



Chapter 9

GETTING TO ZERO: THE ROADMAP

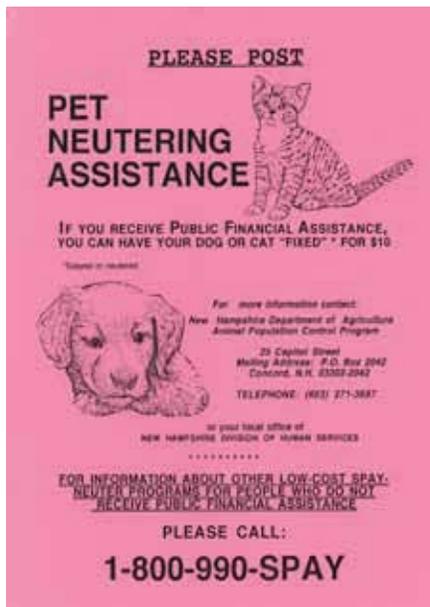
“Whether you believe you can do something or believe you can’t, you’re probably right.”

~ Henry Ford

As mentioned earlier, the establishment of the state-funded neutering assistance programs in 1994 encouraged us to put together a step-by-step Millennium Plan to end the killing of cats and dogs for space or treatable illness in our state’s shelters by the year 2000. We thought only about 3,400 of the 11,494 cats and dogs euthanized in our shelters the previous year—about 3 Pets Per Thousand People—had been put down because they were too aggressive to be safely placed in a new home or too sick. To accomplish our goal, we needed to reduce shelter euthanasias by 8,000 cats and dogs in the next six years.

We tried to save lives in two ways: by reducing the number of pets who entered shelters and by increasing the number who left alive. We knew from past experience that intake rates were easier to change than adoption rates, so we set out to reduce intakes by 6,000, from the 1993 total of 19,381 to no more than 13,381 in 2000, through expanded spay/neuter programs. Shelters worked to ac-

compleish the second part: to increase adoptions by at least 2,000 cats and dogs, raising the statewide adoption rate from 7.3 Pets Per Thousand People to 9 PPTP.



To reach our spay/neuter goals, we had programs for all groups of pet caretakers: those who needed financial help to afford to get their pets sterilized, people who could afford to have their pets sterilized but hadn't done it yet, those who hadn't done it before the pet had a litter, and people who adopted intact cats and dogs from a shelter.

To increase the number of people who participated in state- and privately-funded spay/neuter programs—including STOP's own programs—we set up a toll-free spay/neuter information and referral line modeled after SPAY/USA's national referral service and widely promoted it with brochures and posters, like the poster on this page. This way, we could refer everyone who called us to the best program for them. Two months later, we called them back to see if they had fol-

lowed through and, if not, we asked what we could do to help. We also worked with human-service agencies, community action programs, and town welfare offices to make sure that people found out about the spay/neuter programs and the Spay/Neuter Hotline.

The state-funded neutering assistance program also provided sterilization subsidies to people who adopted intact pets from shelters, making it easier for them to get their pets sterilized. In the late 1990s some shelters began sterilizing intact cats and dogs before releasing them to new homes, so fewer and fewer pets adopted from shelters were placed intact.

To reach people who could afford having their pet sterilized but hadn't gotten around to it yet, we stepped up our public information and awareness campaign, widely distributing brochures and posters about the benefits of timely pet sterilization to local veterinary hospitals. We also got several spay/neuter public service announcements from the American Humane Association and arranged to have them broadcast on cable television channels.

We worked to increase shelter adoptions, too. In 1997, the New Hampshire Federation of Humane Organizations launched a year-long Adopt-A-Shelter-Pet campaign with special adoption-related events and promotions. The state-funded program's sterilization subsidies made it more affordable for people to adopt a pet from a shelter and some shelters encouraged them to adopt a pair of cats or kittens by offering a reduced adoption fee for a second pet or waiving the fee altogether.

