

## ATTITUDES AND RISK FACTORS

**Table 5**

**• B.1. Daily Intake of Food and Drink**

Proportion of people aged 18-64 years and older who claim frequency of daily intake of food and drink.

Oral health and nutrition have a synergistic relationship. Dental diseases related to diet include dental caries, developmental defects of enamel, dental erosion and periodontal disease. Population can benefit from diet analysis and modification.

**Q 13. How often do you eat or drink any of the following foods, even in small quantities?**

	Total	Low Risk <5	Medium risk 5-10	High risk >10	DK/NA
<b>Country</b>					
<b>Sex</b>					
Male					
Female					
<b>Age</b>					
18-24					
25-39					
40-54					
55-64					
65 & +					
<b>Education</b>					
Grades 1 – 8					
Grades 9 – 12					
College and above					
Current Students					
<b>Occupation</b>					
Self-employees					
Employees					
Without professional activity					
<b>Locality Type</b>					
Metropolitain					
Other Towns					
Rural					

**Table 6**

**• B2. Tobacco Usage Prevalence**

Proportion of adults aged 18-65 years and older who are using tobacco at a point in time.

Based on evidence of effectiveness, surveillance systems and programmes of evaluation are important to support the role of the dentist in assisting dental patients interested in tobacco cessation.

**Q 14. Do you smoke cigarettes every day, some days, or not at all? and:**

**Q 15. Do you use any others types of tobacco than cigarettes every day, some days, or not at all?**

	Total	No Smoker	Occasional Smoker	Daily Smoker	DK/NA
<b>Country</b>					
<b>Sex</b>					
Male					
Female					
<b>Age</b>					
18-24					
25-39					
40-54					
55-64					
65 & +					
<b>Education</b>					
Grades 1 – 8					
Grades 9 – 12					
College and above					
Current Students					
<b>Occupation</b>					
Self-employees					
Employees					
Without professional activity					
<b>Locality Type</b>					
Metropolitain					
Other Towns					
Rural					

ORAL HEALTH STATUS

**Table 7**  
**• B16. Functional Occlusion Prevalence**

Proportion of adults aged 18 years and over with 20 teeth or more natural teeth in functional occlusion.

Gives a broader perspective than indicators measuring the presence or absence of all teeth. It is an indicator to evaluate the progressive impact of preventive program to reduce the incidence and the severity of dental caries. Beside aesthetic consideration, it is a tool for planning current and future prosthetic needs for adults.

**Q16. How many of your permanent natural teeth do you have?**

	Total	20 teeth or more	Less than 20 teeth	No natural teeth	DK/NA
<b>Country</b>					
<b>Sex</b>					
Male					
Female					
<b>Age</b>					
18-24					
25-39					
40-54					
55-64					
65 & +					
<b>Education</b>					
Grades 1 – 8					
Grades 9 – 12					
College and above					
Current Students					
<b>Occupation</b>					
Self-employees					
Employees					
Without professional activity					
<b>Locality Type</b>					
Metropolitan					
Other Towns					
Rural					

**Table 8**  
**• B.11. Removable Denture Prevalence**

Proportion of the population aged 20 years or more who claim to wear removable dentures

Provide information of the oral health status and needs of adult and of elderly populations in Europe, assist decision makers to reduce inequality in identifying disadvantaged groups, and to contribute to oral health policy development and increase the performance of oral health care services to assist people to maintain their functional well being in this changing environment.

**Q17. Do you wear any removable denture?**

	Total	Yes	No	DK/NA
<b>Country</b>				
<b>Sex</b>				
Male				
Female				
<b>Age</b>				
18-24				
25-39				
40-54				
55-64				
65 & +				
<b>Education</b>				
Grades 1 – 8				
Grades 9 – 12				
College and above				
Current Students				
<b>Occupation</b>				
Self-employees				
Employees				
Without professional activity				
<b>Locality Type</b>				
Metropolitan				
Other Towns				
Rural				
<b>Functional Occlusion Prevalence</b>				
20 teeth or more				
Less than 20 teeth				
No natural teeth				

## QUALITY OF LIFE

**Table 9**

• **D1. Oral Disadvantage due to Functional Limitation**

Proportion of the subjects aged 18-65 years or older who has experienced difficulties in eating and/ or chewing because of problems with mouth, teeth or dentures in the past 12 months

Whereas the subjective measure of functional limitation will be captured by the following variable described in this section of the catalogue, "perceived pain or discomfort because of teeth, mouth or dentures" this variable is measuring the objective dimension of the functional limitation. Both variables should be considered for a better understanding of the problem and for the evaluation of the outcome dimension of a given oral care system.

**Q19. How often have you experienced difficulties with eating food due to mouth and teeth problems?**

	Total	Never	Hardly ever	Occasionally	Fairly often	Very often	DK/NA
<b>Country</b>							
<b>Sex</b>							
Male							
Female							
<b>Age</b>							
18-24							
25-39							
40-54							
55-64							
65 & +							
<b>Education</b>							
Grades 1 – 8							
Grades 9 – 12							
College and above							
Current Students							
<b>Occupation</b>							
Self-employed							
Employees							
Without professional activity							
<b>Locality Type</b>							
Metropolitan							
Other Towns							
Rural							
<b>Dental Status</b>							
20 teeth or more							
Less than 20 teeth							
No natural teeth							

**Table 10**

• **D2. Physical Pain due to Oral Health Status**

Proportion of the subjects aged 18-65 years or older who has perceived pain or discomfort because of teeth, mouth or dentures in the past 12 months.

Improve the proportion of European with oral illness who reports a satisfactory level of oral health-related quality of life and to measure the perceived (subjective) pain or discomfort because of teeth, mouth or dentures

**Q20. How often have you experienced toothache/painful gums/sore spots?**

**Table 11**

• **D3. Psychological Discomfort due to Oral Health Status**

Proportion of the subjects aged 18-65 years or older who has felt tense because of problems with teeth, mouth or dentures in the past 12 months.

Compare the effect of problems with teeth, mouth or denture on psychological discomfort in different populations (groups) in Europe, to explore changes in psychological discomfort in clinical follow-up studies and evaluative studies

**Q21. How often have you felt tense because of teeth, mouth [or dentures] problems?**

**Table 12**

• **D4. Psychological Disability due to Appearance of Teeth or Dentures**

Proportion of adult population aged 18-65 years or older who has felt psychological disability because of the appearance of teeth or dentures in the past 12 months

Compare the effect of problems with teeth, mouth or denture on psychological disability in different populations (groups) in Europe.

**Q22. How often have you felt embarrassed because of the appearance of your teeth [or dentures]?**

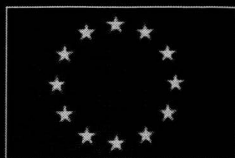
**Table 13**

• **D5. Social Disability due to Oral Health Status**

Proportion of subjects aged 18-65 years or older who has perceived difficulties in doing their normal daily work because of acute or chronic oral problems in the past 12 months.

