The Pooches And Walking Study (PAWS)

Information Sheet for Veterinary Practices

What is the purpose of this study?

The Pooches And Walking Study (PAWS) study seeks to improve the health and well being of owners and their dogs by trialling different methods of encouraging owners to walk more often with their dog.

Who would we like to join the study?

The project involves dog owners who currently do little or no walking with their dog. These owners are most likely to benefit from a study aimed at finding the best and most simple ways of encouraging owners to walk more often with their dog.

Why we would like you to take part?

As you are well aware dog ownership is associated with a number of physical, mental and emotional health benefits. Dogs may provide motivation for the initiation of exercise and induce longer periods of exercise by reducing boredom and loneliness. Given the widespread attachment of owners to their dogs, programs that promote how much dogs love going ‘walkies’ may encourage owners to begin walking for the sake of their dog. Thus, these owners may see the benefits of dog walking in terms of an improvement in their dog’s health.

It is anticipated that this study will provide knowledge and best practice on how to encourage inactive dog owners to begin walking with their dog and support occasional dog walkers to do more walking with their dog. Considering almost 40% of Australian households own a dog and about half of all dog owners do little (32%) or no (23%) walking with their dog, this intervention has the ability to reach a large proportion of the community.

Previous research by this group has shown that dog owners who did not perceive that their family, other dog owners or veterinarian thought they should walk with their dog daily were three times more likely to NOT walk their dog. Strategies aimed at increasing social pressure from well-respected significant others such as veterinarians may aid in encouraging dog owners to increase the amount of walking they do with their dog.

The participation of veterinarians is key to this study, and has two parts: firstly, to enable recruitment of dog owners through their local veterinary practice, and secondly, to deliver dog-related exercise advice to dog owners when they bring their dog into the practice for an annual check-up.

We are trialling four different methods of encouraging people to walk their dog (advice from vet to walk dog; owner and/or dog pedometer or a physical activity information brochure) to determine which method is the most effective.
What is involved?
Your participation in this study will involve the following steps:

1. To participate in this study, you will need to read this study information form and then sign the consent form below on behalf of the veterinarians that work in your practice. Please return the signed consent form via email (claire.lauritsen@uwa.edu.au), fax (6488 1199), post (we can supply you with a reply paid envelope) or alternatively complete your consent online: (www.sph.uwa.edu.au/paws/vets). Please forward this information sheet to all veterinarians in your practice to inform them of the study.

2. Once we have received your signed consent form, we will provide you with study recruitment cards to send out with your reminder letter to dog owners who are due for their annual check-up and vaccination. If your veterinary practice uses an alternative method (e.g., email) to send out reminder notices then we will ask that the study recruitment card be included.

3. When participating dog owners bring their dog to your practice for its annual check-up, they will need to be given an envelope prior to seeing their vet. The envelopes will contain information about each of the four intervention arms of the study:
   - Group 1: Advice from the veterinarian to walk the dog more often.
   - Group 2: Owner to wear a pedometer for a week, and record steps in a diary.
   - Group 3: Owner and dog wear a pedometer for a week, and record steps in a diary.
   - Group 4: Physical activity information brochure.

   The groups will be randomised on a fortnightly basis. For example, for the first two weeks all participants in the study attending your veterinary practice will be given envelope 1, then for the next two weeks participants will be given envelope 2, and so on. The envelope number will need to be recorded next to the participant’s name and study identification number.

4. If a participant has been given envelope 1 only, we would like the participant’s vet to spend 2-3 minutes discussing with the owner why their dog might benefit from more exercise (we will provide a script for this). In summary, we anticipate a minimal time commitment from your veterinarians (one in four participants will require a 2-3 minute script read to them regarding benefits of taking their dog for a walk) and this is likely to be approximately four dog owners per practice per week for a total of 4 weeks.

