

一、試說明(1)失智症對社區老人及其家庭的衝擊/影響，及(2)社區護理人員如何從失智症初段預防(primary prevention)、次段預防(secondary prevention)、及三段預防(tertiary prevention)方面提供措施 (25%)

二、某研究針對社區 B 型肝炎帶原者 232 人，以問卷調查其過去有無接受定期追蹤檢查與其基本特性及健康信念的關係，調查結果如下表，請解釋該結果的意義，並說明如何將此結果應用於護理實務工作。(25%)

過去是否接受定期檢查與個人特性及健康信念之關係

變項名稱	無定期	有定期	t 值
	檢查組	檢查組	
	平均值	平均值	
家人親友社會支持	23.83	27.60	-2.87**
疾病認知	5.44	6.11	-3.18**
自覺健康狀況	7.46	7.49	-0.08
自覺罹患性	11.29	11.58	-1.19
自覺嚴重性	37.90	38.64	-0.96
檢查之行動利益	16.18	16.51	-1.65
檢查之行動障礙	21.61	18.96	4.16***
檢查之行動線索	30.55	31.94	-3.24**

註：* $p < .05$, ** $p < .01$, *** $p < .001$

三、請舉出一項您認為是臺灣近年來最重要的公共衛生事件，探討其可能導致之健康效應(health effects)(15%)，並就社區衛生護理師在這些健康議題的防治上可以發揮的功能，提出您的觀察與看法。(10%)

四、請翻譯以下文章並請以社區衛生護理師之角度表達您對 surveillance system 的看法。(25%)

Surveillance was the game-changer in the fight against polio in India. It marked a strategic shift in the country's polio eradication efforts. The setting up of a surveillance system proved to be the most important milestone in the journey of polio eradication in India as it formed the backbone of the eradication drive by helping identify areas and populations that were at risk and the type of poliovirus circulating in different areas besides measuring progress. This information in turn led to the development of various strategies that helped to cover these populations and areas better. Polio surveillance in India is a highly sensitive and high quality surveillance model. It is a laboratory-backed system that extends to all parts of the country and has enrolled more than 40,000 health facilities from the public, private and non-formal sector to report paralytic cases. Stool specimens from these cases are collected and sent to one of the eight WHO accredited laboratories in the country to rule out polio. The surveillance system is instrumental in generating real time, credible data that helps to identify areas and populations at risk. Tailored strategies to ensure high coverage in these areas are subsequently developed.