

REALTIME TEXT FILE

DISABILITY COMMUNITY PLANNING GROUP WEBINAR

Wednesday, June 23, 2021

1:00 - 2:00 P.M. ET

CART CAPTIONING PROVIDED BY:
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Edited

>> DEVON MIMS: Hi there, everyone. Good morning. It's afternoon technically.

>> DEVON MIMS: Afternoon, Tyler, afternoon, Meagan, afternoon, mom.

>> Hello.

>> MEAGAN SULLIVAN: Good afternoon, Devon.

>> CLAUDIA FRIEDEL: All right, everyone, it's 1:00 o'clock. So, we're going to go ahead and get started. Hello, everyone. And welcome to our final partner webinar of this funding cycle. We're excited to have you with us. We are so thankful to all of you and hope to have some good news about our re-funding in the fall. Either way we will let everyone know.

For now, I'll go over a little housekeeping before we begin. We will be recording this session, and we do have ASL and CART live captioning available. For those of you who would like to view the captions, please click on the closed caption button at the bottom of your screen. There you should be able to adjust the font size as well. For those of you who don't see Jesse, our ASL interpreter, he should be on your screen, but if you don't see it for some reason, feel free to go to the participant list, and click on Jesse Durand, over the name, and then you can click pin. We will be recording again. So, if you have your camera on, be aware of that, and I'm going to press record now.

And now without further ado, I'd like to introduce our speaker today. Devon K. Mims is a concurrent DVM/MPH candidate at the University of Florida's College of Veterinary Medicine, and college of public health and health professions, graduating in the spring of 2022. Although he grew up in Tampa, Florida, he was born in the Bronx, New York, and remains happy to claim his New Yorker heritage. A triple gator in the making, Devon first graduated from the University of Florida in 2018, completing a BS in zoology and a minor in disability studies. Devon is proud of his intersectional background, as a Black, Latino, queer, first generation student. His unique lived and learned experiences have reinforced his understanding of enabling and restrictive factors in human and animal medicine. Recognizing that human and animal health are inextricably linked, Devon's professional interests include academic primary and preventive medicine, community health practice, health inequities, and justice-centered advocacy. As a

student, he serves as a coordinator for the UF PAWS program for people with disabilities and people experiencing low socioeconomic status in the north central Florida region, which will be the topic of today's discussion. Thank you so much, Devon for joining us, we're so excited to have you. I'll let you take it away.

>> DEVON MIMS: Awesome. Hello, everyone. Thank you, Claudia, so much for that introduction.

As mentioned, my name is Devon. And I am one of two senior coordinators of the PAWS program operating here in Alachua county, specifically I'm serving in the role of surgical coordinator. I'm a concurrent Doctor of Veterinary Medicine and public health student entering my fourth year of study, the thought of which becomes more surreal and anxiety inducing by the day.

The formal title of our discussion today is Veterinarians as Interdisciplinary Public Health Stewards: A Description of the PAWS Program.

Our goal today is going to be to introduce how allied health professionals of all kinds can effectively combat systems of marginalization that result in adverse outcomes and diminished health care access for communities of people, such as people with disabilities, who have been historically out skirted by health care professionals, and of course at the center of this conversation is going to be my very objectively favorite community health program, PAWS, which will offer one example, and perspective of this approach.

Some disclaimers before we get started. One, I do have a very lovely but anxious Labrador retriever who I live with, whose name is Oliver, and he loves to make his presence known during these sorts of talks, so if you hear a little bark or lick every now and then, that's just him saying hello, and I am prepared with treats in all of my pockets to distract him in that case.

And of course, I do have time for questions at the end of the presentation. But if anything comes up, you know, if you have questions that arise intermittently throughout the discussion, feel free to throw them in the chat, and if there's a moment that is convenient or ties into what we're already talking about, I'm happy to weave them into the conversation as we get going.

To our accessibility team if you all need anything, you know, let me know. Slow down, speed up, if Internet connectivity is an issue and we'll make sure we resolve that as necessary. Otherwise let's go ahead and get started.

We'll begin with just a brief overview of what we're going over today.

Our conversation is essentially going to be divided into three phases. As we begin with a really quick overview of the concept of One Health, as well as some deviations from its more common applications.

Then we'll move into a PAWS program deep dive, and end with some hopefully very interactive and thought-provoking examples of the program in action.

So, like I said, we'll begin with just a quick overview of what is One Health, and I'm sure that many of us here today are already broadly familiar with the concept of One Health. Either in its actual name or in its practice as you've experienced it in your lived experiences.

But to provide a brief introduction, the One Health approach is simply an interdisciplinary model of human, animal and environmental health that emphasizes an interconnectedness between all of those fields.

So essentially, we're saying that we can't separate the wellness of animals, people, and our environment. Those outcomes are inherently intertwined and the protection of the health of one is crucial to benefitting the health of them all.

