MARYLAND
STATE
DEPARTMENT
OF EDUCATION

2009
Maryland Youth
RISK
BEHAVIOR SURVEY

Maryland State Department of Education
Achievement Matters Most

FOREWORD

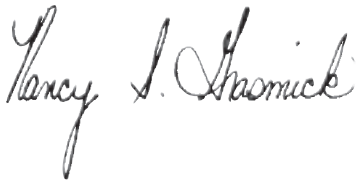
The Maryland State Department of Education (MSDE) is pleased to publish the results of the 2009 Maryland Youth Risk Behavior Survey (YRBS). In 2004, the Maryland General Assembly authorized MSDE to participate in the YRBS, starting with the 2005 survey. The law requires the survey to be administered every two years. The YRBS was administered in 2007 and again in 2009.

The Maryland YRBS is part of the Youth Risk Behavior Surveillance System (YRBSS) developed in 1990 by the U.S. Centers for Disease Control and Prevention (CDC) to monitor behaviors that affect morbidity (disease) and mortality (death) among high-school-age youth. The YRBSS monitors several categories of priority health-risk behaviors among youth. The 2009 Maryland YRBS addresses the following ten major health concerns:

- Injury and Violence
- Bullying and Harassment
- Suicide
- Tobacco Use
- Alcohol Use
- Other Drug Use
- Physical Activity
- Nutrition
- Overweight and Obesity
- Protective Factors

In the spring of 2009, the Maryland YRBS was administered to students in a representative sample of Maryland public high school classrooms. A total of 1,644 students in 30 Maryland public high schools completed the survey, resulting in a 78% response rate. The 2009 Maryland YRBS results are representative of all Maryland's public school students in grades 9 through 12.

We are pleased the 2009 Maryland YRBS results are generally consistent with the results from the survey in 2005 and 2007. These cumulative responses provide trend data that may be used to monitor health risk behaviors among Maryland's youth and young adults. The YRBS findings in each of the ten areas will help MSDE, educators, state and local agencies, businesses, students, parents, and other stakeholders develop and refine initiatives targeted to improve the health and well-being of Maryland youth.



Nancy S. Grasmick
State Superintendent of Schools

2009 Maryland Youth RISK BEHAVIOR SURVEY

How to Get More Information About the Maryland YRBS

For more information on the Maryland YRBS, contact Dr. Richard Scott at **410-767-0288** or e-mail **rscott@msde.state.md.us**.

Additional information on the Maryland YRBS results can be found at the CDC's website (**www.cdc.gov/HealthyYouth/YRBS/**).

HOW TO UNDERSTAND THIS REPORT

This report presents Maryland YRBS trend data in each of the major risk behavior categories highlighted in the survey (Injury and Violence, Bullying and Harassment, Suicide, Tobacco Use, Alcohol Use, Other Drug Use, Physical Activity, Nutrition, Overweight and Obesity, and Protective Factors). With the third administration of the Maryland YRBS, Maryland now has three years (2005, 2007, and 2009) of YRBS results that enable an analysis of trends across time. The report compares the YRBS results for all three years, and notes whether behaviors have significantly increased, significantly decreased, or remained the same over time (between 2005 and 2009). The report also describes significant differences within the Maryland youth population (e.g. males versus females, 9th graders versus 12th graders).

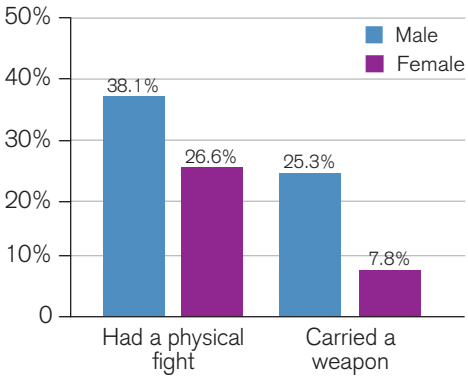
HOW TO UNDERSTAND STATISTICALLY SIGNIFICANT RESULTS

Although some numbers may appear to be different, these differences are not considered to be statistically significant unless they are explicitly stated to be or are identified as such with the following symbols: ↑ (statistically significant increase) or ↓ (statistically significant decrease). A ● symbol indicates that the difference is not statistically significant. A *statistically significant* difference is one that is unlikely to have occurred by chance.

