

Summary of Results: One Health Commission Strategic Planning Survey Spring, 2012

As the OHC moves forward it wishes to address the strategic priorities suggested by One Health stakeholders. In Spring, 2012, the Commission CEO and professional facilitator, Peter Hemken, in Ames, Iowa developed and administered a comprehensive planning survey of the One Health community to collect perspectives and guidance regarding future direction and priorities for the Commission. This information was sought to help prioritize One Health Challenges, Programs / Activities and recommended Demonstration Projects. The survey was sent to each of the six OHC Board members (representatives of 'Leader' Institutional Sponsors participating in spring 2012 at the time of the survey, AMA, AVMA, AAVMC, AAMC, APHA, IDSA), seven (at that time) Council of Advisor (COA) members and 150 individual stakeholders from across the U.S. who were known supporters of One Health activities and events. Response rates were 83%, 57% and 28%, respectively. Questions were included regarding OHC sponsorship structure, potential participant sponsors, and potential COA members. The survey questionnaires varied slightly for each group and can be viewed at the end of this document for reference. In June, 2012, summaries of the responses were collated by Mr. Hemken and shared with the OHC Board. Those shared/compiled summaries are listed here along with the raw data collected:

- Notes:** a. Since the survey for each group varied slightly, this summary is organized by question 'content' rather than by questionnaire numbers.
 b. This survey was not structured for statistical analysis but for input/gathering of 'ideas'
 c. The mission and goals of the Commission outlined on the survey were those in place in 2012 and have since been updated in February, 2014.

I. Preliminary Questions for each Group

++ Board Members ** Council of Advisers ## Individual One Health Stakeholders

**** Do You support the stated mission and goals of the OHC?** Y / N / NS

COA Members received this question:

4/4 (100% of those responding) responded 'Yes'

Do you and/or your organization support the stated mission and goals of the OHC? Y / N / NS

Individual Members received this question:

1/42 (2.3% of those responding) skipped this question

39/41 (95.1% of those responding) answered 'Yes'

3/41 (4.9% of those responding) answered 'Not Sure'

++ ## Are there any changes to the stated mission and goals that you can suggest?** Y / N / NS

If yes, please explain:

++ Board Members: 3/5 (60%) responded No,
 2/5 (40%) responded Yes, see comments below

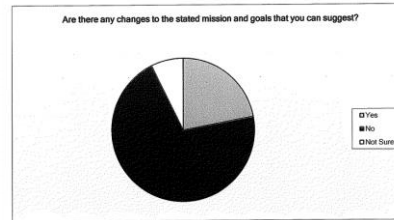
**** COA Members:** 3/4 (75%) responded 'No', 1 / 4 (25%) responded 'Yes'

Individual Members Responses (raw data for 42 responses/150 surveys sent , responses of the 42 participants):

One Health Commission Stakeholder Survey Question 2, part 1

Are there any changes to the stated mission and goals that you can suggest?

Answer Options	Response Percent	Response Count
Yes	22.0%	9
No	70.7%	29
Not Sure	7.3%	3
		<i>answered question</i> 41
		<i>skipped question</i> 1



Comments:

- Recommend change to Goal 1 or add as Goal 3: “To proactively advocate for appropriate funding of scientific research and discovery around human, animal and environmental One Health issues to ensure the advancement of medical knowledge.”
- Recommend editing Goal 2: “To transform the way human, animal, plant, and ecosystem health-related disciplines and institutions work together by promoting and enabling demonstration projects that illustrate the importance, economic efficiency, and value of the One Health approach in the prevention of disease and maintenance of the Public Health.”
- Yes; to pursue demonstration projects
- Yes; To provide a focal point for Deans of Veterinary and Medical Schools to meet and to discuss how to more effectively provide consistent educational content suitable for both student cohorts, and to identify when and how common educational programs can be structured. The emerging infectious diseases agenda is all about One Health, but so is the idea that the study of animal and human disease can provide insights to both constituencies. It has been clear to me that vet medicine was germane to human medicine (and not just from the perspective of animal models of human disease) but it is not at all certain that the study of human disease provides similar insights into veterinary disease. This needs to be explored.
- Individual Stakeholders comments:

If you selected "Yes" on #2 above, please explain:

Goal #1: To inform all _health science professional_ audiences about the importance of the One Health approach by establishing a leading center for One Health communications and resources. All audiences could include the general public and that is not reflected in the mission.
Two points: First, my primary interest is in the links between human and animal medicine, and while I understand the theoretical (and probably political) rationale for including plant and ecosystems in the mission, it seems a bit of a stretch to me. I'm not opposed -- it just seems like we're covering too much territory. Second, is there a rationale for "demonstration"? I would think OHC would like to foster any types of projects that promote the linkages between these disciplines. A "demonstration" project is merely a pilot.
Maybe something about "engaging" key stakeholders (physicians, schools of medicine, etc.) to recognize value of One Health approach, and act accordingly...
Specifically encourage research on One Health and International collaborations
the specification of "domestic" animals is too specific. Animals that are under human ownership or live in close proximity to humans are not necessarily "domestic" yet are equally (if not more) important than traditional domestic animals such as dogs and cats.
Would renew efforts to reach out to the medical community to stress the importance of collaborations between physicians and veterinarians.
a unique niche opportunity for the OHC and ISU is to link and integrate their 'One Health' identity and agenda to establish and assure a sustainable food production system for the US and globally.
Apart from promoting and enabling demonstration projects, it would be useful to contribute to the equipping the personnel involved with leadership skills that will enable them to work collaboratively with each other (Communication skills, conflict resolution, team building, and change management) There are a number of stakeholders in the area of One Health Approach. Consider including a goal of having strategic partnerships with selected stakeholders
Goal- To secure the resources to execute the OH program

II. Questions Posed to All Three Groups: Board of Directors (6), Council of Advisers (7) and Individual Stakeholders (150)

- A. **Survey Question:** “The scope of One Health is broad and extensive, creating challenges which require integrated solutions. *Please rank the following One Health challenges based upon your personal knowledge and/or the priorities of the organization that you represent. Please rank in order from 1 (most important) to 5 the top five priorities of focus for the OHC. Include in the space provided any other One Health challenges not addressed in the list that you feel should be considered*”

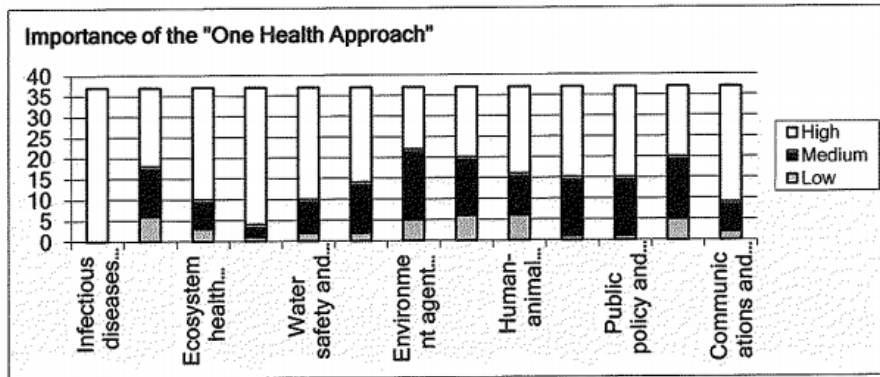
Prioritization of One Health Challenges by BOD, COA and Individual Stakeholders

(responses / surveys sent)

Board of Directors (n = 5 /6)	Council of Advisers (n= 4/7)	Stakeholders (n= 42 / 150)
1. Infectious Diseases (Surveillance, prevention, and response)	1. Infectious Diseases (Surveillance, prevention, and response)	1. Infectious Diseases (Surveillance, prevention, and response)
2. Ecosystem Health (wildlife, plants, environment)	2. Interdisciplinary research (basic and translational)	2. Food Safety and Security (diseases and supply)
3. Food Safety and Security (diseases and supply)	3. Ecosystem Health (wildlife, plants, environment)	3. Communications and outreach
4. Interdisciplinary research (basic and translational)	4. Water Safety and Security (Diseases and Supply)	4. Water Safety and Security (Diseases and Supply)
5. Antimicrobial resistance	5. Antimicrobial resistance	5. Ecosystem Health (wildlife, plants, environment)
6. Disaster preparedness and response	6. Interdisciplinary education and training	6. Antimicrobial resistance
7. Interdisciplinary education and training	7. Food Safety and Security (diseases and supply)	7. Interdisciplinary research (basic and translational)
8. Public policy and regulation	8. Public policy and regulation	8. Public policy and regulation
9. Environmental agent detection & response	9. Communications and outreach	9. Human-animal bond (enhancing physical and mental health)
10. Water Safety and Security (Diseases and Supply)	10. Chronic Diseases (ie Obesity, diabetes, cancer)	10. Chronic Diseases (ie Obesity, diabetes, cancer)
11. Global trade and commerce	11. Environmental agent detection & response	11. Global trade and commerce
12. Communications and outreach	12. Human-animal bond (enhancing physical and mental health)	12. Disaster preparedness and response
13. Chronic Diseases (ie Obesity, diabetes, cancer)	13. Global trade and commerce	13. Environmental agent detection & response
14. Human-animal bond (enhancing physical and mental health)	14. Disaster preparedness and response	

Raw and graphed data for Individual Stakeholders: Rank of One Health Challenges: With 42/150 surveys sent (28%) responding, 37/42 answered and 5/42 skipped the question.