And so traditionally when we consider One Health objectives, the focus is on utilizing a collaborative approach of professionals in an extremely wide array of fields, veterinarians, public health practitioners, dentists, medical doctors, podiatrists, ecologists, geologists, whatever it may be, to effect positive health outcomes for all of the communities and systems that they serve.

And so, with that being said, there is an interesting tendency for One Health initiatives to center and prioritize direct human outcomes, potentially over animal or environmental outcomes, and I want to emphasize that that's not an inherently bad thing, right?

When we do translational science using animal or ecosystem modeling to learn about health processes or preventable diseases in humans, there is always some benefit that trickles down or comes along the way to our non-human stakeholders.

We focus on animals and ecosystems as sentinels for infectious disease as genetic treasure chests to study mutations and other pathologies as indicators of socioeconomic development and so forth. And that is great, undeniably, but it also means an individual whose training is focused on non-human animal medicine, I have to play the mental gymnastics of justifying the worth and the real application of social and behavioral sciences in my field of practice.

So, what I found myself doing and what I see getting honestly a lot of traction in community health-oriented circles, not specifically focused on human medicine, is a slight twist of that typical One Health approach to, one, think about how human and environmental determinants influence animal health outcomes.

Two, to consider ways that allied health professionals can utilize or intervene in human health cycles to benefit animal wellness.

And three, finally, to assess the benefits to human health and wellness that are afforded when we keep our animals and pets healthy.

So, things that really guide my like overall public health philosophy are questions regarding the implications of human health inequities on human outcomes, (indiscernible) obesity, arthritis, diabetes, and there can be overlap in those human and pet conditions.

How some entirely preventable diseases in veterinary medicine can be framed as veterinary diseases of poverty, for example, and those sort of philosophies are my driving force as a hopeful clinician scientist and most relevant to today's talk, is really beautifully captured in my opinion by programs like PAWS.

So, with that being said, let's get into it.

What is PAWS, and as another disclaimer, all of the images you see of students and patients' interactions are consent approved, so all PAWS clients give consent for release of photos and information and things like that. If at any time there are illusions to actual clients or patients, it's all fake names, and all that jazz.

But hopefully you can appreciate these super cute pups and the students that are working with them. Selfless shameless plug, bottom right corner, you can see myself and one of my underclass peers. In this case we were actually working up going through the process of detecting and defining a heart murmur in this patient, and she was recently re- seen and luckily, she's doing really, really well.

So, PAWS has a really interesting and long- standing history, both within the Alachua county region and outside of it.

PAWS was actually established back in 1986 in California, in response to the HIV/AIDS epidemic. When volunteers serving individuals living through the epidemic noticed that clients that they were working with, that they were engaging in hospitals, that they were donating food to, so on and so forth were neglecting their needs and redirecting the

services allotted to them towards their animal companions.

In 1997, UF PAWS was established to bridge unmet needs in the North Central Florida area and at that time PAWS here in the county still focused on support for people with terminal illnesses as well. And from approximately 2010 to today, recognizing the transition of many terminal illnesses to what we now understand and health care technology developments have allowed us to face as chronic disabilities, and a greater scope of potential impact for the program, PAWS has expanded to way more broadly serve people with disabilities of all kind, in addition to people experiencing low socioeconomic status.

I should stop for a second, because I don't think I've actually explicitly said what PAWS stands for which may be useful. We always shorten it to PAWS, and it's what we go by, but it's a really cheesy acronym. It stands for Pets Are Wonderful Support, very feel good, but also very honest, and emphasizing the overall goal of PAWS in maintaining the human and animal bond. And using pets as support for people, which is what it's been since 1986 all the way through today.

And so, there are the major- three major goals of PAWS as we operate as a program. The first of which is to improve quality of life, as well as health care access for animals who otherwise may not have such access.

The second is going to be to support quality of life and improve health literacy for individuals who are often marginalized by traditional health care systems.

And the third of which is to support student learning outcomes and improve awareness and competency in working with people with disabilities.

So, as you can see, there are sort of three major communities of individuals that stand to benefit from PAWS's activity.

One is the animals themselves, who otherwise may not have access to veterinary health care, whose direct health indicators may suffer and who would experience overall deleterious conditions if it were not for the services provided by PAWS.

The second is the clients that PAWS engages with, who, yes, receive financial benefit from not having to pay for veterinary care, but secondly, are afforded communication with health care professionals that they may not be traditionally afforded in their interactions with day- to- day health care systems.

And third, the students that we serve, and I'll talk a little bit more about the opportunities that students get within the program, but to say the first two years of any professional school program when you're completely drowning in book work and exams and the furthest thing away from you feels like actually touching a real breathing animal, such a relief of stress, and these smiles that you see on students' faces are absolutely real every time. The feeling of PAWS is infectious.

