

**ENGAGING THE FUTURE: ACCESS TO  
VETERINARY CARE ROUNDTABLE**

A virtual conversation hosted by the American Society for the Prevention of Cruelty to Animals (ASPCA)  
& the University of Minnesota College of Veterinary Medicine (UMN)  
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# PART 1: SUMMARY

## BACKGROUND

Research shows that access to veterinary care (AVC) is a critical contributor to improving companion animals' quality of life. There are many factors that impact the accessibility of veterinary care, and while the most significant barrier is the cost of care, accessibility barriers are complex and include additional factors such as language, clinic hours, and transportation. Additionally, future veterinarians are generally being trained in gold standard (or best practices) rather than a spectrum of care.

Across North America, clinics, veterinary schools, and animal welfare agencies are recognizing AVC as a growing crisis and responding by exploring different ways to provide accessible care options to pet owners. However, much of this work takes place with limited collaboration. A systemic approach—including a comprehensive look at veterinary training, clinic business models, the effectiveness of individual diagnostics/treatments, veterinarian-client outreach, and expanded cross-sector collaboration to include those serving animals and those serving people—is key to making veterinary care more accessible. With these challenges in mind, the Access to Veterinary Care Roundtable brought together 55 veterinary and animal welfare professionals who are deeply engaged in AVC work and represent private and nonprofit practices, animal welfare agencies, and universities.

The purpose of the Roundtable was to:

1. Identify opportunities for cross-sector collaboration between private and nonprofit veterinary practices, animal welfare organizations, and government agencies.
2. Compile ideas for expanding engagement in AVC work outside of the Roundtable
3. Create a plan for staying connected, sharing resources, and inviting more people into the conversation

## PROGRESS

Participants identified progress that they have seen in their work. Themes included increased engagement in AVC from a range of stakeholders; changed perceptions; increased awareness about myths related to pet ownership as well as myths about the quality of low-cost veterinary care; increased and improved models of practice that support AVC; and a greater focus on diversity, equity, and inclusion in the veterinary field. Participants also noted that there is finally a spotlight on the veterinary workforce challenges that have severely limited growth in the

field. Finally, there is a sense that AVC is currently a popular topic, creating momentum for change to take place.

## **C H A L L E N G E S**

Participants discussed the challenges they face that impact them on an individual and systemic level. Common refrains included the challenge of staffing shortages plaguing the veterinary profession along with compensation disparities, particularly between corporate practices and smaller or nonprofit practices, which lead to competition in hiring veterinary professionals. Participants shared that veterinarians fear repercussions for not practicing “gold standard” medicine, and that there is a desire for more evidence to substantiate the effectiveness of incremental care or spectrum of care approaches when compared to the “gold standard.” Two other common themes were the lack of understanding of the importance of community needs assessments and the need for grant funding to support AVC programs.

## **O P P O R T U N I T I E S**

Despite significant challenges, participants identified many opportunities for advancement in the AVC field, including collaborative opportunities, incorporating the perspectives of pet owners, and engaging pivotal stakeholders such as veterinarians, veterinary technicians, and client-facing staff. Participants identified opportunities to build capacity for veterinarians and veterinary support staff, identify local solutions to increase AVC by empowering veterinarians and practices, increasing inclusivity as providers, exploring practical solutions that reflect evidence, using a human-centered approach to care, and overall expanding opportunities for collaboration. Participants identified 9 areas of priority for potential collaboration, which were discussed further (see pages 9 – 12 for additional details). They also identified ways to engage stakeholders in this work and reflected on pet ownership, the meaning of “care”, and perspectives on pet ownership when pet guardians cannot afford care. Multiple perspectives arose around pet ownership and the potential for expanding the AVC community by further engaging veterinarians, veterinary students, veterinary technicians, client-focused staff, community members, and public health/human service professionals.