INJURY and VIOLENCE

According to the CDC, injuries are the leading cause of death among Marylanders between the ages of 13 and 18. The three leading causes of death for this age group are unintentional injuries (motor vehicle accidents, drowning, etc.), homicide, and suicide.[1]

In 2009, significantly more males than females have been in a physical fight and carried a weapon.



Traffic-Related Injuries

Percentage of Maryland Youth Who:	2005	2007	2009	Trend
Rarely or never wear a bicycle helmet	81.7%	85.0%	83.8%	●
Rarely or never wear a seatbelt	6.1%	9.5%	8.2%	●
Have ridden in a car driven by someone who had been drinking	25.0%	28.9%	26.7%	●
Have driven a car after drinking	7.2%	8.5%	8.7%	●

Violence

Percentage of Maryland Youth Who:	2005	2007	2009	Trend
Had a physical fight	36.6%	35.7%	32.5%	●
Had a physical fight that required medical attention	5.0%	6.0%	5.8%	●
Had been physically hurt by a boy/girlfriend	16.3%	15.5%	16.9%	●
Carried a weapon	19.1%	19.3%	16.6%	●
Carried a weapon on school property	6.9%	5.9%	4.6%	↓
Males	9.5%	7.3%	6.3%	↓
Females	4.3%	4.2%	2.6%	●
Did not go to school because they felt unsafe	7.6%	7.4%	7.1%	●
Were threatened at school	11.7%	9.6%	9.1%	↓
Males	13.5%	10.3%	10.0%	↓
Females	9.8%	8.6%	7.8%	●

2009 SURVEY HIGHLIGHTS:

Behaviors leading to traffic-related injuries remained unchanged between 2005 and 2009.

The incidence of violence remained unchanged or decreased significantly between 2005 and 2009.

Males report a significant decrease in being threatened at school and carrying a weapon on school property between 2005 and 2009.

BULLYING and HARASSMENT

Bullying is a form of aggression between a more powerful antagonist and his or her victim. Bullying can be physical, verbal and/or psychological, and can be direct or indirect. Chronic victims of bullying may experience mental health problems such as anxiety, academic difficulties, poor concentration, and withdrawal. Bullying behaviors are not limited to the playground. Bullying occurs across all age groups and includes sexual harassment, dating violence, gang attacks, domestic abuse, child abuse, and elder abuse.[2] Bullying and harassment also have negative effects on bullies and bystanders.

Percentage of Maryland Youth Who Have Been:	2005	2007	2009	Trend
Bullied on school property	28.4%	25.7%	20.9%	↓
Teased because of weight/size*	–	28.7%	27.5%	●
Harassed because of perceived sexual orientation	13.1%	13.0%	8.9%	●
Teased because of ethnicity*	–	17.1%	14.7%	●

* A comparison with 2005 results is not possible because the wording for this question was altered beginning with the 2007 Maryland YRBS.

2009 SURVEY HIGHLIGHTS:

Bullying on school property decreased significantly between 2005 and 2009, while the incidence of harassment remained unchanged. Teasing remained unchanged between 2007 and 2009.

How is MSDE addressing this behavior?