And so, the question then of course is what is PAWS doing to actually succeed those intended goals? And so, there are a number of individual and pet- level programs that are eligible to clients once they're admitted into the PAWS program. They're entirely no cost services, to promote that positive human and animal positive health outcomes.

And those include a monthly primary and preventive veterinary clinic. So, we host it outside of the University of Florida's College of Veterinary Medicine's service. Super gracious to have that space and many of those resources available to us on a monthly basis to invite PAWS patients to be seen.

That clinic is hosted tonight, so as soon as this presentation is up, I'll brush up on our schedule and info sheets and make sure we're all prepared for our clinic this evening.

Second is a monthly pet food distribution service, so in addition to regular veterinary care,

clients are actually able to get free food for their pets. And this includes normal adult dog or cat food, but also prescription foods if necessary for specific conditions. Again, thinking about those chronic conditions like arthritis or diabetes or kidney disease that can be better managed by very specific prescription diets.

We have scheduled days for dental prophylaxis and treatment, and dogs can come in and just like our humans get seen by our veterinary dentists, get their teeth cleaned, treated, extracted as necessary to maintain their health.

Creation of newsletters and brochures for client education, so on a semiannual basis, we send out newsletters providing information about our program itself and updates, but also information about local activities, overall health-related topics that we hope that our clients can be more engaged and aware of. During COVID we sent regular COVID updates about our clinic and the state of the world to make sure our clients were involved in that material as it related to PAWS and otherwise.

And of course, outside of the sort of annual regular health checkups, we do offer the availability for PAWS clients to be seen on an as-needed basis for sick visits and pharmacy service.

And so, all of these things are entirely volunteer directed. You know, I think it's something important to emphasize that there is not a single person within the PAWS program, from faculty down to students down to community members who give their feedback that is paid for what they do.

Entirely volunteer directed with just a few individuals serving as mentors, a few individuals serving as coordinators and we accomplish great work, and to dive a little bit more into what that system of stakeholders looks like, the overall conglomeration of what allows PAWS to function involves our community members, our faculty, support team, student coordinators, clinicians and technicians who are also student volunteers, and of course donors and suppliers.

In terms of what the community breakdown looks like, obviously the priority stakeholder of the PAWS program, at the time of this presentation, there are approximately 36 active clients within PAWS who all constitute pet owners with disabilities and demonstrated financial need.

There are multiple avenues that individuals can seek in order to be accepted into the PAWS program. Typically, it's either a doctor's note or a note from vocational rehabilitative services, could be actual diagnostic testing records, anything along those lines. We're very flexible, as long as we can demonstrate that need.

And the majority of PAWS clients demonstrate their financial need related to their disability, typically they are receiving government services, including SSI, SSDI, and again those are very easy for our clients typically to demonstrate for us.

Among those clients we have approximately 50 active canine and feline patients, so typically when clients come into the program, we cap them at three pets that they can bring in. So, there's some overlap obviously between what patients go with which clients. We try to get them seen all effectively.

Community members communicate with our student coordinators via email, phone, voice mailbox and we have individuals who don't have access to those, so we do have the availability to communicate versus written communication if necessary and it's to engage medical care at no cost, engage us and provide us feedback along the way.

Our faculty support team is advised by one major adviser, Dr. Amy Stone, who is here today. Hey there, Dr. Stone, love you very much.

She's our DPM Ph.D. provider for PAWS and has been for quite a while now.

We have an additional three vet faculty supporters from the primary care service and the emergency and critical care service who volunteer their time for PAWS regularly, and we even have a pharmacist actually at the vet school who was very engaged in PAWS when he was a pharmacy student and having come back to the University of Florida's College of Veterinary Medicine as a pharmacist. He now actually advises us in terms of some pharmacokinetics, pharmacodynamics. The question of when we get donated materials, how expired is too expired, all the very serious considerations for a community clinic. And again, they oversee and advise those clinical activities and provide mentorship that is invaluable to our students.

Student coordinators consist of approximately 12 students in the DVM program, and they again coordinate pretty much all of the program activities from the clinics to fund-raising to marketing to special activities and events, and this is a mixture of second, third, and fourth-year students that work together in order to satisfy these goals.

And in terms of the volunteer clinicians and technicians, first and second year students volunteer as technicians which allows them to touch animals but to practice their history, communication, all that jazz.

Third and fourth-year students volunteer as clinicians with oversight from our faculty support team. We have about 12 to 20 student volunteers per clinic and they're practicing those skills, engaging clients, receiving mentorship, and hopefully fulfilling gaps in the veterinary curriculum that may have otherwise gone unfulfilled.

And of course, PAWS could not function without numerous donors and suppliers, they provide both financial and in-kind donations. As alluded to we have a partnership with major veterinary food suppliers in order to provide diets at free cost to our clients and we have a partnership ongoing with major pharmaceutical providers to obtain low cost medications as well.

