



# WASHINGTON STATE ONE HEALTH NEEDS ASSESSMENT

# Topics to cover

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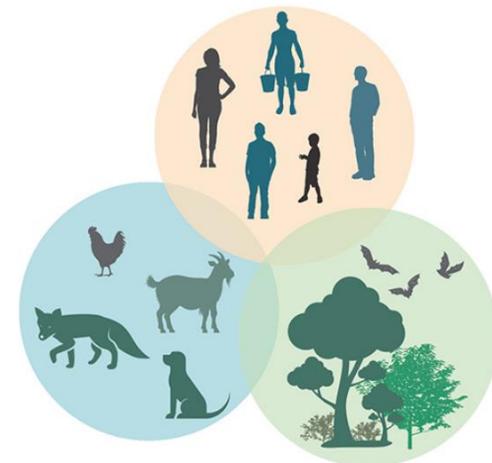
- One Health work in Washington state
  - One Health Needs Assessment (OHNA) funding and timeline
  - Planning for the OHNA workshop
  - Conducting the OHNA workshop
  - OHNA results
  - Next steps
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- If time, quick overview of Washington ZD/VD diseases of interest

# Background

- Although One Health work has been underway since 2014, resources were not previously available to systematically identify and prioritize One Health activities



- In 2022, WA DOH received funding to conduct partner engagement and perform a needs assessment across One Health areas



# One Health Needs Assessment Objectives

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Foster new collaborations and partnerships



Understand areas that benefit from One Health collaboration and facilitate One Health conversations



Prioritize the One Health actions agreed on by multisectoral, One Health partners



Develop a report of the assessment to guide funding, program activities, and policy decisions

# OHNA Timeline

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- July 2022 – FPHS funding begins
- Aug 2022 - Hired OHNA Coordinator
- Sept 2022 - Established OHNA Advisory Committee
- March 2023: 2-day OHNA Workshop
- June-August 2023: Draft OHNA Report
- September 2023: Final report made public



# Planning for the workshop

- Advisory Committee
  - Developed scope and strategy
  - Determined 20 topics for discussion
  - Reviewed plans and materials
  - Ensured relevant partner inclusion



# Planning for the workshop

- Conducted a literature review to find existing frameworks to inform workshop planning
- Identified three frameworks:
  - CDC One Health Zoonotic Disease Prioritization
  - One Health Systems Mapping and Analysis Resource Toolkit (OH-SMART™ Process)
  - One Health Joint Plan of Action, Theory of Change



