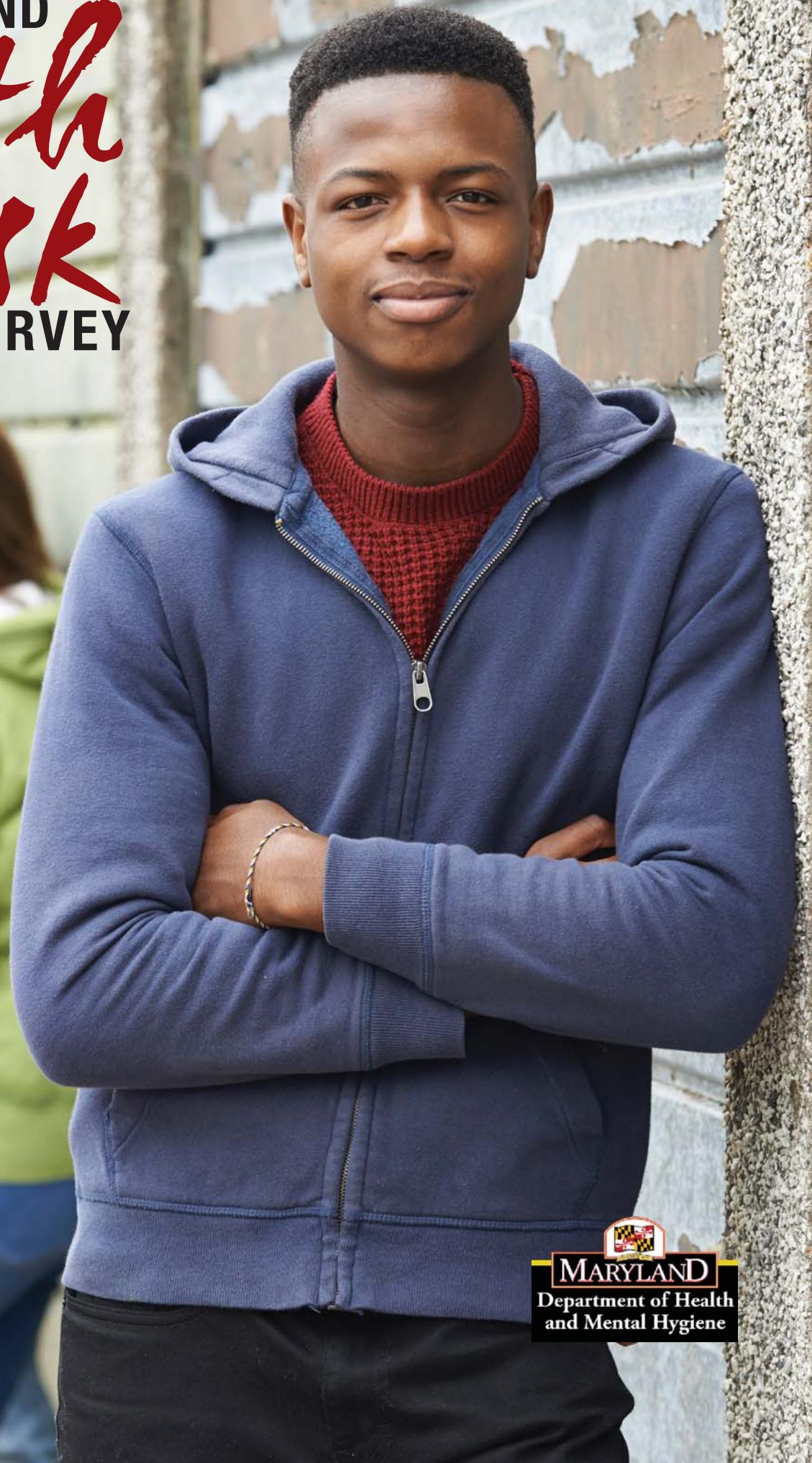


2014 MARYLAND

Youth Risk

BEHAVIOR SURVEY





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FOREWORD

The Maryland Department of Health and Mental Hygiene (DHMH) is pleased to publish the results of the 2014 Maryland Youth Risk Behavior Survey (YRBS). Maryland's participation in the YRBS began in 2005, when the Maryland General Assembly (Md. EDUCATION Code Ann. § 7-420) mandated the survey be conducted every two years. Since then, the Maryland YRBS was administered in 2007, 2009, 2011, 2013 and 2014. After the 2013 YRBS, survey administration was changed to even-numbered years.

The Maryland YRBS is part of the U.S. Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS) developed in 1990 to monitor behaviors affecting morbidity (disease) and mortality (death) among high school youth. The YRBSS tracks several priority health risk behaviors among youth as well as behaviors that support health. The 2014 Maryland YRBS Report addresses the following 12 risk and protective behavior categories:

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

In 2013, the Maryland YRBS was combined with the Maryland Youth Tobacco Survey, and the combined survey was administered to both middle school and high school students with an increased sample size.

For the first time, the 2014 YRBS middle school survey contained sexual behavior questions. The questions were limited and did not include the full breadth of sexual behavior questions which were included in the high school survey; the middle school survey did not include sexual identity questions or sexual/dating violence questions. Also for the first time, both the high school and middle schools surveys included homelessness questions.

The 2014 Maryland YRBS was administered in the fall of 2014 to students in a representative sample of Maryland public middle and high school classrooms. A total of 27,401 students in 175 public middle schools and 56,717 students in 183 public high schools in Maryland completed the survey. The results are representative of all students in grades 6-8 and 9-12.

The cumulative responses from the past six surveys, covering an entire decade, provide trend data on health risk behaviors among Maryland's youth. The YRBS findings will assist state and local agencies, educators, businesses, students, parents and other key stakeholders develop and refine initiatives to improve the health and well-being of Maryland youth.

Full 2014 YRBS data tables, including middle and high school data as well as state and county level data, are available at: <http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx>.



Van T. Mitchell
Secretary, Department of Health and Mental Hygiene



How to understand this report

This report presents Maryland YRBS trend data in each of the following categories: Bullying and Harassment, Protective Factors, Homelessness, Suicide, Overweight and Obesity, Physical Activity, Nutrition, Sexual Behavior, Injury and Violence, Tobacco Use, Alcohol Use and Other Drug Use. Please note that middle school and high school data should not be compared due to slight variations in the wording of several questions on the middle and high school questionnaires.

In addition to 2014 data, this report compares the results for all years the survey was conducted (2005, 2007, 2009, 2011, 2013 and 2014 for high school; 2013 and 2014 for middle school). At the high school level, the report also notes where behaviors have changed significantly over time. As appropriate, current actions taken by state agencies to address each risk behavior are included in "Actions Taken to Address This Behavior" sections. The report also highlights differences within subgroups of the youth population based on grade, gender, sexual identity and race/ethnicity in Appendix A: Health Disparities. Resources for organizations and individuals, including parents, adults working with youth, and students, are located at the end of this report.

How to understand statistically significant results

Although the difference between some numbers may appear large, these differences are not considered statistically significant unless they are explicitly stated as such or are identified with the following symbols:

- ▲ statistically significant increase in a negative behavior
- ▼ statistically significant decrease in a positive behavior
- ▼ statistically significant decrease in a negative behavior
- difference is not statistically significant

- ▼ statistically significant decrease in a positive behavior
- ▼ statistically significant decrease in a negative behavior
- difference is not statistically significant

All trend estimates in this report were calculated at a 95% confidence interval, meaning if the 2014 surveys were repeated 100 times, 95 of those repeated surveys would produce estimates within the confidence interval range calculated for the estimates in this report. In this report, change is described as "significant" when the change has been determined to be "statistically significant." This does not relate to the size of the change that has occurred, rather, the change observed between years is more likely to represent real change (95%) than it is to represent chance (5%).

How to get more information about the Maryland YRBS

For more information about the Maryland YRBS, please contact:

Donna Gugel, MHS,
Deputy Director, Prevention and Health Promotion
Administration,
410-767-5300 or donna.gugel@maryland.gov

Kristi Pier, MHS, MCCHES,
Director, Center for Chronic Disease Prevention and Control,
410-767-5780 or kristi.pier@maryland.gov

Robert Fiedler, J.D.
Coordinator, Surveillance & Policy Analysis
410-767-6878 or robert.fiedler@maryland.gov

Additional information on the Maryland YRBS results can be found at the CDC website: <http://www.cdc.gov/HealthyYouth/YRBS>.

Highlights

New Data in the 2014 YRBS

For the first time, in 2014, the Maryland YRBS middle school questionnaire included questions on sexual behavior. Data were collected on the following sexual behavior measures: ever had sexual intercourse; had sexual intercourse before age 11 years (for the first time); had sexual intercourse with three or more persons (during their life); and used a condom (during last sexual intercourse among students who ever had sexual intercourse).

The Maryland YRBS high school and middle school surveys included questions on homelessness for the first time. Data were collected on the following homelessness measures: lived away from their parents or guardians because they were kicked out, ran away, or were abandoned (in the past year); and usually slept in a friend's, relative's, or stranger's home at night (during the past year).

Statistically Significant Trends

The following behaviors from the high school survey showed statistically significant trends from 2005 to 2014 consistent with the 2013 YRBS Report:

- Favorable trends:
 - Were bullied on school property in the past 12 months—decreased
 - Ate vegetables one or more times per day in the past 7 days – increased
 - Have ever had a drink of alcohol—decreased
 - Had a drink of alcohol before age 13—decreased
 - Drank alcohol in the past 30 days—decreased
 - Watched three or more hours of TV per day—decreased
 - Drank a soda one or more times per day during the past week—decreased
 - Have ridden in a car driven by someone who had been drinking in last 30 days—decreased
 - Carried a weapon in the past 30 days—decreased



- Carried a weapon on school property in the past 30 days —decreased
- Smoked cigarettes in the past 30 days—decreased
- Smoked a whole cigarette before age 13—decreased
- Unfavorable trends:
 - Used smokeless tobacco in the past 30 days—increased
 - Have ever used a needle to inject any illegal drug into their body—increased
 - Have an adult outside of school to whom they can talk about things that are important to them—decreased
 - Comfortable seeking help from other adults beside their parents—decreased
 - Played video/computer games or used a computer for something that was not schoolwork three or more hours per day on an average school day— increased

The following variables from the high school survey showed statistically significant trends not seen in the 2013 YRBS Report:

- Favorable trends:
 - Ever had sexual intercourse—decreased (2013-2014)
 - Texted or emailed while driving a car or other vehicle in the past 30 days - decreased (2013-2014)
 - Used smokeless tobacco in the past 30 days – decreased (2013-2014)
- Unfavorable trends:
 - In the past 7 days were physically active at least 60 minutes per day on 5 or more days – decreased (2011-2014)
 - Strongly agree or agree that their teachers really care about them and give them a lot of encouragement – decreased (2013-2014)

Due to limited historical middle school survey data, this section does not highlight multi-year trends observed at the middle school level.

Middle School Health Disparities

The 2014 YRBS data show notable risk behavior disparities by gender and ethnicity at the middle school level. Females were significantly more likely than males to have felt sad or hopeless during the past year (26.7% compared to 15.9%). Females were also more likely to have seriously thought about killing themselves during the past year (22.8% compared to 12.6%). In comparison to males, females were more likely have ever ridden in a car driven by someone who was texting while driving (55.8% versus 46.9%). Males, on the other hand, were three times more likely to report ever having sexual intercourse (11.0% compared to 3.7%), four times more likely to report having sexual intercourse for the first time before age 11 years (4.7% compared to 1.2%), and four times more likely to have had sexual intercourse with three or more persons during their lifetime (4.3% compared to 1.0%). Males were more likely to report using tobacco in the past 30 days (12.2% compared to 9.5%) and using marijuana in the past 30 days (7.0% compared to 5.2%).

Hispanic middle school youth were more likely than non-Hispanic black and non-Hispanic white youth to report feeling sad or hopeless during the past year (27.5%, 23.0%, and 18.0%, respectively), and more likely than non-Hispanic white youth to report having seriously thought about killing themselves during the past year (21.4% compared to 14.7%).

At the middle school level, Hispanic youth and non-Hispanic black youth were more likely than non-Hispanic white youth to report ever having sexual intercourse (8.9%, 12.6% and 4.2% respectively), having sexual intercourse for the first time before age 11 years (3.2%, 5.6%, and 1.4% respectively), and to have had sexual intercourse with three or more persons during their lifetime (3.5%, 4.7%, and 1.3%). Hispanic youth and non-Hispanic black youth were also more likely than non-Hispanic white youth to report: living away from parents or guardians within the past year (5.5%, 3.7%, and 1.9% respectively); having slept in a friend's, relative's, or stranger's home at night in the past year (2.1%, 2.3%, 1.4% respectively); having one or more drinks in the past month (9.2%, 8.9%, and 6.9% respectively); using marijuana in the past 30 days (7.1%, 9.1%, and 4.0% respectively); and watching 3 or more hours of television per weekday (32.7%, 47.1%, and 23.9% respectively). Hispanic and non-Hispanic black youth were less likely



than non-Hispanic white youth to report being physically active for 60 minutes per day on 5 or more days (49.1%, 45.2%, and 62.7% respectively).

For more information on disparities, see Appendix A.

High School Health Disparities

For the first time in the history of the Maryland YRBS, a sexual identity question was included in the 2013 high school survey. This question was included again in the 2014 high school survey, but was not included in the 2014 middle school survey. In 2014, 11.2% of Maryland high school students identified as gay, lesbian, or bisexual. When compared to heterosexual youth, risk factors were significantly higher among gay, lesbian and bisexual youth for the majority of variables at the high school level. Gay, lesbian and bisexual high school youth were more than twice as likely to report feeling sad and hopeless during the past year (50.0% compared to 23.0%) and were about three times more likely to report having seriously considered attempting suicide during the past year (38.1% compared to 12.3%). Gay, lesbian and bisexual high school youth were also more likely than heterosexual youth to report having had sexual intercourse during the past three months (30.9% compared to 21.7%), ever having been physically forced to have sexual intercourse (17.9% compared to 6.3%), and having been physically hurt by a boyfriend/girlfriend during the past year (20.5% compared to 7.7%). Gay, lesbian and bisexual youth were also more than twice



as likely as heterosexual youth to live away from their parents/guardians because they were kicked out, ran away, or were abandoned (11.8% compared to 4.1%).

The 2014 YRBS data also show similar risk behavior disparities by gender. High school females were significantly more likely than males to have felt sad or hopeless during the past year (35.0% compared to 18.7%). Females were also about twice as likely to have seriously considered attempting suicide during the past year (20.7% compared to 10.9%). Compared to males, females were more likely to report ever having been physically forced to have sexual intercourse (9.9% versus 6.2%), and having been physically hurt by a boyfriend/girlfriend during the past year (11.2% versus 8.5%). Males, on the other hand, were significantly more likely than females to report texting while driving during the past month (28.6% compared to 22.6%), using tobacco in the past 30 days (19.0% compared to 13.1%), and using marijuana in the past 30 days (19.4% compared to 18.2%).

Disparities were also seen by race and ethnicity at the high school level. Hispanic youth were more likely than non-Hispanic black and non-Hispanic white youth to report feeling sad or hopeless during the past year (34.6%, 24.7%, and 25.9%, respectively), having seriously considered attempting suicide during the past year (20.0%, 13.7%, and 15.8%, respectively), ever having been physically forced to have sexual intercourse (12.3%, 8.0%, and 6.6%, respectively), and having been physically hurt by a boyfriend or girlfriend during the past year (13.8%, 9.2%, and 8.7%, respectively).

Hispanic and non-Hispanic black youth were more likely than non-Hispanic white youth to report having missed school on one or more days during the past month because they felt unsafe (9.8%, 5.8%, and 4.2%, respectively). Hispanic youth and non-Hispanic black were less likely than non-Hispanic white youth to be physically active for 60 minutes per day, 5 or more times per week (29.5%, 32.9% and 43.3%, respectively) and were more likely to be overweight (19.5%, 16.7% and 12.8%, respectively). Hispanic and non-Hispanic black youth were also more likely than non-Hispanic white youth to report living away from parents or guardians within the past year (10.2%, 5.5%, and 3.9% respectively) and having slept in a friend's, relative's, or stranger's home at night in the past year (2.5%, 2.0%, and 1.6% respectively).

Non-Hispanic whites had the highest rates of current alcohol use, with 33.3% reporting having one or more drinks in the past month, compared to 26.0% for Hispanics and 18.1% for non-Hispanic blacks. Non-Hispanic whites were also significantly more likely to report binge drinking than Hispanic or non-Hispanic black youth in the past 30 days (18.7%, 13.3%, and 6.6%, respectively).

For more information on disparities, see Appendix A.

Bullying and Harassment



Bullying is a form of youth violence. Although definitions of bullying vary, most agree that bullying includes the following:

- Attack or intimidation with the intention to cause fear, distress or harm that is either physical (hitting, punching), verbal (name calling, teasing) or psychological/relational (spreading rumors, practicing social exclusion);
- A real or perceived imbalance of power between the bully and the victim; and
- Repeated attacks or intimidation between the same children over time.

Bullying can occur in person or through technology (known as electronic aggression, or cyberbullying). Electronic aggression is bullying that occurs through email, chat rooms, instant messaging, websites and text messaging. This aggression also includes bullying through videos or pictures that are posted on websites or sent via cell phones.

Bullying can result in physical injury, social and emotional distress and even death. Victimized youth are at increased risk for depression, anxiety, sleep difficulties and poor school adjustment. Youth who bully others are at increased risk for substance use, academic problems and violence later in adolescence and adulthood. Compared to youth who only bully others or who are only victims, bully-victims (those who bully others and are bullied themselves) suffer the most serious consequences and are at greater risk for both mental health and behavior problems.

2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The YRBS middle school survey was first conducted in 2013, so long-term trend reports are not yet available. Bullying on school property decreased from 2013 to 2014, but the percentage of students who report having ever been bullied electronically remained unchanged. The percentage of students who carried a weapon or were in a physical fight in the past year both decreased from 2013 to 2014.

2014 HIGH SCHOOL SURVEY HIGHLIGHTS

Bullying on school property in the past year continued to decrease significantly between 2009 and 2014. The percentage of students who report being bullied electronically in the past year remained unchanged since 2011, when the question was added to the survey. The percentage of students who did not go to school in the past 30 days because they felt unsafe did not change significantly between 2005 and 2014.

Actions taken to address this behavior

On July 1, 2009, Maryland's 24 local school systems adopted policies prohibiting bullying, harassment and intimidation in their schools and at school-sponsored events. In 2013 the Maryland General Assembly proposed the "Gracie Law," which allows up to one year in jail and a \$500 fine if an individual is found guilty of cyber-bullying. The Senate quickly passed this bill, which essentially takes the existing law and applies it to all forms of social media.

The school systems were also required to develop bullying prevention programs. The school systems were able to choose the program most suitable for their needs and choose the means of educating students, staff, volunteers and parents. The types of bullying prevention programs implemented in the school systems vary.

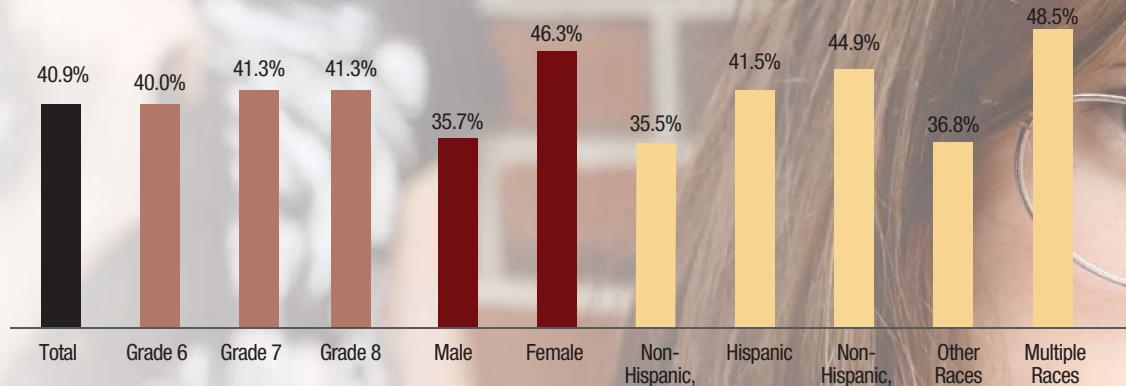
In addition, all counties are now required to have the Bullying, Harassment, or Intimidation form digitized (meaning able to be filled out and submitted electronically).

