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Keeping Families Together: Companion Animals as a Public Health Imperative

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ABSTRACT

Contemporary US public health frameworks emphasize social, economic, and environmental determinants of health, yet largely overlook the reality that most households include companion animals regarded as family members. This omission has tangible consequences during crises such as housing instability, illness, domestic violence, or disasters, when families are often forced to choose between their own safety and the safety of their animals. We argue that this represents a significant public health failure. Drawing on interdisciplinary evidence, we propose that companion animals function as a social determinant of health, that forced separation constitutes a public health harm, and that Human-Animal Support Services (HA/SS) should be recognized as essential public health infrastructure. We conclude with a call to integrate companion animals into public health research, policy, education, and cross-sector infrastructure investment.

KEYWORDS

Companion animals; Social determinants of health; Forced separation; Human-Animal Support Services; Public health policy

INTRODUCTION

Contemporary US public health frameworks recognize that health is shaped less by individual choice than by the social, economic, and environmental systems that structure daily life.[1,2] Yet prevailing public health frameworks rarely account for the reality that nearly two-thirds of US households live with companion animals whom most people regard as family members,[3,4] thereby making human health, safety, and well-being inseparable from animal welfare. Despite this, companion animals remain largely absent from public health research, policy planning, and service delivery.[5,6] As a result, families navigating economic instability, health crises, housing insecurity, domestic violence, or natural disasters are routinely forced to choose between their own safety and the safety of their pets.

We argue that this omission represents a significant public health failure. Companion animals function as a social determinant of health; forced separation from them constitutes a public health harm, and Human-Animal Support Services (HA/SS) should be recognized as essential components of public health infrastructure. Drawing on growing interdisciplinary evidence, we call for a reorientation of public health research, policy, education, and infrastructure investment to systematically include companion animals as integral members of families and communities.

COMPANION ANIMALS AS A SOCIAL DETERMINANT OF HEALTH

Social determinants of health are the conditions in which people live, work, and age that shape health outcomes and inequities.[1,7] Companion animals influence these conditions in profound ways. Research consistently demonstrates that pets provide emotional support, reduce loneliness and stress, and contribute to psychological well-being across the lifespan.[8,9] Pets may buffer the effects of environmental and situational stressors, including illness, social isolation, and trauma.[10–15]

At the same time, in the absence of pet-inclusive systems, the human-animal bond may shift from a source of resilience to a source of risk as financial strain, lack of pet-inclusive housing, limited access to veterinary care, and restrictive service policies transform pets from sources of support into barriers to safety and care.[16–19] For example, research suggests that pet ownership can create structural barriers to accessing healthcare and social services. Studies indicate that that 12%–25% of families with pets report delaying or foregoing medical care because of concerns about their animals, and a substantial proportion of hospitalized patients report that pet-care needs influence decisions about admission, discharge, or adherence to treatment.[20–22]

Importantly, these dynamics disproportionately affect populations already experiencing health inequities, including individuals with low income, people experiencing homelessness, survivors of domestic violence, older adults, and those managing chronic or serious illness.[16,20,21,23,24] From a public health perspective, companion animals constitute a social determinant of health because their exclusion from policy and service design produces predictable health inequities.

Forced Separation as a Public Health Harm

Forced separation from companion animals during crises is associated with significant psychological distress, increased risk-taking, and adverse health outcomes for both people and animals.[25] A substantial body of literature documents that individuals may delay leaving violent relationships, refuse emergency shelter, or decline evacuation during disasters when pet-inclusive options are unavailable.[25–29] For example, research suggests that 20%–30% of domestic violence survivors delay leaving because of concern for pets, and similar patterns have been documented in healthcare and disaster contexts in which individuals delay care or evacuation to avoid separation.[25–29] In disaster contexts, the inability to evacuate with pets has been linked to increased injury, death, and long-term mental health consequences.[27,30–33]

Scoping reviews of forced separation across domestic violence, homelessness, and natural disasters consistently show heightened grief, guilt, trauma, and declines in psychosocial functioning.[25,34] These outcomes directly undermine public health goals related to safety, recovery, and community resilience. These consequences extend beyond psychological distress. Forced separation has been associated with increased healthcare delays, reduced treatment adherence, prolonged exposure to violence, and decreased disaster evacuation compliance, all of which contribute to preventable morbidity and mortality.[15,17,22]

From an animal welfare perspective, forced separation increases the risk of abandonment, relinquishment, neglect, and death. Companion animals left behind during crises may experience abuse, inadequate care, or euthanasia.[35,36] Animal shelters absorb the downstream consequences. In 2023 alone, an estimated 6.3 million animals entered US shelters, with approximately 920,000 euthanized, underscoring the scale of system burden.[37] Importantly, these outcomes reflect not individual failure, but systemic neglect of the human-animal bond in crisis planning and service delivery.

Provider Burden and Informal Workarounds as Evidence of System Failure

At the system level, these inequities shift burden onto providers. Recent research demonstrates that healthcare and social service providers routinely encounter pet-related barriers to care.[16,18,22] Across emergency medical services, hospitals, long-term care facilities, and social service settings, concerns about pets are associated with delays in care, refusals of treatment, and discharges against medical advice.[16,38] These burdens are not evenly distributed. Providers serving low-income, rural, unhoused, or medically complex populations are more likely to encounter pet-related barriers, reflecting broader structural inequities in access to pet-inclusive resources and veterinary care.[11,14,18]

In the absence of formal protocols or dedicated resources, providers report relying on informal and unsanctioned workarounds, including feeding pets at emergency scenes, transporting animals in ambulances, contacting neighbors or animal control, and, in some cases, personally caring for patients' pets.[1,25,38] Qualitative and survey data suggest these workarounds are routine, with providers across emergency, hospital, and social service settings reporting frequent encounters with pet-related barriers in day-to-day practice.[18,38] While these actions reflect providers' recognition of the human-animal bond and commitment to patient-centered care, they also expose providers to liability, moral distress, and burnout. Taken together, these patterns demonstrate that pet-related barriers are not rare anomalies, but routine features of service delivery that health and social systems have systematically failed to address.