So, we do all of these things, this is what PAWS does on a regular basis. We breathe, eat, live it. And the question is what are we actually doing at the end of the day, right?

So, what is the significance to public health, what is the significance to the communities that we serve? This is the question of the day and the question of this presentation.

So, there are four sort of guiding points of key significance that I think summarize what PAWS does really, really well. So, they're going to come up on the screen. I'll read them off verbatim for redundancy and accessibility sake, but hopefully we can debrief on each one.

So first, companion animals are present in over 57% of all U.S. households. That's a minimum estimate.

And represent a substantial public health interest in their roles, as promoters of human wellness, sentinels for infectious disease surveillance and the models for comparative and translational science.

So, this is really what we've already talked about in terms of what is One Health, right?

So many people have pets, and pets and animals in general represent wellness to humans, to the environment, and to each other in so many ways.

And in that sense, they are a model for health, for public health, and for public health practice and promotion, and represent a really, really key population for ways to target human and environmental health that sometimes goes untapped by allied health professionals in general, but especially by veterinarians who sometimes don't realize the impact that companion animals can have when we get sort of sidelined into focusing on the aspect of medicine versus the aspect of public health engagement.

Second, owners will go to great lengths to preserve the human animal bond between

them and their pets, demonstrating remarkable commitments to pet health in the process.

However, a client's willingness and desire to effectively care for their companion animal does not presuppose the actual ability to do so.

And this again was highlighted by the one example that brought out the formation of PAWS but is highlighted in so many places other than that as well. It is well understood, recognized, empirically and anecdotally that people will sacrifice their own health and resources in order to ensure that their pets' health and resources are fulfilled first.

And the problem is, in the systems of health that exist currently, people feel that they have to do that. In order to satisfy the needs of themselves and their pets, often they do have to do that. That is sacrifice their own health in the effort and pursuit of the health of their loved companions.

The problem is that shouldn't be the expectation. It shouldn't be a norm, and there's ways to effect change that hopefully stops that from cycling.

To continue, populations of individuals with low health literacy, up to 36% of the U.S. population, are at unique risk of lacking the skills and knowledge necessary to succeed in their pursuits of personal and companion animal health.

Again, due to systemic causes, individuals do not have the foundation and ability and access to succeed, and we as providers of health care, providers of public health services, and overall community members have to acknowledge that fact, and treat it as a real issue that needs to be solved.

Third, people with disabilities and people experiencing low socioeconomic status experience deleterious social determinants of health due to structural oppression throughout society and health care systems.

Again, as is alluded to, especially within the predominantly capitalist systems of health care that currently exist in this country and so many others, biodiversity is often looked down upon and very physically and in a realistic sense out skirted.

So, individuals who exhibit neurodiversity, individuals who experience diversity of physical and other characteristics, individuals who experience diversity in social characteristics, in many, many ways are often minoritized by health care systems and blocked, structurally, regionally, geographically, in so many ways experiencing restrictive factors that force them into a lesser place in health care systems.

Understanding how to better engage these populations and acknowledging the trauma in many cases of the doctor caused trauma is vital to providing client and patient centered health care in all allied health professions.

And finally, PAWS recognizes several physiological, psychological, and social benefits attributed to the human animal bond, by supporting companion animal welfare and prioritizing a maintenance of the human animal bond, PAWS plays a direct and central role in the upkeep of health in the lives of its human clients.

Again, we're putting a silver lining on the issue, right? There are ways, such as via the services that PAWS is offering and the engagement that PAWS offers for us as professionals in health care systems and as community members to effect change that undoes, that deconstructs some of the marginalization that occurs because of these systemic restrictive factors.

The last thing I want to touch on in regard to the overall model of PAWS and what PAWS is, is this logic model of PAWS, and it's a very, very pretty graph, and individuals who are trained in some of the public health practice work probably recognize these sort of logic models.

I won't dive in and like read through this entire model because it essentially puts everything that we've been talking about in terms of the ins and outs of a program like PAWS into one graph.

But I'm going to use it as a sort of segue into the opportunities and current projects that exist surrounding programs like PAWS.

So, as you'll see noted, just below this graph, this is actually an example logic model that I did not put together. In approximately summer and spring of 2020, Dr. Julia Rae Varnes who at that point was a faculty member in the UF college of health and human performance, currently the director of the MPH program actually reached out in regard to her evaluation of health education programs course. She had heard about PAWS through some local and mutual channels, @Tyler James, and was very interested in including PAWS as a program that her students could evaluate or at least plan in evaluation of.

And so of course there was no question to our interest in being involved, and so through multiple meetings with these students, interviews, learning about the program, emailing back and forth, what these students did was essentially suggest a number of ways that PAWS could improve as a program.