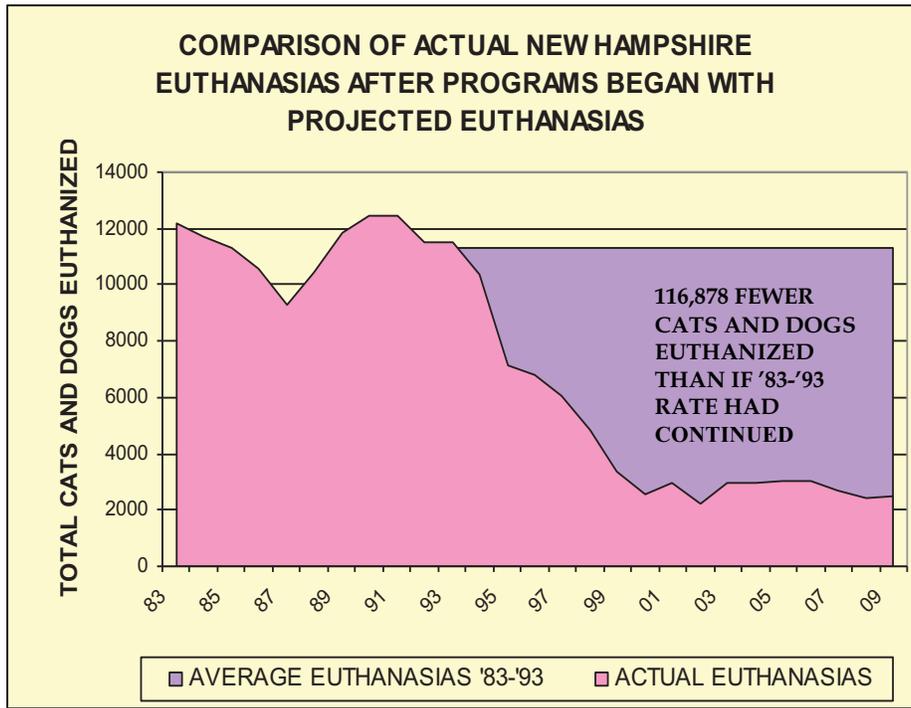
As fax machines became more widely available, STOP established a program that linked all the state's nine open-admission shelters into a single network called Pet Net. Every Tuesday, each shelter would fax us a list of all the cats and dogs they had available for adoption with information about each one, such as size, breed, and color and whether they could be safely placed in homes with other dogs or cats or young children. We would then make up a complete list of the dogs and cats available for adoption in all of the shelters and fax it back to shelters, veterinary hospitals, and rescue groups the next morning. Most shelters maintained a Wish List of breeds of dogs or pedigreed cats that adopters in their area had been looking for and matched this list against the Pet Net list each week, notifying potential adopters when an animal they might be interested in had entered another shelter or arranging for the animal to be transferred to their shelter. We also maintained a Pet Net Line that people looking to adopt a pet could call. If we could not locate a shelter pet for them right away, we maintained our own Wish List and contacted people when an animal like the one they were looking for had entered a shelter.

Achieving the goals of the Millenium Plan depended on getting reliable shelter intake, adoption, and euthanasia statistics, so in 1995 the New Hampshire Federation of Humane Organizations developed the standardized shelter data-reporting form mentioned in Chapter 7. Tracking sheets showed intake and disposition data, as well as information about why animals had been euthanized, surrendered to the shelter, or returned from a failed adoptive placement. This information not only helped us see how well we were doing in meeting our yearly intake, adoption, and euthanasia goals, it also helped us become aware of reasons for any increase in shelter intakes and respond to them.

As the years passed, we met each of our adoption, intake, and euthanasia goals except in 1996, the only year in which more animals entered our shelters than the year before. Intake rates dropped steadily for both dogs and cats, and by 1999 shelter adoptions had increased by a third.

