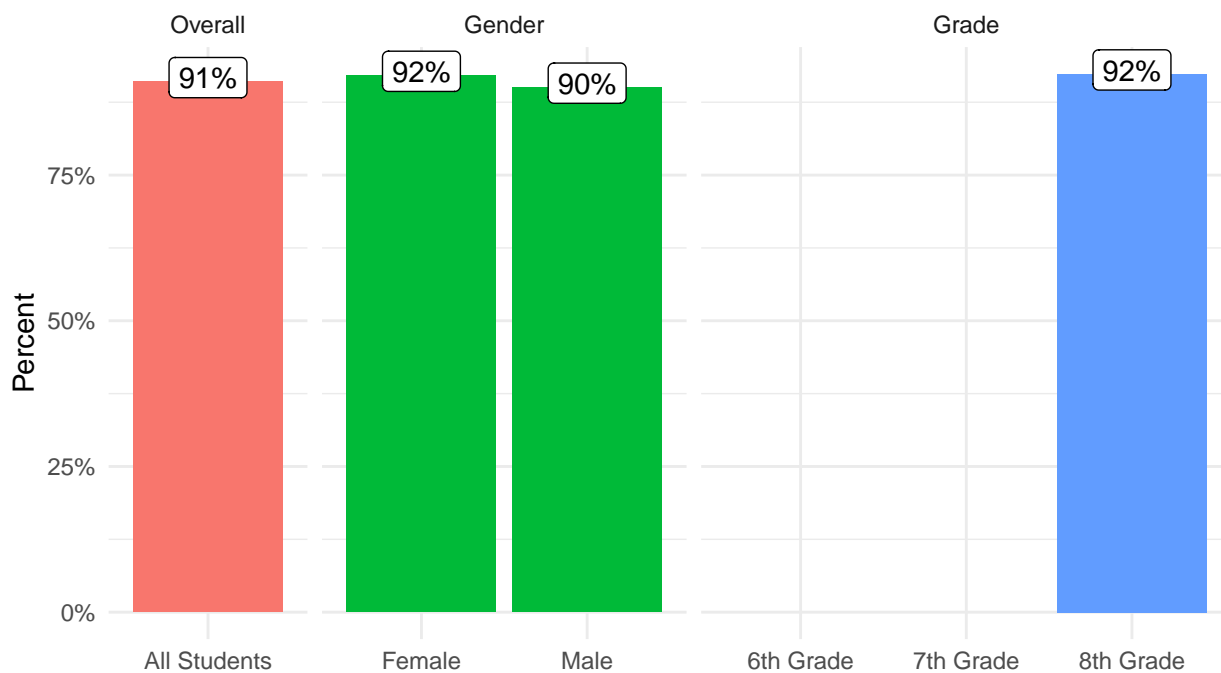
Perceive misuse of prescription drugs as a moderate or great risk of harm



Missing bars mean numbers are too small to report

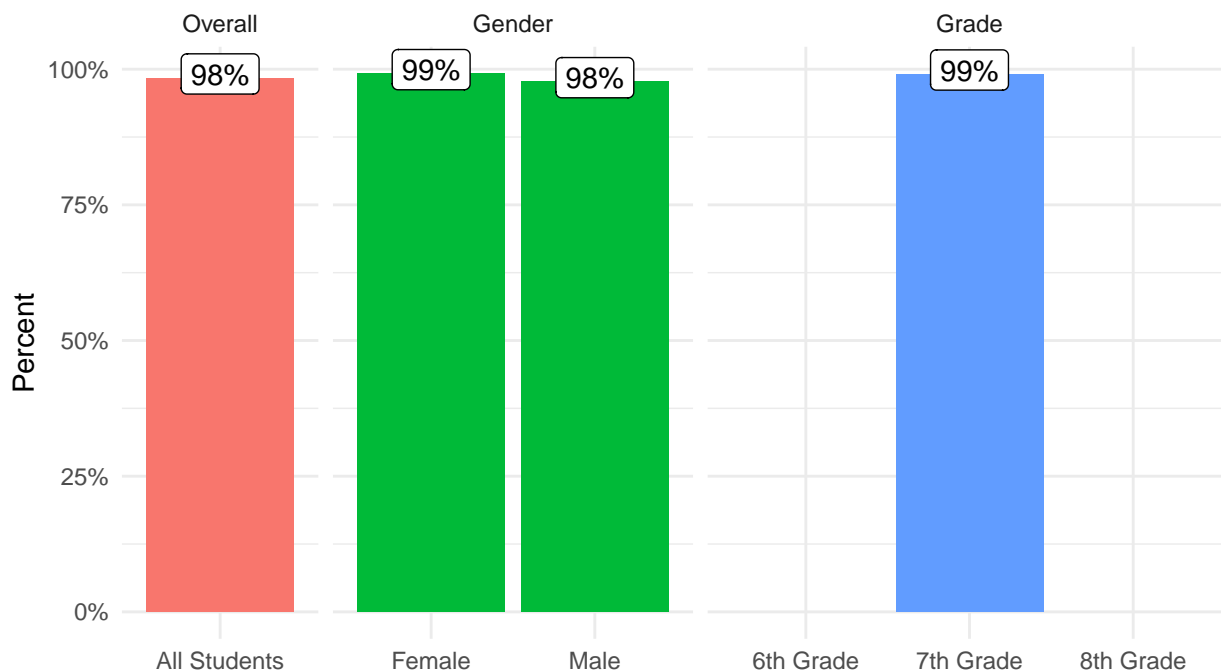
DFC Alcohol Perception of Parental Disapproval Core Measure:

Believe their parents would disapprove if they drank alcohol nearly every day



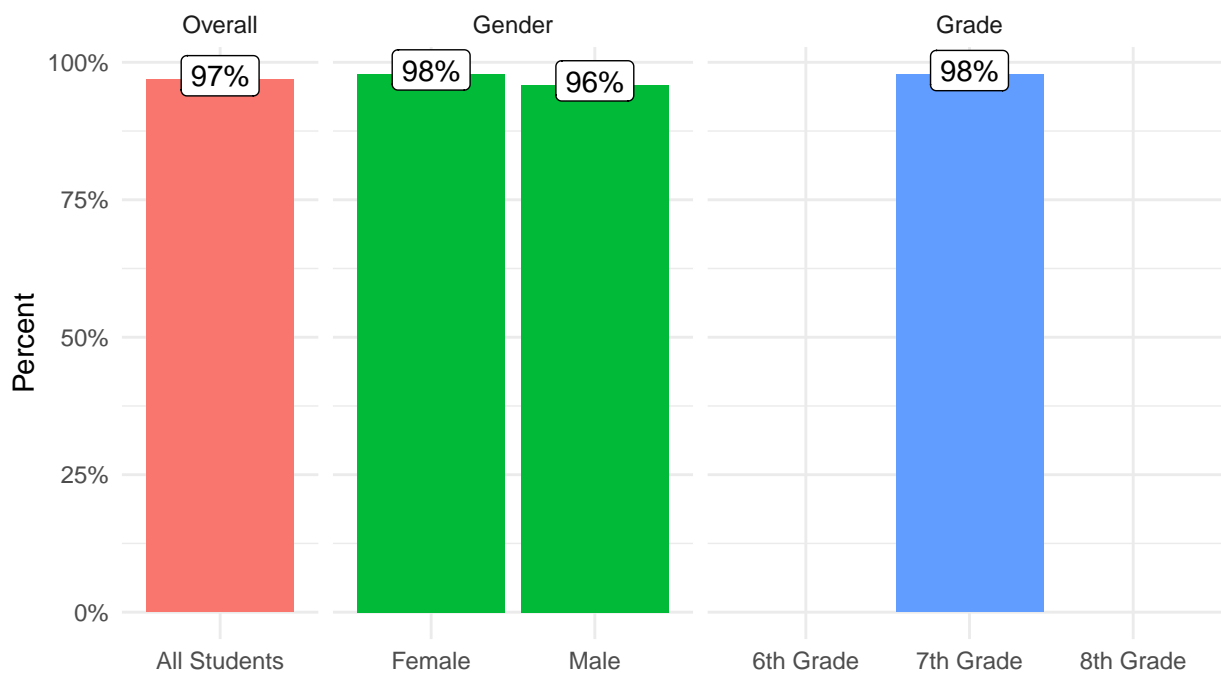
Missing bars mean numbers are too small to report

DFC Tobacco Perception of Parental Disapproval Core Measure:
Believe their parents would disapprove if they smoked tobacco