And most importantly it recognized a number of ways that PAWS was not necessarily meeting its own needs and expectations as a program, and that's not to say that PAWS was doing anything wrong or incorrect or negative, right? The outcomes were evidence. We have no reason to believe that PAWS is not meeting its goals.

What we didn't have was measures to prove and say confidently what those measurements looked like, you know, what the overall outcomes and impacts were, and so this really started getting, my especially but everyone involved in PAWS, all the coordinators ears turning in terms of what we could do and how we could apply the amazing work that these students in this course and Dr. Varnes have begun, how we can continue that, take that on in order to strengthen PAWS as a real community health program, and that leads us beautifully into a description of kind of the current projects of PAWS.

I'll take a moment to take a sip of water.

So, as I mentioned, as long standing and apparently successful as PAWS is, it is not- it has not previously benefitted from the work of any individual specifically employed for the practice of public health work.

In its history of operation, it hasn't intentionally done that sort of logic model assessment, looking at the ins and outs. We haven't really assessed community reach, attitudes, and impacts. We haven't reviewed what the actual student engagement and learning outcomes fulfilled by PAWS are. And we haven't fully explored our program demographics.

You know, PAWS admits individuals with disabilities with disabilities, but there's not great records kept in terms of what those disabilities are, and how they influence people's engagement with PAWS as a program, and how PAWS can change and evolve in order to better meet people based on what their needs are. Essentially to be a more equitable program as we intend to be.

And so, the idea is another wonderful fancy header, 'cause I love those. Process evaluation of a community veterinary clinic, a holistic case study. UF PAWS program.

And the goal of this program was to do a couple of things.

One, we really wanted to review what the anticipated versus the actual goals and barriers related to implementing PAWS were. We wanted to assess again that logic

model idea, so the inputs, the activities, and the outputs associated with program function.

We know we're putting in resources, but how much are we putting in, where are they going, and where are opportunities for growth or expansion of those resources?

Three, we wanted to describe the actual impacts associated with PAWS activities, and finally we wanted to be able to provide really specific recommendations and broad direction to improve the ability of PAWS to meet its defined goals, and in that way, we really hope that these ongoing projects sort of indirectly stand to improve quality of life for animals.

We hope that they combat health inequities that are affecting marginalized communities, and we hope that we strengthen generations of allied health professionals, so really back to that One Health concept, we want to embrace those philosophies to effect change via an already established health program.

And so that case study that we're undergoing now really revolves around five centering questions that again dive into three different sort of populations. The first of those being our clients, the second being the students, and the third being the program as a whole.

So, the first three questions that we're currently trying to answer are one, what is the client population currently being served by PAWS? How does PAWS interact with its client population? And how are PAWS resources utilized?

And the goal of answering these questions is going to be, one, to understand implications related to cultural competency and intersectional inequity, so again understanding who is in PAWS, and are we able to adequately meet the needs of those individuals based on the resources we're allotting.

Two, identify specific barriers to access and more intentionally allot resources to combat them. So again, are there transportation difficulties? Are there communication difficulties? Do we have a number of individuals with sensory disabilities who we feel are not being communicated effectively with? So on and so forth.

Three, understand the geographic reach of PAWS, establish pipelines for PAWS contacts and opportunities for growth and reinforcement. I think that is clear enough.

And four, understanding the needs of PAWS patients and appropriately plan for resource allocation.

So again, the overall picture is who is in PAWS, what are the barriers, and how do we resolve them?

Our second group is of course students. So, the question we have, how does PAWS impact student learning outcomes, in order to hopefully understand the benefit of PAWS as a student training opportunity, as well as assess the success of PAWS in increasing awareness and competency in working with people with disabilities and people experiencing low socioeconomic status.

So, PAWS represents as I've said again and again an amazing clinical training opportunity for students. It's one of the few opportunities outside of our actual hospital rotations that students have to do work that is primarily self-directed on real patients with real consequences and outstanding mentorship along the way.

It really puts students to the test of taking ownership of the cases that they're seeing, and you see students grow and provide positive feedback in relation to their confidence as veterinarians after being involved in PAWS.

And aside from the clinical training, it is an objectively unparalleled opportunity to fill serious gaps that exist in really all medical school curriculums related to minoritized populations and providing effective care and communication in collaboration with pet

owners with disabilities.

And finally, we hope to answer the question of just generally speaking, what opportunities exist for program quality improvement? Overall, the goal there to synthesize the findings of all this studying that we're doing to promote continued program activity and review because we don't want this to be a one off and again maximize the overall public health impact of PAWS as a program.

With all of those questions, kind of the products that we hope to pursue in order to answer them are going to be again that logic model tag line, so analyzing all of the ins, the outs, and the impacts.

Actually, collecting useful client demographic data. Actually putting together a program reach map using census tracks so we can understand where our clients are, where they're coming from, and where our sort of spotlights may be off in terms of people that we're not reaching.

