



# ***Positioning Nursing within the One Health Movement***

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# Nursing's strategic position within Canada

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- Largest group of health care professionals: Approx. 322,000 RNs in Canada
- Often first point of contact (front line) patients/communities
- Most trusted group of health care professionals
- Can more easily translate global health policy into local action: Reducing gaps among human health care, animal health and ecosystem surveillance



# Why nurses should be leading One Health initiatives



- Eyes and ears of communities: Holistic care
- Disease surveillance, early detection of unusual patterns (e.g., Ebola, influenza, COVID-19)
- Pivotal role in reducing antimicrobial misuse (e.g., over-the-counter antibiotic abuse)
- Translate science into action (e.g., vector control, mosquitoes)
- Climate change health impacts (e.g., emergency care during floods, heat waves, etc.)
- Bridge interdisciplinary gaps - pioneers in interprofessional collaboration)



# Challenges

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- State of Awareness: 82% of nurses have never heard of One Health (2024)
- Informal involvement: Most nurses embody One Health principles in daily work while being unaware that they do
- Educational silos (human-centric): One Health as public health/veterinary niches being peripheral to clinical practice
- Often absent from national/global One Health forums



# Recommendations

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Most experts & professional bodies agree:

↑ Curriculum integration: Embed One Health modules into undergrad & grad programs: Systems-thinking from the start

↑ Interprofessional collaboration: Encourage joint training among human/veterinary/environmental/nursing communities

↑ Leadership roles: Equip nurses to serve on global health committees, lead research on environmental non-human determinants of health, and engage in policy making



**ONE HEALTH**