Importance of the "One Health Approach"				
Answer Options	High	Medium	Low	Response Count
Infectious diseases (surveillance, prevention, & Chronic diseases (i.e. obesity, diabetes, cancer)	37	0	0	37
Ecosystem health (wildlife, plants, environment)	19	12	6	37
Food safety and security (diseases and supply)	27	7	3	37
Water safety and security (diseases and supply)	33	3	1	37
Antimicrobial resistance	27	8	2	37
Environment agent detection and response	23	12	2	37
Disaster preparedness and response	15	17	5	37
Human-animal bond (enhanced physical & mental)	17	14	6	37
Interdisciplinary research (basic and translational)	21	10	6	37
Public policy and regulation	22	14	1	37
Global trade and commerce	22	14	1	37
Communications and outreach	17	15	5	37
	28	7	2	37
				<i>answered question</i> 37
				<i>skipped question</i> 5



Rank of One Health Challenges: Raw data from 42/150 Individual One Health Stakeholders

B. Survey Question: “There are a variety of programs and activities under consideration by the OHC to further its mission and achieve its goals. Using a high, medium, low ranking, please assess the value that you would likely have for each of these programs and activities. Please rank in order from 1 (most important) to 5 the potential programs and activities to reflect your top priorities for OHC programming.”

Prioritization of Programs and Activities by BOD, COA and Individual Stakeholders

(respondees / surveys sent)

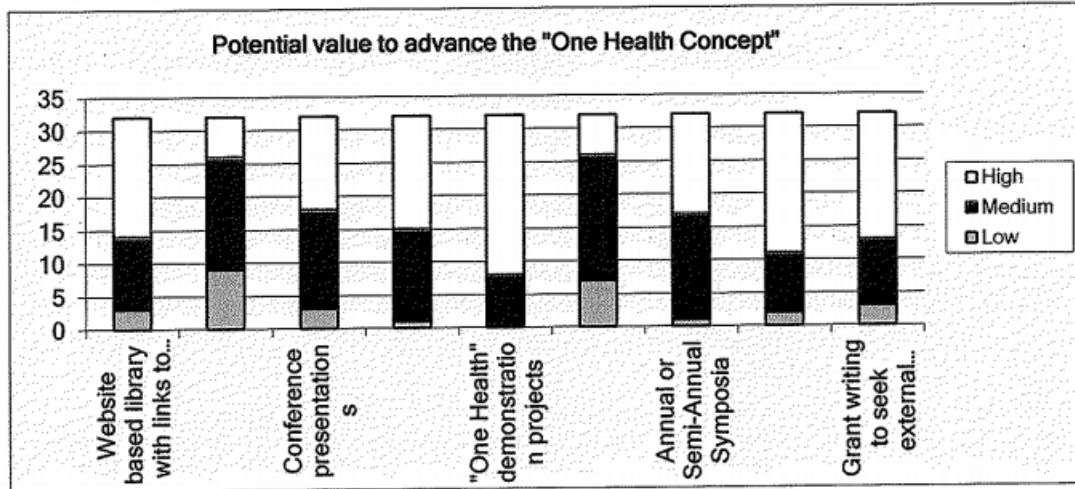
Board of Directors (5 / 6)	Council of Advisors (4 / 7)	Stakeholders (42 / 150)
1. "One Health" demonstration projects	1. "One Health" demonstration projects	1. "One Health" demonstration projects
2. Website based library with links to information	2. Institutional (University) education programs	2. Institutional (University) education programs
3. Grant writing to seek external funding	3. Website based library with links to information	3. Website based library with links to information
4. Institutional (University) education programs	4. Grant writing to seek external funding	4. Grant writing to seek external funding
5. Conference presentations	5. Annual or Semi-Annual Symposia	5. Journal Articles
6. Journal Articles	6. Monthly Webinars	6. Annual or Semi-Annual

		Symposia
7. Annual or Semi-Annual Symposia	7. Conference presentations	7. Conference presentations
8. Monthly Webinars	8. Journal Articles	8. Monthly Webinars
9. Weekly Newsletter with links to information	9. Weekly Newsletter with links to information	9. Weekly Newsletter with links to information
Others: Social Media, Dissemination of FOAs, Publish simultaneous, parallel OH commentaries to teach the OH concept to professionals by example		

Individual Stakeholders: Raw data ranking of programs/activities, 32 of 42 answered question and 10/42 skipped the question

Potential value to advance the "One Health Concept"				
Answer Options	High	Medium	Low	Response Count
Website based library with links to information	18	11	3	32
Weekly Newsletter with links to information	6	17	9	32
Conference presentations	14	15	3	32
Journal articles	17	14	1	32
"One Health" demonstration projects	24	8	0	32
Monthly Webinars	6	19	7	32
Annual or Semi-Annual Symposia	15	16	1	32
Institutional (University) education programs	21	9	2	32
Grant writing to seek external funding	19	10	3	32
			<i>answered question</i>	32
			<i>skipped question</i>	10

Graphed responses of Individual Stakeholders Rank of Programs/Activities for the One Health Commission



Individual Stakeholders Suggest other Programs / Activities for the Commission

Other Activity or Program (please add the level of importance; High, Medium or Low)

capacity building for interdisciplinary collaboration
If doing webinars, provide FREE CE credit (ie. Exceptional Veterinary Team) for a variety of professions.
Continuing Medical Education regarding relevant One Health concepts. Also, simply reminding physicians and all stakeholders that a lot of what we already do fits into the One Health concept; we're just giving it a name and putting it under that umbrella.
Align yourself with the best and brightest organizations and individuals in the appropriate fields. Define your mission as a unique cross-functional effort to make a measurable difference in health stats.
radio show for public outreach
Fund development of One Health curriculum for undergraduate and graduate/professional level students. High Develop One Health outreach and seminars for policy makers. High Hire a OH DC liaison High

- C. **Survey Question:** “It will be important for the OHC to focus its work on specific demonstration projects to build support for the “one health concept” and to gain traction and credibility within the health sciences community. Please list three issues and/or opportunities that you and/or your organization would consider to be a high priority and that you recommend the OHC consider for a demonstration project”

Recommended Demonstration Projects
Compiled Responses from all three Groups:

Infectious Disease:

- Epidemiology of emerging infections curriculum for colleges
- Emerging infectious diseases
- Zoonoses: disease prevention, detection, and control
- Interdisciplinary developed publications on antibiotic resistance
- Antimicrobial resistance- Surveillance of antimicrobial use and resistance
- Economic value of chronic disease prevention
- Rabies
- Human-animal bond and chronic disease prevention in humans
- Lyme disease
- Systematic surveillance for emerging infections
- Tuberculosis
- Social media in disease detection/ prevention
- Brucellosis
- Change in disease transmission with climate variability
- Rift Valley Fever exercise with Public health, USDA, DoD, private sectors, others
- Nipah virus exercise with Public health, USDA, DoD, private sectors, others

Ecosystem health:

- Water security and quality supply
- Targeted surveillance in wildlife zoonotic pathogens
- What ecological and socio-economic factors drive emerging diseases
- Pathogen pollution

- Environmental Justice

Food Safety and Security:

- Food safety collaboration with industry
- Reduction in food borne disease
- Food borne pathogens
- Animal and environmental reservoirs of Salmonella associated with contamination of raw agricultural products
- Demonstrate linkage between animal health and food safety- microbial ecology of health and food safety
- Nutrition

Other:

- Research
- Advocacy for the OH approach
- Role of veterinarian in responding to suspected child abuse and domestic violence
- Translational aspects of stem cell therapy in animals
- Comparative genetics

D. Survey Question: Similarly, it will be important for the OHC to collaborate with like-minded organizations that are not currently members of the OHC in order to help to increase the effectiveness and efficiency of its programs. It is also important to identify and engage organizations that may not support the “one health concept” and begin a dialogue, seeking to address their concerns and issues.

What are three or four like-minded organizations that might be priorities for collaboration?

