Community Veterinary Outreach: Making One Health - Health care for marginalized people & animals together

Ottawa, Canada

Toronto, Ottawa, Hamilton, Guelph, Kitchener-Waterloo, Canada

Michelle Lem
https://www.youtube.com/watch?v=V3d_S5BG_dA
http://vimeo.com/115014582

Year Founded: 2009
Organization type: nonprofit/ngo/citizen sector
Project Stage: Scaling
Budget: $100,000 - $250,000
Website: http://vetoutreach.org/
Facebook: https://www.facebook.com/CommunityVeterinaryOutreach

- At risk youth
- Housing
- Health care
- Health education
- Mental health
- Substance abuse
- Wellness
- Mentorship
- Social work
- Volunteerism

Project Summary

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

Up to 25% of the homeless own pets & most place the needs of their pets ahead of their own. Because of this bond, care for the pet can be an entry point for healthcare/support for the pet owner. Preventive healthcare for vulnerable people lowers healthcare costs & enhances community health.

WHAT IF - Inspiration: Write one sentence that describes a way that your project dares to ask, "WHAT IF?"

What if human-animal relationships were the catalyst for a virtuous cycle that means more health for humans, pets, and communities?

About Project

Problem: What problem is this project trying to address?

Up to 25% of the homeless population own pets, yet most are denied access to shelter/housing, addictions treatment, & health services with their pets, resulting in a chronic state of housing vulnerability, declining physical/mental health, & continued disengagement from services meant to support them. Yet pets also mitigate loneliness, are motivators for positive change such as decreasing use of drugs/alcohol & taking
better care of themselves.

Solution: What is the proposed solution? Please be specific!

The solution addresses systems level failures of inaccessibility to health services/social support for individuals and families facing homelessness with animal companions. Adopting a One Health model, the solution is in understanding the inter-connected relationship between the health of humans, animals and the environment. By leveraging the strong human-animal relationship within the context of social marginalization (environment), we have demonstrated that veterinary care is an effective gateway for accessibility & engagement of human health and social services. Additionally, we have shown that veterinary care can effectively amplify human health messaging in areas such as vaccinations, oral/dental health and smoking cessation.

Awards

The Summit of Urban Animal Strategies 2013 Community Collaboration Award

Impact: How does it Work

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

In November 2014, we collaborated with Toronto Public Health’s Vaccine Preventable Diseases Program to engage marginalized individuals in flu vaccinations through our veterinary outreach clinic. Together, we delivered a highly successful flu clinic achieving a vaccination rate of 58.6% among our marginalized clients at this clinic. In April 2015, we collaborated with Canadian Mental Health Association, Ottawa Community Housing, and Ottawa Public Health to successfully engage clients in smoking cessation counselling/resources with public/mental health workers (62%) and provide nicotine replacement therapy (24%) via 2 veterinary outreach clinics where veterinary education on the impact of second-hand smoke to pets health was also provided.

Impact: What is the impact of the work to date? Also describe the projected future impact for the coming years.

In 2014, over 1220 volunteer veterinarian, technician/assistant/student, and community member hours provided care for 514 clients with 675 animals in 4 communities. We successfully engage new clients and re-engage existing clients in health and social support through case worker referral request to veterinary outreach clinics in addition to the One Health collaborative and inter-disciplinary projects described above. Both qualitative and quantitative articles on the impacts of pet ownership on marginalized populations have been published and/or accepted for publication in both peer-reviewed research journals (e.g. Journal of Sociology and Social Welfare, Anthrozoös) and community media/publications, furthering social change through knowledge transfer in both academic and community-based circles. Our future impact is in further developing and demonstrating our One Health model.

Spread Strategies: Moving forward, what are the main strategies for scaling impact?

Spread strategies include scaling our initiatives geographically initially within Canada and the US, with potential to scale internationally by 10 years with initiatives led from the community level. Conducting collaborative and inter-disciplinary longitudinal research will demonstrate our evidence-based strategies and impact of engaging marginalized populations via animal health. Although first developed in urban centers, we believe our model can be adapted in developing countries with human and animal health teams working synergistically to improve community health.

Financial Sustainability Plan: What is this solution’s plan to ensure financial sustainability?

Strong product sponsorship & robust volunteer network ensure viability through economic change. A strategic plan co-created with Deloitte seeks to grow capacity via new provincial funding & social enterprise opportunities. Return on investment will be achieved by collaboratively delivering preventive healthcare, reducing healthcare costs & social isolation for vulnerable populations, & creating healthier, inclusive, & more engaged communities

Marketplace: Who else is addressing the problem outlined here? How does the proposed project differ from these approaches?

Our One Health approach focuses on improving human and animal health simultaneously, by developing innovative strategies to engage marginalized pet owners in healthcare via their animals. We conduct & publish research contributing to the scientific knowledge base on poverty/homelessness. Other organizations provide veterinary support and services for marginalized and homeless pet-owners (Paws for Hope CDN), VETSOS/Pets of the Homeless/Pro-bone-O (US), Hope Project (UK), most remaining local, having not demonstrated reproducibility and have mandates limited to animal welfare.