2014 MIDDLE SCHOOL DATA

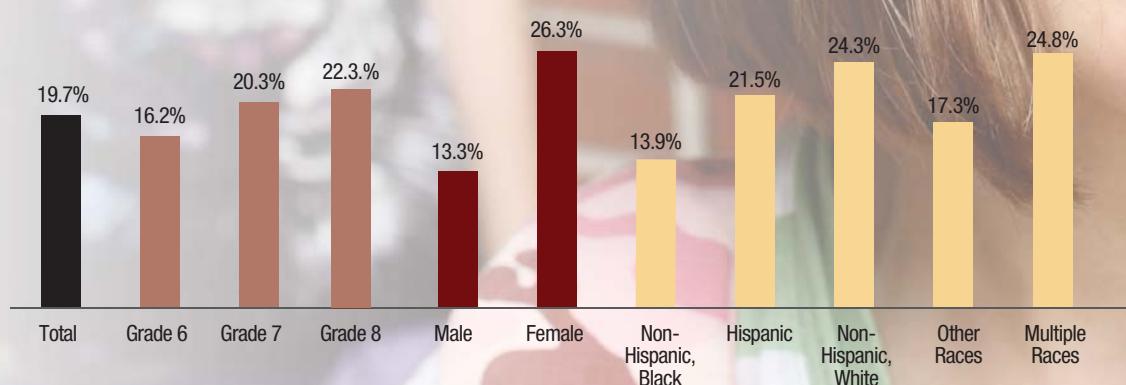
Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
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Were ever bullied on school property	43.0%	40.9%	▼
Were ever bullied electronically	19.4%	19.7%	■

Bullying | Ever bullied on school property



Bullying | Ever bullied electronically (through e-mail, chat rooms, instant messaging, websites, or texting)

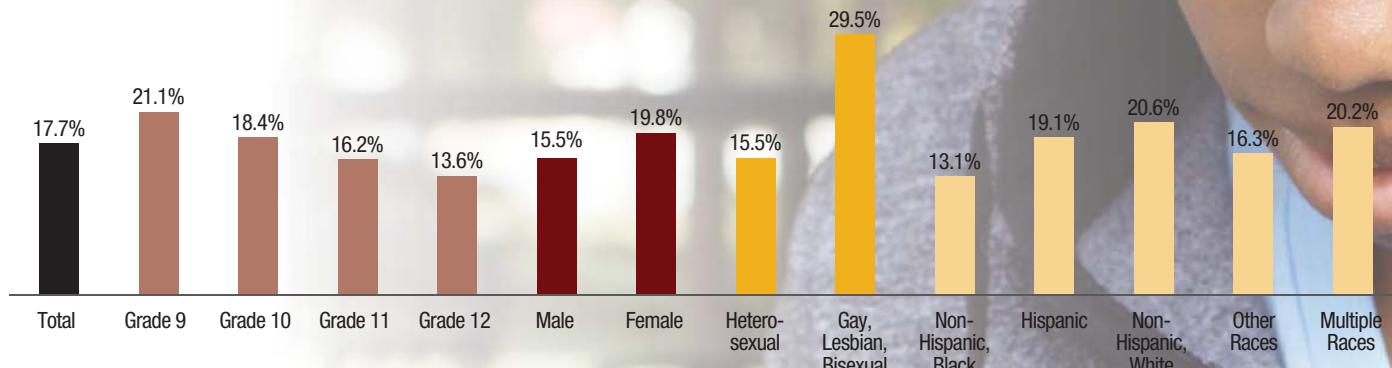


2014 HIGH SCHOOL DATA

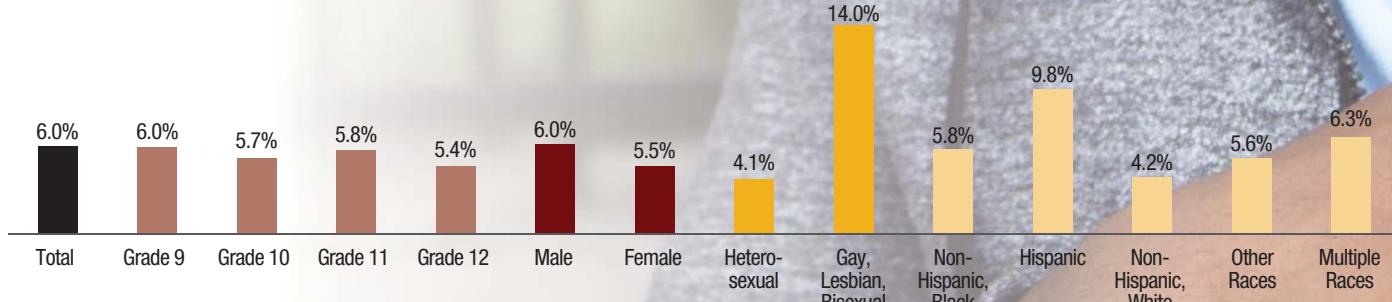
Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2014	2005 to 2014 Trend
Were bullied on school property during past year	28.4%	25.7%	20.9%	21.2%	19.6%	17.7%	▼
Were bullied electronically during past year*	-	-	-	14.2%	14.0%	13.8%	■
Did not go to school because they felt unsafe in the last 30 days	7.6%	7.4%	7.1%	7.4%	8.8%	6.0%	■

*A comparison with 2005–2009 is not possible because this question was added in 2011.

Bullying | Bullied on school property during past year



Bullying | Did not go to school because felt unsafe (during last 30 days)



Protective Factors



Protective factors represent the support structures that youth have within their families, schools and communities. Protective factors help guide youth away from risky behaviors and toward healthy behaviors. These factors include the following:

- Having parents, teachers or other adults to turn to for advice or to discuss problems with;
- Receiving support from school personnel;
- Being taught about specific risks; and
- Participating in extracurricular activities such as community service, sports, clubs and after-school programs.

2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

A similarly high percentage of middle school students reported having an adult outside of school they can talk to about things that are important to them. A high percentage also reported feeling comfortable seeking help from one or more adults besides their parents. Approximately one in three middle school students reported having talked to a teacher or other adult in their school about a personal problem in the past year.

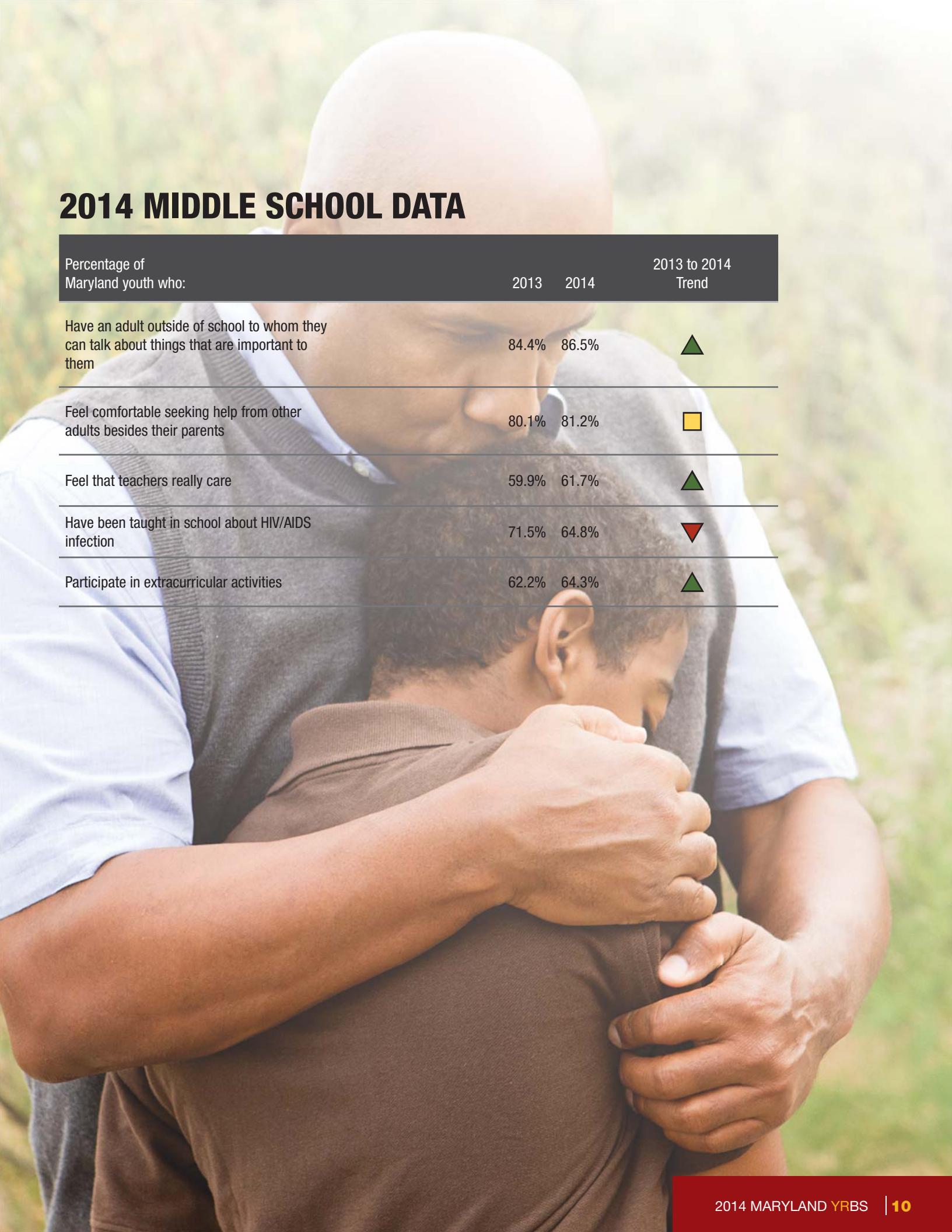
2014 HIGH SCHOOL SURVEY HIGHLIGHTS

A high percentage of Maryland youth report having an adult outside of school whom they can approach about important issues. The percentage of youth who feel comfortable seeking help from adults other than their parents experienced a significant decrease between 2005 and 2014. The percentage of youth who agree that their teachers really care about them and give them encouragement increased overall between 2005 and 2014, but decreased slightly from 2013 to 2014. The percentage of youth who participate in extracurricular activities did not change significantly between 2005 and 2014.

Actions taken to address this behavior

School connectedness is a major protective factor that results in decreases in school dropout rates, substance abuse, school absenteeism, gang involvement and school violence, unintentional injury, bullying and other youth risk behaviors. For 15 years, the Positive Behavioral Interventions and Supports (PBIS) program (http://www.marylandpublicschools.org/MSDE/divisions/studentschoolsvcs/student_services_alt/PBIS) has been implemented in Maryland schools to improve school climate. PBIS is implemented through a partnership among the Maryland State Department of Education, the Sheppard Pratt Health System and the Johns Hopkins University Bloomberg School of Public Health. The PBIS program has shown positive results in reducing discipline referrals, suspensions, and truancy and improving school climate.

In 2010 Maryland was selected by the U.S. Department of Education's Office of Safe and Healthy Students to be one of 11 states to implement a Safe and Supportive Schools grant (<http://www.mds3online.org>). The goals of this initiative are to identify needs and select interventions to address school safety, student engagement and the school environment. In this randomized controlled study, school-level data are being collected annually for four years to assess school and student needs in the areas of bullying, substance abuse, student engagement and school safety. In addition, evidence-based practices are selected based on each school's survey, and implementation guidance is provided by trained staff to ensure fidelity.



2014 MIDDLE SCHOOL DATA

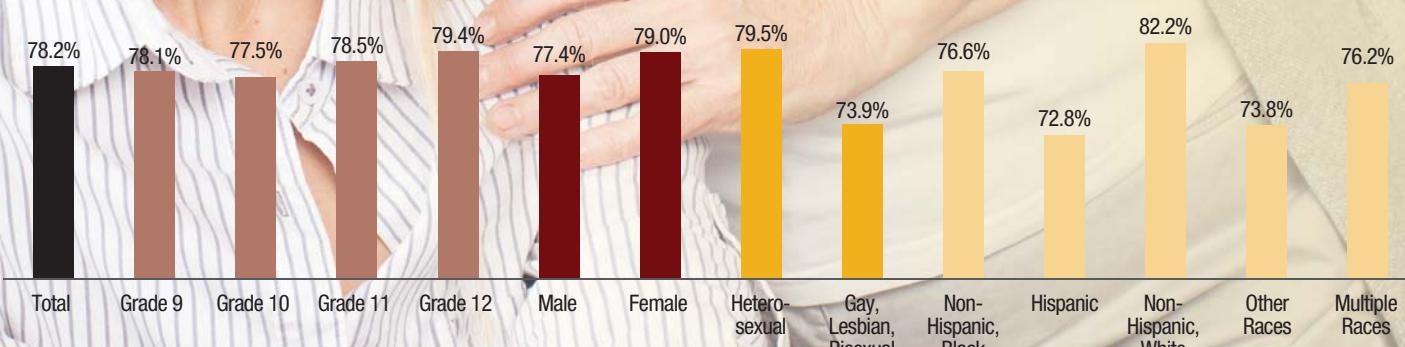
Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
Have an adult outside of school to whom they can talk about things that are important to them	84.4%	86.5%	▲
Feel comfortable seeking help from other adults besides their parents	80.1%	81.2%	■
Feel that teachers really care	59.9%	61.7%	▲
Have been taught in school about HIV/AIDS infection	71.5%	64.8%	▼
Participate in extracurricular activities	62.2%	64.3%	▲

2014 HIGH SCHOOL DATA

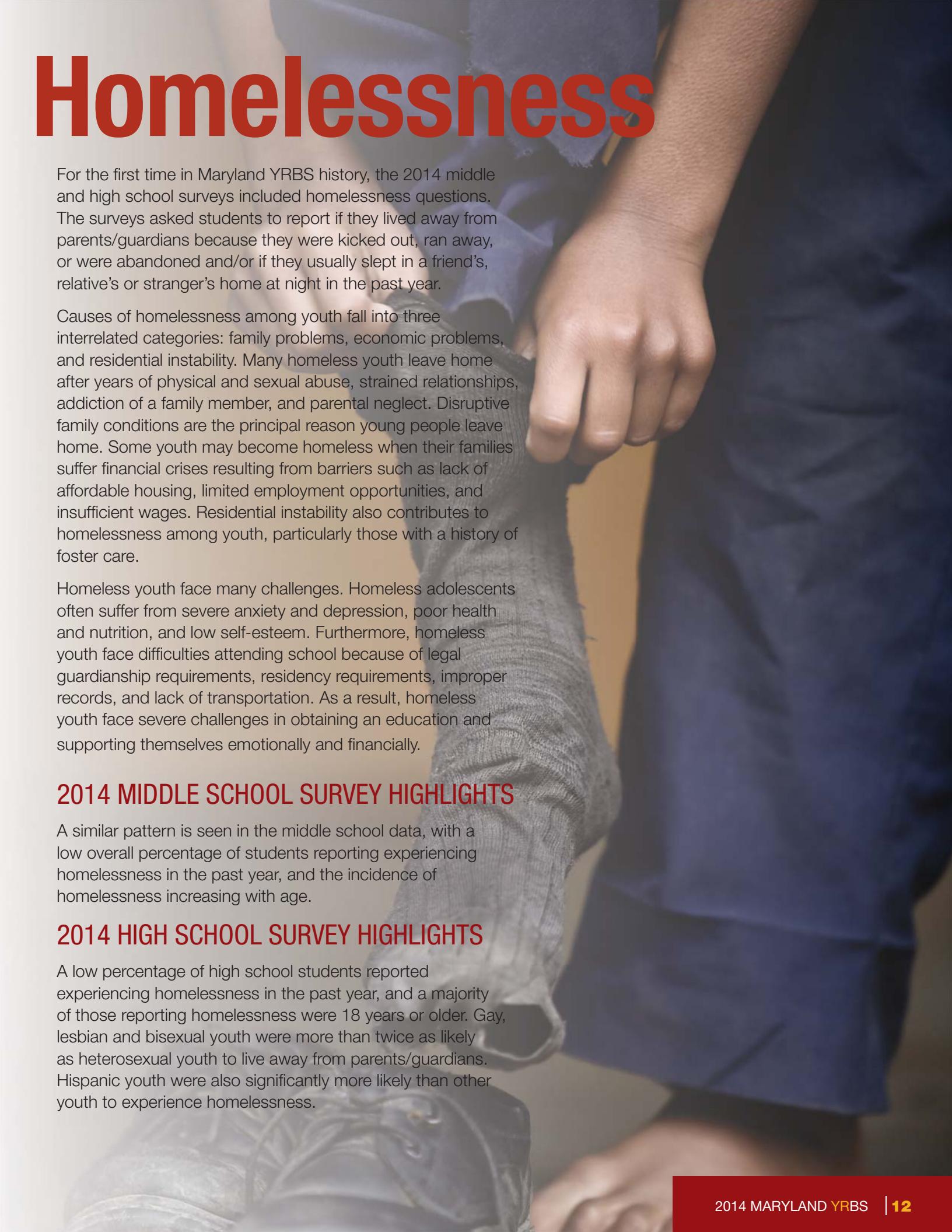
Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2014	2005 to 2014 Trend
Have an adult outside of school to whom they can talk about things that are important to them	87.3%	85.9%	86.0%	84.6%	84.0%	84.4%	▼
Feel comfortable seeking help from other adults besides their parents	84.7%	84.9%	83.1%	79.7%	77.3%	78.2%	▼
Feel that teachers really care	49.4%	49.7%	54.1%	54.6%	55.0%	52.8%	▲
Are taught in school about HIV/AIDS infection*	89.5%	85.3%	85.7%	83.5%	84.6%	--	▼
Participate in extracurricular activities	61.1%	61.6%	64.7%	61.5%	67.4%	67.2%	▲

*This question was not included in the 2014 YRBS High School Survey.

Protective Factors | Comfortable seeking help from adult besides parents



Homelessness



For the first time in Maryland YRBS history, the 2014 middle and high school surveys included homelessness questions. The surveys asked students to report if they lived away from parents/guardians because they were kicked out, ran away, or were abandoned and/or if they usually slept in a friend's, relative's or stranger's home at night in the past year.

Causes of homelessness among youth fall into three interrelated categories: family problems, economic problems, and residential instability. Many homeless youth leave home after years of physical and sexual abuse, strained relationships, addiction of a family member, and parental neglect. Disruptive family conditions are the principal reason young people leave home. Some youth may become homeless when their families suffer financial crises resulting from barriers such as lack of affordable housing, limited employment opportunities, and insufficient wages. Residential instability also contributes to homelessness among youth, particularly those with a history of foster care.

Homeless youth face many challenges. Homeless adolescents often suffer from severe anxiety and depression, poor health and nutrition, and low self-esteem. Furthermore, homeless youth face difficulties attending school because of legal guardianship requirements, residency requirements, improper records, and lack of transportation. As a result, homeless youth face severe challenges in obtaining an education and supporting themselves emotionally and financially.

2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

A similar pattern is seen in the middle school data, with a low overall percentage of students reporting experiencing homelessness in the past year, and the incidence of homelessness increasing with age.

2014 HIGH SCHOOL SURVEY HIGHLIGHTS

A low percentage of high school students reported experiencing homelessness in the past year, and a majority of those reporting homelessness were 18 years or older. Gay, lesbian and bisexual youth were more than twice as likely as heterosexual youth to live away from parents/guardians. Hispanic youth were also significantly more likely than other youth to experience homelessness.

Actions taken to address this behavior

Actions Taken by the Maryland State Department of Education to Address Homelessness

MSDE collaborates with the 24 Local Education Agencies (LEAs) to review and revise laws, policies, and procedures to eliminate barriers to the enrollment, attendance, and success in school of youth experiencing homelessness and to protect homeless children from discrimination on the basis of their homelessness status, as prescribed by federal McKinney-Vento Homeless Education Act of 2001 and The Code of Maryland Administrative Regulations (COMAR).

MSDE annually collects and reports key data on the homeless student population enrolled in Maryland's public school systems. These data points include: number of homeless students in the state (as reported by LEAs), number of students served by McKinney-Vento grants, primary nighttime residence, barriers to enrollment, and assessment scores. MSDE provides the LEAs with relevant demographic information on the State's homeless population to inform program implementation.

MSDE ensures each LEA has designated a homeless coordinator/liaison to be responsible for identifying youth experiencing homelessness and meeting their needs through local services. MSDE also provides guidance, training, resource materials, and technical assistance to the 24 LEAs on identifying and educating youth experiencing homelessness.

MSDE provides supplemental grant funding (on a competitive basis) to help LEAs provide a greater distribution of services to address the needs of students experiencing homelessness. In 2015, MSDE awarded McKinney-Vento grants to 11 LEAs, which fund services including school supplies, staff professional development, tutoring, transportation, and school-appropriate clothing.



2014 MIDDLE SCHOOL DATA

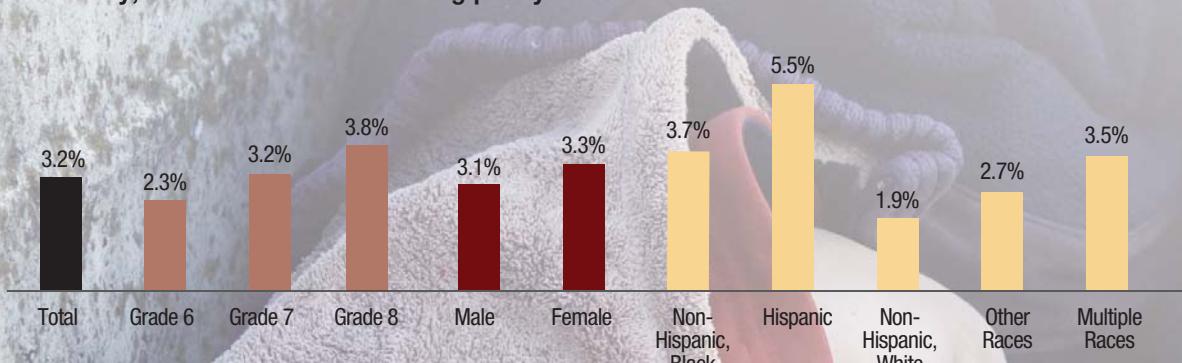
Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
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Lived away from parents or guardians because they were kicked out, ran away, or were abandoned (during past year)* -- 3.2% --

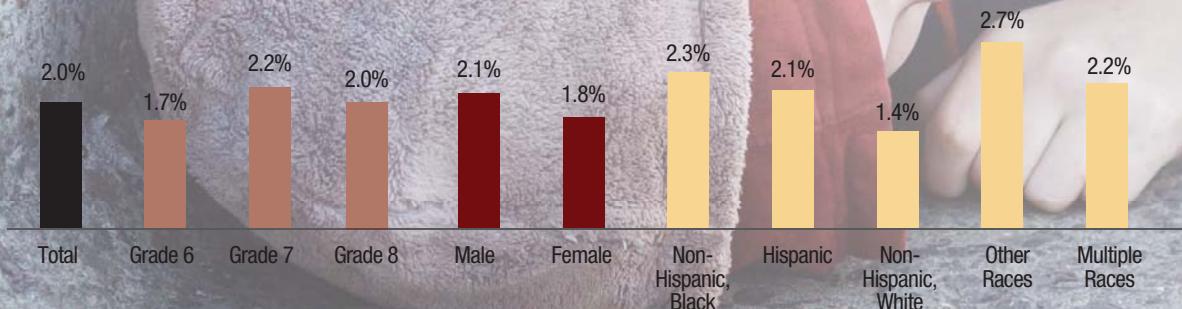
Usually slept in a friend's, relative's, or stranger's home at night (during past year)* -- 2.0% --

*A comparison with 2013 is not possible because this question was added in 2014.

