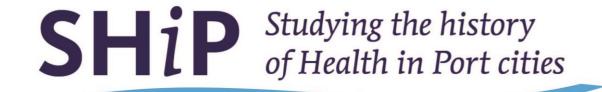# Presentation for Open Science Community Nijmegen

SHiP: a large-scale collaborative project in the historical sciences

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https://www.ru.nl/rich/our-research/research-groups/radboud-group-historical-demography-family-history/ship/

What is SHiP?

SHiP = Studying the history of Health in Port cities

SHiP is a European research network aiming to study the history of health in port cities, roughly between 1800-1950

What unites us: <u>individual-level cause-of-death data</u> for port cities

It is a Nijmegen based initiative, funded by the Dutch research council, and 7 international members
Project time: 2017 – 2022…. and beyond ?

More than 30 individual researchers, including the advisory board

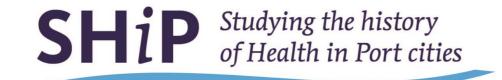# SHiP port cities with individual-level cause-of-death data

What does SHiP do?

Two primary aims:

1. develop a multi-lingual international historical coding system for diseases and causes of death: the ICD10h (based on the ICD10 by the WHO)
2. develop multiple studies using this tool, comparative studies into the long term decline of mortality in Europe (1800-2000): connected to the ICD system!

Publications: truly comparative across time and space, using the same coding system for causes of death
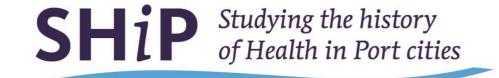
SHiP coding system: ICD10h

An example for the many historical terms for TB

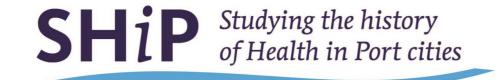| ICD10	ICD10h	standardised CoD
A16.9 - Respiratory tuberculosis, not confirmed bacteriologically or histologically|Respiratory tuberculosis unspecified, without mention of bacteriological or histological confirmation	A16.901	phthisis
	A16.902	pulmonary consumption
	A16.903	pulmonary phthisis
	A16.904	pulmonary tuberculosis
	A16.905	tuberculosis
	A16.906	consumption
	A16.908	other phthisis

The collaboration: why bother?

Unique data!
Unprecedented research opportunities can be opened up!

Creates intrinsic motivation with everyone in the network

Several people trying to work on historical causes of death…

To get going: funding for meetings was important!

The collaboration: challenges 1

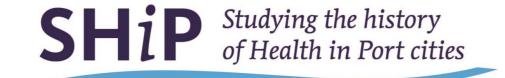Reaching <u>agreement</u> on a large number of issues:
Features and principles of the coding tool: what do we want exactly?
Understanding disease terms in the past is complex!
And what the tool cannot do…. Or is beyond us
>All noses in the same direction

Situation is not equal for all: sizes of the databases differ
Needs are different therefore
Feasibilities differ: some people have programmers and technicians, others not

The collaboration: challenges 2

Now that we are underway……
Keeping the whole enterprise going and keeping it alive
Especially in corona time
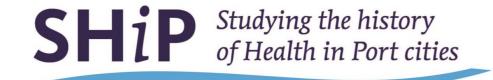Expanding the core of the coding list, and adding
- Disease terms
- And languages
And producing manuals on how to use it
……who/what/where/when…

Finding new funding…..

And even expanding beyond Europe, and beyond port cities
And beyond the time limit of 1950…

SHiP

Thank you for your attention!

Find out more?
Email me:
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