

A **Canadian Veterinary Access Strategy** newsletter to keep you up to date!

CANVAS's first meeting!

On **May 22, 2025**, we officially launched the first meeting of CANVAS: the **Canadian Veterinary Access Strategy**, a community of practice to advance the current landscape of access to veterinary care in Canada through collaboration, national strategy and systems thinking. This newsletter offers a comprehensive summary of what we discussed, the insights shared, and the strategic directions we're beginning to shape!

What did we talk about?

- The upstream causes of limited access.
- What “access to veterinary care” truly means.
- Necessary systemic and professional changes.
- How CANVAS can support these changes.
- Initial decisions about how CANVAS will work going forward.
- Who is a part of the conversation and who is missing.

What is next for CANVAS?

Join the next CANVAS meeting!

**Thursday, July 3, 2025
12:30-1:30pm ET
On Zoom***



*Zoom link will be distributed by email to those who have already signed up or sign up before July 2.

Scan the QR code or [click here](#) to:

- **Join** CANVAS and get the link to our next meeting.
- Add your **thoughts** to the results of our first meeting.
- **Answer** our new **Questions** for you throughout this newsletter.
- Submit a recent **access to care in Canada related update** to be featured in *The Access Update* in a future issue of The CANVAS Chronicle.

What are the primary upstream causes of the lack of access to animal healthcare in Canada?



Top issues: capitalism, cost of living, policy barriers, corporatization, colonialism, geography and lack of funding.

- Emphasis on systemic inequity and regulatory complexity as structural challenges.
- Private equity as a misalignment with compassionate care.
- Blame and division within the profession can stall progress.

What does “access to animal healthcare” mean to you?

Affordable & Financially Accessible

- Care must be financially within reach for everyone, without sacrificing quality.
- Affordability must be designed into the system, not treated as an exception, so that access is not dictated by wealth, insurance, or credit.

Spectrum-Based & Contextualized

- Care should be delivered across a spectrum of options, offering meaningful interventions that match each client-patient situation rather than only what is most technologically advanced.
- Contextualized care means recognizing the diversity of circumstances and tailoring care accordingly.

Equitable & Culturally Responsive

- Veterinary care should be equitable, meaning free from discrimination based on income, race, gender, culture, ability, or other social factors.
- It should be physically and emotionally safe, culturally appropriate, and designed with inclusivity in mind.
- This includes care that supports different cognitive needs, avoids judgment, and dismantles systems of oppression.

Barrier-Free & Logistically Accessible

- Veterinary services should be available regardless of geography or transportation limitations.
- Proximity matters: services should be reasonably reachable within a community or supported through mobile, virtual, or community-based solutions.
- Efforts must focus on reducing or removing all barriers to seeking care.

Relationship & Welfare Focused

- Access to care should foster relationship-centered and patient-centered care, emphasizing trust, continuity, and compassion between care providers and animal caretakers.
- It should support both human and animal welfare, recognizing that supporting one often supports the other.
- Access means being able to improve welfare by reducing suffering, and avoid unnecessary severing of the caretaker-pet relationship.

Pet Caretakership as a Right

- Everyone should have the right to experience the human-animal bond, pet caretakership should not be limited to the wealthy.
- Veterinary care access is a key part of making pet caretakership viable and sustainable for more people.

Requires Collaboration & Policy

- A truly accessible system depends on cross-sector collaboration, equitable regulations, and proactive policy design that doesn't impede care provision.
- Access goes beyond vet services: Includes animal supplies, welfare support, bylaws/enforcement, food, etc.
- Intersections with human services: Includes animal consideration in social services and human healthcare.
- Pet caretakers need accessible information about how to navigate veterinary systems and services.

Emotional & Community Wellbeing

- Highlight the importance of emotional health supports, not just for clients, but for staff too. This aligns with, but expands on, previously mentioned wellness support roles.
- Grief and mental health are part of why access work matters

Question: Can “access to care” have one universal definition or is it inherently personal?

What changes are needed to the landscape of animal healthcare to achieve “access to care”?

Policy & Legislative Reform

- Reduce red tape and support nonprofit models by allowing them to open and operate full-service hospitals.
- Advance equitable regulations that recognize the need for targeted approaches to systemic inequities.
- Normalize contextualized care and reduce fear of repercussion by aligning regulatory frameworks with real-world, spectrum-based practices.
- Integrate veterinary access into broader public health policy, recognizing pets as part of the social safety net and emergency responses.