And general year in review data and that year in review data especially we hope to consist of good number of very specific impact indicators that we can evaluate and measure on a yearly, biannually, whatever it be, basis, comparatively. So, things like number of student learning objectives met per clinic, average costs, or savings per visit changes in perceived knowledge and confidence in working with PWDs and people experiencing low socioeconomic status, overall client satisfaction, so on and so forth. So, all of these things are undergoing. They're happening now. I am doing a lot of work this summer to make them happen. And we have already though gotten some amazing feedback, and so I want to share some of that with you all to give you an idea of what we're getting.

Again, I'll just read these off. The first, and this is- so these are all feedback statements from PAWS clients. They all received a quantitative evaluation, so a long survey, not too long, and there were opportunities for some qualitative assessment as well, so just descriptive responses to questions of, you know, what are barriers in relation to accessing PAWS, what are the things you love about PAWS, what feedback do you have for PAWS to improve, so on and so forth.

And some of the responses are listed here. So, PAWS staff are helpful, professional, and make it easy to understand treatment, care, and follow-up. It's a big relief knowing my pet is healthy.

I do wish PAWS would use my home phone as a contact for me, as my cell has limited minutes.

PAWS has gone above and beyond for my service animals. Without PAWS, I would honestly have a poor quality of life. The care my dog receives allows me the freedom to live my life and leave my home.

On my first time to the PAWS clinic, I could not find the correct entrance. A sign would help, even a simple one. I carried my cat into the crate into two wrong entrances and it was exhausting with my disability. Thankfully a staff person at the emergency front desk carried my cat in the crate back out to my car for me after he told me where the PAWS clinic entrance is.

So, feedback like this is so, so useful, and it's not something that we honestly have been collecting regularly, aside from the intermittent anecdotes and words in passing at clinics and on the phone with clients.

Because aside from the positive statements that we're getting that are very self-gratifying and let us know that, yes, we are making a difference in quality of life for people and their animals, it also informs us of things that from a privileged perspective, myself especially

as a student in this professional school, would not have even considered.

The cell phone one was one that really struck me honestly, because as a student coordinator in PAWS, my mindset was that of, well, it's so much easier for me to contact PAWS clients if I use their cell phones, because they're more likely to answer them if they're out, if they're at work, if they're anywhere busy at a doctor's appointment. It's way easier for me to contact them via cell phone and home phones often based on the way that we're communicating, don't have great voice mailbox access. Sometimes they're either full or not set up in a way to allow us to leave voice mail. I could leave a voice mail on a cell phone.

What I did not consider was the financial issues of our clients. It shifts my perspective of what is easy for me versus what is equitable for the clients I'm serving, so just a great example there.

We also are collecting feedback from our volunteers, again. PAWS gave me a chance to apply what I was learning in the classroom to a real-world experience. Helping make my lectures and coursework feel more valuable.

One of the reasons I started teaching was the PAWS program.

PAWS has taught me to be creative, not only in the way I practice low-income medicine, but also the way in which I communicate with clients.

Being that PAWS clinic is very fast paced, it would be great to have more scales and thermometers for each exam room. Visits were sometimes delayed due to waiting for other exam rooms to finish using their equipment and then pass it on to us.

In addition to the introduction presentation, explain vaccine due dates, explain the layout of the hospital, and where to find items and supplies.

Again, similar concept. We love being patted on the back and knowing that what we're doing is actually useful to students in their life, as doctors and as humans interacting with other people. But it's also really useful to know where things fall in the cracks. You know, coordinators can't be in every single exam room at all times, and so knowing ways to make the process more efficient is not only going to allow a more positive experience for these volunteers but what I'm reading from here, there's a way that we can decrease the delay for these clients to receive their care and we can expedite their ins and outs of the clinic so that maybe one of our blind clients does not have to drive home in the dark if they have a 6:00 o'clock appointment and they have to wait around until 8:00 o'clock. There are ways again that this feedback directly influences the outcomes that our clients are going to experience. And that really excites me as a coordinator and as someone interested in veterinary public health.

So that's the overview of what we're doing. The final thing that I want to touch on is some fun little case vignettes, and this is where I'm going to ask for a little bit of interaction towards the end. At the beginning you can just kind of relax and we'll talk through a case, and it'll be really cute.

But these are real life examples of PAWS patients who have interacted with us in the recent history, and what a normal sort of PAWS workup might look like.

So, case one, this is where everyone says, aw, is going to be Anthony, in quotes, the dog, who is a seven-year-old neutered male Yorkshire terrier. He was pre diagnosed. He came in, he had hip and knee arthritis.

But he presented to us at PAWS in August of 2020 for evaluation of a mass that developed on the right side of his chest, so he had a big old lump on the side of his chest. And plan was at the next clinic that we would go ahead and sample it.

