

Community Engaged Scholarship in a Veterinary Access to Care/Community Clinic: WisCARES

Elizabeth Alvarez, Jennifer Brooks,
Kelly Schultz, Simon Lygo-Baker,
and Ruthanne Chun

Abstract

WisCARES is an income-based access to veterinary care teaching clinic associated with the University of Wisconsin-Madison School of Veterinary Medicine, where students from multiple disciplines collaborate in a community clinic setting. Since 2014, WisCARES has provided basic veterinary care and social services to pet owners who are experiencing poverty or homelessness. Our service mission is to safeguard human-animal families by providing veterinary care and social services to economically disadvantaged populations. Our teaching mission is to improve student confidence; broaden attitudes toward diversity, equity, and inclusion (DEI); and develop interprofessional skills through participating in a two-week community clinic rotation. We do this by encouraging veterinary students to lead client communication and patient treatment while also providing opportunities to discuss ideas of cultural humility, One Health, and reflective practice. After completing a rotation through WisCARES, students experienced increased confidence managing and leading cases and in communicating with clients, especially regarding financial matters. Students also report increased compassion for diverse and low-income populations and increased comfort in working with them. This short intervention in veterinary medicine provides students with a unique learning opportunity, helping create an open and accepting veterinary profession by teaching veterinary students about access to care medicine, with a specific focus on financial strategies, diversity, bias, and cultural humility.

The WisCARES Origin Story

Wisconsin Companion Animal Resources, Education, and Social Services (WisCARES) is a service-learning program within the University of Wisconsin School of Veterinary Medicine (UW SVM), with the dual missions of: 1) providing affordable veterinary medical care to animals owned by people experiencing financial hardship, housing instability, or homelessness, and 2) enhancing veterinary and other healthcare student education by providing an interprofessional service-learning opportunity within a community veterinary medical clinic. The idea for the WisCARES program arose in 2013, when a person experiencing homelessness attempted to get care for his dog at the UW SVM teaching hospital and was turned away because of an inability to pay for services. He sought assistance from another unit on campus and the administrator in that building provided pointed feedback to the UW SVM administration for their lack of compassion. This incident was recognized as an opportunity to do better, and in 2014 the dean of the UW SVM provided funding for one full-time position dedicated to program development. Since inception in 2013, the program has grown from

a free street-medicine project led by a single full-time veterinarian paid by the UW SVM to a tiered fee-for-service veterinary clinic with seven full-time employees. As a core tenet, WisCARES has always focused on intentional growth in response to client feedback, community needs assessments, and student evaluations. Along with close adherence to the clinic's mission, this means that growth is responsive to student and community needs and avoids expensive or presumptive program deviations. In 2018, the clinic moved from a donated 900 square-foot Quonset hut into a 4,200 square-foot facility situated in a lower socioeconomic zip code area along a bus route that was lacking veterinary care. A large proportion of the program's clients do not have access to reliable transportation, and accessibility was a primary consideration of location selection.

Homelessness, Housing Insecurity, and One Health

People experiencing homelessness and poverty have frequently experienced a lifetime of disadvantages that reinforce one another over time and deplete a person's ability to successfully manage subsequent hardships (Macia et al.,

2021; Padgett et al., 2016; Renson et al., 2025). In addition to homelessness and poverty, other related disadvantages may include childhood housing instability and unsafe living conditions, (Boesveldt et al., 2024; Rensen et al., 2025), mental health struggles (Kang, 2022), substance abuse (Tsai & Rosenheck, 2013), parental abuse or neglect in childhood (Boesveldt et al., 2024; Rensen et al., 2025), and inadequate access to healthcare due to finances or geography (Ramphal et al., 2023). These social and environmental factors are associated with poor health outcomes (Stafford & Wood, 2017).

