



Chapter 6

SPAY / NEUTER:

**FINANCIAL ASSISTANCE PROGRAMS FOR PET CARETAKERS LIVING IN POVERTY —
WE CAN'T GET TO ZERO WITHOUT THEM**

“Cost is one of the primary barriers to spay/neuter surgery in many communities. In fact, low household income and poverty are statistically associated with having an intact cat, with relinquishment of pets to shelters, and with shelter intake. As a result, the proportion of pets from poor communities who are being euthanized in shelters remains high; shelter euthanasia rates in the poorest counties in states including California and New Jersey are several times higher than those in the most affluent counties.”

Position Statement on Mandatory Spay/Neuter Laws, American Society for the Prevention of Cruelty to Animals (ASPCA).

By the early 1980s, reduced-cost spay/neuter programs and public information and awareness campaigns had greatly reduced the number of pets that were being put down in New Hampshire shelters. In the decade after that, though, shelters, rescue groups, and spay/neuter programs hit The Wall. Whatever we did, nothing seemed to change. Year in and year out, about 20,000 cats and dogs entered the state's eight open admission shelters and 12,000 or so were put down, a shelter euthanasia rate of about 10 Pets Per Thousand People (PPTP).

Since then, we've learned why it had been so difficult to make any more progress. In the mid-1970s, less than 10% of all pets had been sterilized; 20 years later, three of every five dogs were sterilized and almost four of five household cats. As more and more pets had been sterilized, fewer were losing their lives in our shelters. This progress, however, had not reached pets living in poverty-stricken households. Their caretakers may have been moved by pet overpopulation awareness campaigns to have their pets sterilized, but most couldn't afford even lower-cost programs. The cost was still too great for them.

GETTING TO ZERO: THE PRINCIPLE OF EFFECTIVE STERILIZATIONS

In the 1970s, it wasn't difficult to increase the number of pets that were sterilized. Very few already had been. Almost every surgery increased the local pet sterilization rate.

As pet sterilization rates increase, however, it becomes more and more difficult to increase the overall pet sterilization rate. About 11 million household pets are sterilized every year in the United States, a rate of about 35 PPTP. With so many pets being sterilized already, a spay/neuter program that fails to reach previously underserved populations—such as indigent pet caretakers—can sterilize thousands of animals every year and still not have much impact on the local pet sterilization rate or the number of pets that end up in shelters because most of the surgeries would have taken place even without the program.

In many places, indigent caretakers still can't afford to have their pets sterilized. A 2008 national survey found that caretakers with annual incomes less than \$12,500 a year had sterilized only 54% of their dogs, a much lower sterilization rate than all other income groups. (Sterilization rates for other income groups are shown in Figure 5 on Page 12 of *Replacing Myth With Math*.) For cats, the lower pet sterilization rate extends even further up the income scale. A 2007 survey found that only 51.4% of cats living in American households with incomes under \$35,000 a year had been sterilized, while more than 90% of cats living in households with higher incomes had been. (See Figure 15 on Page 82 of *Replacing Myth With Math*.) Pet sterilization assistance programs for low-income caretakers can be especially valuable in communities where cats and kittens make up a majority of shelter intakes because these programs often sterilize many more cats than dogs. Our failure to increase the sterilization rate of pets living in low-income households may be largely responsible for the relatively slow progress we've made in recent years to reduce the national shelter euthanasia rate (as shown in Figure 23 on Page 109 of *Replacing Myth With Math*).

When New Hampshire legislators first suggested setting up a program so that people with poverty-level incomes could have their pets sterilized for only \$10, some of the other legislators opposed the bill saying they didn't believe very many people would take advantage of the program. It wasn't the cost that was stopping poor people from having their pets sterilized, they said, it was a lack of responsibility, which was why they were poor in the first place. That first year, a legislative committee killed the bill.