We met our Millenium Goal in 1999, a year early! That year, 7,237 fewer cats and 891 fewer dogs lost their lives in our shelters than in 1993. If the death rate had remained the same—and there was no reason to expect that it wouldn't have because the number of cats and dogs put down when we started was slightly higher than average for the previous decade—more than 180,000 cats and dogs would have lost their lives in New Hampshire shelters in the 16 years since 1994, when the programs began. As shown in the chart on the next page, the shelter death toll during this period has been only 65,378, a saving of 116,878 lives:

Not all of these lives were saved by the state's publicly-funded neutering assistance programs, to be sure. Spay/neuter programs operated by shelters and advocacy groups have helped, too, as well as our pet overpopulation public-awareness programs. All told, these public and private programs have cost about \$6 million over the past 16 years, an average cost of about \$50 per life saved. These costs were shared by people throughout the state, making it a remarkable bargain. All of this was accomplished at an average cost of about 30 cents a year to each person who lived in the state!



As shown in the chart above, since 2000 we’ve managed to avoid returning to the days when adoptable shelter pets were put down to make room for other cats and dogs that had become homeless. Between 2,500 and 3,000 cats and dogs have been euthanized in our shelters each year, mostly because of illness or aggression. Our work is far from complete, though. We still have feral cat colonies throughout the state, and each year kitten season stretches our sheltering capacity to the breaking point. It just doesn’t snap it like it used to.

LESSON: Every community can afford the programs it needs to stop killing adoptable cats and dogs that have become homeless.

Our experience shows that a community can manage homeless cat and dog populations without killing shelter animals for space or treatable illness. The continued use of euthanasia to control the size of its cat and dog populations is a choice a community makes, not a necessity.

Illness/rabies test	1,415
Aggression/behavior	827
Feral	219
Other	34
Space/overcrowding	0
Total dog and cat euthanasias	2,495

It may take longer to end shelter overpopulation in many parts of the country. When our programs began in 1994, we already had a head start—our shelter euthanasia rate had already been reduced to 10 Pets Per Thousand People (PPTP), less than it is now in many places. Private clinics were already providing veterinary services throughout the state. And a strong advocacy group, the New Hampshire Federation of Humane Organizations, had been working to reduce overpopulation here for many years.

At the same time, however, we did not have many of the resources that have become widely available since then. Back then, the only way to provide veterinary services was through private veterinary clinics. Specialized high-volume clinics, mobile surgical suites, and MASH-type programs were just being developed. Pediatric spay/neuter was not widely practiced and sterilization-at-adoption programs were in their infancy. There was little precedent for publicly funded spay/neuter programs and a fraction of the private funding that funders now provide to pet sterilization programs. And the survey data and research findings that could help inform programs were few and far between.

Perhaps most importantly, there were no models to follow. No one knew how to stop the killing or even if it could be stopped. Progress since then has been quite uneven across the country. The average national shelter death toll is now about 10 cats and dogs per 1,000 people. In some areas, the death rate is twice that rate while in others it is just a fifth as high. Comparing the experience of places with high and low shelter euthanasia rates can give us some idea of the barriers that need to be overcome to end overpopulation in our nation's shelters and how they can be overcome.

Here's what we have to do:

(1). Put together a national public awareness campaign about shelter overpopulation.

The last national public education campaign about shelter overpopulation, Be a P.A.L.—Prevent A Litter, was launched by the Humane Society of the United States (HSUS) more than 20 years ago. We made extensive use of the brochures and posters from this campaign in the early 1990s. It may not be a coincidence that since this campaign wound down, the progress we have made in reducing the national shelter death toll has slowed down. The progress we made in the 1970s and 1980s came in large part from the Education part of the Legislate-Educate-Sterilize triad, not from legislative initiatives or low-cost spay/neuter programs. Mostly it came from people having their own pets sterilized, not because they had to or because anyone helped them to, but because they decided that would be best for them and their pets.

Recent surveys suggest that a well-designed public education campaign could have a significant impact by raising awareness about the great toll shelter overpopulation continues to take and correcting mistaken beliefs that contribute to it. A 2009 national survey found that most people had no idea that millions of cats and dogs still die in our shelters every year—86% of the people in the survey underestimated the death toll by at least half.