To measure to which extent oral disorders disrupt the possibility of doing normal daily work

**Q25. How often did you have difficulties carrying out major work because of problems with mouth or teeth?**



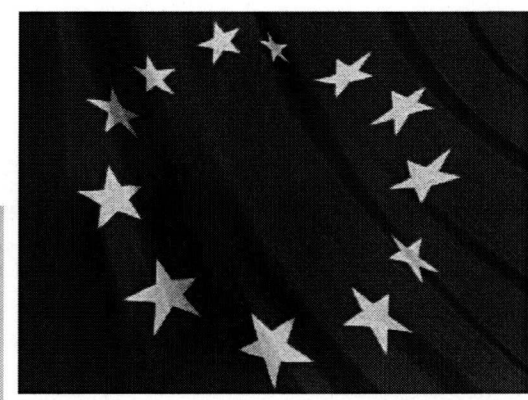
European Commission  
Directorate-General for Health & Consumers  
Community Action Programme on Health Monitoring

EGOVID II

# Full Standard Oral Health Clinical Surveys

## Guidance and Training Manual

European Global Oral Health Indicators  
Development Project





### Question 1: Using the ICDAS Codes

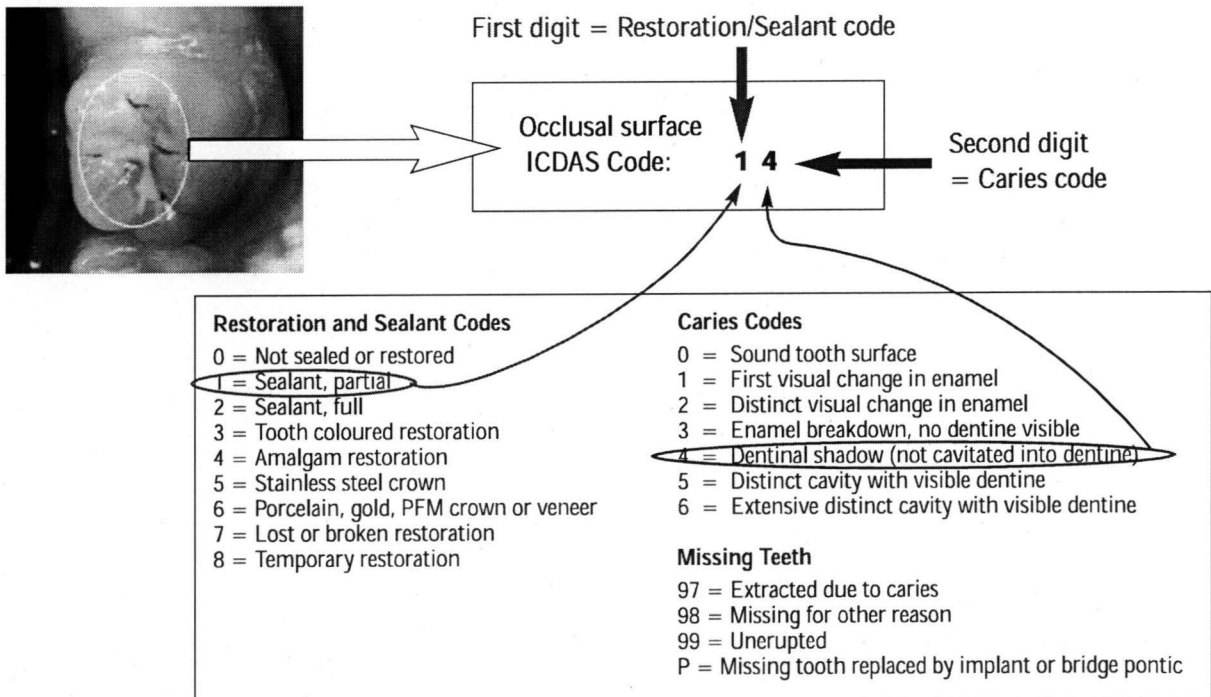
To use the ICDAS codes correctly, the participant’s teeth must be clean and dry prior to assessment. Each tooth surface should be visually assessed and allocated an appropriate 2 digit ICDAS code. This is constructed from the individual numerical codes see Table 1.

Table 1: ICDAS Codes

Restoration and Sealant Codes	Caries Codes
0 = Not sealed or restored	0 = Sound tooth surface
1 = Sealant, partial	1 = First visual change in enamel
2 = Sealant, full	2 = Distinct visual change in enamel
3 = Tooth coloured restoration	3 = Enamel breakdown, no dentine visible
4 = Amalgam restoration	4 = Dentinal shadow (not cavitated into dentine)
5 = Stainless steel crown	5 = Distinct cavity with visible dentine
6 = Porcelain, gold, PFM crown or veneer	6 = Extensive distinct cavity with visible dentine
7 = Lost or broken restoration	
8 = Temporary restoration	
	Missing Teeth
	97 = Extracted due to caries
	98 = Missing for other reason
	99 = Unerupted
	P = Missing tooth replaced by implant or bridge pontic

The first numerical code digit is taken from column 1 of the table and records the presence or absence of coronal restorations and sealants. The second digit of the ICDAS code is taken from column 2 of the table and highlights the presence or absence of coronal caries. An example of ICDAS code allocation is given in Figure 2.

Figure 2: Example of ICDAS code allocation



In cases where a tooth or teeth are missing you should use the 'Missing Teeth' two digit ICDAS codes instead. There are three missing teeth codes: 97 (for a tooth extracted due to caries), 98 (for a tooth missing for another reason other than caries) and 99 for a tooth still to erupt, and code P where a tooth is missing but has been replaced by a fixed prosthesis such as a bridge pontic or implant.

Once you allocate a 2-digit code to a surface you should record it on the appropriate dental disease assessment chart on page 2 of the EGOHID Full Standard Clinical Survey Assessment form. There are two charts in the dental disease assessment section of this form. The first chart is for upper teeth while the second chart is for lower teeth. Each chart is made up of individual tooth surfaces (Mesial, Occlusal, Distal, Buccal, and Lingual/Palatal) corresponding to each tooth in the arch.

Where teeth are missing, or where the surfaces all have the same code, enter this code in the bottom row of the chart as shown in figure 3. For example, a sound tooth would be coded 00 in the bottom box. A two-digit code should be used to indicate each tooth surface's condition. Sound surfaces may be left blank but care must be taken to ensure that codes are recorded in the correct space of the chart. In the mixed dentition please circle the tooth numbers of the teeth present.

**Figure 3: Example of Completed Upper Arch Chart**

		Primary dentition <b>In child with mixed dentition, circle the teeth present</b>															
		55	54	53	52	51	61	62	63	64	65						
Surface	Permanent dentition																
		18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	M						30										
	O		40											40		40	
	D		40					02									
	B						30										
	L						30										
•	99		97	50	00			00	P	00	00	00		97		99	

**STAGE ONE: Coding Restorations**

There are nine restoration codes (0-8) that you can select from when coding the presence or absence of a restoration/sealant on individual tooth surfaces. For each surface you should select one of the nine codes as appropriate and record it as the first digit of the two digit ICDAS code.

