

Final Report
Sasakawa Nursing Fellow 2026

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1. Overview and Purpose

This report presents my academic progress and personal experiences in the Master of Public Health (MPH) program at the Columbia University Mailman School of Public Health, which I began in August 2024. Entering this program has been my first opportunity to pursue graduate-level education. My primary goal has been to deepen my understanding of the structural aspects of health, including the social determinants that hinder healthy behaviors and the underlying factors that lead individuals to underutilize available resources for improving their health.

To achieve these goals, I enrolled in the Master of Public Health program in the Department of Sociomedical Sciences at the Columbia University Mailman School of Public Health and pursued the certificate in Health Promotion Research and Practice. The knowledge and experiences gained through this program will serve as an important foundation for my future career in public health. To accomplish these objectives, I established the following academic goals during my MPH program.

2. Overview of the MPH Program and Semester Highlights

The Master of Public Health program at the Columbia University Mailman School of Public Health, which I am pursuing, is a two-year program comprising four academic semesters. Throughout this program, I have engaged in coursework, research training, and practical experiences to deepen my understanding of public health and acquire the skills necessary for professional practice in a professional degree program.

Fall 2024

In my first semester, I completed foundational public health courses spanning multiple departments. Through these courses, I learned about the social determinants of health in the United States and gained an understanding of how historical, political, and economic structures shape health disparities. I also acquired foundational knowledge in both quantitative and qualitative research methods.

One particularly impactful topic I learned about was redlining, a historical practice in housing and finance that discriminated against residents of certain neighborhoods, especially those of color. Redlining involved outlining certain areas in red on maps and treating them as “high-risk neighborhoods,” resulting in limited access to services such as mortgages and insurance. Areas predominantly inhabited by Black and immigrant populations were often deemed “hazardous,” which made obtaining home loans difficult and reduced investment in those communities. This practice contributed to persistent racial disparities and entrenched poverty in urban areas. Although redlining is now illegal, its historical impact continues to influence local poverty and crime patterns, making it a crucial factor for understanding health disparities within communities. Learning about this topic gave me a valuable perspective on the structural factors that influence health outcomes.

Spring 2025

In my second semester, I selected a certificate to focus on my area of specialization, which gave me more flexibility to choose courses aligned with my interests. During this semester, I further developed my understanding of health promotion strategies and behavioral science approaches to disease prevention. I studied obesity prevention in the United States and explored how environmental and social structures influence health behaviors.

This semester, I participated in health promotion projects implemented by non-profit organizations and research institutions, including evaluating current programs, identifying challenges, and proposing improvements. Notably, I was involved in projects conducted within Black church communities in New York City, which are historically formed by African American congregations. I attended events at these churches, observed health promotion activities, and spoke with staff members providing these services. Engaging with actual programs while connecting theory to practice offered a valuable experiential learning opportunity, unique to a professional degree program.

Summer 2025

The Columbia University Mailman School of Public Health is accredited by the Council on Education for Public Health (CEPH), which mandates that students gain practical experience through internships as part of their public health education. While the program requires internship participation, the university does not directly provide placements, so all students—including international students—must independently seek and secure opportunities. I undertook an internship at the Genentech manufacturing facility in Oceanside, California, within the Safety, Health, and Environment (SHE) division. This experience allowed me to gain practical knowledge in workplace health and safety and provided a valuable opportunity to apply public health concepts in an organizational setting.

This internship was highly meaningful. I learned about industrial health, the role of occupational health professionals, the availability and use of health data within corporations, and the balance between mental and physical health interventions. Beyond academic learning, working in an American corporate environment alongside predominantly American colleagues as a foreign student offered a transformative personal experience that significantly contributed to my growth.

Fall 2025

In my third semester, I continued taking required courses while also enrolling in specialized courses aligned with my research interests and prior internship experiences. I also took courses on technical software skills essential for analysis, including R, QGIS, and Tableau. During this semester, I began preparing for my master's thesis in consultation with my thesis advisor, focusing on the relationship between the built environment and obesity. I advanced my research preparations and enrolled in urban planning-related courses offered by the School of Engineering

to gain interdisciplinary insights into the influence of the built environment on health.

