1) Who is this brochure written for? a) The US Department of Health & Human Services	a-b- <mark>c</mark> -d
b) The National Institute of Environmental Health Sciences	a-0- <mark>c</mark> -u
c) Organisations or institutions whose workers may face a dangerous work	
environment	
d) All categories of workers	
2) What does NIEH stand for?	National Institute of Environmental Health Sciences
3) The objective of the WT program is to	
a) recognize the threat posed by nonprofit organisations.	
b) create a workforce that can protect themselves, colleagues and communities from hazardous materials.	h
c) coordinate a network of disasters.	b
d) to be integrated into other federal emergency response efforts.	
4) Several clearinghouse tools (more than 1 possible answer)	
a) have been translated in other languages.b) provide technical assistance to WTP staff.	a + c
c) can be downloaded from the clearinghouse website.	a + C
d) have been distributed in response to the 2017 hurricanes.	
5) When was the Superfund Program set up?	
	in 1980
6) What information CAN'T you find in the brochure (more than one possible	
answer)	
a) examples of dangerous work environments.	c +d
b) the number of workers who have completed the Hazardous Waste Worker	
Training Program.	
c) the names of the organizers of the Worker Training Program.d) the amount of money spent on responding to disasters per year.	
a, and an analy spent on responding to distincts per jour.	
7) How many major training programs are there at the moment?	6
8) What are the hanefits of the Environmental Career Worker Training Programs	
8) What are the benefits of the Environmental Career Worker Training Program? (more than 1 possible answer)	a-b-c
a) fewer workplace injuries	
b) lower hiring costs & crime-related costs	
c) more earnings	
d) more housing subsidies	
9) What's the current name of the Minority Worker Training Program?	The Environmental
	Career Worker
10) Which of the major training programs is the most recent?	Training Program The Ebola Biosafety
10) which of the major training programs is the most recent:	& Infectious Disease
	Response Training
	Program

Cannabis extract may work as a treatment for cannabis addiction

Health | 13 October 2019 - By Clare Wilson and Jason Arunn Murugesu

For people who are addicted to **cannabis**, one treatment option may be, paradoxically, to take pills containing an extract of cannabis.

The first test of the idea has found that **people taking capsules of this extract**, known as cannabidiol or CBD, nearly halved the amount of cannabis they smoked, according to results presented at New Scientist Live this week.

Cannabis is usually seen as a soft drug, but some users – about 1 in 10 by one estimate – become addicted, getting withdrawal symptoms such as anxiety and insomnia when they try to stop. The number of people seeking treatment because they can't quit smoking cannabis has been rising in the past decade, linked with a use of the more potent form known as skunk, said Val Curran of University College London at the event.

The two main psychoactive substances in cannabis are CBD and THC, the compound responsible for the high. While THC tends to increase anxiety, CBD makes people calmer. "CBD gets rid of the toxic effects of THC," said Curran. Her team has been running a trial, where people undertook a four-week course of CBD to alleviate withdrawal symptoms to help them quit smoking cannabis. It involved 82 people classed as severely addicted, who were given one of three different doses of CBD or placebo capsules, as well as psychological support. The lowest dose didn't work. The middle dose of 400 milligrams worked best, said Curran. After six months it halved the amount of cannabis people used compared with placebo, as shown by tests for THC in their urine. And the highest dose of 800 milligrams was slightly less effective than the middle one. The 400 milligram dose also more than doubled the number of days when people had no THC in their urine. "That's really remarkable," said Curran.

CBD supplements are increasingly sold in pharmacies and health food stores as remedies for a range of illnesses, but at much lower doses than were used in the trial. And most of the health claims are not based on evidence.

Curran's team has also found preliminary evidence that CBD may help smokers quit.

https://www.newscientist.com/article/2219745-cannabis-extract-may-work-as-a-treatment-for-cannabis-addiction/consulted on 14.10.2019

11-B; 12-G; 13-A; 14-E; 15-D

10 Health Literacy Tips for Reporting Data

Nearly 90% of people struggle to understand health communication messages. This means that the data and reports we publish from our data tracking systems should take health literacy into account and provide health information that is easy to find, understand, evaluate, communicate, and use. Based on my experience, I have compiled 10 easy ways you can consider health literacy when you're reporting data.