## **N E X T S T E P S**

Building on the Roundtable, the sponsors (American Society for the Prevention of Cruelty to Animals (ASPCA) and University of Minnesota College of Veterinary Medicine (UMN)) are collaborating to bring three new opportunities to all who are interested in exploring and expanding AVC:

- An **AVC Community of Practice** digital space for professionals to share learning and resources, discuss challenges, and celebrate each other’s work

- A national **AVC Conference in 2022** offering sessions with content for animal welfare and veterinary professionals, including foundational sessions for those new to the field
- A plan to **further establish AVC presence** in existing veterinary and animal welfare conferences

We hope that these opportunities will result in 1) new and strengthened relationships across the field, 2) generation of knowledge and enthusiasm for the practice of AVC, 3) insight into areas in need of further research and information sharing, and 4) further identification of field “bright spots” and innovations for additional follow up.

These initiatives, stewarded by the ASPCA and UMN, in partnership with others, aim to deepen collaboration, communication, and knowledge within the field of AVC.

The ideas shared in this document are those of participants and do not represent a consensus nor the position of either the ASPCA or UMN. We hope that the Roundtable serves as a **springboard** to further dialogue across a growing nationwide network of veterinary and animal welfare professionals interested and engaged in AVC work. Each individual and organization involved in the AVC field represents a wealth of experience and expertise. Everyone can play a role in creating a future where all companion animals receive care that improves their welfare, decreases suffering, and is compassionate, respectful, and considerate of individual pet and family circumstances.

## PART 2: DEFINITIONS

*This list includes working definitions for the purpose of creating a shared baseline for Roundtable conversation. These definitions are not definitive nor agreed upon throughout the field.*

**Access to Veterinary Care (AVC):** Any work that makes veterinary care more universal and accessible, considers individual pet and family circumstances with compassion and respect, improves welfare, and decreases suffering. AVC is improved by reducing or eliminating barriers that get in the way of animals having access to care.

**Barriers:** Factors that get in the way of animals having access to care. They include but are not limited to finances, language, transportation, hours of operation, available time off from work, dependent care, domestic violence, compliance with treatment, and limited availability of affordable services.

**Gold Standard:** The “gold standard” of care generally refers to the most intensive and technologically advanced treatment that is believed to produce the best outcome or the longest survival. The fallacy of the “gold standard” is that many criteria factor into which treatment is the *best* for a specific patient and their family. Additionally, many conditions do not clearly have one treatment that provides the best outcome or longest survival, and less intensive treatments may offer similar outcomes.

**Incremental Care:** A case management strategy that utilizes the intuitive judgment of the veterinarian to develop a tiered diagnostic and dynamic therapeutic options over time approach. Noncritical procedures are avoided to help control costs, and there is a focus on prevention, early diagnosis, and intervention. This approach relies on veterinarians’ clinical judgment, active follow-up of case progression, and, when appropriate, in-home care by the client.

**Spectrum of Care:** An array of treatment options ranging from more accessible, basic and affordable to more technologically advanced and expensive from which the owner may choose the option that is best for their pet and family. Treatment options presented should be in line with the client’s goals of care for their pet and their available resources. Client decisions may factor in affordability; the temperament of the pet; the family’s ability to perform at-home treatments, return for recheck appointments, or provide special support for a pet as well as other factors impacting the patient and the family. Pet owners are important partners in caring for their pets and effective treatment plans factor in client input.

## PART 3: PARTICIPANT CONVERSATIONS

*Here we share the notes directly from participant conversations in order to give the reader a full view into the breadth of ideas and opinions shared at the Roundtable.*

### PROGRESS

*Participants divided into trios to note the progress they have witnessed in AVC (recently or over time). These are their notes:*

#### **Increased Engagement in the AVC Field**

- Veterinary schools are incorporating AVC in veterinary courses and clinical rotation curricula while leveraging AVC to teach new models of communication
- AVC is a common topic in Continuing Education (CE) opportunities and at conferences
- Funders are supporting innovative AVC work
- New stakeholders—such as students, new veterinary graduates, volunteers, and the veterinary industry—are increasingly engaging in AVC work
- There is potential for greater representation of AVC perspectives on state veterinary boards

#### **Change in Perceptions & Increased Knowledge**

- The sector is seeing an increase in AVC research in professional and scholarly publications
- There is a decrease in negative assumptions about the quality of care in AVC work, and incremental care is acknowledged as an essential strategy for increasing AVC
- AVC work is expanding and receiving increased recognition by a variety of stakeholders
- Animal sheltering is shifting to community outreach and improved support for humans and pets
- Business models with potential for profit from AVC services are beginning to take root
- There is groundwork in place for private practitioners, specialists, corporate practices, and other veterinarians not directly working in AVC to choose to play a role in AVC

