

# Examining theoretical lenses and methodological approaches to health research on/by/with Indigenous women in North America: A methodology for conducting a scoping review of the field

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## Research Article

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28 **Abstract**

29

30 **Background:** Indigenous women in North America experience multiple inequities in terms of  
31 health and well-being when compared to non-Indigenous women and Indigenous men. In an  
32 effort to understand these health disparities, there has been a surge of research in the field of  
33 Indigenous women's health and well-being in the last 20 years. However, increasing research  
34 efforts will not necessarily benefit Indigenous women if that research is deficit-based and  
35 steeped in theoretical frameworks that perpetuate patriarchal colonial understandings of  
36 Indigenous women's ill-health. We propose to create a theoretical framework tool to guide  
37 researchers in the field to conduct reciprocal, respectful, and regenerative research. Our first step  
38 in this project was to conduct a scoping review of the most current research in the field to  
39 determine which theoretical frameworks are being used, in which disciplines, and on which  
40 topics. This paper outlines the methodology of our scoping review.

41 **Methods:** This scoping review follows an iterative six step process as laid out by Arksey and  
42 O'Malley (2005). We also followed the Preferred Reporting Items for Systematic Reviews and  
43 Meta-Analysis extension for Scoping Reviews (the PRISMA-ScR) as updated by Peters et al.  
44 (2020). Peer-reviewed, academic articles from the following databases were identified:  
45 Academic Search Complete, Native Health Database, Web of Science, Google Scholar,  
46 Bibliography of Native North America, Sociological Abstracts, Gender Watch, and Indigenous  
47 Peoples of North America. Two team members subsequently conducted two screens of titles and  
48 abstracts to include articles which focused exclusively on Indigenous women's health and well-  
49 being, were published between 2011 and 2021, and explicitly stated their use of critical theory

50 (i.e. Indigenous feminist, intersectionality, Indigenous resurgence, feminist, etc.) or community-  
51 based participatory research.

52 **Discussion:** The results of our scoping review will map out the current field of Indigenous  
53 women’s health research. We will do this by identifying, categorizing, and analyzing research  
54 conducted from CBPR and critical theoretical lenses over the past decade. Our aim for the  
55 analysis will be to demonstrate the disciplines engaged in Indigenous women’s health and the  
56 ways in which theoretical lenses shape the research questions, methodologies, analysis, and  
57 implications of the research.

58

59 **Keywords:** Indigenous health and wellness, Indigenous women, scoping review, theoretical  
60 frameworks, methodology

61

## 62 **Introduction**

63 Indigenous women’s health has become an increasingly popular subject of research over  
64 the last 20 years with the broad goals of better understanding the complexities of health, ill  
65 health, wellbeing, and potential solutions to inequities and disparities (Adelson, 2005; Anderson  
66 & Cidro 2019; Hyett et al., 2018). Alongside this surge of interest, there has been a concerted  
67 effort to push back on “damage-centred research” (Tuck, 2009) that does not engage Indigenous  
68 peoples as co-researchers nor centres Indigenous methodologies, theories, epistemologies, or  
69 methods. Strengthening theoretical frameworks that are regenerative and beneficial to  
70 Indigenous peoples, more specifically, women, is important given that Indigenous women  
71 continue to live with vast health disparities in comparison to Indigenous men and non-  
72 Indigenous peoples (Akee 2018, Gunn n.d.; Halseth 2013, Tait 2013). Increasingly, many

73 studies, including the two recent Canadian National Commissions & Inquiries (TRC 2015 &  
74 MMIW 2019), provide stark evidence that the roots of these disparities are formed and informed  
75 by colonial policies. Vital to decolonial health and wellbeing research is Indigenous women's  
76 understandings, ethics, leadership and knowledge systems that uphold our wellbeing. hooks'  
77 (2002) research clearly demonstrates the ways in which "our culture has not yet transformed in  
78 ways to support and sustain female well-being" (p. 141). Therefore it is increasingly important to  
79 take account of the disciplines, topics, and theoretical lenses that are informing the questions,  
80 methodologies, approaches, and interpretations of research centering Indigenous women's health  
81 and wellness. With this knowing in our hearts and minds, our scoping review examines and  
82 reflects on the theoretical frameworks used within Indigenous women's health research.