## PATHWAYS OF CHANGE

Pathway 1. Policy, legislation, advocacy, and financing

Pathway 2. Organizational development, implementation and sectoral integration

Pathway 3. Data, evidence and knowledge

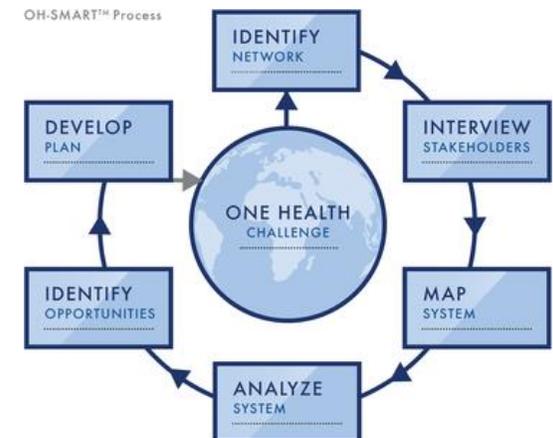


**ONE HEALTH  
JOINT PLAN OF ACTION  
(2022-2026)**

**WORKING TOGETHER FOR  
THE HEALTH OF HUMANS, ANIMALS,  
PLANTS AND THE ENVIRONMENT**

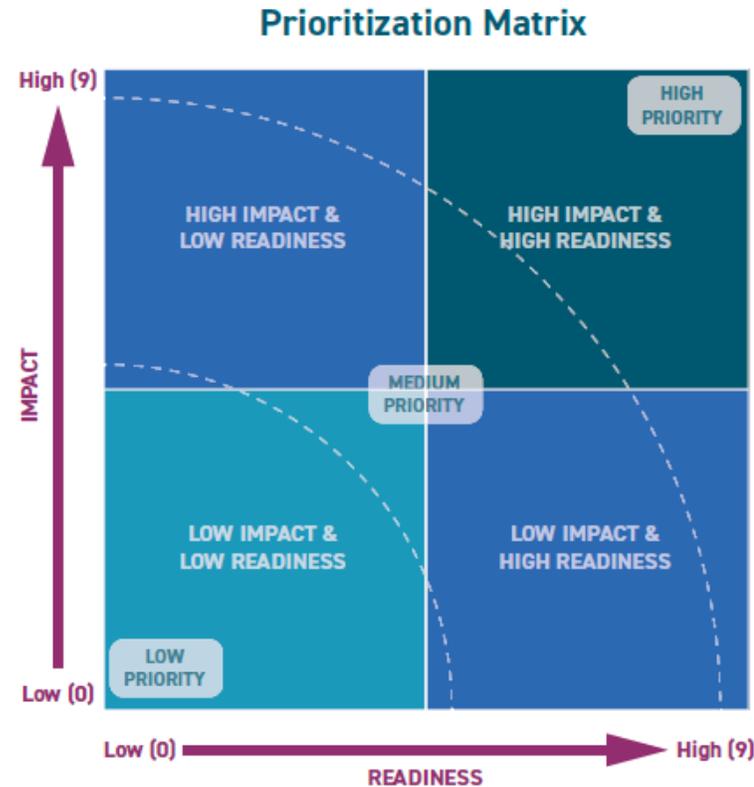


**ONE HEALTH ZOOONOTIC DISEASE  
PRIORITIZATION PROCESS**



# Planning for the workshop

- Developed a facilitation guide to structure discussions: barriers, gaps, strengths, best practices, goals, possible solutions, and next steps
- Developed a prioritization matrix