At first blush, caring for an animal while struggling to pay bills or maintain housing might not make financial sense, but many have decided that the benefits outweigh the costs (Irvine, 2013). Animal companionship has been associated with improvements in health, such as lower stress levels (Beetz, 2012), decreased risk for cardiovascular disease (Schreiner, 2016), improved mental health (Watson & Dreschel, 2024). A large body of evidence also shows that most people benefit from the emotional and caretaking bond that they create with a companion animal (typically cats or dogs, but many other animals serve as emotional companions as well). These benefits could come in the form of protection in unsafe living environments (Reese et al., 2017) but the most common benefits come from the emotional stability pets provide (Brooks et al., 2018; Brown et al., 2016; Friedmann & Thomas, 1995; McConnell et al., 2011) and in the physical chores and rhythms of caretaking that animals require (Barcelos et al., 2020). This partnership is called “the human-animal bond,” and strengthening this bond results in mutual stress reduction and trusted companionship. In addition, many pet owners find purpose in caring for their companion (Cronley et al., 2009; Hodgson et al., 2015). At the same time, pet owners may not seek their own medical care or safe shelter if it means leaving their companion animal behind (Barrett et al., 2018; Ma et al., 2024).

According to the American Veterinary Medical Association (AVMA), one in two families who earn above the federal poverty level, but who do not have sufficient funds for a basic household budget, own at least one cat or dog. In Dane County, Wisconsin, which includes the city of Madison and the surrounding area, approximately 57,500 households live paycheck to paycheck, which equates to about 23% of the county population (United for ALICE, 2024; United Way Wisconsin, n.d.). According to the Dane County

Homeless Services Consortium (HSC) up to 800 people are homeless within the area, sleeping in shelters or encampments (Homeless Services Consortium of Dane County, 2026). Along with this are those people who live in their cars or in motels, sometimes living with friends and couch-surfing. There are general estimates across studies that range between 10% and 25% of this population own pets (King et al., 2024).

WisCARES embraces One Health—the concept that the health of humans, animals, and their environment is linked—and leverages these connections to promote health in all three domains (Overgaauw et al., 2020). Maintaining the health of the animal companions of people experiencing homelessness and poverty maintains the emotional support, safety, and life purpose to at-risk populations, and by treating or preventing zoonotic disease, the human companions and community can live healthier lives (Conway et al., 2022).

WisCARES Clients and Services

WisCARES provides preventive and ongoing veterinary medical care, animal fostering, housing advocacy, and other support services to pet owners who have low incomes or are experiencing, or are at risk of experiencing, homelessness. The program prioritizes assistance to families who are unable to pay for veterinary medical services. The goal is to keep pets with their owners and prevent surrender to animal shelters by empowering people to care for their animals, providing housing resources, and helping people and their animals access the social support and healthcare services they need.

As requests for care from people experiencing homelessness rose, the program had to consider how to meet this need while remaining financially sustainable. To do this, services were expanded to include people who are housed but still financially vulnerable, and three payment tiers were developed: people experiencing homelessness, people whose housing costs meet or exceed 70% of their monthly income, and people who are stably housed. All clients have incomes at, or below, 200% of the federally defined poverty level. Staff members talk through a brief qualification questionnaire with potential clients to determine the correct tier, and this qualification is reviewed annually and adjusted as needed.

Client demographics are also collected. Approximately 45% identify as people of color and about 15% self-report being part of the LGBTQ+ community. A large percentage of clients, 60–

70%, disclose a physical, cognitive, learning, or emotional disability. Unhoused people account for 10% of the WisCARES clientele.

The WisCARES clinic is a full-service veterinary hospital that is open five days a week from 9:00 a.m. to 4:00 p.m. The clinic serves roughly 10–25 patients a day for routine wellness, urgent care, and chronic disease management; soft tissue surgeries and dental procedures are also offered. Basic diagnostic capabilities—including radiology, ultrasound, and clinical pathology laboratory equipment (centrifuge, microscope, in-house complete blood count [CBC], chemistry, and urinalysis analyzers)—are also available. Most appointments are scheduled, but 5–10 urgent care or same-day appointments are seen weekly. WisCARES continues to foster and build new relationships with companies that supply free or low-cost products to support the program's community mission and introduce students to their products. Industry collaborators currently provide an estimated \$200,000–\$250,000 in free product and supplies, including pet food, preventative and medical pharmaceuticals, and diagnostic equipment.

