

## INJURY IN MARYLAND

Injuries (unintentional and intentional) are the third leading cause of death for all Maryland residents and the leading cause of death for Marylanders aged 1-44<sup>1</sup> (Table 1). In 2009, there were 3,474 injury-related deaths in Maryland. In addition, there were 512,925 injury-related ED visits resulting in \$227 million ED charges and 60,451 injury-related hospitalizations summing over 275,000 days in the hospital and \$835 million in hospitalization charges<sup>2</sup>.

Poisoning, motor vehicles accidents, firearms, and falls are most common causes of injury death (Table 2), although intent across these causes varies (Table 3). Between 1988 and 2007, injury deaths ranged from 49 to 61 deaths per 100,000 (Figure 1). Currently there is an upward trend in the injury death rate. Over the last 20 years Maryland has seen a decline in motor vehicle and firearm deaths, while poisoning and fall deaths have increased. In 1999, poisoning deaths surpassed motor vehicle deaths and is now the leading cause of injury death for Marylanders.

Injuries vary by age; in Maryland in 2010 (Figure 2) falls were the leading cause of injury death among seniors (65+ yrs); while poisoning and firearm were highest among ages 35-64 yrs and 15-34 respectively.

Maryland's injury death rate (56 deaths per 100,000) is ranked 15<sup>th</sup> lowest in the nation<sup>1</sup>. This rate is lower than some neighboring states in the mid-Atlantic region with West Virginia and Washington DC having higher death rates than Maryland, but higher than others in the region including New Jersey and Virginia. New Jersey and New York have lowest rates in the nation (at 36 and 37 per 100,000 respectively).

Injuries vary across Maryland's jurisdictions (Table 4) with the highest jurisdiction, Baltimore City, having three times as many deaths as the lowest jurisdiction, Montgomery County.

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<sup>1</sup> Trust For American's Health. *The Facts Hurt: A State-by-State Injury Prevention Policy Report*. Washington (DC): Trust For American's Health [online]; 2012. Available from: <http://www.healthyamericans.org/assets/files/TFAH2012FactsHurt20.pdf>.

<sup>2</sup> DHMH (Maryland Department of Health and Mental Hygiene, Family Health Administration, Center for Health Promotion and Education). *Injuries in Maryland: 2009 Statistics on Injury-related Emergency Department Visits, Hospitalizations and Deaths*. Baltimore (MD): Department of Health and Mental Hygiene; 2011.

## **THE PARTNERSHIP FOR A SAFER MARYLAND**

The Partnership for a Safer Maryland (PSM) was established in 2005 under a grant from the Centers for Disease Control and Prevention (CDC) to the Maryland Department of Health and Mental Hygiene (DHMH). The role of the group was to provide information on the effectiveness of existing state policies related to injury prevention and control, and review surveillance data to help identify and prioritize injury problems within the state. The group was also tasked to develop a state injury prevention plan.

### *Organization of the Partnership*

Up to 15 board members are allowed by the PSM by-laws; at the time of this writing there are twelve members on the board of directors including representatives from the Maryland Division of Labor and Industry; Maryland Poison Center; the Center for Injury Research and Policy at Johns Hopkins Bloomberg School of Public Health; Johns Hopkins University Schools of Medicine and Nursing; Chesapeake Region Safety Council; Maryland State Police; Injured Workers Insurance Fund; National Study Center for Trauma and EMS; Network for Public Health Law Eastern Region, University of Maryland Carey School of Law; and the Office of the Chief Medical Examiner. The executive board consists of the current president, past-president, president elect, treasurer and secretary, and meets quarterly. The board of directors is nominated by the members annually, and meets at least twice a year.

The board decides whether an advisory council, task force, committee or workgroup is formed based on recommendations from members. Each council, committee, task force or workgroup is led by a board member, and members are recruited from the PSM membership. There are currently five committees formed under the PSM: Falls, Interpersonal Violence, Motor Vehicle Accidents, Poisoning, and Policy. Four committees were formed to focus on the top four priority areas that were identified by PSM based on available data, and these areas align with those of CDC priorities. The Policy Committee was added to complete the translation of the work being done with the other committees and more specifically to educate and inform PSM members of the best available science based policy approaches to prevent injuries and violence. The policy committee also takes an active role in informing PSM members about relevant injury bills introduced during the Maryland legislative session.

There are over 420 people included on the PSM mailing list. There are no requirements for becoming a member, and there is no membership fee. The PSM distributes an electronic newsletter, holds three professional trainings every year, and hosts an annual injury summit. The injury summit provides the PSM the opportunity to recognize stellar community violence and injury prevention programs and advocates. All members of the PSM receive the e-newsletter and are invited to attend the trainings and summit.