**Figure 4: Coding Restorations**

Select from nine restoration codes and record as first digit of ICDAS code

**Restoration and Sealant Codes**

- 0 = Not sealed or restored
- 1 = Sealant, partial
- 2 = Sealant, full
- 3 = Tooth coloured restoration
- 4 = Amalgam restoration
- 5 = Stainless steel crown
- 6 = Porcelain, gold, PFM crown or veneer
- 7 = Lost or broken restoration
- 8 = Temporary restoration

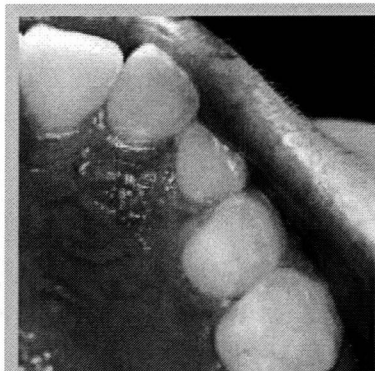
**Caries Codes**

- 0 = Sound tooth surface
- 1 = First visual change in enamel
- 2 = Distinct visual change in enamel
- 3 = Enamel breakdown, no dentine visible
- 4 = Dentinal shadow (not cavitated into dentine)
- 5 = Distinct cavity with visible dentine
- 6 = Extensive distinct cavity with visible dentine

**Missing Teeth**

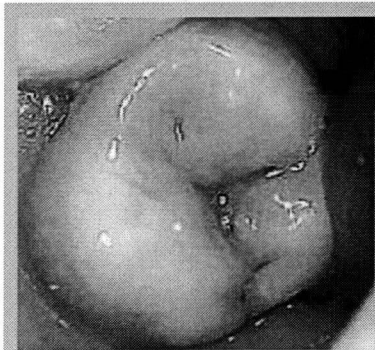
- 97 = Extracted due to caries
- 98 = Missing for other reason
- 99 = Unerupted
- P = Missing tooth replaced by implant or bridge pontic

Each restoration code will now be considered in more detail:



### Restoration Code 0: Not sealed or restored

If you cannot see any restoration or sealant on a particular tooth surface you should use code 0 as the first digit.



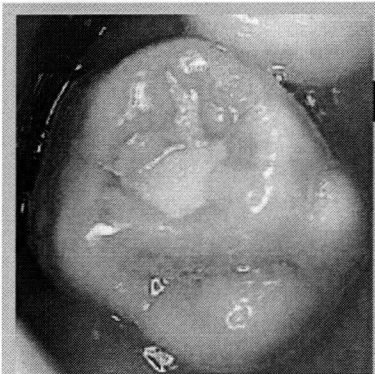
### Restoration Code 1: Sealant, partial

If a sealant is present but it does not cover the fissure/pit fully you should use code 1 as the first digit.



### Restoration Code 2: Sealant, full

If the sealant covers the fissure/pit totally then code the first digit as a 2.



### Restoration Code 3: Tooth coloured restoration

If tooth coloured restoration e.g. composite or glass ionomer etc, is present on a surface then code it as a 3.



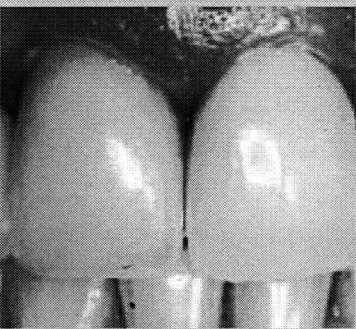
**Restoration Code 4: Amalgam restoration**

The presence of an amalgam on a surface is coded as a 4.



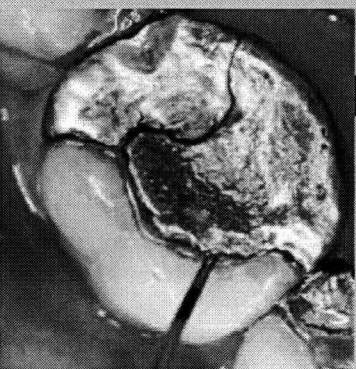
**Restoration Code 5: Stainless steel crown**

The presence of a stainless steel crown covering a tooth surface is coded as a 5.



**Restoration Code 6:  
Porcelain, gold PFM crown or veneer**

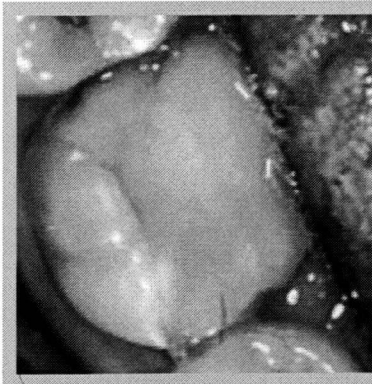
The presence of any advance restoration in gold or porcelain is coded as a 6.



**Restoration Code 7: Lost or broken restoration**

If you observe any missing or broken restorations of any type you should use the code 7 as the first digit for that surface.





### Restoration Code 8: Temporary restoration

The presence of a known temporary restoration on any tooth surface should be coded as an 8.

### STAGE TWO: Coding Caries

There are seven caries codes (0-6) that you can select from when coding the presence or absence of coronal caries on individual tooth surfaces. For each surface you should select one of the seven codes as appropriate and record it as the second digit of the two digit ICDAS code.

Figure 5: Coding Caries

Restoration and Sealant Codes	Caries Codes
0 = Not sealed or restored	0 = Sound tooth surface
1 = Sealant, partial	1 = First visual change in enamel
2 = Sealant, full	2 = Distinct visual change in enamel
3 = Tooth coloured restoration	3 = Enamel breakdown, no dentine visible
4 = Amalgam restoration	4 = Dentinal shadow (not cavitated into dentine)
5 = Stainless steel crown	5 = Distinct cavity with visible dentine
6 = Porcelain, gold, PFM crown or veneer	6 = Extensive distinct cavity with visible dentine
7 = Lost or broken restoration	
8 = Temporary restoration	

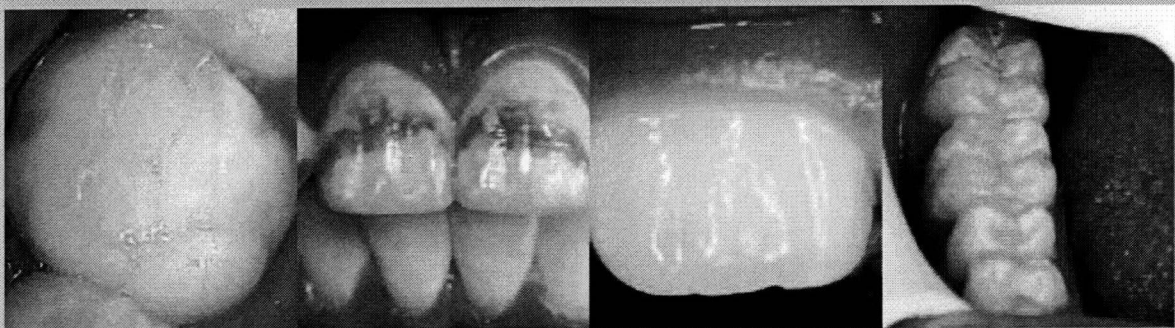
  

Missing Teeth
97 = Extracted due to caries
98 = Missing for other reason
99 = Unerupted
P = Missing tooth replaced by implant or bridge pontic

