## **Healthy People 2010 Operational Definition**

## 15-16. Reduce pedestrian deaths on public roads.

**National Data Source** Fatality Analysis Reporting System (FARS),

Department of Transportation (DOT).

Fatality Analysis Reporting System (FARS), **State Data Source** 

Department of Transportation (DOT).

Healthy People 2000

Objective

Adapted from 9.3f (Unintentional Injuries).

Changes since the

2000 Publication

Revised target (see Comments).

Measure Rate per 100,000 population.

Baseline (Year) 1.9 (1998)

1.4 **Target** 

**Target-Setting Method** Better than the best racial/ethnic subgroup.

For a discussion of target-setting method, see Part

A, section 4.

Number of pedestrian deaths reported in FARS. Numerator

Denominator Number of persons.

**Population Targeted** U.S. resident population

**Questions Used To** Obtain the National

**Baseline Data** 

Not applicable.

**Expected Periodicity** Annual.

Comments FARS contains data on a census of fatal traffic

> crashes abstracted from official state documents. including police accident reports, state vehicle registration files, state driver license files, state highway department data, vital statistics data, death certificates (coded to ICD-10 V02-V04 (.1, .9), and V09.2), Coroner/Medical Examiner reports, hospital medical records, emergency medical service reports, and other state records. To be included in FARS, a crash must involve a motor vehicle traveling on a trafficway customarily open

to the public, and must result in the death of an occupant of a vehicle or a nonoccupant within 30 days of the crash. FARS data do not include pedestrian deaths on private roadways, such as driveways. Driveways are a common location for pedestrian deaths for pedestrians aged 0-2 years.

Since FARS uses additional information in determining the cause of death and only includes deaths that occurred within 30 days of the crash, data from FARS may not be directly comparable to data published in National Vital Statistics Reports. See Part A, section 8 for a discussion of the International Classification of Diseases and ICD-10.

The original target of 1.0 was revised to 1.4 in accordance with the original target setting method which specified that better than the best will be used instead of 50 percent improvement when data are available.

This objective differs slightly from Healthy People 2000 objective 9.3f in that objective 15-16 is limited to deaths on public roads. Objective 9.3f also included deaths on private roads.

See Appendix A for focus area contact information.