



Department of Health and Mental Hygiene

Family Health Administration

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CHILD DEATH REPORT 2003

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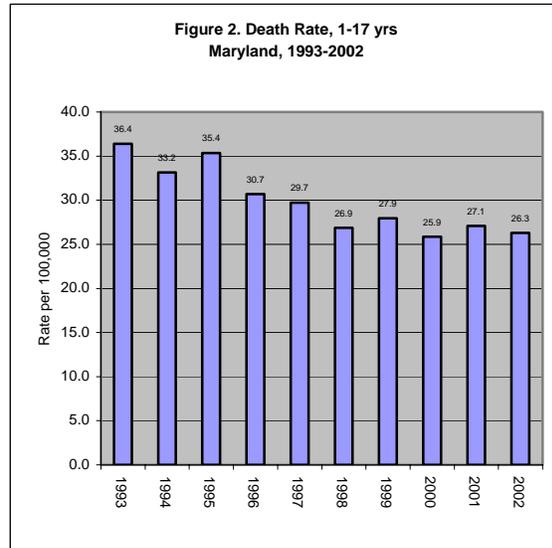
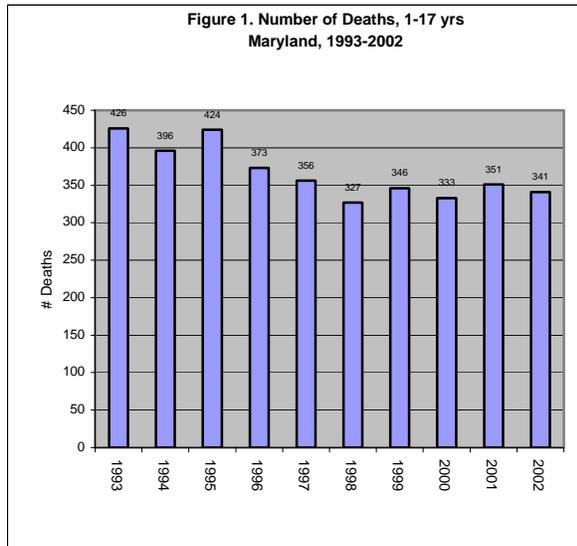
ACKNOWLEDGEMENTS

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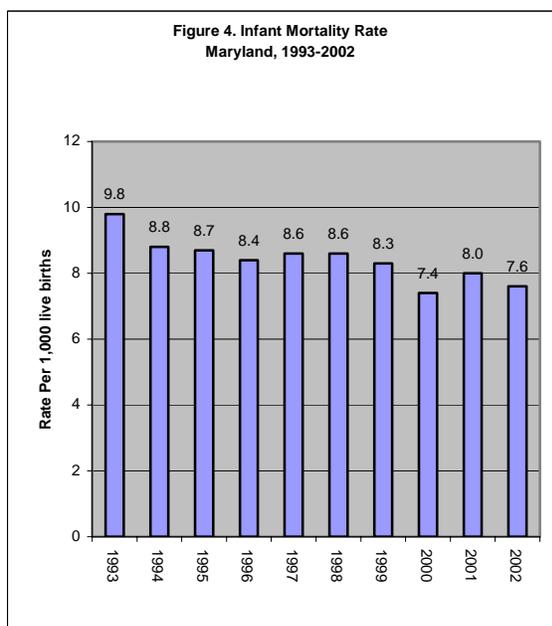
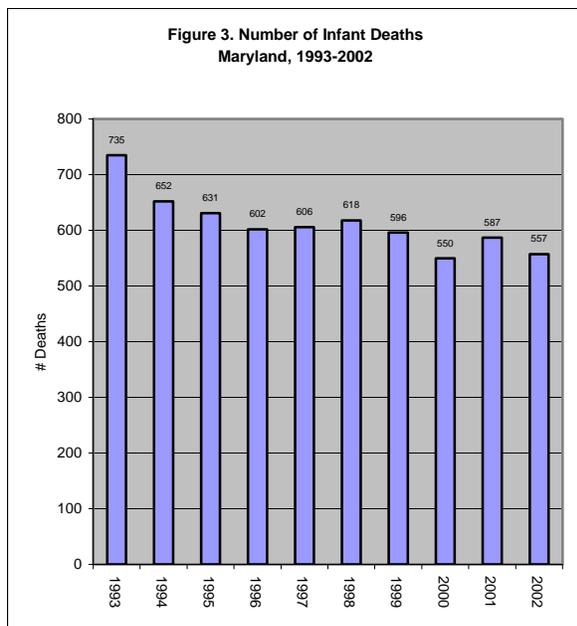
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OVERALL TRENDS

In 2002 there were 898 deaths of infants and children under the age of 18 years in Maryland. This age range was utilized for this report because it encompasses the ages for which the State Child Fatality Review Team has responsibility. Overall there has been a gradual decrease in the number and rate of both infant and child deaths in the State over the past decade (Figures 1, 2, 3 and 4). It is important to note that many of these deaths in childhood could be prevented with appropriate interventions in both the public and private sectors.