The core interprofessional team of veterinarians, veterinary nurses, and social workers operate to improve access to veterinary care for low-income populations. This is accomplished through work to positively impact trust in veterinary and human healthcare systems, encourage use of animal preventive care and early disease detection, support access to safe human shelters and housing, and improve social connection. Two full-time social workers help clients with care beyond the immediate medical needs of their pet by assisting with additional pet related needs, such as provision of pet food, leashes, harnesses, toys, beds and carriers, as well as encouraging talk-support to relieve anxieties about pet's conditions. Care is also provided with non-pet related needs, such as securing housing resources, domestic abuse resources, and other community connections. A unique service in direct support of human health is the foster program. Early in program development, WisCARES responded to a common client need for safe temporary pet sheltering by providing up to two weeks of free animal boarding so that clients could access their own healthcare. Beginning in 2017, WisCARES began providing up to 90 days of free foster care to companion animals whose owners needed help during transition periods in their lives. These circumstances can include sudden loss of a stable living environment, hospitalization,

entry into rehabilitation programs, short-term imprisonment, and other unexpected situations.

Pet owners experiencing homelessness often report a tendency to seek medical care for their companion animals before care for themselves (Ramirez et al., 2022). This speaks to the importance of the human-animal bond and the high level of trust people have in their veterinary medical providers. WisCARES carefully leverages this trust and partners with the UW Schools of Pharmacy, Social Work, and Medicine and Public Health, as well as the Dane County HSC, to offer services to the people who bring their animals to WisCARES. The HSC is a highly valued collaborative community partner and forms a crucial relationship to the clinic's mission; WisCARES receives referrals from HSC member organizations and refers clients back to them for social services.

In 2016, a Community Health Needs Assessment conducted by Madison Area Care for the Homeless One Health (MACH One, now Madison Street Medicine) found that the most prominent barriers to accessing preventive/wellness human healthcare included the inability to afford care, insufficient transportation, mistrust of the healthcare system, and fear of judgment (personal communication, 2016). A follow-up assessment in 2021 found these barriers virtually unchanged (personal communication, 2021). Similarly, a 2018–2019 survey of WisCARES clients by a physician from the UW Department of Family Medicine identified fear of treatment, fear of medical provider judgment, and mistrust of the healthcare system, as predominant barriers (personal communication, 2019). Because of these findings, WisCARES can be more sensitive to the needs of our clients and we can use this information to prepare our students to be more conscientious practitioners in their service-learning work.

Integration of Teaching, Learning, and Community Engagement

WisCARES is intentionally located in a lower-income community to be accessible to our clients and provide a collaborative service-learning practical educational experience. Veterinary students consult with WisCARES veterinarians to deliver low-cost, high-value veterinary care to families experiencing poverty or homelessness—a relationship of mutual benefit. WisCARES clients serve as members of the program's advisory board and are employed at the clinic. This best practice brings community members' perspectives into

important conversations and decisions.

In 2018, WisCARES developed a two-week elective clinical rotation for fourth-year veterinary students. Presently, up to 70 UW SVM students (73% of the class) per year take the rotation, with some students electing to take the rotation a second time. UW SVM students in years one through three of the curricula and pre-veterinary undergraduate students also participate at WisCARES through paid hourly employment and volunteer opportunities. Students from other schools, including Iowa State University, the University of Minnesota, and Colorado State University, travel to Madison to take the clinical rotation. In the classes of 2026, 2027, 2028, and 2029, 11–21% of the veterinary medical students self-identified as being a person of color. They also answered the following questions (among others) on their veterinary school application form: 1) Do you consider yourself to come from a disadvantaged background? 2) Did your background include long-term economic hardship? 3) Are you a first-generation college student? No definition of “disadvantaged background” or “long-term economic hardship” is included on the application form. In each class, 10–20% identified as having come from a disadvantaged background, 17–29% of each class identified as having experienced long-term economic hardship, and 13–26% of each class reported that they were first-generation college students.

Like many clinical teaching environments, the daily clinic schedule includes morning rounds, followed by patient receiving and procedures, with a late afternoon wrap-up session. The rounds and wrap-ups combine veterinary medical topics with broader topics aimed on developing students’ awareness and reflection of the human side (both self and other) of veterinary medicine. These include social work rounds (week one: homelessness, poverty, privilege, and social determinants of health; week two: wellness and self-care), reflective writing rounds, and communication rounds (week one: review of core skills with discussion of client interactions; week two: discussion of client interactions and reflection on how students intentionally worked on one chosen skill since week one). Time spent working with patients and clients is intentionally balanced with discussion and debriefing; the aim is to enhance students’ reflection on their interactions build understanding of the community with which they engage.