### *Recent Accomplishments*

Since its inception, the Partnership has continued to evolve in important ways. Importantly, the Partnership has maintained a stable Board of Directors that meets regularly and oversees PSM activities. The Partnership successfully applied for and received 501c(3) status. The Partnership identified four priority areas and has focused its efforts on the following topics: distracted driving, senior falls, accidental acetaminophen poisonings, and interpersonal violence. A Policy Committee was added in 2011 as a means to further the translational work that was being conducted by the other committees. This Committee provides a critical link between the activities of the Maryland General Assembly and the Partnership. The Partnership's work has been guided by the 2006 Strategic Plan, although there have been challenges in following the plan exclusively due to the continuing evolution of the Partnership.

### *Current Status of the Partnership*

In 2012 the Partnership Board released a request for proposals for the purposes of updating the 2006 Strategic Plan by reviewing the updated state injury epidemiologic data, conducting a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) with the Partnership's Executive Board, and conducting focus groups in four regions of the state. The new Plan, and the process of developing it, was viewed as an opportunity to continue the work of the 2006 Plan and help the Partnership continue its evolution as the lead statewide injury prevention organization in Maryland. The Johns Hopkins Center for Injury Research and Policy (JHCIRP) was awarded the contract. Experts from the JHCIRP, Shannon Frattaroli, Wendy Shields, and Elise Perry updated the Strategic Plan between April and July 2012. Revisions to the submitted plan occurred in October 2012 based on PSM Board feedback and a final version that incorporated additional Board comments was submitted to the Board in February 2013.

### *Partnership for a Safer Maryland Mission*

Advocate for injury and violence prevention and promote education and surveillance in Maryland through statewide partnerships.

### *Partnership for a Safer Maryland Vision*

Reduce death and disability associated with injury and violence.

## **CORE FUNCTIONS**

Through a series of focus groups with Maryland injury prevention and safety professionals and meetings with members of the Partnership Board, a variety of people throughout the state who represent the diversity of injury prevention and control professionals participated in the process of informing the 2012 Strategic Plan for Injury and Violence Prevention in Maryland. Participants in this process brought their enthusiasm for injury prevention; a varied skill set; and a high level of creativity and commitment that has kept injury prevention initiatives running (and in some instances thriving) during challenging fiscal times.

Through these conversations with injury prevention experts throughout the State, four areas of need were revealed. These areas of need can serve as overarching functions that the Partnership can provide. As such, these functions can serve to guide the Partnership's Board in moving forward with the Goals, Objectives, and Actions that constitute a statewide agenda for reducing injury and violence in Maryland.

### **Function #1: Define the Future of Injury Prevention and Control within Maryland**

Maryland enjoys a long history of leadership and success in the field of injury prevention and control. However, the current fiscal climate has proven to be a persistent challenge. Many focus group participants expressed uncertainty about the future of the field. People are being asked to accomplish more with fewer resources, and there is a sense that additional funding cuts are on the horizon. An alternative view is needed for the field, and this need presents an opportunity for the Partnership. As a state level organization, the Partnership is well positioned to offer a vision for the future of the field, and a plan for realizing that vision. These challenges also offer an opportunity for the Partnership to provide the leadership needed to guide the state's injury prevention community through the present economic downturn. A few matters to consider in defining this role include:

- How will injury prevention and control be funded in the future?
- How can the field prepare for emerging and yet unseen injury risks?
- What is the role of injury prevention and control in Maryland's implementation of federal health care reform?

The Partnership is already working on these questions. Interest in expanding partnerships with the private sector is a topic of ongoing conversation. The organizing potential of the Partnership offers the possibility of an infrastructure that can be nimble and responsive to new risks as yet unforeseen, and to identify opportunities in the ongoing changes to our healthcare system. By positioning the Partnership as the state injury prevention and control organization with the expertise and experience to address current challenges and plan for the future, the Partnership can become the unifying lead agency envisioned.

### **Function #2: Foster Connections within the Maryland Injury Prevention and Control Community**

Within the four regions (Western, Eastern, Southern and Central) where the focus groups were held, injury prevention and control people were well connected across different agencies and organizations. Focus group participants described the many ways in which their connections helped them to advance their work, and they expressed an interest in growing their networks more. The value of learning lessons from others who face similar injury challenges was emphasized repeatedly, and people are eager for more opportunities to network and share within and across regions and state lines.

The Partnership's role in facilitating networking among its members should be expanded and emphasized. In addition, Partnership efforts to create opportunities to feature local successes (from both within and outside of Maryland) would be welcomed by injury prevention and control professionals and should be seen as within the Partnership's purview.

### **Function #3: Use Evidence to inform Solutions to Injury Problems**

Data are used by Maryland injury prevention and control practitioners as a tool for understanding the size and scope of injury problems, identifying priority areas, and describing populations at elevated risk of injury. However, that same evidence orientation often does not extend to intervention development. We heard repeatedly from local practitioners about the extensive use of epidemiologic data and the absence of evidence in informing interventions. There is an evidence base available to inform injury prevention interventions, and the Partnership can help to assure its use. Importantly, members will likely need more than access to information about effective interventions. The Partnership should be ready to offer technical assistance that addresses how to apply the evidence base to the local context in Maryland.