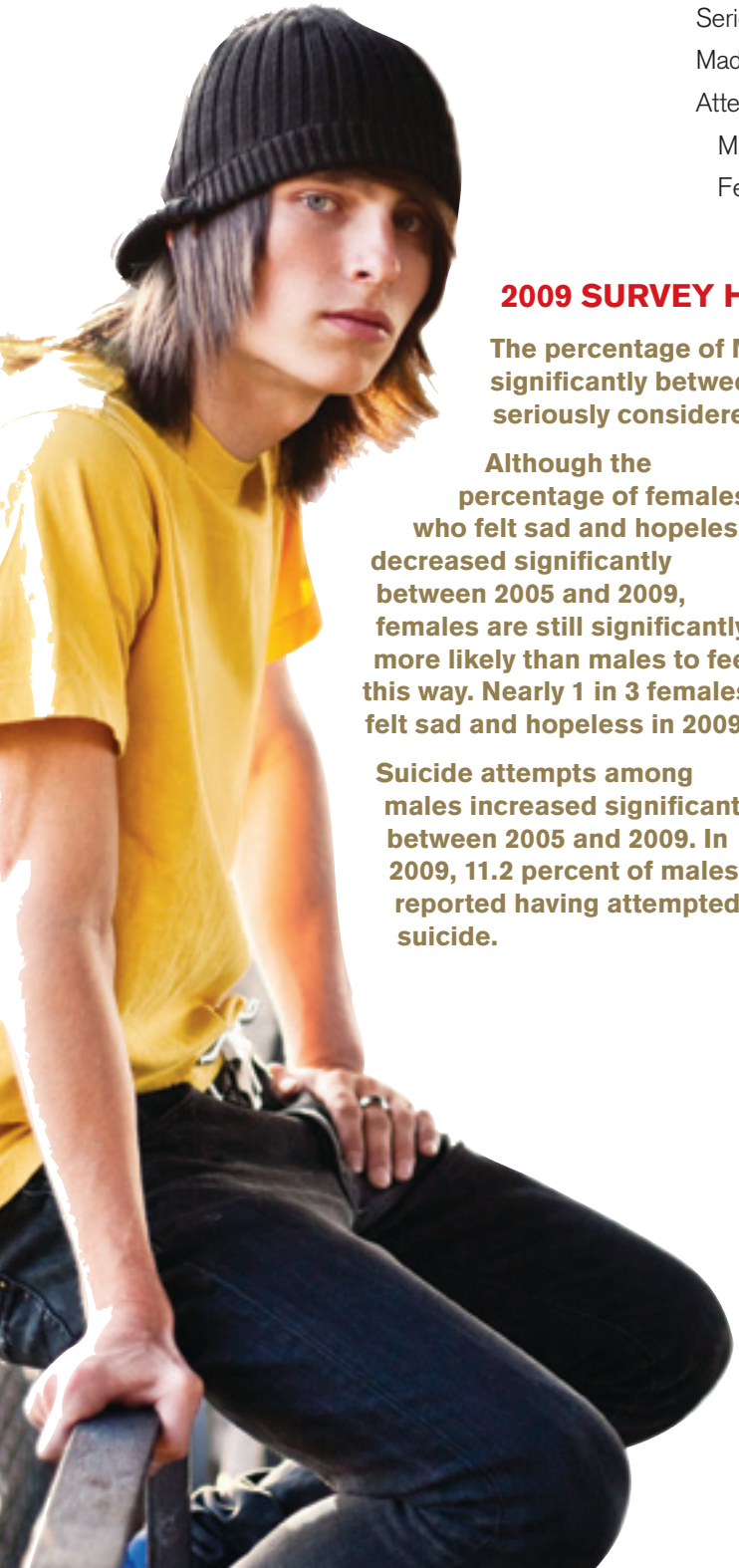
In 2009, the Maryland State Board of Education approved the Model Anti-Bullying, Harassment, and Intimidation Policy, which targets the problems associated with bullying, sets a statewide definition of bullying, and requires the State Superintendent to review all local school systems' anti-bullying policies. The State Policy:

1. Defines bullying as any intentional conduct that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being;
2. Prohibits bullying on school property or at school-sponsored functions or by the use of electronic technology at a public school;
3. Sets forth ideas for preventing improper behavior and methods to intervene in bullying situations, noting the importance of professional development for educators; and
4. Suggests consequences for students who persist in bullying.

SUICIDE

According to the CDC, suicide is the third leading cause of death among Marylanders between the ages of 13 and 18.[1]

Percentage of Maryland Youth Who:	2005	2007	2009	Trend
Felt sad and hopeless	29.7%	23.2%	25.1%	↓
Males	21.5%	15.5%	20.2%	●
Females	38.1%	30.7%	30.1%	↓
Seriously considered attempting suicide	17.4%	13.2%	14.5%	●
Made a suicide plan	12.2%	10.2%	11.6%	●
Attempted suicide	9.3%	7.5%	10.4%	●
Males	6.1%	6.5%	11.2%	↑
Females	12.4%	8.1%	9.4%	●



2009 SURVEY HIGHLIGHTS:

The percentage of Maryland youth who felt sad and hopeless decreased significantly between 2005 and 2009, while the percentage of those who seriously considered, planned, or attempted suicide remained unchanged.

