

所有答案均需寫在答案卷上。

一、配合題（20%，每一小題兩分）

Please use the terms in the table to complete the following sentences.

Life expectancy	Health selection	Health equity	Health promotion
Ecological fallacy	Total fertility rate	Physical inactivity	Population pyramids
Environmental health justice		Social epidemiology	

- _____ is the study of the distribution of health outcomes and their social determinants.
- The _____ is the average number of children a woman would bear if she survived through the end of the reproductive age span.
- _____ is about enabling people to have equitable access to services on the basis of need; it also is about the resources, capacities, and power people need to act upon the circumstances of their lives that determine their health.
- The _____ describes the right of all people to a safe, healthy, productive, and sustainable environment.
- _____ presents the average number of years of life someone can expect to live from a given age when applying current death rates.
- _____ is the process of enabling people to increase control over and to improve their health. It also represents a comprehensive social and political process.
- _____ is the second-highest ranked modifiable health-risk factor in the Australian adult population, second only to smoking as a major contributor to the overall burden of disease in this country.
- _____ means that health determines social position.
- Vital statistics are reflected in summary population data that are frequently depicted as _____.
- The _____ occurs when one infers that a relationship that holds at a population level between two macro-level factors such as DALYs per capita and gross national product (GNP) per capita is also true for two micro-level factors, such as personal health and personal wealth.

(背面仍有題目,請繼續作答)

本試題是否可以使用計算機：可使用，不可使用（請命題老師勾選）

考試日期：0302，節次：1

二、申論題（40%，每小題二十分）

1. 2008 年一月初，衛生署中央健保局創首例，公佈一項以十二星座為分類的生命統計分析，最長壽的前三名依序是魔蠍座、水瓶座、及天秤座，最短壽的三名依序是牡羊座、金牛座、及獅子座。健保局在公佈此統計資料時，再三強調這是“純屬趣味”的分析。對健保局這項公佈，臺灣社會眾說紛紜，如，星座命理家高度肯定，有些學者則批評健保局“作秀”。
你作為一個以公共衛生為志業的人，贊同或不贊同健保局這個作法？請你“詳細”敘述分析你贊同或不贊同的理由。（20%）
2. 政府為杜絕酒後開車，重罰酒駕司機 15 萬元，並且由全國警察貫徹這項重罰規定，展開全國交通大執法。你認為，政府這個政策有效嗎？請你“詳細”敘述分析你的理由。（20%）

三、閱讀測驗（40%）

Public health commonly involves governmental action to produce outcomes—injury and disease prevention or health promotion—that individuals are unlikely or unable to produce by themselves. Gostin argues, “A political community stresses a shared bond among members: organized society safeguards the common goods of health, welfare, and security, while members subordinate themselves to the welfare of the community as a whole. Public health can be achieved only through collective action, not through individual endeavor”.

Although this perspective is deeply ingrained in most public health students, researchers, and practitioners, it runs counter to a fundamental emphasis on property rights, economic individualism, and competition in American political culture. The exceptionalism of the United States lies in its antistatist beliefs: Americans are less concerned with what government will do to benefit individuals than what government might do to control them. To the extent that Americans support collective action in the pursuit of public health or any other social good, they exhibit a strong preference for voluntary organization and participation.

根據上述兩段論點以 O 或 X 回答下列四題是非題

1. () 大多數公共衛生問題可以靠個人努力積沙成塔逐步來解決（5%）
2. () 美國的政治文化鼓勵政府多採取集體行動提昇公共財（5%）
3. () 美國民眾比較喜歡透過志工團體來解決公共衛生問題（5%）
4. () 美國的政治文化價值觀反對經濟個人主義與競爭（5%）

三、閱讀測驗（續）

The meaning of equity in health

The great differences in the health profiles of different nations and different groups within the same country have already been highlighted. These differences or variations can be measured from standard health statistics. However, not all of these differences can be described as inequities. The term inequity has a moral and ethical dimension. It refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust. So, in order to describe a certain situation as inequitable, the cause has to be examined and judged to be unfair in the context of what is going on in the rest of society.

Inevitable or unacceptable?

So which health differences are inevitable – unavoidable – and which are unnecessary and unfair? The answer will vary from country to country and from time to time, but in a general sense seven main determinants of health differentials can be identified.

- a. Natural, biological variation.
- b. Health-damaging behaviour if freely chosen, such as participation in certain sports and pastimes.
- c. The transient health advantage of one group over another when that group is first to adopt a health-promoting behaviour (as long as other groups have the means to catch up fairly soon).
- d. Health-damaging behaviour where the degree of choice of lifestyles is severely restricted.
- e. Exposure to unhealthy, stressful living and working conditions.
- f. Inadequate access to essential health and other public services.
- g. Natural selection or health-related social mobility involving the tendency for sick people to move down the social scale.

The consensus view from the literature listed in the reference section suggests that health differences determined by factors in categories a, b and c above would not normally be classified as inequities in health.

5. 請針對上述健康決定因素 c 舉例說明怎麼樣的健康不平等 (inequality) “不是” 不公平 (inequity) (10%)
6. 請針對上述健康決定因素 f 舉例說明怎麼樣的健康不平等 (inequality) “是” 不公平 (inequity) (10%)