Homelessness | Lived away from parents or guardians because they were kicked out, ran away, or were abandoned during past year



Homelessness | Usually slept in a friend's, relative's, or stranger's home at night during past year

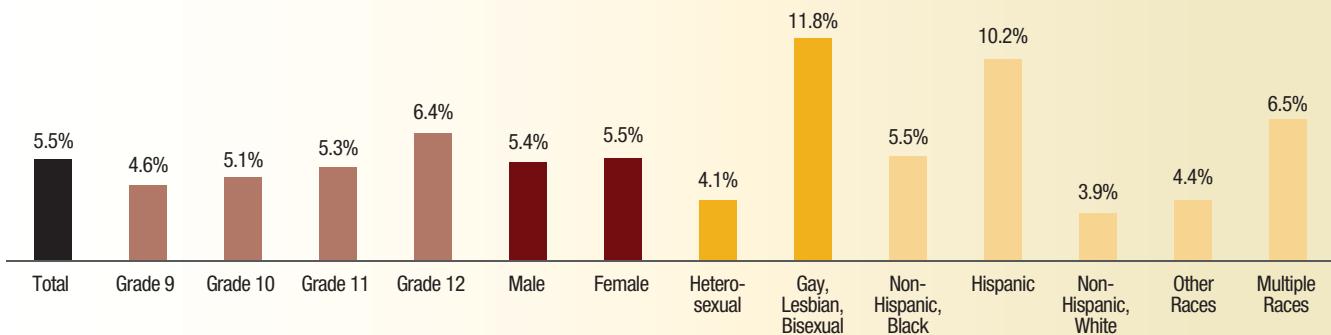


2014 HIGH SCHOOL DATA

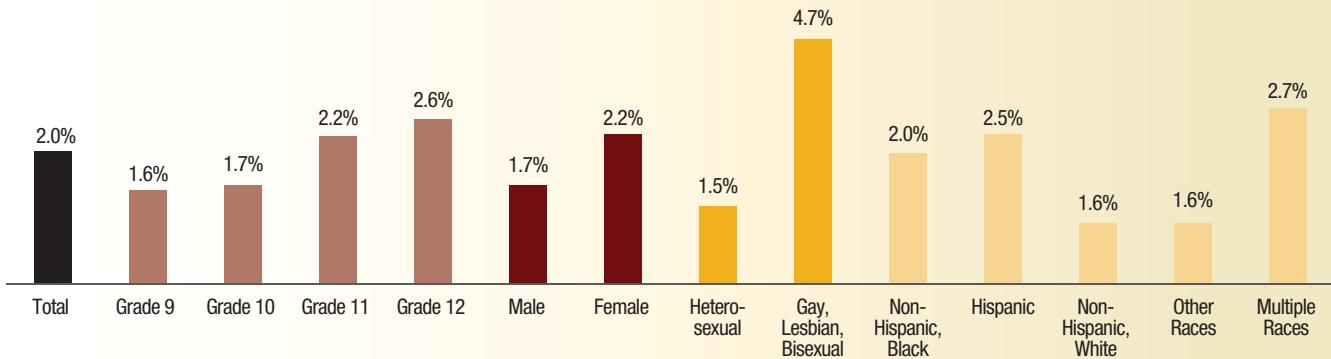
Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
Lived away from parents or guardians because they were kicked out, ran away, or were abandoned (during past year)*	--	5.5%	--
Usually slept in a friend's, relative's, or stranger's home at night (during past year)*	--	2.0%	--

*A comparison with 2013 is not possible because this question was added in 2014.

Homelessness | Lived away from parents or guardians because they were kicked out, ran away, or were abandoned during past year



Homelessness | Usually slept in a friend's, relative's, or stranger's home at night during past year



Suicide

Suicide is a serious public health problem which can have lasting harmful effects on individuals, families and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is simple: Reduce factors that increase risk (i.e., risk factors) and increase factors that promote resilience (i.e., protective factors). Ideally, suicide prevention strategies address all levels of influence: individual, relationship, community and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

Approximately one in 6 middle school students reported thinking about killing themselves in the past year. This number increased slightly with age, and female youth were more likely than males to have reported thoughts of suicide in the past year. Compared to the rest of their subgroup, students of mixed race were more likely to have thought about killing themselves in the past year.

2014 HIGH SCHOOL SURVEY HIGHLIGHTS

The percentage of Maryland youth who reported feeling sad and hopeless in the past year declined significantly between 2005 and 2014. There was no significant change in the percentage of Maryland youth who seriously considered attempting suicide or made a suicide plan during this period.

Actions taken to address this behavior

Local school systems continue to enhance and develop youth suicide prevention and early intervention strategies. This is accomplished through collaborations and partnerships with local schools, colleges, mental health systems, juvenile justice systems, various community agencies and nonprofits. Many local school systems are using evidence-based programs to provide gatekeeper trainings to school staff.

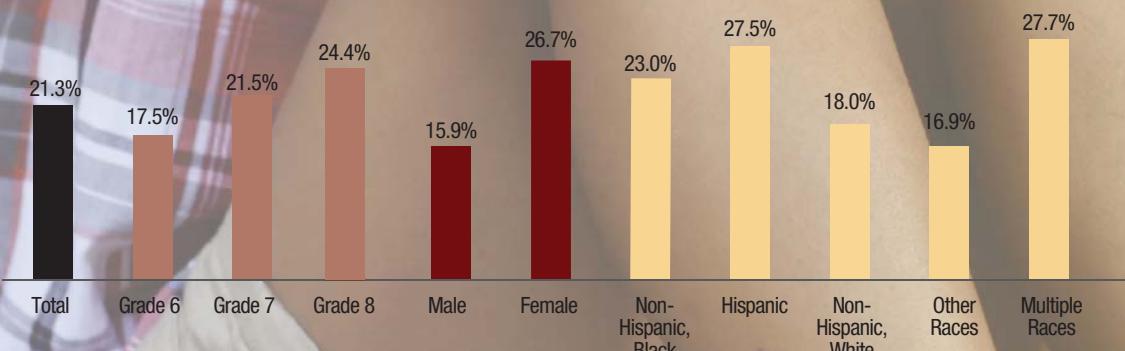
The Maryland State Department of Education is an active member of the Governor's Commission on Suicide Prevention (<http://dhmh.maryland.gov/suicideprevention/SitePages/Home.aspx>). The Commission has identified three goals with eight strategies to address suicide prevention. MSDE will address the sixth strategy by working with local school system personnel to discuss best practices that are considered post-intervention strategies related to student deaths from suicide.

The Maryland State Department of Education sponsors an annual suicide prevention professional development meeting that is attended by suicide prevention points of contact in Maryland's 24 local school systems. The meeting provides highlights of best practices, resources, identification of local programs and implementation strategies. The points of contact are then charged with disseminating this information to their colleagues.

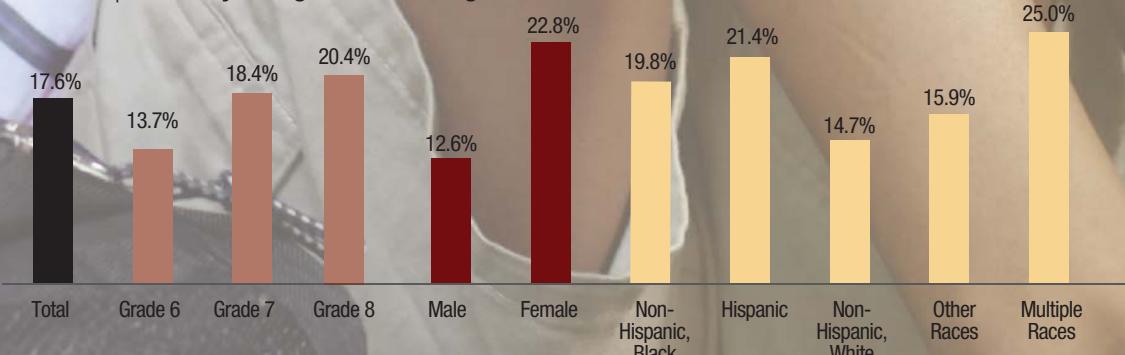
2014 MIDDLE SCHOOL DATA

Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
Felt sad and hopeless during past year	24.9%	21.3%	▼
Male	18.6%	15.9%	▼
Female	31.4%	26.7%	▼
Seriously thought about killing themselves	19.1%	17.6%	▼

Suicide | Felt sad and hopeless during past year



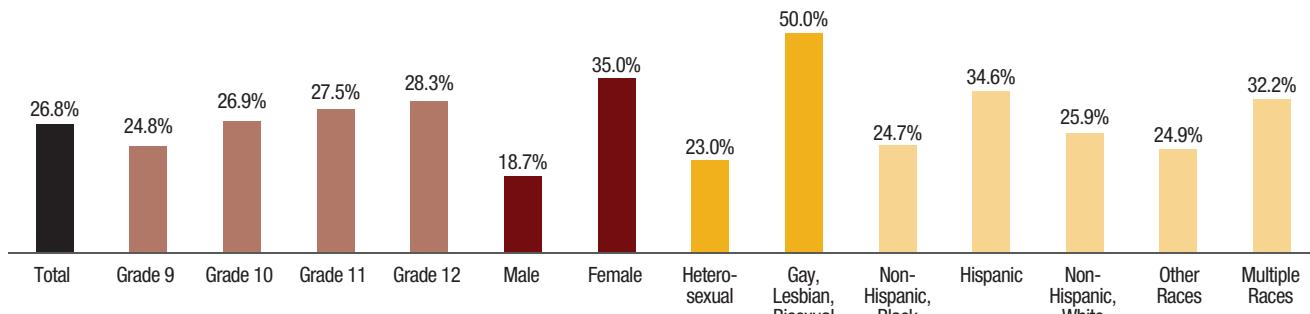
Suicide | Seriously thought about killing themselves



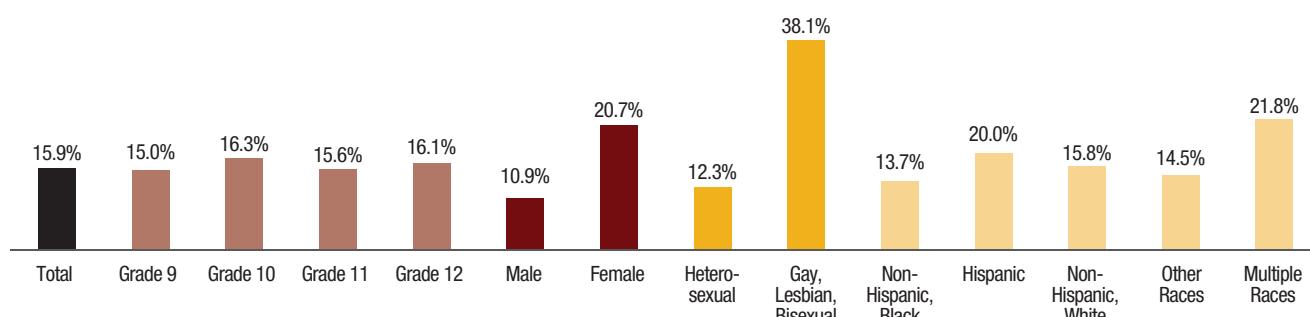
2014 HIGH SCHOOL DATA

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2014	2005 to 2014 Trend
Felt sad and hopeless	29.7%	23.2%	25.1%	25.4%	27.0%	26.8%	■
Male	21.5%	15.5%	20.2%	19.2%	19.7%	18.7%	■
Female	38.1%	30.7%	30.1%	31.4%	34.2%	35.0%	■
Seriously considered attempting suicide during past year	17.4%	13.2%	14.5%	16.2%	16.0%	15.9%	■
Made a suicide plan during past year	12.2%	10.2%	11.6%	12.6%	12.5%	12.7%	■

Suicide | Felt sad and hopeless during past year



Suicide | Seriously considered attempting suicide during past year



Overweight and Obesity



According to the CDC, childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years. Childhood obesity has both immediate and long-term effects on the health of individuals. Immediate health effects include a higher risk for cardiovascular disease, prediabetes, bone and joint problems, sleep apnea, and social and psychological problems. Long-term health effects include a higher risk for adult health problems such as heart disease, type 2 diabetes, stroke, osteoarthritis and several types of cancer.

2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The percentage of middle school students who described themselves as slightly or very overweight remained the same from 2013 to 2014.

2014 HIGH SCHOOL SURVEY HIGHLIGHTS

There was no significant change in percentage of youth who described themselves as slightly or very overweight from 2005 to 2014. The percentage of obese high school youth decreased slightly from 2005 to 2014.

Actions taken to address this behavior

Nutrition education is addressed in Standard 6 of the Maryland State Curriculum for Health Education: "Students will demonstrate the ability to use nutrition and fitness knowledge, skills and strategies to promote a healthy lifestyle." Each local public school system shall provide an instructional program in comprehensive health education each year, with sufficient frequency and duration to meet the requirements of the state curriculum for all students in prekindergarten through grade 8, and offer a comprehensive health education program in grades 9–12 that enables students to meet graduation requirements and to select health education electives.

The Maryland State Department of Education supports nutrition and physical activity wellness policies designed and implemented by each local school system. The wellness policies are designed to help students learn to take responsibility for their nutritional health and to guide them in their efforts 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:

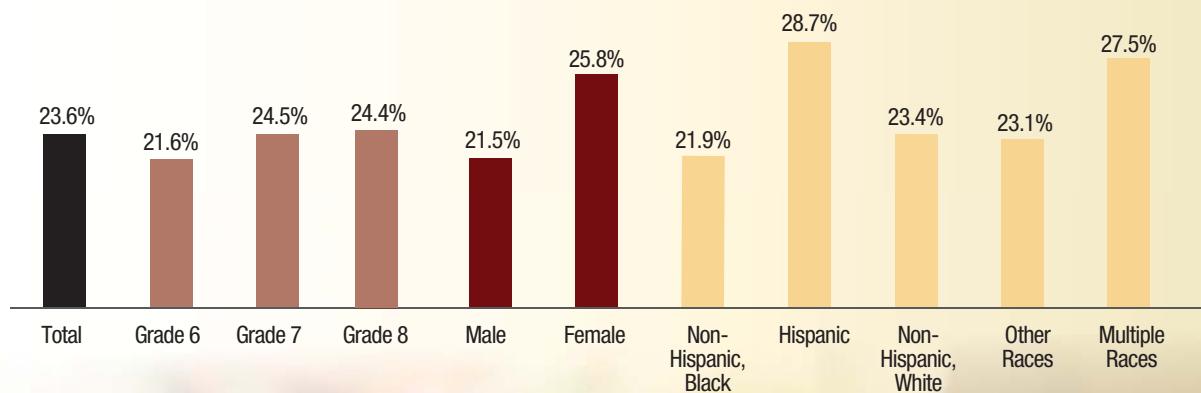
1. Nutrition guidelines
2. Physical education/physical activity
3. Nutrition and health education
4. Other school-based activities

The Maryland Department of Health and Mental Hygiene, Maryland State Department of Education, and University of Maryland School of Medicine evaluated the strength and comprehensiveness of written, local school system wellness policies as well as school system and school-level implementation of wellness policies and practices. This analysis facilitates enhanced state-level technical assistance for school systems to strengthen policies and to improve school-level implementation and support for healthy eating and physical activity. A Guide for School-Level Implementation of Wellness Policies & Practices was created based on the analysis. The guide can be found at http://www.marylandpublicschools.org/msde/programs/school_wellness/docs/MakingWellnessWorkGuide.pdf.

2014 MIDDLE SCHOOL DATA

Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
Describe themselves as slightly or very overweight	24.5%	23.6%	▼
Are trying to lose weight	43.7%	41.2%	▼
Male	35.3%	34.6%	▼
Female	52.6%	47.9%	▼

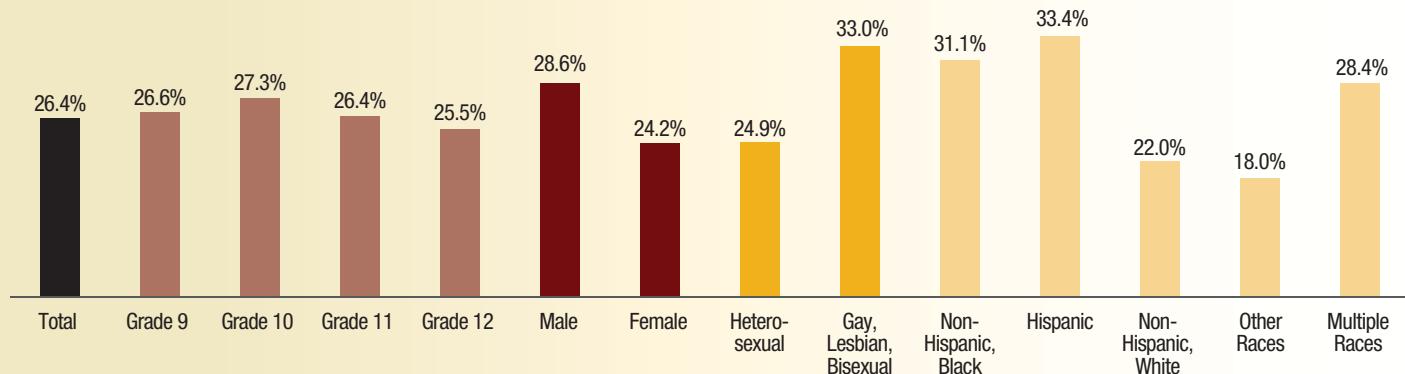
Overweight & Obesity | Described themselves as slightly or very overweight



2014 HIGH SCHOOL DATA

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2014	2005 to 2014 Trend
Are overweight or obese (based on self-reported height and weight)	28.7%	28.3%	27.8%	27.4%	25.8%	26.4%	
Describe themselves as overweight	27.4%	27.5%	27.5%	26.3%	26.7%	26.2%	

Overweight & Obesity | Are overweight or obese (based on BMI)



Physical Activity

The Physical Activity Guidelines for Americans, issued by the U.S. Department of Health and Human Services, recommends that children and adolescents aged 6–17 years should have 60 minutes or more of physical activity each day. Regular physical activity among children and adolescents is associated with improved cardiovascular and muscular fitness, bone health, metabolism and body composition. To maintain healthy outcomes into adulthood and reduce the risk of diseases such as coronary heart disease, stroke, some cancers, type 2 diabetes, osteoporosis and depression, physical activity must be a lifelong habit. Although Maryland requires most middle school students to take physical education every semester, the requirement for high school students drops to 0.5 credits (or one semester) of physical education over 4 years.

2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The percentage of middle school youth who were physically active at least 60 minutes per day during the past week increased slightly between 2013 and 2014. The percentage of youth who watched TV three or more hours per day and who played video or computer games or used a computer for something other than schoolwork on an average school day also decreased from 2013 to 2014.

2014 HIGH SCHOOL SURVEY HIGHLIGHTS

The percentage of Maryland high school youth who engaged in 60 minutes of physical activity per day on 5 or more days a week during the past week decreased between 2011 and 2014. The percentage of Maryland youth who watch three or more hours of TV per day on an average school day continued to decrease since the survey began in 2005. However, the percentage who play video or computer games or use a computer for reasons other than schoolwork for three or more hours per day on an average school day rose each year between 2009 and 2014.

Actions taken to address this behavior

Physical activity is addressed in Standard 5 of the Maryland State Curriculum for Physical Education: “Students will demonstrate the ability to use the principles of exercise physiology, social psychology, and biomechanics to design and adhere to a regular, personalized, purposeful program of physical activity consistent with their health, performance, and fitness goals in order to gain health and cognitive/academic benefits.”

Each local school system shall provide in public schools an instructional program in physical education each year, with sufficient frequency and duration to meet the requirements of the state curriculum for all students in prekindergarten through grade 8 and offer a physical education program in grades 9–12 that enables students to meet graduation requirements and to select physical education electives.

The physical activity needs of Maryland youth can be addressed in schools through wellness policies designed and implemented by each local school system. These wellness policies are designed to help students learn to take responsibility for their personal health and wellness and to guide them in their efforts to adopt healthy behaviors, habits and attitudes for life.