Source: Analysis of data from Vital Statistics Administration, DHMH



Source: Infant Mortality in Maryland, Vital Statistics Administration, DHMH

Mortality rates are expressed as the number of deaths per a population measure in a given time period. Infant mortality rates are traditionally expressed as the number of deaths in the first year of life per 1,000 live births during the same year. However, other mortality rates are expressed as the number of deaths per the number in the population, usually per 1,000 or 100,000. The average mortality rate for infants less than one year of age has decreased by 10.2% between the five-year periods of 1993-1997 and 1998-2002. Neonatal mortality rate (deaths to infants under 28 days of age per 1,000 live births) and postneonatal mortality rate (deaths from 28 days through 11 months per 1,000 live births) declined by 6.0% and 19.8% respectively (Table 1). For children ages 1 through 17 years, the decline in mortality rates was 18.9% (Table 2).

Table1. NUMBER OF INFANT, NEONATAL AND POSTNEONATAL DEATHS BY RACE, DEATH RATES AND PERCENT CHANGE IN RATES FROM 1993-1997 TO 1998-2002, MARYLAND**

	Number of deaths		Death rates*		Percent change**	
	1993-1997	1998-2002	1993-1997	1998-2002		
Infant mortality*						
All races***	3226	2908	8.9	8.0	-10.2	****
White	1313	1155	5.9	5.3	-10.4	****
Black	1827	1664	15.7	13.9	-11.9	****
Neonatal mortality*						
All races***	2235	2109	6.2	5.8	-6.0	****
White	875	843	3.9	3.8	-1.8	
Black	1297	1200	11.2	10.0	-10.5	****
Postneonatal mortality*						
All races***	992	799	2.7	2.2	-19.8	****
White	439	312	2.0	1.4	-27.6	****
Black	530	464	4.6	3.9	-15.3	****

Source: Infant Mortality in Maryland, Vital Statistics Administration, DHMH

*Rate per 1,000 live births

**Percent change is based on the exact rates and not the rounded rates represented here

***Includes races other than White and African American

****Rates for 1993-1997 and 1998-2002 differ significantly ($p < .05$)

TABLE 2. NUMBER OF DEATHS, DEATH RATES AND % CHANGE IN RATES FOR CHILDREN UNDER 18 YEARS, MARYLAND, 1993-1997 AND 1998-2002

Age group	Number Deaths		Death Rates*		Percent change**
	1993-1997	1998-2002	1993-1997	1998-2002	
< 1 year	3,226	2,908	888.2	814.0	-8.4 ***
1-17 years	1,975	1,698	33.0	26.8	-18.9 ***
1-4 yr	566	434	38.1	31.0	-18.6 ***
5-9 yr	333	283	18.2	14.8	-18.5 ***
10-14 yr	413	353	24.3	18.3	-24.8 ***
15-17 yr	663	628	69.1	57.5	-16.8 ***

Source: Source: Analysis of data from Vital Statistics Administration, DHMH

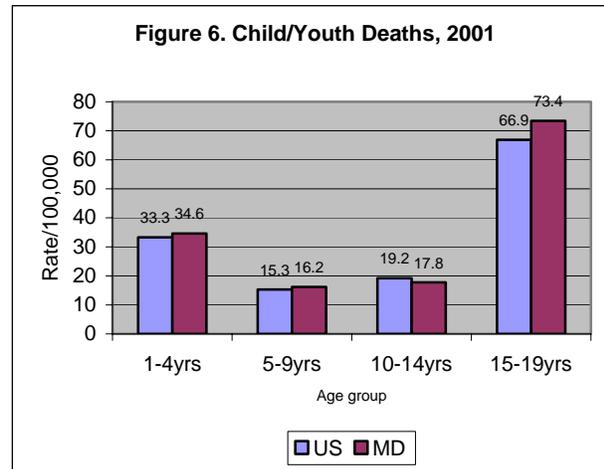
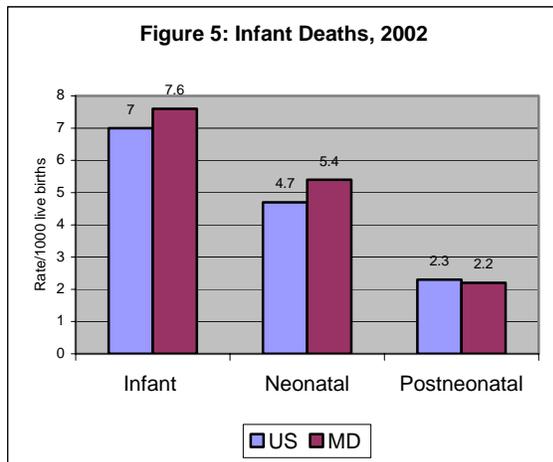
*Per 100,000 population in specified age group