The clinical emphasis of this rotation is grounded in a contextualized care philosophy,

defined as “an approach that is intentionally shaped by the aims, knowledge, experiences and circumstances of individual animal caregivers and veterinary professionals, acknowledging the wider contexts of each clinical encounter, to deliver the most appropriate welfare-focused care for every animal.” (Skipper et al., 2024, page 117). The approach is based on tailoring treatment and support to each client’s individual circumstance, acknowledging the broad context and not purely focusing upon the medical situation alone. In other words, this means that veterinary providers who operate in a free-market economy and must rely on clients to provide financial support and home care to their pets can create solutions that are both financially feasible and medically appropriate. Providing veterinary medical care in a low-resource setting differs vastly from a traditional teaching hospital, with its myriad available referral services and resources. In the teaching hospital setting, students may start to believe that there is a hierarchy in the provision of care, capped by a “gold standard” toward which they should strive. Rather than working toward this standard, WisCARES emphasizes developing a plan that includes a range of high-quality, evidence-based options that meet the clients’ and patients’ needs (Brown et al., 2021; Fingland et al., 2021; Stull et al., 2018). Students work directly with pet owners through decision making, understanding diagnostic findings, and initiating treatment plans. Thus, they must utilize an appreciation of the individual situation and an understanding of the contextualized approach to co-develop a plan that works for both the attending veterinarian and the client.

WisCARES’ rotation is designed to provide a practical clinical experience where students take on more responsibility and serve as the lead clinician on cases by determining the diagnosis and treatment of general practice preventative medicine and diseases of small animal species. Although the students are heavily supported and guided, they are the primary contact with pet owners through most of the process. This provides students with greater insight into the complexity of each client’s situation and how it may impact what can reasonably be achieved in each case. As students deepen and broaden their experience, they grow in their ability to manage a case and ultimately work as independent practitioners when they finish veterinary school.

Three areas of emphasis underpin WisCARES’ approach to student learning. First is the provision of opportunities for students to develop greater

cultural humility and a belief in the importance of positive client relationships. Since students vary in their experience with people living at society's margins, each rotation begins with a discussion of the dynamics of poverty and homelessness, and how those may influence clients' perception of the world, including how they may approach obtaining veterinary care for their animals. Cultural humility is an ongoing process of self-examination regarding personal and cultural beliefs, de-centering those, identifying implicit bias, and actively seeking to understand the personal and cultural beliefs of others (Tervalon & Murray-García, 1998). Development of cultural humility requires an awareness of one's own implicit biases, understanding one's identity, and how these affect judgements and decisions. At WisCARES, an assumption based upon implicit bias may take the form of an upper middle-class student assuming, without evidence, that an unhoused client will not be willing to follow through with treatment recommendations. After working with such a client, the student may be able to reflect on the experience, identify the faulty assumption, and approach the next client situation with a more open mindset. As the student continues to have client interactions that challenge their implicit bias, they will also grow in their ability to see each owner not as a stereotype, but as an individual within a particular situation, and be able to develop an effective relationship.

Development of communication skills, specifically the ability to effectively relay the complexities of a patient's situation, is the second area WisCARES emphasizes. When veterinary students first begin working with clients, they may struggle to explain clinical details in a way that is thorough and understandable to owners who lack knowledge of medical terminology. The first three years of veterinary school require that students learn and speak the medical language of veterinary medicine, which is an important part of developing a professional identity (Cruess et al., 2014). As students move into clinical practice, it can be a challenge for them to translate this language for people who do not speak it, leaving owners feeling intimidated, disempowered, or unable to engage. This may be especially true with families who have not routinely taken their pets to a veterinarian. Students work with 35 to 40 clients over the two-week rotation, during which they work on finding a balance between communicating professionally and translating for a lay audience. They consult with staff before, during, and after these conversations

to plan, problem solve, debrief, and process the experience. As students take what they learn from one conversation, apply it to the next, and debrief the interaction with clinic staff, they are also improving their relationship-building skills. Students are encouraged to use empathy, reflective listening, open-ended questioning, and attention to non-verbal behavior to communicate intentionally and build trusting client relationships. The goal is for clients to understand what is happening with their animal, feel that they are treated respectfully, know that they are taken seriously, and, because of this, are more inclined to obtain regular veterinary care.