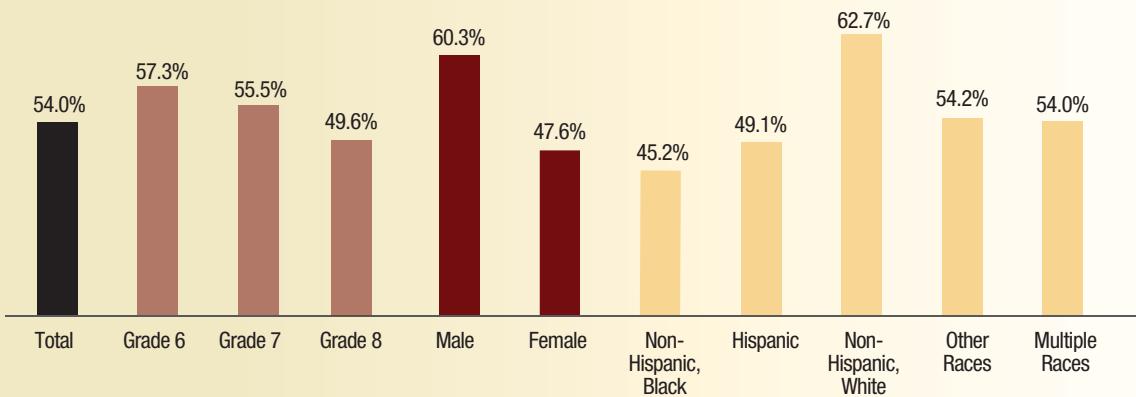
Wellness policies are developed and maintained through a collaborative effort of school supervisors from nutrition services, physical education, health education and other areas involved with student wellness. Each school system’s wellness policy must address the following four components:

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

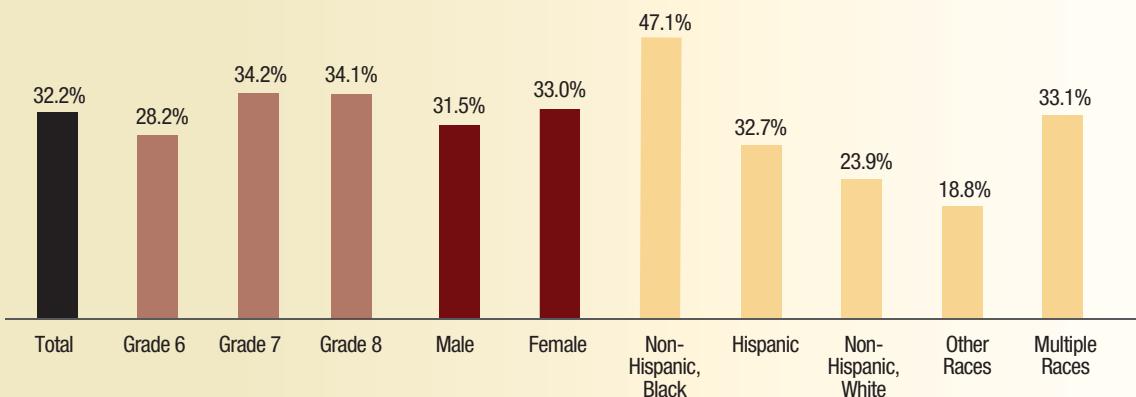
2014 MIDDLE SCHOOL DATA

Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
Are physically active for 60 or more minutes five or more days per week	52.5%	54.0%	▲
Participated in a physical education class on one or more days per week	86.8%	86.4%	■
Male	87.3%	86.2%	■
Female	86.5%	86.6%	■
Watched three or more hours of TV per day	39.5%	32.2%	▼
Played video/computer games or used a computer for something that was not schoolwork three or more hours per day	39.5%	37.4%	▼
Went to physical education classes five days in an average week when they were in school	20.5%	30.9%	▲

Physical Activity | Are physically active for 60 or more minutes five or more days per week



Physical Activity | Watched three or more hours of TV per day





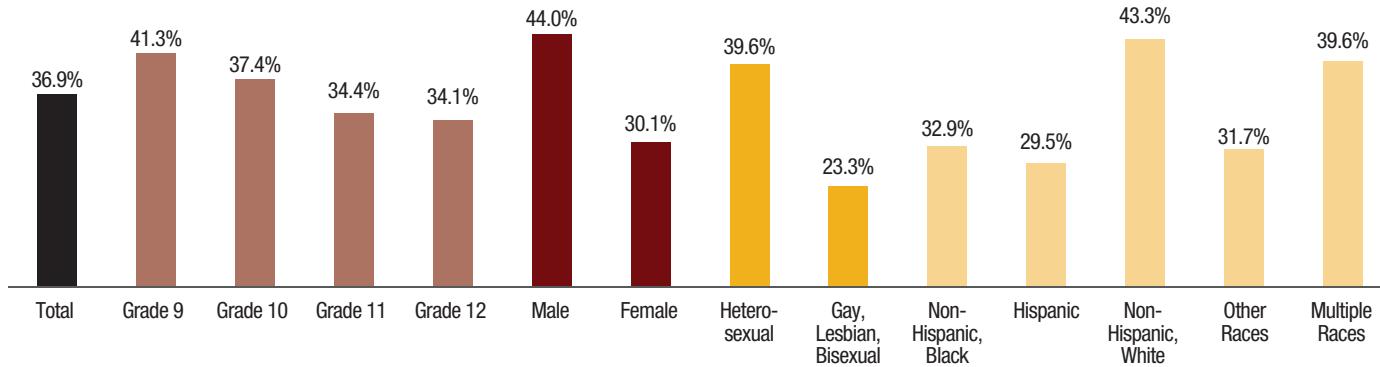
2014 HIGH SCHOOL DATA

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2014	2005 to 2014 Trend
Are physically active for 60 or more minutes five or more days per week*	--	--	--	41.2%	40.1%	36.9%	▼
Participated in a physical education class on one or more days per week	37.6%	37.0%	39.3%	37.8%	39.1%	37.6%	■
Males	44.9%	44.4%	48.1%	44.4%	46.7%	44.3%	■
Females	30.2%	29.8%	30.6%	31.1%	31.3%	30.6%	■
Watched three or more hours of TV per day	40.7%	41.9%	39.1%	34.2%	31.4%	26.7%	▼
Played video/computer games or used a computer for something that was not schoolwork three or more hours per day**	--	--	28.9%	34.5%	36.3%	38.3%	▲
Went to physical education classes five days in an average week when they were in school	19.1%	15.6%	20.0%	19.3%	18.2%	15.6%	■

*Data prior to 2011 are excluded because of a change in question order, which may have affected students' responses.

**This question was not included in the 2005 or 2007 Maryland YRBS.

Physical Activity | Are physically active for 60 or more minutes, 5 or more days per week



Nutrition

Eating a healthy diet during adolescence is essential as teenagers are still growing and adding bone mass while important emotional changes are also taking place. 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. In general, most Americans do not eat a healthy diet, exceeding the recommended daily amounts of calories for fats, cholesterol, sugar and salt.



2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The middle school survey did not include questions about specific food or beverage choices. The percentage of middle school youth who ate breakfast on all 7 days prior to the survey increased from 2013 to 2014.

2014 HIGH SCHOOL SURVEY HIGHLIGHTS

The U.S. Department of Health and Human Services notes sodas are one of the foods that contributes the most added sugars to Americans' diets. Added sugars provide calories, but not nutrients. The percentage of students reporting that they drank a soda one or more times per day during the past week has significantly decreased between 2009 and 2014 to 16.6%.* Overall, the percentage of students who ate fruits and vegetables five or more times per day during the past week remained unchanged between 2005 and 2014. However, there was a significant decrease in this percentage between 2013 and 2014. The U.S. Department of Agriculture My Plate recommends that Americans fill half their plates with fruits and vegetables and the remaining half with grains, making at least half of them whole, and lean proteins. Also, their plates should include a glass of 1% or nonfat milk.

* U.S. Department of Health and Human Services. (n.d.). Health Facts. Retrieved from http://www.csrees.usda.gov/nea/food/pdfs/hhs_facts_carbohydrates.pdf

Actions taken to address this behavior

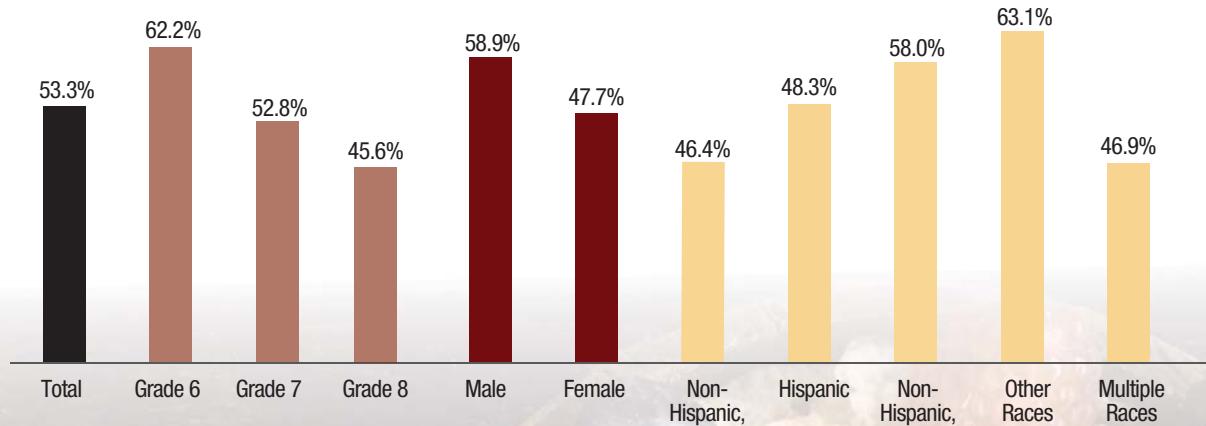
Since 2012 Maryland schools have implemented meal pattern revisions in the National School Lunch Program and School Breakfast Program, as outlined in the Healthy, Hunger-Free Kids Act of 2010. The changes increased the availability of fruits, vegetables, whole grains and low-fat and fat-free dairy to Maryland students. There were also reductions in sodium and fat content and new grade-based calorie guidelines for school meals. As part of this transition, there has been a large focus on improving the culinary skills of school food service professionals, enhancing the nutrition environment in schools and expanding evidence-based nutrition education programs for students.

In July 2014 all Maryland schools will be implementing new, federally mandated nutrition standards for all foods sold in schools, including à la carte items in cafeterias, vending machines and school stores.

2014 MIDDLE SCHOOL DATA

Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
Ate breakfast on all 7 days during the week	47.3%	53.3%	▲

Nutrition | Ate breakfast on all 7 days during past week

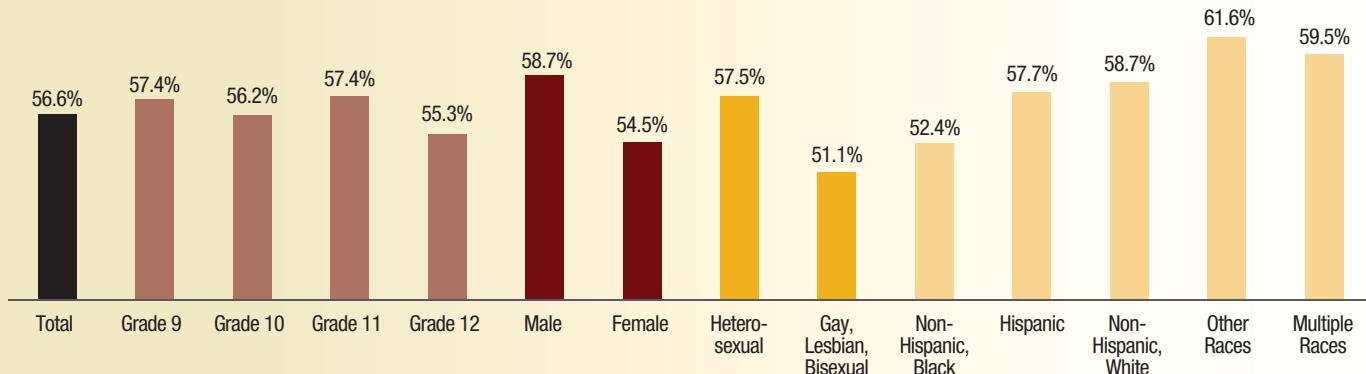


2014 HIGH SCHOOL DATA

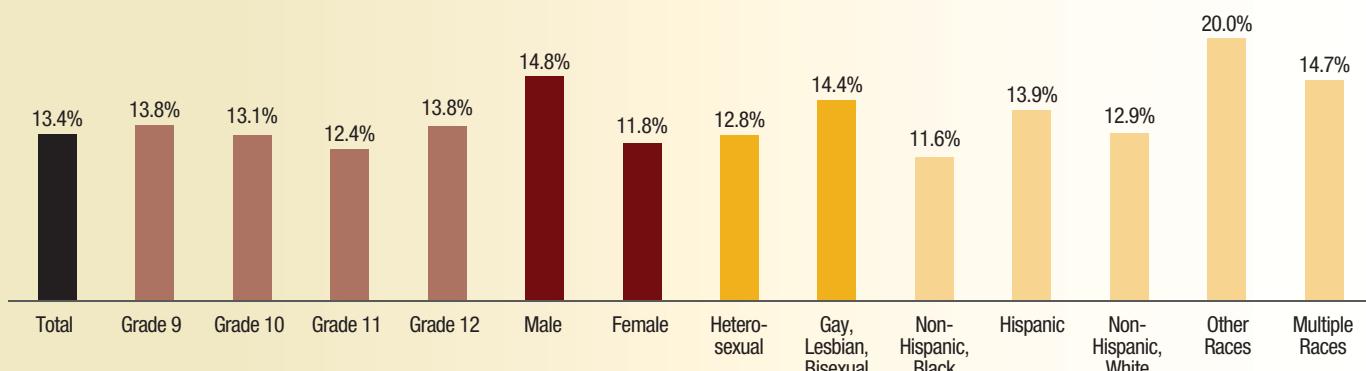
Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2014	2005 to 2014 Trend
Ate fruit during past week	84.4%	81.5%	85.0%	86.0%	84.3%	84.1%	▲
Ate vegetables three or more times per day during past week*	-	-	12.6%	15.3%	13.8%	13.4%	▲
Drank a soda one or more times per day during past week*	-	-	21.3%	24.9%	18.0%	16.6%	▼

*Comparisons with 2005 and 2007 are not possible because the question was added in 2009.

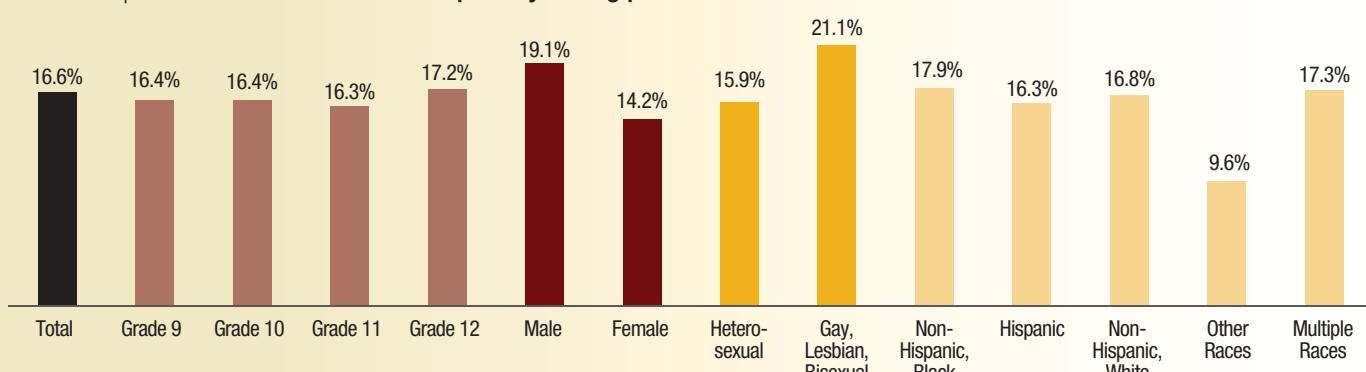
Nutrition | Ate fruits or drank 100% fruit juices 1 or more times per day during past week



Nutrition | Ate vegetables 3 or more times per day during past week



Nutrition | Drank soda 1 or more times per day during past week



Sexual Behavior

When young people engage in risky sexual behaviors, it can result in adverse health outcomes such as sexually transmitted infections, unintended pregnancy and negative effects on social and psychological development. The use of alcohol or drugs may prevent youth from making healthy choices, such as being abstinent or using a condom.

2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

This is the first year questions about youth sexual behavior were asked in the middle school survey. A total of 7.4% of Maryland middle school youth reported having ever had sexual intercourse in their lifetime. Among middle school youth who had ever had sexual intercourse, 63.4% reported using a condom the last time they had sexual intercourse. A significantly higher percentage of males (11.0%) than females (3.7%) reported having had sexual intercourse. A very small percentage of middle school youth reported having first had sexual intercourse before age 11 (3.0%), and a similar percentage reported having had sexual intercourse with three or more persons in their lifetime (2.7%).

2014 HIGH SCHOOL SURVEY HIGHLIGHTS

The percentage of Maryland high school youth who have had sexual intercourse decreased from 39.1% to 32.4% from 2013 to 2014. As in 2013, significantly more males than females reported having had sexual intercourse. Among youth who have ever had sexual intercourse, there was no change in the percentage who reported having drank alcohol or used drugs before the last time they had sexual intercourse. There was no significant change in the percentage of youth who reported using birth control the last time they had sexual intercourse. The percentage who reported using birth control pills decreased, while the percentage who used an IUD increased from 2013 to 2014.



Actions taken to address this behavior

The Maryland Department of Health and Mental Hygiene, Maternal and Child Health Bureau, administers the Maryland Abstinence Education and Coordination Program, which uses a multi-dimensional approach to promote sexual abstinence among adolescents as the healthiest choice for Maryland youth. Providing teens and their caregivers with the information and tools to help delay sexual activity and prevent unplanned pregnancy and sexually transmitted infections is vital to improving outcomes for adolescents. Maryland supports agencies and community groups that serve high-risk populations in need of abstinence education and programming.

The purpose of the federally funded Personal Responsibility Education Program (PREP) is to educate adolescents on abstinence, contraception, and other adult preparation topics. The goal is to prevent unintended pregnancy and sexually transmitted infections, including HIV/AIDS. States are encouraged to serve youth aged 10-19 who meet the following criteria:

- With residence in geographic areas with high teen birth rates
 - In or aging out of foster care or the juvenile justice system
 - Homeless/runaway/out of school
 - Pregnant or parenting
 - With HIV/AIDS
-

The Maryland Department of Health and Mental Hygiene, Maternal and Child Health Bureau, awards mini-grants to local health departments and community partners that demonstrate a need for PREP funding in their community and a capacity to implement an approved, evidence-based curriculum to the youth population. For more information, go to <http://phpa.dhmh.maryland.gov/mch/SitePages/teenpreg.aspx>.

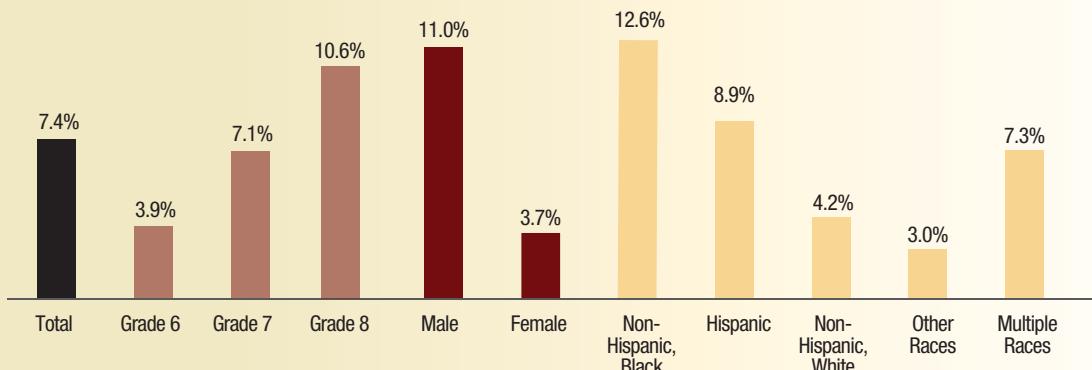


2014 MIDDLE SCHOOL DATA

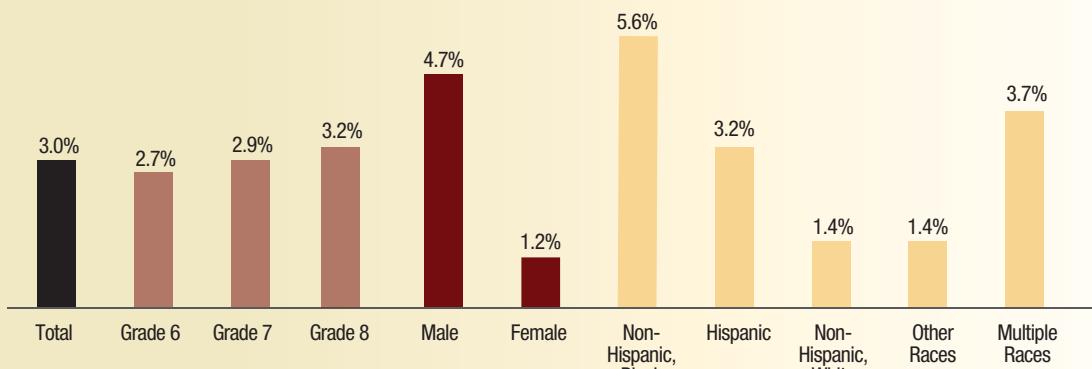
Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
Ever had sexual intercourse*	--	7.4%	--
Had sexual intercourse before age 11 (for the first time)*	--	3.0%	--
Had sexual intercourse with three or more people during lifetime*	--	2.7%	--
Used a condom during last sexual intercourse (among students who ever had sexual intercourse)*	--	63.4%	--

*A comparison with 2013 is not possible because this question was added in 2014.

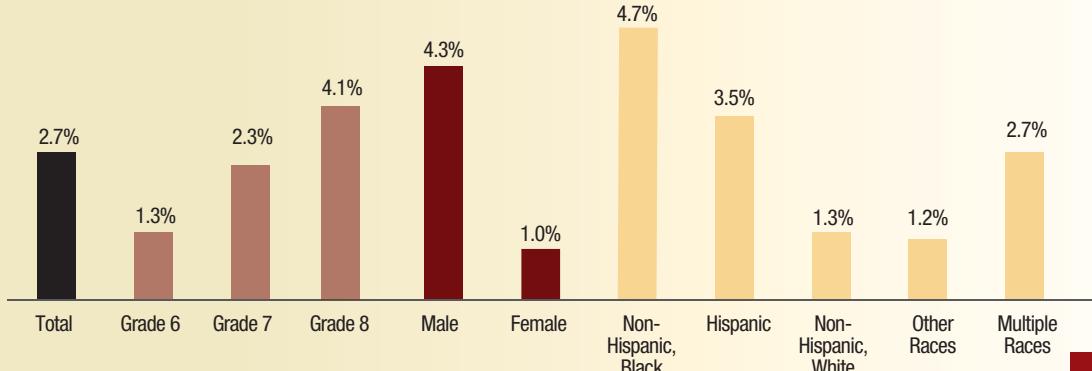
Sexual Behavior | Have ever had sexual intercourse



Sexual Behavior | Have ever had sexual intercourse before the age of 11



Sexual Behavior | Have ever had sexual intercourse with 3 or more persons during their life

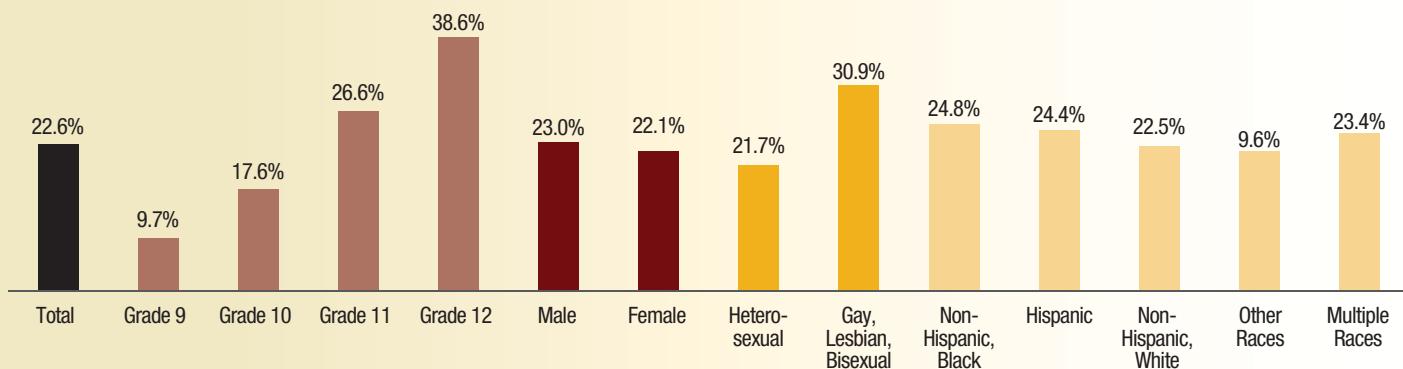


2014 HIGH SCHOOL DATA

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2014	2005 to 2014 Trend
Ever had sexual intercourse*	--	--	--	--	39.1%	32.4%	▼
Had sexual intercourse before age 13*	--	--	--	--	6.6%	5.0%	▼
Had sexual intercourse with four or more people during lifetime*	--	--	--	--	12.3%	8.6%	▼
Had sexual intercourse during past three months*	--	--	--	--	27.2%	22.6%	▼
Drank alcohol or used drugs before last sexual intercourse (among students that ever had sex)*	--	--	--	--	24.0%	23.7%	□
Reported usage of birth control the last time Maryland youth engaged in sexual intercourse:							
Used a condom*	--	--	--	--	61.5%	61.3%	□
Used birth control pills, IUD or implant, shot or birth control ring*	--	--	--	--	24.5%	23.7%	□
Used no method of birth control*	--	--	--	--	14.3%	14.6%	□

*Comparisons with 2005-2011 are not possible because the question was added in 2013.