**Percent change is based on the exact rates and not the rounded rates presented here

***Rates for 1993-1997 and 1998-2002 differ significantly ($p < .05$)

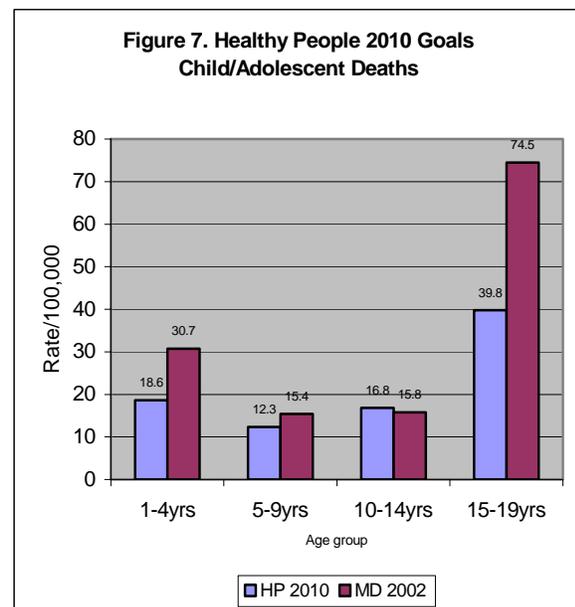
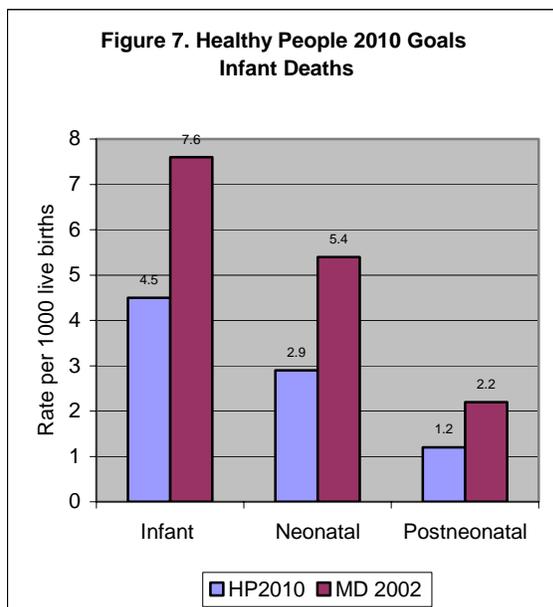
COMPARISON TO NATIONAL STATISTICS

The absolute number of child deaths and mortality rates in Maryland decreased throughout the 1990's. Maryland infant mortality rate, along with neonatal mortality rate are higher than that of the nation as a whole in 2002. The Maryland postneonatal mortality rate is, however, slightly lower than the national rate (Figure 5). In 2001, in the age group 10-14 years, Maryland's rate is slightly better than the national rate. In the other child/youth age groups mortality rates approximate the national rate or are slightly higher (Figure 6).



Source: Analysis of data from Vital Statistics Administration, DHMH

National objectives for infant and child mortality have been established in the Healthy People 2010 project of the United States Department of Health and Human Services. It will require considerable progress for Maryland to reach these objectives particularly for the youngest children and adolescent population (Figures 7 and 8).



Source: Analysis of data from Vital Statistics Administration, DHMH

DEMOGRAPHICS

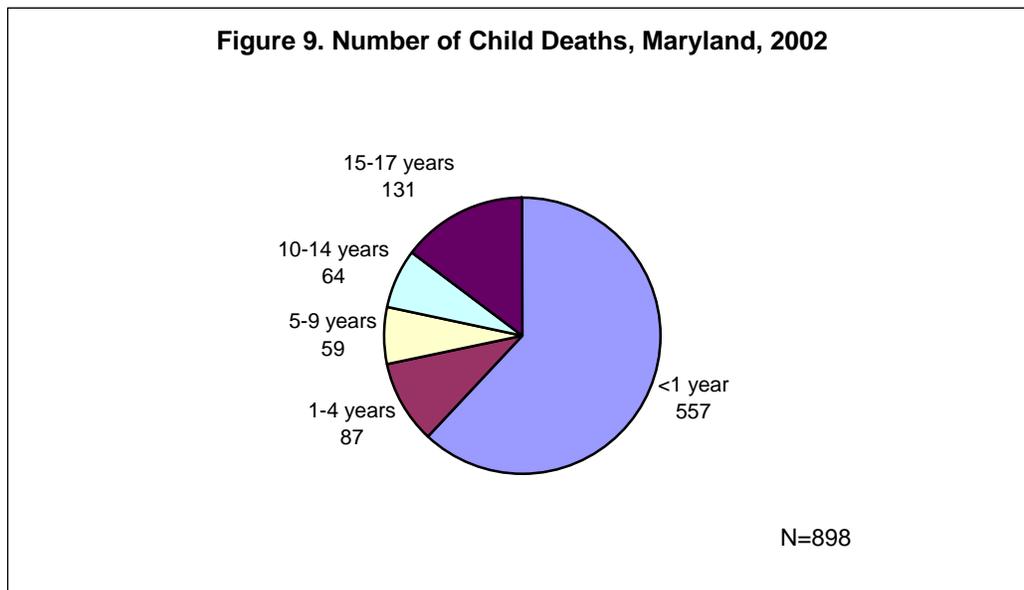
In order to avoid preventable deaths in childhood it is necessary to understand both the causes of death and which children are at particular risk. A breakdown of the age of death for children in Maryland in 2002 is represented in Table 3 and Figure 9.

TABLE 3. CHILD DEATHS UNDER 18 YEARS, MARYLAND, 2002

Age group	# Deaths	% of Total
<1 year	557	62.0
<=28 days	401	44.7
29-365 days	156	17.4
1-4 years	87	9.7
5-9 years	59	6.6
10-14 years	64	7.1
15-17 years	131	14.6
Total	898	

Of the 898 deaths, 62.0% occurred in the first year of life with 44.7% of the total occurring in the first month of life. Therefore, efforts to lower overall child fatalities must be coordinated with activities specifically aimed at addressing infant deaths. Although mortality rates fall after infancy, they rise again during adolescence. Teens and young adults have approximately 2 to 3 times the number of fatalities as seen in younger children.