- Association of Infection Control Practitioners; Doctors w/out Borders and Veterinarians w/out borders; Bill & Melinda Gates Family Foundation
- American Society of Tropical Medicine and Hygiene Association of Public Health Laboratories; Council of State and Territorial Epidemiologists; International Society of Travel Medicine
- EcoHealth Alliance, Association of State and Territorial Health Officials, Wildlife Disease Association, International Union for Conservation of Nature
- I think specialties in AVMA would provide funds and expertise. ACANM already place \$2500 donation
- CDC One Health Office, One Health Initiative, ISU and similar academic institutions, NIEHS
- CDC, USDA, OIE, Other universities
- The International Association for Ecology and Health- they might be persuaded to link up formally because they're trying to be more associated with the One Health agenda. The upcoming president will be Jakob Zinsstag, who's at the Swiss Tropical Institute and has published quite a bit on One Health issues
- Board on Global Health, AAVMC, AAAS, Union of Concerned Scientists
- Universities and government and a wider support in the industry
- Individual Stakeholder responses:

What are three or four like-minded organizations that might be priorities for collaboration?			
International Association for Ecology and Health	Ecological Society of America	National Environmental Health Associations	EcoHealth Alliance
American College of Veterinary Internal Medicine	Institute for Conservation Medicine	Veterinary Cancer Society	
AVMA	APHA	AES	AEC
HSUS - human-animal bond	Food industry, especially Produce Marketing Association and others associated with leafy greens	Pew Charitable Trust	
FAO	WHO	OIE	IPPC
A national organization concerning itself with environmental health, such as Land Trust Alliance (e.g. land preservationists are often hunters and they have power and wealth).	A national farm organization (i.e. animals)- non-profit or for-profit	A national agricultural organization (i.e. plants)- non-profit or for-profit	
AVMA	NIH	CDC	USDA
CURRENT AMA leadership	AAZV	WDA	
zoological institutions	universities	public health institutions	global health institutions
U.S. EPA	Society for Risk Analysis	Society of Toxicology	The Society of Environmental Toxicology and Chemistry (SETAC)
		what about targeting specific agencies/groups related to the areas of focus we ranked earlier--like emergency preparedness groups for the animal-human health overlap issues related to disaster response?	
specific schools of medicine or schools of public health.	international groups?		
Small private liberal arts colleges	Elementary education: major school systems		
American Medical Association, American College of Veterinary Preventive Medicine	Wildlife Disease Association	Association of Avian Vets	American Association of Zoo Vets
American Public Health Association	NACCHO		
American College of Veterinary Preventive Medicine	American Association of Public Health Veterinarians	American Public Health Association	National Environmental Health Association
American Dental Association	American Society of Clinical Pathology/College of American Pathologists	Infectious disease association	National Association of Advisors for the health professions
CAST	USFRA		
American Cancer Society	NIH	Pet Partners (formally Delta Society)	United Nations
State health departments	Local health departments	Universities	
universities	human and animal health industry	NGOs relating to human and animal health	State and local government and international platforms including the UN
One Health Initiative team			
World Veterinary Association	International Federation for Animal Health		
Iowa Business Development Organizations - e.g. IA Innovation Council	Regional medical schools - U of I; Des Moines University, etc		
One Health Central and Eastern Africa (OHCEA)	South Asia One Health University Network(SEAOHUN)		

E. Survey Question: The OHC has engaged a firm (2012) to develop a structured membership model and tiered dues structure to help provide funding for OHC programs and activities.

What guidance would you provide regarding the design of this membership model, including suggested membership categories?

- Look at what has worked for other non-profits
- Need to describe member benefits and develop criteria for various membership categories
- Membership should include anyone interested in supporting the concept of One Health, no matter what their background / profession / affiliation. Anyone could become a full member of the OHC by making a \$50 tax-deductible contribution. There could be a 'Join Now' button on the website. Individual Members would not have a vote on the Board. (There could also be a 'Donate Now' button).
- b) Membership Categories would include: 1. Institutional Member, 2. Advisory Council Member, 3. OHC Chapter, 4. Full individual member; C) OHC Full Board of Directors would be made up of- Executive Director, Director (or CEO and Co-CEO), Executive Council, Advisory Council. (See survey for additional information)
- Major organizations 5k annually
- Must have significant incentives/ products for membership
- Seek philanthropic or government support, doubt that you will gain traction at this time with individual organizations
- This is a great idea, and I hope you'll be looking for partnership from corporations as well as Schools of Public Health, Veterinary Medicine, etc.
- Since everybody will already belong to multiple scientific societies, all of which are supported by dues, the structure has to be simple and the ask proportional to get buy-in.

- Make it relevant for the different organizations, check out what drives them and what they might be interested in.
- Individual Stakeholders guidance on membership model:

reduced prices for students, developing country members
Juniors, Seniors, retired, non-professional.
I'm not sure why an organization would prioritize membership in these economic times. If the OHC is investing in soliciting and distributing funds for OH projects, that might make sense. As a major OH activity in a university, it is hard to imagine what services we would receive for our dues that we couldn't do for ourselves if we had the money. So the services must be necessary for us to succeed and cheaper through dues than we could afford to do ourselves. I understand the idea of synergy and getting more collective bang for our buck, but what would be provided for dues?
Individual membership Institutional/organization membership Network/ consortium membership Country membership
Base membership fees on annual revenue in the previous fiscal year starting at \$100/year for an organization that earned <\$100K for organizations. Members could be individual professionals, organizations, etc. Memberships for individuals would be a flat rate and would include reduced rates for gaining access to publications/meetings/or whatever "benefits" could be provided to members.
While I recognize the need for a revenue stream, membership fees -- if any -- should be kept low to encourage greater participation. People will not pay a lot for membership unless they can see a significant return on their investment, such as consistent information, policies and procedures that they can use in their daily work.
Yes, I think this is a very good idea.
Establish a core group that can provide a consistent level of funding. This core group would be responsible for initial governance of the organization. Establish different categories of industry, government, academia, service providers and interested individuals. Dues would be set to recognize the financial assets of each group.
I think all folks that are interested in the One Health concept should have access. If this must be a pay for services then the services would have to match the fee. To be honest I am not sure what that structure might include.
The OHC should avoid the image of collecting dues to pay salaries. This can be done by saying what percentage of income from dues is going directly for OHC programs and activities.
That could work. It would give the group a bit more meaning, like other professional organizations. It would also help pay for activities.
Try to keep costs to a minimum. There are so many professional organizations that the annual dues start to get very cumbersome, especially if your place of employment doesn't pay for them.
Institutional, individual (active, retired, student)
individual; corporate
No idea.
Research other similar organizations for structures/models currently in existence. Have tiers for corporations, non-profits, educational institutions, governmental agencies and individuals.
Full (Health Professional/Researchers) Contributing (Non-health professions, organizers/fund-raisers/contributors) Student/graduate student (free membership to get them involved)
I am sorry this question is too involved given my schedule at this time
OHC "pay to play" structure is counterproductive. Good leadership would encourage activist actions by a broad spectrum of OHC membership.
Countries, Academia, Research Institutes, Public International organisations, Private International organisations
not sure
No specific ideas
Membership categories Governmental-agency Governmental- academia Non-profit-large Non-profit small Individual

F. **Survey Question:** Assuming effective implementation of a suite of programs and activities to advance the "one health concept" that is aligned with the priorities that you outlined above in questions 37-46, what level of annual funding might your organization be willing to commit through an annual membership fee? _____ Is it possible that your organization might consider a multiple year membership commitment and if so, what term might be reasonable? _____

- Not sure; not sure
- \$1500-2500; not at this time

- A substantial amount could be approved by [my organization], provided return on investment or value is evident
- 3-5k
- Unclear; unclear, not in current focus
- None at present; none at present
- Not sure about this yet, am probably more interested in trying to leverage others
- I predict this will not be a high priority for [my organization]. I am in no position to make any commitments for the institution; I obviously can't answer this.
- No idea, if there would be an interest at all, not my decision; no idea.
- Individual Stakeholders (23/42) responded to question 'what level of funding their organization might be willing to sponsor OHC with'. 19 Individual Stakeholders skipped this question:

I would need to know what the funding would support in order to answer this.
N/A
Depends on what is provided for the dues. We would never contribute to a collective pot for demonstration projects, as we need to fund our own demonstration projects, and those unrestricted funds are incredibly hard
Difficult to know by now
We could not afford any more than \$100 but would depend on the benefits we receive if we could consider \$100 per year.
Depends on our involvement in the organization but an amount comparable to trade groups.
\$100 individual
I am not sure of this and would have to talk with the president of teh zoo.
No budget allocation currently made
Not sure. I work for FDA, and they might already support. Issues with federal funding or direct federal
o
I am not sure. I am at a university and getting answers like that take time.
Executive Committee decision
100
As a non-profit, we would probably not be able to go over \$250. annually.
As a University department, we have no means of making a direct contribution.
Nothing. No funding available.
€2000
Cuurrently our organization is in early stages of establishment and not in position to contribute
I cannot speak for my organization except to say money is scarce and there would have to be a clear expectation on ROI to multiple institutions.

- Individual Stakeholders on their organization offering multiyear funding: 23/42 answered, 19/42 skipped this Question

N/A
Depends on the level of dues and services provided. We'd like to be one of the team, but funding is tight. There has to be something provided besides just membership in a club. We can provide training, scholarships, research projects, etc directly to our choices, not sure why we'd give money for someone else to do that. In addition, access to information is getting easier and easier in the developed world, so not sure if we need a clearing house for that
3 to 5 year terms
No more than 5 years.
Yes, 3 year term & lifetime membership
Not our first choice.
\$500.00 Institutional
I am not sure of this but if the above was positive I could see how this would work.
unlikely; budget is not guaranteed year on year
I don't know.
See 12.
No: suggest grant writing to major foundations and health agencies based on good science and original ideas.
Enacting membership fees to pay expenses is a deal killer
3-5 years
Yes
Executive Committee decision
yes 2-3 years
1-3 years or 3-5years with discount.
May be able to join as a member.
depends on the return
Pro bono membership
3 years
not likely we would consider a dues-paying membership
I cannot speak for my organization here.