#### **AVC Models**

- Many different models and approaches, including One Health, AlignCare, “pay what you can,” and student-led programs, are gaining traction
- Practitioners are using technology such as telehealth to support high-quality care
- Clinics are offering expanded payment options
- Transportation is being recognized as a critical component of access
- The animal welfare and veterinary sectors are acknowledging the importance of incorporating trauma-informed principles to better serve clients [trauma-informed care

assumes that people are likely to have experienced trauma and recommends policies and procedures that avoid re-traumatization]

### **Collaboration & Growth**

- Collaboration between human medicine, veterinary medicine, and social work is on the rise
- There is a shift in the fundraising/nonprofit world toward more collaboration and less competition
- A community of animal welfare and veterinary professionals is already deeply engaged in AVC work
- Human health professionals and social service agencies are developing awareness of the overlap between pet and human welfare
- Innovation and entrepreneurship are flourishing as more players enter the AVC space

### **C H A L L E N G E S & G A P S**

*Participants self-selected into three strategy groups (direct care and client experience; provider capacity and veterinary education; or research dissemination and policy) to discuss the work that is underway and challenges they are facing. These are their notes:*

#### **Common Challenges/Gaps Mentioned Numerous Times by Multiple Groups**

- The veterinary profession is facing staffing shortages
- Compensation disparities and competition to hire veterinary professionals are causing adverse effects
- Veterinarians fear repercussions for not practicing the “gold standard”
- There is insufficient evidence substantiating the cost-effectiveness of spectrum of care and incremental care approaches versus the “gold standard” of care
- There is a lack of understanding of the need for community needs assessments
- Insufficient grant funding is curtailing long-term sustainability efforts
- There is a lack of diversity in the field

#### **Other Challenges/Gaps**

- There is not enough support for veterinarians who are doing this work
- Fundamental challenges in how the veterinary model is framed hinder progress
- Racism is embedded in our institutions, resulting in White academic standards being propagated in education/training from generation to generation
- Incentives for veterinary service providers to transform how they operate may not outweigh the risks



- It is unclear where each field in the animal welfare and veterinary sector fits into the work
- Not enough promotional ladders for veterinarians or technicians exist
- New veterinarians may not know how to practice veterinary medicine without “all the bells and whistles,” which creates a need for structured mentorship opportunities for recent graduates
- Veterinary training does not focus enough on how to communicate with pet owners while being mindful of their diverse situations (including language barriers and finances)
- Sentiment around those “deserving” of having pets and entitlement still permeates many discussions
- The psychological burden of working in the field is significant, including administering euthanasia and a perceived lack of appreciation for veterinary services
- Direction on bridging the gap between top-down and bottom-up programs is vague
- There is a need to establish policies and legal frameworks that can pave a path forward for AVC
- The field needs further research that builds on accomplishments and responds to emerging needs, but double-blind studies are cumbersome and costly
- It is necessary to expand access beyond basic wellness to include the full spectrum of care
- There is a need to have conversations around the “unsexy” part of the work—such as IT and HR systems—which are necessary to support scale

## **OPPORTUNITIES**

*Participants identified potential areas of collaboration that would create forward movement in the AVC field. First, they brainstormed ideas in trios. The full group selected the opportunities they wished to discuss further, and participants self-selected into small groups for more in-depth discussions. Note that while individuals may pursue these ideas, these conversations were not the launch of formal efforts.*

### **Veterinary & Veterinary Technician/Nurse Curricula**

- Develop and disseminate curricula on AVC practices that also enhance Diversity, Equity, and Inclusion (DEI) in the sector
- Create a repository of openly licensed educational resources for the veterinary and animal welfare sectors, freely available for anyone to use, adapt, and contribute
- Increase awareness of continuity of care within AVC in a way that honors both sides of the leash by including guidance in DVM curriculum and collaborating with community partners
- Aggregate information for students on the types of animal welfare and veterinary career paths and the financial possibilities for each pathway