Source: Analysis of data from Vital Statistics Administration, DHMH



Source: Analysis of data from Vital Statistics Administration, DHMH

Gender and race also influence the number and rate of death. In 2002, of the 341 deaths among 1 to 17 year old children, 60.4% occurred in boys, representing a rate of 31.1 per 100,000. Among females the death rate was 21.3 per 100,000 (Table 4).

This trend is also seen in infancy where 55% of the deaths were to boys.

African American children were at an increased risk of dying both in the first year of life and in later childhood. In 2002, African American infants died at 2.4 times the rate of white infants. This ratio remained elevated at 2.0 in children 1 through 17 years of age (Table 5 and Figure 10). The basis of these associations is not completely understood but must be addressed to prevent childhood deaths.

TABLE 4. DEATHS, 1-17 YEARS, BY GENDER, MARYLAND, 2002

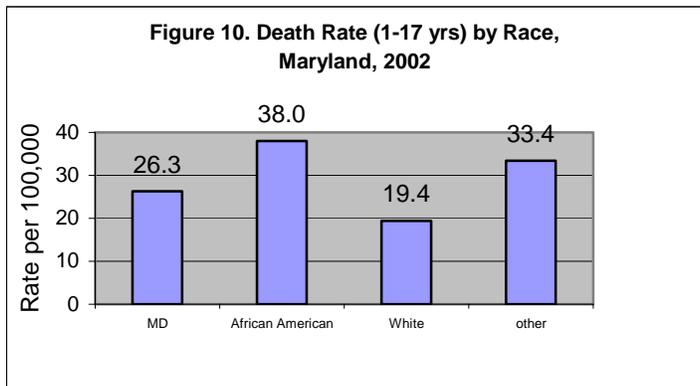
Gender	Number of		Rate*
	Deaths	% of total	
Male	206	60.4	31.1
Female	135	39.6	21.3
Total	341		26.3

Source: Analysis of data from Vital Statistics Administration, DHMH
*Rate per 100,000 population

TABLE 5. DEATHS, 1-17 YEARS, BY RACE, MARYLAND, 2002

Race	Number of Deaths	Rate*
African American	166	38.0
White	155	19.4
Other	20	33.4
Total	341	26.3
Ratio AA:W		2.0

Source: Analysis of data from Vital Statistics Administration, DHMH
*Rate per 100,000 population



Source: Analysis of data from Vital Statistics Administration, DHMH

CAUSE OF DEATH

Understanding the underlying cause of death in childhood is necessary in order to develop strategies to prevent these events when possible. Specific causative factors vary significantly depending on the age of the child. In the first year of life, the leading causes of mortality relate to prematurity and low birthweight. In Maryland, compared to the U.S., excess numbers of preterm and low birthweight infants account for infant mortality rather than excess mortality within birthweight groups. After the first month of life, sudden infant death syndrome (SIDS) and congenital anomalies are the leading causes of death in infancy. Table 6 presents the leading causes of infant mortality in 2002. The number of deaths is given in parenthesis. A more detailed review of infant mortality is presented in the Annual Infant Mortality Report prepared by the DHMH Vital Statistics Administration. It can be found at <http://www.mdpublichealth.org/vsa>.

TABLE 6. LEADING CAUSES OF INFANT DEATH, MARYLAND, 2002

Neonatal (400)	Postneonatal (156)	INFANT (556)
Short gestation, LBW (136)	SIDS (53)	Short gestation, LBW (137)
Congenital malformation (65)	Congenital malformation (37)	Congenital malformation (102)
Maternal complications (41)	Diseases of circulatory system (8)	SIDS (57)
Complications of placenta, cord (28)	Sepsis of newborn (3)	Maternal complications (41)
Respiratory distress of newborn (26)	Necrotising enterocolitis of newborn (3)	Complications of placenta, cord (28)

Source: Analysis of data from Vital Statistics Administration, DHMH

SIDS

SIDS is the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history. SIDS is of particular public health concern because it can be reduced through safe sleeping practices for infants. In Maryland, the number of deaths from SIDS has decreased throughout the 1990's with a 30.2% decrease between 1993-1997 and 1998-2002. In 2000-2002, there were 162 SIDS deaths.

Risk factors for SIDS include: 1) a physiological defect; 2) critical development period (SIDS risk peaks between two and four months of age); and 3) environmental stressors such as oxygen depletion while sleeping face down, exposure to prenatal or second hand smoke and overheating while wrapped in heavy blankets.