What types of organizations or various segments of individuals should the OHC target for its membership drive?

- Look at what has worked with other non-profits
- Academics, public health and animal health professionals, food industry associations
- Any human, animal, or ecosystem health organization or individual with scientific credibility and good reputation
- All medical and veterinary, public health, and eco associations
- Public health community
- Private companies
- Corporations as well as Schools of Public Health, Veterinary Medicine, etc.
- All patient centered organizations. Every foundation created to address a particular emerging infectious disease. Consumer organizations concerned with food safety, including but not limited to Consumers Reports
- Leadership only – later extend to public
- Individual Stakeholders suggest organization/ segments of individuals to target for membership drive: 20/42 answered, 22-42 chose to skip this question.

epidemiology, comparative medicine, conservation medicine
Farmers, small business, large business, presidential commissions, WHO, WAHO, and scientific groups.
Veterinary, medical institution actively engaged in addressing/advocating one health approaches in their operations
Health care professionals (includes animals, plants, people), educators of the aforementioned, and researchers of the aforementioned.
state and local professional organizations. private businesses.
Universities, governmental health organizations, business in human and animal health, medical institutions, charitable organizations promoting health, professionals that service all of the above.
Infectious Disease doctors and epidemiologists
if money is what is needed, I would say for profits. And if the OHC is doing the right messaging then the for profits will see how important the One Health approach is to their existence.
The OHC umbrella has done well in including human health and animal health organizations but needs more plant and environmental organization.
Foundations, NIH, etc
veterinary, medical, public health departments, USDA, wildlife groups
academic, gov't, MD/DO
It would be easy to list appropriate or applicable potential members once you have a strong leadership teams (board/advisory group) in place and your mission solidified.
See #11
All who have invested interest in animal and human health and environmental conservation
All reliable, recognized One Health oriented organizations.
As 11
chamber of commerce; agribusiness; environmental groups
Foundations- Rockefeller has very high interest in One Health
I would not target any organization until there is a solid governance program, projected budget, clear strategy, lines of effort defined, outcome measures developed.

- G. **Survey Question:** The tiered membership model is expected to become the primary mechanism for baseload funding of OHC programs and activities in the future. In addition to this, revenues net of expenses may be expected from the presentation of webinars and symposia (with appropriate

discounts for members). There is also the potential to seek external funding from foundations, associations and the government through grants and program proposals.

What guidance would you provide regarding these funding sources?

- See what has worked elsewhere
- Be wary of potential conflicts in dealing with industries and industry associations
- Be certain to have detailed, specific key short- and long-term outcomes in mind when going to seek funding. If we do this right, Gates and/or other funding sources will love it. If we do it poorly, OHC will not survive
- Don't underestimate annual dues
- Seek more foundation funding for baseline support. Membership funds to aid in projects.
- Needs a strong business plan and concrete, actionable outcomes. The OHC is in competition with other OH initiatives which is problematic
- Not sure about the potential to monetize webinars and symposia. I think external funding should be a high priority. The membership idea is great, especially if there is a link to policy i.e. a presence in DC.
- You will need a champion with a big bank account. I don't know how many will sign up for webinars and symposia, unless these can provide CME credits for either veterinarians or physicians.
- Make it relevant for them, see above
- Individual Stakeholders offer guidance on these funding sources: 16/42 answered, 26/42 skipped

What guidance would you provide regarding these funding sources?

government, foundations, partnering with academic institutions
Trust fund commitments
They will want some concrete product or effective assessment of how there funds are advancing the cause and doing good.
You would need to ensure they feel value in marketing them as funders. Don't ask for more than \$10,000 from each revenue source. Tailor proposals to each organization. Have a conversation with key decision makers before starting to create a proposal for that organization; they may not be willing to fund so find out from the onset- set up a personal meeting if possible. Find out their grant application process before submission. Hire a professional grant writer with the appropriate expertise.
Need materials and "big" personality endorsements to sell the concept.
Have access to a good grant writer and make sure the webinars and symposia have a sufficient clear message that get people's attention especially in light of the myriad of similar programs offered for various causes.
I think the best are grant writing from both foundations and governmental agencies. this approach should be strongly supported by our government!
Point out benefits of One Health, both the health-related ones, and the political benefits of an organization appearing to support the concept.
I don't know of any off the top of my head
All sources of funding should be considered and developed concurrently. There is always a potential for relying on select resources that can change focus without warning.
Endless opportunities with foundations and associations--would just have to go out and get it.
none at this time
N/A
It may be useful to seek grants for communication programmes designed to reduce the disease burden in animals and man
Grants and Program Proposals are feasible. Need to track them as they get announced
If funding is sought it should be seen as benefiting all membership. I would look at using the AAVMC NAVMEC model to develop collaborative coursework and promote a business model for resource sharing.

Are there other sources of funding that you suggest be considered?

- Money/grants from the newly rich from information age work like GOGGLE & FACEBOOK ETC
- Not at this time
- If we expand the Board as suggested and truly engage all the dynamic One Health Advocates around the country, additional funding opportunities will be brought forward. Industry funding might be possible. We should study the structure and funding of the Clinton Global Initiative. Iowa State will also have any office to sleuth out potential funding entities using key words. Rockefeller could likely be revisited. Robert Wood Johnson Foundation.
- Gates, Rockefeller, USDA, FDA, NIH
- NA
- Private corporations impacted by issues that need to be addressed by OH
- I'll put my thinking cap on for this
- NA
- No
- **Individual Stakeholders** : 15-42 answered, 27/42 skipped this question

Are there other sources of funding that you suggest be considered?

wealthy donors
Private foundations
Schools, colleges, universities, businesses that cater to or benefit from human, animal, plant health, think outside the box- who are your vendors?
Portion of fecal exams at veterinary hospitals donated to One Health.
Can't think of any off hand.
DTRA - Defense Threat Reduction Agency
individual donors
Not sure. Perhaps existing foundations and "mega donors".
Partnering with international organizations/sources of funding? What about climate change-related sources of funding--tying it into emerging diseases?
Affordable Care Act
Begin a limited direct mail campaign with select lists purchased.
Private donors; estate planning.
I would target the organizations I had listed earlier
N/A
Bill Gates Foundation provides funding to innovations in the field of Health, Education, Agriculture

H. Survey Question: Please use the following space to summarize any other comments or guidance that you wish to provide for the OHC strategic plan development

- Thorough but succinct, thoughtful but leading edge and forward leaning-some risk taking, funds, funds, funds- where can we get them?
- Consider options for obtaining broad stakeholders input, consider options for rolling out the plan and attracting media attention
- Specific short- and long-term actionable outcomes with tangible benefits are needed in order for funding to be procured and the mission ultimately achieved. Six or seven representatives coming together around the OHC table every 3 months, never actively engaging between teleconferences, leaving all the heavy lifting to one CEO, does not a Commission make. **The OHC must engage all One Health stakeholders.** In these economic times and with so many of the Institutions that we want and need to engage often not having a paid membership structure themselves, the 'pay to play' model used so far has NOT served the OHC well . It has, in fact, been part of its downfall so far. Now, with

the reticent stakeholder attitudes that has developed around the OHC, it is anticipated to be exponentially harder to demonstrate vital significance than if the OHC had come out of the gate with the energy and vision that was demonstrated during the days of the Task Force and Joint Steering Committee. We must now reconsider how to truly reach out and engage all the many One Health Advocates around the U.S. There are 'many' and they have lots of ideas and energy to bring to the OHC, if we can only open our doors, listen and facilitate

- Need broader involvement of public and private entities in OHC. Currently OHC not considered viable player in OH policy and education. Funding to sustain OHC critical element.
- We need to [...] about developing unique product which define OHC rather than just develop a structure. Must be a new program.
- This is an extremely difficult time to fund raise when organizations are cutting back. Ph continues to need a service and proof of concept projects to supports its value proposition. These will take fund that are substantil and likely to not come from OHC.
- NA
- I believe this is a worthy effort, however I am convinced that you need a major donor up front to get this started, create value for members, determine what the membership structure should be (ie institutional only, or individual as well, and whether or not it extends to the public sector.
- NA
- Individual Stakeholders offer other comments: 11/42 answered, 31/42 skipped the question

Please use the following space to summarize any other comments or guidance that you wish to provide for the OHC strategic plan development.