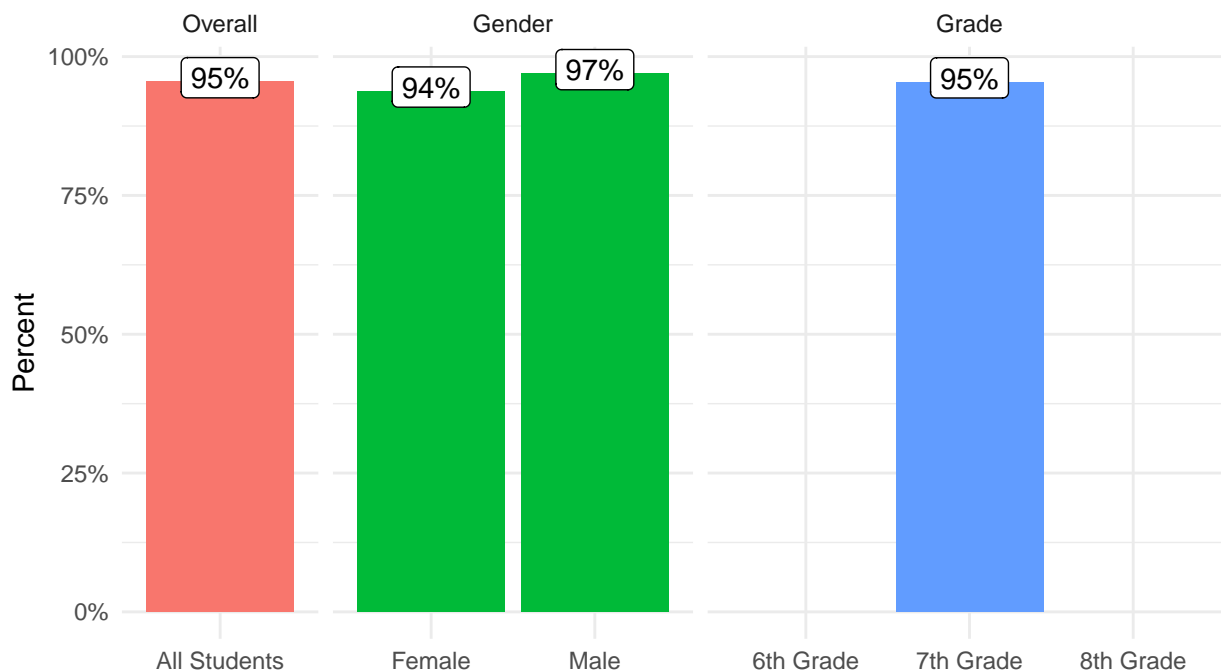
Missing bars mean numbers are too small to report

DFC Marijuana Perception of Parental Disapproval Core Measure:
Believe their parents would disapprove if they smoked marijuana



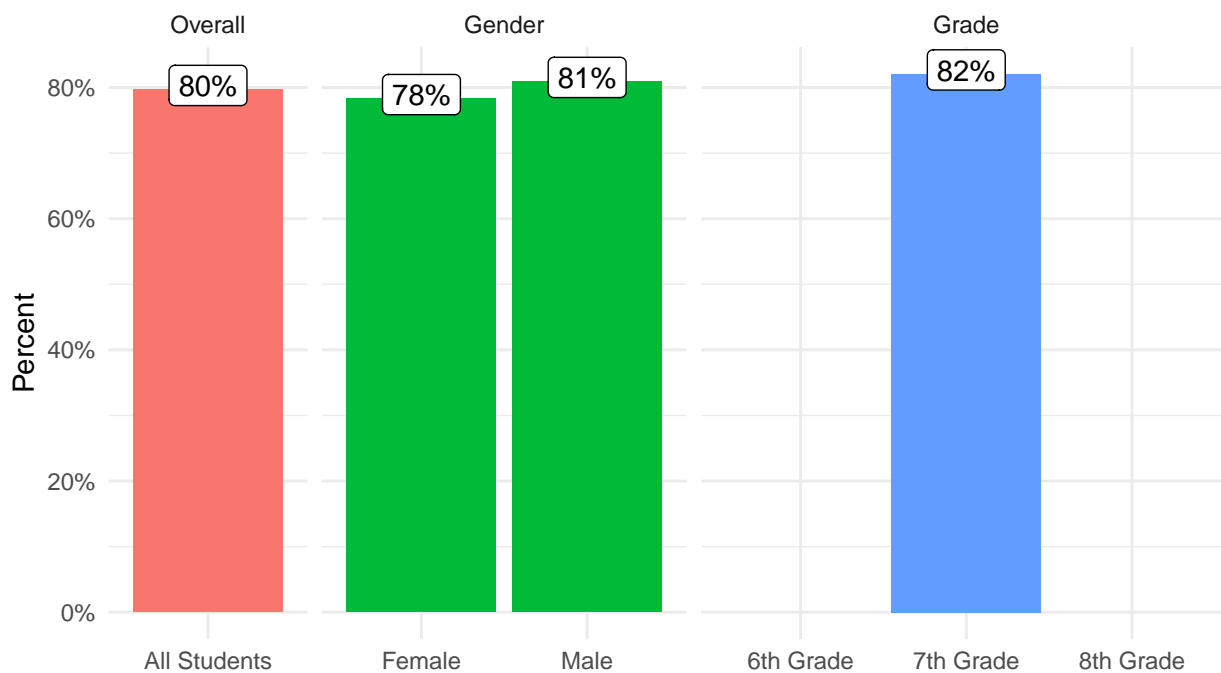
Missing bars mean numbers are too small to report