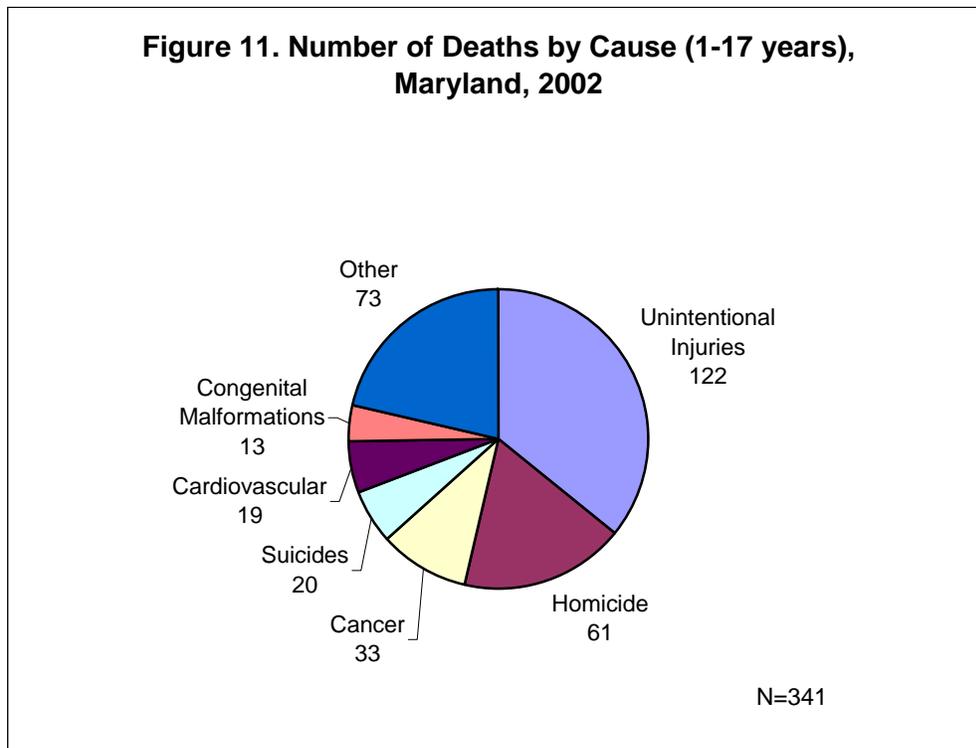
CAUSES OF DEATH AMONG OLDER CHILDREN

Table 7 demonstrates the causes of death among children 1-17 years in 2002 and for the period 2000-2002. Figure 11 shows the graphical distribution of the causes of death in 2002

TABLE 7. NUMBER OF DEATHS BY CAUSE, 1-17 YEARS, MARYLAND, 2002 AND 2000-2002

Cause of Death	2002	2000-2002
Unintentional Injuries		
(Accidents)	122	319
Transport	80	229
Non-Transport	42	90
Homicide	61	135
Cancer	33	112
Suicides	20	57
Cardiovascular	19	55
Congenital Malformations	13	52
Other	73	295
Total	341	1025

Source: Analysis of data from Vital Statistics Administration, DHMH



Source: Analysis of data from Vital Statistics Administration, DHMH

A ranking of the total deaths for the three year period 2000-2002 is shown below in Table 8. The number of deaths is given in parenthesis.

TABLE 8. LEADING CAUSES OF DEATH BY AGE GROUP, MARYLAND, 2000-2002

Age	1-4 years	5-9 years	10-14 years	15-17 years
Rank				
1	Unintentional Injury (63)	Unintentional Injury (56)	Unintentional Injury (57)	Unintentional Injury (143)
2	Malignant Neoplasms (29)	Malignant Neoplasms (36)	Malignant Neoplasms (29)	Homicide (87)
3	Congenital Malformations (26)	Major Cardiovascular Diseases (12)	Homicide (19) Suicide (19)	Suicide (36)
4	Homicides (23)	Congenital Malformations (10)	Major Cardiovascular Diseases (12)	Malignant Neoplasms (18)
5	Major Cardiovascular Diseases (18)	Septicemia (5)	Congenital Malformations (8) Events of Undetermined Intent (8)	Major Cardiovascular Diseases (13) Events of Undetermined Intent (13)

Source: Analysis of data from Vital Statistics Administration, DHMH

INJURIES

In childhood, injuries resulting from external causes are the most common etiologies of death in every age group. Many of these injuries are preventable. These include unintentional injuries as well as homicides and suicides (Table 9).

**TABLE 9. NUMBER OF INJURY DEATHS, 1-17 YEARS,
MARYLAND, 2000-2002**

Type of Injury	2000-2002
Unintentional	319
Transport	229
-MVA	200
-Other	29
Non-Transport	90
-Falls	8
-Drowning	25
-Fire	31
-Poisoning	2
-Other	24
Suicide	57
-Firearm	21
-Other	36
Homicide	135
-Firearm	90
-Other	45
Uncertain Intent	34

Source: Analysis of data from Vital Statistics Administration, DHMH

Vignette:

Infant Boy Dies After Two-story Fall

Source: The Montgomery Journal, June 26, 2003

"OCEAN CITY - An 11-month old baby died after falling from a second-story balcony, police said. The child was seen by witnesses squeezing between the guard rails of the balcony just before he fell 21 feet onto the asphalt below. The next-door neighbor saw the boy slip his leg through the railing and reached for him, but he fell to the ground

Motor Vehicle Accidents

Motor vehicle crashes are the leading cause of unintentional (accidental) injury death to children. Between 2000 and 2002, 200 children ages 1-17 years were killed in motor vehicle crashes (Table 10).

TABLE 10. CATEGORY OF PERSONS KILLED IN MVA, 1-17 YEARS, MARYLAND, 2000-2002

Person	Number	Percent
Driver of vehicle	29	14.5
Passenger	39	19.5
Pedestrian	36	18.0
Pedal cyclist	8	4.0
Unspecified	88	44.0
Total	200	

Source: Analysis of data from Vital Statistics Administration, DHMH

This includes all deaths occurring to children who were drivers, passengers, pedestrians or other types of occupants in a form of transport.

TABLE 11. UNINTENTIONAL TRANSPORT INJURY DEATHS BY RACE, 1-17 YEARS, MARYLAND, 200-2002

Race	MVA		Other Transport	
	Number	Rate*	Number	Rate*
African American	60	4.7	12	0.9
White	130	5.6	14	0.6
Other	10	3.6	3	-
Total	200	5.2	29	0.7

Source: Analysis of data from Vital Statistics Administration, DHMH

*Per 100,000 population

-Rates based on fewer than 5 events in the numerator are not presented since rates based on small numbers are likely to be unstable

15-17 year age group (Table 12).