83         The frameworks utilized in Indigenous health research highlight underlying research  
84 paradigms. For instance, much critique is given to positivistic research frameworks when  
85 researching Indigenous peoples. More recently, McGuire-Adams (2017; 2020) clarified that  
86 Indigenous health research is challenged by its uncritical use of the deficit lens, which propels a  
87 whiteness centered, settler colonial view. The settler colonial view, she argued, substantiates  
88 Indigenous peoples' collective disappearance vis a vis ill health and eventual death (McGuire-  
89 Adams, 2017; 2020). This stance corresponds with the striking results of a study that shows  
90 Indigenous women have the highest rates of mortality in Canada (Akee, 2018, MMIW 2019).  
91 Taking a critical approach to Indigenous women's health research is necessary to untangle  
92 tokenism, settler colonial, and white supremacist discourses inadvertently operationalized within  
93 it. It is from this critical lens of Indigenous women's health from which we conduct our review  
94 of the frameworks currently being used in this field of research. The results of this scoping  
95 review are currently in preparation and will critically analyze the broader research paradigms

96 being touted in Indigenous women’s health. We will publish the results of the scoping review in  
97 a subsequent article and present the implications for researchers involved in Indigenous health  
98 and beyond.

99 In this article, we describe our methodology that guided our scoping review. This process  
100 follows Thiessen et al.’s (2020) scoping review methodology paper on Indigenous perspectives  
101 on health and wellness in Canada, published in this journal.

102

### 103 **Methods**

#### 104 **Research Team and Framework for Conducting the Research**

105 We are a research team made up of [insert positionality piece here after anonymous peer  
106 review] decolonial feminist scholars. All researchers work or study in the field of Indigenous  
107 health, resurgence, and well-being. Trained and supported in critical theory, Indigenous research  
108 methodologies, community-engagement, and community-based participatory research  
109 methodology (CBPR), we approached our scoping review from Indigenous and Black feminist  
110 ontologies and epistemologies. Such collaborative approaches emphasize relationality, sharing,  
111 reciprocity, heart-led research, and a belief that knowledge itself has agency. For example, all  
112 our meetings began with checking in on one another, a conscious beginning to sharing what was  
113 on our hearts and minds. Once each woman felt supported, our discussions about the scoping  
114 review would begin. We further recognize that the themes of our sharing were often tied with our  
115 decolonial critiques and analysis. This not only created space to support one another, but also  
116 kept our reflections about our research alive, as it primed us to continuously reassess our purpose  
117 and goals in light of new experiences and realizations. Indeed, in this way, we wanted to make  
118 sure that in learning from Indigenous women’s health and wellbeing research, we were also

119 *practicing the ethics of care and love for one another* through a way of being in relation that was  
120 taught and embodied by the generations of women that came before us (Gaudet 2018). Ethics of  
121 love literature from women of colour feminists (hooks; 2000; 2002 and Simpson 2016), is  
122 positioned as a form of colonial resistance, and “as the practice of freedom” (hooks, 2006, p.20).  
123 Nixon (2020) stated that ethical love is a pedagogy that reflects being in good relation with all  
124 Creation through kinship responsibilities and attentiveness. This knowing is a part of wisdom  
125 traditions that is making its way into literature with the help of Black and Indigenous feminist  
126 researchers in relation to our wisdom keepers. While our relational ethics could be perceived as  
127 prolonging the research project, our collective experiences have shown that sharing our tears,  
128 laughter, rage, stories, and teachings immensely deepened and strengthened our ability to  
129 effectively collaborate on this project and to think more critically while fostering a wholesome  
130 self-esteem. We highly encourage collaborative research that values, respects, and enacts  
131 relational ethics upheld in Indigenous women’s leadership and mentorship approach (Authors, In  
132 press; Cidro & Anderson 2020, Maracle et al., 2020, Ward et al., 2021).