As in previous semesters, I took close to the maximum allowed credits per semester. However, the coursework was more advanced, including assignments requiring the independent development of research papers and in-class poster presentations. This made it one of the busiest semesters of my MPH program. During this period, I also received a university scholarship and participated in the American Public Health Association (APHA) annual meeting, as well as attending an international conference for a poster session, which allowed me to actively engage in research beyond the classroom.

Spring 2026

In my final semester, I have been enrolled in a limited number of courses while focusing primarily on completing my master's thesis. My research examines the relationship between building verticality and obesity across counties in New York State, using statistical and geospatial analyses (GIS). By using secondary data and preparing a first draft before the start of the semester, I made steady progress, resulting in the thesis being officially accepted in the first week of March. While this semester offers more flexibility than previous semesters, I needed to manage job applications and activities as a visiting researcher, making it a busy yet highly productive period.

3. Academic Goals

- A) Understand the social factors acting as barriers to illness prevention
- B) Cultivate how to promote behavioral changes for illness prevention in community settings
- C) Develop fundamental skills in research from quantitative and qualitative aspects
- D) Gain knowledge on the current U.S. health systems compared with Japanese health systems
- E) Narrow down the area of interest for practical training

4. Achievements

A) Understand the social factors acting as barriers to illness prevention

During the first fall semester, I studied the fundamental social aspects of American health, economics, politics, culture, and history. In particular, examining health disparities in New York City, especially in Manhattan, within their historical context was a novel experience. Discriminatory practices by real estate agents, such as redlining, continue to generate structural barriers that affect health outcomes today. People born and raised in areas affected by such discrimination often face limited employment opportunities and are more likely to experience poverty. Poverty, in turn, reduces investment in the next generation's education, limits access to health resources, and perpetuates further economic hardship, creating a persistent negative cycle. While adopting healthy behaviors such as regular exercise and a balanced diet can help prevent disease, structural socioeconomic barriers often hinder access to health resources, making individual efforts alone insufficient to produce meaningful change. This illustrates the social

determinants of health in urban areas of New York City. I also learned that factors beyond individual control, such as immigration status and race, are closely linked to health outcomes across the United States.

In the spring semester of 2025, I studied obesity prevention in the United States. I learned that a variety of social factors contribute to obesity, including media promoting unhealthy foods to children, marketing strategies that place sweets and processed foods in high-traffic areas of stores, and the built environment, which can limit opportunities for physical activity and access to healthy foods. In addition, family-level factors such as economic constraints and differences in health knowledge represent barriers that cannot be resolved by a single intervention.

Among these factors, the built environment was particularly interesting to me. Urban planning and building design from a public health perspective may help reduce barriers to disease prevention. However, effective interventions must consider the local context from multiple perspectives, including the area's history, the involvement of local businesses, transportation availability, and the presence of green spaces. Taking this broader perspective have deepened my understanding of effective public health interventions.

B) Cultivate how to promote behavioral changes for illness prevention in community settings

In the fall semester of 2024, I explored various health promotion strategies. While each method was introductory, group discussions emphasized the use of social networking services (SNS) as tools to promote behavior change. For the digital-native generation, sharing information through SNS is rapid, accessible, and effective for reaching a broad audience. SNS not only disseminates information but also functions as an educational tool. However, potential biases arising from economic disparities, such as differences in internet access or smartphone ownership, must be considered. Despite these challenges, SNS offers timely and extensive information compared to traditional methods. Therefore, in the spring semester of 2025, as a non-digital native, I focused on evaluating the practicality of SNS for health promotion and exploring how it can be integrated into modern lifestyles.

In the United States, the presence of Hispanic immigrants highlights the importance of providing support in Spanish, particularly for those facing socioeconomic disadvantages. Addressing language barriers is essential for effective health promotion. This issue is not unique to the United States; Japan is also experiencing an increase in foreign residents and workers, which may create similar language challenges. Lessons learned from the U.S. regarding overcoming language barriers will be invaluable for implementing effective strategies in Japan, and I aim to maintain this perspective in my future work.

In the spring semester of 2025, I studied public health approaches to obesity, considering factors from individual to social structural levels to design preventive interventions. For example, in schools, promoting healthy eating can be achieved cost-effectively by placing salads and nutritious foods at the front of lunch buffets while positioning less nutritious options in less visible locations.