Suggest you use former active scientists
I'm very supportive of the group and would like to have our One Health Institute, Wildlife Health Center, Comparative Cancer Center, University, etc. participate fully. However, I am worried about the sustainability of the business model. We are doing well on specific projects with defined outcomes, but pure fundraising for promoting One Health is very difficult.
Good luck!
create a One Health Day with a project (ie. marathon) similar to the Komen Foundation.
Have a clear and concise mission statement and a concrete message to potential members and the constituencies that you wish to court.
The OHC umbrella has done well in including human health and animal health organizations but needs more plant and environmental organization.
You have an opportunity to become a world leader in this very ambitious but well-timed mission. Aim high and maintain lofty and inspirational idealsism with an eye on how you can measure your progress. That is important.
The big question is added value there is a wealth of information out there on One Health If this platform can truly show added value then people will want to join -- I would compare VIN membership fees to this and try to develop a service which people find themselves tapping into on a regular basis based on need.
for this effort to be successful, it will be important for the OHC to differentiate itself via its strategic direction and program focus from all of the other 'one health' programs and interests that have popped up across the US and internationally --- I think that this should be the first and perhaps single most important consideration for your strategic planning activities -- get this part right and the rest (e.g. what types of activities, communications, funding strategies, etc) will fall into place. in short, the OHC needs to be able to differentiate itself in a crowded marketplace with like-minded organizations.
Need to undertake a situational analysis to capture the current status
The goals are very broad- like World Peace- These are great aspirational goals, but make it difficult for both participants and donors to see exactly what will be accomplished. Since there are multiple OH initiatives going on now it will be important for OHC to define its role as an OH clearing house, promoter of OH, execution agent for OH programs, facilitator for OH collaboration, lobbyist, resource development? The what needs to be defined before the how.

II. Questions posed to Board and COA members only

- A. How important is the “one health approach” to your organization?** H / M / L
1. Board: 2/5 (40%) said ‘High’
2/5 (40%) said Medium
1/5(20%) said Low
 2. COA 3/4 (75%) said High
1/ 4 (25%) said Medium
- B. How important is the “one health approach” to you personally?** H / M / L
1. Board 4/5 (80%) said ‘High’
1/5 (20%) said ‘Medium’
 2. COA 4/4 (100%) said ‘High’
- C. Do you expect to see increasing need for the “one health approach” in the future?** Y / N / NS
1. Board 5/5 (100%) responded ‘Yes’
 2. COA 4/4 (100%) responded ‘Yes’

- D. Board and COA Survey Question: Please take a few moments and think about your vision for the OHC; consider what the OHC could become and what it might look like, as well as what programs and activities might it be doing in five to ten years if it is wildly successful.....**

How would you describe it?

- All Medically/ Biologically trained folks think One Health; OHC is the "go to" organization for OH info
- Advocacy for the OH approach; "go to" source of current information and documentation of value added
- Similar to Clinton Global Initiative; with visionary, energetic leadership... The OHC could become the One Health "think tank" called for in the National Academies of Sciences report on the state of the Veterinary Workforce. See http://www.nap.edu/catalog.php?record_id=13413. I attended the webinar summary of that report on 5/30/12 and the report repeatedly calls for a One Health Approach Specifically in Recommendation 5: Veterinary medical organizations should work to increase the visibility, relevance and immense potential of the profession to address global food security. They should establish a One Health think tank to: advance sustainable systems of food-animal husbandry, disease control, ecosystem health & welfare policies & standards; increase the capacity of the veterinary profession in the developing world. Digital technologies make this possible; foster collaborations across professions, disciplines, and cultures
- Need more involvement with member organizations and individual membership
- The symbiotic relationship and interaction of animal, environmental, and human medicine working together to achieve results for all
- Focal point for OH communications and principal facilitator and activities
- A think tank for educational, policy and research initiatives in One Health
- At best OHC would become a trusted, objective, pragmatic source of valid information for the public to not only highlight problems but also propose feasible solutions that can be implemented. In this manner, it will be possible to build public support for action by government and the design and implementation of necessary, appropriate, and targeted regulatory processes.
- A part of life. It will be anchored in society, be it in private industry, government, or others. Apart from being researched leading to discover and prevention, it will become part of business opportunities

What programs and activities might it be doing?

- Information resource dissemination
- Sponsor of graduate trainees, identify internship opportunities in industry, evaluation of demonstration projects
- I would personally advocate that the OHC simultaneously address the Public Policy Challenge/ Objective "with" the other prioritized components as the demonstration projects emerge (see below). In five to ten years the OHC could create a true One Health "team" approach by bringing the One Health community together. We must start by defining the paid Institutional membership model to not "exclude" any functioning One Health groups and welcome "all" relevant stakeholders to our ranks with very modest membership fees. We must put Representatives from the OHI Team, the CDC team, IOM team (see item 34) and more on our OHC Board and brainstorm OH activities "together", by democratic process and Roberts Rules of Order. Under the current fragmented approach, the OH concept is "not" thriving. The OHC 'must' bring all the many 'bubbles' of One Health activities around the U.S. into its fold, putting them on the Board, inviting them to serve as Advisers or requesting them to form 'Chapters' and / or 'working groups' of the OHC. Examples of 'Working Groups' that could be formed: 1. Leishmaniasis Project 2. Rabies Project 3. Zoonosis project: Protecting People and Their Pets 4. Membership ListServ 5. Publications 6. One Health Training 7. Symposia and Convention 8. Communications and Outreach
- More interactions with vet med and medical profession
- 1) institutional education and research programs, especially post graduate studies; 2) support and assist with programs like rabies/ influenza/ MRSA
- Pulling together fragmented and competitive groups into a single force. The place we experts that speak for OH publicly.
- Running joint research internships that bring together Veterinary, medical and ecology students; running workshops for congressional staffers; coordinating an annual One Health meeting; magaging a "Journal of One Health"
- In addition to working with medical and veterinary schools to identify common themes in curriculum and common educational experiences, OHC could be developing documentary programs – for example with Nova on Public TV, or even with HBO – to inform the public in a scientifically valid but engaging and even entertaining manner of the connections between human and animal health. Above all, OHC needs to be creative in spreading the message far and wide.
- See above. Programs related to topics mentioned

What may be some organizations of which you are aware that perhaps do not support the "one health concept" for some reason and that should be considered for future engagement and dialogue?

- Pew, American Humane- because of lack of trust
- Would continue to focus on re-engaging ASM. Need to engage Gates Foundation
- CSTE Council of State and Territorial Epidemiologists
- NASPHV National Association of State Public Health Veterinarians
- CSTE Council of State and Territorial Epidemiologists
- NAP National Academies of Practice
- APHL Association of Public Health Laboratories
- AAN American Academy of Nursing
- AANP American Academy of Nurse Practitioners
- WCS Wildlife Conservation Society – (Steve Osofsky)
- AFWA Association of Fish and Wildlife Agencies (try to re-engage with new membership fee structure.)
- APIC Association for Professionals in Infection Control and Epidemiology
- Institute for One World Health, www.oneworldhealth.org/
- DAI Development Alternatives, Inc

- NEHA National Environmental Health Association, <http://www.neha.org/index.shtml>
- NACA National Animal control Association, <http://www.nacanet.org/>
- NACCHO National Association of County and City Health Officials, <http://naccho.org/>
- ASM
- Re-engage Amer. Society Microbiology/ Fish & Wildlife, nursing organization, Health Academic Societies, ACOCM, AAFP
- Most of the human medical specialties, university administrators
- I would like to see the Am Soc Trop Hyg Med get more involved-they are big on zoonoses
- NA
- Don't know

E. Board and COA Survey Question: It will be important that the OHC be guided by consistent values and principles as it engages in its work. What are the most important three or four values and principles that you believe should be of the greatest importance to the OHC?

Value/Principle 1

Balanced perspectives, multiple views, Scientific integrity, Inclusive, Curriculum development embracing One Health in Med and Vet School, Promotion of One Health Concept, Trans-disciplinarity, Collaboration (among veterinary, medical and ecological/environmental sciences), Absolute scientific integrity, Integrity

Value/Principle 2

Science based/ scientifically sound, High ethical standards, Forward-thinking, Public Policy, Education of one health concept, Trans-disciplinarity, Collaboration (among veterinary, medical and, ecological/environmental sciences), Absolute scientific integrity, Integrity

Value/Principle 3

Multidisciplinary, Commitment to fostering interdisciplinary engagement, Efficient, Sustained funding, grants, etc, Institutional development of funding for One Health, Visionary, Focus on Education, Research, Policy, Autonomy in financial matters, and clear demarkation and transparency in funding sources for programs, Evidence and Fact based

Value/Principle 4

Solid multidisciplinary peer review, Support for evidence based policy, Swift execution of ideas, improved communication instruments for one health, Open-minded, Non business related

F. Board and COA Survey Question: The member organizations and individuals currently represented in the Board of Directors and the Council of Advisors possess a wealth of experience, talent and resources. The OHC should seek to collaborate with the member organizations as much as possible and leverage their expertise and capabilities to fulfill its mission.