Of the 200 motor vehicle related deaths between 2000 and 2002, 124 (62%) were to boys and 76 (38%) to girls. One hundred and thirty white youths died in motor vehicle crashes, a rate of 5.6 per 100,000. Among African-American children, there were 60 motor vehicle-related deaths, representing a rate of 4.7 per 100,000 (Table 11). Older children bore the brunt of the cases, dying at the rate of 16.2 per 100, 000 in the

TABLE 12. UNINTENTIONAL TRANSPORT INJURY DEATHS: NUMBER AND RATE BY AGE GROUP, 1-17 YEARS, MARYLAND, 2000-2002

Age group	MVA		Other Transport	
	Number	Rate*	Number	Rate*
1-4	24	2.8	1	-
5-9	30	2.6	6	0.5
10-14	37	3.1	5	0.4
15-17	109	16.2	17	2.5
Total	200	5.2	29	0.7

Source: Analysis of data from Vital Statistics Administration, DHMH

*Per 100,000 population

-Rates based on fewer than 5 events in the numerator are not presented since rates based on small numbers are likely to be unstable

1-Car Wreck Kills Annapolis Girl, 17

Source: The Baltimore Sun, June 17, 2003

"An Annapolis teenager was killed after being partially ejected through the sunroof of a car which was being driven by another teen, 16 years old, police said. The

Homicides

There were 158 homicides in 2000-2002 among children aged 0 to 17 years. The numbers of homicide deaths among African-American and white children were 129 and 24 respectively, representing rates of 9.5 and 1.0 per 100,000 respectively (Table 13). The greatest number of homicides occurred in older adolescents; seventy-six of the firearm related deaths were in adolescents aged 15-17 years, representing a rate of 11.3 per 100,000 in this age group (Table 14). There were 23 homicides perpetrated against infants (under 1 year of age) during this three-year period. The majority of the homicides in older children involved firearms. Of the 90 firearm related deaths in the 1-17 year olds, 81 (90%) were among males and 9 (10%) among females (Table 15).

TABLE 13. HOMICIDE: TOTAL NUMBER AND AVERAGE RATE* BY RACE, 0-17 YEARS, MARYLAND, 2000-2002

	All homicides		By firearm		Other means	
	Number	Rate*	Number	Rate*	Number	Rate*
African American	129	9.5	84	6.2	45	3.3
White	24	1.0	7	0.3	17	0.7
Other	5	1.7	1	-	4	-
Total	158	3.9	92	2.2	66	1.6

Source: Analysis of data from Vital Statistics Administration, DHMH

* Per 100,000

-Rates based on fewer than 5 events in the numerator are not presented since rates based on small numbers are likely to be unstable.

TABLE 14. HOMICIDE: TOTAL NUMBER AND AVERAGE RATE* BY AGE GROUP, 0-17 YEARS, MARYLAND, 2000-2002

Age group	By Firearm		Other means	
	Number	Rate*	Number	Rate*
Under 1	2	-	21	9.8
1-4	2	-	21	2.5
5-9	1	-	5	0.4
10-14	11	0.9	8	0.7
15-17	76	11.3	11	1.6
Total	92	2.4	66	1.7

Source: Analysis of data from Vital Statistics Administration, DHMH

*Per 100,000 population

-Rates based on fewer than 5 events in the numerator are not presented since rates based on small numbers are likely to be unstable.

TABLE 15. MEANS OF HOMICIDE BY SEX, 1-17 YEARS, MARYLAND, 2000-2002

	Male	Female	Total
By firearm	81	9	90
Other means	24	21	45
Total	105	30	135

Source: Analysis of data from Vital Statistics Administration, DHMH

Vignette:

Slain Boy Worked Hard at School, Had Lofty Goals

Source: The Baltimore Sun, July 10, 2003

"A 14- year old boy who pushed himself at school, earning awards for spelling and perfect attendance and dreamed of becoming a professional football player or a police detective, was killed - shot in the head at a neighborhood playground. The decedent was standing near a playground in East Baltimore, when someone approached and opened fire, police

Vignette:

Mother's Boyfriend Indicted in Death of Frederick Baby

Source: Washington Post, May 5, 2003

"A 25-year old man accused of sexually assaulting and beating to death his girlfriend's 9-month-old baby has been indicted on first-degree murder charges, Frederick County prosecutors said. The perpetrator is accused of battering the deceased with such force

NATURAL CAUSES OF DEATH

In addition to being classified according to cause, death is also classified by manner as natural, accident, homicide, suicide, and undetermined. Death from natural causes constituted the leading cause of mortality among children under 18 years of age in Maryland during the period 2000-2002. A death due to a natural cause can result from one of many serious health conditions. Congenital anomalies, genetic disorders, cancers, heart and cerebral problems, serious infections and respiratory disorders such as asthma can be fatal to children. Many of these conditions are not believed to be preventable to the same extent in which unintentional injuries, homicides or suicides are preventable. However, there are some illnesses such as asthma, infectious diseases and some screenable genetic disorders, in which under certain conditions, fatalities can and should be prevented.

