

一、臺灣早年公共衛生以婦幼優生保健、傳染病防治等作為社區地段護理的核心主軸，而現今為高齡和少子化的社會：(35%)

- (1) 請您分析現階段臺灣最應重視的健康促進議題為何？請說明理由。(10%)
- (2) 承上題，過去社區衛生護理師多以家訪或電訪方式管理個案，請問因應現今科技發展或社會變遷，社區衛生護理師將如何進行任務轉型？(10%)
- (3) 依據您所提出的議題，請提出對應的社區健康促進策略。(請結合目標群體特性，及現有的政策和社區資源進行研擬。)(15%)

二、請閱讀以下取自世界衛生組織「Western Pacific-Obesity」之摘錄內容，並回答問題：(45%)

Overview

Obesity is one of the most serious global public health challenges of the 21st century, affecting every country in the Western Pacific Region. Obesity in adulthood is a major risk factor for the world's leading causes of poor health and early death including cardiovascular disease, several common cancers, diabetes and osteoarthritis. Preventing obesity has direct benefits for health and wellbeing, in childhood and continuing into adulthood.

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. In adults, a body mass index (BMI) over 25 is considered overweight, and over 30 is obese. In children aged between 5–19 years, overweight is BMI-for-age greater than 1 standard deviation above the WHO Growth Reference median; and obesity is greater than 2 standard deviations above the WHO Growth Reference median. In children under 5 years of age, overweight is weight-for-height greater than 2 standard deviations above WHO Child Growth Standards median.

Prevalence of overweight and obesity continue to grow in children and adults across countries in the Region. The epidemic has been growing most rapidly in lower-middle income and middle-income countries particularly in the Pacific island countries and areas. Although most countries are still off-track to meet the 2025 targets, many are taking action, and some have achieved a levelling-off in childhood obesity rates.

Prevention and control

Most countries in the Region are off track in achieving the global targets of halting overweight and obesity in children and adults. Obesity prevention requires action throughout the life course, starting before birth.

Good nutrition in early life is crucial to lifelong health, and breastfeeding is recognized to protect against childhood obesity. For infants and young children, exclusive breastfeeding for the first 6 months of life, followed by appropriate complementary feeding with continued breastfeeding for up to 2 years and beyond are recommended. These support not only reducing the risk of undernutrition and obesity but also to ensure optimal growth.

For older children and adults, healthy eating habits such as limiting energy intake from total fats and sugars, increase consumption of fruit and vegetables, legumes, whole grains, and nuts, and engaging in regular physical activity may prevent obesity.

見背面

Supportive environments and communities are fundamental in shaping people's choices. By making the choice of healthier foods and regular physical activity the easiest choice (the choice that is the most accessible, available and affordable), overweight and obesity may be prevented. Key actions to improve healthy environments include regulating food marketing to children, nutrition labelling, fiscal policy, school nutrition policies, actions to support the early food environments, and promoting physical activity.

- (1) 請翻譯**第一段**和**第三段**斜體與畫底線的英文。(15%)
- (2) 請問內容提及針對 Western Pacific Region 的 obesity 之預防與控制的措施為何？(15%)
- (3) 請分析臺灣在此議題的現況，及臺灣針對學生在此議題的政策作法，並思考現行策略在現今社會(例如：家庭環境、外送盛行、手搖飲文化等)可增強之處，並提出健康促進方案和推展策略。(15%)

三、以下為某社區調查影響長者憂鬱的因素之統計結果，該社區衛生護理師正進行判讀，發現在 unadjusted model 中的 80 歲以上、女性、飲酒和社交隔離皆和社區長者憂鬱具有統計上的顯著相關，請繼續協助其完成：(20%)

- (1) 思考變項的勝算比 (odds ratio) 所代表的意義後，請寫出 unadjusted model 中四個變項分別與社區長者憂鬱之間的**正相關或負相關**。(5%)
- (2) 請依 95% 信賴區間 (95% confidence interval; 95% CI) 判讀表格內的 **adjusted model 結果中具有統計上顯著意義的變項**分別有哪些？(5%)
- (3) 承上題，就您判斷出 adjusted model 中有統計上顯著意義的變項後，**請明確寫出這些變項和社區長者憂鬱之間的正相關或負相關**。(5%)
- (4) 請在比較 unadjusted model 和 adjusted model 的結果後，**以淺顯易懂的方式向團隊中其他社區衛生護理師說明結果，及應如何應用此結果於社區照護中**。(5%)

表、社區長者憂鬱之校正前與校正後的二元邏輯斯迴歸模型 (binary logistic regression model)

Variables	Unadjusted model		Adjusted model	
	OR	95% CI	OR	95% CI
Age : ≥80 y/o	1.23	(1.18-1.28)	1.21	(1.16-1.26)
Sex: female	1.10	(1.01-1.19)	0.99	(0.97-1.02)
Drinking	0.50	(0.25-0.75)	0.52	(0.28-1.02)
Social isolation ^a	2.25	(1.98-2.52)	2.12	(1.95-2.50)

Note: ^a cut-off point of social isolation scale: 9/10, 10 分以上為社交隔離。

提示：OR 值的判讀：將 OR 值和 1 進行比較，若某變項 OR 值 > 1，那該變項為疾病結果變項的危險因素；若 OR 值 < 1，則該變項為疾病結果變項的保護因素。