# 京都大学若手人材海外派遣事業 スーパージョン万プログラム 研究者派遣プログラム

## 英文報告書

提出日: 平成 27 年 9 月 25 日

1. 渡航者 (日本語)																			
氏	高橋 由光						採択年	平成 26 年度											
部	医学研究科 健康情報学分野						電												
職	名	講師						メー											
研究課題名		多疾患罹患における受診行動の実態および要因解明:社会的ネットワーク分析																	
海外渡航期間		平成	26	年	8	月	20	日~	平成	27	年	8	月	19	日				
渡航先 (英語表記)		国名:USA 大学等研究機関名:Harvard T.H. Chan School of Public Health 研究室名等:Department of Social and Behavioral Sciences 受入研究者名:Ichiro Kawachi																	

### 2. 渡航の報告 (英文)

渡航先の研究環境、研究者との交流、研究発表の状況等、渡航中の滞在経験について英語(500~1000語)で記述して下さい。受入研究者と撮影した写真や研究発表で用いた図等について、可能な範囲で別添として提出して下さい。ページ数については増加してもかまいません。

Many researchers came from several countries, including Asia, Europe and South America. They had several specialties. Social epidemiology I learned there is "the branch of epidemiology that studies the social distribution and social determinants of health." Therefore, their specialties were wide and multidisciplinary, e.g. a physician, a psychologist and an economist. I had postdoc meetings, social events and meetings with the mentor regularly. There were enough space and infrastructure to communicate. Through communication and discussion with them, I felt that it was very important to merge a field/specialty to another field/specialty. As I participated in meetings of clinical and/or epidemiological researchers, I had built a network of international studies.

I made several presentations and wrote several articles. As I analyzed a medical claim database, including one million people, I showed the prevalence of duplicative prescriptions was quite low – less than 10% – although the extent of the problem varied by drug class and age group. Our approach illustrates the potential utility of using a social network approach to understand duplicative prescription practices. I also conducted a social epidemiological study. Using a multilevel analysis, I revealed that the Japanese showed no disparity in the anticipated trajectory of self-rated health over time, whereas Americans showed a strong subjective social status gradient in future trajectories.

Moreover, I conducted an international research collaboration with a researcher at Cambridge University, UK. I visited there and I analyzed the Facebook data, including 50 million people, applying the methodology of social network analysis.

Through the stay in the United State, I had obtained a network of researchers and I had experienced several research collaborations. Moreover, I learned the way to manage laboratories and members. I had gained lots of valuable experience. I deeply appreciate the John Mung Program and Professor Takeo Nakayama.



### Original articles;

Takahashi Y, Ishizaki T, Nakayama T, Kawachi I. Social network analysis of duplicative prescriptions in Japan. Submitted.

Takahashi Y, Fujiwara T, Nakayama T, Kawachi I. Subjective social status and trajectories of self-rated health: Comparative analysis of Japan and the United States. Submitted.

#### Presentations;

Takahashi Y, Ishizaki T, Nakayama T, Kawachi I. Social network analysis of duplicative prescriptions in Japan. Society for Epidemiology Research 48th Annual Meeting, June 16-19, 2015, Denver, USA. Takahashi Y, Fujiwara T, Nakayama T, Kawachi I. Subjective social class and trajectories of self-perceived health status: Comparative analysis of Japan and the USA. 11th Annual Junior Investigators' Health Disparities Research Poster Session. May 7, 2015, Boston, USA. Takahashi Y, Tsuboya T, Hikichi H, Kawachi I. Self-rated health and mental health in Japan. Swiss Re/Harvard Chan School of Public Health Workshop – Mind, Brain, and Behaviour. May 4-15, 2015. Cambridge, USA.