Select from nine restoration codes and record as second digit of ICDAS code

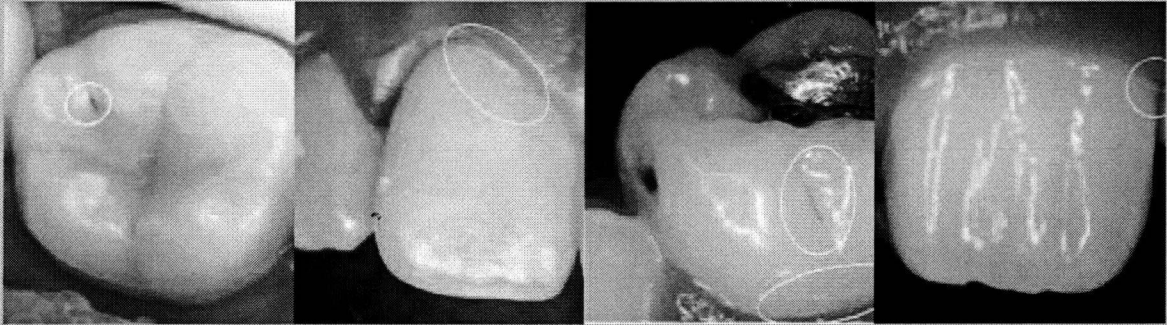
### Caries Code 0: Sound tooth surface



Code 0 should be recorded as the second digit of the ICDAS code when there is no sign of caries on the tooth surface even after air drying for 5 seconds. Staining around a restoration margin that is not associated with caries should be coded zero as well as non-cariou marginal defects of less than 0.5mm.

**Remember:** A number of conditions may present in a similar way to caries e.g. developmental defects (enamel hypoplasias) fluorosis, tooth wear and extrinsic and intrinsic stains. Such conditions without signs of caries are coded 0.

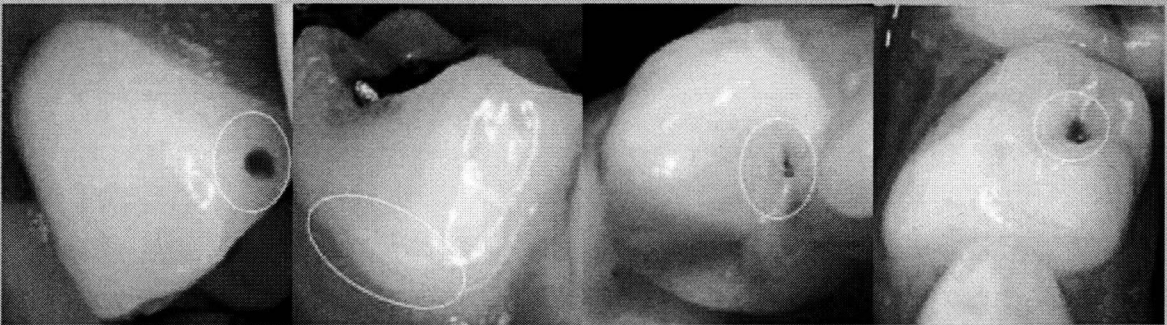
### Caries Code 1: First visual change in enamel



Code 1 should be recorded as the second digit of the ICDAS code when the first visual change in enamel is seen only after air drying a tooth surface for 5 seconds. In the pits and fissures, however, darkly discoloured lesions may also be seen on a wet surface.

**Remember:** These darkly discoloured lesions can look similar to tea or coffee stained pits and fissures (code 0). Such staining however tends to be seen in almost all pits and fissures symmetrically.

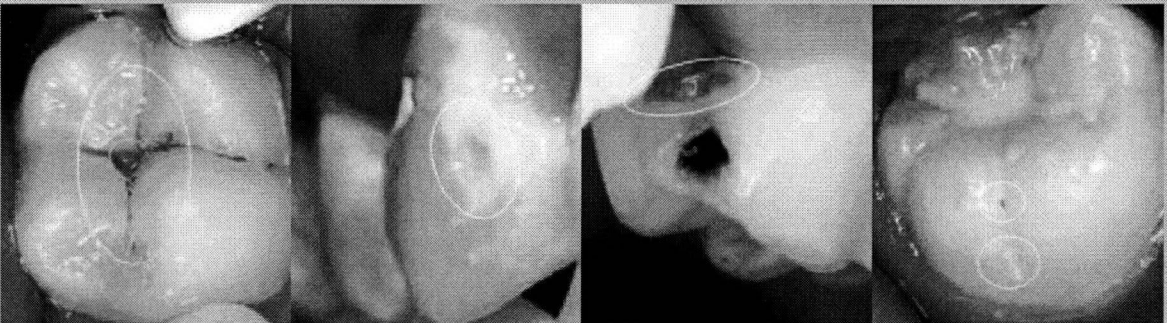
### Caries Code 2: Distinct visual change in enamel



Code 2 should be recorded as the second digit of the ICDAS code when a carious lesion looks to be more advanced than a code 1 lesion and as such, drying is not necessary to be able to detect them (they can be seen on wet or dry surfaces). A code 2 lesion can be white or brown in colour.

**Remember:** You should still use air drying on this lesion as this will help you to distinguish it from a Code 3 lesion which exhibits enamel surface breakdown (seen more easily after air drying).

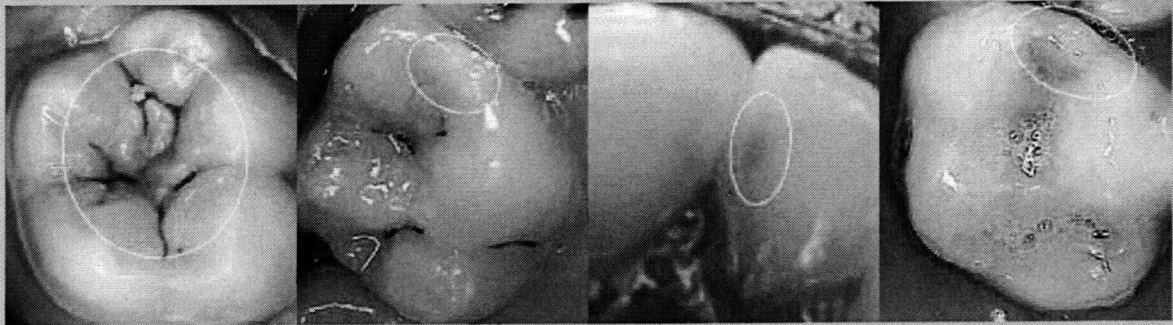
### Caries Code 3: Enamel breakdown, no dentine visible



Code 3 should be recorded as the second digit of the ICDAS code when localised enamel breakdown is visible due to caries. When viewed wet the lesion may appear white or discoloured but when viewed after drying carious loss of tooth structure can be seen. In a restored tooth, a gap between a restoration and the tooth of less than 0.5mm but associated with an opacity or discolouration consistent with demineralisation should be coded 3.

