



Questions and Answers from the Who's Who in One Health International Webinar

- 1. Hello Peter, I have 2 questions. First is how do you think the campaign should be designed to change the "mind set" of the clinicians as they still don't see zoonoses as important as other communicable or chronic diseases and the involvement of human health can be increased in One Health approach?**

I THINK WE NEED TO DEVELOP A MODEL OF CLINICAL CARE OF A HUMAN PATIENT IN A DEVELOPED COUNTRY THAT SHOWS EXPLICITLY HOW ONE HEALTH CONCEPTS CAN HELP CARE FOR THE PATIENT, INCLUDING INTERACTIONS REGARDING CHRONIC DISEASE . WE THEN NEED TO PILOT THE USE OF THIS MODEL WITH HUMAN CLINICIANS. PART OF THIS IS DEFINING WHAT CONTACTS BETWEEN VETERINARIANS AND HUMAN HEALTH PROVIDERS CAN IMPROVE PATIENT CARE

- 2. Second is how the capacity building issue should be designed in the developing countries as they are the hot spots for zoonotic diseases transmission?**

THERE NEED TO BE COMPETENCY BASED TRAINING MODULES DEVELOPED FOR ZOOONOTIC DISEASES FOR HUMAN HEALTH CLINICIANS INCLUDING THE KEY ASPECTS OF DIAGNOSIS AND TREATMENT. INCREASED AWARENESS ABOUT THE BURDEN OF ZOOONOTIC DISEASE IN THE DEVELOPING WORLD IS KEY TO THIS EFFORT.

- 3. How do you see physician involvement in One Health affecting/changing the delivery of human health care?**

USING A ONE HEALTH CLINICAL MODEL, PHYSICIANS CAN BETTER UNDERSTAND HOW TO MAKE USE OF THE HUMAN ANIMAL BOND, HOW TO MANAGE CLINICAL SCENARIOS INCLUDING ANIMAL ALLERGY, ZOOONOTIC EXPOSURES DURING PREGNANCY AND WITH IMMUNOCOMPROMISED PATIENTS, HOW TO USE ANIMAL SENTINEL INFORMATION TO RECOGNIZE ENVIRONMENTAL HAZARDS TO PATIENTS, INCLUDING PSYCHOSOCIAL, BIOLOGICAL, CHEMICAL AND PHYSICAL HAZARDS. THIS INVOLVES TARGETED COMPETENCY BASED TRAINING AND EVIDENCE BASED INTERVENTIONS. VETERINARIANS CAN PLAY A KEY ROLE IN DEVELOPING THESE TRAINING MODULES AND BEING A RESOURCE IN THE COMMUNITY FOR PHYSICIANS FACING THESE ISSUES.

4. **If 'Human/Public health' include chronic diseases, why the focus appears to be only on zoonotic diseases? - should we address the long-term health effects caused by interaction of endocrine disrupting chemicals (such as pesticides and metals) with chronic diseases such as diabetes, obesity, etc.?**

YES ONE HEALTH NEEDS TO BROADEN BEYOND ZOOONOTIC DISEASE TO INCLUDE ANIMAL SENTINEL ISSUES AND OTHER ENVIRONMENTAL HAZARDS AS YOU SUGGEST, AS WELL AS THE HUMAN ANIMAL BOND AND NATURAL ANIMAL MODELS FOR HUMAN DISEASE.

5. **Peter: excellent presentation! - Regarding lack of involvement of more human doctors on One Health, perhaps we should focus less on 'zoonotic diseases' and include more of "chronic diseases". These diseases will include the 'shared epidemics' of obesity in dogs and people, and address your concept of 'Animals as sentinels' as well..**

YES, ZOOONOTIC DISEASES NEED TO BE ADEQUATELY ADDRESSED BUT CHRONIC DISEASE NEEDS TO BE BROUGHT INTO THE DISCUSSION THROUGH TARGETED TRAINING.

6. **Is it possible to design one singular curriculum for medical, animal and environmental students within the OH concept?**

IT IS POSSIBLE TO DESIGN A NUMBER OF CASE BASED LEARNING MODULES THAT HAVE RELATED BUT DIFFERENT LEARNING OBJECTIVES FOR STUDENTS FROM DIFFERENT BACKGROUNDS

7. **Peter, should big projects in One Health absolutely prioritize obtaining physicians as key investigators and how often does this happen. Would this be a way to engage the medical community more effectively?**

ONE HEALTH PROJECTS ABSOLUTELY NEED TO ADDRESS HUMAN HEALTH AS WELL AS ANIMAL AND ENVIRONMENTAL HEALTH- AND THIS WILL OFTEN INVOLVE INCLUDING PHYSICIANS OR OTHER HUMAN HEALTH CARE PROVIDERS ON PROJECT TEAMS. ENVIRONMENTAL HEALTH EXPERTS ALSO NEED TO BE INCLUDED.

8. **What do you feel are the biggest hurdles to physicians embracing the One Health concept?**

FINDING A WAY TO INCORPORATE SOME SIMPLE ONE HEALTH MEASURES IN THE SETTING OF BUSY PATIENT CARE SCHEDULES- USE OF THE ELECTRONIC MEDICAL RECORD AND DEVELOPMENT OF CLINICAL PROTOCOLS CAN HELP WITH THIS.

9. **Do you envision the cross communication to happen at a local one-on-one practitioner level or more at an organizational or hospital level in communication between veterinarians and physicians?**

BOTH TYPES OF INTERACTION WOULD BE HELPFUL- THERE ARE INTERACTIONS AT AN ORGANIZATIONAL/POPULATION LEVEL THAT CAN BE MEDIATED BY THE HEALTH DEPARTMENT, WHEREAS INTERACTIONS ABOUT DIRECT CLINICAL SITUATIONS SUCH AS OBESITY, ALLERGY, AND THERAPEUTIC USE OF ANIMALS, MAY BE BETTER HANDLED CLINICIAN TO CLINICIAN

10. My question is: is there a limit to 'One Health' after a certain point; after research, discovery, communication?

AFTER RESEARCH, DISCOVERY, AND COMMUNICATION COMES COLLABORATION AND INTEGRATED INTERVENTIONS TO PREVENT, DIAGNOSE, AND TREAT DISEASE