DFC Prescription Drug Perception of Parental Disapproval Core Measure:
Believe their parents would disapprove if they misused prescription drugs



Missing bars mean numbers are too small to report

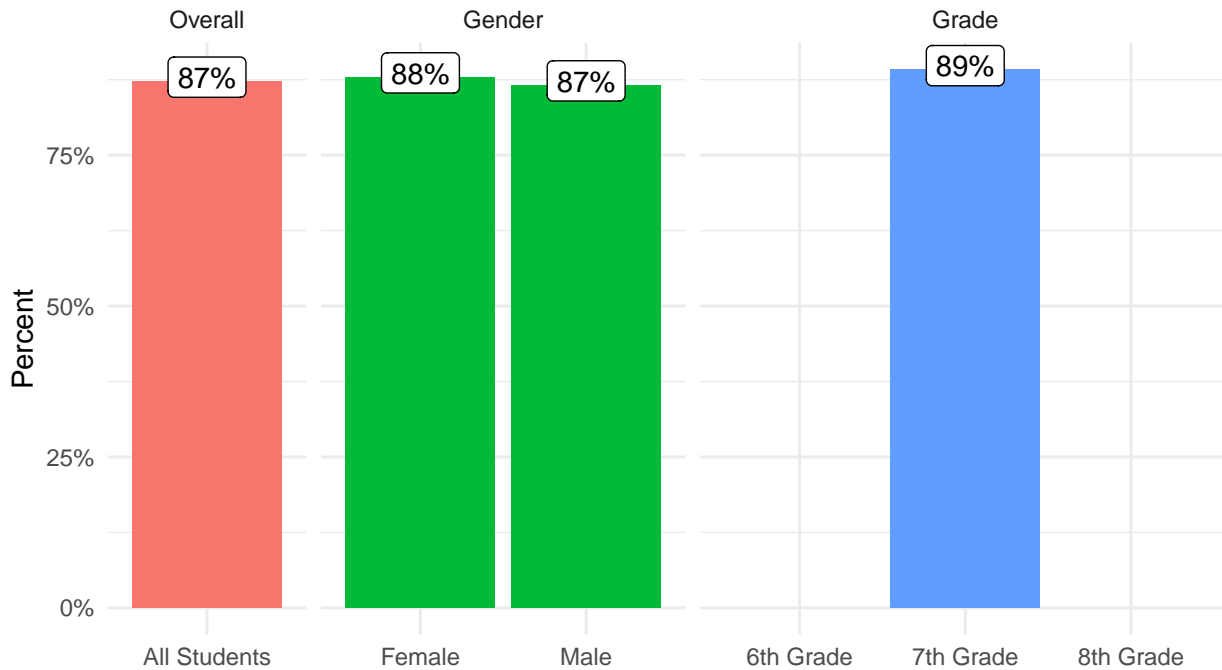
DFC Alcohol Perception of Peer Disapproval Core Measure:
Believe their friends would disapprove if they drank alcohol nearly every day



Missing bars mean numbers are too small to report

DFC Tobacco Perception of Peer Disapproval Core Measure:

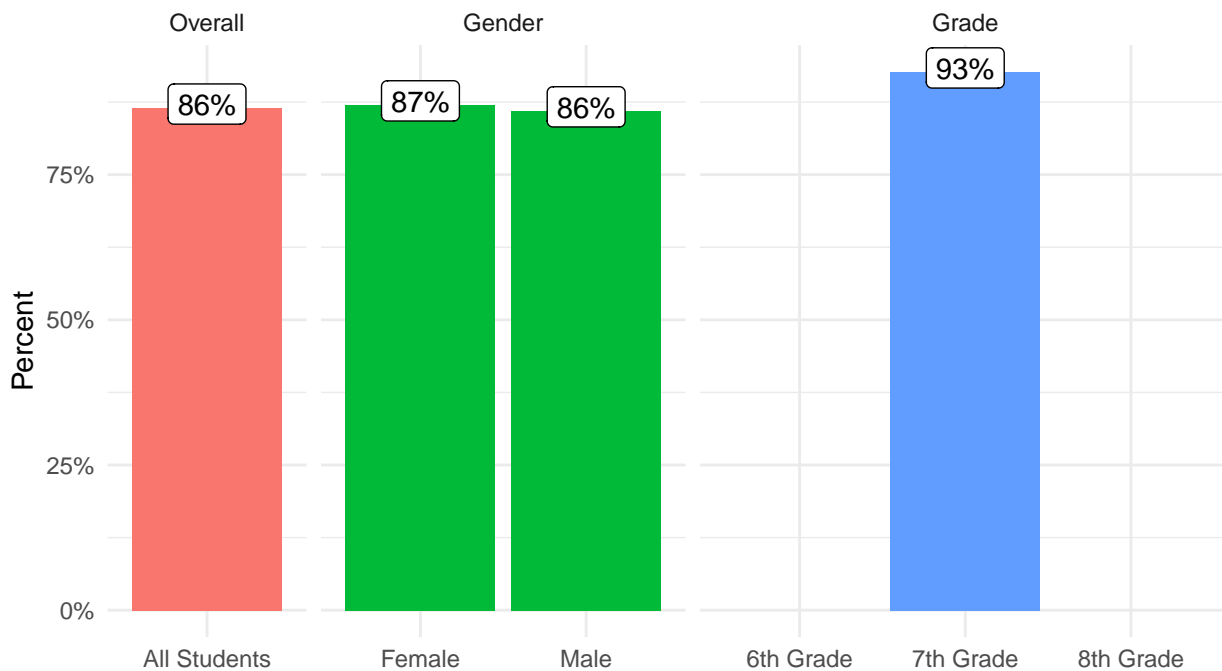
Believe their friends would disapprove if they smoked tobacco



Missing bars mean numbers are too small to report

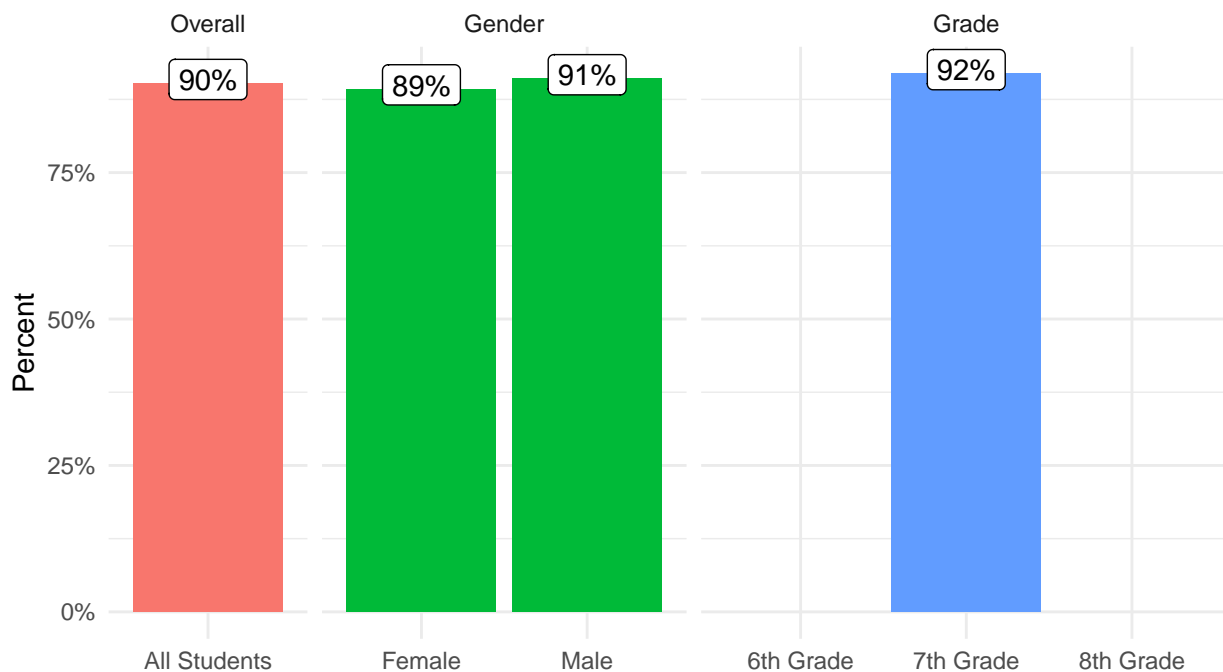
DFC Marijuana Perception of Peer Disapproval Core Measure:

Believe their friends would disapprove if they smoked marijuana



Missing bars mean numbers are too small to report

**DFC Prescription Drug Perception of Peer Disapproval Core Measure:
Believe their friends would disapprove if they misused prescription drugs**



Missing bars mean numbers are too small to report

Weighted Optional Module Results Overall

Behavior	Percent
Drank alcohol (past 30 days)	10% (7%-14%)
Smoke cigarettes (past 30 days)	–
Use marijuana (past 30 days)	–
Misused any prescription drug (past 30 days)	6% (3%-9%)
Perceive alcohol as a moderate or great risk of harm	56% (50%-63%)
Perceive tobacco as a moderate or great risk of harm	72% (66%-78%)
Perceive marijuana as a moderate or great risk of harm	56% (49%-62%)
Perceive misuse of prescription drugs as a moderate or great risk of harm	72% (67%-78%)
Believe their parents would disapprove if they drank alcohol nearly every day	91% (87%-95%)
Believe their parents would disapprove if they smoked tobacco	98% (97%-100%)
Believe their parents would disapprove if they smoked marijuana	97% (95%-99%)
Believe their parents would disapprove if they misused prescription drugs	95% (93%-98%)
Believe their friends would disapprove if they drank alcohol nearly every day	80% (75%-85%)
Believe their friends would disapprove if they smoked tobacco	87% (83%-92%)
Believe their friends would disapprove if they smoked marijuana	86% (82%-91%)
Believe their friends would disapprove if they misused prescription drugs	90% (86%-94%)

¹ – means 5 or fewer students are in this category.

Weighted Optional Module Results By Sex

Behavior	Female	Male
Drank alcohol (past 30 days)	11% (5% - 16%)	10% (5% - 15%)
Smoke cigarettes (past 30 days)	-	-
Use marijuana (past 30 days)	-	-
Misused any prescription drug (past 30 days)	-	-
Perceive alcohol as a moderate or great risk of harm	68% (59% - 77%)	46% (37% - 54%)
Perceive tobacco as a moderate or great risk of harm	81% (74% - 89%)	63% (54% - 72%)
Perceive marijuana as a moderate or great risk of harm	63% (53% - 72%)	50% (41% - 59%)
Perceive misuse of prescription drugs as a moderate or great risk of harm	77% (69% - 85%)	68% (60% - 77%)
Believe their parents would disapprove if they drank alcohol nearly every day	92% (87% - 97%)	90% (85% - 95%)
Believe their parents would disapprove if they smoked tobacco	99% (98% - 101%)	98% (95% - 101%)
Believe their parents would disapprove if they smoked marijuana	98% (95% - 100%)	96% (93% - 99%)
Believe their parents would disapprove if they misused prescription drugs	94% (89% - 98%)	97% (94% - 100%)
Believe their friends would disapprove if they drank alcohol nearly every day	78% (70% - 86%)	81% (74% - 88%)
Believe their friends would disapprove if they smoked tobacco	88% (81% - 94%)	87% (81% - 93%)
Believe their friends would disapprove if they smoked marijuana	87% (80% - 94%)	86% (80% - 92%)
Believe their friends would disapprove if they misused prescription drugs	89% (83% - 95%)	91% (86% - 96%)

¹ - means numbers too small to report at this level.