### **Function #4: Advocate for Policies that Support A Safer Maryland<sup>3</sup>**

Among the people we spoke with there was a general recognition that policy is an important tool for injury prevention and control, and a realization that coordinated state level efforts are needed to accomplish policy change. By coordinating and supporting injury prevention policy efforts at the state level, the Partnership will fill a vital role in advancing injury prevention strategies in Maryland. Importantly, Maryland is home to the Eastern Region of the Network for Public Health Law that includes injury prevention as one of its priority areas. As the Partnership continues to move forward with a policy agenda, which it is doing as evidenced by the formation in 2011 of the Policy Committee, the Network will serve as a valuable resource.

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<sup>3</sup> The Partnership Board and the Policy Committee are aware that as a 501c(3) the Partnership cannot engage in lobbying and there is careful attention to assure that Partnership activities do not include lobbying. Advocacy and educational efforts, as defined by the federal tax code are permissible, and it is these activities that the Partnership is committed to advancing. Partnership members, independent of their role in the Partnership can legally lobby on issues before the Maryland General Assembly and local legislative bodies.

These strategies build on the many existing strengths of State's injury prevention and control community. There is a solid foundation of skilled professionals who are committed to assuring a safer Maryland. What is needed is state-level leadership to coordinate the disparate efforts and support the transition to a greater emphasis on evidence-based interventions. The following four goals and objectives provide a roadmap for how the Partnership can develop the functions identified by Maryland's injury prevention professionals to realize a safer Maryland.

## GOALS AND OBJECTIVES

The following goals, objectives, and actions emerged from the conversations that led to the identification of the core functions identified for the Partnership and offer an actionable set of activities for the Partnership to undertake over the next five years. At the time this Plan was finalized, the Partnership was in the process of hiring an executive director. That person will be well-positioned to prioritize the following actions and assign target dates for completing the identified actions.

### **Goal #1: Define the Role of the Partnership for a Safer Maryland.**

*The Partnership has yet to establish itself as the state-wide resource for Maryland's injury prevention and control community. Efforts to raise awareness will be most effective if they include information about how the Partnership complements current injury prevention and control efforts, and how the Partnership is addressing (or plans to address) areas of critical need for the field. The following objectives and action steps represent both current Partnership roles and new needed roles identified by focus group participants that are within the scope of the Partnership mission.*

**Objective 1a:** Establish the Partnership as an information resource for Maryland's injury prevention and control communities.

Action: Establish a technical assistance committee.

Action: Organize an electronic clearinghouse of quality resources about injury prevention and control for Partnership members and educate the injury prevention and control community about the availability of relevant resources. Funding resources and effective evidence-based interventions are the two priority areas for this effort. Explore the possibility of including this resource as part of the Maryland DHMH injury prevention website.

Action: Track use of the clearinghouse and solicit feedback from users to assure the resource is responsive to users' needs.

Action: Organize the Partnership website to include a Resource section.

Action: Establish a timeline for the above activities.

**Evaluation Metric for 1a:** Does the Partnership have an electronic clearinghouse in place? How many people are using the clearinghouse? Does the Partnership website include a Resource section? What information is included in this section?

**Objective 1b:** Establish the Partnership as a networking resource for Maryland’s injury prevention and control communities.

Action: Designate time during Partnership meetings to facilitate and encourage networking among Partnership members.

Action: Feature best practices from Partnership members during Partnership meetings.

Action: Identify people and/or organizations to assist Partnership members with technical assistance needs, including using the information contained in the clearinghouse to advance injury prevention and control in their communities.

Action: Engage the Board in making connections among Partnership members.

Action: Utilize Partnership meetings to convey information about programs that work; include interactive components that help participants work through applying the featured program in their own communities.

Action: Establish a timeline for accomplishing the above activities.

**Evaluation Metrics for 1b:** Do Partnership meetings include time for networking? How is the Board facilitating connections among members? Have technical assistance experts been identified? Do Partnership meetings include sessions on effective interventions and opportunities for participants to apply the lessons learned?

**Objective 1c:** Establish the Partnership as a policy resource for Maryland’s injury prevention and control community.

Action: Continue to grow the Partnership’s Policy Committee membership to include greater statewide representation.

Action: Offer training and technical assistance to Partnership members interested in engaging in the policy process.

Action: Expand opportunities for Partnership members to engage in the policy process.

Action: Organize the State’s injury and violence prevention community to respond to injury bills considered by the General Assembly.

Action: Establish a timeline for accomplishing the above activities.

**Evaluation Metrics for 1c:** Does the policy committee include membership that is consistent with its goals for statewide representation? Is training and technical assistance available to facilitate members’ engagement in the policy process? What opportunities to engage in the policy process has the Partnership made available to members? Does Maryland have a statewide response to injury bills that is consistent with the goals set by the Board?