133 Not only did this methodology immensely improve our experience of this project, it also  
134 improved the research itself— we were able to pivot, change, and address concerns and new  
135 perspectives in ways that allowed the project to grow and adapt. It allowed the work itself to be  
136 alive, for the knowledge itself to have sovereignty. Although we are sharing our first step, our  
137 scoping review methodology did not follow a linear timeline. Instead, through this emergent  
138 process, we were scoping the field, analyzing the data, and shaping an anti-oppressive research  
139 tool through critical lenses simultaneously. We must follow this curved, cyclical process in our  
140 field in order to speak back to whiteness and to carve a space for Indigenous women’s  
141 knowledge. This is especially important in the process of “producing” knowledge - which is truly

142 not a production at all, but more a process of integrating with gikendaasowin, an Anishinaabeg  
143 concept for theory and knowledge (Geniusz, 2009; McGuire-Adams, 2019). This is how this  
144 research makes a path for anti-colonial research; allowing us to weave Indigenous kinship  
145 responsibilities into the academy, whereas often we feel we must divorce them (Ward et al.,  
146 2021). Throughout this work, another question emerged as we asked ourselves, how can research  
147 in the academy foster and strengthen an ethic of love and care as informed by the Indigenous  
148 women’s worldview that we live in? This question will continue to underlie our work as we  
149 conduct our scoping review, literature analysis, and anti-oppressive research framework tool, and  
150 will inform our perspectives and conclusions.

151

## 152 **Scoping Review – Justification and Definition**

153 We chose to approach this project with a scoping review as opposed to a systematic  
154 review as our goals are to map out the theoretical lenses used in the field of Indigenous women’s  
155 health and wellbeing over the last decade, identify gaps in this research, synthesize the existing  
156 knowledge (Coloquhoun, 2014; 2016; Pham et al., 2014) and “assess and understand the extent  
157 of knowledge in an emerging field” (Peters et al., 2020). A systematic review, which aims to  
158 collect empirical evidence to answer a specific question (Pham et al., 2014), was not appropriate  
159 for the questions we were/are asking. A scoping review was the most useful approach because  
160 the research in Indigenous women’s health is varied and complex and our questions are  
161 exploratory in nature. We aim to ultimately advance the field of Indigenous women’s health and  
162 wellbeing by first determining what work has been conducted in the field, and what kind of  
163 theoretical frameworks and analyses are currently being used.

164

165 **Study Design**

166 This scoping review follows an iterative six step process as laid out by Arksey and  
167 O'Malley (Arksey & O'Malley, 2005). We also followed the Preferred Reporting Items for  
168 Systematic Reviews and Meta-Analysis extension for Scoping Reviews (the PRISMA-ScR) as  
169 updated by Peters et al. (2020). The steps we took are summarized as follows:

170

- 171 1) Identify the research questions. Our scoping review asks the following questions:
- 172 a. Which theoretical lenses are used by researchers examining Indigenous women's  
173 health and wellbeing in Canada?
  - 174 b. In the realm of Indigenous women's health and wellbeing, how is the theoretical  
175 lens and methodology framed, conceptualized, and used?
- 176 2) Identify relevant studies in published academic journals. As our research questions are  
177 directed at theoretical and methodological approaches of researchers, we limited our  
178 search to peer-reviewed articles in academic journals. Due to the language abilities of our  
179 team, we limited our search to articles written in English.
- 180 3) Select studies to be included in analysis
- 181 4) Chart data gathered from selected studies
- 182 5) Collate, summarize and report results
- 183 6) Consult with the wider community of experts in the field to identify gaps and strengths in  
184 our analysis.