Weighted Optional Module Results By Grade Level

Behavior	6th Grade	7th Grade	8th Grade
Drank alcohol (past 30 days)	-	11% (6% - 17%)	-
Smoke cigarettes (past 30 days)	-	-	-
Use marijuana (past 30 days)	-	0% (0% - 0%)	-
Misused any prescription drug (past 30 days)	-	-	7% (2% - 12%)
Perceive alcohol as a moderate or great risk of harm	-	65% (56% - 74%)	-
Perceive tobacco as a moderate or great risk of harm	-	73% (65% - 81%)	-
Perceive marijuana as a moderate or great risk of harm	-	62% (52% - 71%)	-
Perceive misuse of prescription drugs as a moderate or great risk of harm	-	70% (62% - 79%)	-
Believe their parents would disapprove if they drank alcohol nearly every day	-	-	92% (87% - 97%)
Believe their parents would disapprove if they smoked tobacco	-	99% (97% - 101%)	-
Believe their parents would disapprove if they smoked marijuana	-	98% (95% - 100%)	-
Believe their parents would disapprove if they misused prescription drugs	-	95% (92% - 99%)	-
Believe their friends would disapprove if they drank alcohol nearly every day	-	82% (75% - 89%)	-
Believe their friends would disapprove if they smoked tobacco	-	89% (83% - 95%)	-
Believe their friends would disapprove if they smoked marijuana	-	93% (88% - 98%)	-
Believe their friends would disapprove if they misused prescription drugs	-	92% (86% - 97%)	-

¹ - means numbers too small to report at this level.

Weighted Optional Module Results By Race/Ethnicity

Behavior	White	Hisp	Bl/Af-Am	Asian/PI	Am.Ind	Multiple
Drank alcohol (past 30 days)	11% (7% - 15%)	0% (0% - 0%)	-	-	-	-
Smoke cigarettes (past 30 days)	-	-	-	-	-	-
Use marijuana (past 30 days)	-	0% (0% - 0%)	-	-	-	-
Misused any prescription drug (past 30 days)	5% (2% - 9%)	-	-	-	-	-

Perceive __ as a moderate or great risk of harm

alcohol	55% (48% - 62%)	69% (49% - 89%)	-	-	-	-
tobacco	72% (65% - 78%)	77% (59% - 95%)	-	-	-	-
marijuana	56% (48% - 63%)	55% (32% - 78%)	-	-	-	-
prescription drugs	70% (63% - 76%)	96% (88% - 104%)	-	-	-	-

Believe their parents would disapprove if they...

drank alcohol nearly every day	92% (88% - 96%)	91% (79% - 103%)	-	-	-	-
smoked tobacco	98% (96% - 100%)	100% (100% - 100%)	-	-	-	-
smoked marijuana	98% (96% - 100%)	91% (79% - 103%)	-	-	-	-
misused prescription drugs	95% (93% - 98%)	100% (100% - 100%)	-	-	-	-

Believe their friends would disapprove if they...

drank alcohol nearly every day	79% (73% - 84%)	81% (65% - 98%)	-	-	-	-
smoked tobacco	87% (83% - 92%)	91% (79% - 103%)	-	-	-	-
smoked marijuana	87% (82% - 92%)	82% (65% - 98%)	-	-	-	-
misused prescription drugs	89% (85% - 94%)	96% (87% - 104%)	-	-	-	-

¹ - means numbers too small to report at this level.

² This table formatted differently to fit on one page.

Weighted Optional Module Results By Average Grades (Self-Reported)

Behavior	A's	B's	C's	D's or F's
Drank alcohol (past 30 days)	9% (4% - 13%)	-	-	-
Smoke cigarettes (past 30 days)	-	0% (0% - 0%)	-	-
Use marijuana (past 30 days)	0% (0% - 0%)	-	-	-
Misused any prescription drug (past 30 days)	-	-	-	-
Perceive alcohol as a moderate or great risk of harm	57% (48% - 65%)	-	70% (52% - 89%)	-
Perceive tobacco as a moderate or great risk of harm	72% (65% - 80%)	66% (50% - 82%)	-	-
Perceive marijuana as a moderate or great risk of harm	58% (49% - 66%)	55% (40% - 71%)	-	-
Perceive misuse of prescription drugs as a moderate or great risk of harm	72% (65% - 80%)	65% (50% - 81%)	-	-
Believe their parents would disapprove if they drank alcohol nearly every day	93% (88% - 97%)	95% (88% - 102%)	-	-
Believe their parents would disapprove if they smoked tobacco	99% (98% - 101%)	95% (87% - 104%)	-	-
Believe their parents would disapprove if they smoked marijuana	99% (97% - 100%)	94% (88% - 101%)	-	-
Believe their parents would disapprove if they misused prescription drugs	95% (92% - 99%)	95% (89% - 102%)	-	-
Believe their friends would disapprove if they drank alcohol nearly every day	84% (79% - 90%)	76% (62% - 89%)	-	-
Believe their friends would disapprove if they smoked tobacco	91% (86% - 95%)	78% (65% - 91%)	-	-
Believe their friends would disapprove if they smoked marijuana	90% (85% - 95%)	83% (72% - 95%)	-	-
Believe their friends would disapprove if they misused prescription drugs	91% (86% - 95%)	87% (76% - 97%)	-	-