**Goal #2: Develop the Partnership infrastructure needed to support the State’s injury and violence prevention community.**

*The Partnership has made steady progress since its inception toward establishing itself as an independent, sustainable organization. Stable leadership, a functioning board, and the recently acquired tax-exempt status are all indications that the organization is in good working order. In order to assure the continued forward evolution of the Partnership, additional attention to the infrastructure is needed. Central to infrastructure development is the successful hire of an executive director for the Partnership, which was pending at the time this Plan was finalized.*

**Objective 2a:** Develop a fundraising plan for the Partnership; execute the plan.

Action: Establish a development committee to complete a fundraising plan for the Partnership.

Action: Develop corporate funding guidelines for the Partnership that establish criteria for what types of private sector funders the Partnership will accept funding from, and the categories of funders it will not.

Action: Establish an annual fundraising goal.

**Evaluation Metrics for 2a:** Has a fundraising committee been established? Has a fundraising plan been completed? Is the fundraising plan being implemented? Are there giving guidelines in place? Has the fundraising goal been met?

**Objective 2b:** Assure participation in the Partnership from all of Maryland’s communities.

Action: Assess current membership and identify communities that are not represented or under-represented (e.g., urban areas and the private sector).

Action: Identify Board members with connections to the identified communities and task identified members with outreach for the purpose of expanding membership to include under-represented communities.

Action: Meet with local health commissioners and other local leaders as needed to emphasize the role of injury prevention and control to the health and wellbeing of Maryland communities.

Action: Establish a timeline for expanding membership.

**Evaluation Metrics for 2b:** Have target communities been identified? Has outreach to target communities occurred? Are target communities engaged in the Partnership?

**Objective 2c:** Assure there is a Partnership committee structure that will carry out the Goals and Objectives of this Plan.

Action: Update Partnership committee organization to correspond with the Goals and Objectives outlined herein.

**Evaluation Metric for 2c:** Does the Partnership have in place a committee structure that is responsive to this Plan?

**Objective 2d:** Engage in succession planning for leadership positions within the Partnership.

Action: Recruit Board members willing to consider moving into a Board leadership position.

Action: Recruit Board members with attention to identified Goals and Objectives.

**Evaluation Metric for 2d:** How many Board members are willing to consider a leadership position on the Board?

**Goal #3: Raise awareness about the Partnership for a Safer Maryland among Maryland’s injury prevention and control communities.**

*A minority of focus group participants was aware of the Partnership. Of those who reported knowing about the Partnership, many were unaware of its role within the State. Injury prevention and control practitioners are essential partners, and lack of awareness about the Partnership within this community must be addressed.*

**Objective 3a:** Raise awareness among relevant stakeholders about the Partnership’s work.

Action: Establish a communications committee for the Partnership.

Action: Implement the marketing plan developed by the Partnership.

Action: Develop a set of slides and/or talking points for Board members to use when making presentations and talking about the Partnership.

Action: Identify organizations to target for membership and for general awareness about the Partnership (e.g. Maryland Association of County Health Officers (MACHO), Maryland Institute for Emergency Medical Services Systems (MIEMSS)); engage with those organizations.

Action: Establish timelines for the above actions.

**Evaluation Metrics for 3a:** Does the Partnership include a communications committee? Is the marketing plan being implemented? Does the Partnership have a slide set and talking points to use when discussing the Partnership? Has outreach to identified target organizations occurred?

**Objective 3b:** Facilitate access to information about the Partnership.

Action: Update and maintain the Partnership website.

Action: Establish and maintain a Facebook account for the Partnership.

Action: Establish a timeline for the above activities.

**Evaluation Metric for 3b:** Is the Partnership’s website current? Does the Partnership have a Facebook account?

**Goal #4: Initiate program and policy initiatives and engage Partnership members in the initiatives.**

*Focusing Partnership resources on addressing a particular issue provides a tangible project with which to engage as a member. In addition, an initiative that resonates across communities can have the effect of unifying otherwise separate injury prevention communities across the State. Importantly, program and policy initiatives are the mechanisms through which reductions in injury morbidity and mortality occur. Two types of initiatives are suggested in the objectives that follow. The first is a cross cutting injury issue that does not specify an intervention. The suggested focus for this initiative is “Safe at Home, at Work, and at Play.” Under this initiative a community may, for example, opt to develop or expand a program to prevent falls; initiate a carbon monoxide detector distribution program; advocate for improved pedestrian infrastructure; contribute to improvements in corporate policy pertaining to commercial drivers; or implement a suicide prevention program, depending on local needs and resources. To strengthen the local efforts, the Partnership will complement the local programmatic work with a state policy initiative to address community injury. Recognizing the diversity of Maryland communities, this category of initiatives allows members to engage their communities with an intervention that best meets the needs of their populations, while also participating in the statewide effort.*

*The second type of initiative specifies an intervention that the Partnership will lead to address a particular injury issue. The recommended injury problem is prescription drug overdose. Prescription drug injuries have increased dramatically in Maryland and the United States over the past decade, and there is significant interest in this topic. Furthermore, the Maryland Department of Health and Mental Hygiene is preparing to launch a state of the art prescription drug monitoring program (PDMP). Supporting that implementation effort can help to assure the success of this important effort, and raise the profile of the injury prevention community and its contribution to the overall health of Maryland’s communities. This combination of initiatives is intended to provide members with multiple opportunities to engage with the Partnership and other participating communities.*

**Objective 4a:** Oversee a statewide initiative to reduce injuries where Marylanders live, work, and play.

Action: Develop materials that summarize the epidemiology of injuries in Maryland. That information is contained in this plan.