CHILD DEATHS IN MARYLAND JURISDICTIONS

Many activities to avoid child deaths will and do occur on the local level through public health and public policy interventions. Specific causes of death may also vary in different geographic locations. Information demonstrating the occurrence of infant and child deaths by jurisdiction is included in the following pages. In these tables and maps, an average rate over five years is used for comparison because a relatively low number of deaths in any jurisdiction in a single year may result in considerable variation which may not indicate an actual significant change. The tables also include an analysis of the change in the rate in jurisdictions over a ten-year period.

Maryland's average infant mortality rate declined by 10.2 percent between 1993-1997 and 1998-2002 (Table 16). However, statistically significant declines occurred only in Montgomery, Prince George's and Worcester Counties (Infant Mortality Report, Vital Statistics Administration, 2002). Figure 12 details how infant mortality in the jurisdictions compares with the Maryland average during the period 1998-2002.

For children ages 1-17 years, average mortality rate declined by 18.7 percent between 1993-1997 and 1998-2002 (Table 17). Statistically significant declines occurred, however, only in Baltimore City, Anne Arundel and Talbot counties. Population changes may also have contributed to changes in rates and percentage changes in respect of infant and child deaths.

Figure 13 shows the difference between death rates for children ages 1-17 years in the jurisdictions and the Maryland average during the period 1998-2002.

TABLE 16. NUMBER OF INFANT DEATHS, INFANT MORTALITY RATES* AND PERCENT CHANGE IN RATES* BY REGION AND POLITICAL SUBDIVISION, MARYLAND, 1993-1997 AND 1998-20002

Region and Political Jurisdiction	Number of infant deaths		Average infant mortality rate*		Percent Change**
	1993-1997	1998-2002	1993-1997	1998-2002	
Maryland	3226	2908	8.9	8.0	-10.2 ***
Northwest Area	170	158	6.4	5.7	-10.5
Garrett	10	18	5.4	10.8	99.5
Allegany	27	27	6.7	7.3	8.8
Washington	56	44	7.2	5.4	-25.1
Frederick	77	69	5.9	4.9	-17.7
Baltimore Metro Area	1496	1350	8.7	8.0	-7.7 ***
Baltimore City	704	563	13.1	11.9	-9.2
Baltimore County	355	350	7.8	7.7	-1.4
Anne Arundel	213	214	6.7	6.3	-5.2
Carrol	55	45	5.8	4.8	-18.4
Howard	76	98	4.5	5.6	24.9
Harford	93	80	6.4	5.4	-14.7
National Capital Area	1231	1058	10.0	8.5	-15.8 ***
Montgomery	424	385	7.0	6.0	-14.3 ***
Prince George's	807	673	13.0	11.0	-15.2 ***
Southern Area	137	146	7.3	7.4	0.8
Calvert	24	26	5.3	5.3	0.2
Charles	51	71	6.3	8.2	30.8
St. Mary's	62	49	10.1	7.7	-23.2
Eastern Shore	192	196	8.3	8.3	-0.4
Cecil	43	43	7.9	7.5	-5.4
Kent	5	10	4.9	11.0	126.2
Queen Anne's	20	13	9.4	5.3	-43.5
Caroline	20	25	10.8	13.3	23.1
Talbot	7	8	4.0	4.7	18.2
Dorchester	16	14	9.3	8.8	-4.7
Wicomico	44	56	8.0	9.9	24.5
Somerset	9	13	7.2	10.2	41.8
Worcester	28	14	11.6	5.6	-51.6 ***

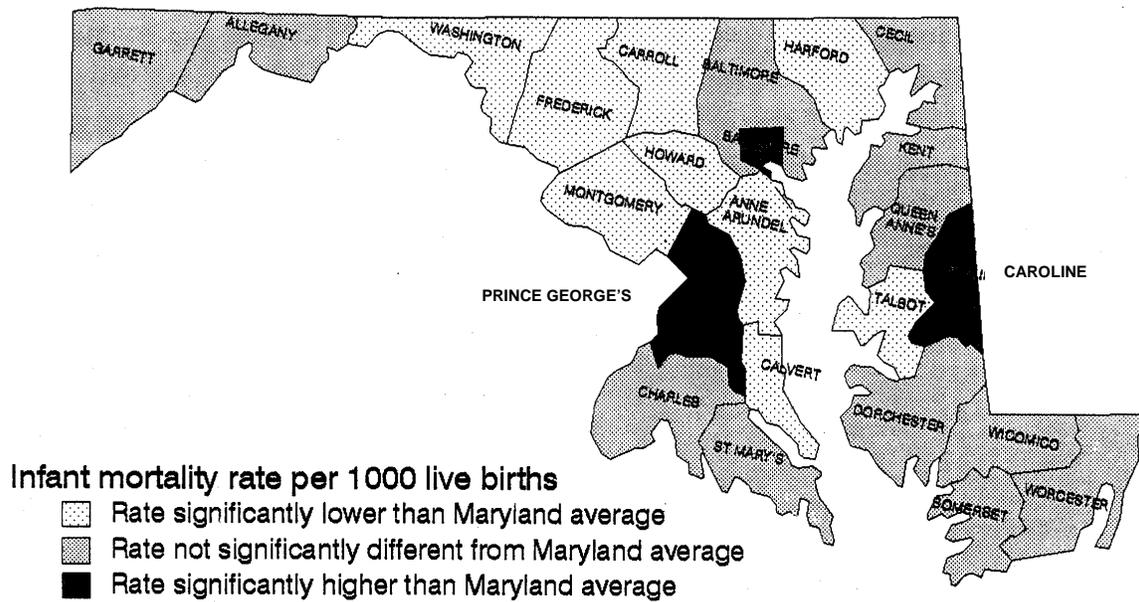
Source: Infant Mortality in Maryland, Vital Statistics, Administration, DHMH

*Per 1000 live births

**Percent change is based on the exact rates and not the rounded rates presented here.

***Rates for 1993-1997 and 1998-2002 differ significantly ($p < 0.5$)

Figure 12. Comparison of County Infant Mortality Rates With the State Average, Maryland, 1998-2002*.



