Maine 2012 State Fact Sheet

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, Maine, 2004-2008**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Group</th>
<th>Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;1</td>
<td>congenital anomalies 105</td>
</tr>
<tr>
<td>2</td>
<td>1-4</td>
<td>intentional injury 24</td>
</tr>
<tr>
<td>3</td>
<td>5-9</td>
<td>intentional injury 19</td>
</tr>
<tr>
<td>4</td>
<td>10-14</td>
<td>intentional injury 22</td>
</tr>
<tr>
<td>5</td>
<td>15-19</td>
<td>intentional injury 155</td>
</tr>
<tr>
<td>6</td>
<td>20-24</td>
<td>intentional injury 222</td>
</tr>
</tbody>
</table>

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes. *For ages 5-9, three mechanisms were tied for the fifth through seventh ranking including Benign Neoplasms, Cerebrovascular Disease, and Meningitis. Each of these mechanisms had fewer than 10 deaths.

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, Maine, 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>Suffocation</td>
<td>Drowning</td>
<td>MV Traffic 10</td>
<td>MV Traffic</td>
<td>MV Traffic 109</td>
<td>MV Traffic 109</td>
</tr>
<tr>
<td>2</td>
<td>Homicide</td>
<td>MV Traffic</td>
<td>Suffocation</td>
<td>Drowning</td>
<td>Other Land Transport</td>
<td>Suicide 45</td>
</tr>
<tr>
<td>3</td>
<td>Fall</td>
<td>Homicide</td>
<td>Fire/Burn</td>
<td>Pedestrian Other</td>
<td>Poisoning</td>
<td>Homicide</td>
</tr>
<tr>
<td>4</td>
<td>MV Traffic</td>
<td>Fire/Burn</td>
<td>Poisoning</td>
<td>Suffocation</td>
<td>Fire/Burn</td>
<td>Drowning 10</td>
</tr>
<tr>
<td>5</td>
<td>Undetermined Suffocation</td>
<td>Fall</td>
<td>Other spec &amp; clasfbl</td>
<td>Pedestrian, other</td>
<td>Other Land Transport</td>
<td>Other Land Transport</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, Maine 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 Fall</td>
<td>Unintentional Fall</td>
<td>Unintentional Fall</td>
<td>Unintentional Fall</td>
<td>Self-Inflicted 104</td>
<td>Self-Inflicted 118</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Other Specified, NEC</td>
<td>Unintentional B &amp; S OS, NEC</td>
<td>Unintentional MVT</td>
<td>Four Tied**</td>
<td>Unintentional MVT</td>
<td>Unintentional MVT</td>
</tr>
<tr>
<td>3</td>
<td>Undetermined Poisoning</td>
<td>Unintentional Transport, Other</td>
<td>Unintentional Transport, Other</td>
<td>Unintentional Overexertion</td>
<td>Unintentional Transport, Other</td>
<td>Unintentional Transport, Other</td>
</tr>
<tr>
<td>4</td>
<td>Assault</td>
<td>Unintentional Fire/Burn</td>
<td>Unintentional Struck By/Against</td>
<td>Unintentional Overexertion</td>
<td>Unintentional Transport, Other</td>
<td>Assault 31</td>
</tr>
<tr>
<td>5</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. B & S = Bites & Stings. OS = Other Specified. * = indicates that the cell value ranges from 1-10 and is suppressed for data confidentiality purposes. **Four mechanisms were tied for the second ranking among adolescents and teens aged 10-14 including Self-Inflicted, and Unintentional MVT. Pedal Cyclist, Other, and Struck By/Against. Each of these mechanisms had 14 hospitalizations. Unintentional MVT, 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 2009 data from the state and obtained from the Maine 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, Maine and US, 2003-2007

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
79% of children ages 0-14 involved in a motor vehicle fatality were occupants.

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.
Figure 4: Motor Vehicle Traffic Fatality Rates by Gender among Children and Youths Aged 10-24 for Maine, 2003-2007

In the state of Maine from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 70 percent higher than for females age 15-19.

Figure 5: Motor Vehicle Traffic Fatality Rates by Urbanicity among Children and Youths Aged 0-24 for Maine, 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 4 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

Figure 5 Source: CDC WONDER Multiple Cause of Death data, 2003-2007 and Urban-Rural Definition Classification System

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

Figure 6: The Rate (per 100,000) of Suicide Deaths among Youths Aged 15 to 19, Maine and US, 2003-2007

Figure 6 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
52% of youth ages 15-19 completed suicide by using a firearm.

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.


Figures 8 & 9 Source: Youth Online: High School Youth Risk Behavior Survey (YRBS), 2003-2009
Figure 10: The Rate (per 100,000) of Completed Suicides By Race among Youths Aged 15-24, Maine, 2003-2007

Figure 11: The Rate (per 100,000) of Completed Suicides by Gender among Youths Aged 15-24, Maine, 2003-2007

In the state of Maine from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 2.8 times higher than for females age 15-19.

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

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

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

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

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.

Figures 13 & 14 Source: HRSA, Title V System Information 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:
Maine has the following injury-related State Performance Measures:

- To reduce the rate of suicide deaths (per 100,000) among those age 20-44 years.
- To reduce the hospitalization rate (per 10,000) of unintentional poisonings among children and youth age 0-24 years.
- To reduce the rate of substantiated cases of child abuse and neglect assessed by Maine’s Office of Child and Family Services.
- Reduce the percent of adult women reporting sexual assault or intimate partner violence within the previous 12 months.
- The percent of women with depressive symptoms receiving medication or treatment for a mental health or emotional condition by a doctor or other health care provider

Priority Needs:
Maine has the following injury-related priority needs:

- Reduce suicide and self-inflicted injury in the maternal and child health population in Maine.
- Reduce the prevalence of domestic violence and sexual assault and associated health disparities.
- Reduce the incidence of unintentional injuries to Maine’s MCH population.
- Reduce children’s exposure to violence at home, in school, and in the community.
- Improve behavioral/mental health and trauma status of infants, children, and adolescents by offering responsive support, services, and educational information.
- Improve women’s mental health and access to mental health treatment for women suffering from a mental health condition, including postpartum depression.

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.

State Contact Information

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Connect with the Children’s Safety Network

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Need TA? Have Questions? E-mail: csninfo@edc.org

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