**Remember:** despite the loss of enamel NO dentine is visible. A blunt or ball ended probe can be used gently across the surface to confirm discontinuity of the enamel.

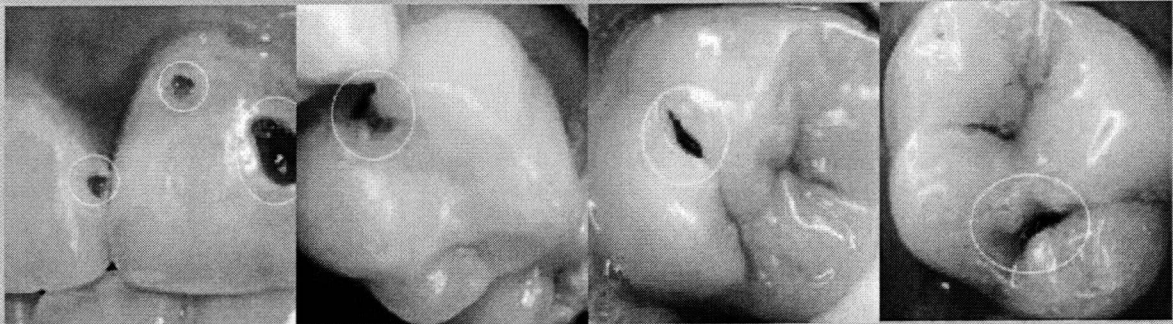
### Caries Code 4: Underlying dental shadow (not cavitated into dentine)



Code 4 should be recorded as the second digit of the ICDAS code when the lesion appears as a shadow of discoloured dentine visible through apparently intact enamel which may or may not be broken down. The shadow is often more noticeable when the surface is wet and may appear as grey, blue or brown. In a tooth restored with amalgam be careful to distinguish the shine-through of the restoration from a carious shadow. To be considered a code 4 there should be signs of demineralisation on the surface to support a caries code 4 being used.

**Remember:** Code 4 is only to be used on surfaces where the caries originated i.e. if the caries started on an adjacent surface, the surface being scored as 0. This can happen with large approximal cavities. In these instances the dentinal involvement of the cavity is seen as shadowing through the occlusal surface even though the caries did not originate in the fissures of that surface. This is shown in the picture on the far right. The occlusal surface would not be coded as 4 because the lesion quite obviously originated from the approximal surface.

### Caries Code 5: Distinct cavity with visible dentine

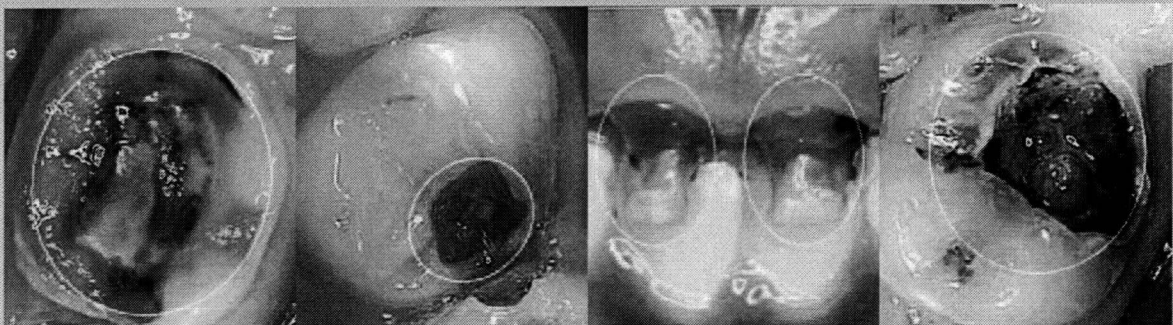


Code 5 should be recorded as the second digit of the ICDAS code when a cavitation is present due to caries in opaque or discoloured enamel exposing the dentine beneath.

In a restored tooth, the gap between restoration and tooth should be larger than 0.5mm to be coded as a 5, and there will be dentine exposed in the gap.

**Remember:** Code 5 cavities involve less than half of the surface but are not so deep as to suggest pulpal involvement.

