令和8年度　愛知学院大学大学院　歯学研究科　入学試験問題

	試　験　科　目
秋季	英語Ⅱ

問1　次の文を和訳しなさい。

Global oral health action plan (2023-2030)

Background

1. In the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (2011), the United Nations General Assembly recognized that oral diseases are major global health burdens and share common risk factors with other noncommunicable diseases (NCDs). In the Political Declaration of the High-Level Meeting on Uni- versal Health Coverage (2019), the General Assembly reaffirmed its strong commitment to the prevention and control of NCDs, including strengthening and scaling up efforts to address oral health as part of universal health coverage (UHC).
2. Oral health is the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions, such as eating, breathing and speaking, and encompasses psychosocial dimensions, such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment. Oral health varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential.
3. Oral health encompasses a range of diseases and conditions. Those with highest public health relevance include dental caries, severe periodontal (gum) disease, complete tooth loss (edentulism), oral cancer, orodental trauma, noma and congenital malformations such as cleft lip and palate, most of which are preventable. The main oral diseases and conditions are estimated to affect close to 3.5 billion people worldwide. These conditions combined have an estimated global prevalence of 45%, which is higher than the prevalence of any other NCD.
4. The global burden of oral diseases and conditions is an urgent public health challenge with social, economic and environmental impacts. Oral diseases and conditions disproportionately affect poor, vulnerable and/or marginalized members of societies, often including people who are on low incomes; people living with disability; older people living alone or in care homes; people who are refugees, in prison or living in remote and rural communities; and people from minority and/or other socially marginalized groups. There is a strong and consistent association between socioeconomic status and the prevalence and severity of oral diseases and conditions. Public and private expenditures for oral health care have reached an estimated 387 billion US dollars globally, with very unequal distribution across regions and countries.

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5. Oral diseases and conditions share risk factors common to the leading NCDs, including all forms of tobacco use, harmful alcohol use, high intake of free sugars and lack of exclusive breastfeeding. Other risk factors include insufficient oral hygiene for dental caries and severe periodontal diseases; human papillomavirus for oropharyngeal cancers; traffic accidents, interpersonal violence and sports injuries for traumatic dental injuries; and coinfections, malnutrition and poor water, sanitation and hygiene for noma.
6. Oral diseases and conditions are influenced by social determinants of oral health, which comprise the social, economic and political conditions that influence oral diseases, including access to safe water, sanitation and hygiene. They are also affected by commercial determinants, which are the strategies used by some private-sector actors to promote products and choices that are detrimental to health. This includes marketing, advertising and sale of products that cause oral diseases and conditions, such as tobacco products and food and beverages that are high in free sugars.
7. Essential oral health care covers a defined set of safe, cost-effective interventions at individual and community levels that promote oral health and prevent and treat the most prevalent and/or severe oral diseases and conditions, including appropriate rehabilitative services and referral.
8. Availability and coverage of oral health care are highly variable within and between countries. As a result, millions of people still do not have access to and financial coverage for essential oral health care, leading to high out-of-pocket payments for patients. The COVID-19 pandemic has significantly affected oral health services and worsened inequalities for disadvantaged population groups, highlighting the need for continued essential oral health services in emergency situations.
9. Environmental challenges related to oral health care include the efficient use of natural resources, such as water and energy; the use of safe and environmentally sound oral health supplies and consumables and oral care products; sustainable waste management; reduction of carbon emissions; and the need to accelerate the phase down in use of mercury-containing dental amalgam.
10. Most oral diseases and conditions are preventable and can be effectively addressed through population-based public health measures. Upstream policy interventions, such as those targeting social and commercial determinants, are cost-effective with high population reach and impact. Midstream initiatives include creating more supportive conditions in key settings like households, schools, workplaces, long-term care facilities and community venues. Downstream interventions are also critical, including essential prevention and evidence-based clinical oral health care.

出典：World Health Organization. Global strategy and action plan on oral health 2023-2030. Global oral health action plan (2023-20030). World health assembly WHA76 (9)

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問1　次の文を和訳しなさい。

Geographic Access to Dental Specialists in the United States

Access to general dental care remains a widespread challenge in the United States. In addition, many oral health conditions require treatment by dental specialists. Little is known about the geographic distribution and accessibility of these providers, particularly in rural areas. A national, block group-level analysis of geographic access to 6 core dental specialties-endodontics, oral and maxillofacial surgery, orthodontics, pediatric dentistry, periodontics, and prosthodontics-was conducted. The provider locations from a 2023 national database of practicing dental specialists (N = 38,698) were geocoded. An enhanced 2-step floating catchment area model was applied to generate spatial accessibility scores and drive-time estimates from population-weighted centers. The analysis of these data showed that on average, more than one-third of the US population had adequate access to specialty clinics, while less than 15% resided more than 30 min away from these specialists. Adequate accessibility was highest for orthodontics (61.6%, n = 204.1 million) and lowest for prosthodontics (6.7%, n = 22.2). Rural residents faced average driving times 3.2 times longer than urban residents do. The disparity was most severe in states such as Alaska, Montana, Nevada, North Dakota, South Dakota, and Wyoming, where driving times to specialists often exceeded an hour. More than 98% of dental specialists practice in urban areas, leaving rural regions consistently underserved. These findings indicate pronounced and widespread geographic disparities in access to dental specialists across the United States, driven by geographic concentration in metropolitan areas. These gaps have serious implications for access to timely diagnoses, treatment quality, and oral health-related quality of life. Workforce policies must expand beyond general dentistry to address dental specialty shortages. Integrating dental specialists into shortage designations, loan repayment programs, and training pipelines is essential for achieving equitable access to comprehensive oral health care nationwide.

出典：Aida J, Kiuchi S, Shirai K, Peres MA, Matsuyama Y. Oral Health and Dementia: Causal Influence and Theoretical Mechanisms. J Dent Res. 2026 Jan;105(1):42-50. doi: 10.1177/00220345251377014.