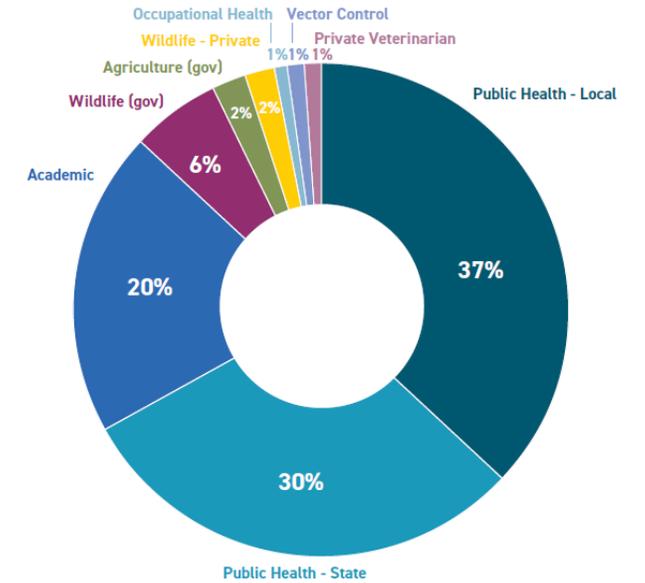


# During the workshop

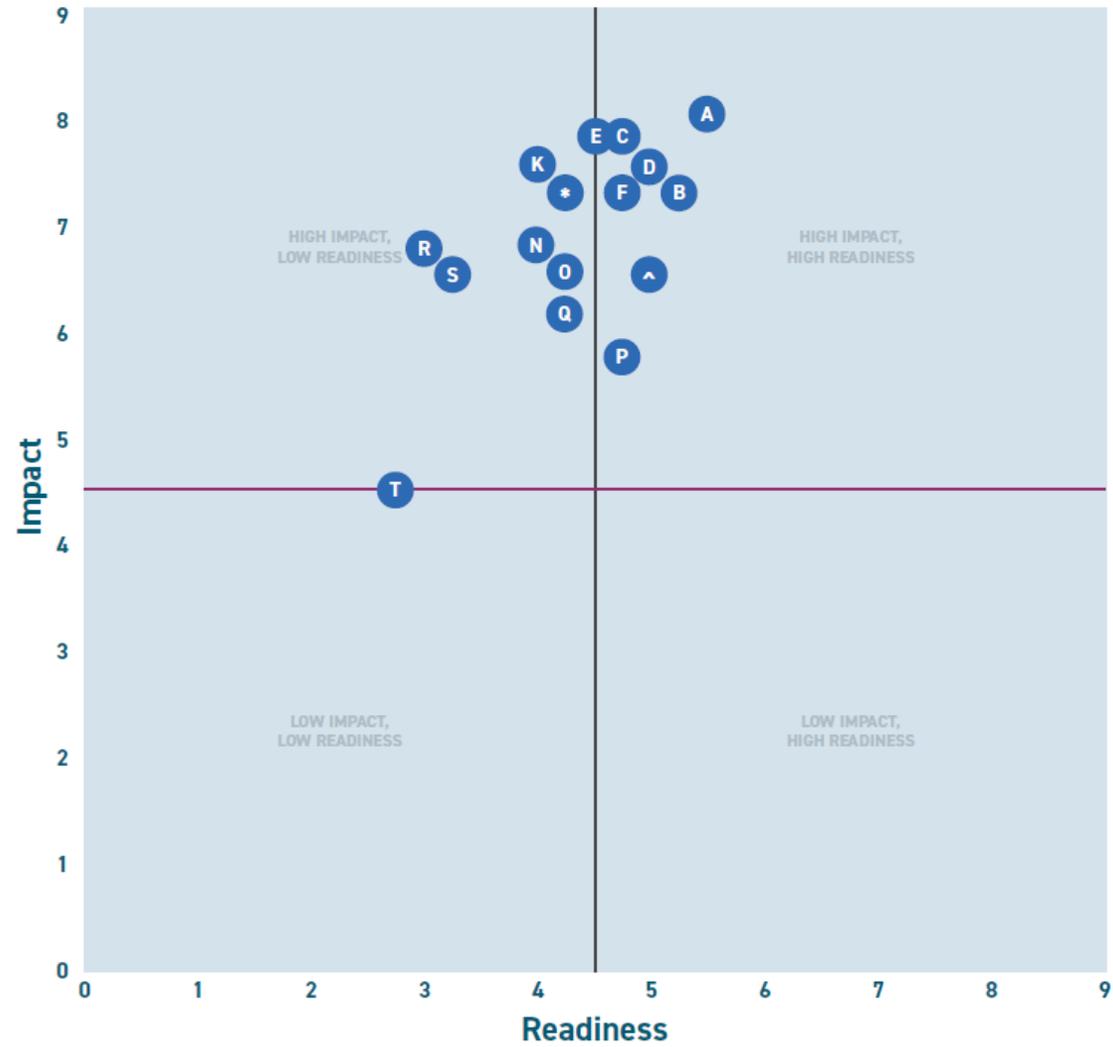
- 2-day workshop
- 124 attendees
- 20 small-group discussions
  - Turned 20 One Health Topics into 20 One Health Actions
- Report-outs and large group discussions
- Prioritization



Professional Sectors of Workshop Participants



# Workshop results



\*Actions H, L, and M all overlap at this point.

^Actions G, I, and J all overlap at this point.

# OHNA Results

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## The highest priority One Health actions are:

- ✓ Addressing **antimicrobial resistance**
- ✓ Optimizing **cross-sectoral data interoperability**
- ✓ Moving preventive work upstream...to **promote health equity**
- ✓ Improving **outbreak/pandemic preparedness** and response...especially for zoonotic and vector-borne diseases.
- ✓ Conducting agency-level **data and surveillance needs assessments** and advocating for optimal data and surveillance for tracking and reporting.

## Additionally, one action was ranked in the top 5 impact scores with low readiness:

- ✓ Implementing a One Health approach for **addressing climate impacts on health**, with a focus on health equity, environmental justice, surveillance capacity, professional and public engagement, and advocacy.

# OHNA: Common Strengths

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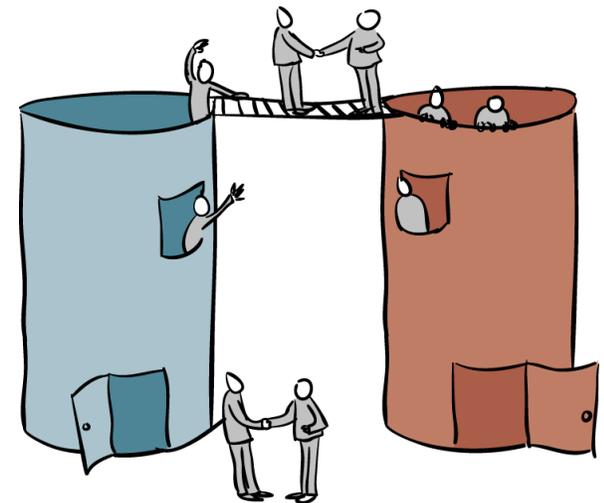
- A history of **utilizing multisectoral collaboration** to overcome complex health challenges.
  - Outbreak response
  - One Health Collaborative
  - One Health resources at academic institutions
- **Improved understanding of communication and engagement best practices**, resulting from the COVID-19 pandemic.
- Increased **political and public attention** on health concerns (e.g., infectious diseases) with improved health literacy.
- **A diverse, motivated, and One Health-oriented workforce.**



# OHNA: Common Gaps and Barriers

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- Lack of **infrastructure to engage directly with affected communities** to develop appropriate **One Health** messaging.
- **Data are in silos** resulting in a lack of **data sharing and access**.
- **Funding is in silos and inconsistent**.
- **Workforce training occurs in silos** and training mechanisms are insufficient.
- **Embedded silos across sectors, within agencies, and between disciplines** prevent shared access to training, funding, data, and knowledge.