* Based on aggregate data for the 5 year period.

TABLE 17. NUMBER OF DEATHS, DEATH RATES AND % CHANGE IN RATES FOR CHILDREN 1-17 YEARS, MARYLAND, 1993-1997 AND 1998-2002

Region and Political Jurisdiction	Number Deaths*		Death Rates**		Percent
	1993-1997	1998-2002	1993-1997	1998-2002	Change***
Maryland	1,975	1,698	33.0	26.8	-18.7 ****
Northwest Area	113	123	24.0	24.1	0.5
Garrett	16	10	44.3	27.5	-38.0
Allegany	17	25	22.1	33.5	51.4
Washington	38	37	27.5	25.6	-7.0
Frederick	42	51	19.1	20.1	5.0
Baltimore Metro Area	1083	873	37.8	29.4	-22.1 ****
Baltimore City	535	385	63.8	50.3	-21.1 ****
Baltimore County	212	187	26.9	23.0	-14.4
Anne Arundel	154	125	29.1	21.5	-26.2 ****
Carroll	54	46	31.3	23.1	-26.1
Howard	50	61	18.1	19.1	5.3
Harford	78	69	30.0	24.0	-20.0
National Capital Area	499	462	26.7	23.0	-13.9 ****
Montgomery	176	156	18.7	15.3	-18.2
Prince George's	323	306	34.7	30.9	-11.1
Southern Area	107	101	30.8	25.8	-16.2
Calvert	25	24	28.2	23.0	-18.4
Charles	49	46	32.3	27.2	-15.7
St. Mary's	33	31	30.7	26.1	-15.0
Eastern Shore	173	139	40.8	30.6	-25.2 ****
Cecil	33	40	32.4	35.5	9.7
Kent	7	2	37.3	10.3	-72.3
Queen Anne's	11	13	26.2	26.6	1.2
Caroline	16	9	45.3	23.6	-47.8
Talbot	12	4	37.1	11.6	-68.8 ****
Dorchester	15	13	44.1	38.6	-12.5
Wicomico	43	34	45.1	34.5	23.5
Somerset	13	6	57.9	26.1	-54.9
Worcester	23	18	55.7	39.2	-29.9

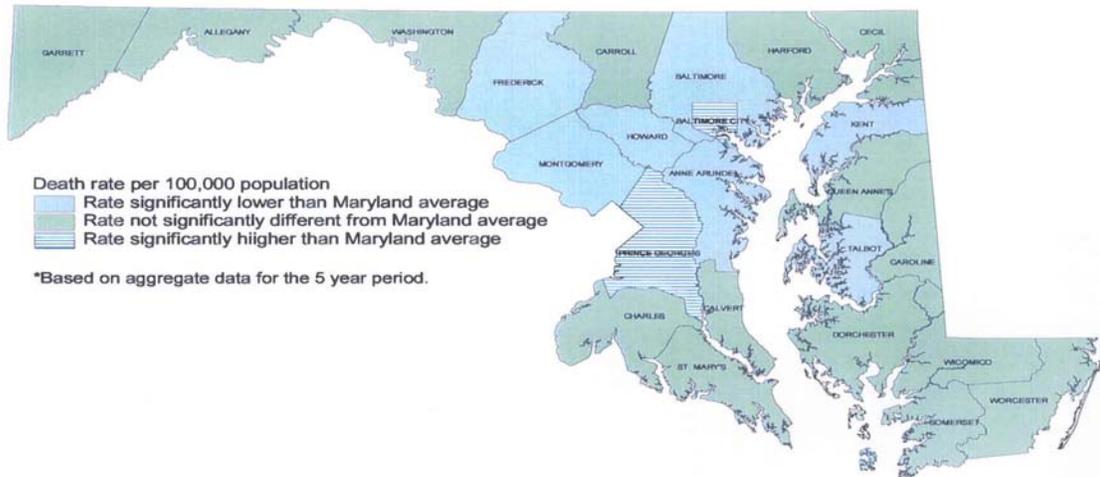
*Source of data: Analysis of death data from Vital Statistics Administration

**Per 100,000 population

***Percent change is based on the exact rates and not the rounded rates presented here

****Rates for 1993-1997 and 1998-2002 differ significantly (p<.05)

Figure 13. Comparison of County Death Rates for Children ages 1-17 Years with the State Average, Maryland , 1998-2002*.



CLOSING

Although child deaths and death rates are declining in Maryland, there is still ample room for improvement. The most common causes of death in children and adolescents are frequently related to preventable factors. In many cases, reviewing the circumstances surrounding the death can provide important information which can direct prevention initiatives. Local authorities can take the most appropriate action after a child's death is thoroughly investigated by the local team. In addition, state and federal initiatives are important in avoiding preventable deaths in children.