- Increase collaboration among interdisciplinary college programs—veterinary, nursing, social work, and other health professions
- Produce Policy and Procedure manuals that consider cross-sector research and gaps, the standard of care, client communication, community-based curriculum (implicit bias and client engagement), and student debt and burnout

### **Liability & Fear of Litigation**

- Analyze research on the experiences of veterinary professionals with litigation, specifically the reasons veterinarians have been sued and what we can learn from these cases
- Design training for veterinary students on how to avoid litigation, such as how to communicate the pros and cons of recommended care with the client
- Build a culture of support for the spectrum of care by elevating the litigation experiences of veterinarians and providing them a judgement-free platform for peer-to-peer discussion on the subject

### **Universities Collaborating with Nonprofits**

- Address gaps in veterinary-client communication training such as understanding how to avoid perpetuating discrimination and marginalization
- Identify common goals e.g., training students on the mission of AVC and efficient/quality clinic workflow
- Understand how to jointly address the unique situation of local communities
- Demonstrate the value of nonprofits to veterinary students
- Provide students with a broader set of career options, pathways, and perspectives in AVC
- Build cultural competency and increased AVC in the community

### **Evidence-Based Approach to AVC**

- Increase interest and respect for AVC through veterinary curricula and CE on evidence-based medicine and critical thinking skills
- Examine the motivating force behind how veterinarians' select new job positions and how AVC programs can stand out from other positions to attract veterinarians
- Assess the information gaps that exist for both treatment/medical care options and operational models
- Conduct research on the outcomes for various treatment options
- Gather evidence on the best ways to communicate risk and uncertainty to clients
- Ensure that evidence-based medicine and new research in this area, especially with respect to spectrum of care options, is presented to practicing veterinarians

- Address the lack of basic data needed to move the needle in AVC, e.g., the number of veterinarians needed based on specific service expansions, the number of veterinarians leaving the field, the number of projected veterinarians graduating each year, "proof of concept" for the incremental care approach
- Formulate an approach and criteria to broadly identify where practices are needed and where veterinary deserts exist

### **Standard of Care & Spectrum of Care**

- Standardize terminology and create a guidelines document for AVC that outlines the recommended expert approach
- Identify the root cause behind the fear of not offering "gold standard" care and how to dismantle those fears
- Devise a mechanism to provide a level of self-regulation for veterinarians who raise concerns about liability, while maintaining public trust
- Bolster a paradigm shift toward being in the business of delivering care to families and the importance of the human side of the leash
- Shed light on the conditions in which the "standard of care" was created and defined; break down the misconceptions and barriers to evolving veterinary care in an accessible way

### **Business Models for AVC**

- Aggregate information on tested business models, what has and has not worked, settings in which each is successful, how the models look in practice, and tools available to adapt a business model
- Identify new business model ideas and how to support them
- Investigate clinic lifecycles and how established clinics can subsidize new clinics
- Develop AVC in a mindful way to support communities and sustainable businesses

### **Animal Welfare & For-Profit Veterinary Practices Aligning**

- Develop a referral system to direct people to affordable service options
- Advocate to legalize nonprofit service in more states
- Identify small shifts that private practices can make to increase access without jeopardizing their viability
- Engage in partnerships between non and for-profits, e.g., the nonprofit does the fundraising
- Examine Veterinary Billing for payment (solvent: can afford to pay; illiquid: cannot pay right now; insolvent: will not be able to ever pay in full) to increase client options, service offerings on the spectrum of care, and clinic revenue
- Create a comprehensive list of funding alternatives so that veterinarians can have the option to offer accessible payment options to select clients

## Preventive Medicine to Include Social Determinants of Health for Pet Owners

Note: the CDC describes Social Determinants of Health as “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes”

- Increase resource sharing between nonprofits and for-profits aimed at mitigating social barriers to health
- Form better connections and alignment between human/public health and AVC, and the funders and leaders in this space to open funding streams traditionally only for humans
- Recognize underlying systemic structures preventing access to care, e.g., redlining of public resources, systemic racism, generational poverty
- Use resources we already have, such as ACS (American Community Service-US Census Bureau) data and 1930s redlining maps, as a baseline to decide on places to begin work
- Make it clearer that the health of pets in the home is directly linked to the health of humans in the home
- Build a stronger sense of identity for the AVC field as distinct from animal welfare and for-profit medicine, and more aligned with public health/human services
- Provide services in a way that eliminates barriers, e.g., bilingual providers, location, hours of operation
- Share information on how to use the CDC’s Social Vulnerability Index (SVI), a database that uses 15 social factors to identify communities that may need support before, during, or after disasters