Unfortunately, due to health and transportation concerns, and other restrictive factors,

his owner was actually unable to come into that next clinic or come in for a couple of months. And so, from that August presentation, he was actually represented in November, and at that time that mass was much larger, it was kind of ulcerated. I know for those of us not trained in cytopathology, these are just really pretty pictures and honestly that's why I threw them up, primarily because they're really pretty pictures. But these were our diagnostic results, and what these told us was that lump on Anthony's chest was in fact a type of cancer. We also, in addition to these samples that we took of the mass, did a number of routine blood work in order to make sure that there may or may not have been sort of spread of that cancer to other places in the blood as well as to make sure that he was overall healthy enough in the case that we may want to remove this mass, that he could go under anesthesia and not have any additional concerns.

All of that checked out. There were no significant findings on his blood work. And based on the type of- there we are- so one thing that was noted in this as well is that there was actually secondary bacterial infection of that mass, and so in preparation, he was started on antibiotics to clear that infection.

And we planned to go ahead and remove that mass to do what we call a surgical excision and biopsy. The reason being is because the type of mass that we knew it to be actually going to require a sort of sendoff sample, and what we call histopathology so looking at that mass by professionals in order to tell us how it was going to behave. And there were a number of things that we would have liked to do probably before or after that staging process that involved the steps listed on the screen, so we would have taken some more samples from lots of other places, and we wound up doing these additional staging steps after sending off this mass.

But the final diagnosis came back, and it is listed there on the screen, the formal turn, cutaneous mast cell tumor, grade three, high grade.

Fancy doctor words that summarize well enough as nasty. So, this was not a favorable idea or prognosis for Anthony the Dog. And what the sample told us also was that this mass actually extended its little tendrils into his body a bit further than we were actually able to remove.

So, we knew that there was some chance of this mass actually growing back, and all that we could do at that point though, especially given the resources and where Anthony the Dog was, was to continue to monitor it, and so basically institute palliative care, making sure that he remained well, aside from the potential coming back of this mass, and that's exactly what we did. After removing it, he came in on a very regular basis for rechecks. We did almost weekly to biweekly checks on that site to make sure it was healing appropriately, to see if anything was growing back.

And overall, over the course of treatment, you know, the owner ended up reporting that Anthony was doing great at home. He wasn't painful and he was playing with his house mates like he used to. It's like he never had surgery. Great appetite. Good quality of life as reported by the owner at that point.

And of course, we need cuteness overload, so there he is just being an adorable dog. That tongue can't stay in his mouth. A quick glance at his incision site, that was beautifully healed. No sign of the mass at that point and the plan for him was to continue palliative care and do rechecks.

So, this is the interactive part. I would like for us to crunch some numbers, and if you all could just throw out some quick suggestions.

So, this is a breakdown of all the things that were involved in this specific PAWS patient's

care, and we'll go category by category, and figure out how much each of these things actually, what the real-life cost of them would have been to an owner.

First of all would be all the prescriptions, so antibiotics, pain control, anxiety medication, because he was a very nervous dog who didn't appreciate coming to these clinics in the first place and his usual preventive medications.

Does anyone want to throw out an estimate of how much dollar amount they think this would have cost him?

I'm actually not sure if I can see the chat while I'm screen sharing if it's going to pop up or not. So here we go.

All right. Amazing. So, we have \$300 suggested, 450, 500. I like how it keeps getting higher and higher, that's exciting to me.

640 from Jesse. Okay. Okay.

So, if we go by price is right rules, I think Rebecca and Claudia actually have it. So, the actual cost and all these cost estimates actually come from our hospital itself, so I looked up every single one of the prescriptions that were provided, and I calculated out based on how many this patient received and how much it would have cost to a client.

And it would have been \$591.33. So pretty close, spot on for everyone.

Next would be our diagnostics. So, biochemistry, and hematology, which blood work is what that is to say, urinalysis. Looking at the urine, cytopathology, and histopathology, looking at the cells to tell us what it was, and a bunch of imaging and screening. How much do we think that cost?

\$1100 from Claudia. 1500. 1500 coming in. Okay.

So, this was \$747.65, so a little less expensive than everyone assumed, which is a relief here. Of course, aside from all the major treatments that Anthony needed he had to get his annual vaccines throughout this process. Does anyone have any idea how much that cost?

A hundred dollars, \$120, \$75. Awesome, yeah. \$30 from Tyler.

And, you know, it's funny too, because I think that Bryan Russell, \$1,000.32. Vaccines. Oh, no.

The cost definitely depends on where you're accessing them and these costs are based off of again the University of Florida's primary care vaccination costs, which I actually think are a bit more cost effective than many other clinics. So, they're approximately \$50. General clinic visits, so rechecks that he had, regular exams, all that jazz, estimation?

\$350. All right. 300, 350.

So, there it is. \$540, would have been the actual cost for all the exams that he received throughout his time.