Sexual Behavior | Had sexual intercourse during past three months



Injury and Violence

Motor vehicle crashes kill more teens in the United States than any other cause of death. On average, between 2007 and 2011, 87 people lost their lives and 9,546 people were injured each year in crashes involving a driver aged 16-20 years old in Maryland. Most motor vehicle-related deaths and injuries are predictable and preventable.



2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

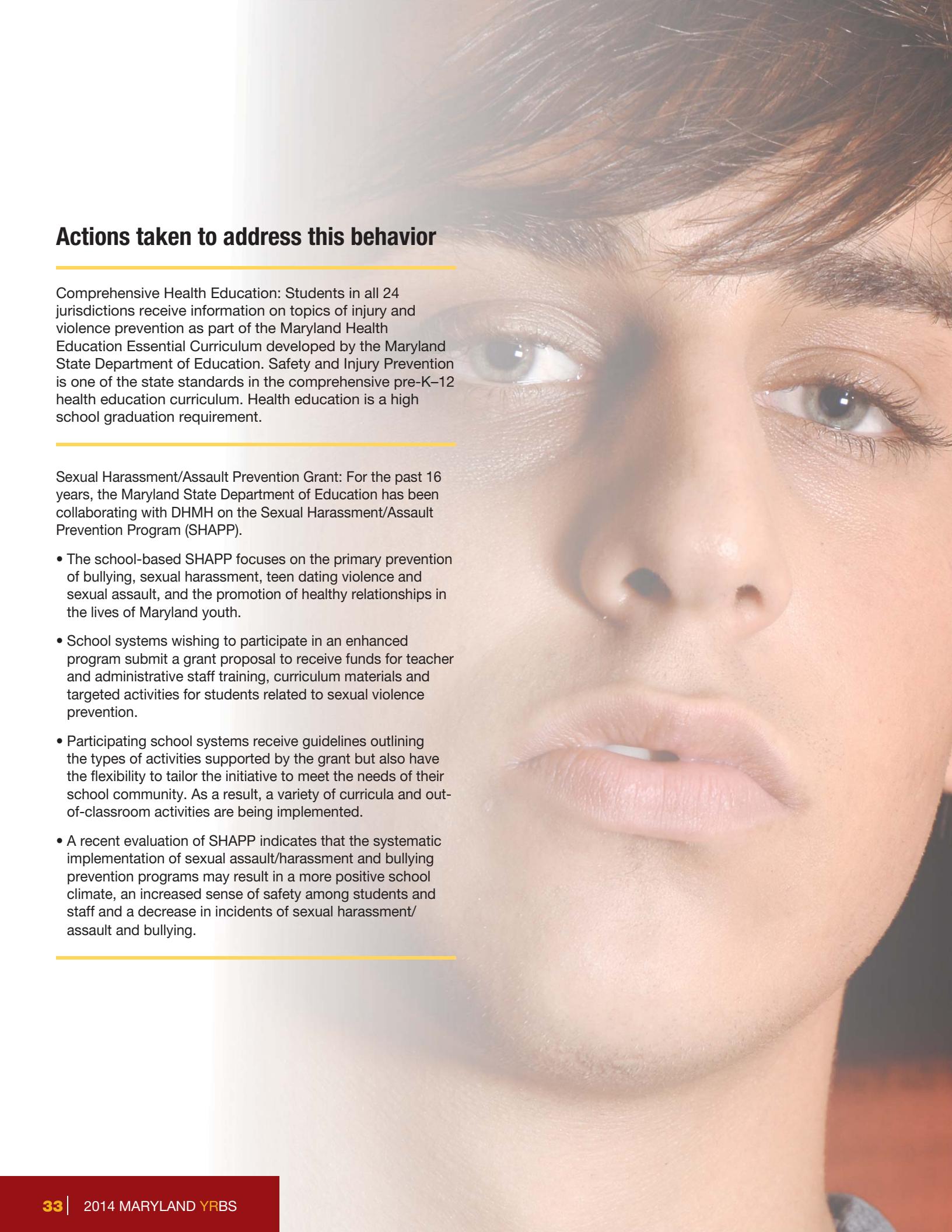
Only 5.7% of Maryland middle school youth reported never or rarely wearing a seat belt when riding in a car, a decrease from 2013. The percentage of youth who have ever rode with a driver who had been drinking alcohol also decreased from 2013 to 2014.

Nearly half (47.8%) of middle school youth reported having ever been in a physical fight, however, the percentage of youth who carried a weapon decreased significantly from 2013.

2014 HIGH SCHOOL SURVEY HIGHLIGHTS

The percentage of Maryland youth who reported riding in a car with someone who had been drinking in the past 30 days significantly decreased from 2005 to 2014. Slightly more than a quarter of Maryland youth reported texting or emailing while driving in the past 30 days; significantly more males than females reported doing so. There were no significant changes in the percentage of Maryland youth who reported not going to school because they felt unsafe on at least one day in the month before the survey. However, significantly fewer youth reported carrying a weapon in the past 30 days. Significantly more males than females reported carrying a weapon at least once during the 30 days before the survey (20.9% and 8.3%, respectively).

Approximately 10% of Maryland youth reported that they had been physically hurt by someone they were dating in the past year. Ten percent reported that they were physically forced to have sexual intercourse or do sexual things in the past year. Significantly more females than males reported being hurt, physically forced to have sexual intercourse, or physically forced to do sexual things they did not want to do in the past year. Youth who identified as gay, lesbian, or bisexual were also significantly more likely to report experiencing physical or sexual dating violence than heterosexual youth.



Actions taken to address this behavior

Comprehensive Health Education: Students in all 24 jurisdictions receive information on topics of injury and violence prevention as part of the Maryland Health Education Essential Curriculum developed by the Maryland State Department of Education. Safety and Injury Prevention is one of the state standards in the comprehensive pre-K–12 health education curriculum. Health education is a high school graduation requirement.

Sexual Harassment/Assault Prevention Grant: For the past 16 years, the Maryland State Department of Education has been collaborating with DHMH on the Sexual Harassment/Assault Prevention Program (SHAPP).

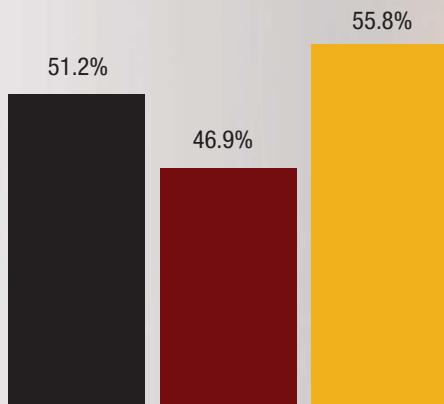
- The school-based SHAPP focuses on the primary prevention of bullying, sexual harassment, teen dating violence and sexual assault, and the promotion of healthy relationships in the lives of Maryland youth.
 - School systems wishing to participate in an enhanced program submit a grant proposal to receive funds for teacher and administrative staff training, curriculum materials and targeted activities for students related to sexual violence prevention.
 - Participating school systems receive guidelines outlining the types of activities supported by the grant but also have the flexibility to tailor the initiative to meet the needs of their school community. As a result, a variety of curricula and out-of-classroom activities are being implemented.
 - A recent evaluation of SHAPP indicates that the systematic implementation of sexual assault/harassment and bullying prevention programs may result in a more positive school climate, an increased sense of safety among students and staff and a decrease in incidents of sexual harassment/assault and bullying.
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2014 MIDDLE SCHOOL DATA

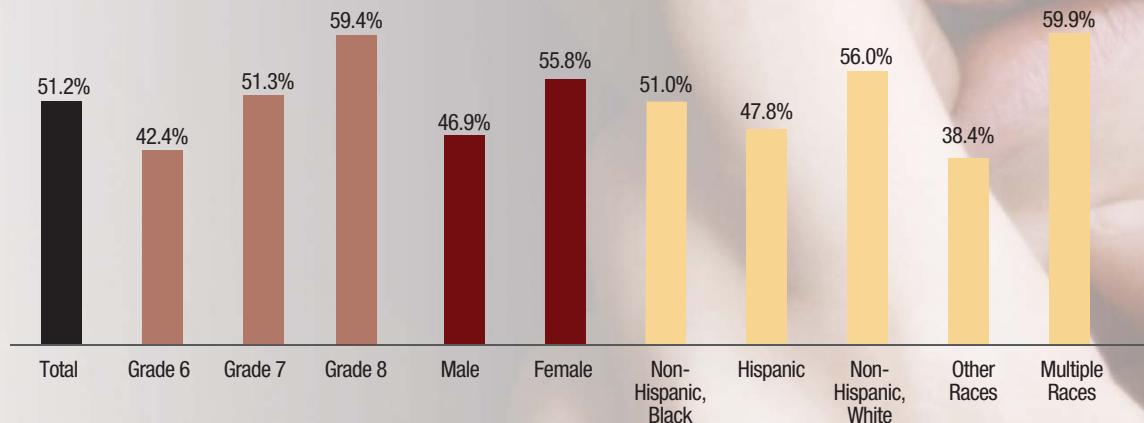
Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
Motor Vehicle-Related Risk Factors			
Rarely or never wear a seatbelt	7.7%	5.7%	▼
Have ever ridden in a car with a driver who had been drinking alcohol	19.9%	16.8%	▼
Violence			
Were ever in a physical fight	54.5%	47.8%	▼
Ever carried a weapon (such as a gun, knife, or club)	29.4%	25.4%	▼

Percentage of students who have ever ridden in a car driven by someone who was texting while they were driving the car, by gender

■ Total ■ Male ■ Female



Injury & Violence | Have ever ridden in a car driven by someone who was texting while they were driving



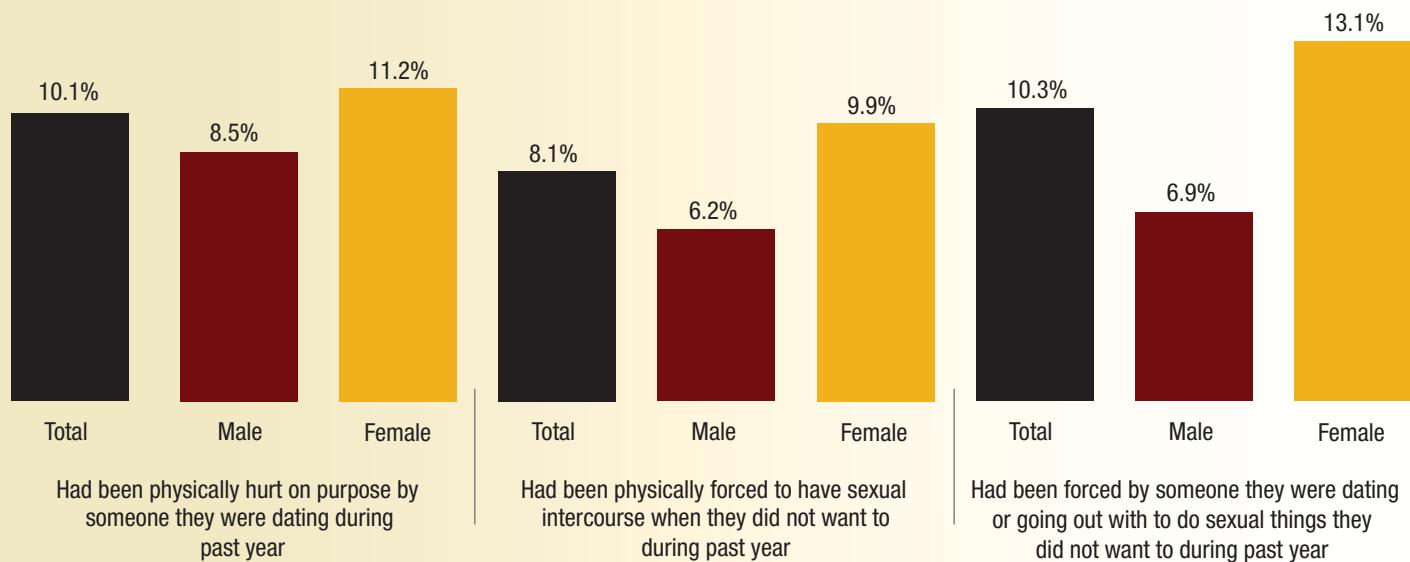
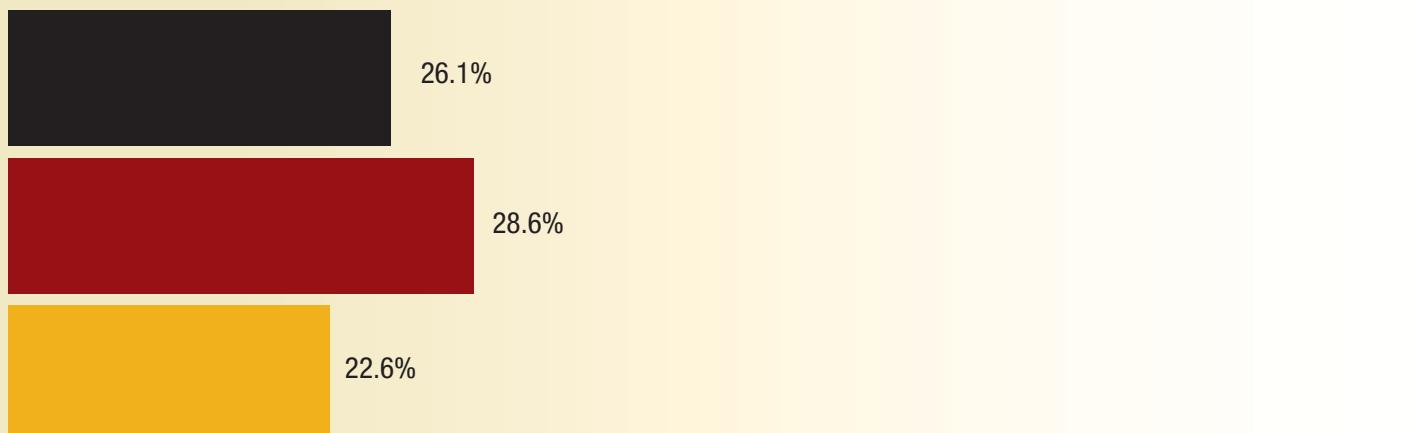
2014 HIGH SCHOOL DATA

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2014	2005 to 2014 Trend
Motor Vehicle-Related Risk Factors							
Have ridden in a car driven by someone who had been drinking in last 30 days	25.0%	28.9%	26.7%	25.9%	20.7%	18.2%	▼
Have driven a car after drinking in last 30 days	7.2%	8.5%	8.7%	7.7%	8.8%	7.1%	■
Violence							
Had a physical fight on school property during past year	14.9%	12.4%	11.2%	11.0%	14.3%	12.2%	▼
Carried a weapon in last 30 days	19.1%	19.3%	16.6%	15.9%	15.8%	14.9%	▼
Carried a weapon on school property in last 30 days	6.9%	5.9%	4.6%	5.3%	4.8%	4.3%	▼
Had been physically hurt by a boyfriend/girlfriend during past year (among students who dated or went out with someone)*	16.3%	15.5%	16.9%	16.0%	11.1%	10.1%	—

*Any statistically significant changes must be interpreted with caution because of a change in the wording of the question in 2013.

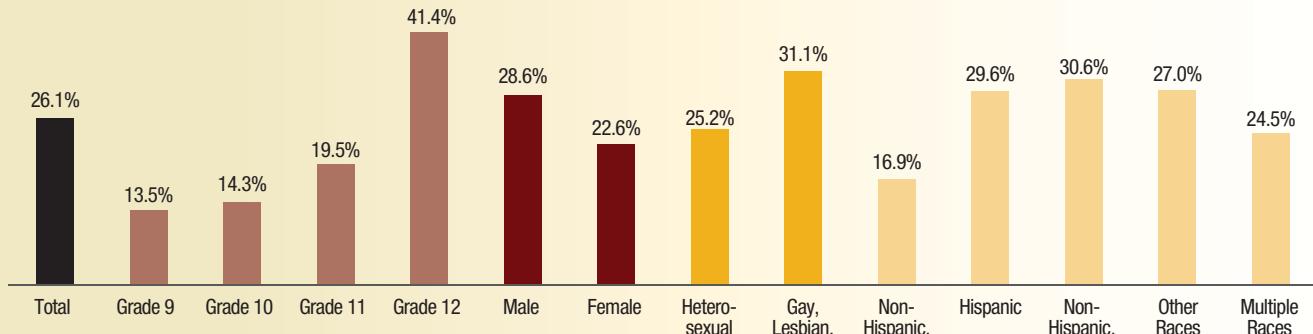
Percentage of students who texted or emailed while driving during the past month, by gender

■ Total ■ Male ■ Female

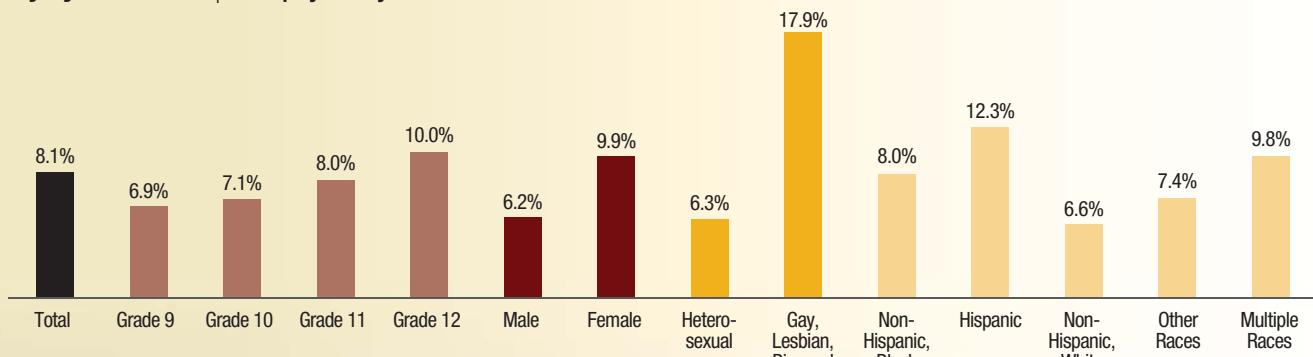


2014 HIGH SCHOOL DATA

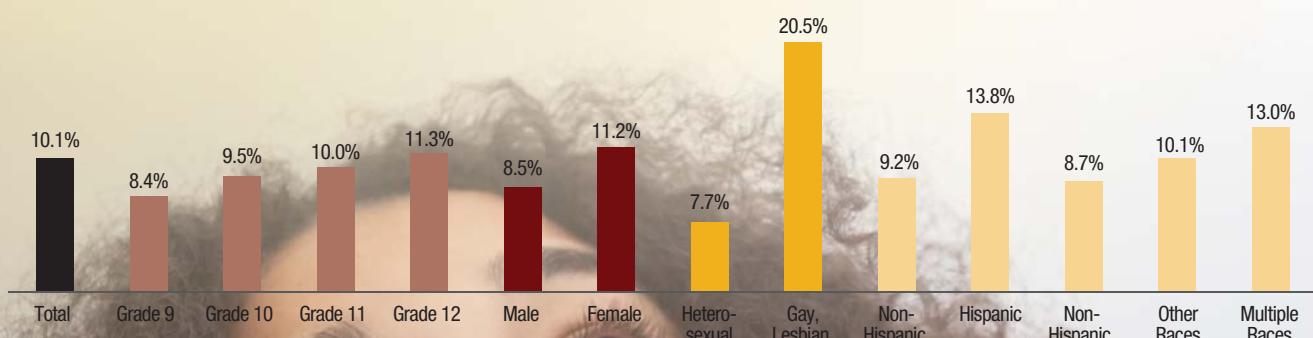
Injury & Violence | Have texted or emailed while driving during past month (among students who drove)



Injury & Violence | Ever physically forced to have sexual intercourse



Injury & Violence | Physically hurt by a boyfriend/girlfriend during past year



Tobacco Use

The overwhelming majority of adult cigarette smokers initiated and established the habit during adolescence. According to the Surgeon General, "Nearly all first use of cigarettes occurs by 18 years of age (88%), with 99% of first use by 26 years of age."^{*} Youth may not recognize the short-term impact of cigarette use, although damage to the respiratory and cardiovascular systems is almost immediate. Research shows strong causal associations between active cigarette smoking in young people and addiction to nicotine, reduced lung function, reduced lung growth, asthma and early abdominal atherosclerosis.