The third area of focus is encouraging students to explore their experiences through reflection, debriefing, and discussion. A substantial amount of time is devoted to these processes so that students will be better able to understand the community they engage with and communicate safely and effectively within that community. Since 2021, with the hire of a social worker with experience in higher education, the WisCARES curriculum has expanded to include specific social work topics discussed above through dedicated small-group discussions, one-on-one conversations, and reflective writing opportunities. Preliminary survey data show that students who worked with the social worker were more likely to feel comfortable working with people experiencing low-incomes, homelessness, or who were of a different race or ethnicity than themselves. This success has led to the addition of a second social work position in 2024, which will enable greater engagement and development (Alvarez, et al. 2024).

Impact In the Community

Since WisCARES' beginning in 2013, the goal has been to build an effective, community-needs-oriented, sustainable program without overextending resources or experiencing mission drift. Most clients learn about the program through word of mouth or referrals from community organizations. Despite not advertising, the program is still unable to satisfy all the requests for services, and people are turned away daily due to lack of space. Each year, WisCARES sees about 3,000 appointments, gives nearly 2,400 vaccines, and moves over 10 tons of affordable pet food into the community. WisCARES has helped roughly 3,800 families, many with multiple pets. Of these families, 21% have been clients for over 2.5 years, and a handful of long-term clients have trusted us with their animals since program inception.

Some clients (38%) only come in one or two times, typically for wellness exams and vaccinations. These numbers reflect diverse client experiences. Some clients need long-term support due to chronic disability or factors related to chronic economic instability. Other clients just need a little help when times are difficult and return to donate and offer help to others when they get back on their feet. For example, during 2020, many families just needed one round of vaccines to maintain their pets' care until COVID-19 restrictions eased and their incomes returned to normal.

WisCARES is not a high-volume, low-cost clinic. The goal is to offer a client experience that, despite being inexpensive, does not feel substandard. Students and staff explain all diagnoses and treatment options, and then work with clients to decide what works best for their family. Clients report that they trust, respect, and value WisCARES because they can make informed choices at feasible prices, and students learn to trust and respect clients who are making the best decisions they can within their current life and economic circumstances. WisCARES maintains excellent online ratings (4.7/5.0 stars on Google, 4.7/5.0 stars on Facebook) and annual client surveys come back with consistent feedback that clients feel heard and cared for while getting good veterinary care:

The best vet in Madison for people with financial disparities. They do everything in their power to help you and your animals. Everyone at wiscares is extremely friendly and very understanding of people's situations. They have the biggest hearts, and they do their jobs wonderfully. Hands down the best vet team in Madison.

To provide an additional layer of client care assessment, the clinic conducted a client needs assessment in 2024 to see if we were providing items and services that clients needed and to determine directions for future growth that would be most advantageous. Clients reported that services we already provided were important to them, like having available food, pet cleanliness supplies (shampoos, litter boxes, etc.), and social workers to help them find resources. They also reported that they would like more grooming services, dental health options, and pet transportation (Schultz et al., 2025), which the clinic is now working to improve access to.

Impact On the Students

WisCARES' physical location within the community served provides students the opportunity to learn and practice access-to-care veterinary medicine in a setting away from the teaching hospital. As they meet clients and discuss finances and treatment options, students gain an appreciation for how clients' economic constraints, personal capacities, and cultural beliefs affect treatment diagnostics and plans. Additionally, the day-to-day clinical activities at WisCARES more closely approximate general practice than a teaching or specialty referral hospital, and students take the lead on their cases. Serving as the lead clinician involves obtaining histories, conducting physical examinations, and making decisions about diagnosis and treatment options. Working in this capacity, students can see the importance of understanding clients' backgrounds, strengths, and challenges, which enhances learning outcomes and understanding of the community (Alvarez et al., 2020; Alvarez et al., 2021; Alvarez et al., 2022).