Those of us who worked in spay/neuter programs saw things differently. We had seen how often people who were almost destitute took in homeless cats and struggled to get them sterilized or to get veterinary care for them. So we didn't give up. During the six months before the next legislative session, we stepped up our statewide pet overpopulation awareness campaign with events like the Homeless Animals Candlelight Vigil and the Chain of Collars display on the streets around the State Capitol, added supporters to our legislative network, and got the support of the Commissioner of Agriculture and the State Veterinary Medical Association.

In the second year, overwhelming numbers of people asked their legislators to support the bill and attended public hearings about it. This persuaded many legislators to change their minds. Others still worried that the program wouldn't work but agreed to give it a try, voting for it after a "sunset" provision was added, ending the program after three years unless future legislation was passed to extend it. It was just enough to get the bill passed.

Once the program began, our biggest problem wasn't getting enough people to participate; it was getting enough funding for everyone that wanted to. The same thing has happened in many other parts of the country after programs were established making it affordable for indigent caretakers to have their pets sterilized.

This answered the first question: If people living in poverty could afford to have their pets sterilized, would they do it? A more important question remained, though: If they did get their pets sterilized, would it affect shelter intake and euthanasia rates very much?

We began to find out the answer to the second question in the summer of 1995, after the low-income neutering assistance program had been operating for a year. Kitten season was much lighter at shelters throughout the state. Early the next year, shelters began reporting their 1995 statistics. The first shelters that submitted their statistics all reported a substantial drop in intakes and euthanasias, especially for cats. We knew, though, that these encouraging numbers could be offset by those that came in later.

As data flowed in from the other shelters, the excitement grew. It was like hitting one number after another on your Powerball card. Shelter after shelter reported the same thing. After a decade in which intake and euthanasia rates had not changed very much, now they had fallen off a cliff! As shown by the chart to the right, every one of the eight open admission shelters in the state saw a drop in euthanasias of between 15% and 58% compared to the year before!

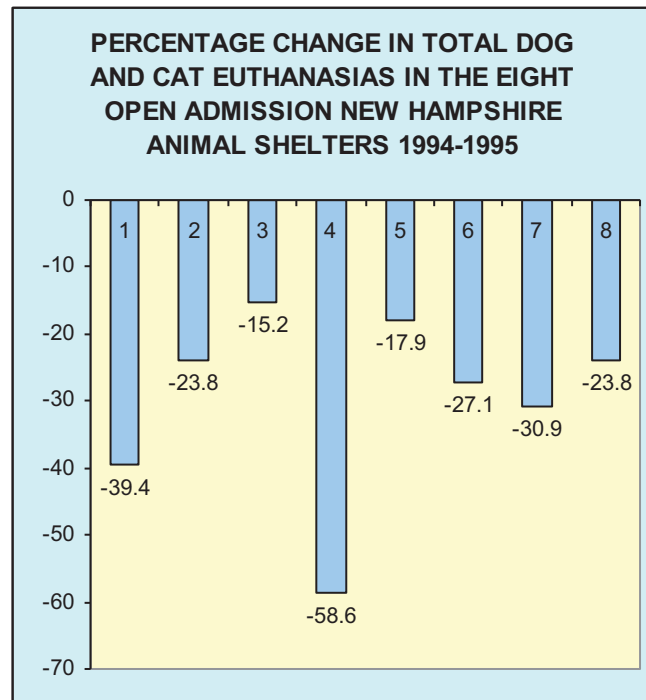
Statewide euthanasias had dropped 30% from 1994!

Other programs that have made it possible for large numbers of poverty-stricken caretakers to sterilize their pets have enjoyed great success, too. In the first seven years after Jacksonville's SpayJax program began in December of 2002, the euthanasia rate at shelters there dropped by 65%, from 23,104 in '02-03 to 7,912 in '10-11. A similar program in Tampa has made great progress as well. Since 2003, when the program started, the euthanasia rate at local shelters has been cut in half, from 34,047 to 16,321. And euthanasias in Delaware have dropped by 48% in the first four years after a low-income neutering assistance program was established there, from 10,714 in 2006 to 5534 in 2010.

