Unintentional injuries and violence are the leading causes of death, hospitalization, and disability for children ages 1-18. This fact sheet provides a state snapshot of data on the injury-related Maternal and Child Health Block Grant National Performance Measures and Health Status Indicators, with a special focus on disparities based on race, gender, and rural/urban residence. The fact sheet is intended to be a helpful and easy-to-use tool for needs assessments, planning, program development, and presentations.

The Children’s Safety Network (CSN) National Injury and Violence Prevention Resource Center, funded by the Maternal and Child Health (MCH) Bureau, works with states to utilize a science-based, public health approach for injury and violence prevention (IVP). CSN is available to provide information and technical assistance on injury surveillance and data; needs assessments; best practices; and the design, implementation, and evaluation of programs to prevent child and adolescent injuries.

**Major Causes of Injury Death**

Understanding injury rankings among other causes of death is important in determining their physical and economic role in each state. Knowing what types of injuries cause the majority of deaths and hospitalizations can inform program planning and development efforts. Table 1 shows the top 5 causes of death by age group in the state. Unintentional and intentional injury deaths are highlighted. Table 2 shows the top 5 causes of injury death by age group in the state. Intentional injury deaths are highlighted.

### Table 1: Leading Causes and Total 5-Year Incidence of Deaths by Age Group, Maryland, 2004-2008

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Groups</th>
<th>Unintentional Death</th>
<th>Intentional Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Short Gestation</td>
<td>673</td>
<td>Unintentional Injury 102</td>
</tr>
<tr>
<td>2</td>
<td>Congenital Anomalies</td>
<td>471</td>
<td>Congenital Anomalies 59</td>
</tr>
<tr>
<td>3</td>
<td>SIDS</td>
<td>332</td>
<td>Homicide 43</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Pregnancy Comp.</td>
<td>271</td>
<td>Malignant Neoplasms 37</td>
</tr>
<tr>
<td>5</td>
<td>Placenta Cord Membranes</td>
<td>149</td>
<td>Heart Disease 16</td>
</tr>
</tbody>
</table>

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes.

Table 1 Source: WISQARS Leading Causes of Death Reports, 2004-2008.
Childhood injury is also a leading cause of morbidity. Table 3 provides information from the state's hospital discharge data on the leading causes and incidence of hospital admissions by age group.

Table 2: Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, Maryland, 2004-2008

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1 - 4</th>
<th>5 - 9</th>
<th>10 - 14</th>
<th>15-19</th>
<th>20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Homicide 29</td>
<td>Homicide 43</td>
<td>MV Traffic 35</td>
<td>MV Traffic 59</td>
<td>Homicide 372</td>
<td>Homicide 650</td>
</tr>
<tr>
<td>2</td>
<td>Suffocation 26</td>
<td>MV Traffic 33</td>
<td>Fire/Burn 20</td>
<td>Homicide 28</td>
<td>MV Traffic 345</td>
<td>MV Traffic 450</td>
</tr>
<tr>
<td>3</td>
<td>Fire/Burn ***</td>
<td>MV Traffic ***</td>
<td>Drowning 20</td>
<td>Drowning 13</td>
<td>Suicide 20</td>
<td>Suicide 111</td>
</tr>
<tr>
<td>4</td>
<td>Undetermined Poisoning ***</td>
<td>Fire/Burn 18</td>
<td>Homicide 10</td>
<td>Drowning 10</td>
<td>Fire/Burn 10</td>
<td>Undetermined Poisoning 60</td>
</tr>
<tr>
<td>5</td>
<td>Undetermined Unspecified ***</td>
<td>Suffocation 12</td>
<td>Pedestrian Other ***</td>
<td>Other land transport ***</td>
<td>Drowning 24</td>
<td>Poisoning 19</td>
</tr>
</tbody>
</table>

Note: All mechanisms of suicide and homicide were combined according to intent. Each listed mechanism is unintentional except those otherwise noted. *** = indicates that the cell values range from 1-10 and are suppressed for data confidentiality purposes.

Table 3: Leading Causes and Annual Incidence of Hospital-Admitted Injuries by Age Group, Maryland Residents, 2009