### Caries Code 6: Extensive distinct cavity with visible dentine

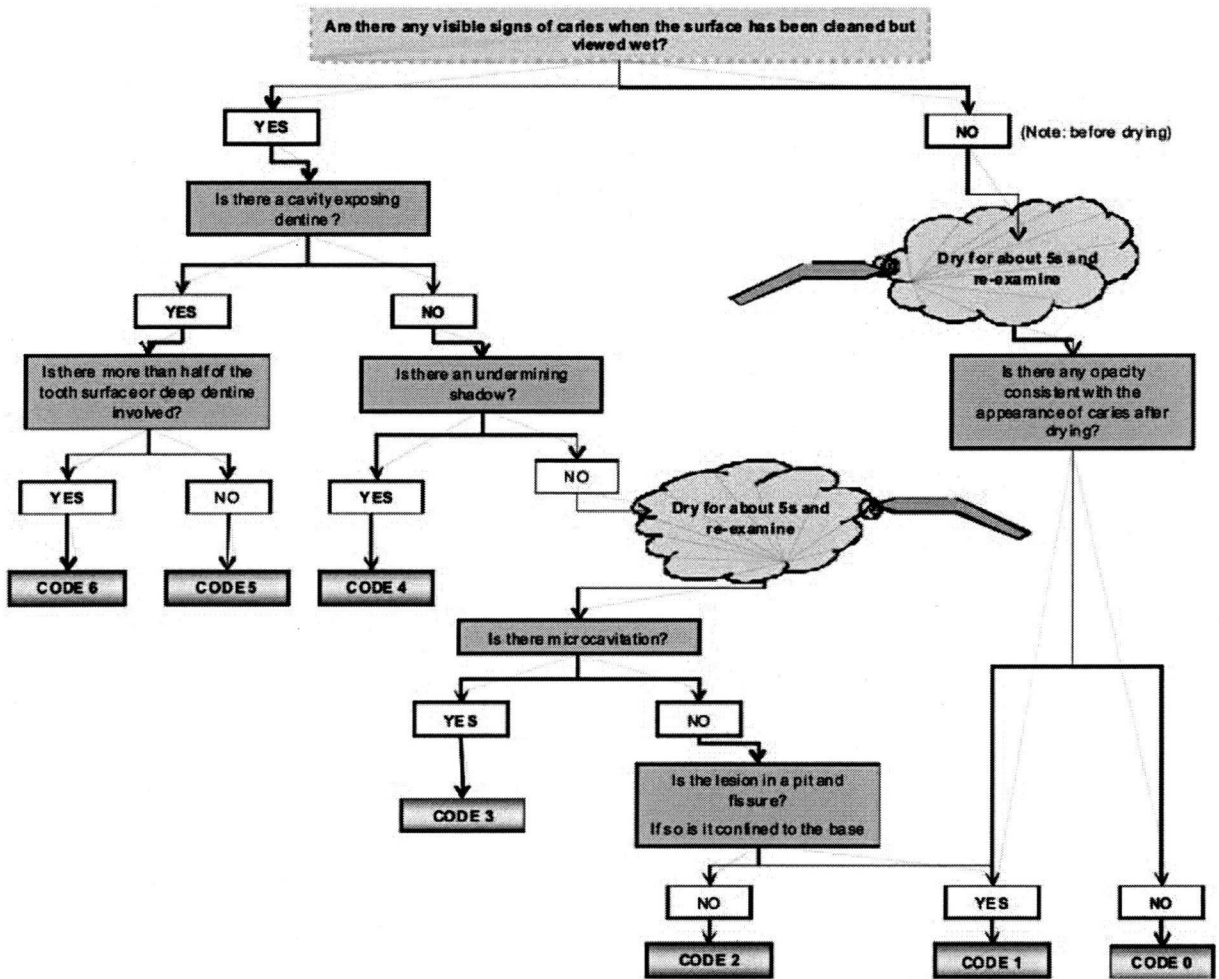


Code 6 should be recorded as the second digit of the ICDAS code when an extensive distinct cavity is present with visible dentine involving at least half of the tooth surface or the pulp.

**Remember:** Code 6 lesions may be deep and/ or wide

**Figure 6: Flow Chart for Coding Caries**

To help you to allocate the correct caries code to the correct lesion you can follow the decision tree below.



**STAGE THREE: Coding Missing Teeth**

There are 4 codes that you can select from for coding the absence of teeth and one which allows you to code if a fixed prosthesis has been placed. This is a two digit code and is summarized at the bottom of the second column of the table of ICDAS codes. (It should be noted that bridge pontics and implants, if present, are coded as missing teeth, using code P).

**Figure 7: Coding Missing Teeth**

Restoration and Sealant Codes	Caries Codes
0 = Not sealed or restored	0 = Sound tooth surface
1 = Sealant, partial	1 = First visual change in enamel
2 = Sealant, full	2 = Distinct visual change in enamel
3 = Tooth coloured restoration	3 = Enamel breakdown, no dentine visible
4 = Amalgam restoration	4 = Dentinal shadow (not cavitated into dentine)
5 = Stainless steel crown	5 = Distinct cavity with visible dentine
6 = Porcelain, gold, PFM crown or veneer	6 = Extensive distinct cavity with visible dentine
7 = Lost or broken restoration	
8 = Temporary restoration	
	<b>Missing Teeth</b>
	97 = Extracted due to caries
	98 = Missing for other reason
	99 = Unerupted
	P = Missing tooth replaced by implant or bridge pontic

**Missing Teeth Code 97: Tooth extracted due to caries**

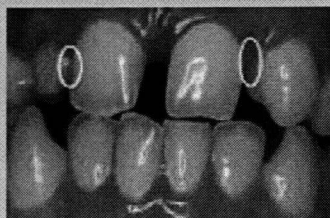
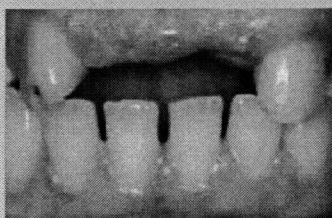
If a missing tooth was extracted due to caries code as 97 on all surfaces (in the bottom box of the chart).

For missing Primary teeth, this score should be used only if the subject is at an age when normal exfoliation would not be a sufficient explanation of absence. In some age groups, it may be difficult to distinguish between unerupted teeth (code 99) and missing teeth (code 97 and 98). Basic knowledge of tooth eruption patterns, the appearance of the alveolar ridge in the area of the tooth space in question, and caries status of the other teeth may be helpful clues in making a differential diagnosis between unerupted and extracted teeth.



Code 97 should not be used for teeth judged to be missing for any reason other than caries.

**Missing Teeth Code 98: Tooth missing for other reasons**



If a tooth is missing for any other reason e.g. due to trauma or congenitally missing then code as 98 on all surfaces (in the bottom box of the chart).

**Missing Teeth Code 99: Unerupted**



If a tooth is unerupted then use code as 99 on all surfaces (in the bottom box of the chart).

Partially erupted teeth should be coded as present and sound (code 00) on all surfaces unless there are signs of caries

**Missing Teeth Code P: Implant**



If the patient has a missing tooth which has been replaced by a fixed prosthesis such as a bridge pontic or an implant, you should place a code P in the bottom box of the chart for that tooth.

This is the only instance where you will not use the two-digit code.

(資料 7) 厚生労働統計調査結果の一般向け図説についての具体案

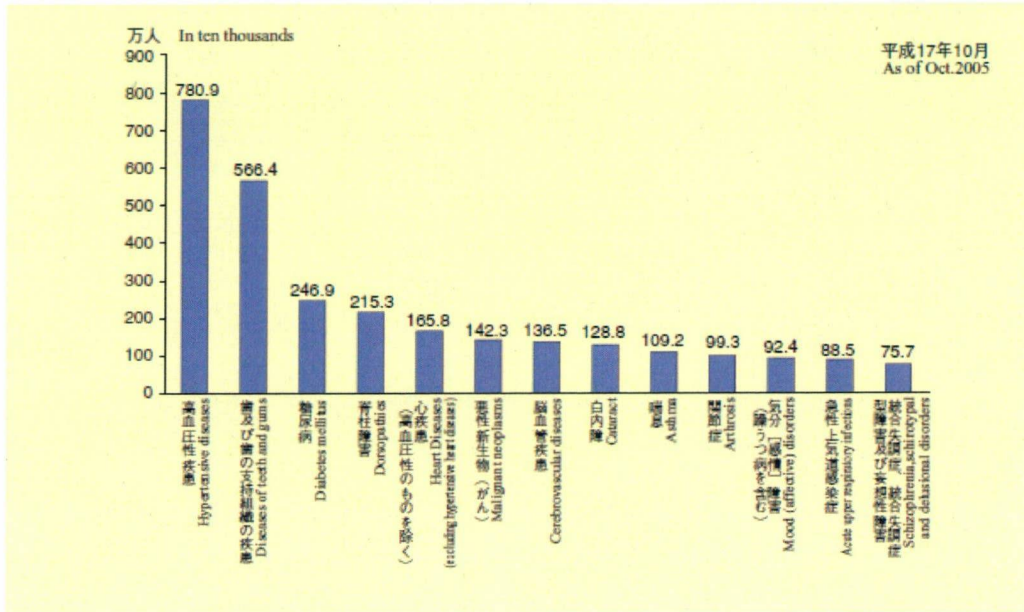
資料7：厚生労働統計調査結果の一般向け図説についての具体案

① 平成17年患者調査

(平成19年我が国の保健統計 <http://www.mhlw.go.jp/toukei/list/130-1.html>) より

高血圧性疾患の総患者数は約781万人

1-11 主要な傷病の総患者数 —平成17年—  
Estimated number of patients receiving medical treatment of major diseases, 2005



(患者調査)  
(Patient Survey)

