

**Pursuing Health:**  
**Building Bridges in Research &**  
**Education through 30 years of**  
**Agromedicine Partnerships**

Paul James MD  
Professor & Chair  
Department of Family Medicine  
University of Washington School of Medicine

# Agenda

- Early history of the North Carolina Agromedicine Program
- How agromedicine influenced my own journey through leadership in academic medicine.
- Concepts *about* Health, Safety & Disease that might guide the NC Agromedicine Institute in the future.

# Beginnings: Motivations in 1987

- Agriculture is vital to our health and the people that live and work in rural communities deserve our best
- There is inequity to accessible affordable healthcare in America, made worse by poverty, race, and rural location.



# Agromedicine: NC History

- Dr. Stanley Schuman at the Medical University of South Carolina created an important framework.
- Based on educational partnerships (land grant cooperative extension program and medical school).
- Academic medicine learned from the Cooperative Extension Model how best to reach out to the community.

# Medicine's Model struggles to solve Rural Health Problems

- Paternalistic, Expert and Specialty driven, with a Disease
- Agricultural Medicine was a sub, sub-specialty of Occupational Medicine
- Expertise disconnected from those doing the work



# Agromedicine

A process for creating teams of medical and agricultural experts at Universities who support and link to community agents and primary care providers to better understand and solve the agricultural safety and health problems of those living in farm communities.

# North Carolina Agromedicine History

- NC State had visionary leadership exploring new ways to serve its mission
  - Billy Caldwell
  - Ernest Hodgson
- East Carolina University: served an agricultural region and was committed to primary care medical education: Dean James Hallock allowed a rural family doctor to build allies.



# Important Partnerships

- Dr's Billy Caldwell and Ernie Hodgson
- Local Cooperative Extension Agents
- Dr Ricky Langley at ECU
- Leadership support for a Memorandum of Understanding

**TABLE 1.** Assets and Liabilities of Selected Agencies for the Conduct of Health Education Programs

Organization	Asset	Liability
Official health agencies	<ol style="list-style-type: none"> <li>1. Legal authority in field</li> <li>2. Broad knowledge of health problems</li> <li>3. Ability to consider facts, make decisions, and organize action</li> <li>4. Built-in base for coordination of variety</li> </ol>	<ol style="list-style-type: none"> <li>1. Political limitations</li> <li>2. Frequent lack of flexibility</li> <li>3. Fragmentation of service</li> <li>4. Frequently viewed as service for indigents</li> </ol>
Voluntary health agencies	<ol style="list-style-type: none"> <li>1. Knowledge of special subject matter</li> <li>2. Local contacts</li> <li>3. Speed of response</li> <li>4. Capacity to influence decision-makers in relation to special subject</li> <li>5. Network of volunteers for policies and service</li> </ol>	<ol style="list-style-type: none"> <li>1. Uncertainties of funding</li> <li>2. Narrow specialization</li> </ol>
Cooperative Extension Service	<ol style="list-style-type: none"> <li>1. Capacity to reach all socio-economic levels</li> <li>2. Facility for outreach, especially to rural persons</li> <li>3. Continuing local contacts and access to total family</li> <li>4. Professional-volunteer relationship</li> <li>5. Primary function of education</li> <li>6. Access to university resources and ability to bring them to local level</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of medical knowledge base</li> <li>2. Lack of staff trained in health</li> <li>3. Tradition of heavy involvement in non-health educational work</li> </ol>
Medical schools	<ol style="list-style-type: none"> <li>1. Technical knowledge</li> <li>2. Well-trained manpower</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of local contacts</li> <li>2. Frequent lack of ability to work with local community</li> </ol>
Churches and civic groups	<ol style="list-style-type: none"> <li>1. Flexibility</li> <li>2. Capacity for fundraising</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of knowledge of health</li> <li>2. Lack of staff trained in health</li> </ol>

From Johnston HL, Crawford C: Potentials for interstate, interagency cooperation. In D'Onofrio C, Wang VL (eds): Cooperative Rural Health Education. Thorofare, NJ, C.B. Slack, 1975, p 41, with permission.

# Things Learned

- Partnerships are really hard work
  - Collaborations
  - Cooperatives
  - One Vision, One Mission –Unity
- The antidote to Self-interest:
  - Begins with listening
  - Shared empathy
  - Iterative crucial conversations to create mutually shared interests

# My Own Journey

- SUNY Buffalo, New York and work with FARMEDIC
- University of Iowa and the Iowa Center for Agricultural Safety and Health
- University of Washington and its Rural Health Research Centers and WWAMI disseminated educational model

# I am proud of your success ! NC Agromedicine Institute

- Your stable funding and competitive grant success
- Your Expansion to include NC Agricultural and Tech State University as a vital partner

# North Carolina Agromedicine: Four Projects

- A Feasibility Study Conducting Surveillance for Swine Pathogens in Swine Slurry: Dr's Emily Bailey & Annette Greer
- Agricultural Safety and Health Training for Public Health Professionals and Healthcare: Dr Robin Tutor-Marcom
- How Do Farm Wives or Female Operators Maintain and Promote Their Family Health and What Challenges Do they Face? Dr Mary Ann Rose
- Engaging Outreach Workers in the Development of a Farmworker Research Agenda : Dr Catherine LePrevost

# Research & Education

## The Challenge for Truth

- Isolated news sources
- Specialized forums create divergent “opinions”
- What we experience and “see” depends on where we stand



# War and Peace

## Disease and Health

- We mistakenly apply “our truth” to situations where it may not apply.
- The tools that fight disease fundamentally differ from the tools that promote health.
- Examples from *Medicine* that may apply to agriculture

# Research & Education

## The Challenge for Truth

- Building Bridges toward Understanding
  - Trust: empathic concern for the interests of others
  - Community oriented & Participatory Research
- Create Informed Diverse Advisory Boards with Community Members
- Diversity and Inclusion

“None of us is as smart as all of us.”

Ken Blanchard: The One Minute Manager

# Summary

- The world needs Agromedicine and the transdisciplinary approach it uses with connections to community now more than ever.
- Focus on Mission, Vision and Values: align accordingly by building more inclusion and diverse stakeholders.