Although the percentage of females who felt sad and hopeless decreased significantly between 2005 and 2009, females are still significantly more likely than males to feel this way. Nearly 1 in 3 females felt sad and hopeless in 2009.

Suicide attempts among males increased significantly between 2005 and 2009. In 2009, 11.2 percent of males reported having attempted suicide.

How is MSDE addressing this behavior?

The Linkages to Life: Youth Suicide Prevention Program was established in 2008 to address the continuing problem of youth suicide throughout the state. The program is a partnership between educational programs at the state and local levels and community suicide prevention and crisis center agencies. The multi-faceted program includes:

1. Training for teachers and school personnel on the incidence of teenage suicide and strategies for teenage suicide prevention;
2. Classroom instruction to teach students to recognize the warning signs of suicide and the availability of suicide prevention services;
3. A statewide Maryland Youth Crisis Hotline, as well as local suicide and crisis hotlines; where young people can receive immediate assistance from trained crisis intervention counselors;
4. Suicide intervention and postvention; and
5. Programs to collect data on youth suicide attempts.

TOBACCO USE

According to the U.S. Department of Health and Human Services, tobacco use is the single most preventable cause of disease and death in the United States. Smoking is harmful to almost every organ in the body, and can be linked to numerous diseases. Youth who begin using tobacco at an early age are more likely to be heavy tobacco users as adults, and heavy tobacco users are more likely to have tobacco-related health problems and are the least likely to quit using tobacco.[3]

Percentage of Maryland Youth Who:	2005	2007	2009	Trend
Have ever tried cigarette smoking	48.5%	50.3%	43.5%	●
Smoked a whole cigarette before age 13	13.7%	13.4%	10.8%	↓
Males	14.7%	14.4%	12.5%	●
Females	12.8%	11.8%	9.0%	↓
Are current cigarette smokers	16.5%	16.8%	11.9%	↓
Males	17.2%	17.4%	12.0%	●
Females	16.0%	15.8%	11.6%	↓
Are heavy cigarette smokers	7.4%	7.4%	4.4%	●
Are current smokeless tobacco users	2.9%	4.2%	5.4%	↑
Males	4.4%	6.7%	8.4%	↑
Females	1.3%	1.8%	2.0%	●
Are current cigar smokers	11.6%	11.0%	12.7%	●
Are current users of any type of tobacco (smoked cigarettes or cigars, or used smokeless tobacco)	20.4%	20.4%	18.0%	●

2009 SURVEY HIGHLIGHTS:

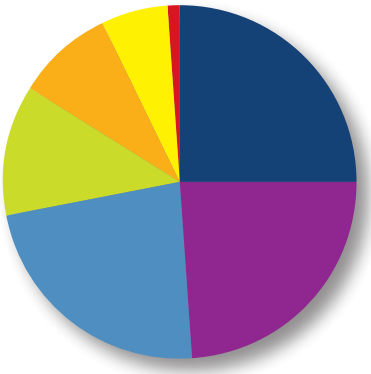
Cigarette and cigar use decreased significantly or remained unchanged between 2005 and 2009, while smokeless tobacco use increased significantly.

For females, smoking a whole cigarette before age 13 and current smoking decreased significantly between 2005 and 2009.

Significantly more males than females use smokeless tobacco, and smoke cigars, 16.4 percent for males and 8.8 percent for females (not shown).

Among males, current smokeless tobacco use increased significantly between 2005 and 2009.

Where Maryland youth acquired cigarettes in 2009



- Purchased from a store or gas station 25.0%
- Borrowed 24.0%
- Purchased by someone else 23.0%
- Acquired by someone who is over 18 ..... 12.0%
- Acquired by other methods 9.0%
- Taken from family or retail store 6.0%
- Purchased from a vending machine .. 1.0%

Did You Know...?

