

### Recommendation 9 Evidence Profiles

**Recommendation Question:** What needs (social, cultural, environmental supports) and opinions (with respect to barriers and facilitators) do Indigenous women and persons of reproductive age, their support networks and community, express about smoking cessation interventions?

**Recommendation 9:** It is recommended that Indigenous communities advance the health and wellness of all community members through the promotion of indoor and outdoor smoke free spaces.

**Population:** Indigenous women and persons of reproductive age, their support networks and community

**Intervention:** Smoke-free spaces (indoor spaces such as homes and/or cars)

**Comparison:** No smoke-free spaces

**Outcomes<sup>a</sup>:** reach, engagement; quit rate [not found in the literature]; quit attempts [not found in the literature]

**Setting:** All health settings

**Bibliography:** 63, 203, 471, 571, 1608, 1609, 1997, 2308, 2537

Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Intervention	Control			
<b>Reach and engagement:</b> measured with participant experience [qualitative data]													
8	7 individual studies and 1 systematic review of qualitative evidence and meta-aggregation <sup>a</sup>	Very serious <sup>b</sup>	Very serious <sup>c</sup>	Not serious <sup>d</sup>	Serious <sup>e</sup>	None	Australia, Canada, New Zealand	Indoor and outdoor smoke-free spaces in various Indigenous community locations such as homes, community spaces and/or cars.	N/A	N/A	Indigenous women and persons of reproductive age, their support networks and their communities identified the need for access to and the promotion of smoke-free spaces, to advance the health and wellness for all community members.  Reaching and engaging in smoke-free spaces involves: <ul style="list-style-type: none"> <li>Addressing the normalization of smoking in many</li> </ul>	⊕○○○ <b>Very Low</b>	Systematic review of qualitative evidence and meta-aggregation :  203: Small et al., 2018  Individual studies:  63: Glover, Kira, Johnston, Walker, Brown & Thomas,

Evidence Profile Recommendation 9: BPG Promoting Smoking Reduction and Cessation with Indigenous Peoples of Reproductive Age and their Communities

Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
Ne of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Intervention	Control			
											<p>communities</p> <ul style="list-style-type: none"> <li>Setting smoke-free rules in the home and outside the home to protect the health and wellness of Indigenous children</li> </ul> <p>For many Indigenous communities and community members, smoking is a way of life and is a normalized activity. The lived experience for many women and persons of childbearing age and parents of young children is the inability to avoid exposure to second-hand smoke in indoor settings such as home and community social events.</p> <p>Establishing smoke-free spaces with all community members seeking smoke-free spaces can protect the health and wellness of Indigenous children and all community members.</p>		<p>2015</p> <p>471: Roberts et al., 2017</p> <p>571: Gould, Bovill, Clarke, Gruppetta, Cadet-James &amp; Bonevski, 2017</p> <p>1609: Gould, Munn, Avuri, Hoff, Cadet-James, McEwen &amp; Clough, 2013</p> <p>1997: Passey, Gale &amp; Sanson-Fisher, 2011</p> <p>2308: Bottorff et al., 2010</p> <p>2537:</p>

Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Intervention	Control			
													Bottoff et al., 2009

<sup>a</sup>No quantitative evidence answering this research question was identified.

<sup>b</sup>All included studies explored firsthand accounts of smoke free spaces and identifying experiences related to the barriers and facilitators and offered qualitative data. In the absence of quantitative evidence, we are treating these studies as non-intervention, non-randomized studies (cross-sectional or single arm). We downgraded by 2 due to very serious concerns in risk of bias according to the domains of the ROBINS-I tool.

<sup>c</sup>Qualitative data was consistent across themes and studies. We did not downgrade.

<sup>d</sup>Smoke free space interventions experienced by participants varied widely across studies. We downgraded by 1.

<sup>e</sup>Number of participants across all studies was over 179. However, we were unable to ascertain an effect estimate with confidence intervals from the data provided. We downgraded by 1.0.