Please describe at least two or three potential areas of collaboration with your organization that you might recommend:

- Journal articles, editorials and/ or opinion articles, high profile scientific session at annual meetings
- Antimicrobial resistance, food safety, emerging vectorborne and zoonotic diseases
- Potentially OHC sponsorship of AVMA activities, increased integration with standing entities such as a) Committee on Environmental Issues, b) Council on Public Health and Regulatory Veterinary medicine on food safety and security issues; to prepare policy recommendations, c) Committee on international veterinary affairs
- curriculum development, join in policy development
- 1) public health activities; 2) infectious diseases
- Education/ research based on OH

- EcoHealth Alliance runs NSF-funded workshops and internships around the "EcoHealth" agenda, and would be able to link these to the OHC; We produce the journal "EcoHealth" (a Springer journal) and would be interested in publishing editorials from the OHC, as well as regular news updates. I'm the Editor-in-Chief.
- I am involved in the development of scientific programs on emerging infectious diseases, and there are obvious areas in which the organization of scientific meetings for the scientific community or for the public could be done in collaboration, as well as advocacy for support before government and other relevant organizations.
- Bayer has a HealthCare business (with Human and Animal Health) as well as a CropScience interest. The company is interested in sustainable business and responsibility in their activities, protecting the environment as much as possible. It is science and research based. Bayer – Science of a better life.

Who would you propose as additional members to the Council of Advisors?

John Herbold, Jay Glasser, Mike Parkinson, Paul Farmer, Allan Hinman, Kathleen Sebilious (sp), HHS under Clinton now College President in Florida...I have a mind blank on her name; a futurist - don't know any right now but there were some groups in DC 15 years ago - Institute for Alternative Futures?, look for a genome researcher with world vision; likewise a vaccine researcher or advocate, Laurie Garrett

Lisa Conti; Terry McElwain, Marguerite Pappaioanou, Jim LeDue, Steve Ostroff, Ann Marie Kimball, Mary Wilson (Harvard)

First, the OHC needs to enlarge its Board (see item 47g) to include an Executive Council made up of the current Board plus Reps from the many One Health 'bubbles / hot spots / silos' of One Health activity around the country 'and' the Council of Advisors. See item 47 c(4). Very importantly, each Rep (including those currently on the Board) should designate an Alternate who will attend Board meetings when the primary Rep cannot, assuring that each Institutional Group is adequately represented and that OHC can conduct business.

Bennie Osborn, Alan Kelly

CDC One Health Office; 2) One Health Initiative; 3) AS Tropical Medicine; 4) Formulation Reps

NA

It would be good to have someone representing the ecological/environmental side of health. I'd have to think a bit more carefully about who that could be, but a Rita Colwell or a Rick Ostfeld

NA

If the initiative stays US based initially, I suggest to pass on my responsibility to somebody else, based in the US.

III. Questions posed to Board Members only (with 5/6 responding)

A. Does your organization support the stated mission and goals of the OHC?

Yes, No, Not Sure

5 of the 5 responses (100% of those responding) answered 'Yes'

B. Is your organization satisfied with the progress made by the OHC?

Y / N / NS

If not, please explain why:

2/5 Board Members (40%) responded 'NS',

3/5 Board Members (60%) responded 'No' with only one explaining 'why', see below.

1. No; The OHC should use its capable leaders including the BOD and ex-officio members to identify key long-term and short-term goals simultaneously with fundraising. I believe there is 'much' the OHC could have accomplished at very little expense with vision and active outreach leadership. The extended period of start-up with 'no' significant action items accomplished has created a very reticent attitude among stakeholders about what the OHC may ever accomplish.

C. Are you personally satisfied with the progress made by the OHC?

Y / N / NS

If not, please explain why:

1/ 5 (20%) responded 'Yes'

4/ 5 (40%) responded 'No' with only two explaining 'why'

1. No; It has now been approximately 3 years since the Commission's standing up. While recognizing the economic challenges of the Commission, with appropriate leadership, the great ideas stemming from the One Health Initiative Task Force (OHITF), the One Health Joint Steering Committee (OHJSC) and the OHC should transcend economic and other challenges. Like the old adage goes: 'Where there is a will, there is usually a way.' For example, the Council of Advisers could have been 'activated' immediately when the Commission was chartered to continue critical working groups to collaborate with the OHC Board to move the OHC forward.
2. No; I think we can always improve

D. Board Members Only Survey Question: The OHC is considering an operational model that would utilize contracted services to staff and administer its programs and activities wherever possible and minimize the hiring of permanent staff. A professional association management firm has been identified in Central Iowa that performs such services for multiple trade associations and other collaborative organizations. Such an approach possesses the potential to provide cost effective access to specialized services as needed and provides flexibility in staffing and budgeting.

What guidance would you provide regarding such an operating model that helps to provide flexibility in staffing and budgeting?

- The concept has to go hand in hand with available funds so funds will drive staffing. I'd like to be able to more clearly define this but the best I can do is say it should be lean and outcome - oriented
- Sounds like the right approach
- I would prefer to have at least a core of consistent staff of an Executive Director, Director, and Program Administrator. Once Administrative functions (example: listserv, membership management, etc) were established, they could likely be accomplished in the suggested contract services model. Also, working groups established from the membership could oversee the listserv, demonstration projects, parallel professional journal One Health Case Example Commentaries, YouTube video postings, etc. . Many organizations operate with volunteers
- not limit models to Iowa!
- More clear structure in organization to aid external staff. Staff should understand the organization and history.

Such an outsourcing model would likely not provide continuity and subject matter expertise in the area of "one health" beyond that of the CEO and perhaps one or two permanent staff personnel. Is this sufficient in your view?

- It is a good place to start ...possibly the OHC could securing funding for partial chair positions funded by endowments
- Yes, for the short term
- If good records of Projects, Commentaries / White Papers published, Working Group Activities, Demonstration Projects conducted were kept for Institutional Memory, and there was a consistent Executive Director, Director and Program Administrator presence, this outsourcing model could work. Many organizations do significant work via tapping into volunteers.
- NA
- unclear if we have funding any time soon for this

E. **Board Members Only Survey Question:** As the OHC ramps up its programs and activities there will be issues, barriers and obstacles that will need to be addressed in order for the OHC to be successful. The immediate issue is funding, and this issue is being addressed as outlined above. Other than funding, please consider other potential issues, barriers and/or obstacles.

- **What other issues, barriers and/or obstacles currently exist that must be addressed by the OHC?**
Sensationalism, One Health Initiative ?, egos ?, communicating in this information
- Lack of understanding and support in in the medical community
- A) The OHC must transform excellent ideas into executed outcomes efficiently across organizations.
B) At this point the OHC will have to work ten times harder to bring the One Health Community together than would have been necessary two years ago. We hear of other organizations with hesitation about whether OHC has dynamic leadership. Only by energetically moving forward will it overcome the negative public opinion and begin to meet its potential. This 'can' be done, but it may take a while to gain credibility. Expanding the Board, bringing all the dynamic Council of Advisor leaders who were involved initially back into the active fold, will go a long way, if they are willing to re-engage.
C) A huge challenge is bringing the human arena into One Health thinking. All One Health Advocates must continuously be reaching out to engage health professionals from the human, public and environmental health arenas. This challenge is best accomplished with teaching by example. (see survey for more detail)
D) OHC needs a co-CEO: or an Executive Director and Director with energy and vision to provide assistance to the current CEO
E) The Board needs to be a balance between inclusion of key participants while maintaining a nimble enough structure to truly accomplish tangible outcomes
- Lack of momentum and visibility since the inception of OHC
- Too many [...] different one health voices

As you think about the vision and goals for the OHC, what future issues, barriers and/or obstacles should the OHC anticipate?

- look at the generational differences studies for thoughts - I know that folks think differently about joining organizations so must consider the WIIFM (what's in it for me) perspective
- sustainability of interdisciplinary collaborations
- A) Hesitation by organizations to join based on previous 'hearsay' about the wavering structure of the OHC, possible hesitation by organizations if specific outcomes are not presented at time of funding request.
B) Close minded, 'it's always been done this way' mentality that prevents folks from understanding the significance of the many aspects of One Health
C) Funding, Funding, Funding
- Funding and visibility to public and funding agencies
- To become more consolidative go to voice for one health.

One Health Commission Board of Directors Survey

Spring 2012

The **mission** of the One Health Commission (www.onehealthcommission.org) is the establishment of closer professional interactions, collaborations, and educational and research opportunities across the health sciences professions, together with their related disciplines and institutions, to improve the health of people, domestic animals, wildlife, plants, and our environment.

Two primary **goals** have been identified to achieve this mission towards One Health:

- To **inform** all audiences about the importance of the One Health approach by establishing a leading center for One Health communications and resources.
- To **transform** the way human, animal, plant, and ecosystem health-related disciplines and institutions work together by promoting and enabling demonstration projects that illustrate the importance and value of the One Health approach.