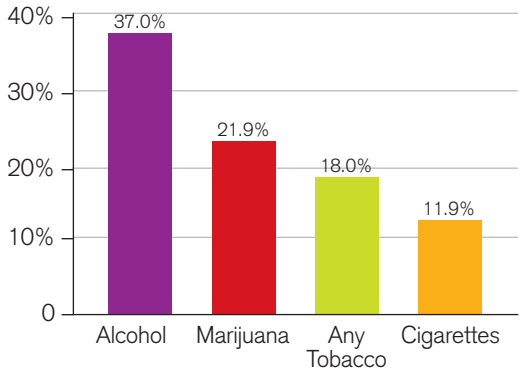
Tobacco use typically begins during adolescence; very few people start smoking as adults.[4]

ALCOHOL USE

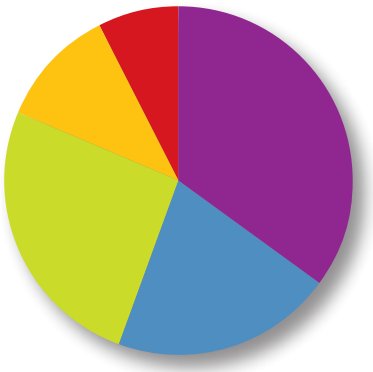
Alcohol use is associated with many of the nation's most serious problems. Drinking and heavy drinking at an early age have been linked to alcohol use disorder and an increased risk of later alcohol-related consequences, such as death from injuries, risky sexual behavior, risk of physical and sexual assault, academic and employment failure, drug and tobacco use, and other health problems.[5]

Percentage of Maryland Youth Who:	2005	2007	2009	Trend
Have ever had a drink of alcohol	73.1%	72.9%	67.2%	↓
Had a drink of alcohol before age 13	24.8%	23.5%	24.5%	●
Are current drinkers	39.8%	42.9%	37.0%	●
Males	37.6%	40.3%	34.4%	●
Females	41.9%	45.3%	39.4%	●
Are binge drinkers	20.8%	23.9%	19.4%	●
Males	22.1%	25.3%	19.9%	●
Females	19.5%	22.1%	18.8%	●

Alcohol was the most commonly used drug among Maryland youth in 2009.



How Maryland youth acquired alcohol in 2009



- Given by someone else.....38.0%
- Purchased by someone else 22.0%
- Acquired by other methods 20.0%
- Taken from family or retail store.....12.0%
- Purchased at a store, restaurant, or public event.....8.0%

2009 SURVEY HIGHLIGHTS:

The percentage of Maryland youth who have ever had a drink of alcohol decreased significantly between 2005 and 2009. Other indicators of alcohol use remained unchanged. Still, two thirds of Maryland youth have drunk alcohol, and almost 1 in 5 is a binge drinker.

The survey shows no significant changes in alcohol use among males and females between 2005 and 2009.

OTHER DRUG USE

Drug use, like alcohol use, is associated with many of the nation's most serious problems. The use of illicit drugs has been linked to illegal behavior, academic and occupational problems, violence and unintentional injuries, and physical fights.[6] In addition, drug use contributes directly and indirectly to the HIV epidemic.[7]

Percentage of Maryland Youth Who:	2005	2007	2009	Trend
Have ever tried marijuana	38.2%	36.5%	35.9%	●
Tried marijuana for the first time before age 13	8.9%	8.6%	8.1%	●
Are current marijuana users	18.5%	19.4%	21.9%	●
Are current cocaine users	2.4%	2.6%	3.2%	●