Action: Identify effective interventions to reduce the injuries affecting Marylanders identified in the epidemiology review. This information can be used to build the electronic clearinghouse described in Objective 1a.

Action: Assist communities with implementing an evidence-based initiative and a plan for evaluating that initiative that is responsive to their identified injury problem. This is consistent with the technical assistance and networking Objective 1b.

Action: Assess the intervention efforts underway in the localities and develop a statewide policy initiative to reduce injuries within Maryland. This action complements Objective 1c.

Action: Establish targets and a timeline to accomplish the above activities.

**Evaluation Metrics for 4a:** Does the Partnership have materials that summarize the injuries and risk factors associated with home injury in Maryland? Have effective interventions been identified? Is information about those interventions available to the membership? Are there resources in place to assist communities with implementing evidence-based initiatives to address older adult injuries? Is there a policy initiative in place to address home injuries in Maryland?

**Objective 4b: Support implementation of Maryland's PDMP.**

Action: Raise awareness among Partnership members about Maryland's PDMP.

Action: Map the implementation process associated with the PDMP.

Action: Work with communities and DHMH to identify opportunities for localities to assure implementation of the PDMP.

Action: Identify areas where policy action is needed to improve implementation of the PDMP.

Action: Track and respond to policy initiatives related to PDMP implementation.

Action: Establish targets and a timeline for accomplishing the above activities.

**Evaluation Metrics for Objective 4b:** Is information about Maryland's PDMP available to members? Is the Partnership aware of the implementation process surrounding the PDMP? How many communities are working with the Partnership to assure implementation of the PDMP? Is the partnership aware of and responsive to policy opportunities to improve PDMP implementation?

<b>Goal #1: Define the Role of the Partnership for a Safer Maryland.</b>		
	<i>Responsible Parties</i>	<i>Completion Date*</i>
Objective 1a: Establish the Partnership as an <u>information resource</u> for Maryland's injury prevention and control communities.	Technical Assistance Committee	
Objective 1b: Establish the Partnership as a <u>networking resource</u> for Maryland's injury prevention and control communities.	Board	
Objective 1c: Establish the Partnership as a <u>policy resource</u> for Maryland's injury prevention and control community.	Policy Committee	
<b>Goal #2: Develop the Partnership infrastructure needed to support the State's injury and violence prevention community.</b>		
Objective 2a: Develop and execute a fundraising plan for the Partnership.	E.D., Board, Develop. Committee	
Objective 2b: Assure participation from all of Maryland's communities.	E.D., Board	
Objective 2c: Assure there is a Partnership committee structure that will carry out the Goals and Objectives of this Plan.	E.D., Board	
Objective 2d: Engage in leadership succession planning within Partnership.	Board	
<b>Goal #3: Raise awareness about the Partnership among Maryland's injury prevention and control communities.</b>		
Objective 3a: Raise awareness among stakeholders about the Partnership.	Communications Committee	
Objective 3b: Facilitate access to information about the Partnership.	Communications Committee	
<b>Goal #4: Initiate program and policy initiatives and engage Partnership members in the initiatives.</b>		
Objective 4a: Oversee a statewide initiative to reduce injuries where Marylanders live, work, and play.	E.D.	
Objective 4b: Support implementation of Maryland's PDMP.	E.D.	

\*Completion dates for each objective will be determined by the Executive Board in consultation with the Executive Director.