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1 - 4</th>
<th>5 - 9</th>
<th>10 - 14</th>
<th>15-19</th>
<th>20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional Other Specified, NEC 105</td>
<td>Unintentional Fall 163</td>
<td>Unintentional Fall 151</td>
<td>Unintentional Fall 141</td>
<td>Self-inflicted 422</td>
<td>Self-inflicted 514</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Fall 70</td>
<td>Unintentional Poisoning 92</td>
<td>Unintentional MVT 64</td>
<td>Unintentional MVT 87</td>
<td>Unintentional MVT 327</td>
<td>Unintentional MVT 459</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Poisoning 21</td>
<td>Unintentional Other Specified, NEC 71</td>
<td>Unintentional Other Specified, NEC 50</td>
<td>Unintentional Struck By/Against 65</td>
<td>Assault 285</td>
<td>Assault 387</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Struck By/Against 18</td>
<td>Unintentional Fire/Burn 48</td>
<td>Unintentional Bites &amp; Stings 32</td>
<td>Self-inflicted 57</td>
<td>Unintentional Fall 160</td>
<td>Unintentional Fall 210</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Suffocation 16</td>
<td>Unintentional Bites &amp; Stings 41</td>
<td>Unintentional Struck By/Against 22</td>
<td>Assault 39</td>
<td>Unintentional Poisoning 92</td>
<td>Unintentional Poisoning 12</td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. Source: Children's Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at Pacific Institute for Research and Evaluation (PIRE), Calverton, MD, January 2012. Incidence based on 2008 data from the state and obtained from the Maryland State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality (AHRQ). These injuries exclude patients who were dead at the time of discharge, readmission cases, transfers (e.g., from another short or long-term care facility, different acute care hospital), medical misadventures, and/or who suffered non-acute injuries. All counts were based on the patients' state of residence.
National Performance Measures
The Federal Maternal and Child Health Bureau Block Grant program requires State MCH programs to report on 18 National Performance Measures (NPM), two of which directly address injuries. NPM #10 addresses the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children. NPM #16 addresses the rate of suicide deaths among youths aged 15-19.

The following figures provide information related to NPMs #10 and #16.

NPM 10: Reducing Unintentional Motor Vehicle Deaths to Children Ages 0-14:

Figure 1: The Rate of Deaths to Children Aged 14 Years and Younger Caused by Motor Vehicle Crashes per 100,000 Children, Maryland and US, 2004-2008

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
36% of children ages 0-14 involved in a motor vehicle fatality were occupants and 36% were pedestrians.

Note: Unspecified/Other primarily includes cases where a child fatality was coded as an unspecified motor-vehicle accident or a collision between specified motor vehicles, among others. In addition, motorcyclist and pedal cyclist fatalities were collapsed into this category because incidence were fewer than 10 and data were from years 2004-2008.
In the state of Maryland from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 98 percent higher than for females age 15-19.

Data are only reported for urban areas that exist within the state. In addition, data for some age groups and areas are not reported due to few or no deaths.

**NPM 16: Reducing Suicide Deaths Among Teens Ages 15-19:**

**Figure 6 Source:** WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
46% of youth ages 15-19 completed suicide by using suffocation.

Note: Unspecified/Other includes all self-inflicted fatal injuries in which the mechanism was not identified or the coded mechanism was other than those named in the pie chart. Self-Inflicted Poisonings that were fewer than 10 and from years 2004-2008 were collapsed into this category.
Figure 10: The Rate (per 100,000) of Completed Suicides By Race among Youths Aged 15-24, Maryland, 2003-2007

Figure 10 Source: WISQARS Injury Mortality Reports, 2003-2007

Note: Rates based on two or fewer deaths were excluded.

Figure 11: The Rate (per 100,000) of Completed Suicides by Gender among Youths Aged 15-24, Maryland, 2004-2008

In the state of Maryland from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 3.4 times higher than for females age 15-19.

Figure 11 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

Figure 12: The Rate (per 100,000) of Completed Suicides by Urbanicity Among Youths Aged 15-24, Maryland, 2004-2008

Data are only reported for urban areas that exist within the state. In addition, data for some age groups and areas are not reported due to few or no deaths.

Figure 12 Source: CDC WONDER Multiple Cause of Death data, 2003-2007 and Urban-Rural Definition Classification System
IVP Health Status Indicators

The Maternal and Child Health Bureau requires every state to report on 12 Health Status Indicators. Six of the indicators are related to IVP. The two figures below reflect the data reported for the IVP Health Status Indicators by the state in their Maternal and Child Health Block Grant Application Form 17, 2011.

Figure 13: Nonfatal Injury Health Status Indicators, Maryland 2005-2010

Figure 14: Fatal Injury Health Status Indicators, Maryland 2005-2010

Figures 13 & 14 Source: HRSA, Title V Information System Multi-Year Report
State Specific Performance Measures and Priority Needs

Each state develops up to 7 – 10 State Performance Measures and priority needs. The following provides information about the states’ selected 2012 injury-related performance measures and priority needs.

State Performance Measures:
Maryland has the following injury-related State Performance Measure:
• To increase the percent of children enrolled in evidence-based home visiting programs in Maryland.

Priority Needs:
Maryland has the following injury-related priority need:
• Improve early and middle childhood health and promote school readiness and academic success by increasing access to evidence-based home visiting programs.

This fact sheet presents a cursory review of the injury morbidity and mortality data available for the state. The figures and tables in this fact sheet can help you understand the state’s progress in addressing motor vehicle traffic injuries and suicide. To target and address these and other injury issues, it is critical to understand this data. CSN can assist you in conducting detailed data analyses, utilizing surveillance systems, and undertaking needs assessments. For assistance, contact the Children’s Safety Network at csninfo@edc.org.

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