5. Finally, we would like the weight recorded for each dog and the owner (with their consent). We anticipate a small amount of time will be required from your staff to hand out envelopes to participants, record who is in the study and dog and owner weights. We would appreciate it if you could nominate a contact person (e.g., practice manager) that we can liaise with regarding the study.
   - At all times we will request that your staff refer participants to us - the research team - to answer any queries regarding the study.
   - At the end of the study we will welcome any feedback from you to determine the feasibility of the minimal intervention delivery mechanism and the effectiveness of the intervention in terms of staff time and resources.
What about confidentiality?

All information that you provide will remain private and confidential. No names or identifying information will be released unless required by law. The data gathered for the study may be published, however, your name, the name of staff, the name of your veterinary practice, or any other identifying information will not be included in the publication.

All data will be stored securely in locked cabinets on UWA premises or electronically in password restricted areas. All data will be destroyed appropriately once it is no longer needed by the research group. To protect your confidentiality, any identifying information (such as name of veterinary practice) will be securely stored away from any participant data. The overall results from this study will be made available to all participating veterinary practices, however no names of participants or veterinary practices will be identifiable.

Voluntary Participation

Your participation in this study is entirely voluntary. Should you no longer wish to be involved, your veterinary practice is free to withdraw at any time without prejudice in any way. Your participation in this study does not prejudice any right to compensation, which you may have under statute or common law.

Contact

This study is being conducted by the School of Population Health at The University of Western Australia. It is funded by Healthway (#19916) and the Petcare Information and Advisory Service.

We would very much appreciate your involvement in this study. If you would like further information about the study, please contact the Project Coordinator, Claire Lauritsen (claire.lauritsen@uwa.edu.au or 6488 7803). If you have any concerns, please contact the Principal Investigator, Asst Prof Hayley Christian (hayley.christian@uwa.edu.au or 6488 1267).
POOCHES AND WALKING STUDY (PAWS)

VETERINARY PRACTICE CONSENT FORM

I ___________________________ (print your full name) am the
____________________________ (print your title e.g., Practice Owner) of
____________________________ (name of Veterinary Practice). I am a
person of authority who can read the information sheet and sign this consent form
on behalf of staff from this clinic. I have read the information provided and any
questions I have asked have been answered to my satisfaction. I give my
permission for Vets from this practice to participate in this activity, realising that we
may withdraw at any time without reason and without prejudice.

I understand that all identifiable (attributable) information that we provide is treated
as strictly confidential and will not be released by the investigator in any form that
may identify us. The only exception to this principle of confidentiality is if
documents are required by law.

I have been advised as to what data is being collected, the purpose for collecting
the data, and what will be done with the data upon completion of the research.

I agree that research data gathered for the study may be published, provided my
name, the name of staff, the name of the Veterinary Practice, or other identifying
information is not used.

Signature: ___________________________ Date: ____________

Approval to conduct this research has been provided by The University of Western Australia, in accordance with
its ethics review and approval procedures. Any person considering participation in this research project, or
agreeing to participate, may raise any questions or issues with the researchers at any time. In addition, any
person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any
complaints about this research project by contacting the Human Research Ethics Office at The University of
Western Australia on (08) 6488 3703 or by emailing to hreo-research@uwa.edu.au. All research participants
are entitled to retain a copy of any Participant Information For and/or Participant Consent Form relating to this
research project.
Preferred Contact Person to assist with the administration of the study

To assist us with the everyday running of the study, we would be grateful if you could please nominate someone within your practice to be our main point of contact (i.e., someone who we can contact easily and who will be assisting to hand out the materials to the participants – this may be yourself or one of your colleagues such as a receptionist and/or veterinary nurse).

Main Contact Person Details

First name: __________________________________________________________________________

Surname: ____________________________________________________________________________

Title/Position (e.g. Practice Owner): __________________________________________________________________________

Email address: __________________________________________________________________________

Daytime contact telephone number: __________________________________________________________________________

Preferred method of contact (please tick):

☐ Email ☐ Telephone ☐ No Preference

Best time of day to contact (please tick as many options as you like)

☐ Morning (8am -10am)
☐ Late morning (10am-12pm)
☐ Lunch (12pm-2pm)
☐ Mid afternoon (2pm-4pm)
☐ Late afternoon (4pm-6pm)
☐ Other (please specify): __________________________________________________________________________