This problem is further compounded by a substantial educational gap. Most medical and social service providers report little to no training on how to assess or respond to pet-related needs, despite acknowledging their importance to treatment planning.[18,38,39] This gap between knowledge and preparedness reflects a structural failure of education and service systems, leaving providers to shoulder responsibility through unsanctioned and unsustainable workarounds.

Human-Animal Support Services as Essential Components of Infrastructure

Human-Animal Support Services, unlike traditional animal welfare services, which often focus on animal intake, sheltering, and adoption, are preventive and family-centered, aiming to keep people and pets together through services such as co-sheltering, temporary foster care, mobile veterinary care, and pet-inclusive housing support.[34,40] Yet national mapping reveals that HA/SS are largely relegated to the nonprofit animal welfare sector and rely on unstable philanthropic funding and volunteer labor. This makes access to HA/SS highly variable, with many regions, particularly rural and low-income areas, having little to no access to pet-inclusive housing, crisis foster care, or veterinary support, resulting in "HA/SS deserts."[34] The minimal engagement of municipal and public health systems

reflects a persistent failure to recognize HA/SS as a core component of population health infrastructure, despite their demonstrable benefits.

Treating HA/SS as optional charity rather than essential infrastructure obscures their vital role in preventing relinquishment to animal shelters, reducing healthcare delays, supporting disaster compliance, and promoting recovery. Just as food assistance, housing support, and transportation are recognized as health-enabling services, HA/SS should be integrated into public health systems as core components of community health infrastructure. Recognizing this shift requires deliberate, system-level action. Accordingly, we identify four priority areas necessary to align public health research, policy, and practice with the lived realities of families with pets.

POLICY AND PRACTICE IMPLICATIONS: A CALL TO ACTION

We propose four priority areas for action to align public health systems with the realities of families with pets.

1. Public Health Research

Public health research must routinely account for companion animals in data collection, analysis, and intervention design. Like other social determinants, failure to account for companion animals can undermine intervention effectiveness, reducing uptake of services that would otherwise improve health outcomes.[15,17] Surveys assessing social determinants of health should include the presence of pets within households, pet-related stressors, and access to pet care. Research evaluating disaster preparedness, healthcare and social service access, housing stability, and violence prevention should explicitly examine how pet-related barriers shape outcomes.

Furthermore, research is needed on how HA/SS programs impact pet families' decision-making and health outcomes. For example, how does return-to-owner foster care impact pet caretakers' willingness to obtain shelter or in-patient treatment? To what extent does providing walks, pet food, and low-cost veterinary care improve the mental and physical health of families with pets? Without these data, policies will continue to underestimate risk and misallocate resources and funding for HA/SS programs may be limited.

2. Policy Planning

Companion animals must be integrated into public health policy frameworks, including emergency preparedness, housing policy, healthcare access, and Healthy People 2030 objectives. Evidence-based strategies, such as pet-inclusive evacuation protocols, funding mechanisms that support co-sheltering in crisis facilities (eg, California's Pet Assistance and Support Program), standardized pet-inclusive sheltering guidelines, and housing protections that reduce pet-related displacement, can reduce harm and improve compliance. Policies that ignore pets inadvertently create barriers to safety and undermine their own effectiveness.

3. Education and Training

The absence of training on pet-related determinants of health represents a critical gap in workforce preparedness. Medical, public health, social work, and emergency response education should include training on the human-animal bond, pet-related barriers to care, and available HA/SS resources. Training on the human-animal bond, identification of pet-related barriers to care, and navigation of HA/SS should be incorporated as core competencies—not elective content—across health and social service curricula.

4. Cross-Sector Infrastructure Investment

Sustainable funding mechanisms are needed to support HA/SS as a public health infrastructure. This includes investment in crisis foster care networks, access to low-cost veterinary services, and clearinghouses that connect families with resources. Increasingly, animal shelters and nonprofits are providing families with services to keep people and pets together during difficult times. For example, People and Animal Companions Together (PACT) is a new nonprofit in Colorado that provides return-to-owner foster care and services, including dog walks, pet food, and veterinary care assistance. New funding mechanisms are needed for these types of HA/SS programs, which often do not fall into traditional grant programs for animal welfare or human health. Cross-sector partnerships among public health agencies, animal welfare organizations, housing authorities, and healthcare systems are essential to building scalable, equitable solutions.

CONCLUSION

Companion animals are deeply embedded in the lives of US families and play a meaningful role in health, safety, and resilience. When public health systems fail to account for this reality, the consequences include a cascade of preventable harms across healthcare access, safety behaviors, and system-level burden. Forced separation from companion animals is a public health harm that undermines core public health goals. Keeping families together, including their companion animals, is not only a moral imperative; it is a public health necessity. Recognizing companion animals as a social determinant of health, treating HA/SS as essential infrastructure, and addressing pet-related barriers through research, policy, education, and investment are necessary steps toward more humane, effective, and equitable public health systems.

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