2009 SURVEY HIGHLIGHTS:

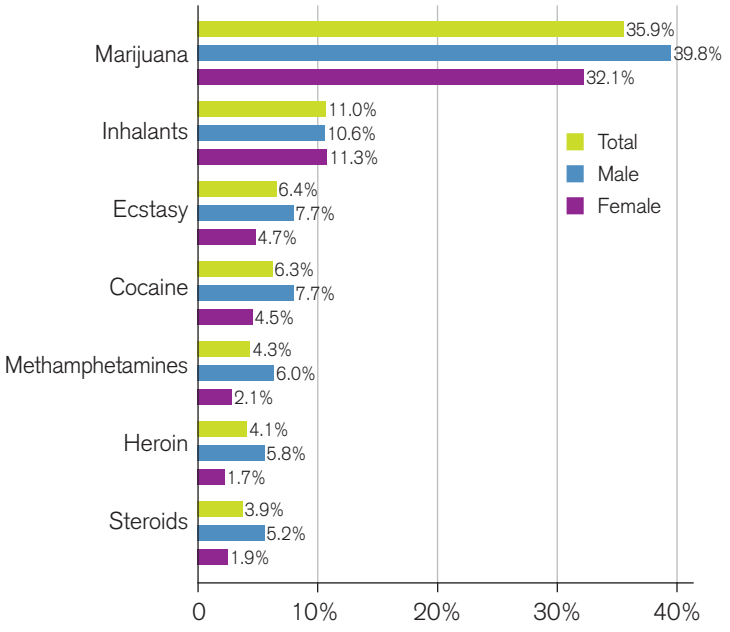
Early marijuana use, current marijuana use, and current cocaine use have not changed significantly between 2005 and 2009. One in 5 Maryland youth currently uses marijuana.

Males report a significant increase in ever having used heroin (not shown, from 2.8 to 5.8 percent) between 2005 and 2009.

Significantly more males than females have ever used cocaine, methamphetamines, heroin, and steroids and are current users of marijuana and cocaine.

Current cocaine use among 9th graders increased significantly between 2005 and 2009, from 1.3 to 3.7 percent (not shown).

Percentage of Maryland youth who ever used the following drugs one or more times



PHYSICAL ACTIVITY

Physical activity is important for people of all ages, especially for children and adolescents. Regular physical activity promotes health and fitness, including cardio-respiratory fitness, muscle and bone strength, and appropriate body fat levels. Children who engage in appropriate levels of physical activity are less likely as adults to develop chronic diseases, such as osteoporosis, type 2 diabetes, hypertension, or heart disease.[8]

Percentage of Maryland Youth Who:	2005	2007	2009	Trend
Are physically active for 60 minutes or more daily*	32.4%	30.6%	38.8%	↑
Males	42.8%	36.4%	46.0%	●
Females	21.9%	25.0%	31.6%	↑
Participated in a physical education class	37.6%	37.0%	39.3%	●
Males	44.9%	44.4%	48.1%	●
Females	30.2%	29.8%	30.6%	●
Watched 3 or more hours of TV	40.7%	41.9%	39.1%	●
Played video/computer games or used a computer for 3 or more hours**	–	–	28.9%	

* Any statistically significant changes must be interpreted with caution because of the change in question order in the 2009 survey.

** A quantitative comparison with 2005 and 2007 results is not possible because this question was not included in the 2005 or 2007 Maryland YRBS.

2009 SURVEY HIGHLIGHTS:

Maryland youth have maintained or significantly increased their physical activity between 2005 and 2009. Despite these improvements more than 60 percent of Maryland youth do not meet the physical activity recommendation of the U.S. Department of Health and Human Services, that is, 60 minutes or more of daily physical activity.

Females have significantly increased their daily physical activity between 2005 and 2009, however males are significantly more likely than females to attend a physical education class.

Physical education class participation decreased significantly between 9th grade (58.5 percent) and 12th grade (36.8 percent) (not shown).

Did You Know...?

The two primary risk factors for chronic diseases are physical inactivity and an unhealthy diet.[9]

The U.S. Department of Health and Human Services recommends that children and adolescents ages 6 to 17 should engage in 60 minutes or more of daily physical activity.[8]

