



## **Appendix 2**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Thomas DP, Bennett PT, Briggs VL, et al. Smoking cessation advice and non-pharmacological support in a national sample of Aboriginal and Torres Strait Islander smokers and ex-smokers. *Med J Aust* 2015; 202 (10 Suppl): S73-S77. doi: 10.5694/mja15.00293.

## Appendix 2. Daily smokers who saw a health professional in the last year, and were advised to quit, by socio-demographic factors

	Seen by a health professional (n=1,377)			If seen, were advised to quit (n=1,036)		
	% (frequency)	Odds ratio (95% CI)	p-value	% (frequency)	Odds ratio (95% CI)	p-value
<b>Total</b>	76% (1047)			75% (782)		
<b>Age (years)</b>			0.08			<b>0.02</b>
18-24	70% (200)	1		69% (136)	1	
25-34	74% (277)	1.19 (0.83-1.70)		74% (203)	1.30 (0.86-1.97)	
35-44	76% (249)	1.36 (0.85-2.17)		76% (188)	1.43 (0.92-2.22)	
45-54	81% (192)	1.83 (1.16-2.89)		76% (145)	1.41 (0.83-2.41)	
55 or more	83% (129)	2.01 (1.16-3.48)		86% (110)	<b>2.74 (1.55-4.84)</b>	
<b>Gender</b>			<b>0.02</b>			0.09
Male	72% (475)	1		73% (342)	1	
Female	80% (572)	<b>1.54 (1.08-2.18)</b>		78% (440)	1.33 (0.96-1.84)	
<b>Indigenous status</b>			0.08			<b>0.009</b>
Aboriginal	77% (943)	1		74% (694)	1	
Both & Torres Strait Islander	69% (104)	0.68 (0.44-1.05)		85% (88)	<b>1.89 (1.17-3.03)</b>	
<b>Labour force status</b>			<b>&lt;0.001</b>			<b>0.05</b>
Unemployed	68% (321)	1		71% (226)	1	
Not in labour force	81% (346)	<b>2.06 (1.42-2.99)</b>		80% (273)	<b>1.63 (1.11-2.41)</b>	
Employed	79% (378)	<b>1.78 (1.31-2.41)</b>		75% (282)	1.23 (0.89-1.70)	
<b>Highest education level attained</b>			<b>&lt;0.001</b>			0.41
Below Year 12	72% (519)	1		74% (380)	1	
Finished Year 12	73% (266)	1.04 (0.81-1.33)		79% (206)	1.29 (0.89-1.87)	
Post school	88% (257)	<b>2.71 (1.75-4.18)</b>		76% (194)	1.10 (0.75-1.60)	
<b>Treated unfairly because Indigenous</b>			0.41			0.85
Never	77% (460)	1		75% (342)	1	
At least some of the time	75% (567)	0.9 (0.71-1.15)		76% (423)	1.03 (0.76-1.40)	
<b>Remoteness</b>			<b>0.008</b>			0.38
Major cities	72% (256)	1		76% (194)	1	
Inner & outer regional	81% (588)	<b>1.72 (1.07-2.77)</b>		74% (430)	0.87 (0.60-1.29)	
Remote & very remote	69% (203)	0.88 (0.53-1.46)		79% (158)	1.16 (0.72-1.87)	
<b>Area Level Disadvantage</b>			0.55			0.26
Lowest quintile (most disadvantaged)	74% (390)	1		74% (285)	1	
2 <sup>nd</sup> and 3 <sup>rd</sup> quintile	78% (462)	1.24 (0.83-1.84)		78% (357)	1.24 (0.85-1.81)	
4 <sup>th</sup> and 5 <sup>th</sup> quintile	75% (195)	1.02 (0.65-1.62)		73% (140)	0.93 (0.63-1.37)	
<b>Local health service has dedicated tobacco control resources</b>			0.24			0.09
No	73% (293)	1		71% (207)	1	
Yes	77% (754)	1.29 (0.84-1.96)		77% (575)	1.37 (0.95-1.99)	

If participants recalled that they had been seen by a health professional in the last year, they were asked if at any of these visits they were asked if they smoked, and then, if they said yes, we asked if they were encouraged to quit. Those answering don't know or refusing to answer were excluded. Odds ratios were calculated using simple logistic regression adjusted for the sampling design, with p-values calculated for the entire variable using adjusted Wald tests.