Emphasizing cultural humility is critical to developing this appreciation for clients' circumstances and decisions. It involves understanding that the way a person sees the world and interacts within it is simply one perspective, rather than a standard to which other ways of being are compared. This ability to consider clients' lived experiences and how these experiences impact what they believe, say, and do, may assist students in approaching their work with greater empathy, curiosity, and openness when they are practicing veterinarians. The result may be a better ability to work with clients to find solutions rather than becoming frustrated or angered with the approaches pet owners take (Alvarez et al., 2020).

Understanding and advancing contextualized care medicine has important implications for the profession. Kipperman, et al. (2017) found that over 50% of surveyed veterinarians believed that the quality of care they were able to provide was impacted by owners' financial restrictions (Kipperman et al., 2017). Believing and teaching that "gold standard" care should be the objective of every patient interaction has a negative impact on clinician wellbeing, particularly for recent graduates who have yet to build resilience in independent practice, as this level of advanced care is often not possible or necessary. Students need to learn that there are many possible responses to a case, and that the most appropriate depends on understanding the owners' unique circumstances. Being able to tailor diagnostic and treatment

options collaboratively with each client and patient is a key competency that will allow graduates to take a more realistic approach to future practice.

Student feedback on their WisCARES experience is consistently positive, with students reporting that they come away from the rotation with increased self-confidence and skills in communication, case-management, general clinic workflow, and leadership (Alvarez et al., 2020; Alvarez et al., 2021; Alvarez et al., 2022; Alvarez et al., 2024).

Impact Within the Profession

Community engagement can be thought of as a continuum—ranging from outreach, with information flowing in one direction, through partnership models involving shared leadership (Centers for Disease Control and Prevention, 2011). Since its inception, WisCARES has been informed by the needs and voices of people experiencing poverty and homelessness. Frequent and regular client surveys and needs assessments are performed, with the responses leading directly to changes and expansion in the clinic's offerings. Through these venues, clients often share their challenges finding affordable pet-friendly housing, reliable transportation, living-wage employment, and healthcare. Based on client feedback, WisCARES social services staffing was recently expanded so that every client who wishes to speak with a social worker is able to do so. While veterinary students, veterinarians, and veterinary nurses provide care for animal patients, social work students and social workers provide care for the patients' human companions. As an interdisciplinary organization, WisCARES is a leader in the emerging concept of One Health veterinary clinics. In practice, One Health at WisCARES means that a client's expressed concern for their animal's wellbeing is an opportunity to discuss mental health, help develop a plan for leaving an abusive situation, or find a clinic where the client can get their blood pressure checked, for example.

In addition to teaching and practicing contextualized access-to-care medicine, WisCARES consults nationally and internationally with veterinary schools, practices, and allied organizations seeking to establish similar clinics in both the non-profit and for-profit sectors. By sharing WisCARES successes and failures over the past 11 years of providing care to vulnerable populations in a teaching clinic, the understanding of this approach within the profession increases.

Witnessing the continued building of momentum around accessible care while being a leader in the cause is a priority. Similarly, other schools and colleges of veterinary medicine request information about the WisCARES approach to teaching access-to-care to clinical veterinary students. The WisCARES robust curriculum, with a focus on developing well-rounded professionals by building awareness of the positive effects of the human animal bond, impacts all members of our communities. As discussed, students completing a WisCARES rotation report increased confidence in both their clinical and professional skills, increased compassion for the population served, and an openness to, and satisfaction for, practicing contextualized community medicine. This bodes well for their longevity in practice and for the profession as a whole.

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The author(s) have no competing interests to declare.

Author Contributions

All authors confirm equal responsibility for study conception and design, and manuscript preparation. All authors reviewed the results and approved the final version of the manuscript.

About the Authors

Elizabeth Alvarez is a clinical associate professor at the University of Wisconsin-Madison, School of Veterinary Medicine and curriculum director at WisCARES. Jennifer Wheeler Brooks is a clinical instructor at the University of Wisconsin-Madison, School of Veterinary Medicine and director of social work at WisCARES. Kelly Schultz is a clinical instructor at the University of Wisconsin - School of Veterinary Medicine and the WisCARES program director. Simon Lygo-Baker is a senior lecturer in clinical education at King's College London. Ruthanne Chun is a clinical professor at the University of Wisconsin - Madison School of Veterinary Medicine.