**Table 1: Injuries as a Leading Cause of Death in Maryland, 200**

Rank	Age Group											
	<1 yrs	1-4 yrs	5-9 yrs	10-14 yrs	15-19 yrs	20-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65+ yrs	All Ages
1	Short Gestation 149	Injuries 32	Injuries 16	Injuries 30	Injuries 197	Injuries 292	Injuries 408	Injuries 399	Malignant Neoplasms 986	Malignant Neoplasms 1958	Heart Disease 8860	Heart Disease 11314
2	Congenital Anomalies 94	Congenital Anomalies 16	Congenital Anomalies 4	Malignant Neoplasms 9	Malignant Neoplasms 10	Heart Disease 14	Heart Disease 71	Malignant Neoplasms 285	Heart Disease 794	Heart Disease 1291	Malignant Neoplasms 6848	Malignant Neoplasms 10179
3	SIDS 63	Malignant Neoplasms 7	Heart Disease 3	Congenital Anomalies 6	Heart Disease 8	Malignant Neoplasms 14	Malignant Neoplasms 58	Heart Disease 261	Injuries 345	Injuries 230	Cerebro-vascular 1994	Injuries 2571
4	Pregnancy Complications 55	Respiratory Disease 3	Malignant Neoplasms 3	Heart Disease 5	Congenital Anomalies 4	HIV 5	HIV 34	HIV 131	HIV 179	Diabetes Mellitus 193	Respiratory Disease 1665	Cerebro-vascular 2364
5	Placenta Cord Membranes 35	Perinatal Period 3	Benign Neoplasms 2	Benign Neoplasms 2	Atherosclerosis 2	Complicated Pregnancy 3	Influenza & Pneumonia 12	Cerebro-vascular 51	Liver Disease 129	Cerebro-vascular 185	Diabetes Mellitus 964	Respiratory Disease 1901
6	Respiratory Distress 28	Septicemia 3	Respiratory Disease 2	HIV 2	Cerebro-vascular 2	Septicemia 3	Congenital Anomalies 11	Liver Disease 31	Cerebro-vascular 119	Respiratory Disease 156	Alzheimer's Disease 874	Diabetes Mellitus 1301
7	Bacterial Sepsis 18	Benign Neoplasms 2	Anemias 1	Cerebro-vascular 1	Respiratory Disease 2	Cerebro-vascular 2	Complicated Pregnancy 9	Diabetes Mellitus 29	Diabetes Mellitus 102	Liver Disease 130	Influenza & Pneumonia 835	Influenza & Pneumonia 994
8	Neonatal Hemorrhage 13	Heart Disease 2	Cerebro-vascular 1	Respiratory Disease 1	Diabetes Mellitus 2	Respiratory Disease 2	Diabetes Mellitus 9	Influenza & Pneumonia 27	Septicemia 61	Nephritis 98	Septicemia 726	Septicemia 930
9	Injuries 10	Cerebro-vascular 1	Gallbladder Disorders 1		Septicemia 2	Congenital Anomalies 2	Septicemia 9	Septicemia 25	Influenza & Pneumonia 50	Septicemia 92	Injuries 596	Alzheimer's Disease 881
10	Necrotizing Enterocolitis 8	Influenza & Pneumonia 1	Influenza & Pneumonia 1		Anemias 1	Diabetes Mellitus 2	Cerebro-vascular 6	Respiratory Disease 19	Viral Hepatitis 50	Influenza & Pneumonia 66	Nephritis 576	Nephritis 731

Source: CDC Leading Causes of Death Report, Maryland

**Table 2: Leading Causes of Injury in Maryland by Outcome, 2010**

Death		Hospitalization		Emergency Room Visit	
Cause	Number	Cause	Number	Cause	Number
Poisoning	753	Fall	24,519	Fall	139,261
Fall	600	Poisoning	7,869	Struck	78,930
Firearm	539	Motor vehicle	5,308	Motor vehicle	76,405
Motor vehicle	508	Struck	2,209	Overexertion	49,192
Suffocation	392	Cut/Pierce	2,122	Cut/Pierce	34,986

Source: DHMH, 2010

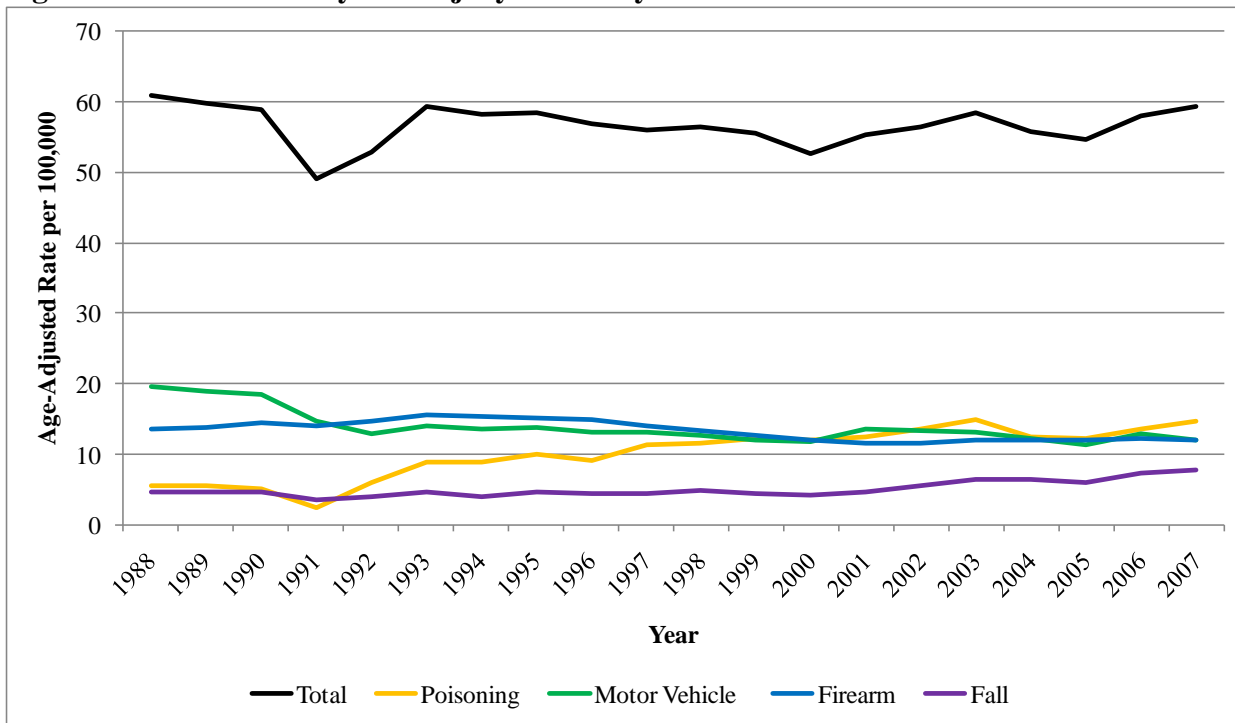
**Table 3: Injuries by Manner and Cause of Injury, Maryland, 2010**