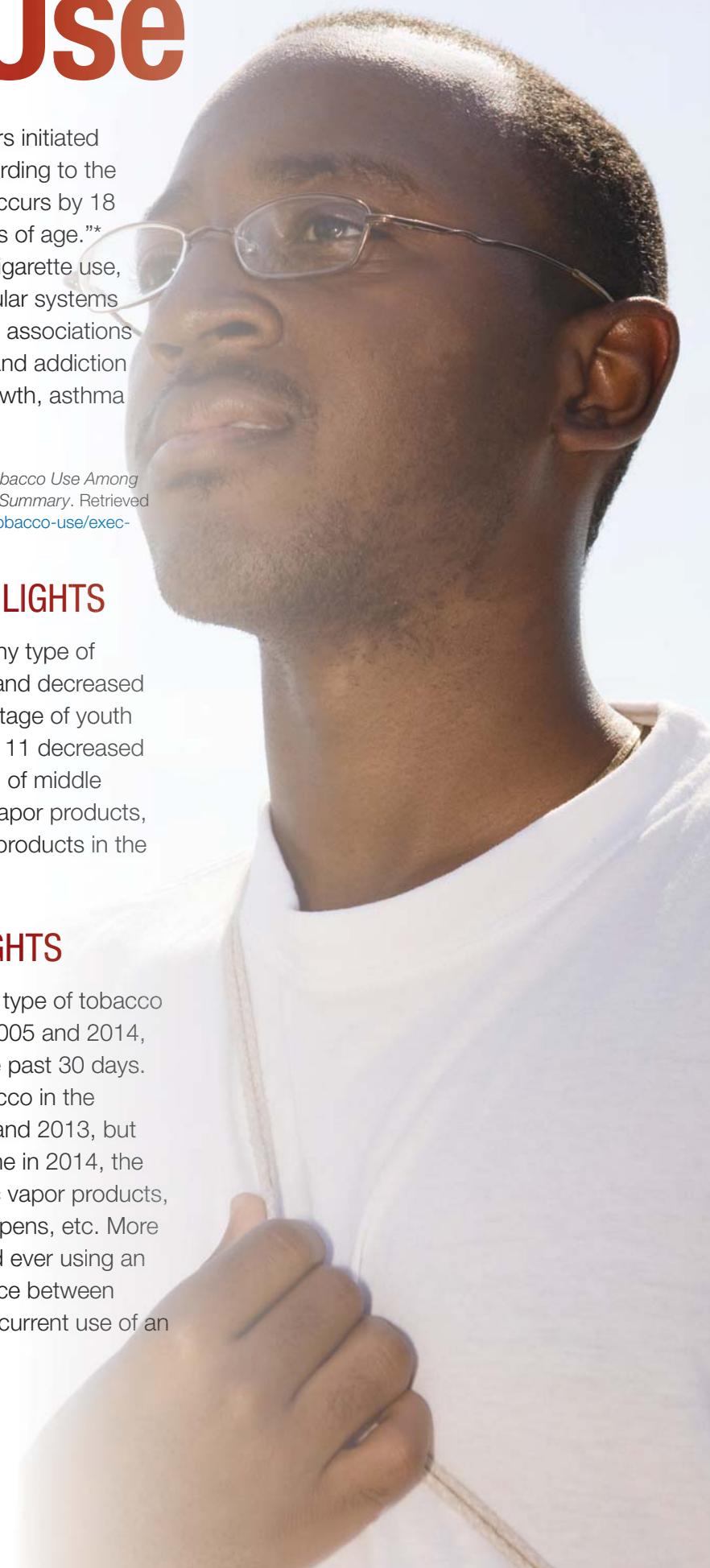
^{*}U.S. Department of Health and Human Services. (2012). *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General—Executive Summary*. Retrieved from <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/exec-summary.pdf>

2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The percentage of middle school youth who used any type of tobacco product in the past 30 days remained low and decreased from 2013 to 2014, from 7.0% to 5.4%. The percentage of youth who smoked a cigarette for the first time before age 11 decreased significantly from 3.8% to 2.2%. Approximately 15% of middle school youth reported ever having used electronic vapor products, and 7.6% reported currently using electronic vapor products in the past 30 days.

2014 HIGH SCHOOL SURVEY HIGHLIGHTS

The percentage of Maryland youth who used of any type of tobacco in the past 30 days declined significantly between 2005 and 2014, as did the percentage who smoked cigarettes in the past 30 days. The percentage of youth who used smokeless tobacco in the past 30 days increased significantly between 2005 and 2013, but decreased between 2013 and 2014. For the first time in 2014, the Maryland YRBS included questions about electronic vapor products, including e-cigarettes, e-pipes, vape pipes, hookah pens, etc. More than one third (37.6%) of high school youth reported ever using an electronic vapor product, with no significant difference between male and female youth, and 20% of youth reported current use of an electronic vapor product.



Actions taken to address this behavior

DHMH provides funding to each of Maryland's 24 jurisdictions for coalition-building, community-based initiatives, cessation, school-based initiatives and enforcement of underage tobacco sales to minors. Local health departments develop county-specific programming in line with state tobacco control goals.

In order to address the widespread use of flavored tobacco products among youth, DHMH developed and launched The Cigar Trap campaign (<http://www.TheCigarTrap.com>) to raise awareness among parents that youth are utilizing fruit-and candy-flavored tobacco at alarming rates. The campaign included radio, print, and television ads, as well as toolkits that can be found on the website. The slogan is "No matter how they sugarcoat it...Cigars Kill."

The Maryland Tobacco Quitline, 1-800-QUIT-NOW, launched a specialized youth protocol for tobacco users aged 13-17 years old. A series of confidential calls are scheduled with youth, at a time convenient for them, with highly skilled Youth Quit Coaches. Free services include personalized counseling through motivational interviewing; discussion of triggers, stressors, peer influences, exposure to secondhand smoke, and relapse prevention; and comprehensive self-paced educational materials mailed directly to the caller's home if desired. Services are available in English and Spanish.

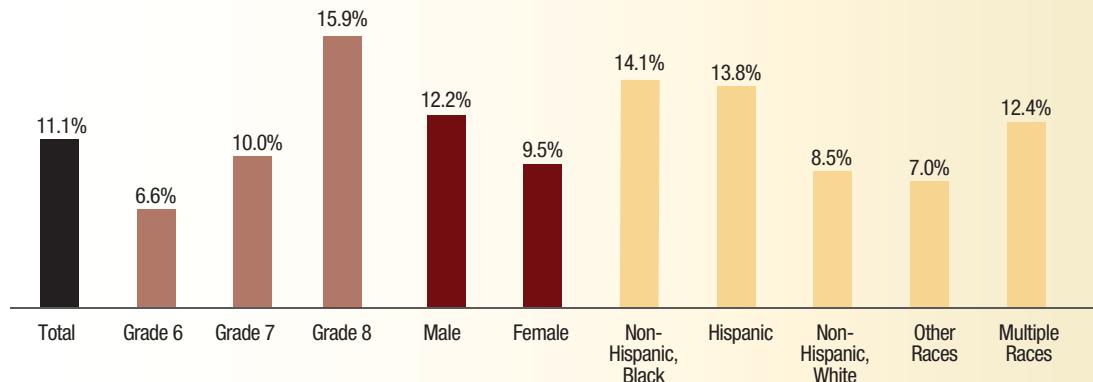


2014 MIDDLE SCHOOL DATA

Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
Used any type of tobacco (cigarettes, cigars, or smokeless tobacco) in past 30 days	7.0%	5.4%	▼
Smoked cigarettes in past 30 days	3.9%	2.5%	▼
Smoked a whole cigarette before age 11	3.8%	2.2%	▼
Used smokeless tobacco in past 30 days	3.0%	1.9%	▼
Ever used electronic vapor products*	--	15.4%	—
Ever used electronic vapor products (e-cigarettes, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)	--	7.6%	—

*A quantitative comparison with 2013 results is not possible because this question was not included in the previous year's survey.

Tobacco | Used any type of tobacco (cigarettes, cigars, smokeless tobacco, or electronic vapor product) in past 30 days

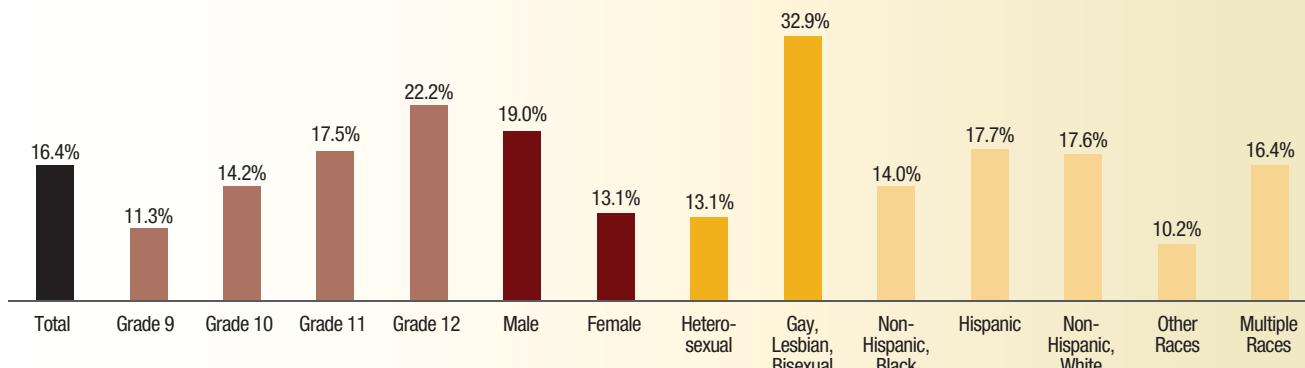


2014 HIGH SCHOOL DATA

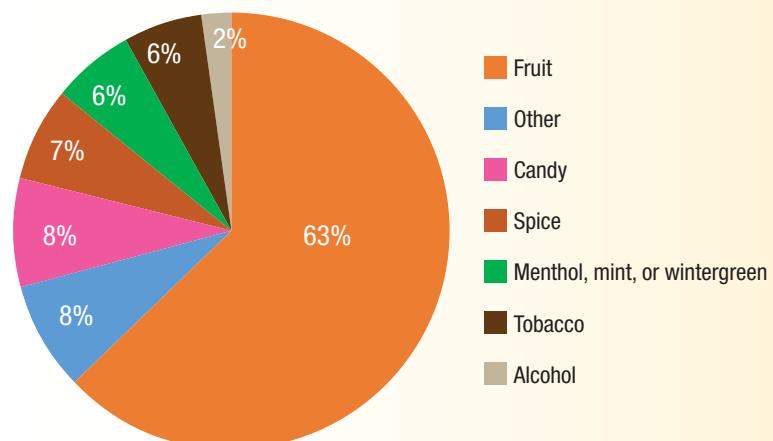
Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2014	2005 to 2014 Trend
Used any type of tobacco (cigarettes, cigars or smokeless tobacco) in past 30 days	20.4%	20.4%	18.0%	17.9%	16.9%	16.4%	▼
Smoked cigarettes in past 30 days	16.5%	16.8%	11.9%	12.5%	11.9%	8.7%	▼
Smoked a whole cigarette before age 13	13.7%	13.4%	10.8%	10.9%	8.0%	7.1%	▼
Smoked a cigar in past 30 days	11.6%	11.0%	12.7%	12.9%	12.5%	10.3%	■
Used smokeless tobacco in past 30 days	2.9%	4.2%	5.4%	7.2%	7.4%	5.8%	▲
Ever used electronic vapor products (e-cigarettes, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)*	--	--	--	--	--	37.6%	—
Used any type of electronic vapor product in past 30 days*	--	--	--	--	--	20.0%	—

*A comparison with 2005 - 2013 is not possible because this question was added in 2014.

Tobacco | Used any type of tobacco (cigarettes, cigars, smokeless) in past 30 days



Flavors of electronic vapor used by those who consumed electronic vapor products in the past 30 days



Alcohol Use



According to the CDC, underage drinking presents several public health problems.

These problems include the following:

- Excessive alcohol consumption contributes to more than 4,700 deaths among underage youth (that is, persons less than 21 years of age) in the United States each year.
- Underage drinking is strongly associated with many health and social problems among youth, including alcohol-impaired driving, physical fighting, poor school performance, sexual activity and smoking.
- About 2 in 3 high school students who drink do so to the point of intoxication. That is, they binge drink (defined as having five or more drinks in a row), typically on multiple occasions.
- Health effects of binge drinking include alcohol poisoning; unintentional injuries such as falls, burns and drowning; and neurological damage.

2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The percentage of middle school youth who had ever drank alcohol decreased significantly from 2013 to 2014, as did the percentage that drank alcohol for the first time before age 11.

2014 HIGH SCHOOL SURVEY HIGHLIGHTS

The percentage of high school youth who drank five or more drinks of alcohol in a row in the past 30 days did not change significantly between 2005 and 2013 but decreased dramatically between 2013 and 2014, from 17.0% to 13.1%. The percentages of youth who have ever had a drink of alcohol, had a drink of alcohol before age 13, and drank in the past 30 days all decreased significantly between 2005 and 2014. In 2014 more females than males reported both having ever had at least one drink of alcohol (56.6% vs. 47.8%) and drinking alcohol in the past 30 days (29.1% vs. 23.0%).

Actions taken to address this behavior

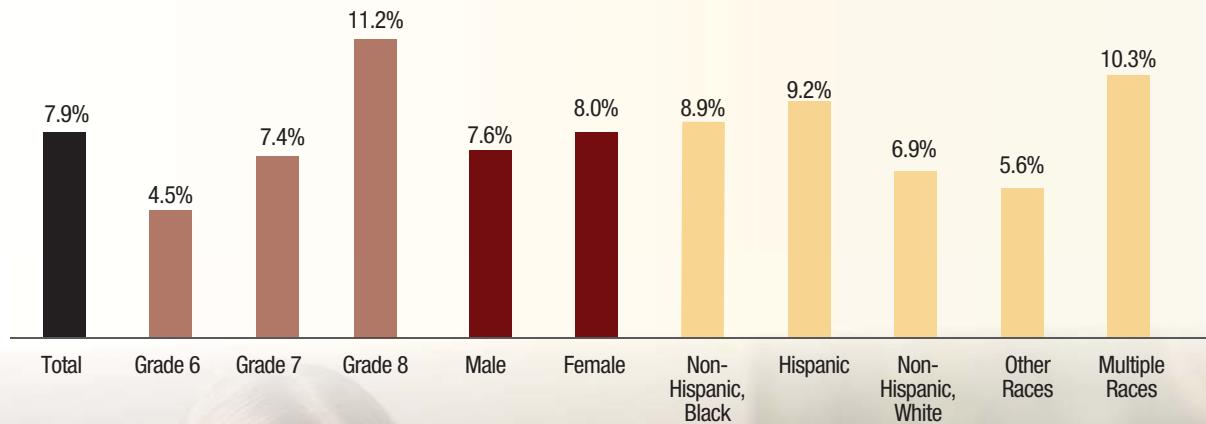
Within the Maryland Department of Health and Mental Hygiene, the Maryland Alcohol and Drug Abuse Administration (ADAA) provides funding to each of Maryland's 24 local jurisdictions to address alcohol use by youth. Each jurisdiction's local health department has an Alcohol, Tobacco and Other Drug (ATOD) Prevention Office that provides alcohol prevention, education, outreach and services to the community.

The ADAA and the local prevention offices also provide resources that support 24 local community coalitions that specifically address the prevention of underage drinking, youth binge drinking and alcohol-related crashes involving youth at the community level.

2014 MIDDLE SCHOOL DATA

Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
Have ever had a drink of alcohol	25.2%	17.6%	▼
Male	25.2%	17.7%	▼
Female	25.1%	17.4%	▼
Had a drink of alcohol before age 11	12.4%	8.6%	▼
Drank alcohol in past 30 days	11.7%	7.9%	▼
Male	11.2%	7.6%	▼
Female	12.1%	8.0%	▼

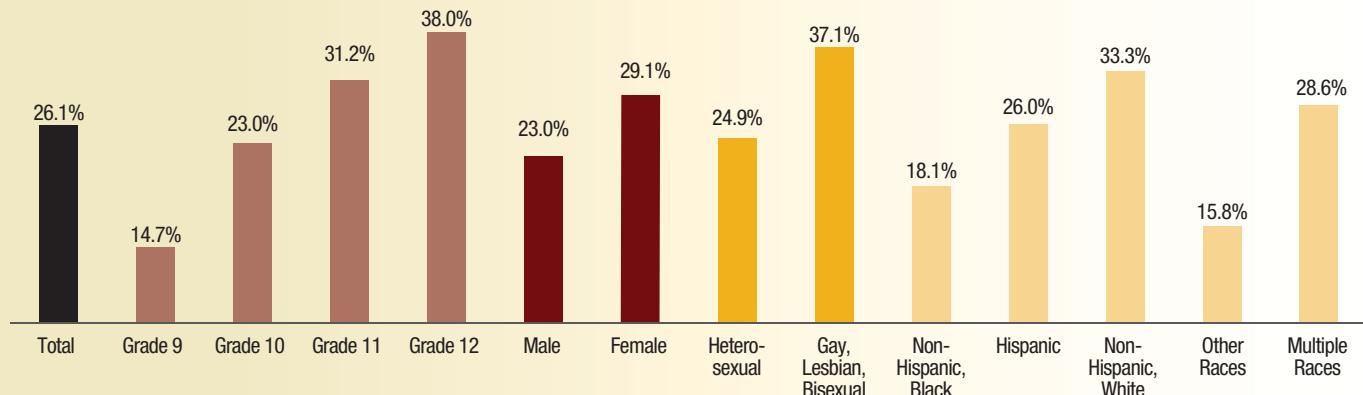
Alcohol | Had one or more drinks in past month



2014 HIGH SCHOOL DATA

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2014	2005 to 2014 Trend
Have ever had a drink of alcohol	73.1%	72.9%	67.2%	63.5%	60.9%	52.3%	▼
Male	71.5%	70.7%	65.0%	59.8%	57.7%	47.8%	▼
Female	74.7%	75.3%	69.3%	66.8%	63.9%	56.6%	▼
Had a drink of alcohol before age 13	24.8%	23.5%	24.5%	23.2%	19.3%	17.3%	▼
Drank alcohol in past 30 days	39.8%	42.9%	37.0%	34.8%	31.2%	26.1%	▼
Male	37.6%	40.3%	34.4%	32.3%	29.3%	23.0%	▼
Female	41.9%	45.3%	39.4%	36.8%	33.0%	29.1%	▼
Binge drank in past 30 days	20.8%	23.9%	19.4%	18.4%	17.0%	13.1%	▼

Alcohol | Had one or more drinks in past month



Other Drug Use



Maryland youth are especially vulnerable to drug abuse. Their physical and psychological states of development cause them to be highly susceptible to the ill effects of drug use, not only at the moment of use but for years to come as well. Teen and preteen drug use may result in tragic consequences. Youth drug use may cause self-degradation, loss of control, and disruptive or anti-social behaviors.

2014 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The percentage of middle school youth who had ever used marijuana decreased between 2013 and 2014, from 9.0% to 7.0%, however, the percentage who tried marijuana before age 11 increased from 3.0% to 4.1%.

2014 HIGH SCHOOL SURVEY HIGHLIGHTS

There was no significant change in the percentage of Maryland high school youth who have ever tried marijuana or are current marijuana users between 2005 and 2014. Significantly more 12th graders reported using marijuana in the past 30 days than other grade levels. The percentage of youth who used a needle to inject drugs into their body one or more times during their lifetime did increase significantly between 2005 and 2014.

Actions taken to address this behavior

ADAA provides funding to each of Maryland's 24 local jurisdictions to prevent drug use by youth. Each jurisdiction's local health department has an ATOD Prevention Office that provides substance abuse prevention, education, outreach and services to the community.

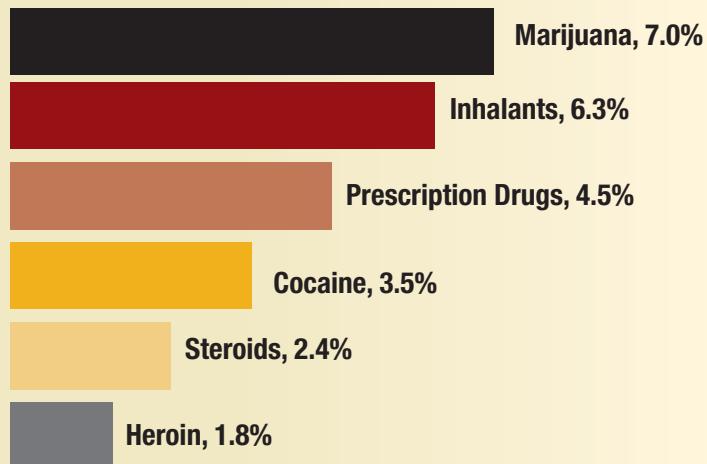
Each local prevention office assesses its local ATOD problems and factors that may contribute to those problems. Based on local needs, it provides a range of evidence-based programs and activities that address the community's youth drug-related problems, consequences and risk factors.

2014 MIDDLE SCHOOL DATA

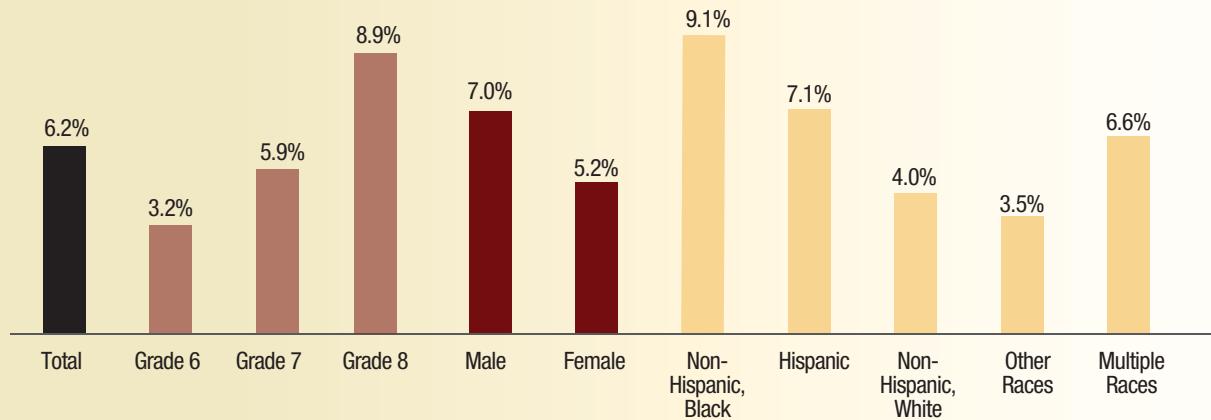
Percentage of Maryland youth who:	2013	2014	2013 to 2014 Trend
Have ever tried marijuana	9.0%	7.0%	▼
Tried marijuana for the first time before age 11	3.0%	4.1%	▲
Used marijuana in past 30 days*	--	6.2%	—

*A quantitative comparison with 2013 results is not possible because this question was not included in the previous year's survey.