Addressing Cost & Funding

- Diversify payment models to include sliding scale models, payment plans without credit checks and alternative financing.
- Government investment in emergency care, preventive services, and operational and staff cost.
- Realistic pricing with accessibility by creating sustainable models that don't overburden clients or providers.

Workforce & Care Delivery Expansion

- Expand RVT roles and scope of practice, with legal and professional support.
- Incorporate para-professionals, veterinary social workers, and community vaccinators with proper support and oversight.
- Address mental health and burnout among care providers by building supportive workplace cultures and wellness infrastructure.
- Encourage use of interdisciplinary teams to deliver care in innovative, community-based ways.

Education & Cultural Change

- Rebalance faculty to include more generalists and move away from specialists that lead to unrealistic, tertiary-care focused training.
- Teach veterinary students how to implement spectrum of care models practically (e.g., diagnostic prioritization).
- Promote informed consent and patient-centered, value-based care over rigid “gold-standard” protocols.
- Build awareness about equity, cultural safety and humility, and client communication, especially when working with made-vulnerable communities.

Collaboration & One Health

- Foster collaboration between veterinary practitioners, shelters, nonprofits, public health, and social services.
- Promote a One Health approach, embedding veterinary access into broader human services.
- Acknowledge pets as integral to community health strategies.
- Promote shared knowledge models and interprofessional learning across sectors.

Innovative Care Delivery Models

- Support the development of new, flexible care models such as community care, mobile units, and value-based clinics.
- Shift from profit-maximization toward outcome-focused, access-driven models.
- Encourage corporate veterinary groups to champion access-to-care principles (“doing good and doing well” can coexist).

Systemic & Structural Change

- Reimagine the veterinary care system as one that centers equity, compassion, and adaptability.
- Develop a centralized, accessible knowledge hub to share resources.
- Shared definitions and goals for access to care across provinces/professions.
- Promote a culture of non-judgment while having critical conversations about inequity and change.

How can CANVAS promote these changes?

Be a Collective Voice for Advocacy & Policy Reform

- Unified, strategic voice for policy and regulatory change.
- Advocate at provincial and federal levels, especially around barriers like restrictive scopes of practice and nonprofit clinic limitations.
- Present a cohesive, research-backed national plan to policymakers.
- Engage directly with regulatory bodies to encourage changes that support access.
- Increase public and political awareness of the access crisis by engaging experts by experience and national data.
- Support new supporting roles and push for expanded scopes of practice.

Share, Organize & Mobilize Knowledge

- Centralize, create, and share evidence-based solutions.
- Develop targeted educational content for practitioners, regulators, funders, and the public.
- Publish and share impact research on access issues (e.g., suffering, public health, community stability).
- Provide presentations, sample advocacy letters, and particular issue summary materials to support changemakers.

Facilitate Collaboration and Community Building

- Foster strong, cross-sector relationships that drive innovation.
- Create space for connection and co-creation across sectors.
- Enable collaboration between well-resourced and grassroots or rural organizations.
- Form subgroups by geography or focus area.
- Support peer-to-peer learning through shared tools, communication platforms, and informal events.

Enable Ongoing Communication and Networking

- Keep members engaged and reduce duplication.
- Establish a space for real-time communication and project updates.
- Maintain an email list and monthly newsletter for knowledge sharing and coordination.
- Create a “resource share” space to spotlight what others are doing and avoid reinventing the wheel.

Act as a Catalyst for Funding and Investment

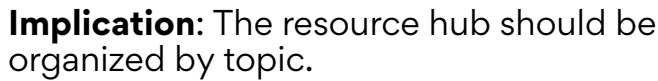
- Make access solutions scalable and sustainable.
- Identify funding streams and support member organizations in seeking operational and programmatic funding.
- Make the case to public and philanthropic funders for investment in access-focused models.
- Demonstrate the economic and social return on accessible veterinary care.

Operate with Clarity, Focus and Accountability

- Well-organized structure to maintain momentum and make progress.
- Define clear goals, values, and definitions, especially for “access to care.”
- Work backward from long-term objectives (e.g., 2025/26 milestones).
- Use working groups with topic leads who report progress back to the wider group.
- Maintain a visible, running task list to track actions and avoid redundancy.
- Structure meetings around efficient, goal-oriented collaboration with decision points and follow-up.
- Hold monthly subgroup meetings, with quarterly full-group alignment.

Question: Should we do a few topic deep dive meetings (e.g., regulation, student training) before we can solidify our national strategy?

How should we organize the resource hub?



Implication: Monthly meetings keeps momentum without overloading members.

Implication: Prioritize decision-making and presentations.

Implication: Cover a new topic each month.