In addition to their general lack of awareness, many people unwittingly contribute to the death toll because they are misinformed about issues of critical importance. For instance, in the same 2009 survey, 29% of those responding said they believed it was not appropriate to spay a female cat or dog before her first heat. Not only is this mistaken belief widespread, it is becoming more common. Thirty-seven percent of those between the ages of 18 and 34 believed this, by far the highest percentage of any age group. Another national survey completed two years earlier found that the most common reason people gave for not having had a cat sterilized was because they believed the cat would be better off by having a litter before being spayed.

The Gulf Coast Project recently undertaken by the HSUS in Louisiana and Mississippi shows what can be done. As with all well-designed social marketing campaigns, this project:

- Was based on in-depth local research that included information from surveys, interviews, and focus groups;
- Measured reactions to various messages and messengers and used those that moved members of the target audience;
- Combined explicit information about the problem with recommendations about what people can do to help solve it; and
- Repeated the message many times in many ways.

One of the major findings of the Gulf Coast Project was that people's attitudes and values were much the same in all demographic groups and in different parts of the two states, suggesting that this project can serve as a model for a national campaign.

(2). Establish training and assistance programs for local advocacy groups.

Much of the work needed to end overpopulation will be done by young, grassroots organi-

zations. They face many daunting challenges. First, they will have to collect reliable data to identify the sources of overpopulation in their community. Then they will need to translate this information into a long-term plan, selecting those programs that will best meet their particular needs. Finally, they will have to secure the resources they will need to start programs and sustain them year after year.

Right now, local groups are largely left on their own, to sink or swim. Few resources exist to help them gain the skill and experience they need to plan and implement programs, raise and manage money, and build their group into an effective protection and advocacy organization. For this reason, many will sink.

Although grassroots organizational- and leadership-development programs are scarce in this field, foundations commonly provide them to advocacy organizations in other fields. A good example is the Southern Grassroots Leadership Development Learning Program established by the Mary Reynolds Babcock Foundation for local advocacy organizations in the South. Through this program, groups received a comprehensive set of programs over a three-year period that included:

- Training retreats held over several days, in which three-person teams from each organization met with peers from other organizations to share ideas and learn about other programs and resources;
- Classes, in which members of each team met with colleagues from other organizations for in-depth presentations about specific topics, such as planning and assessment, organizational development, and using data to better inform programs;
- Technical assistance grants so that organizations could hire consultants to help them develop skill and experience in areas of their greatest need;
- One-to-one coaching by an expert for 10 days each year.
- Grants for additional training and technical assistance.

For shelter overpopulation groups, a Training and Technical Assistance Initiative could work like this. Promising local groups could first consult with an expert who has extensive experience in performing community needs assessments for animal protection groups. During the assessment and planning process, the group would receive a comprehensive set of materials about successful—and unsuccessful—programs, as well as articles, research findings, and other current literature.

Once the assessment has been completed and a plan developed, the group would receive hands-on, personal assistance from a coach who has first-hand experience in operating spay/neuter programs. In addition, a fund-raising consultant would work with the group to develop local fund-raising initiatives and grant proposals. The group would also receive assistance from a legislative consultant with extensive experience in animal protection initiatives. A program like this, called The Target Zero Institute, is now being developed in Jacksonville by First Coast No More Homeless Pets.

In the short term, a program like The Target Zero Institute could foster and nurture a new generation of local groups and leaders. Over the longer term, it could develop a new set of preventive programs to speed up the process of ending overpopulation throughout the country. In the end, we will only be able to end overpopulation by taking the same path that child-protection groups took to get children out of the mines, factories, and orphanages: by building strong and mature advocacy organizations.

(3). Secure adequate funding for subsidy programs.