Not every spay/neuter program has worked as well. Some have had little success in reducing intakes and euthanasias; others have met with no success at all. We can learn a great deal from this about what works and what doesn't. The most successful programs have these characteristics in common:

- (1). *They help only those caretakers who genuinely need help to get their pets sterilized.* Several criteria have been used to decide who can get financial assistance from spay/neuter programs, among them income targeting, geographic targeting, and programs for senior citizens.

Income targeting has proven to be the most cost-effective approach. Using eligibility for a public-assistance program like Medicaid has three great advantages:



- ◆ It doesn't discourage a caretaker from participating. People who receive Medicaid are used to showing their Medicaid card at a doctor's office or pharmacy;
- ◆ It's accurate. Over the years, the state agencies that administer Medicaid programs have set up a reliable system that separates people who really need help from those who don't; and
- ◆ It's not difficult or expensive to use. An administrator just has to ask for a copy of a person's Medicaid card. Medicaid staffs have done all the work that's needed to find out if the person really needs help.

Geographic targeting has not been nearly as cost-effective. In geographic programs, assistance is usually provided to people who live in neighborhoods or ZIPCODEs with high poverty rates, an indirect type of income targeting. The drawback, though, is that many people who live in low-income neighborhoods are not poor. The percentage of residents with poverty-level incomes in any one ZIPCODE rarely exceeds 25%. As a result, the great majority of people who can get help having their pets sterilized through a ZIPCODE program really don't need it. So even if a high-volume ZIPCODE program reduces the number of shelter intakes from the targeted area, the cost per reduced intake or cost per life saved is usually many times greater than that of a true income-targeted program.

LESSON: Income targeting has proven to be the most cost-effective way to make sure that subsidies are provided only to those caretakers who genuinely need help to get their pets sterilized.

Programs that attempt to geographically target their services by bringing a mobile surgical suite to a low-income neighborhood can be even less cost-efficient than a ZIPCODE program. Middle- and upper-income caretakers in search of a bargain can travel to the surgical site in the low-income neighborhood while indigent caretakers—who may not have as ready access to transportation—may have much more difficulty getting their pets there, even if they live in the neighborhood.

Programs that provide assistance to all senior citizens are not cost-effective either, for many of the same reasons. People over 65 are less likely to be poor than younger people, so a program that limits eligibility to seniors can be even less cost-effective than a totally untargeted program, which gives help to anyone who asks for it.

GETTING TO ZERO: THE ROLE OF TARGETED NEUTERING ASSISTANCE PROGRAMS

As mentioned earlier, reaching previously underserved populations is one of the best ways to achieve effective pet sterilizations. Pet sterilization data from surveys and local shelter intake statistics can help you decide which group to help.

The next step is to understand why the group's pet sterilization rate has lagged behind. Once the barriers that need to be overcome—such as cost, accessibility, or caretaker education—have been identified, programs can be designed to overcome them.

- (2). *They are affordable for pet caretakers with poverty-level incomes.* If a caretaker has to pay more than \$10 or \$20 to have a pet sterilized, many people living in abject poverty—the people a program needs to reach the most—won't be able to afford it.

In New Hampshire, we learned the importance of affordability the hard way. At first, our low-income program covered the cost of surgery and shots but failed to include the pre-surgical examination that many participating clinics required. Caretakers had to pay for that themselves, which effectively increased the co-payment they would have to pay from \$10 to \$30 or more. As a result, many who had gone to the trouble of applying and been found eligible didn't follow through with the sterilization once they discovered how much they would have to pay. In 2000, we expanded the program so caretakers would not have to pay the exam fee. The follow-through rate increased by more than 50%.

LESSON: To bring pet sterilization within the reach of indigent caretakers, the total amount they have to pay must be no more than \$10-20.

Voucher programs—in which caretakers can use a coupon to cover part of the cost of pet sterilization—usually don't work well either. Even if the voucher has a value as high as \$50, that still leaves the co-payment too high for most indigent caretakers to pay.

