

### **Computer Assisted Coding of Industry and Occupation Literals from Death Certificates**

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Coding industry and occupation literals is a very labor- and time-intensive task when done manually. This data is very important in mortality studies to analyze the potential effects of occupational exposure and risks.

The State of Washington has developed a program to take the industry and occupation literals from death certificates and assign Bureau of the Census codes to them. Initially, the driving force was to reduce the time required to code the literals. The goal was to produce a reliable program that could be incorporated into our monthly certificate processing and could also be "exported" to applications in other, related automated systems.

This goal has been achieved to a large extent. The time required to code death certificates has dropped from almost two weeks per month to about 10 hours per month. The program completely codes about 75% of the certificates and half the entries on other certificates. Error rates on the automated part run under 3% at this point.

The user maintains the operating dictionaries that support the program and manually codes those entries that the computer cannot (or those entries rejected under the NIOSH validation program). The user also reviews the output from the coding run and catches the majority of the errors generated by the program.

### **Developing a Nurse-Based Occupational Health and Safety Infrastructure in Agricultural Communities**

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Nurses are essential components of the public health infrastructure, particularly in rural communities. This program, entitled "Occupational Health and Safety Surveillance through Health Departments and Nurses in Agricultural Communities," is an effort to extend public health nursing into the arena of agricultural health and safety. Through ten cooperative agreements averaging \$235,000, the National Institute for Occupational Safety and Health is funding the placement of 31 nurses in agricultural communities. These nurses will conduct active surveillance for agriculture-related illness and injury in the states of California, Georgia, Iowa, Kentucky, Maine, Minnesota, New York, North Carolina, North Dakota, and Ohio, performing educational and other interventions as needed. Project nurses will also provide health care providers with educational materials and referrals to consultants in universities, state and federal government and Agricultural Extension services. This program provides an opportunity to assess the effectiveness of various methods of enhancing provider-based reporting and to identify the extent to which various agriculture related illnesses are amenable to case surveillance.



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## Conference Abstracts

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