NUTRITION

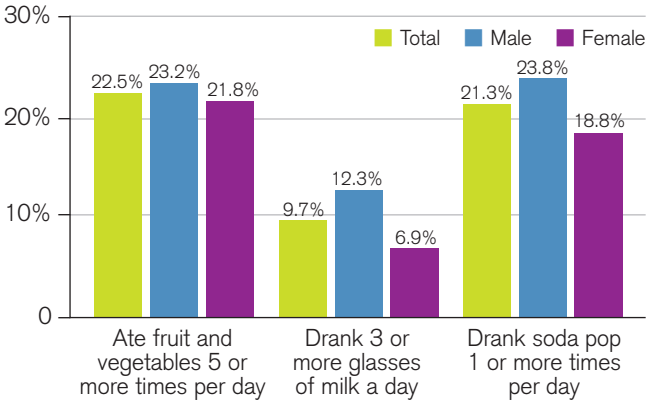
Eating a healthy diet during adolescence is essential because of important physical and emotional changes taking place during this time. A healthy diet during adolescence aids in the prevention of such health problems as anemia, cavities, and obesity. Eating a healthy diet is also associated with the prevention of the three leading causes of death: heart disease, cancer, and stroke.[11] In general, most Americans do not eat a healthy diet, exceeding recommendations for calories, fats, cholesterol, sugar and salt.[12]

Did You Know...?

The U.S. Department of Agriculture has established the following daily dietary recommendations for youth ages 14 to 18:[13]

	Females	Males
Fruit and fruit juices	1.5 cups	2.0 cups
Vegetables	2.5 cups	3.0 cups
Milk	3.0 cups	3.0 cups

Fruit, vegetable, milk, and soda pop consumption among Maryland youth in 2009



2009 SURVEY HIGHLIGHTS:

Fruit, vegetable, and milk consumption among Maryland youth has remained steady between 2005 and 2009. There is little variation between males and females in fruit and vegetable consumption; however, significantly more males than females drink milk.

How is MSDE addressing this behavior?

MSDE is addressing the nutrition and physical activity needs of Maryland youth through wellness policies designed and implemented by each local school system. The wellness policies are designed to help students learn about nutritional health, and to guide them to adopt healthy behaviors, habits and attitudes for life. Wellness policies are developed and maintained through a collaborative effort of school supervisors from nutrition services, physical education, health education, and other areas involved with student wellness. Each school system's wellness policy must address the following four components:

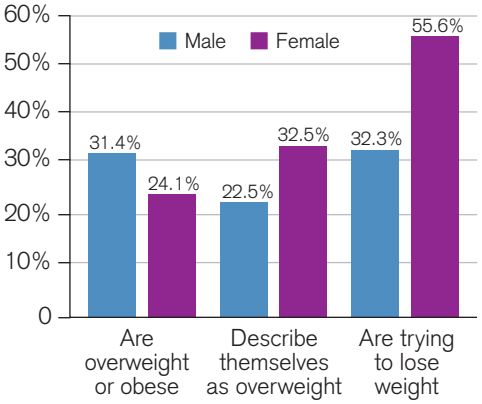
1. Nutrition guidelines;
2. Physical education/activity;
3. Nutrition/health education; and
4. Other school based activities.

OVERWEIGHT and OBESITY

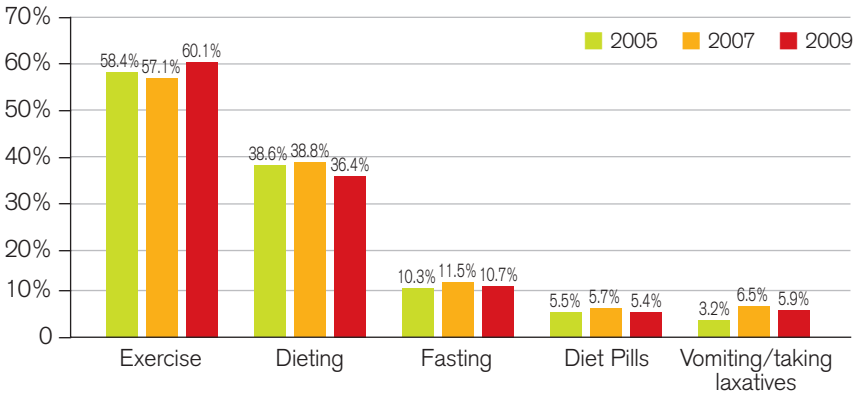
The prevalence of obesity among adolescents aged 12 to 19 more than tripled from 1980 to 2006, from 5 percent to 17 percent.[14] Obese youth are at risk for factors associated with cardiovascular disease (e.g., high cholesterol or high blood pressure), bone and joint problems, sleep apnea, and poor self-esteem. Obese youth are at an increased risk of becoming obese adults and, therefore, are at risk for the associated adult health problems, such as heart disease, type 2 diabetes, stroke, cancer, and osteoarthritis.[15]

