

# Animal Welfare Bien-être des animaux

## Serving homeless populations through a One Health approach

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**T**he Canadian Observatory on Homelessness defines “homeless” as “the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it” (1). Homelessness includes people who are unsheltered (i.e., living in public spaces or spaces not intended for human living), are emergency sheltered, provisionally accommodated (e.g., short-term or interim housing, institutional care), and those at risk of homelessness (1). In Canada, almost a quarter of a million people experience homelessness in a year. Youth make up 20% of Canada’s homeless population with 40 000 youth experiencing homelessness every year (2). Almost 30% of homeless youth identify as LGBTQ2S, 58% have been involved with child protection and 63% have experienced physical, sexual, or other forms of abuse (3). Over 50 000 people experience hidden homelessness in any given year and almost 1 in 10 Canadians have experienced hidden homelessness at some point in their lives (4).

It is estimated that approximately 20% of those experiencing homelessness in Canada are pet owners (5). Pet ownership by this population has been shown to have both benefits and barriers. Pet ownership by those experiencing homelessness has been shown to positively influence the pet owners’ sense of self (6), promote responsibility and pride, and create routine and structure that many did not have prior to becoming a pet owner (5). Pet ownership has also been associated with lower prevalence of depression among street-involved youth (7) and acted as a strong motivator to decrease their use of alcohol and/or drugs and avoid arrest (5). These human-animal relationships are often described as “my best friend,” “my only family,” companion or

child-like, and are often the only source of unconditional love without judgment (5).

Among the systemic barriers for homeless pet owners are inaccessibility to emergency sheltering, counselling, addictions treatment, and/or healthcare and other support services with their pet (5). Other barriers include increased difficulty in obtaining pet-friendly housing, and an inability to take advantage of employment and/or education opportunities as there is no safe place to leave their animal companion while at work or school (5). Adding to pet-related barriers are negative social stigmas and social triaging experienced by those who are living rough, often with mental health issues and/or substance use challenges. These negative experiences contribute to a sense of distrust of healthcare providers among this population.

In serving homeless pet owning populations, it is therefore necessary to first understand the experiences of those we are serving and to be able to understand their lived experiences through the social determinants of health framework (8). What is critical is to see how systemic (e.g., employment, housing, employment, healthcare, social exclusion) and structural factors (e.g., social ideology, political and economic factors, globalization) impact the daily lives of individuals and families living homeless along with their animal companions and their access to care and support. As animals are sentinels of human health and welfare, we can see how the social determinants of animal health are closely tied to the social determinants of human health (9). In understanding these shared social determinants of health — the micro to macro social, political, and economic influences on human and animal health, we are practicing One Health.

Another critical aspect of serving homeless pet owning populations is in a personal reflection of values and beliefs. Values shape our relationships with clients, community partners, and ourselves. These values must be examined through an ongoing process of critical self-reflection. As veterinarians we hold privileged positions of having animal health knowledge and power. As human beings, we also hold personal biases and beliefs based on our social and physical environment and experiences. It is crucial to examine how our own biases and beliefs may impact the care we provide, but also how we are affected by decisions of others with whom we may not agree. This is perhaps not uncommon in the daily experiences of veterinarians but can be amplified when serving pet owners who are living homeless, experiencing multiple challenges and are strongly and negatively impacted by structural inequalities.

As veterinarians serving vulnerable populations, adopting ethical values that are consistent with the profession of social work is necessary in order to practice from a One Health framework.

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For example, many of the values that Community Veterinary Outreach adopts are based on the Canadian Association of Social Workers Code of Ethics (10) and include respecting the inherent value and worth of each person and animal; offering support, compassion, and affirmation, not judgment; valuing diversity and striving to create an environment that is inclusive of and accessible for all; believing that clients are experts in their own lives, with existing resiliencies and inherent strengths, and that clients have a right to self-determination, autonomy and agency. In a One Health model clients are considered health partners. In terms of health practices, values include practicing evidence-based medicine and believing that all people and animals are entitled to a high standard of care, regardless of socioeconomic status. Therefore, practicing from a One Health approach involves considering the values, goals, and perspectives of multiple stakeholders in the One Health model, including ourselves, those we serve, and our community partners.

Community One Health practices will be discussed next. It should be emphasized, however, that these core practices of ongoing critical self-reflection, goals and values determination, and understanding of the lived experiences of those we serve, the multiple barriers that contribute to those experiences (including the social determinants of health) are critical first steps to serving marginalized populations. Creating strong collaborative partnerships in community health is an obligatory One Health practice to remove interdisciplinary barriers in both delivering and accessing health services by homeless populations. By offering human health services and health education alongside preventative veterinary care, Community Veterinary Outreach provides innovative access to both veterinary and human health care for at-risk populations. Community Veterinary Outreach partners with health providers from public health agencies, mental health agencies, social service agencies, community health centers, and academic institutions. Health professionals include nurses and nurse practitioners, dental hygienists, social workers, psychologists, and pharmacists as well as students from health care programs.

In working collaboratively in a One Health model of care, all team members regardless of professional background or training, are committed to supporting the health and welfare of both the people and their animals. Practically, this common goal means that veterinarians are as concerned with human health issues that may arise during interactions with pet owners, as they are with animal health issues. This kind of active listening for human health concerns is often a skill that is learned through consistent practice. In addition to active listening skills, we employ communication practices based on the spirit, principles, and processes of motivational interviewing (11), as well as health messaging amplification. Finally, in a One Health model of care, veterinarians learn how to confidently and effectively communicate with clients about human activities that impact animal health including exercise, and tobacco and cannabis use. It is important to note that in doing so, veterinarians are not

expected to extend advice beyond their scope of practice but rather to facilitate connections to appropriate human health providers. In this way veterinarians act as community connectors for clients.

The client-veterinary relationship is unique, in that through a mutual caring for an animal, a strong and trusting relationship develops. Additionally, through presentation of animal health concerns, veterinarians often learn of personal and environmental challenges that clients are dealing with such as a new move, loss of a loved one, illness, or work challenges. For homeless clients, these concerns also include structural inequalities and intersected experiences of abuse, victimization, trauma, extreme poverty, and discrimination. Practicing from a One Health perspective, therefore, also means that with any presenting animal health issue, we gather knowledge from the human and environmental sectors as well as the animal sector. In so doing, veterinarians create a more holistic picture of the client, animal, and the context in which they are living with and experiencing the presenting issue. A One Health approach to veterinary practice seeks to adequately and accurately see clients as whole persons. To provide this kind of care is to go beyond an understanding of medical issues, to also understand how their experiences, relationships, and environment affect the lives of both humans and their animal companions.

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