And final one, his actual surgery. So, the mast cell tumor excision, and just for reference, I went to our surgical oncology department here at UF and talked them through what we actually did to estimate what this cost would be.

Claudia, \$2500, Tyler, 1500. Okay.

Claudia, you were pretty- almost Claudia, Rebecca. It was exactly \$3,000 was their estimate for this procedure.

So that is a total real time cost of \$4,933 and for reference the average PAWS client has an annual income of less than \$20,000. And I don't actually know how far less than \$20,000 that is but if I'm imagining SSI and SSDI, salaries, you can imagine how significant a cost like this would be to one of our clients.

And even more so, I didn't talk much about the PAWS budget, but we operate even on an approximately \$5,000 in and out budget every year so this goes to show the severity

in a positive word of cost savings that are afforded to clients when they're accessing our services, but even PAWS as a program utilizing its donors, suppliers, and other abilities, we are so, so fortunate in what we can provide to our clients that this is possible.

And of course, there's all the unmeasured things, so the prolongation of the human animal bond, the support of client quality of life, the improvement of client health literacy, a strengthened veterinary client patient relationship, and opportunities for student learning, surgical experience, oncology experience, ethics experience, internal medicine experience, these are things that are even more significant than the financial things that we can provide. This is obviously not a seven-year-old male neutered Yorkie. But this is the last case that I have.

This is just a quick note essentially. This is Britney the Cat, and the reason I wanted to include her here is because she had a history- so she presented with what we call in veterinary medicine ADR, and it's a very, very technical abbreviation. The scientific expansion of ADR is ain't doing right.

So, Britney just wasn't doing right for a while. Her eating was off. Her urination was off. Her activity was off. And through our diagnostic process we were able to diagnose this cat with diabetes and through that diagnostic process and through the communication with owners, the first question that owners sat down and asked was, wait, so my cat has diabetes like me?

And the answer was absolutely, yes, which is- and it's even more of a yes actually because cats often like to get what we like to think of in human medicine as a type two diabetes, which is exactly what this owner had. And when we were working through the process of what it's going to take to care for this cat at home, there were so many connections that we as coordinators were making with our client that really drove home the fact that this specific client, who is dealing with this chronic condition, absolutely had not received the communication and effective communication that she may have deserved from her own health care providers in order to understand her chronic condition.

You know, so we're teaching her how to provide her cat insulin and why and when you have to feed your animals and why and why diabetes occurs and how.

And in that process, we could see the light bulbs going off in this client, and that overall health literacy and understanding and empowerment over her own health condition improving via talking about her cat's diabetes, and that really just drives home that fact that as health care professionals, as public health practitioners, we have so much opportunity to make a difference, if you just take the step to have that talk and make that difference.

That brings us to the end, so of course just a thanks to all of these sponsors and supporters of PAWS, as well as all of our individual and community level supporters as listed on the screen. Could not do what we do without all of them.

And if you're interested in learning more, keeping in touch, we are available on Facebook and square and Instagram. You can directly email us at UFPAWS@gmail.com and we actually recently did a podcast with WUFT through their NPR station about PAWS so you're welcome to listen in to that podcast. I'm sure the views would be useful.

A bunch of citations related to pet ownership, veterinary health literacy, and the sort of overlap between animal and human health.

And I know we only have like a literal minute left. But if there's any questions that come up later, you're welcome to email me. My email is literally just dmims@UF.edu, and here's more pictures to appreciate.

>> CLAUDIA FRIEDEL: Thank you so much, Devon, that was amazing. That was really great.

I know that we are running out of time, so as Devon said, if you have any questions, feel free to email him or myself, and I can connect you. And thank you again. I really appreciate your time and your expertise and your willingness to share PAWS with us. This was great.

>> DEVON MIMS: This was so fun. I really enjoyed this presentation. I'm happy to be here and I'm happy to share the work that we do. I love it if you couldn't tell.

>> CLAUDIA FRIEDEL: We can. Thank you so much. I really appreciated everyone's time, and as I said earlier, we will let you guys if we get re- funded, we should know in a couple of months. That's my hope that we are, and we will see you all later.

Thank you, bye, everyone.

>> DEVON MIMS: Thank you again, Claudia, bye. Everyone.

(End of webinar.)

** Edited **

Recommendations and Findings:

- The One Health approach is simply an interdisciplinary model of human, animal and environmental health that emphasizes an interconnectedness between all of those fields; the same systems of oppression that impact human health have an impact on animal health (e.g., poverty).
- Many people with limited income, including people with disabilities, are forced to choose between healthcare for themselves or healthcare for their animal companion(s)/service animal(s). This often times leads to owners forgoing their own healthcare in order take care of their animals.
- Eliciting feedback from stakeholders can shed light on overlooked issues, many of which have straightforward solutions.
- Recommendations include taking the inherent link between animal and human health into consideration and gathering feedback from stakeholders in order to gain important perspective.