Percentage of Maryland Youth Who:	2005	2007	2009	Trend
Are overweight or obese (measured by the BMI)	28.7%	28.3%	27.9%	●
Describe themselves as overweight	27.4%	27.5%	27.5%	●
Are trying to lose weight	42.5%	42.6%	43.7%	●

Overweight, obesity, and weight loss among Maryland males and females in 2009



Weight loss methods used by Maryland youth, 2005 – 2009



2009 SURVEY HIGHLIGHTS:

The percentage of Maryland youth who are overweight or obese has not changed significantly between 2005 and 2009. One in 4 Maryland youth is overweight or obese.

Although there are significantly more overweight or obese males than females, significantly more females describe themselves as overweight and are trying to lose weight.

Despite its minor role as a weight loss method among Maryland youth, the use of vomiting/taking laxatives as a weight loss method has increased significantly between 2005 and 2009. Males and 12th graders have also significantly increased their use of this weight loss method, from 2.0 to 5.9 percent for males and from 1.8 to 6.4 percent for 12th graders (not shown).

Did You Know...?

Obesity and overweight are defined as medical conditions in which excessive body fat accumulation may lead to increased health problems.[16]

The most widely accepted method used to screen for overweight and obesity in children and adolescents is the BMI (body mass index), which is a measure of a person's weight in relation to their height.[17]

PROTECTIVE FACTORS

Protective factors represent the support structures youth have within their families, schools, and communities. Protective factors help to guide youth away from risky behaviors and promote healthy behaviors. These factors include having parents, teachers, or other adults to turn to for advice or to discuss problems; receiving support from school personnel; being taught about specific risks; and participating in extracurricular activities.

Percentage of Maryland Youth Who:	2005	2007	2009	Trend
Talk to an adult outside of school	87.3%	85.9%	86.0%	●
Talk to an adult other than a parent	84.7%	84.9%	83.1%	●
Talk to a teacher or other adult in school*	–	59.9%	60.9%	●
Feel that teachers really care	49.4%	49.7%	54.1%	●
Are taught in school about HIV/AIDS infection	89.5%	85.3%	85.7%	↓
Males	88.9%	82.5%	81.6%	↓
Females	90.2%	88.7%	89.8%	●
Participated in extracurricular activities	61.1%	61.6%	64.7%	●

2009 SURVEY HIGHLIGHTS:

Maryland youth have consistently reported in 2005, 2007, and 2009 that they have an adult at school or elsewhere with whom they can talk about important issues.

There is a statistically significant decrease in the percentage of Maryland youth who report having been taught in school about AIDS or HIV infection. Among males, there is also a significant decrease in the percentage who report having been taught in school about AIDS or HIV infection.

* A quantitative comparison with 2005 results is not possible because the wording for this question was altered beginning with the 2007 Maryland YRBS.

How is MSDE addressing this behavior?

For more than 12 years, MSDE has implemented the Positive Behavioral Interventions and Supports (PBIS) program, a framework in Maryland schools supporting school connectedness. School connectedness is a major protective factor that results in decreases in school dropout rates, substance abuse, school absenteeism, gang involvement/school violence, unintentional injury, bullying, and other youth risk behaviors. The PBIS program has shown positive results in reducing discipline referrals, suspensions, truancy and in improving school climate. PBIS is implemented through a partnership among MSDE, the Sheppard Pratt Health System, and the Johns Hopkins University, Bloomberg School of Public Health.

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Maryland State Department of Education
Maryland State Board of Education
200 West Baltimore Street
Baltimore, MD 21201

VOICE 410.767.0467
TTY/TDD 410.333.6033
FAX 410.333.2226
EMAIL stateboard@msde.state.md.us
www.marylandpublicschools.org/msde