Please answer the following questions related to the mission and goals of the One Health Commission:

- | | |
|--|------------|
| 1. Does your organization support the stated mission and goals of the OHC? | Y / N / NS |
| 2. Are there any changes to the stated mission and goals that you can suggest? | Y / N / NS |
| a. If yes, please explain _____ | |
| 3. Is your organization satisfied with the progress made by the OHC? | Y / N / NS |
| a. If not, please explain why _____ | |
| 4. Are you personally satisfied with the progress made by the OHC? | Y / N / NS |
| a. If not, please explain why _____ | |
| 5. How important is the “one health approach” to your organization? | H / M / L |
| 6. How important is the “one health approach” to you personally? | H / M / L |
| 7. Do you expect to see increasing need for the “one health approach” in the future? | Y / N / NS |

The scope of One Health is broad and extensive, creating integrated challenges which require integrated solutions. **Please rank the following One Health challenges** based upon your personal knowledge and the priorities of the organization that you represent. In the first column below, indicate the level of importance of the “one health approach” in addressing each of these challenges as high, medium or low. In the second column below, please rank in order from 1 (most important) to 5 the top five priorities of focus for the OHC. Include in the space provided any other One Health challenges not addressed in the list that you feel should be considered:

	Importance of the “one health approach”			Rank of Priority for the OHC
	H	M	L	
8. Infectious diseases (surveillance, prevention, & response)	___	___	___	___
9. Chronic diseases (i.e. obesity, diabetes, cancer)	___	___	___	___
10. Ecosystem health (wildlife, plants, environment)	___	___	___	___
11. Food safety and security (diseases and supply)	___	___	___	___
12. Water safety and security (diseases and supply)	___	___	___	___
13. Antimicrobial resistance	___	___	___	___
14. Environmental agent detection and response	___	___	___	___
15. Disaster preparedness and response	___	___	___	___
16. Human-animal bond (enhancing physical & mental health)	___	___	___	___
17. Interdisciplinary education and training	___	___	___	___
18. Interdisciplinary research (basic and translational)	___	___	___	___
19. Public policy and regulation	___	___	___	___
20. Global trade and commerce	___	___	___	___
21. Communications and outreach	___	___	___	___
22. Other _____	___	___	___	___

23. Other _____

It will be important for the OHC to focus its work on specific demonstration projects to build support for the “one health concept” and to gain traction and credibility within the health sciences community. Please list three issues and/or opportunities that you and/or your organization would consider to be a high priority and that you recommend the OHC consider for a demonstration project:

- 24. _____ Why? _____
- 25. _____ Why? _____
- 26. _____ Why? _____

Please take a few moments and think about your vision for the OHC; consider what the OHC could become and what it might look like, as well as what programs and activities might it be doing in five to ten years if it is wildly successful.....

27. How would you describe it? _____

28. What programs and activities might it be doing? _____

It will be important that the OHC be guided by consistent values and principles as it engages in its work. What are the most important three or four values and principles that you believe should be of the greatest importance to the OHC?

- 29. _____
- 30. _____
- 31. _____
- 32. _____

The member organizations and individuals currently represented in the Board of Directors and the Council of Advisors possess a wealth of experience, talent and resources. The OHC should seek to collaborate with the member organizations as much as possible and leverage their expertise and capabilities to fulfill its mission.

33. Please describe at least two or three potential areas of collaboration with your organization that you might recommend? _____

34. Who would you propose as additional members to the Council of Advisors? _____

Similarly, it will also be important for the OHC to collaborate with like-minded organizations that are not currently members of the OHC in order to help to increase the effectiveness and efficiency of its programs. It is also important to identify and engage organizations that may not support the “one health concept” and begin a dialogue, seeking to address their concerns and issues.

35. What are three or four like-minded organizations that might be priorities for collaboration?

36. What may be some organizations of which you are aware that perhaps do not support the “one health concept” for some reason and that should be considered for future engagement and dialogue?

There are a variety of programs and activities under consideration by the OHC to further its mission and achieve its goals. Using a high, medium, low ranking, please assess the value that you would likely have for each of these programs and activities. Please rank in order from 1 (most important) to 5 the potential programs and activities to reflect your top priorities for OHC programming.

	Potential value to advance the “one health concept”			Rank Priority for the OHC
	H	M	L	
37. Website based library with links to information	___	___	___	___
38. Weekly Newsletter with links to information	___	___	___	___
39. Conference presentations	___	___	___	___
40. Journal articles	___	___	___	___
41. “One Health” demonstration projects	___	___	___	___
42. Monthly Webinars	___	___	___	___
43. Annual or Semi-Annual Symposia	___	___	___	___
44. Institutional (University) education programs	___	___	___	___
45. Grant writing to seek external funding	___	___	___	___
46. Other(s) _____	___	___	___	___

The OHC has engaged a firm to develop a structured membership model and tiered dues structure to help provide funding for OHC programs and activities.

47. What guidance would you provide regarding the design of this membership model, including suggested membership categories?

48. Assuming effective implementation of a suite of programs and activities to advance the “one health concept” that is aligned with the priorities that you outlined above in questions 37-46, what level of annual funding might your organization be willing to commit through an annual membership fee? _____ Is it possible that your organization might consider a multiple year membership commitment and if so, what term might be reasonable? _____

49. What types of organizations or various segments of individuals should the OHC target for its membership drive? _____

The OHC is considering an operational model that would utilize contracted services to staff and administer its programs and activities wherever possible and minimize the hiring of permanent staff. A professional association management firm has been identified in Central Iowa that performs such services for multiple trade associations and other collaborative organizations. Such an approach possesses the potential to provide cost effective access to specialized services as needed and provides flexibility in staffing and budgeting.

50. What guidance would you provide regarding such an operating model that helps to provide flexibility in staffing and budgeting?

51. Such an outsourcing model would likely not provide continuity and subject matter expertise in the area of "one health" beyond that of the CEO and perhaps one or two permanent staff personnel. Is this sufficient in your view?

The tiered membership model is expected to become the primary mechanism for baseload funding of OHC programs and activities in the future. In addition to this, revenues net of expenses may be expected from the presentation of webinars and symposia (with appropriate discounts for members). There is also the potential to seek external funding from foundations, associations and the government through grants and program proposals.

52. What guidance would you provide regarding these funding sources?

53. Are there other sources of funding that you suggest be considered?

As the OHC ramps up its programs and activities there will be issues, barriers and obstacles that will need to be addressed in order for the OHC to be successful. The immediate issue is funding, and this issue is being addressed as outlined above. Other than funding, please consider other potential issues, barriers and/or obstacles.

54. What other issues, barriers and/or obstacles currently exist that must be addressed by the OHC? _____

55. As you think about the vision and goals for the OHC, what future issues, barriers and/or obstacles should the OHC anticipate? _____

Please use the following space to summarize any other comments or guidance that you wish to provide for the OHC strategic plan development. _____

Thank you for your support of the One Health Commission and taking the time to complete this survey and share your perspectives. Your guidance and support are critically important to enable the OHC to fulfill its mission and achieve its goals.

Roger Mahr, CEO

Peter Hemken, Strategic Planning Consultant

Name: _____

Date Submitted: _____

One Health Commission Council of Advisors Survey

The **mission** of the One Health Commission (www.onehealthcommission.org) is the establishment of closer professional interactions, collaborations, and educational and research opportunities across the health sciences professions, together with their related disciplines and institutions, to improve the health of people, domestic animals, wildlife, plants, and our environment.

Two primary **goals** have been identified to achieve this mission towards One Health:

- To **inform** all audiences about the importance of the One Health approach by establishing a leading center for One Health communications and resources.
- To **transform** the way human, animal, plant, and ecosystem health-related disciplines and institutions work together by promoting and enabling demonstration projects that illustrate the importance and value of the One Health approach.

Please answer the following questions related to the mission and goals of the One Health Commission:

- | | |
|---|------------|
| 1. Do you support the stated mission and goals of the OHC? | Y / N / NS |
| 2. Are there any changes to the stated mission and goals that you can suggest? | Y / N / NS |
| a. If yes, please explain _____ | |
| 3. How important is the “one health approach” to your organization? | H / M / L |
| 4. How important is the “one health approach” to you personally? | H / M / L |
| 5. Do you expect to see increasing need for the “one health approach” in the future? | Y / N / NS |
| 6. Do you support the stated mission and goals of the OHC? | Y / N / NS |
| 7. Are there any changes to the stated mission and goals that you can suggest? | Y / N / NS |
| a. If yes, please explain _____ | |
| 8. How important is the “one health approach” to your organization? | H / M / L |
| 9. How important is the “one health approach” to you personally? | H / M / L |
| 10. Do you expect to see increasing need for the “one health approach” in the future? | Y / N / NS |

The scope of One Health is broad and extensive, creating integrated challenges which require integrated solutions. **Please rank the following One Health challenges** based upon your personal knowledge and understanding towards One Health. In the first column, indicate the level of importance of the “one health approach” in addressing each of these challenges as high, medium or low. In the second column, please rank in order from 1 (most important) to 5 the top five priorities of focus for the OHC. Include in the space provided any other One Health challenges not addressed in the list that you feel should be considered:

	Importance of the “one health approach”			Rank of Priority for the OHC
	H	M	L	
11. Infectious diseases (surveillance, prevention, & response)	___	___	___	___
12. Chronic diseases (i.e. obesity, diabetes, cancer)	___	___	___	___
13. Ecosystem health (wildlife, plants, environment)	___	___	___	___
14. Food safety and security (diseases and supply)	___	___	___	___
15. Water safety and security (diseases and supply)	___	___	___	___
16. Antimicrobial resistance	___	___	___	___
17. Environmental agent detection and response	___	___	___	___
18. Disaster preparedness and response	___	___	___	___
19. Human-animal bond (enhancing physical & mental health)	___	___	___	___
20. Interdisciplinary education and training	___	___	___	___
21. Interdisciplinary research (basic and translational)	___	___	___	___
22. Public policy and regulation	___	___	___	___
23. Global trade and commerce	___	___	___	___

- 24. Communications and outreach _____
- 25. Other _____
- 26. Other _____

It will be important for the OHC to focus its work on specific demonstration projects to build support for the “one health concept” and to gain traction and credibility within the health sciences community. Please list three issues and/or opportunities that you would consider to be a high priority and that you recommend the OHC consider for a demonstration project:

- 22. _____ Why? _____
- 23. _____ Why? _____
- 24. _____ Why? _____

Please take a few moments and think about your vision for the OHC; consider what the OHC could become and what it might look like, as well as what programs and activities might it be doing in five to ten years if it is wildly successful.....