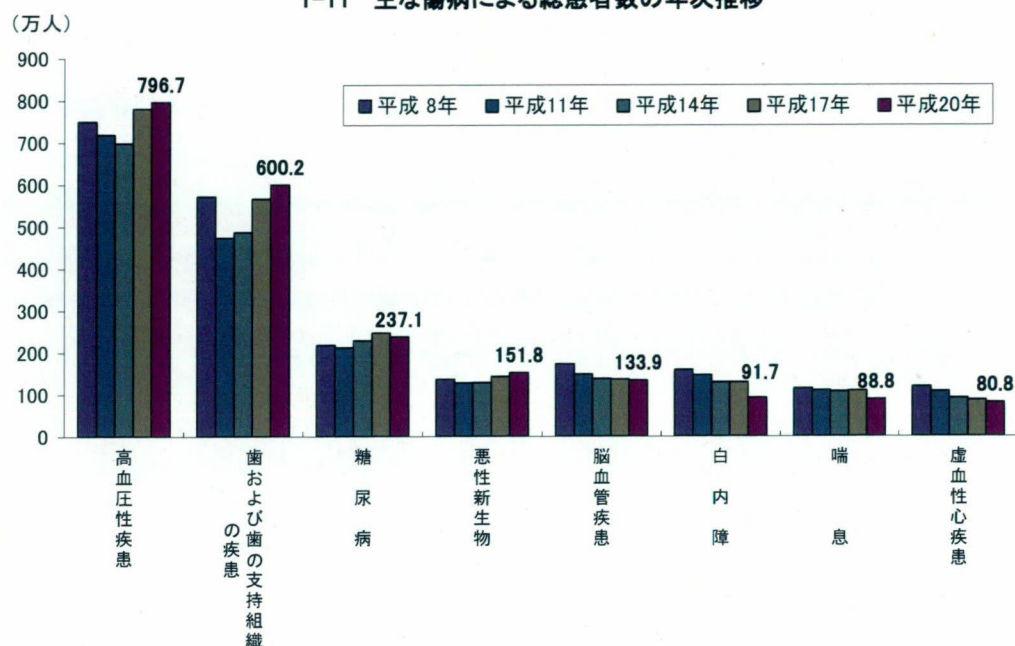
※ 総患者数 (傷病別推計) とは  
総患者数とは、調査日現在において、継続的に医療を受けている者 (調査日には医療施設で受療していない者も含む。) の数を次の算式により推計したものである。

$$\text{総患者数} = \text{入院患者数} + \text{初診外来患者数} + \text{再来外来患者数} \times \text{平均診療間隔} \times \text{調整係数 (6/7)}$$



(一般向け修正案)

1-11' 主な傷病による総患者数の年次推移



総患者数は、高血圧性疾患、歯および歯の支持組織の疾患による者が多く、過去5回の調査を通じてその傾向は変わらない。なお、総患者数とは、調査日における入院患者数、外来患者数に加え、調査日には医療施設を受診していないが通院中の者の数を推計したものである。



② 平成20年 人口動態統計（確定数）の概況

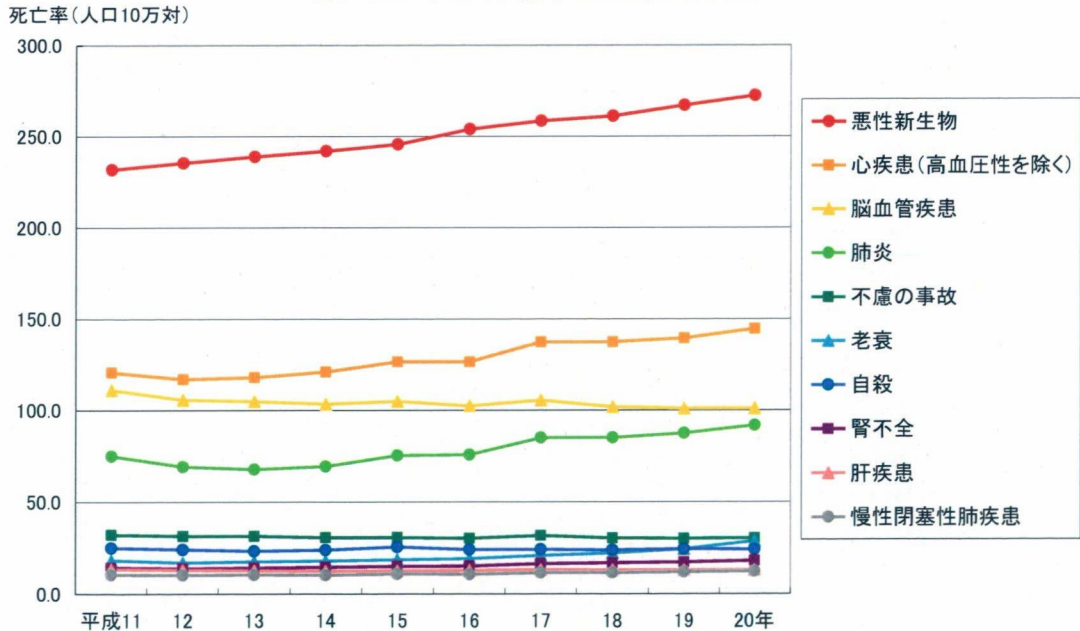
<http://www.mhlw.go.jp/toukei/saikin/hw/jinkou/kakutei08/index.html> より

第6表 性別にみた死因順位（第10位まで）別 死亡数・死亡率（人口10万対）・構成割合

死 因	平成 20 年			平成 19 年			対前年増減	
	死亡数	死亡率	死亡総数に占める割合 (%)	死亡数	死亡率	死亡総数に占める割合 (%)	死亡数	死亡率
全 死 因	1 142 407	907.1	100.0	1 108 334	879.0	100.0	34 073	28.1
悪 性 新 生 物 (1)	342 963	272.3	30.0	336 468	266.9	30.4	6 495	5.4
心 血 管 疾 患 (2)	181 928	144.4	15.9	175 539	139.2	15.8	6 389	5.2
脳 血 管 疾 患 (3)	127 023	100.9	11.1	127 041	100.8	11.5	△ 18	0.1
肺 炎 (4)	115 317	91.6	10.1	110 159	87.4	9.9	5 158	4.2
不慮の事故 (5)	38 153	30.3	3.3	37 966	30.1	3.4	187	0.2
老 衰 (6)	35 975	28.6	3.1	30 734	24.4	2.8	5 241	4.2
自 殺 (7)	30 229	24.0	2.6	30 827	24.4	2.8	△ 598	△ 0.4
腎 不 全 (8)	22 517	17.9	2.0	21 632	17.2	2.0	885	0.7
肝 疾 患 (9)	16 268	12.9	1.4	16 195	12.8	1.5	73	0.1
慢性閉塞性肺疾患 (10)	15 520	12.3	1.4	14 907	11.8	1.3	613	0.5

(一般向け修正案)

図6 死亡率の年次推移(死因第10位まで)