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



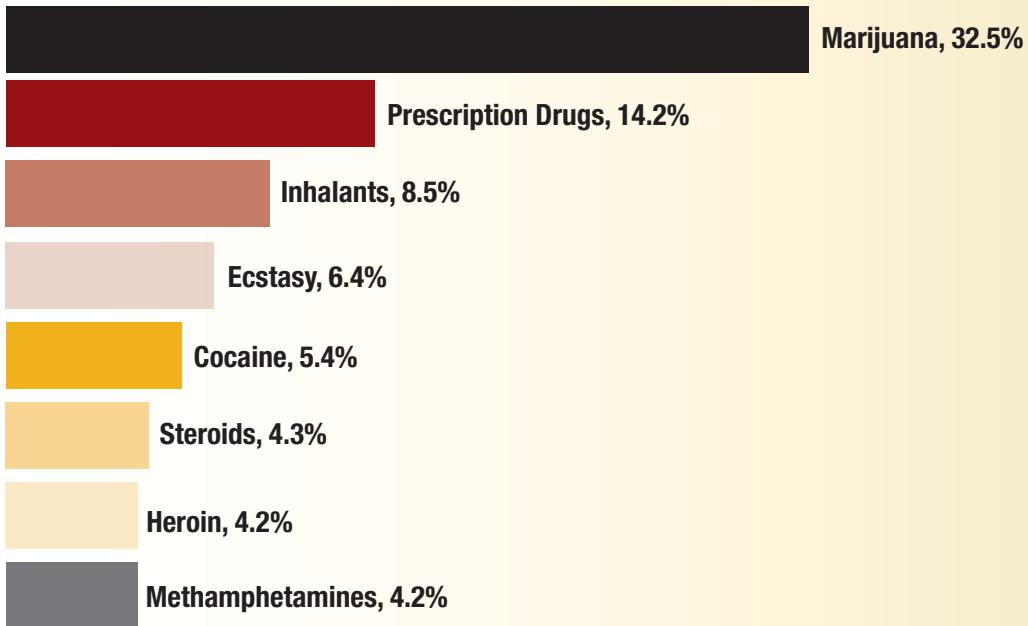
Other Drug Use | Used marijuana in past 30 days



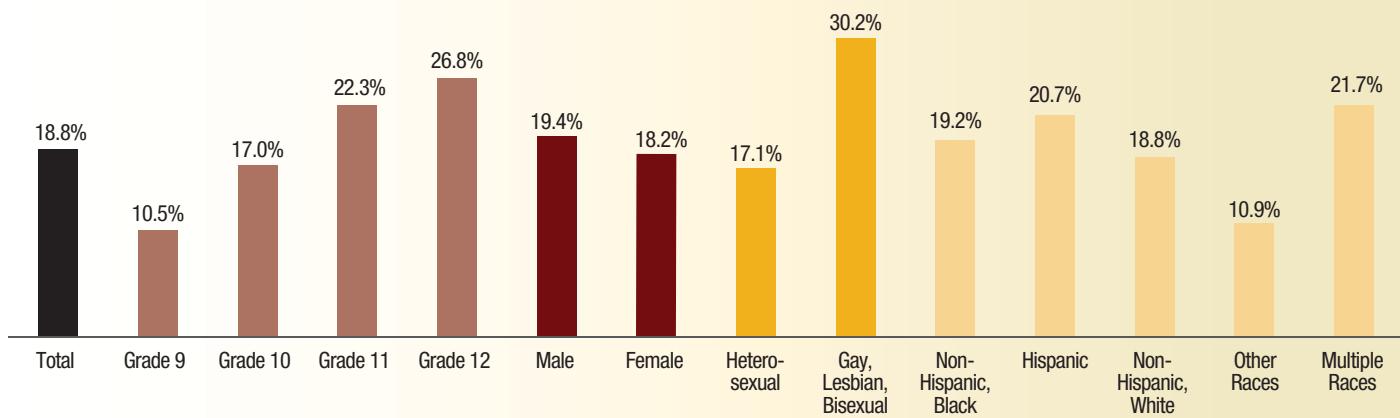
2014 HIGH SCHOOL DATA

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2014	2005 to 2014 Trend
Have ever tried marijuana	38.2%	36.5%	35.9%	37.0%	35.9%	32.5%	▼
Tried marijuana for the first time before age 13	8.9%	8.6%	8.1%	8.5%	8.8%	8.0%	■
Used marijuana in past 30 days	18.5%	19.4%	21.9%	23.2%	19.8%	18.8%	■
Have ever used a needle to inject any illegal drug into their body	2.0%	2.1%	3.0%	4.1%	3.9%	3.6%	▲

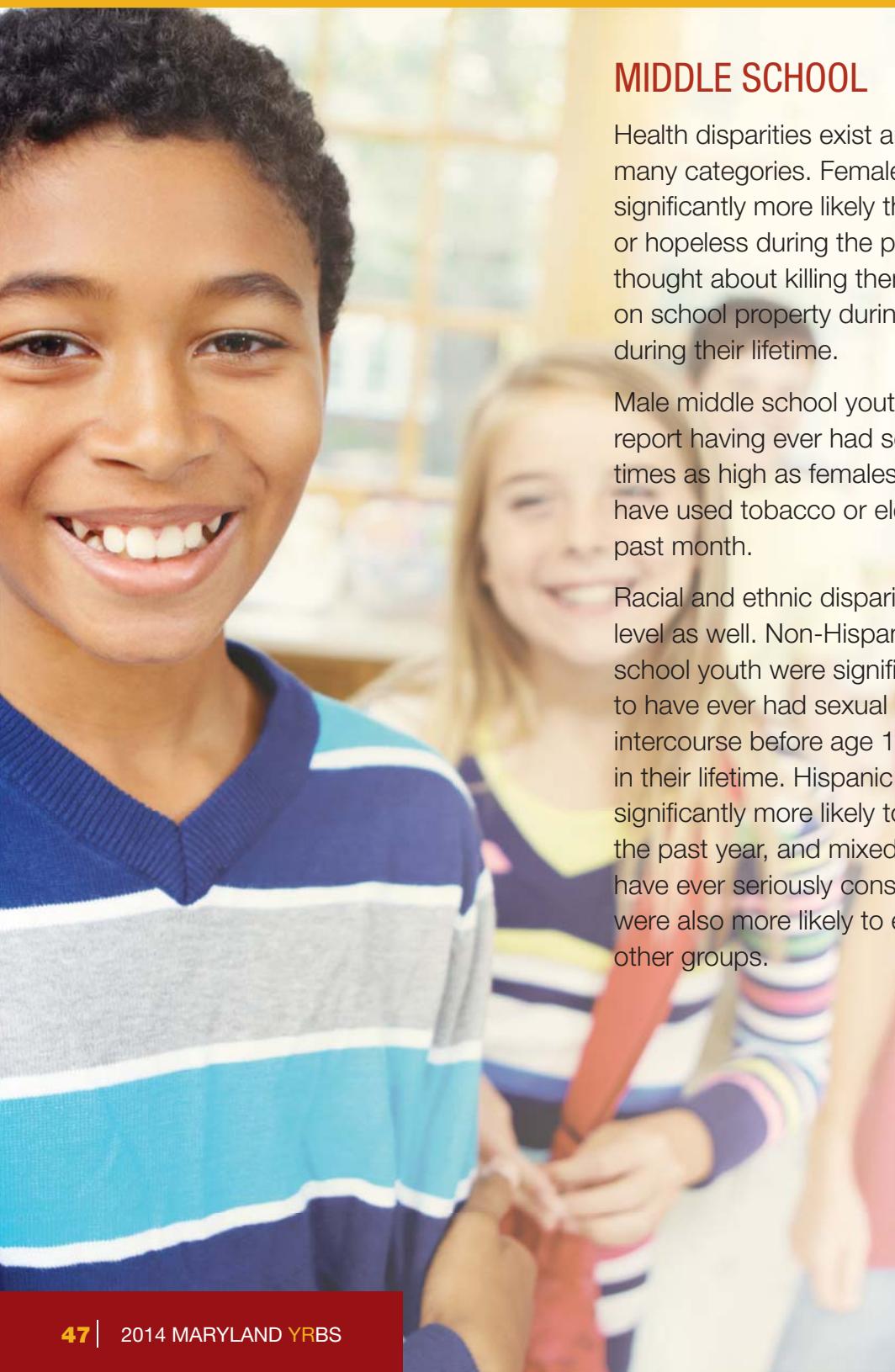
Percentage of Maryland youth who ever used the following drugs one or more times



Other Drug Use | Used marijuana in past 30 days



APPENDIX A: HEALTH DISPARITIES



MIDDLE SCHOOL

Health disparities exist among middle school youth in many categories. Female middle school youth were significantly more likely than males to report feeling sad or hopeless during the past year, having ever seriously thought about killing themselves, and being bullied either on school property during the past year or electronically during their lifetime.

Male middle school youth were significantly more likely to report having ever had sexual intercourse, at a rate three times as high as females. Males were also more likely to have used tobacco or electronic vapor products in the past month.

Racial and ethnic disparities exist at the middle school level as well. Non-Hispanic black and Hispanic middle school youth were significantly more likely than other races to have ever had sexual intercourse, to have had sexual intercourse before age 11, and with three or more partners in their lifetime. Hispanic and mixed race youth were significantly more likely to have felt sad or hopeless during the past year, and mixed race youth were more likely to have ever seriously considered suicide. Hispanic youth were also more likely to experience homelessness than other groups.



MIDDLE SCHOOL

Health Disparities in the 2014 YRBS

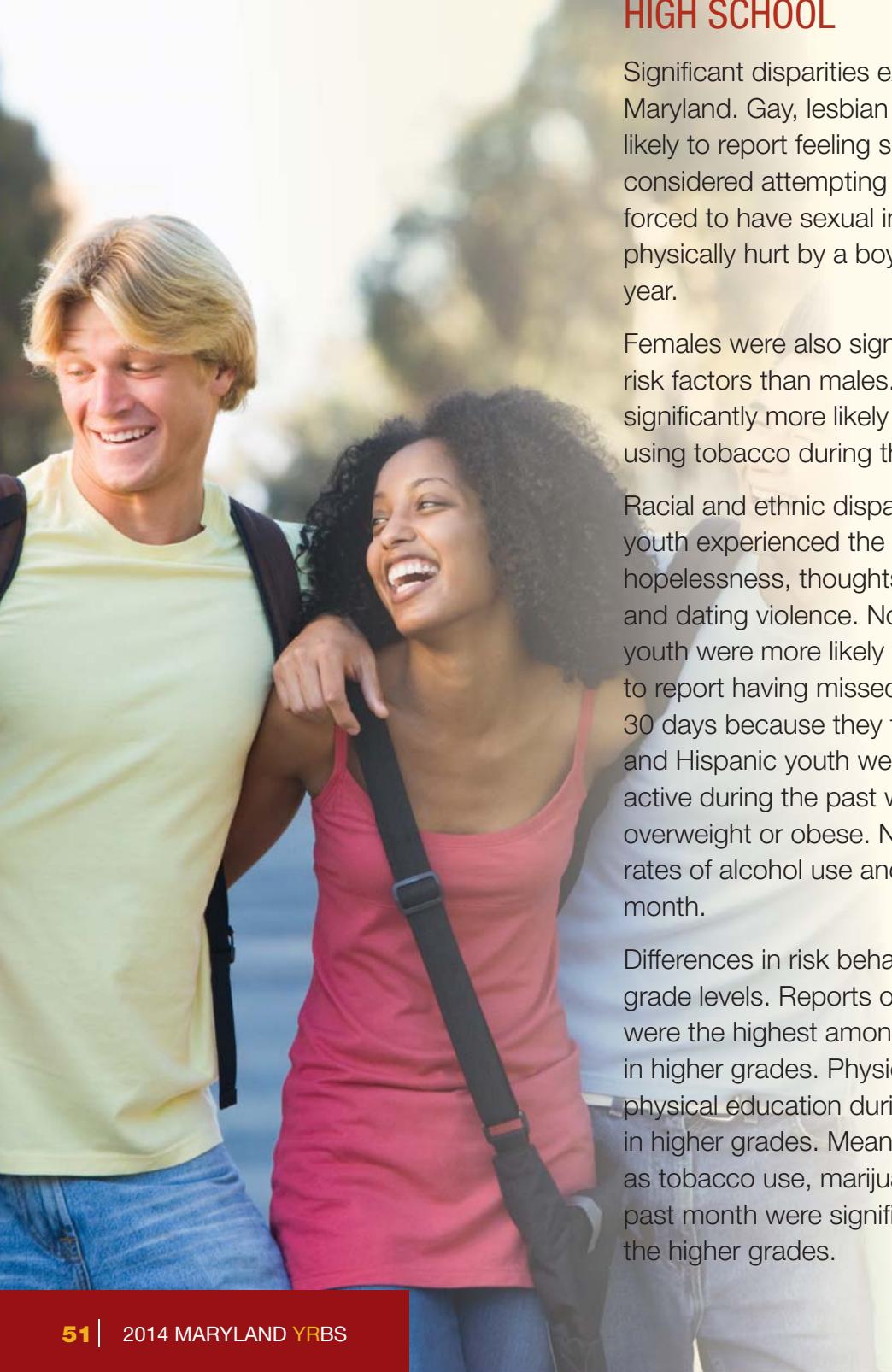
Topic	Variable	Total	Grade		
			Grade 6	Grade 7	Grade 8
Bullying	Ever bullied on school property during past year	40.9%	40.0%	41.3%	41.3%
Bullying	Have ever been bullied electronically (through e-mail, chat rooms, instant messaging, websites, or texting)	19.7%	16.2%	20.3%	22.3%
Homelessness	Lived away from their parents or guardians because they were kicked out, ran away, or were abandoned during past year	3.2%	2.3%	3.2%	3.8%
Homelessness	Usually slept in a friend's, relative's, or stranger's home at night during past year	2.0%	1.7%	2.2%	2.0%
Suicide	Felt sad and hopeless during past year	21.3%	17.5%	21.5%	24.4%
Suicide	Ever seriously thought about killing themselves	17.6%	13.7%	18.4%	20.4%
Overweight/Obesity	Described themselves as slightly or very overweight	23.6%	21.6%	24.5%	24.4%
Physical Activity	Are physically active for 60 or more minutes, 5 or more days per week	54.0%	57.3%	55.5%	49.6%
Physical Activity	Watched 3 or more hours of TV per day on an average school day	32.2%	28.2%	34.2%	34.1%
Nutrition	Ate breakfast on all 7 days during past week	53.3%	62.2%	52.8%	45.6%
Sexual Behavior	Have ever had sexual intercourse	7.4%	3.9%	7.1%	10.6%
Sexual Behavior	Have ever had sexual intercourse before the age of 11	3.0%	2.7%	2.9%	3.2%
Sexual Behavior	Have ever had sexual intercourse with 3 or more persons during their life	2.7%	1.3%	2.3%	4.1%
Injury and Violence	Have ever ridden in a car driven by someone who was texting while they were driving	51.2%	42.4%	51.3%	59.4%
Tobacco	Used any type of tobacco (cigarettes, cigars, smokeless tobacco, or electronic vapor product) in past month	11.1%	6.6%	10.0%	15.9%
Alcohol	Had one or more drinks in past month	7.9%	4.5%	7.4%	11.2%
Other Drugs	Used marijuana in past month	6.2%	3.2%	5.9%	8.9%



Gender		Race/Ethnicity				
Male	Female	Non-Hispanic, Black	Hispanic	Non-Hispanic, White	Other Races	Multiple Races
35.7%	46.3%	35.5%	41.5%	44.9%	36.8%	48.5%
13.3%	26.3%	13.9%	21.5%	24.3%	17.3%	24.8%
3.1%	3.3%	3.7%	5.5%	1.9%	2.7%	3.5%
2.1%	1.8%	2.3%	2.1%	1.4%	2.7%	2.2%
15.9%	26.7%	23.0%	27.5%	18.0%	16.9%	27.7%
12.6%	22.8%	19.8%	21.4%	14.7%	15.9%	25.0%
21.5%	25.8%	21.9%	28.7%	23.4%	23.1%	27.5%
60.3%	47.6%	45.2%	49.1%	62.7%	54.2%	54.0%
31.5%	33.0%	47.1%	32.7%	23.9%	18.8%	33.1%
58.9%	47.7%	46.4%	48.3%	58.0%	63.1%	46.9%
11.0%	3.7%	12.6%	8.9%	4.2%	3.0%	7.3%
4.7%	1.2%	5.6%	3.2%	1.4%	1.4%	3.7%
4.3%	1.0%	4.7%	3.5%	1.3%	1.2%	2.7%
46.9%	55.8%	51.0%	47.8%	56.0%	38.4%	59.9%
12.2%	9.5%	14.1%	13.8%	8.5%	7.0%	12.4%
7.6%	8.0%	8.9%	9.2%	6.9%	5.6%	10.3%
7.0%	5.2%	9.1%	7.1%	4.0%	3.5%	6.6%

APPENDIX A: HEALTH DISPARITIES

HIGH SCHOOL

A photograph of two young adults, a man and a woman, smiling and laughing together. The man has blonde hair and is wearing a yellow t-shirt. The woman has dark curly hair and is wearing a pink tank top. They appear to be walking outdoors, with a backpack strap visible.

Significant disparities exist among high school youth in Maryland. Gay, lesbian and bisexual youth were more likely to report feeling sad and hopeless, having seriously considered attempting suicide, ever having been physically forced to have sexual intercourse and having been physically hurt by a boyfriend/girlfriend during the past year.

Females were also significantly more likely to report these risk factors than males. Males, on the other hand, were significantly more likely to report texting while driving and using tobacco during the past month.

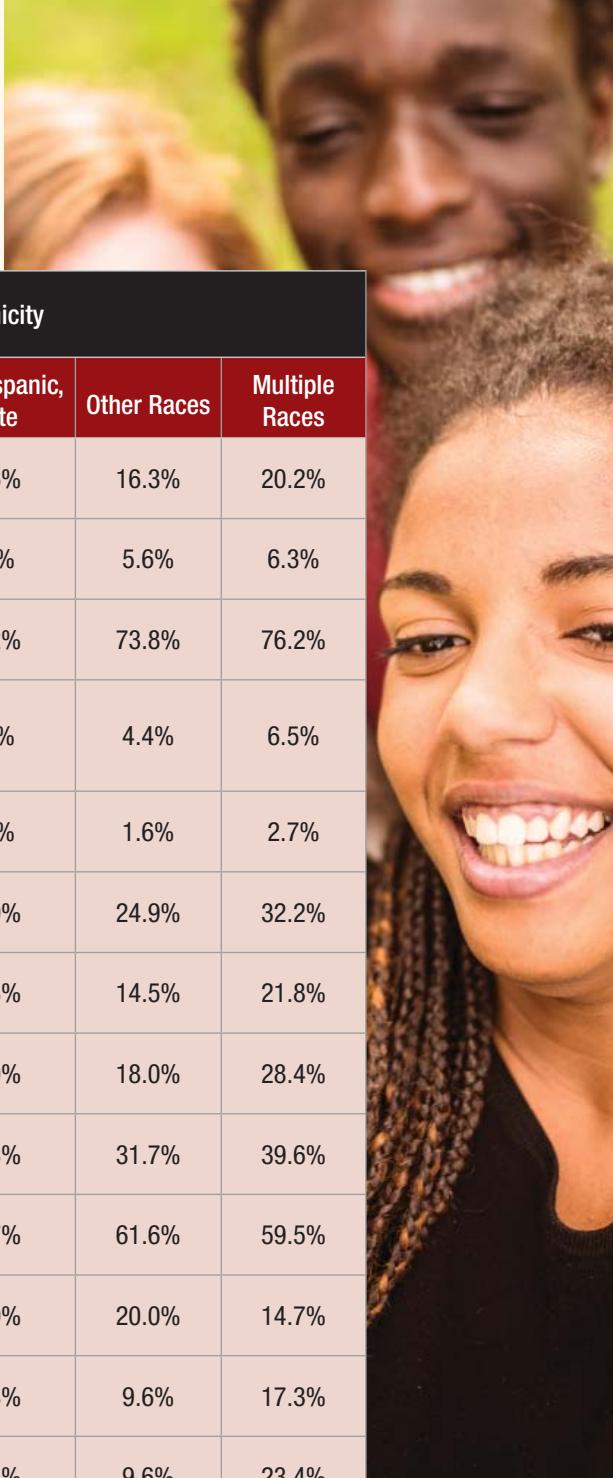
Racial and ethnic disparities are also prevalent. Hispanic youth experienced the highest rates of sadness and hopelessness, thoughts of suicide, sexual violence and dating violence. Non-Hispanic black and Hispanic youth were more likely than non-Hispanic white youth to report having missed school at least once in the past 30 days because they felt unsafe. Non-Hispanic black and Hispanic youth were also less likely to be physically active during the past week and were more likely to be overweight or obese. Non-Hispanic whites had the highest rates of alcohol use and binge drinking during the past month.

Differences in risk behaviors were also seen between grade levels. Reports of being bullied during the past year were the highest among 9th grade students and declined in higher grades. Physical activity and participation in physical education during an average week also declined in higher grades. Meanwhile, sexual intercourse, as well as tobacco use, marijuana use and alcohol use during the past month were significantly higher among students in the higher grades.