Team

Founding Story

Pearl Buck (1954) wrote “the test of a civilization is the way that it cares for its helpless members”, and while perhaps not “helpless”, the vulnerable members of our society include humans and animals alike. As a veterinarian, I have come to understand that to improve animal welfare, we must improve human welfare; as long as there is child abuse, there will always be animal abuse. If we cannot take care of our own species, how can we hope to take care of another? I have learned that the relationship between human and animal welfare is not unidirectional, but rather reciprocal. By improving the health and welfare of animals, one can simultaneously improve the health and welfare of people.

Team

Community Veterinary Outreach’s (CVO) project team consists of one full time director, who is the founder of the organization, and holds a Doctor of Veterinary Medicine, and an MSc in population medicine. Other veterinary team members working part-time are Diplomates of the American
College of Internal Medicine and Emergency and Critical Care respectively. Board members include a consultant (MBA) with Monitor Deloitte, the CFO of a national pet insurance company, the VP of Human Resources for Sick Kids Hospital (Toronto), a lawyer with McMillan LLP, and a consultant with Measured Outcomes (impact assessment for not-for-profits). In addition, CVO has begun a co-creation effort to scale in the US and in so doing has gained team members who work in Boehringer Ingelheim’s (BI) Animal Health and Human Pharmaceutical Businesses. The volunteer team from BI includes a Senior Scientist with a PhD in Molecular Biology, Species Manager for research and development of cattle vaccines with a PhD in Microbiology, Human Resources Manager with Masters in Education and Business, an Associate Director of Analytical Methods with a PhD in Biology, a Finance Manager with an MBA, a Senior Principal Research Scientist with PhD in Immunobiology, and a Controller holding an MBA. This team of professionals is focusing on feasibility for scaling in a major US city.

FILE ATTACHMENTS:
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- [dsc_0284_1024x686.jpg](dsc_0284_1024x686.jpg)
- [dsc_0112_685x1024.jpg](dsc_0112_685x1024.jpg)

CO-CREATION IDEA: Please offer a brief description of how you imagine a win-win partnership with Boehringer Ingelheim to better serve unmet needs in health. (Hint: Please mention the underlying business model envisioned that would make such a partnership sustainable.)

CVO & BI share a passion for human & animal health. The co-creation would scale CVO’s One Health solution to Kansas City, headquarters of BIVI Animal Health, bringing more health to humans & animals. In partnering, CVO scales its impact in One Health beyond Canada with fewer barriers to US entry, & BI grows its brand as a company that collaboratively nurtures & supports innovative approaches to improving health for both humans & animals, which in turn attracts & retains passionate people who want to make a difference through their professions, helps create a virtuous cycle, & gives BI a platform for community leadership that engenders trust & loyalty among volunteers who are also potential consumers of BI’s products.

NEEDS: Based on your response above, please specify which of the following resources, operations or expertise by Boehringer Ingelheim you imagine leveraging to actualize the proposed co-creation opportunity. Please check all that apply. (Hint: while financing is often critical to scale, we are also interested in understanding what other assets or expertise could be leveraged).


EXPLANATION OF NEEDS: Please explain your choices in more detail.

CVO will scale and reach more humans and animals in need by leveraging BI’s human and financial resources, expertise in human and animal health, change management, marketing and communications, and by leveraging connections and sustained presence in target localities.

OFFER: What are the main assets you may contribute in a co-creation partnership with Boehringer Ingelheim that would better serve unmet needs in health?

Deep understanding of an unmet need in a specific market/context, Access to and established trust with customers/beneficiaries, Insights into behavior change.

FOCUS AREAS: Which of the following best describes the main focus of your project? (select all that apply)

- Improving the affordability of healthcare (e.g., microinsurance, reducing the economic cost of care).
- Increasing physical access to healthcare to people with restricted mobility or restricted access (senior people, people with disability, remote or difficult areas, etc.). Holistic solutions that work across the entire care continuum (including education, prevention, detection, treatment, management, follow-up).
- Models that engage other industry players (e.g., nutrition, athletic, mobility organizations). Remote care solutions for health management, treatment, and diagnosis, Packaging of health products and services to address needs currently unmet.

SECONDARY ENTRY FORM

Please share what your organisation and Boehringer Ingelheim will Co-Create together

Together, CVO and BI would scale CVO’s One Health program model to Kansas City, MO, home of BI’s US Animal Health Division headquarters. This co-creation expands CVO’s innovative healthcare delivery model leveraging the human-animal bond as a gateway to accessible human health services, thereby making more health for vulnerable people and their animal companions through veterinary care and community collaborations. With this co-creation together, we will be building BI brand recognition, demonstrating BI’s core vision of “value through innovation”, attracting new talent and consumers, increasing employee loyalty and retention, and intrinsically motivating and engaging employees through community service and leadership opportunities.

Please specify what your Co-Creation will result in:

- a new service, a new market/customer group, other (please explain below).