I also explored media interventions, such as restricting food advertisements targeted at children, though implementation can be challenging due to corporate profit motives and freedom of speech considerations.

At the community and population levels, in the course “Health Promotion Theory, Research, and Practice,” I studied methodologies that leverage emotions such as fear and self-efficacy, and applied them to myself as a model for intervention exercises. Each method has strengths and weaknesses, and through this course, I learned to combine multiple approaches to design interventions that minimize drawbacks while effectively promoting behavioral change.

C) Develop fundamental skills in research from quantitative and qualitative aspects

In the fall semester of 2024, I studied both quantitative and qualitative research methods. Qualitative research was a first-time experience, and while challenging, it was highly engaging. I had previously learned the basics of quantitative research in nursing school, which helped me approach the course with foundational knowledge; however, learning regression models presented new challenges. During the course, I completed assignments using output data from the statistical software Stata.

In research, quantitative and qualitative methods are sometimes treated separately, but they can be effectively integrated, complementing rather than replacing each other. During my summer 2025 internship, I applied both quantitative and qualitative methods to address occupational health issues and propose practical solutions in a corporate setting.

To further develop qualitative research skills, I enrolled in an advanced qualitative research course in fall 2025. Additionally, from April 2025, I participated in a one-year visiting researcher program at the Japan GIF Research Foundation (The Global Infrastructure Fund Research Foundation Japan). This program promotes research on infrastructure and enables domestic and international graduate students to contribute to projects, including conducting surveys, preparing and conducting interviews, and analyzing geopolitical accessibility related to Arctic shipping routes. Through these activities, I gained experience with qualitative research techniques.

Leveraging these skills, I used secondary data for my thesis, performing multivariable linear regression, mediation analysis, and Global Moran’s I, as well as using QGIS to identify clusters using Local Indicators of Spatial Association. Over the two-year program, I developed fundamental skills in both quantitative and qualitative research, and under the guidance of my thesis advisor, I conducted independent analyses.

D) Gaining Knowledge on the U.S. Healthcare System Compared with Japan

I learned that the high cost of healthcare in the United States is influenced by multiple factors, including high prices for services, a fragmented system with numerous insurance providers, the volume of services delivered, advanced technology, defensive medicine practices, administrative costs, and lack of price transparency. These factors contribute to inefficiency and rising costs.

Improving the system requires a comprehensive approach that emphasizes value-based care, increased price transparency, expanded public health services, and targeted interventions for high-cost populations, such as the elderly. Considering potential resistance from insurance companies and healthcare providers, incremental reforms may also be prudent. By fostering competition, enhancing consumer engagement, and strengthening care delivery, the U.S. could better manage healthcare costs while maintaining quality.

In contrast, Japan provides extensive support and more universal healthcare services, ensuring broad access for residents. However, rising healthcare demand and costs, driven by an aging population and a declining birth rate, pose future challenges. In both countries, preventive healthcare is increasingly important to reduce societal disease burdens. Encouraging individuals to recognize the value of prevention while healthy remains challenging, but I intend to continue exploring primary prevention strategies to alleviate these societal burdens.

E) Narrow down the area of interest for practical training

Initially, I planned to complete an internship at a health promotion research center within Columbia University. However, following the inauguration of the Trump administration, many health policy organizations, such as the CDC and NIH, faced operational disruptions, funding cuts, and data deletion, and Columbia University suspended hiring and canceled its annual internship program. As a result, I sought opportunities outside the university.

Given my interest in behavioral science, nudges, and occupational health, I joined Genentech, a leading biotechnology company that offers internships across research, health, safety, the environment, and business operations. I worked in the Safety, Health, and Environment (SHE) department at their manufacturing facility in Oceanside, California, from May to August. Under the guidance of SHE specialists, including team members with nursing experience, I contributed to real-world projects and enhanced my practical skills.

This internship allowed me to work in an area directly related to my interests and provided insights into future career paths. I observed that various factors in the work environment—including human resource systems, physical conditions, and work styles (standing vs. sedentary)—affect health, and that employees often struggle to recognize these influences on their own. This experience highlighted the importance and appeal of occupational health and workplace safety professionals, who can intervene as third-party evaluators to promote health in work environments.