- 25. How would you describe it? _____
- 26. What programs and activities might it be doing? _____

It will be important that the OHC be guided by consistent values and principles as it engages in its work. What are the most important three or four values and principles that you believe should be of the greatest importance to the OHC?

- 27. _____
- 28. _____
- 29. _____
- 30. _____

The member organizations and individuals currently represented in the Board of Directors and the Council of Advisors possess a wealth of experience, talent and resources. The OHC should seek to collaborate with the member organizations as much as possible and leverage their expertise and capabilities to fulfill its mission.

- 31. Please describe at least two or three potential areas of collaboration with your organization that you might recommend? _____

- 32. Who would you propose as additional members to the Council of Advisors? _____

Similarly, it will also be important for the OHC to collaborate with like-minded organizations that are not currently members of the OHC in order to help to increase the effectiveness and efficiency of its programs. It is also important to identify and engage organizations that may not support the “one health concept” and begin a dialogue, seeking to address their concerns and issues.

- 33. What are three or four like-minded organizations that might be priorities for collaboration? _____

34. What may be some organizations of which you are aware that perhaps do not support the “one health concept” for some reason and that should be considered for future engagement and dialogue?

There are a variety of programs and activities under consideration by the OHC to further its mission and achieve its goals. Using a high, medium, low ranking, please assess the value that you would likely have for each of these programs and activities. Please rank in order from 1 (most important) to 5 the potential programs and activities to reflect your top priorities for OHC programming.

	Potential value to advance the “one health concept”			Rank Priority for the OHC
	H	M	L	
35. Website based library with links to information	___	___	___	___
36. Weekly Newsletter with links to information	___	___	___	___
37. Conference presentations	___	___	___	___
38. Journal articles	___	___	___	___
39. “One Health” demonstration projects	___	___	___	___
40. Monthly Webinars	___	___	___	___
41. Annual or Semi-Annual Symposia	___	___	___	___
42. Institutional (University) education programs	___	___	___	___
43. Grant writing to seek external funding	___	___	___	___
44. Other(s) _____	___	___	___	___

The OHC has engaged a firm to develop a structured membership model and tiered dues structure to help provide funding for OHC programs and activities.

45. What guidance would you provide regarding the design of this membership model, including suggested membership categories?

46. Assuming effective implementation of a suite of programs and activities to advance the “one health concept” that is aligned with the priorities that you outlined above in questions 35-44, what level of annual funding might your organization be willing to commit through an annual membership fee?

_____ Is it possible that your organization might consider a multiple year membership commitment and if so, what term might be reasonable? _____

47. What types of organizations or various segments of individuals should the OHC target for its membership drive? _____

The tiered membership model is expected to become the primary mechanism for baseload funding of OHC programs and activities in the future. In addition to this, revenues net of expenses may be expected from the presentation of webinars and symposia (with appropriate discounts for members). There is also the potential to seek external funding from foundations, associations and the government through grants and program proposals.

48. What guidance would you provide regarding these funding sources?

49. Are there other sources of funding that you suggest be considered?

Please use the following space to summarize any other comments or guidance that you wish to provide for the OHC strategic plan development.

Thank you for your support of the One Health Commission and taking the time to complete this survey and share your perspectives. Your guidance and support are critically important to enable the OHC to fulfill its mission and achieve its goals.

Roger Mahr, CEO

Peter Hemken, Strategic Planning Consultant

Name: _____

Date Submitted: _____

One Health Commission Individual Stakeholders Survey

The mission of the One Health Commission (www.onehealthcommission.org) is the establishment of closer professional interactions, collaborations, and educational and research opportunities across the health sciences professions, together with their related disciplines and institutions, to improve the health of people, domestic animals, wildlife, plants, and our environment.

Two primary **goals** have been identified to achieve this mission towards One Health:

- To **inform** all audiences about the importance of the One Health approach by establishing a leading center for One Health communications and resources.
- To **transform** the way human, animal, plant, and ecosystem health-related disciplines and institutions work together by promoting and enabling demonstration projects that illustrate the importance and value of the One Health approach.

Please answer the following questions related to the mission and goals of the One Health Commission:

1. Do you and/or your organization support the stated mission and goals of the OHC? Y / N / NS

2. Are there any changes to the stated mission and goals that you can suggest? Y / N / NS

a. If yes, please explain _____

3. Do you and/or your organization support the stated mission and goals of the OHC? Y / N / NS

4. Are there any changes to the stated mission and goals that you can suggest? Y / N / NS

a. If yes, please explain _____

The scope of One Health is broad and extensive, creating integrated challenges which require integrated solutions. **Please rank the following One Health challenges** based upon your personal knowledge and understanding towards One Health. Indicate the level of importance of the “one health approach” in

addressing each of these challenges as high, medium or low. Include in the space provided any other One Health challenges not addressed in the list that you feel should be considered:

	Importance of the "one health approach"		
	H	M	L
5. Infectious diseases (surveillance, prevention, & response)	___	___	___
6. Chronic diseases (i.e. obesity, diabetes, cancer)	___	___	___
7. Ecosystem health (wildlife, plants, environment)	___	___	___
8. Food safety and security (diseases and supply)	___	___	___
9. Water safety and security (diseases and supply)	___	___	___
10. Antimicrobial resistance	___	___	___
11. Environmental agent detection and response	___	___	___
12. Disaster preparedness and response	___	___	___
13. Human-animal bond (enhancing physical & mental health)	___	___	___
14. Interdisciplinary education and training	___	___	___
15. Interdisciplinary research (basic and translational)	___	___	___
16. Public policy and regulation	___	___	___
17. Global trade and commerce	___	___	___
18. Communications and outreach	___	___	___
19. Other _____	___	___	___
20. Other _____	___	___	___

It will be important for the OHC to focus its work on specific demonstration projects to build support for the "one health concept" and to gain traction and credibility within the health sciences community. Please list three issues and/or opportunities that you would consider to be a high priority and that you recommend the OHC consider for a demonstration project:

- 19. _____ Why? _____
- 20. _____ Why? _____
- 21. _____ Why? _____

There are a variety of programs and activities under consideration by the OHC to further its mission and achieve its goals. Using a high, medium, low ranking, please assess the value that you would likely have for each of these programs and activities

	Potential value to advance the "one health concept"		
	H	M	L
22. Website based library with links to information	___	___	___
23. Weekly Newsletter with links to information	___	___	___
24. Conference presentations	___	___	___
25. Journal articles	___	___	___
26. "One Health" demonstration projects	___	___	___
27. Monthly Webinars	___	___	___
28. Annual or Semi-Annual Symposia	___	___	___
29. Institutional (University) education programs	___	___	___
30. Grant writing to seek external funding	___	___	___
31. Other(s) _____	___	___	___

The OHC seeks to collaborate with like-minded organizations that are not currently members of the OHC in order to help to increase the effectiveness and efficiency of its programs. It is also important to identify and

engage organizations that may not support the “one health concept” and begin a dialogue, seeking to address their concerns and issues.

32. What are three or four like-minded organizations that might be priorities for collaboration?

The OHC is considering the development of a structured membership model and tiered dues structure to help provide funding for OHC programs and activities.

33. What guidance would you provide regarding the design of this membership model, including suggested membership categories?

34. Assuming effective implementation of a suite of programs and activities to advance the “one health concept” that is aligned with the priorities that you outlined above in questions 22-31, what level of annual funding might your organization be willing to commit through an annual membership fee?

_____ Is it possible that your organization might consider a multiple year membership commitment and if so, what term might be reasonable? _____

35. What types of organizations or various segments of individuals should the OHC target for its membership drive? _____

In addition to the tiered membership model, revenues net of expenses may be expected from the presentation of webinars and symposia (with appropriate discounts for members). There is also the potential to seek external funding from foundations, associations and the government through grants and program proposals.

36. What guidance would you provide regarding these funding sources?

37. Are there other sources of funding that you suggest be considered?

Please use the following space to summarize any other comments or guidance that you wish to provide for the OHC strategic plan development. _____

Thank you for your support of the One Health Commission and taking the time to complete this survey and share your perspectives. Your guidance and support are critically important to enable the OHC to fulfill its mission and achieve its goals.

Roger Mahr, CEO

Peter Hemken, Strategic Planning Consultant

Name: _____

Date Submitted: _____