# OHNA: Common Gaps and Barriers

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- Closing discussion of the workshop highlighted a unified big-picture theme:

One Health work requires a **funded overarching One Health structure** in the state to support consistent and collaborative efforts.





## Next steps

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- Several collaborative efforts underway (e.g., data/surveillance, AMR, climate change and health, PFAS and contaminants, improved HPAI statewide plan)
  - Challenges: tracking ongoing work and progress, making all relevant partners aware of the work, funding
- Assessing the ‘common approaches’ in a systematic way against the prioritized One Health Actions to go for the ‘low hanging fruit’ or improve current efforts
  - Challenges: time, funding, lack of overarching structure or clear lead
- Continue to advocate from our position at DOH to increase knowledge of One Health and why its implementation is critical
  - Challenges: time, funding, silos



# Acknowledgements

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- Alyssa Aguilar
- Hanna Oltean
- OHNA Advisory Committee:
  - Minden Buswell
  - Rad Cunningham
  - Marisa D'Angeli
  - Holly Thompson Duffy
  - Liz Dykstra
  - Katie Haman
  - Amber Itle
  - Kelly Kauber
  - Vance Kawakami
  - Meagan Kay
- Kristin Mansfield
- Todd Philips
- Peter Rabinowitz
- Vickie Ramirez
- Kevin Snekvik
- OHNA Volunteers
- OHNA Participants
- WA FPHS

# Avian Influenza

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Since May 2022:

- >200 wild bird detections
- >40 backyard flock detections
- 1 commercial poultry producer
- Actively monitored >250 exposed persons
- Multiple mammal detections, including 5 harbor seals associated with marine event

Response:

- Developed communications campaign, including materials for backyard flock owners, hunters, commercial poultry workers, responders
- Constant coordination with WSDA, WDFW
- Strengthening One Health relationships, but concern for sustainability of response



# Anaplasmosis

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- **No human cases reported until 2022**
- Active tick surveillance conducted 2011-2016: 1.9% of *I. pacificus* tested for *A. phagocytophilum* were positive
- Cases reported in dogs and horses in Western WA
- Case 1 (2022): Man in his eighties hospitalized with shortness of breath, fatigue, weakness, fever
  - Thrombocytopenia, elevated AST, renal failure
  - Positive for *A. phagocytophilum* by RT-PCR
  - No travel outside WA during exposure period, likely exposure in Mason Co
- Case 2 (2023): Female in her forties hospitalized with fever, back pain, neck stiffness, and headache
  - Anemia, thrombocytopenia, leukopenia, transaminitis
  - Positive for *A. phagocytophilum* by RT-PCR
  - No travel outside WA during exposure period, likely exposure in Pierce Co



# Baylisascariasis

- 1st case detection in WA in 2017

*Notes from the Field: Baylisascaris procyonis* Encephalomyelitis in a Toddler — King County, Washington, 2017

*Weekly* / January 19, 2018 / 67(2);79–80

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- 2nd case detection in 2022

*Baylisascaris procyonis* Roundworm Infection in Child with Autism Spectrum Disorder, Washington, USA, 2022

Beth A. Lipton<sup>1</sup>, Hanna N. Oltean<sup>1</sup>, Roger B. Capron, Arran Hamlet, Susan P. Montgomery, Rebecca J. Chancey, Victoria J.L. Konold, and Katherine E. Steffl

On This Page

- Added to notifiable conditions list Jan 2023

- 3rd case detection in 2023

- Same county as 2022 case (Skagit)

- Cases range in age from 18 months – 7 years

- In all reports, clear exposure histories to raccoon feces and raccoon latrines identified at home property



# Thank you!

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@WADeptHealth

# Questions?

*NO ONE PERSON,  
ORGANIZATION,  
OR SECTOR CAN  
EFFECTIVELY ADDRESS  
HEALTH THREATS AT  
THE HUMAN-ANIMAL-  
ENVIRONMENT  
INTERFACE ALONE.*



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