HIGH SCHOOL Health Disparities in the 2014 YRBS

Topic	Variable	Total	Grade			
			Grade 9	Grade 10	Grade 11	Grade 12
Bullying	Bullied on school property during past year	17.7%	21.1%	18.4%	16.2%	13.6%
Bullying	Did not go to school because felt unsafe in past 30 days	6.0%	6.0%	5.7%	5.8%	5.4%
Protective Factors	Comfortable seeking help from adult beside parents	78.2%	78.1%	77.5%	78.5%	79.4%
Homelessness	Lived away from their parents or guardians because they were kicked out, ran away, or were abandoned during past year	5.5%	4.6%	5.1%	5.3%	6.4%
Homelessness	Usually slept in a friend's, relative's, or stranger's home at night during past year	2.0%	1.6%	1.7%	2.2%	2.6%
Suicide	Felt sad and hopeless during past year	26.8%	24.8%	26.9%	27.5%	28.3%
Suicide	Seriously considered attempting suicide during past year	15.9%	15.0%	16.3%	15.6%	16.1%
Overweight/Obesity	Are overweight or obese (based on BMI)	26.4%	26.6%	27.3%	26.4%	25.5%
Physical Activity	Are physically active for 60 or more minutes, 5 or more days per week	36.9%	41.3%	37.4%	34.4%	34.1%
Nutrition	Ate fruits or drank 100% fruit juices 1 or more times per day during past week	56.6%	57.4%	56.2%	57.4%	55.3%
Nutrition	Ate vegetables 3 or more times per day during past week	13.4%	13.8%	13.1%	12.4%	13.8%
Nutrition	Drank soda 1 or more times per day during past week	16.6%	16.4%	16.4%	16.3%	17.2%
Sexual Behavior	Had sexual intercourse during past three months	22.6%	9.7%	17.6%	26.6%	38.6%
Injury and Violence	Have texted or emailed while driving during past month (among students who drove)	26.1%	13.5%	14.3%	19.5%	41.4%
Injury and Violence	Ever physically forced to have sexual intercourse	8.1%	6.9%	7.1%	8.0%	10.0%
Injury and Violence	Physically hurt by a boyfriend/girlfriend during past year	10.1%	8.4%	9.5%	10.0%	11.3%
Tobacco	Used any type of tobacco (cigarettes, cigars, smokeless) in past 30 days	16.4%	11.3%	14.2%	17.5%	22.2%
Alcohol	Had one or more drinks in past month	26.1%	14.7%	23.0%	31.2%	38.0%
Other Drugs	Used marijuana in past 30 days	18.8%	10.5%	17.0%	22.3%	26.8%



Gender		Sexual Identity		Race/Ethnicity				
Male	Female	Hetero-sexual	Gay, Lesbian, Bisexual	Non- Hispanic, Black	Hispanic	Non- Hispanic, White	Other Races	Multiple Races
15.5%	19.8%	15.5%	29.5%	13.1%	19.1%	20.6%	16.3%	20.2%
6.0%	5.5%	4.1%	14.0%	5.8%	9.8%	4.2%	5.6%	6.3%
77.4%	79.0%	79.5%	73.9%	76.6%	72.8%	82.2%	73.8%	76.2%
5.4%	5.5%	4.1%	11.8%	5.5%	10.2%	3.9%	4.4%	6.5%
1.7%	2.2%	1.5%	4.7%	2.0%	2.5%	1.6%	1.6%	2.7%
18.7%	35.0%	23.0%	50.0%	24.7%	34.6%	25.9%	24.9%	32.2%
10.9%	20.7%	12.3%	38.1%	13.7%	20.0%	15.8%	14.5%	21.8%
28.6%	24.2%	24.9%	33.0%	31.1%	33.4%	22.0%	18.0%	28.4%
44.0%	30.1%	39.6%	23.3%	32.9%	29.5%	43.3%	31.7%	39.6%
58.7%	54.5%	57.5%	51.1%	52.4%	57.7%	58.7%	61.6%	59.5%
14.8%	11.8%	12.8%	14.4%	11.6%	13.9%	12.9%	20.0%	14.7%
19.1%	14.2%	15.9%	21.1%	17.9%	16.3%	16.8%	9.6%	17.3%
23.0%	22.1%	21.7%	30.9%	24.8%	24.4%	22.5%	9.6%	23.4%
28.6%	22.6%	25.2%	31.1%	16.9%	29.6%	30.6%	27.0%	24.5%
6.2%	9.9%	6.3%	17.9%	8.0%	12.3%	6.6%	7.4%	9.8%
8.5%	11.2%	7.7%	20.5%	9.2%	13.8%	8.7%	10.1%	13.0%
19.0%	13.1%	13.1%	32.9%	14.0%	17.7%	17.6%	10.2%	16.4%
23.0%	29.1%	24.9%	37.1%	18.1%	26.0%	33.3%	15.8%	28.6%
19.4%	18.2%	17.1%	30.2%	19.2%	20.7%	18.8%	10.9%	21.7%

Appendix B: References

Bullying and Harassment

Understanding bullying. Centers for Disease Control and Prevention.

http://www.cdc.gov/ViolencePrevention/pdf/Bullying_Factsheet-a.pdf. 2011. Accessed February 10, 2014.

Protective Factors—None

Suicide

Suicide prevention. Centers for Disease Control and Prevention.

<http://www.cdc.gov/ViolencePrevention/suicide/>. Updated December 31, 2013. Accessed February 10, 2014.

Homelessness

Homeless youth. National Coalition for the Homeless.

<http://www.nationalhomeless.org/factsheets/youth.html>. Accessed December 8, 2015.

Overweight and Obesity

Childhood obesity facts. Centers for Disease Control and Prevention.

<http://www.cdc.gov/healthyyouth/obesity/facts.htm>. Updated July 10, 2013. Accessed February 10, 2014.

Physical Activity

U.S. Department of Health and Human Services. *2008 Physical Activity Guidelines for Americans*.

Washington, DC: U.S. Department of Health and Human Services; 2008.

<http://www.health.gov/paguidelines/guidelines/>. Updated March 11, 2013. Accessed February 10, 2014.

Nutrition

Health facts. U.S. Department of Health and Human Services.

http://www.csrees.usda.gov/nea/food/pdfs/hhs_facts_carbohydrates.pdf. Accessed February 10, 2014.

Sexual Behavior

Sexual Risk Behavior: HIV, STD, & Teen Pregnancy Prevention. Centers for Disease Control and Prevention.

<http://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm>. Updated August 26, 2013. Accessed May 5, 2014.

Injury and Violence

Young driver safety. Maryland Department of Transportation, Motor Vehicle Administration.

<http://www.mva.maryland.gov/safety/mhso/program-young-drivers.htm>. Accessed May 8, 2014.

Tobacco

Office of the Surgeon General, Public Health Service, U.S. Department of Health and Human Services.

Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General—Executive Summary.

Rockville, MD: U.S. Department of Health and Human Services; 2012.

<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/exec-summary.pdf>. Accessed February 10, 2014.

King BA, Tynan MA, Dube SR, Arrazola R. Flavored-little-cigar and flavored-cigarette use among U.S. middle and high school students. *J Adolesc Health*. 2013;54(1):40-46.

[http://www.jahonline.org/article/S1054-139X\(13\)00415-1/fulltext](http://www.jahonline.org/article/S1054-139X(13)00415-1/fulltext). Accessed February 10, 2014.

Alcohol

Fact sheets - Age 21 Minimum Legal Drinking Age. Centers for Disease Control and Prevention.

<http://www.cdc.gov/alcohol/fact-sheets/mlda.htm>. 2013. Accessed February 10, 2014.

Fact sheets - Binge Drinking. Centers for Disease Control and Prevention.

<http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>. Accessed February 10, 2014.

Other Drug Use

Office of National Drug Control Policy. *1999 National Drug Control Strategy*.

National Criminal Justice Reference Service Web site.

<https://www.ncjrs.gov/ondcppubs/publications/policy/99ndcs/ii-c.html>. 1999. Accessed February 10, 2014.

Appendix C: Resources

Bullying and Harassment

Bullying Info

<http://www.stopbullying.gov>

Provides tools and resources for youth, parents, teachers and mental health providers to prevent and address bullying. Includes tip sheets, videos and games. Available in Spanish.

Bullying Information Center

<http://www.education.com/topic/school-bullying-teasing>

Includes tip sheets, articles, resource links, examples of parents and schools working together to end bullying, and a free e-book titled "Bullying At School and Online." Some resources and publications available in Spanish.

Bullying Prevention

http://www.marylandpublicschools.org/MSDE/divisions/studentschoolsvcs/student_services_alt/bullying

Maintained by the Maryland State Department of Education. Provides information on bullying prevention including definitions, state laws, reports and information for parents.

Gay, Lesbian & Straight Education Network

<http://www.glsen.org>

GLSEN strives to ensure that each member of every school community is valued and respected regardless of sexual orientation or gender identity/expression. Includes research, developmentally appropriate resources for educators and professional development resources.

It Gets Better

<http://www.itgetsbetter.org>

Videos and resources to inspire and encourage lesbian, gay, bisexual and transgender (LGBT) youth who are struggling.

Teaching Tolerance

<http://www.tolerance.org>

A wide variety of resources for parents, students and teachers on dealing with bullying, racism, sexism and other forms of intolerance in school and the community. A monthly online magazine is also available. Maintained by the Southern Poverty Law Center.

Gender Spectrum

www.genderspectrum.org/

Gender Spectrum provides education, training and support to help create a gender sensitive and inclusive environment for children of all ages. Topics include parenting and family, teens, education, mental health, legal, social services, faith and medical. In addition, they sponsor a national conference on transgender issues each year.

TransYouth Family Allies (TYFA)

www.imatyfs.org

TYFA empowers children and families by partnering with educators, service providers and communities, to develop supportive environments in which gender may be expressed and respected. The site has resources for parents, educators and youth.

Protective Factors

CASEL

<http://www.casel.org>

Dedicated to helping make social and emotional learning an integral part of education from preschool through high school. Includes research, policy information and videos.

Centers for Disease Control and Prevention

http://www.cdc.gov/healthyyouth/protective/school_connectedness.htm

Provides school connectedness fact sheets for school districts and school administrators; teachers and other staff; and parents and families. Additional resources are available online for strategies to increase protective factors in the school setting and professional development for school staff.

Homelessness

The National Center for Homeless Education SERVE Center

www.serve.org/nche

NCHE operates the U.S. Department of Education's technical assistance and information center for the federal Education for Homeless Children and Youth (EHCY) Program.

The National Association for the Education of Homeless Children and Youth

www.naehcy.org

NAEHCY is a national membership association dedicated to educational excellence for children and youth experiencing homelessness, engaging in advocacy and policy and providing educational resources to help homeless students succeed.

Unaccompanied Youth Toolkit for High School Counselors and McKinney-Vento Liaisons

<http://www.naehcy.org/toolkit-high-school-counselors>

This toolkit provides resources on federal policies related to homeless youth and school, assisting homeless youth with college entrance and access to basic services, and training resources for school staff.

Suicide and Mental Health

American Foundation for Suicide Prevention

<http://www.afsp.org>

Leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.

The Mental Health Association of Maryland (MHAMD)

<https://www.mhamd.org>

The state's only volunteer, nonprofit, citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness.

National Suicide Prevention Lifeline

If you or someone you know is in crisis and is considering suicide, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

National Gay and Lesbian Youth Suicide Hotline

1-800-SUICIDE

The Trevor Project

<http://www.thetrevorproject.org>

Leading national organization focused on crisis intervention and suicide prevention efforts among lesbian, gay, bisexual, transgender and questioning youth. Every day, The Trevor Project saves young lives through its free and confidential lifeline, in-school workshops, educational materials, online resources and advocacy. Trevor Lifeline is a 24-hour hotline for youth in crisis: 1-866-488-7386.

Maryland Resource Guide

<http://freestatelegal.org/wp-content/uploads/2014/12/Resource-Guide1.pdf>Resource Guide for LBGTQ+ Youth Maryland

This comprehensive resource guide lists Maryland resources for support groups, health and wellness, legal and advocacy, places of worship, community centers, identity groups, education, transitional housing and hotlines.

Physical Activity and Nutrition

Maryland School and Community Nutrition Resources

<http://www.marylandpublicschools.org/MSDE/programs/schoolnutrition/docs/Additional+Links.html>

Maintained by the Maryland State Department of Education, School and Community Nutrition Programs Branch.

Provides resources for parents and kids and related links.

Teens Health: Food and Fitness

http://kidshealth.org/teen/food_fitness/

Includes information for teens on healthy eating, dieting, exercise, strength training, eating disorders, steroids and more. Includes information in Spanish.

Sexual Behavior

The National Campaign to Prevent Teen and Unplanned Pregnancy

<https://thenationalcampaign.org/>

National organization dedicated to reducing unplanned teen pregnancy in the U.S. by 20% by the year 2020, providing education to teens, parents, and young adults in their 20s that encourages them to take sex and pregnancy seriously, stresses personal responsibility and respectful relationships, and includes extensive information about contraception.

Maryland Center for Sexually Transmitted Infection Prevention

<http://phpa.dhmh.maryland.gov/OIDPCS/CSTIP/SitePages/Home.aspx>

Maintained by the Maryland Department of Health and Mental Hygiene. Includes statistics, resources for teens and resources for lesbian, gay, bisexual, transgender and questioning individuals.

Teens Health: Sexual Health

http://kidshealth.org/teen/sexual_health/

Includes facts and articles about sexual health with topics such as puberty, sexually transmitted infections and birth control. Includes information in Spanish.

General Sexual Health Information

- [The National GYT Campaign: It's Your Sex Life](#)
- [I Wanna Know](#)
- [Planned Parenthood](#)
- [Scarleteen](#)
- [Sex, etc.](#)
- [Go ask Alice!](#)
- [American Sexual Health Association](#)
- [Advocates for Youth](#)

Specific Sexual Health Information

- [Talking to your partner about STIs](#)
- [Bedsider](#): Information on different birth control methods
- [Center for Young Women's Health](#): Sexual health and development for females
- [Young Men's Health](#): Sexual health and development for males
- [HIV Stops with Me](#): Special information about HIV/AIDS in Baltimore
- [STI Risks by Type of Sexual Contact](#)
- STD Hotline: 1-800-227-8922

Healthy Relationships & Stopping Teen Violence/Harassment

- [Love is Respect](#): Building healthy relationships
- [Teen PCAR](#): Stopping rape
- [That's Not Cool](#): Ending social media harassment
- [RAINN](#): Rape Abuse & Incest National Network
- [Making Schools Safe](#): Stopping discrimination of LGBT individuals in schools

Interactive

- [CDC E-Cards](#): Get the conversation going to protect you and your partner

- [Stay Teen](#): Games to test your knowledge and think about relationships

MSM/LGBTQ Resources

- [All about LGBTQ](#)
- [Young Women Who Have Sex with Women: Falling through the Cracks for Sexual Health Care](#)
- [10 Things MSM Should Talk to their Healthcare Provider About](#)
- [Ambiente Joven](#) - A website by and for Spanish speaking LGBTQ young people

Fact Sheets about STIs and MSM/LGBTQ Individuals

- [Gay and Bisexual Men's Health](#)
- [HIV and Young MSM](#)
- [MSM and HIV](#)
- [Syphilis and MSM](#)
- [Hepatitis and MSM](#)
- [STI Risks by Type of Sexual Contact](#)
- [Lesbian and Bisexual Fact Sheet](#)

Injury

Distracted Driving

<http://www.distraction.gov>

Maintained by the U.S. Department of Transportation. Includes facts, videos, state laws and pledges related to distracted driving.

Heads Up: Concussion in Youth Sports

<http://www.cdc.gov/concussion/headsups/youth.html>

An initiative by the Centers for Disease Prevention and Control to help ensure the safety of young athletes. Includes information on preventing, recognizing and responding to a concussion.

Teen Drinking and Driving

<http://www.cdc.gov/Vitalsigns/TeenDrinkingAndDriving>

Includes facts and statistics on teen drinking and driving with links to relevant public service announcements, podcasts and tips for parents.

The Maryland Teen Safe Driving Coalition

<http://sites.google.com/site/mdteensafedrivingcoalition/>

State organization working in partnership with The Allstate Foundation and the National Safety Council to help teens build skill and minimize risk through the proven principles of Graduated Driver Licensing (GDL).

Meritus Health Trauma and Emergency Services

<http://www.meritushealth.com/Our-Services/Meritus-Medical-Center/Trauma-Emergency-Services/Stay-Alive-Dont-Text-and-Drive.aspx>

Medical center in Hagerstown, MD partnering with community organizations to raise awareness of the dangers of distracted driving in the public service campaign, "Stay Alive. Don't Text and Drive."

Violence

Break the Cycle

<http://www.breakthecycle.org/>

Break the Cycle's mission is to inspire and support young people to build healthy relationships and create a culture without abuse.

Consent is Sexy

<http://www.consentissexy.net/>

Sexual Rights Awareness Campaign targeting high school and college/university students focusing on respect, consent, safe sex and equality of rights.

Dating Matters

<http://vetoviolence.cdc.gov/apps/datingmatters/>

Centers for Disease Control and Prevention's teen dating violence prevention initiative includes preventive strategies for individuals, peers, families, schools, and neighborhoods.

Love is Respect

<http://www.loveisrespect.org>

Includes information on healthy relationships and resources for teens experiencing dating violence. Includes tips for helping others who may be experiencing dating violence.

Maryland Coalition Against Sexual Assault

<http://www.mcasa.org/for-survivors/maryland-rape-crisis-and-recovery-centers-5>

MCASA's mission is to help prevent sexual assault, advocate for accessible, compassionate care for survivors of sexual violence, and work to hold offenders accountable. Includes info on rape crisis and recovery centers across Maryland, prevention information and resources for survivors.

Men Can Stop Rape

<http://www.mencanstoprape.org>

Mobilizes men to use their strength for creating cultures free from violence, especially men's violence against women. Instead of helping women reduce their risk of being victims of men's violence, this campaign focuses on helping men use their strength in positive ways in all of their relationships.

National Sexual Violence Resource Center

<http://www.nsvec.org>

Provides leadership in preventing and responding to sexual violence through collaboration, sharing and creating resources, and promoting research.

National Alliance to End Sexual Violence

<http://endsexualviolence.org/>

Provides advocacy for the state coalitions and local programs working in victim support and prevention of sexual violence.

Not Alone

<https://www.notalone.gov/>

Provides information for students and schools on how to respond and prevent sexual violence.

Rape, Abuse and Incest National Network

<http://www.rainn.org>

Maintains the National Sexual Assault Hotline at 1-800-656-HOPE.

That's Not Cool

<http://www.thatsnotcool.com/>

Included games, videos and resources to help teens draw a digital line to ensure that technology plays a healthy role in their relationships and is not used for controlling, pressuring and threatening behaviors associated with teen dating abuse.

The Rape and Sexual Assault Prevention Program (RSAPP)

http://phpa.dhmh.maryland.gov/ohpetup/SitePages/rsapp_saru.aspx

Developed by the Maryland Department of Health and Mental Hygiene to provide education, training and technical support to reduce the incidence of rape and sexual violence in the state.

Tobacco Use

The Cigar Trap

<http://www.TheCigarTrap.com>

The Maryland Department of Health and Mental Hygiene developed The Cigar Trap campaign to increase

awareness of parents of the dangers of youth cigar use – in particular non-premium little cigars and cigarillos. These products are available in fruit and candy flavors, and are often sold individually in brightly colored wrapping. The website includes fact sheets, statistics and related resources, as well as links to a TV communications campaign.

The Maryland Tobacco Quitline, 1-800-QUIT-NOW (1-800-784-8669)

<http://smokingstopshere.com>

The Quitline is a completely free service provided by the Maryland Department of Health and Mental Hygiene. The Quitline provides evidence-based phone counseling to assist Marylanders aged 13 years and older in quitting tobacco use. Phone counseling services are available 24 hours a day, seven days a week in English, Spanish and other languages. All calls are private and include mailed materials and referrals to local programs.

The Real Cost Campaign

www.therealcost.gov

In February 2014, the Food and Drug Administration (FDA) launched "The Real Cost" media campaign. This national tobacco use prevention campaign targets youth ages 12-17 and addresses: loss of control due to addiction, dangerous chemicals found in tobacco products, and the negative health consequences that result from smoking.

SmokeFree Teen

<http://teen.smokefree.gov/>

The site is designed and run by the National Cancer Institute. Information, tools and resources are provided to teens to help them understand and take ownership of their health and lives, and help them through the decision-making process. There are also programs to help teens to quit using tobacco, including phone, apps, web and text.

U.S. Food and Drug Administration

<http://www.fda.gov/TobaccoProducts/PublicHealthEducation/PublicEducationCampaigns/TheRealCostCampaign/default.htm>

FDA's first youth tobacco prevention campaign, "The Real Cost," seeks to educate these at-risk youth about the harmful effects of tobacco use. The goal is to prevent young people who are open to smoking from trying it and to reduce the number of youth who move from experimenting with tobacco to regular use.

Alcohol Use

Teens Health: Drugs & Alcohol

http://kidshealth.org/teen/drug_alcohol/

Information for teens on topics such as alcohol use, binge drinking, coping with an alcoholic parent, and identifying a drinking problem.

The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW)

<https://www.pharmacy.umaryland.edu/programs/seow/>

A partnership between the University of Maryland School of Pharmacy and the Behavioral Health Administration (BHA) of the State of Maryland Department of Health and Mental Hygiene (DHMH), SEOW provides state substance abuse prevention and treatment providers, policy-makers, researchers, and citizens with information about the consumption, risk factors, and consequences associated with alcohol, tobacco, and drug use in Maryland.

Other Drug Use

A Day in the Life of American Adolescents: Substance Use Facts Update

<http://www.samhsa.gov/data/2K13/CBHSQ128/sr128-typical-day-adolescents-2013.pdf>

Report by the U.S. Department of Health and Human Services includes data and information on teen substance use.

National Institute on Drug Abuse

<http://teens.drugabuse.gov/>

Includes information for teens, educators and parents on teen drug abuse.

Teens Health: Drugs & Alcohol

http://kidshealth.org/teen/drug_alcohol/

Information for teens on topics such as prescription drugs, steroids, inhalants, marijuana and caffeine. Also includes information about dealing with addiction.

The publication is available from:

Maryland Department of Health and Mental Hygiene

Prevention and Health Promotion Administration

201 W. Preston Street

Baltimore, MD 21201

410-767-6500 or 1-877-463-3464

www.dhmh.state.md.us