- (3). *They are accessible to poverty-stricken caretakers.* Cost is not the only barrier that indigent caretakers need to overcome to get their pets sterilized. They also need to have a way to get their pets to the place where the surgery is performed and back home again. This is a

problem for many of them. A program that provides services through a network of private veterinary clinics can be accessible if enough clinics participate. A mobile surgical unit can also increase accessibility. In many cases, though, it is more cost-effective to transport pets to a fixed-site clinic rather than operate a mobile surgical unit. This is especially true when caretakers live in remote and sparsely populated areas that make a mobile unit more costly to operate.

- (4). *They have enough funding to help sterilize large numbers of animals from indigent households every year for several years.* Getting enough funding is usually the most difficult challenge a pet sterilization program for indigent caretakers must overcome. That's what created The Wall in the first place—our failure to provide enough help so that caretakers living in poverty could sterilize their pets at the same rate as everyone else.

In the United States, people living in households with incomes below the federal poverty level acquire about 3 million intact cats and dogs every year. In a city with 100,000 residents, then, between 800 and 1,200 intact cats and dogs will enter poverty-stricken households each year, depending on the local poverty level. Broken down into a rate per thousand residents, people who receive Medicaid will acquire about 8-12 Pets Per Thousand People (PPTP) every year. Using this figure, we can estimate how many pets a program for indigent caretakers needs to sterilize to bring the pet sterilization rate in low-income households up to that of more affluent households. A reasonable—but ambitious—goal is for the program to help sterilize half of the intact pets indigent caretakers acquire each year or about five pets for every 1,000 residents that live in the area.

LESSON: A low-income pet sterilization program that helps sterilize 5 pets living in Medicaid-eligible households every year for every 1,000 residents will significantly reduce local shelter intake and euthanasia rates.

The 5 PPTP benchmark can be used to estimate the amount of funding that a low-income pet sterilization subsidy program will need. For example, if a program paid veterinary service providers an average of \$80 per surgery—not counting the co-payment paid by the caretaker—and administrative costs totaled \$20 per surgery, each surgery would cost the program \$100. To reach a volume of 5 PPTP, the program would need about \$500 every year for every 1,000 local residents.

Broken down to a per-capita rate, in the example above a low-income pet sterilization subsidy program would cost 50 cents a year for every person living in the area it serves. Compared to what communities have spent in the past to help low-income people have their pets sterilized, this may seem like a great deal of money. Many communities, though, now spend more than \$5 per resident every year on animal control and sheltering, so deciding whether 50 cents a year is a little or a lot depends on your perspective.

An effective program not only has to reach a volume of 5 PPTP every year, it also must sustain that volume over the years. If it doesn't, the progress it has made can quickly be reversed because the 5 PPTP benchmark comes from the number of intact pets that enter poverty-stricken households every year. To avoid losing ground, the program's volume must keep up with the number of intact pets that enter these households each year. If it does, it will probably make steady progress for several years, because most of the pets it sterilizes will be young and it will take some time for all age groups to reach a higher sterilization rate.

Securing this level of funding is a great challenge. It can be done, though, as will be discussed in Chapter 9.

It's a critical barrier to overcome. Experience has shown that if we don't help enough low-income caretakers have their pets sterilized, we'll fail to end overpopulation in our shelters. It's that simple.

"THE VALUE OF USING PETS PER THOUSAND PEOPLE (PPTP) STATISTICS

As mentioned earlier, when shelter information is broken down into PPTP form, it becomes easy to compare the intake, adoption, and euthanasia rates of different communities and to calculate national rates. It also makes it easy to put together a budget for a low-income neutering program. So, for instance, if the program has expenses of \$100 per surgery (a subsidy of \$80 and administrative costs of \$20 for each surgery) and provides funding each year for 5 surgeries per 1,000 residents (5 PPTP), it will need \$500 a year in funding for each 1,000 residents in the area it serves or 50 cents per person per year.

LESSON: Many intact pets enter low-income households every year, so pet sterilization assistance programs must sustain a high volume of surgeries every year to avoid losing the ground they make.