

系所組別： 公共衛生研究所甲乙組在職生、一般生

考試科目： 公共衛生學

考試日期： 0308，節次： 1

※ 考生請注意：本試題 可 不可 使用計算機

1. 2008 年 12 月始，坐落在高雄縣大寮鄉的大發工業區工廠排放毒氣，近百名潮寮國中國小的師生因此中毒住院治療，造成媒體廣泛報導的“大寮毒氣事件”。請你以這個社區污染事件為例，分析：這樣的社區污染的政治、經濟、及社會成因以及根本的預防之道。(20%)
2. 請你以全球化角度詳細分析中國大陸三聚氰胺毒奶粉事件的公共衛生意涵。(20%)
3. 金融海嘯對世界各國都產生巨大的衝擊，請詳細分析：這樣的衝擊對人民健康及公共衛生體系會造成什麼樣的影響？(20%)
4. 請閱讀完下述個案故事後，回答下列問題。(15%)
 - 4-1. 請問造成 Ama 死亡的原因為何？（請依照因果關係遠近排列死亡原因）
 - 4-2. 請用此個案說明臨床作法與公衛作法的差異為何？

Ama, a small, three-year-old child, was playing with her siblings outside her home in a small, semi-urban, slum area. While chasing her older brothers she trod on a nail. Her mother washed the wound and bandaged it. The wound remained red and 'angry'. Over a week the wound did not heal, the area remained red and 'angry', with flaring up the leg. Ama began to complain that she had pain in her groin, she became weak and febrile. Ama was taken to hospital when her mother could not control her fever and she died within a few days of admission.
5. 請閱讀完次頁附件文章後，回答下列問題。(25%)
 - 5-1. 請說明本文作者公衛歷史分期第一期的主要內容與特色為何？
 - 5-2. 請問本文作者以什麼例子說明瘴氣說 (miasma theory) 在現今社會還是有解釋力？
 - 5-3. 請問本文作者點出哪些預防醫學時期的缺點？
 - 5-4. 請問本文作者健康城市計畫歸屬在哪一時期？

(背面仍有題目,請繼續作答)

系所組別： 公共衛生研究所甲乙組在職生、一般生

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What's New About the "New Public Health"?

From its origins, when public health was integral to societies' social structures, through the sanitary movement and contagion eras, when it evolved as a separate discipline, to the "new public health" era, when health promotion projects like Healthy Cities appear to be steering the discipline back to society's social structure, public health seems to have come full circle. It is this observation that has led some to ask, "What's new about the 'new public health'?"

This article addresses the question by highlighting what is new about the health promotion era—including adapted components of previous eras that have been incorporated into its core activities—and its suitability in addressing established and emerging public health threats. (*Am J Public Health*. 2004;94:706-709)

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THIS ARTICLE CONSIDERS 6 major approaches to public health practice implemented between ancient times and the contemporary era, defined more by important milestones than by convention. These approaches are (1) public health as health protection, mediated through societies' social structures; (2) the shaping of a distinct public health discipline by the sanitary movement ("miasma control"); (3) public health as contagion control; (4) public health as preventive medicine; (5) public health as primary health care; and (6) the "new public health"—health promotion (Table 1).

The hallmark of the health protection era was enforced regulation of human behavior in order to protect the health of the individual and the community. Such enforced regulation was usually mediated by ruling elites through society's religious, political, cultural, and quarantine practices. Hand-washing rules, theologically sanctioned quarantine of leprosy sufferers (e.g., in Leviticus 13), and certain health-related societal responses to the 1346 Black Death plague in Venice and Marseilles exemplify this public health approach.^{1,2}

The miasma era first evolved in England, in part as a result of the adverse public health impacts of the industrial revolution.³ Edwin Chadwick's *Report on an Inquiry into the Sanitary Condition of the Labouring Population of Great Britain* demonstrated the overwhelming influence of filthy environmental conditions on adverse health outcomes, and it facilitated the formalization of En-

gland's Public Health Act in 1848.⁴ Chadwick's report detailed environmental conditions in Britain, together with data to correlate sanitation trends with variations in mortality rates and economic status, thus laying the foundations of modern epidemiology and surveillance.^{5,6} Although Chadwick's opinion that most diseases result primarily from sordid environmental conditions was eventually proved to be incorrect, his approach to the safeguard of the public's health is, for the most part, as valid today as it was 160 years ago. For instance, dengue, which was once close to elimination in the Western Hemisphere, now plagues all of South America, primarily because of the rapid growth of cities with poor water supply, sewage disposal, and sanitation.⁷

Following his landmark study of the etiology of tuberculosis in 1882, Robert Koch proposed that fulfillment of the following "germ theory" postulates were necessary in order to demonstrate the parasitic nature of a disease: "The organism must be shown to be constantly present in characteristic form and arrangement in the diseased tissue, the organism which, from its behavior appears to be responsible for the disease, must be isolated and grown in pure culture, and the pure culture must be shown to induce the disease experimentally."⁸

The contagion era facilitated improved understanding of the pathogenesis of infectious diseases like cholera. Such understanding stimulated improved water filtration practices in large urban water supplies and resulted in major de-

creases in morbidity and mortality from intestinal infections. In addition, advances in bacteriology provided a solid foundation for contemporary measures to control the outbreak of communicable diseases and laid a scientific basis for vaccination.

The preventive medicine era extended the contagion control era in several ways. First, it took appropriate account of the concept of disease vectors. Second, it recognized that not all microbes were dangerous; indeed, some were necessary for healthy bodily function. Third, it highlighted the role of nutrient deficiencies (e.g., of iodine and vitamins) in impairing optimal health. It was during this era that public health activities became centered on "high-risk" population groups such as schoolchildren, pregnant women, and the elderly.⁹ The establishment in 1948 of Britain's National Health Service formalized the principles of the preventive medicine era and facilitated their widespread adoption through physicians' enhanced ability to shape political and public perceptions of health policy issues and by incorporating a professional (medical) bias into the perspectives of key politicians and policymakers.¹⁰

The key elements of the primary health care era, as formalized by the 1978 Alma-Ata Declaration, were (1) global cooperation and peace as important aspects of primary health care; (2) recognition that primary health care should be adapted to the particular circumstances of a country and the communities within it; (3) recognition that