If you selected “other” above, please explain:

Increased brand recognition, talent recruitment/retention, employee and consumer loyalty

Please provide a 1-2 sentence summary of your Co-Creation idea

Our co-creation scales CVO’s One Health program model to Kansas City, MO, home of BI’s US Animal Health Division headquarters. Through innovation, vision and action, together we will increase accessibility to healthcare for marginalized people and pets in the Kansas City area.

How does this project link to the core mission of your organisation?

CVO’s mission is to create healthy communities through collaboration and social innovation for vulnerable people and their animal companions, with mandates to improve the health and welfare of both animals and people, create multilateral co-operations with community organizations, contribute to the scientific knowledge base on social issues involving animals, and develop program models that are reproducible in other communities. Through this co-creation, CVO enhances community health, establishes new partnerships with community, and further demonstrates its’ model reproducibility and the impact of the One Health approach in simultaneously improving health of both humans and animals.

Beyond social impact, how does this project link to Boehringer Ingelheim’s core business?

The co-creation builds BI’s brand recognition as a company/employer, and BIVI brand recognition among animal health professionals, students, and animal owners who contribute to this community-based program. This project demonstrates BI’s “patient-centricity” value for animal health
division, its' employees, consumers, and community members, and engages BI employees in connecting with end-users and to “why we do what we do”. This collaboration enhances employee satisfaction/retention, and attracts new talent who sees BI as a company that both of leads and learns in the community. BI’s core business may also benefit from accessing a greater diverse patient and prescriber population for trials.

**What are the specific inputs and actions that each side will contribute to this Co-Creation idea based on each of your unique competencies and experiences?**

My organization will contribute: the Community Veterinary Outreach name, reputation, and model to reproduce the program in KC including process and protocols for community stakeholders, client referrals, veterinary care delivery, veterinary licensure and accreditation for mobile veterinary unit, records keeping, extended product sponsorship and program mentoring. CVO will contribute our expertise in One Health training, process, language and resources for both veterinary and human healthcare professionals to ensure successful collaborations with community stakeholders.

Boehringer Ingelheim will contribute: facilitating connections with Kansas City community actors and economic players in the KC area. BI will facilitate and contribute employee expertise in HR, Finance, Project Management, R&D, Public Relations and Veterinary Health. BI will provide a dedicated project manager/community mobilizer as well as office/meeting space, IT infrastructure, etc. Other BI resources include expertise in communications, event planning, motivational interviewing training for volunteers/veterinarians, and in developing impact measurements to describe the SROI on healthcare savings. BI also holds a large volunteer pool to staff the clinics and potential product supply to meet the need of patients and clients.

**Please describe the potential revenue model for this Co-Creation idea.**

The revenue model for this co-creation is based on the social return on investment of breaking down systemic barriers to accessible health care, and in delivering both preventive (e.g. influenza vaccinations) and intervention-based (e.g. smoking harms reduction) healthcare to a population at high risk of health issues due to socioeconomic status. For BI, increased understanding of client/patient needs and community-based efforts to address their needs will build brand recognition and loyalty contributing to revenue generation. Leading indicators measuring drivers of brand recognition, loyalty, employee/community engagement, and social impact will be determined to ensure efforts are creating the greatest impact.

**What possible risks or challenges do you foresee?**

Risk mitigation will include co-creating a collaboration agreement outlining roles and responsibilities (e.g. decision-making), financial relationship (if any), communications, conflict resolution, evaluation, termination of collaboration, confidentiality, compliance with regulations, and any other relevant policies. Another potential risk/challenge may be gaining community stakeholder and resource commitment. Risk mitigation will be through securing multiple partnerships within the community. Over the life of the project, changes to organizational executive staff or partnerships may affect the support or implementation of the project. Dedicated project leadership by a collaborative team, experienced/trained volunteers, and documented systems/protocols will ensure continuity in case of change and turnover.

**Is there anything else you would like to share about your Co-Creation idea?**

CVO and BI have already embarked on a feasibility study with a team of BI Employees under an employee development program (Acceleration). In 3 months, this team has:

- Conducted a needs assessment in the KC area, confirming the need
- Identified and connected meaningfully with community actors (e.g. Swope Health Services, Spay Neuter Kansas City, Kansas City Veterinary Medical Association, Pets of the Homeless, The Rescue Project, Great Plains SPCA, Rotaract)
- Held a roundtable to engage potential collaborators, connect community actors, and discuss approaches

This co-creation also has great potential to scale to other BI locations (e.g. Freemont)

**How much input do you hope to receive from Boehringer Ingelheim?**

I’d like to implement together.

If you selected “other” above, please explain:

**Besides Boehringer Ingelheim, what other types of partners might be valuable to carrying out your Co-Creation idea, and why?**

Community partners include local public health, community health, mental health and social services organizations (e.g. shelters, housing, harms reduction, addictions), veterinary associations, educational institutions and other animal health-related organizations, including humane societies and spay neuter facilities. BI’s Acceleration team has already reached out to community stakeholders in KC and held a virtual roundtable with representatives from Swope Health services, KC Veterinary Medical Association, KC Spay Neuter, Pets of the Homeless, Great Plains SPCA and the Rescue Project.

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