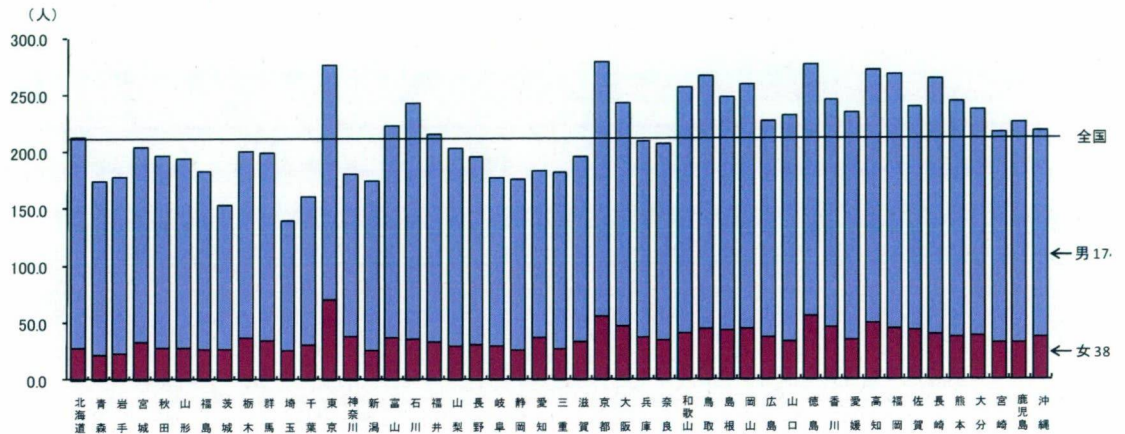
過去 10 年間で、悪性新生物や心疾患、肺炎による死亡が徐々に増加している。死因順位に大きな変化は見られないが、平成 20 年には老衰が自殺を上回り第 6 位となった。

③ 平成20年医師・歯科医師・薬剤師調査の概況

<http://www.mhlw.go.jp/toukei/list/33-20.html> より

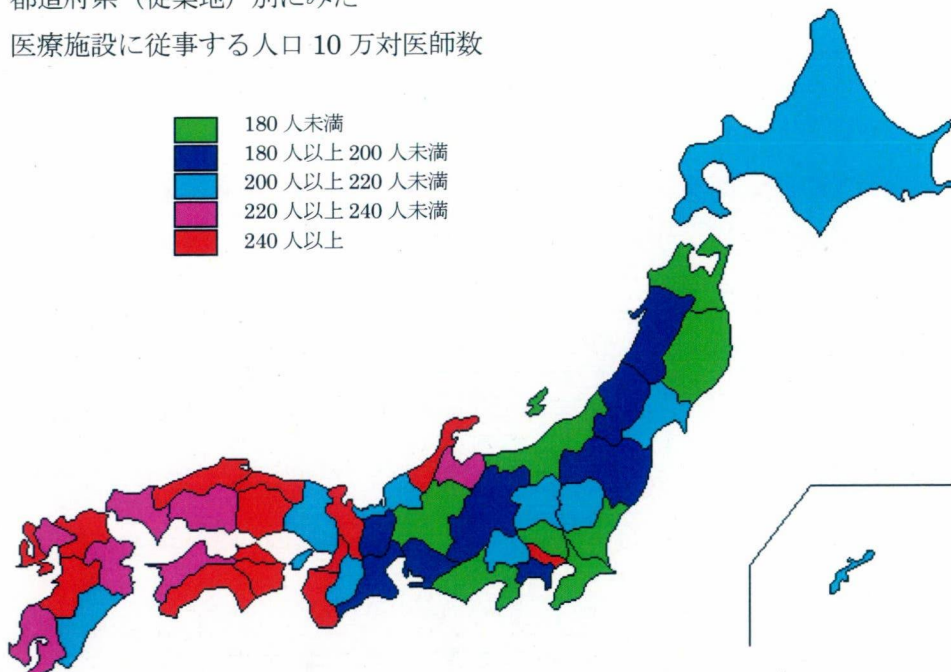
図7 都道府県(従業地)別にみた医療施設に従事する人口10万対医師数

平成20(2008)年12月31日現在



(一般向け修正案)

図7 都道府県(従業地)別にみた  
医療施設に従事する人口10万対医師数



(Map of Japan Ver.13 にて作成)

全国の医療施設に従事する医師数は人口10万対212.9人(全国平均値)。大まかな傾向として、西日本で多く、東日本で少ない。

(資料 8) 厚生労働統計調査の活用研究例

## 厚生労働統計調査の活用研究

分担研究者 野田 龍也（浜松医科大学 健康社会医学講座）

### 研究要旨

目的：厚生労働統計の新たな利用方法を開発するとともに、厚生労働統計の公開のあり方についての提言を行う。

方法：人口動態調査のデータを、一般に公開されている厚生労働統計の代表として採用し、地域性のある疾患についてその時空間分布を与える手法を開発した。さらに、厚生労働統計を気象統計と組み合わせることにより、疾患の発生に係る新たな相関について探索した。また、一連の開発を通じて、厚生労働統計の集計、公開方法について検討を加えた。

結果：自殺統計の時空間分布より全都道府県に共通する発生傾向を時系列として把握できた。また、気象統計との統合により不慮の事故による気温と負の相関をもつことが明らかとなった。以上を通じて、厚生労働統計を時空間分布として再構成する手法を開発できた。また、厚生労働統計の有用な公開の在り方についての知見を得ることができた。

次年度は公開データを利用した厚生労働統計調査の活用研究をさらに発展させ、各種疾患の地域特性や、気象統計との関連性をさらに調査することを考えている。また、厚生労働統計の個票データが入手できれば、個票データを利用した厚生労働統計の新たな分析方法を検討する予定である。

### A. 研究目的

政府統計については、その在り方について長年の議論となっており、その流れに沿って、2007年5月に新「統計法」が改正され、2009年4月に施行されることとなっている。同法では統計委員会の設置や統計業務体系の整備を行う基本計画の策定が明記され、匿名化されたマイクロデータの二次利用が推進されることとなっている。

しかし、一般に公開されている統計情報であっても、いまだ手付かずとなっている側面や集計や公表に際し改善の余地がある部分もいまだあるものと考えられる。

本研究では、一般に公開されている厚生労働統計の解析を通じ、(1)一般に公開されているデータの新しい活用のあり方を開発するとともに、(2)統計情報のより利用しやすい公開の

在り方について検討を加えることを目的としている。

### B. 研究方法

(1) 一般に公開されている厚生労働統計の代表として、人口動態調査を取り上げた。月別と都道府県別の死亡率はそれぞれ公表されているが、それらの関係を簡便に把握できるような時空間分布図を性別で作成した。

具体的には、「政府統計の総合窓口」(e-Stat)より、2007年度の人口動態統計（保管統計表 都道府県編 死亡・死因 第3表・死亡数、性・死亡月・死因（死因簡単分類）・都道府県（18大都市再掲）別）のcsvファイルを、すべての都道府県、18大都市についてダウンロードし、それを都道府県（都市）および月別に結合