16. Consider audience AND outcome.

Think about what actions or interventions you are hoping to achieve from your data and who needs to know about the data in order to make those changes. Your data should be presented in a way that is understandable, relevant and action-oriented for your target audience. This could include the media, policymakers, educators, researchers, students, clinicians and other health professionals, as well as the general public.

17. Use storytelling to convey key messages.

Think about your favorite novel, television show, or website. What keeps your attention and motivates you to tune in for more? I am learning a lot from communications and behavior change theories and from professionals such as Dr. Neil deGrasse Tyson, Alan Alda, and Dr. Randy Olson who are able to bring science to life through storytelling. Communicating data is a science, as well as an art. We can all take cues from Hollywood's narrative structure to tell compelling stories that humanize our data and drive action.

18 Reach people where they are.

Research your target audience to find the best outreach strategies. You will need to use different strategies depending on their existing level of knowledge, motivating factors, and whether or not they are information seekers and early adopters. Does your audience prefer to receive information verbally (e.g. town hall meeting, webinar, television, radio or podcast), in writing (e.g. website, data brief, social media), or both?

19 Make data digestible.

When communicating your findings present data in bites, snacks, and meals. Not everyone who looks at your data is going to have the time or expertise to read your entire report so you need to make sure they can find information that is relevant and understandable.

20. Present figures as clearly as possible

Adults in the United States have lower numeracy skills than adults in other developed countries. Many do not understand percentages or ratios, have difficulty making comparisons (across years, geographies, or against a target goal), and do not know the difference between absolute versus relative risk. Dashboards, infographics or icon arrays, risk tables, ladders and scales help to visually display data, the magnitude of effect or risk, and can help individuals make comparisons if presented on the same scale.

21. Think about accessibility.

To ensure everyone has the same access to your data, familiarize yourself with **508 Standards for Electronic and Information Technology**. People with visual, auditory, and motor skill impairments may not be able to access information on the web, even using assistive devices. Simple modifications can make a big difference, such as reducing the number of mouse clicks required to access the information or ensuring sufficient color contrast.

22. Report data in a meaningful, culturally, and linguistically appropriate way.

Analyzing and presenting data by geography, sexual orientation and gender identity (SOGI), age, race/ethnicity, preferred language, disability, and chronic disease status helps to identify health disparities and prioritize resources. This should be done in concert with the affected community to ensure that data is collected, analyzed, interpreted, and reported accurately, meaningfully and in a culturally and linguistically appropriate way.

23. Conduct audience testing.

The best way to ensure your data can be found, accessed, and understood is to test your communication product with your target audience. Generally 5-8 people will suffice. The key is to make sure the group is representative.

24. Evaluate your work.

To improve future communication about data, you should always assess your work. **Web and digital analytics applications** can allow you to monitor audience reach and user engagement. They can help you set goals, tell you what search engine terms are common, and whether or not users are accessing your page directly or are being directed from a different website. It can also tell you which pages are popular and which are not. Infrequent traffic or high bounce rates on a particular page may indicate lack of interest, lack of awareness, or perhaps a usability or health literacy issue.

25. Share best practices.

Talking and listening to others is a great way to discuss new methods, share resources, and spark inspiration. Join professional organizations and working groups on surveillance, epidemiology, and health literacy and discuss the importance of data literacy.