5. Personal Growth and Key Learnings

Through my graduate studies and living experience in the United States, my perspectives and career aspirations have evolved significantly. I focused on understanding health promotion from a structural standpoint, particularly preventive measures and upstream interventions. My background as a nurse had already made me aware of the importance of continuous support systems and accessible healthcare for patients with chronic conditions, but my MPH studies

deepened this understanding by examining how social, economic, political, and environmental factors influence health outcomes. Everyday experiences, such as supermarket layouts, cafeteria food placement, sidewalk design, and traffic signals, taught me how daily environmental factors can affect health, enabling me to consider these influences naturally in my surroundings.

The Department of Sociomedical Sciences provided a uniquely diverse learning environment, where students came from a wide range of regions and backgrounds. In classroom discussions, there was often at least one student deeply familiar with the topic at hand, which enriched debates and broadened my understanding. I recognize that such diversity and immersive discussion opportunities are rare in Japan, making this experience particularly valuable.

Life in the U.S. also presented challenges I had never encountered before, such as fraudulent credit card use, frequent calls from unknown numbers, and delays in receiving important documents. Overcoming these daily difficulties strengthened my problem-solving skills, resilience, and confidence in my ability to navigate unfamiliar situations independently.

These academic and life experiences have reshaped my values and professional goals. I have developed a stronger commitment to preventive health, upstream structural interventions, and workplace well-being. Observing how structural factors in the work environment influence health reinforced the need to design interventions that address root causes. My internship at Genentech particularly highlighted the critical role of occupational health professionals as intermediaries who can positively impact health outcomes in organizational settings.

Before entering the MPH program, my motivation was primarily to learn and explore areas of interest through research. Now, having completed the entire curriculum, I feel a strong desire to apply the knowledge and skills I have gained through this professional degree to real-world public health practice. This represents a personal transformation, and I am determined to integrate my experiences to contribute effectively to society through evidence-based health promotion, preventive interventions, and upstream structural improvements.

6. Future Plans

After completing my MPH, I plan to return to Japan and contribute to improving the health of working populations by enhancing corporate work environments. My internship experience in the United States reinforced the importance of not only supporting individual health but also creating workplaces that are conducive to health and well-being. In Japan, where the working population is declining, it is increasingly important for each individual to work healthily over the long term. Therefore, I believe it is essential to go beyond individual support and implement organizational-level environmental improvements to achieve sustainable health outcomes.

I do not intend to pursue a clinical career as a nurse. Rather, I aim to leverage my nursing background and apply my public health knowledge and skills in non-clinical settings, thereby extending the reach of nursing expertise into broader societal contexts. This approach allows me to promote health not only at the individual level but also at the group and workplace levels.

Within corporate settings, I intend to apply the quantitative and qualitative research skills I acquired during my MPH to implement evidence-based health interventions effectively. My goal is to design strategies tailored to organizational realities and operationalized to promote employee health.

In the long term, I aim to promote academic-industry collaboration and undertake projects that integrate insights from both corporate and academic settings. My hands-on experience working on projects in collaboration with NPOs, as well as my research, conference participation, and academic presentations during the MPH program, have given me a more concrete understanding of how to design such collaborations. By advancing health promotion through academia-industry partnerships, I hope to extend the impact of public health beyond a single company and contribute to societal well-being more broadly.

Overall, I intend to apply the knowledge and skills gained through the MPH program to enhance workplace environments that support employee health, promote sustainable population health, and positively impact society at large.

7. Acknowledgment

I would like to express my deepest gratitude to the Sasakawa Health Foundation for its unwavering support throughout my two years in the Master of Public Health program at Columbia University. The financial assistance provided by the Foundation allowed me to focus fully on my studies despite the high cost of living and the challenges of studying in a foreign country.

Thanks to the Foundation's support, I had the invaluable opportunity to gain firsthand experience of the U.S. public health and healthcare systems and to explore health issues both domestically and internationally. Beyond academic knowledge, engaging in discussions with individuals from diverse cultural backgrounds and participating in practical projects broadened my perspectives and significantly enriched my professional and personal development.

The knowledge and experiences I gained over these two years will not only contribute to my personal growth but will also serve as a foundation for my future contributions to public health and workplace wellness. I am profoundly grateful to the Sasakawa Health Foundation and remain committed to applying what I have learned to real-world practice and giving back to society in meaningful ways.