As discussed in Chapter 6, unless a community provides enough help for poverty-stricken caretakers to have their pets sterilized, it can reduce overpopulation in its shelters, but it can't eliminate it altogether. It can become a place where there are not as many homeless pets, but it can't become one where there are no more homeless pets. This is especially true for cats. A national survey taken in 2007 found that more than three fourths of all intact household cats lived in households with annual incomes of less than \$35,000 a year. Slightly more than half of the cats from these households had been sterilized, compared to more than 90 percent of cats living in the households with higher incomes.

Overcoming this barrier will be the greatest challenge most local advocacy groups face. National animal protection organizations and foundations may be able to provide enough funding for the needed training and assistance programs, public awareness initiatives, and research studies, but it is unlikely that they will be able to provide enough funding for subsidy programs. It will be up to local groups to secure that funding.

In some cases, a high-volume spay/neuter clinic may be able to generate substantial funding for subsidy programs through a fee structure that charges people who don't meet income guidelines a fee over and above the clinic's break even cost. In other cases, grants and fund-raising initiatives may cover much of the cost of providing subsidies. In almost every case, though, subsidy programs will need public funding to achieve and sustain the volume necessary for their success.

National animal protection groups and foundations may not be able to provide the necessary funding directly, but they can help local groups secure it by including training in legislative advocacy as part of the training and assistance programs they provide to local groups. In addition, they can provide consultants that help groups design and implement legislative initiatives and lobbyists to help them succeed.

(4). Complete the research necessary to build the most effective programs.

Reliable information is critically important to make the best decisions about how to design effective programs and decide which programs deserve priority. In many cases, though, basic research about shelter overpopulation has yet to be completed. The establishment of shelter medicine as a veterinary specialty has come at an opportune time for this. The contribution veterinarians can make to this field extends far beyond using their medical skills and training to improve and protect the health of sheltered animals.

Research of great value could be completed in several areas:

- Meta-analyses of shelter intake and disposition data from throughout the country to determine the magnitude, root causes, and dynamics of shelter overpopulation;
- Retrospective studies of the outcomes for animals in areas served by shelters with different admission and adoption policies;
- Assessments of the cost-effectiveness, protective impact, and outcomes for animals resulting from different legislative approaches; and
- Assessments of the cost-per-life-saved of adoption programs and various preventive programs and interventions.

In addition, shelter medicine practitioners can make a significant contribution by establishing best practice guidelines and protocols for spay/neuter programs and other preventive strategies in the same way that they have developed them for the care of animals in shelters.

Shelter practitioners can also increase the impact of sheltering programs by completing research about the effectiveness of various shelter adoption counseling and support programs, dog training and puppy socialization programs, and adoption policies. This research could act as a catalyst to shorten the time it takes us to end shelter overpopulation and help sustain that progress over the years.

For the most part, the research and development stage of the struggle to end shelter overpopulation has been completed. Many different approaches have been tried to reduce the shelter death toll. Most have failed. One has worked—pet sterilization. Fortunately, we can afford to sterilize pets on the scale that is necessary. And it doesn't require trade-offs or create other problems. Just the reverse. It's also of great benefit to the animal, its caretaker, and the community.

Our experience over the past 30 years has corrected a final bit of folklore—that shelter overpopulation is unavoidable. It's not. The national euthanasia rate has been cut by more than 75%, even though preventive programs, for the most part, have been underfunded, unfocused, and uncoordinated. Some communities have eliminated the need for population-control euthanasia altogether through programs that have been only slightly better funded and well-targeted. *It has become plain that adequately funded and well-informed preventive programs can eliminate shelter overpopulation throughout the country.*

Of course, this will take some time. It will take working hard, working smart, and working together. But once that work has been done, shelters will be what people hoped they would be when the first shelters were founded almost a century and a half ago—a safe haven in which homeless animals get the help they need to find a new home.

LESSON: Shelter overpopulation is not inevitable. A community can stop killing cats and dogs that are adoptable—or could be made adoptable—by providing adequate funding for well-designed programs to prevent it.