## Fee Structures & Qualifications

- Collaborate on refining means testing, e.g., look at national standards and databases for legality and timeliness
- Gather information on fee structures that clinics are using and what works, e.g., through surveys
- Work with human health services groups who currently perform means testing

## EXPANDING THE AVC COMMUNITY

*Roundtable participants identified groups of people whose involvement will be essential to the mission of increasing AVC. In self-selected groups, participants discussed ways to involve people from these groups.*

## Veterinary Students

Students may have misconceptions that deter them from participating in AVC courses or work. A possible approach to remedy these misconceptions is to teach students to view access as a lens rather than a siloed approach by integrating AVC concepts—skill-building on

communication, problem-solving, financially sustainable business options, and cultural awareness—into all DVM courses and clinical rotations.

### **Veterinarians**

Veterinarians may not know how to find, select, or adapt financially sustainable subsidized or free care models, nor how to manage the operational side. A possible approach to engaging veterinarians in AVC work is to create standardized business frameworks and related guidance, raise awareness of available free-funding programs, promote AVC mental-wellness benefits, and integrate AVC topics (e.g., incremental care, payment options, cultural competence, care models) into DVM curriculum.

### **Veterinary Technicians**

Veterinary technicians are often given responsibilities and pay that do not fully consider the breadth of their knowledge and skill set. It is possible to free up veterinarians' time to treat more patients by looking to human medical models (doctor versus nurse roles) for solutions to maximize technician expertise and improve their work benefits.

### **Client-Focused Staff**

Front-line staff are at high-risk of compassion fatigue and stress, which may result in them passing judgments and assumptions about clients. A possible approach to boost staff morale, shift negative perceptions, and improve staff-client relations is for leadership to share patient success stories regularly. Providing staff with training on trauma-informed care can also help them understand how traumatic life situations can impact a client's decisions. Further, leadership can periodically train staff on judgment-free communication skills and how to educate clients during interactions.

### **Other Community Members**

Client communication and outreach are frequent challenges for professionals interested in the AVC field. Animal welfare and veterinary professionals can address these roadblocks by 1) building relationships with community liaisons (religious groups, K-12 school Parent Teacher Association), 2) forming partnerships that raise service awareness, 3) using various communication methods (flyers, social media, local news outlets), 4) creating space to receive feedback from communities served (polls, talking-circles), and 5) hiring staff who represent the community they serve.

### **Public Health/Human Services**

Some animal welfare, veterinary professionals, and funders believe that providing services to the human side of the leash is mission drift. The field can address this apprehension by

leveraging partnerships that began during the COVID-19 pandemic (e.g., pet food distribution through the Red Cross and food pantries) and developing training for the field on the relationship between the social determinates of health and pet ownership.

## **VOICES OF PET OWNERS**

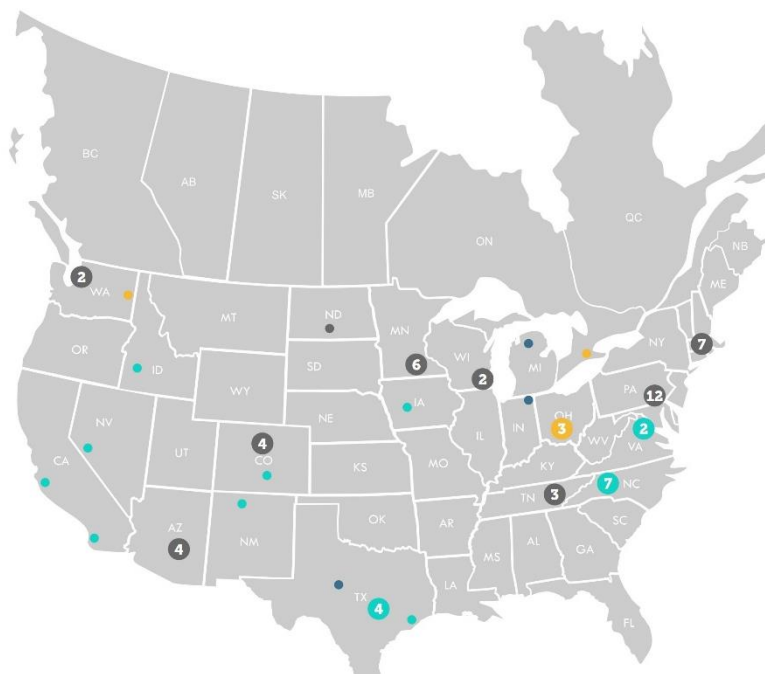
*The voices and perspectives of pet owners are critical in the AVC discussion. Roundtable participants considered assumptions veterinary and animal welfare professionals might be making about pet owners and shared a range of perspectives, outlined below.*