Deaths						
Cause	Total	Unintentional	Homicide	Suicide	Legal Int.	Undetermined
All	3,386	1,852	440	505	8	581
Fall	600	586	0	14	0	0
Firearm	539	2	306	223	6	2
Poisoning	753	135	1	75	0	542
Hospitalization						
Cause	Total	Unintentional	Assault	Self-Inflicted	Legal Int.	Undetermined
All	58,688	48,851	3,189	4,453	103	1,317
Fall	24,519	24,475	4	29	0	11
Firearm	686	185	427	31	7	36
Poisoning	7,869	3,543	9	3,359	0	958
ED Visits						
Cause	Total	Unintentional	Assault	Self-Inflicted	Legal Int.	Undetermined
All	506,930	473,544	25,937	3,529	1,399	2,521
Fall	139,261	139,155	40	16	0	50
Firearm	798	387	328	10	44	29
Poisoning	10,360	6,829	54	2,080	22	1,375

Source: DHMH, 2010

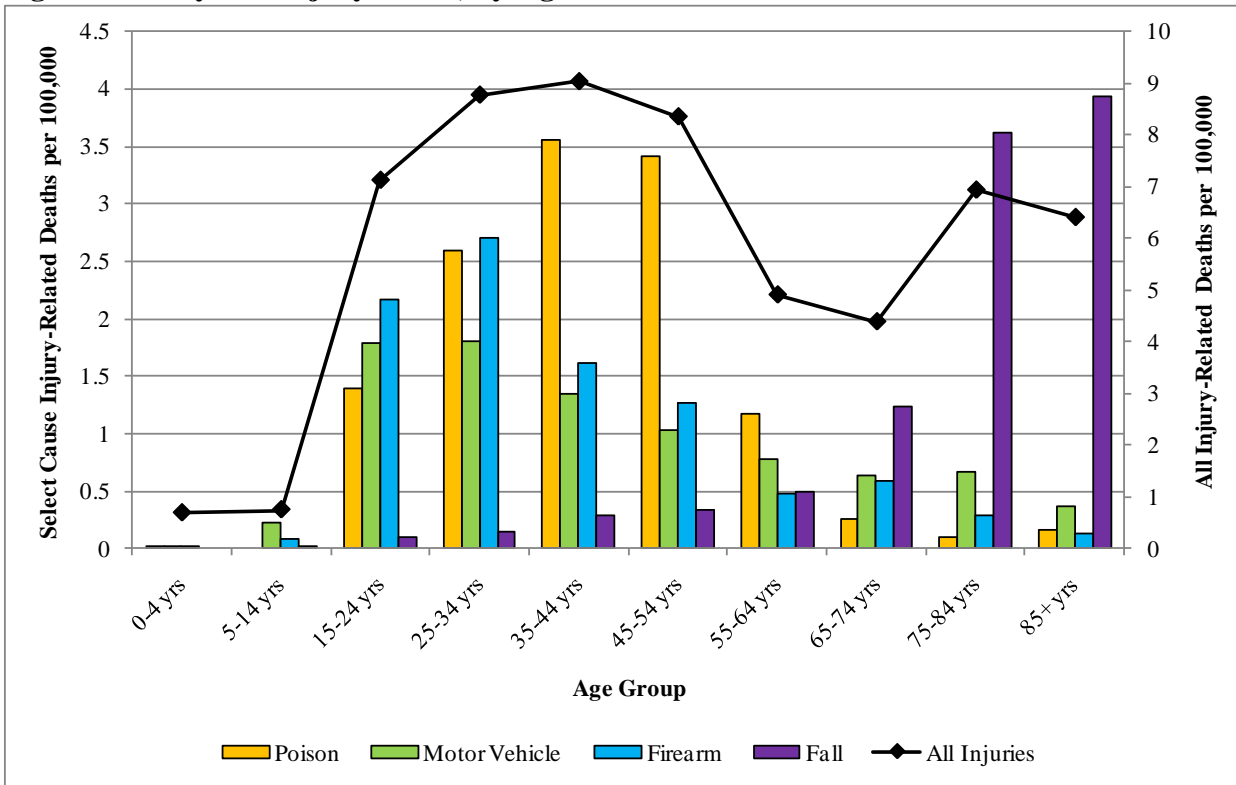


**Figure 1: Trends in Maryland Injury Mortality**



Source: CDC Fatal Injury Reports, Maryland

**Figure 2: Maryland Injury Death, by Age**



Source: DHMH, 2010

**Table 4: Injury Rates and Rank by Maryland Jurisdiction, 2010**

	Injury Related Emergency Department Visits		Injury-Related Hospitalizations		Injury-Related Deaths	
	Rate per 100,000	Rank	Rate per 100,000	Rank	Rate per 100,000	Rank
Allegany	13,223	5	1,731	3	79.9	5
Anne Arundel	8,775	16	918	18	47.2	18
Baltimore City	14,455	2	1,876	2	102.4	1
Baltimore	9,125	15	1,276	7	69.1	9
Calvert	11,274	11	834	19	53	15
Caroline	10,310	12	1,512	6	84.7	3
Carroll	8,228	18	1,263	8	58	14
Cecil	12,502	8	1,004	16	83.1	4
Charles	8,001	19	666	22	47.8	17
Dorchester	15,111	1	1,628	4	70.5	8
Frederick	7,226	20	976	17	48.8	16
Garrett	13,340	3	1,007	15	86.4	2
Harford	8,589	17	1,071	13	72.7	7
Howard	5,430	23	699	21	41.1	19
Kent	12,027	9	1,931	1	*	--
Montgomery	5,322	24	647	23	33.8	20
Prince George's	6,856	21	575	24	48.8	16
Queen Anne's	6,348	22	1,147	12	66.9	11
Saint Mary's	13,308	4	732	20	58	14
Somerset	11,938	10	1,028	14	*	--
Talbot	9,618	14	1,607	5	76.8	6
Washington	10,146	13	1,169	10	67.8	10
Wicomico	13,156	6	1,153	11	59.8	13
Worcester	12,751	7	1,189	9	64.1	12
Maryland	8,780	--	1,017	--	58.6	--

\* Rates based on counts of 20 or less are considered unstable and omitted.

Source: DHMH, 2010

**Appendix A: Focus Group Participants**

<b>Region</b>	<b>Western MD</b>	<b>Central MD</b>	<b>Southern MD</b>	<b>Eastern MD</b>
Number of Participants	9	2	17	10