### Q3 CERQual Evidence Profile

**Recommendation Question 3:** What are the needs (social, cultural, environmental supports) and views (barriers and facilitators) expressed by Indigenous persons of reproductive age, their partners & their families?

**Recommendation 9.0:** The expert panel recommends that health service organizations, health providers and communities promote the establishment of smoking free spaces (community spaces, homes and cars).

**Aim:** To explore the social, cultural and environmental needs and views (barriers and facilitators) identified by Indigenous persons of reproductive age, their partners & their families towards nicotine cessation

**Bibliography:** 63, 203, 471, 571, 1609, 1997, 2308, 2537

Finding: Many persons described how smoking is a way of life, where smoking is normalized within the home and community.							
Studies contributing to the Finding	Included study designs	CERQual Assessment				Overall CERQual Assessment of Confidence	Explanation of Judgement
		Assessment of Methodological Limitations	Assessment of Relevance	Assessment of Coherence	Assessment of Adequacy of Data		

Evidence Profile Recommendation 9: *BPG Promoting Smoking Reduction and Cessation with Indigenous Peoples of Reproductive Age and their Communities*

<p>6 individual studies:</p> <p>471: Roberts et al. (2017)</p> <p>571: Gould, Bovill, Clarke, Gruppetta, Cadet-James &amp; Bonevski (2017)</p> <p>1609: Gould, Munn, Avuri, Hoff, Cadet-James, McEwen &amp; Clough (2013)</p> <p>1997: Passey, Gale &amp; Sanson-Fisher (2011)</p> <p>2308: Bottorff et al. (2010)</p> <p>2537: Bottorff et al. (2009)</p> <p>1 systematic review and meta aggregation</p> <p>203: Small, Porr, Swab &amp; Murray (2018)</p> <p>2 qualitative evidence syntheses:</p> <p>203: Small, Porr,</p>	<p>471: Focus groups, semi-structured interviews and inductive thematic analysis</p> <p>571: yarning methodology (conversational talking) and narrative analysis</p> <p>1609: Focus groups and constant comparative analysis</p> <p>1997: semi-structured interviews and content analysis</p> <p>2308: focus groups, individual interviews and community-based ethnography</p> <p>2537: individual and group interviews and thematic analysis</p>	<p>Moderate concerns due to methodological limitations<sup>a</sup> (several studies lack consideration of researcher reflexivity)</p>	<p>No concerns</p>	<p>No concerns</p>	<p>No concerns</p>	<p>⊕⊕⊕○</p> <p><b>Moderate confidence</b></p>	<p>This finding was graded as moderate confidence because of moderate concerns regarding methodological limitations (researchers did not provide reflexivity statement).</p>
--	---	---	--------------------	--------------------	--------------------	---	--

Swab & Murray (2018)							
1608: Gould, McEwen & Waters (2013)							
<b>Finding: Many participants set smoke free rules in the home and outside the home to protect the health and wellness of their children.</b>							
3 individual studies: 63: Glover, Kira, Johnston, Walker, Brown & Thomas (2015) 1609: Gould, Munn, Avuri, Hoff, Cadet-James, McEwen & Clough (2013) 2308: Bottorff et al. (2010)	63: Semi-structured interviews and phenomenology  1609: Focus groups and constant comparative analysis  2308: focus groups, individual interviews and community-based ethnography	Moderate concerns due to methodological limitations <sup>b</sup>	No concerns	No concerns	No concerns	⊕⊕⊕○ <b>Moderate confidence</b>	This finding was graded as moderate confidence because of moderate concerns regarding methodological limitations.

Explanations:

<sup>a</sup>From the 7 included studies, 1 was rated with a high risk of bias, 2 were rated with a low risk of bias, and 4 with some concerns for methodological limitations. One study that was rated with a low risk of bias was a systematic review/meta-aggregation of 13 relevant studies.

<sup>b</sup>From the 3 included studies, 1 was rated with a low risk of bias, 1 with some concerns and 1 with a high risk of bias for methodological limitations in how the studies were conducted.