- Insufficient relationships between veterinarians and pet parents impacts AVC
- If pets increase human well-being, should we be denying them to some people?
- Both pet owners who pay full cost and those who pay a reduced cost of care consider their pets family members
- “Care” can mean a lot of different things
- Animals suffer when they do not receive needed care
- Should people have pets if they cannot afford to care for them?
- Cultural humility should play a role in this discussion
- Pets are often acquired unintentionally rather than intentionally, e.g., to help a friend or take in a stray animal
- Pet ownership is elective
- We should assume pet owners want to take care of their pets and would if they could
- Many barriers exist, both on the pet owner and provider side
- “Pay what you can” is better than free services—it takes out the paternalistic element

## PART 4: ACKNOWLEDGEMENTS AND PARTICIPANTS

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*The 55 Roundtable participants represent private and nonprofit veterinary practices, animal welfare agencies, and universities.*



**Elizabeth (Liddy) Alvarez, DVM, DABVP (canine and feline)**

*Clinical Assistant Professor - Primary Care,  
Curriculum Director - WisCARES*

[University of Wisconsin, Madison and WisCARES](#)

[Access to Care Clinic](#)

**Amanda Arrington**

*Senior Director, Pets for Life*

[Humane Society of the United States](#)

**Betsy Banks Saul, M.S.**

*CEO*

Heal House Call Veterinarian

**Lauren Bernstein, MVB, MPH, DACVPM**

*Assistant Professor, Community Medicine*

University of Minnesota College of Veterinary  
Medicine

**Matt Bershadker**

*President / CEO*

ASPCA

**Kelsey Bertamus, DVM**

*Hospital Director*

Mission Animal Hospital

**Melissa Beyer, DVM**

*Staff Veterinarian*

HSUS Rural Area Veterinary Services (RAVS)

