Better Together!

One Health & Public Health Convergence

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One Health Institute (http://onehealth.colostate.edu)
Colorado State University

CSPH, February 22 2018
“What is man without the beasts? If all the beasts were gone, men would die from great loneliness of spirit, for whatever happens to beasts also happens to man. All things are connected. Whatever befalls the earth befalls the children of the earth.”

— Chief Seattle

Suqwamish and Duwamish
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- Most One Health implementations are veterinary science heavy, some are merely a relabeling of zoonotic infectious disease research
One Health in Action — What does it look like?
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❖ **Partnerships**: territorial behavior amongst professional groups and agencies major hindrance. Key players must have willingness, freedom and capacity to share responsibility and resources. Multi-disciplinary (‘experts in isolation’) model insufficient.
Effectiveness over ‘efficiency’

Convergence across One Health & Public Health

Public Health 3.0 calls for role of “Chief Health Strategists in their Communities”

OHI seeks to develop those capacities in communities and people, starting with OHI’s faculty Fellows, Student Club, and Core Team
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Increasing Level of Community Involvement, Impact, Trust and Communication Flow

Increasing Ownership, Empowerment Skills, Opportunities and Supports of Both Staff and Community

Please note: Each level has value

<table>
<thead>
<tr>
<th>Participation</th>
<th>Engagement</th>
<th>Partnership</th>
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<tbody>
<tr>
<td>Outreach</td>
<td>Consult</td>
<td>Involve</td>
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<tr>
<td>Communication flows from the program or initiative to inform community members.</td>
<td>Community members provide one-time or periodic feedback.</td>
<td>Communication flows both ways and community members provide ongoing participation.</td>
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**Outcome:** Optimally establishes communication and outreach channels, while sharing information with the community.

**Outcome:** Develops connections.

**Outcome:** Establishes visibility of the partner and increased cooperation.

**Outcome:** Increased trust and partnership-building.

**Outcome:** A strong partnership with bidirectional trust that affects broader community health outcomes.

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ONE HEALTH INSTITUTE
COLORADO STATE UNIVERSITY
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One Health Research Perspective: Engaged Scholarship

Mainstream Institutional Knowledge

Experiential, and Community Knowledge

Mainstream Institutional Knowledge Considered More Valuable and Legitimate

Multiple Types of Knowledge Valued and Considered Equally Legitimate

www.datacenter.org
Real World Example — The Healthy Neighborhoods Equity Fund http://www.hnefund.org

Manifesting Engaged Scholarship

Partnering the Massachusetts Housing Investment Corporation with the Conservation Law Foundation
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Healthy Neighborhoods Equity Fund Invests in the Building Blocks of Healthy Communities

HNEF is based on a socially responsible investment (SRI) model that considers the community, environmental, and health benefits of a potential project as well as the financial risks and returns.

**HNEF's Health Impact Metrics**

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<th>Economic Opportunity</th>
<th>Displacement/Gentrification</th>
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HNEF's Health Impact Metrics
“When it comes to health, your zip code matters more than your genetic code.”
--Dr. Anthony Iton, The California Endowment
Your job needs to fit your work and the assessment needs to follow!

Valuing Community Engaged Scholarship

CSU Provost’s committee on engagement

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<td>Associated with the discovery of new knowledge and the development of new insights in collaboration with community partners</td>
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| Community-based, participatory research | Participatory Action Research | Like-inspired basic research | Applied research | Contractual research (funded by government, non-governmental organizations, or businesses) | Demonstration projects | Needs and assets assessments | Program evaluations | Collaboratively created, produced, and/or performed: | Formal (for credit): | Service-learning | Community-engaged research as part of university classes | Study abroad programs with community engagement components | Online and off-campus education | Non-formal (not for credit): | Pre-college programs | Occupational short course, certificate, and licensure programs | Conferences, seminars, not-for-credit classes and workshops | Educational enrichment programs for the public and alumni |
|----------------------------------------|-----------------------------|---------------------------|------------------|---------------------------------|------------------|-------------------------|------------------|---------------------------------|------------------|---------------------------|-----------------------------|---------------------------------|--------------------------|---------------------------------|-------------------------|--------------------------------|-------------------------|
| Film | Theater | Music | Performance | Sculpture | Novels, plays, poetry | Spoken words | Multi-media | Exhibitions | Service-learning | Community-engaged research as part of university classes | Study abroad programs with community engagement components | Online and off-campus education | Pre-college programs | Occupational short course, certificate, and licensure programs | Conferences, seminars, not-for-credit classes and workshops | Educational enrichment programs for the public and alumni |

| Informal (not for credit): | Technical assistance | Consulting | Policy analysis | Expert testimony | Legal advice | Diagnostic and clinical services | Human and animal patient care | Advisory boards and other disciplinary-related service to community organizations | Media interviews or “translational” writing for public audiences | Materials produced to enhance public understanding | Managed learning environments, such as museums, libraries, gardens |

Carneige Foundation
Commonwealth Foundation
Generic Iceberg Model of Reality

Events are what is visible

Patterns emerge from the structures that are present

Systemic structures are created from what we think is true and possible

What we pay attention to and how we determine what we create

What we’re aware of determines where we direct our attention

Our beliefs and assumptions determine what we’re aware of
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Diseases/Treatment

Diseases/Illnesses as symptoms to be cured

Discipline-based research focused on treating specific illnesses

Attention to parts
  Awareness of symptoms
  Reactionist Science/Mechanistic Thinking

Traditional Health Science/Research

Creating health

Health issues as adaptive challenges to be dissolved

Transdisciplinary Research
  Whole Learning Communities
  Systems-Based Science

Attention to wholes
  Awareness of root causes and potential
  Complexity/Living Systems/Systemic Thinking

One Health Institute Approach

New ways of being
Capacity & Capabilities
Practices & Processes
New ways of doing
Systemic tools & frameworks
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❖ Building futures we desire recognizes that most of our challenges (health, climate change, etc.) are embodied as complex adaptive systems.

❖ Treating complex systems as simple systems (reduction to “models”) or as complicated systems is ineffective at best and may be harmful due to unintended consequences.
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The One Health Institute’s Principles guide its Purpose and are embodied in its Programs.

- **Communities Creating Health** — we are *for* health not *against* disease.
- **Systems Thinking** — we work with the *whole* instead of the *parts*, embracing complexity.
- **Collaborate Across Boundaries** — we do things *as* communities not *to* communities.
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Questions? Conversation?