People, Pets, Love: Engaging the human-animal bond to build trust and improve access to health care for our most vulnerable neighbors, a multidisciplinary approach.

Cohort:
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Location:
Seattle, Washington

Focus Areas:
Behavioral and Mental Health
Social Determinants of Health
Violence & Trauma

Short Project Summary

Individuals experiencing homelessness suffer from inadequate healthcare. Barriers to healthcare can not only be physical, such as difficulty in transportation, but also social, such as a lack of trust in healthcare providers which can lead to an unwillingness to engage with healthcare and other social services. Seattle Street Outreach Service aims to create a culture of health by a) providing healthcare in locations convenient for the unsheltered and low-income, and b) building trust by providing care for not only people but their beloved pets. Care is delivered from the back of a refurbished ambulance, allowing a nimble, boots-on-the-ground approach to improving the culture of health for our unhoused neighbors.

Wicked Problem Description

Unsheltered individuals in our community face significant barriers to accessing healthcare which leaves them vulnerable to poor outcomes including increased morbidity and mortality. Seattle and King County have relatively high rates of individuals living homeless compared to other major cities. This wicked problem
arises from a complex mix of factors including income inequality, systemic racism, climate change, refugee displacement, cost of housing, mental health, and the illness of addiction. Even when low barrier healthcare is accessible, many underserved individuals choose to not access this care. Seattle Street Outreach Service (SSOS) proposes that coupling veterinary care with human health care in a mobile street outreach format will improve access to and acceptance of healthcare, thereby improving health outcomes for our most vulnerable neighbors.

Proposed Project Plan

As Seattle Street Outreach, our plan is to tap into the human-pet bond in order to improve the health of individuals living homeless. We will build on the successful work of a local charitable organization (Seattle Veterinary Outreach) which is currently delivering free mobile veterinary care to the pets of individuals living homeless. Our expansion will add a team of human medical providers to travel with the veterinary team to offer basic medical care and community health referrals to individuals seeking care for their pets. Working together in the community, this team of veterinarians, a veterinary nurse, a general internal medicine physician, and a registered nurse can work to connect with individuals over their shared care for their pets, and use those connections to build relationships of trust. Our vision is to provide immediate care in the field (such as wound care, harm reduction health strategies, etc.) with the ultimate goal of helping individuals to connect and engage with existing community medical and social service resources.

Our providers will travel as a team, on a regular schedule, to locations urban campers frequent such as food programs or shelters. We will provide care from a mobile unit (a re-purposed ambulance). Animal care will include a variety of services including vaccinations and microchipping as well as addressing specific client pet concerns. Human care will be guided by the client’s priorities and will likely begin with basic care (triage, wound care, treatment of sprains, patient education, etc.). The services can be expanded as our program grows and we envision a future where we provide services such as immunizations and Narcan distribution.

As foundations for this care, we will develop protocols for patient and provider safety with a focus on the prevention of transmissible diseases. We plan to develop written protocols to help ensure the safety of all involved including clients, pets, and providers. Developing an environment that fosters safety, and both physical and emotional comfort for all involved will be a foundation for the care provided. We recognize the importance of approaching these interactions with a trauma-informed mindset that is sensitive to a patient’s circumstances and priorities.
## Anticipated Outcomes

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<th>Goal</th>
<th>Short Term Outcome</th>
<th>Long Term Outcome</th>
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| Improve patient health outcomes | -Number of outreach clinics per month = 2 clinics  
- Medical triage and referral to urgent care as needed, wound care  
- Provide patient education and health behavior counseling (determine if patient education handouts might be helpful to clients, and if so, have them available at appropriate health care literacy levels)  
- Identify the most common health concerns and strategize about how to best address those concerns | -Number of outreach clinics per month: 6-8 clinics  
- Include outside volunteer human and animal providers  
- Track how many patients are successfully transitioned to additional community support resources (such as how many patients get established with a primary care provider at a community clinic)  
- Build a pet-fostering network so humans can seek inpatient medical or mental health care with the reassurance that their pets are cared for. |
| Build Relationships of Trust | - Train providers in active listening, trauma-informed care, cultural sensitivity, de-escalation, and street medicine best practices  
- Optimize patient-centered flow of care (greeting to discharge)  
- Offer supplies to clients (pet and human supplies and comfort/convenience items) | - Increase number of patients who report improved trust in the health care community  
- Increase number of patients established with a primary care provider or primary mental health provider |
| Build relationships with community partners | - Identify 3-4 community partners with which we will have close working relationships  
- Work with representatives of Community Advisory Groups to learn more about their specific needs | - Follow-up with patients to see which community referrals have been most helpful  
- Develop new relationships as warranted by patient needs |
| Decrease Zoonotic Disease | - Number of pet vaccinations  
- Number of flea treatments | - Prevention of outbreaks of zoonotic diseases in unhoused individuals |
Partnerships

Seattle Street Outreach is building partnerships with private community service providers (The Bridge Shelter, St. Vincent DePaul’s Food Bank, Real Change, The University District Food Bank, Recovery Cafe, etc.). Dr. Ekstrom attends meetings of the Lived Experience Coalition and is actively engaging the community we serve. Our team members are also having conversations with the King County Public Health Mobile Medical providers to determine how to coordinate and collaborate on human oriented care, and the Director of the King County Med Van has also requested that SVO partner with them in addition in order to cross refer clients based on their needs. We are adding individuals with lived experience of homelessness to our operations. We are in the beginning stages of building partnerships with social service navigation teams (REACH) and addiction recovery programs (Evergreen Health). We recognize the importance of building these partnerships in a collaborative way where we are open and able to adapt so that our team is of added value to the existing services.

Evaluation Strategies

Success will be measured by surveys and metrics related to the assessment of client needs, medical services provided, successful individual referrals to community services, and establishment of strong connections between our team and other community service organizations. For example, we will:

- Survey patients bi-annually regarding their perceived health care status, and their relationship with the health care community, as well as how the availability of veterinary care impacted their acceptance of health care for themselves.
- Track the number of clients served over time, and the number of pet services provided. Track which services are most needed and utilized.
- Use biometric tracking of select patient health markers (such as wound size, blood pressure)
- Track the frequency of client health requests and seek ways to facilitate specific needs if we aren’t currently set up to provide them.
- Survey/communicate with partner organizations to ascertain their perceptions of the effectiveness of our partnership with them and solicit feedback about how to improve our outreach.
- Monitor the number of clients who engage with partner organizations and services after being provided with a referral or warm hand-off from our group.

The Clinical Scholars team will meet quarterly to review the data and consider adjustments to our model in order to meet the stated objectives.
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