**Michael Blackwell, DVM, MPH**

*Director Program for Pet Health Equity*

University of Tennessee

**Gary Block, DVM, MS, DACVIM**

*Veterinary Medical Director*

Ocean State Veterinary Specialists

**Susan Britt, CAWA**

*Vice President, Shelter & Veterinary Services*

ASPCA

**Carolyn Brown, DVM**

*Vice President of Medicine, Community Medicine*

ASPCA

**Jodi Buckman, CAWA**

*Vice President, Community Veterinary Services*

Dumb Friends League

**Sally Cooper Smith**

*Vice President*

Sovereign Nations Veterinary

**Camille DeClementi, VMD, DABVT**

*Vice President, ASPCA Animal Hospital, ARC, CARE*

ASPCA

**Christine Durand**

*Development Director*

Mission Animal Hospital

**Alicia Fitzpatrick**

*Program Director*

Margaret A. Cargill Philanthropies

**Tolani Francisco, DVM**

*President / Veterinarian*

Native Healing

**Danielle Frey, DVM**

*Director of DVM Student Outreach and  
International Experiences*

Colorado State University

**Rebecca Garabed, VMD, MPVM, PhD**

*Professor of Epidemiology*

The Ohio State University, Department of  
Veterinary Preventive Medicine

**Emily Gelb**

*Director, Access to Veterinary Care Network*

ASPCA

**Kristen Hassen, MA**

*Director*

American Pets Alive

**Lynn Henderson, DVM, CHPV**

*Veterinary Director, Kim & Stu Lang Community  
Healthcare Partnership Program*

Ontario Veterinary College, University of Guelph

**Robert Hensley, JD**

*Senior Counsel, Legal Advocacy & Investigations*

ASPCA

**Kendall Houlihan, DVM**

*Assistant Director, Animal Welfare Division*

American Veterinary Medical Association



**Michael Keiley**

*Director of Adoption Centers and Programs*  
MSPCA-Angell

**Lindsey Knox, DVM, MPH**

*Assistant Professor in Community Medicine*  
University of Minnesota

**Ashley Komiskey**

*Director, Veterinary Center Operations*  
Animal Humane Society

**Rachael Kreisler, VMD, MSCE, DACVPM  
(Epidemiology)**

*Associate Professor of Shelter Medicine and  
Epidemiology*  
Midwestern University

**Kathryn Kuehl, DVM**

*Assistant Professor, Shelter Medicine and  
Outreach*  
Washington State University – College of  
Veterinary Medicine

**Pamela Linden, PhD, MSW, VSW**

*Director of Veterinary Social Work*  
UTK Program for Pet Health Equity

**Paula Little**

*Director, Development and Strategic Initiatives*  
Banfield Foundation

**Susan Miller, DVM**

*Executive Director*  
Mission Animal Hospital

**Amy Mills**

*President / CEO*  
Emancipet

**Karel Minor**

*CEO*  
Humane Pennsylvania

**Robert Murtaugh, DVM, MS, DACVIM, DACVECC**

*Chief Professional Relations Officer*  
Thrive Pet Healthcare

**Monica Neal**

*Program Officer*  
Margaret A. Cargill Philanthropies

**Jeanette O'Quin, DVM, MPH, DACVPM, DABVP  
(Shelter Medicine)**

*Associate Professor*  
The Ohio State University

**Macon Overcast, DVM, MPH**

*Researcher/Veterinary Public Health Consultant*  
The Ohio State University/The Carter Center

**Sharon Pailer, PhD**

*Research Director*  
ASPCA

**Kaitlyn Pappas**

*Pet Support Coordinator*  
Pima Animal Care Center

**Julia Ponder, DVM, MPH**

*Associate Dean for External Partnerships and  
Engagement*  
University of Minnesota College of Veterinary  
Medicine

**Jeffrey Powers, DVM**

*Owner Veterinarian*  
Veterinary Clinics North

**Jeff Rosenthal, DVM**

*Chief Executive Officer*  
Idaho Humane Society

**Margaret Slater, DVM, PhD**

*Vice President, Research*  
ASPCA

**Aimee St. Arnaud**

*Imagination and Implementation Director*  
[Open Door Veterinary Collective](#)

**Greg Wolfus, DVM**

*Director, Tufts at Tech Community Veterinary  
Clinic; Clinical Assistance Professor*  
[Cummings School of Veterinary Medicine at Tufts  
University](#)

**Tammy Stevenson, DVM, DACVIM (Neurology)**

*Veterinary Neurologist*  
[Veterinary Specialty Hospital of San Diego](#)

**Anne Tomsic**

*Founder & CEO*  
[Preventive Vet](#)

**Christina V. Tran, DVM**

*Immediate Past President and Founding Board  
Member*  
[Multicultural Veterinary Medical Association](#)

**Bert Troughton, MSW**

*Senior Vice President, Shelter & Vet Services*  
[ASPCA](#)

**Rand Wachsstock, DVM**

*Founder and Executive Director*  
[Compassion Animal Project](#)

**Emily Walz, DVM, MPH, DACVPM**

*Medical Director*  
[City of Boston Animal Care and Control](#)

**Brittany Watson, MS, VMD, PhD, DACVPM**

*Director of Shelter Medicine and Community  
Engagement, Co-Head of the Behavior, Welfare,  
and Human-Animal Interaction Research Division,  
Associate Professor in Clinical Shelter Medicine*  
[University of Pennsylvania](#)

**Henry Wietsma, DVM, MS, DABVP (Avian)**

*Veterinarian/Founder*  
[Pets in Need Veterinary Clinic](#)

**Boyd Williamson**

*Vet SOS Coordinator*  
[Veterinary Street Outreach Services \(Vet SOS\)](#)