USAGE

- 26. New research has recently shown that injections of **vitamin C** help fight blood cancer. This is good news as this means we will eventually find a way to fight blood cancer.
- a. We now believe we will finally find a way to fight blood cancer thanks to vitamin C injections.
- b. New research has shown that it is not yet sure vitamin C could help us fight blood cancer.
- c. Until now, it hasn't been shown that vitamin C can help fight blood cancer.
- d. In fact, injecting vitamin C cannot help us fight blood cancer.
- 27. The baby was being operated on when the surgeon lost consciousness.
- a. The surgeon lost consciousness once the baby was no longer in surgery.
- b. The baby lost consciousness as it was being operated on.
- c. The surgeon lost consciousness as he was operating the baby.
- d. The surgeon was operated on when he lost consciousness.
- 28. When the nurse arrived, the patient had already left the OR.
- a. The nurse came in and saw the patient leaving the OR.
- b. The patient saw the nurse and left shortly thereafter.
- c. The patient left before the nurse arrived.
- d. The nurse left and the patient arrived.
- 29. My father cannot have felt any pain as he had been given strong painkillers.
- a. The painkillers didn't help my father.
- b. My father was given painkillers so that he couldn't feel any pain at all.
- c. My father is likely to have suffered as the painkillers were given too late.
- d. My father was still in pain despite the strong painkillers.
- 30. The infection made it impossible for my grandmother to recover.
- a. My grandmother died due to her infection.
- b. My grandmother didn't make it. However, it wasn't because of her infection.
- c. Despite her infection, my grandmother didn't recover.
- d. Regardless of her infection, my grandmother died.
- 31. How are you?
- a. 36 years old.
- b. Pleased to meet you too.
- c. A bit tired.
- d. 6 feet 10.
- 32. My stepfather has been suffering from cancer for some years now.
- a. My stepfather has been cured.
- b. He had cancer a few years ago.
- c. My stepfather is still suffering from cancer.
- d. My stepfather shouldn't have suffered this much.
- 33. Smoking kills.
- a. You ought to smoke.
- b. You may smoke.
- c. You shouldn't smoke.

- d. You have to keep smoking.
- 34. Patients are not allowed to leave the hospital without permission.
- a. Patients cannot leave the hospital unless they have been granted permission to do so.
- b. Patients mustn't leave the hospital if they are healthy.
- c. Patients don't have to leave the hospital without permission.
- d. Patients have to leave the hospital without permission.
- 35. The young girl could have been cured. The doctors treating her shouldn't have given up.
- a. If the doctors hadn't given up, the young girl would have been saved.
- b. As the doctors gave up, the young girl was cured.
- c. If the doctors don't give up, the young girl will be saved.
- d. There is still hope for the young girl.

Ailments – sore – physicians – wrist – spleen – crippled – ointment – crutches – coroners – pitfall – stroke – remote – burden – hazard – theft– benefits – rest – alleviate – joint – lung
36. Better self care of minorAILMENTS, such as colds and flu, could provide substantial healthcare savings.
37. TheSPLEEN is protected by the rib cage, you can't easily feel it unless it's abnormally enlarged. It acts as a filter for blood: old red blood cells are recycled in it, and platelets and white blood cells are stored there.
38. The real threat of identityTHEFT is in your medical records, not credit cards.
39. Most cases of hand andWRIST pain (when unrelated to articulation) are not a sign of a serious problem and will settle in a few days or weeks if you simply put your forearm at rest.
40. Cayenne pepper is a popular detoxifier. Capsaicin is the compound responsible for cayenne's spicy nature, but it's also responsible for some of its health _BENEFITS, such as pain relief and lower cholesterol.
41. Australians living in rural and _REMOTE areas tend to have higher levels of disease and injury and poorer access to health services compared to people living in metropolitan areas.
42. These medicinal plants are usually consumed as a concentrated pill or applied as a(n) _OINTMENT
43. Many elderly people tend to dismissJOINT pain as part of ageing and would rather self-medicate or quietly endure the pain than go and see their GP, causing aches in their hands and knees.
44. Broken glass is a(n)_HAZARD for bare feet.
45. The most common cause of a(n) _SORE throat is a viral infection, such as a cold or the flu.
46CORONERS are independent judicial officers who investigate deaths reported to them.
47. TheBURDEN that a family experiences as a result of one of its members having a chronic mental illness has been the subject of research since the mid-1950s.

48. She will never walk normally again & she will useCRUTCHES and canes for the rest of her life.
49. It is unacceptable that some people whose cancer has spread are not getting early access to treatments which couldALLEVIATE symptoms and improve their quality of life.
50. By learning and sharing the F.A.S.T. warning signs (Face drooping, Arm weakness, Speech, Time to call 911), you just might save a person who is having aSTROKE