¹ - means numbers too small to report at this level.

Optional Module 2: Youth Tobacco

Schools could select an optional module if they so desired. county-level results are included if at least 75% of schools within a county selected the same optional module. If only some participating schools in the county selected an optional module, results are available in the school-level reports.

Results from this optional module not available for this county.

Optional Module 3: Adversity and Protective Factors

Schools could select an optional module if they so desired. county-level results are included if at least 75% of schools within a county selected the same optional module. If only some participating schools in the county selected an optional module, results are available in the school-level reports.

Results from this optional module not available for this county.

Optional Module 4: School Climate

Schools could select an optional module if they so desired. county-level results are included if at least 75% of schools within a county selected the same optional module. If only some participating schools in the county selected an optional module, results are available in the school-level reports.

Results from this optional module not available for this county.

TECHNICAL NOTES

SAMPLING

As noted previously, schools were encouraged to use a census (school-wide) approach to their local data collection. For official State of Wisconsin statistics, a two-stage cluster approach is utilized to generate a representative sample of public high school students in Wisconsin. For more information, see CDC's most recent YRBS Data User's Guide.

DATA QUALITY EDITS

This report replicates CDC's data edits for all questions that appear on Wisconsin's YRBS. Those data edits can be found in CDC's 2021 YRBS Data User's Guide, which is available at: <https://www.cdc.gov/healthyyouth/data/yrbs/data.htm>

For cases in which Wisconsin's survey included questions not included in the CDC data user's guide, the logic of the CDC guide was extended to include the Wisconsin-specific questions.

WEIGHTING

Post-stratification weights or raking was used to account for any differences between the student population and the composition of survey respondents. Raking was employed to reflect the surveyed population. If the surveyed population differed from the county's student population (e.g., if participating schools only surveyed certain grades), then results reflect the county's population surveyed rather than the county as a whole.

Raking categories were grade by sex (e.g., 6th grade females) and three race/ethnic categories: Hispanic, Non-Hispanic White, Non-Hispanic Other. Those three categories were chosen to best fit the most number of schools. Population figures for each school were drawn from the student enrollment data provided by schools to the Department of Public Instruction. A minimum weighted count of 15 was used as the threshold for applying raked weights. For instance, if there were fewer than 15 Hispanic students in the school, then that school's results were not weighted along the race/ethnicity variable; the same applies to grade by sex.

SIGNIFICANCE LEVELS

The question-specific tables in the appendices include 95% confidence intervals. Differences between groups can be considered statically significant at the .05 level if the confidence interval ranges between the groups do not overlap.

REDACTION

Data for YRBS 2021 county-level reports are redacted based on a combination of numerator and denominator size (weighted counts). In order for a result to be displayed, at least 20 students in the reference category had to have answered the question (denominator), with at least 6 of those students selecting the risk behavior (numerator). This builds on the redaction rules for school and district reports and aligns with DPI data suppression policy for sensitive topics and reports. The added suppression based on denominator size aligns with CDC guidance and reduces the likelihood of highly unstable numbers being reported. However, readers are still encouraged to review the range of the confidence intervals. Very wide confidence intervals indicate unstable estimates and are more likely to occur when reporting on very small numbers.

Where the data are broken down across comparison groups (e.g., males vs. females or across grades 6, 7 and 8), complementary suppression is employed. This means that if one subgroup (e.g., grade 6) has too few respondents to report, then the next lowest response group (e.g., grade 7) is also redacted. This helps prevent incidental disclosure of a redacted number.

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