Which type of employer best describes where you work? Please circle your response.	County Health Department Department Social Services Human Resources NGO Heath Care services organization DHR CAC Sheriff's Office Private company	Local government agency (not health department) Private Sector	County Health Department Local government agency (not health department) Charles County Public Schools Office of Aging Maryland Highway Safety Office, MVA Sheriff's Office Health care services organization Fire Department C Val Higher Education	County Health Department MIEMSS Higher education Health care services organization NGO Non-profit agency on aging
In what area of injury prevention and life safety do you work?	Child Abuse Law Enforcement Injury Prevention across the lifespan Violence Prevention EMS Trauma Prevention Community Health	Transportation Consulting	Education Division on Aging Health Promotion Fall Prevention Life Safety Traffic Safety Emergency Room Car Seat Safety Nursing Fire EMS Accident Investigations Poison prevention	Pediatrics Fall Prevention EMS Chronic Disease management Community Education Violence Water safety Injury through misuse of car seats

Which word(s) describe(s) your injury prevention work?	Training and education Epidemiology Policy Advocacy Evaluation Health Care service provider Management Emergency Response	Training and education Policy advocacy Epidemiology Evaluation Enforcement Management Emergency Response Health care service provider Public Awareness Forensic Investigator Community/coalition building	Training and education Policy advocacy Epidemiology Evaluation Health care service provider Emergency Response Fall Prevention
On average, about how much work time per week do you spend on injury prevention and life safety activities?	Occasional 1 day/month Part of one day a week 1 day/week 2-4 days/week	Limited As needed 0-4 hrs/week Part of one day a week 1 day/week 2-4 days/week All of my time	Part of one day a week 1 day/week 2-4 days/week
How long have you worked in injury prevention and life safety?	1-5 years 5-10 years Over 10 years	1-5 years 5-10 years Over 10 years	Less than 1 year 1-5 years 5-10 years Over 10 years
Do you have any formal training in injury prevention and/or life safety?	None CPS Instructor Training in Adult Protective Services Senior Fall Prevention Program Facilitator Paramedic Emergency Services Doctorate of Nursing Practice, w/forensic focus	None Matter of Balance CPS Technician NHTSA MHSA TSI SafeKids CPR First Aid FEMA Certificates Home Safety Council Expert Network Academy	None Trainer for fall prevention program Car safety certification Graduate work Graduate degree