185

186 **Data Sources and Research Strategy**

187 Two members of the research team met with the Indigenous research librarian at the  
188 University of Ottawa in order to seek initial guidance in the scoping review. She helped us to  
189 organize our search process and data by suggesting keywords and the most appropriate databases  
190 to capture broad research from a variety of disciplines. She also suggested the use of Zotero, a  
191 literature and citation management tool, as a way to organize the articles we found. Between  
192 June 25 and July 15 2021, we searched the following databases: Academic Search Complete,  
193 Native Health Database, Web of Science, Google Scholar, Bibliography of Native North  
194 America, Sociological Abstracts, Gender Watch, and Indigenous Peoples of North America.  
195 Originally, we searched from the years 2000-2021. In subsequent meetings with our team,  
196 however, we decided to limit our search to the past decade in order to focus our project on the  
197 most relevant and recent research. In our searches, we used the following keywords:

198

199 1) Indigenous OR Aboriginal\* OR Native\* OR "American Indian\*" OR "First Nations" OR  
200 Inuit OR Metis

201 AND

202 2) wom?n OR girl\* OR female\* OR gender\*

203 AND

204 3) health\* OR "mental health" OR well-being OR "well being" OR wellbeing OR wellness  
205 OR medic\* OR "physical activity" OR nutrition OR nutrient\* OR "quality of life" OR  
206 illness OR "quality of life"

207 AND

208 4) "North America" OR Canada OR America OR "United States" OR "USA"

209

210 As we prepared our final analysis, we conducted one more search on November 15, 2021 to  
211 capture any papers that had been published over the last few months.

212

### 213 **Citation Management**

214 Our team used Zotero to keep track of our citations. We developed a shared folder and  
215 created subfolders according to the year published and theoretical framework used. As we  
216 continued to screen articles to use in our study, we added new folders. This allowed all team  
217 members to be able to view the progress of the project, monitor the articles we were using, and  
218 identify some that were missing based on our experience in health and wellness-centred research.  
219 After we established a robust system of article management, we began to screen articles to use in  
220 our analysis.

221

### 222 **Eligibility Criteria**

223 The following steps were taken with more focused eligibility criteria in each screen as we  
224 proceeded through the scoping analysis.

225

#### 226 1) **Records Identified Through Database Search**

227 Eligibility criteria:

- 228 • Published between January 2000 and December 2021
- 229 • Research must be focused on health or wellness of Indigenous women in North America

230

231 The articles that were first identified were based on our search terms which screened titles,  
232 abstracts and keywords, as well as our specified time frame. We included articles that focused on

233 Indigenous women and health, and were based in North America. We identified appropriate  
234 articles by reading titles, abstracts, and keywords. Originally, we based this screen on all articles  
235 written between 2000 and 2021. One team member took on the years 2000-2015, and the other  
236 took on 2016-2021 to account for the expected surge in recent years. We transferred articles that  
237 met our eligibility criteria into separate Zotero folders based on year. Sometimes, we were able  
238 to separate them further based on the theoretical lens and methodology used. In this initial article  
239 identification we attempted to separate articles broadly into quantitative physical sciences,  
240 quantitative social sciences, general qualitative research, community-based participatory  
241 research, and critical theory lenses. If the research framework was not clear, the article was  
242 placed in an “unidentified theoretical lens” folder. This initial article identification stage was  
243 useful as it gave us a broad picture of the broad volume and research approaches in the field of  
244 Indigenous women’s health and wellness.

245

## 246 2) **Screen One:**

247 Eligibility criteria:

- 248 • Published between January 2000 and December 2021
- 249 • Research must be focused **exclusively** on Indigenous women in North America
- 250 • Research must be focused on health (physical, mental, spiritual) and/or  
251 wellness/wellbeing

252

253 Due to the sheer volume of articles identified (see Figure 1), we adapted eligibility criteria in  
254 order to focus on the most relevant articles. Since Zotero imports articles’ titles, authors, and  
255 abstracts, we were able to read through the titles and abstracts of each article a second time and

256 excluded any article that did not solely focus on Indigenous women's health and wellbeing. In  
257 those instances where the abstracts were not automatically imported, we used Google Scholar to  
258 search for the article and imported the metadata manually. In this first screen we reviewed and  
259 further subdivided the articles into their respective folders based on the theoretical lens the  
260 researchers used.

261

### 262 3) **Screen Two:**

263 Eligibility criteria:

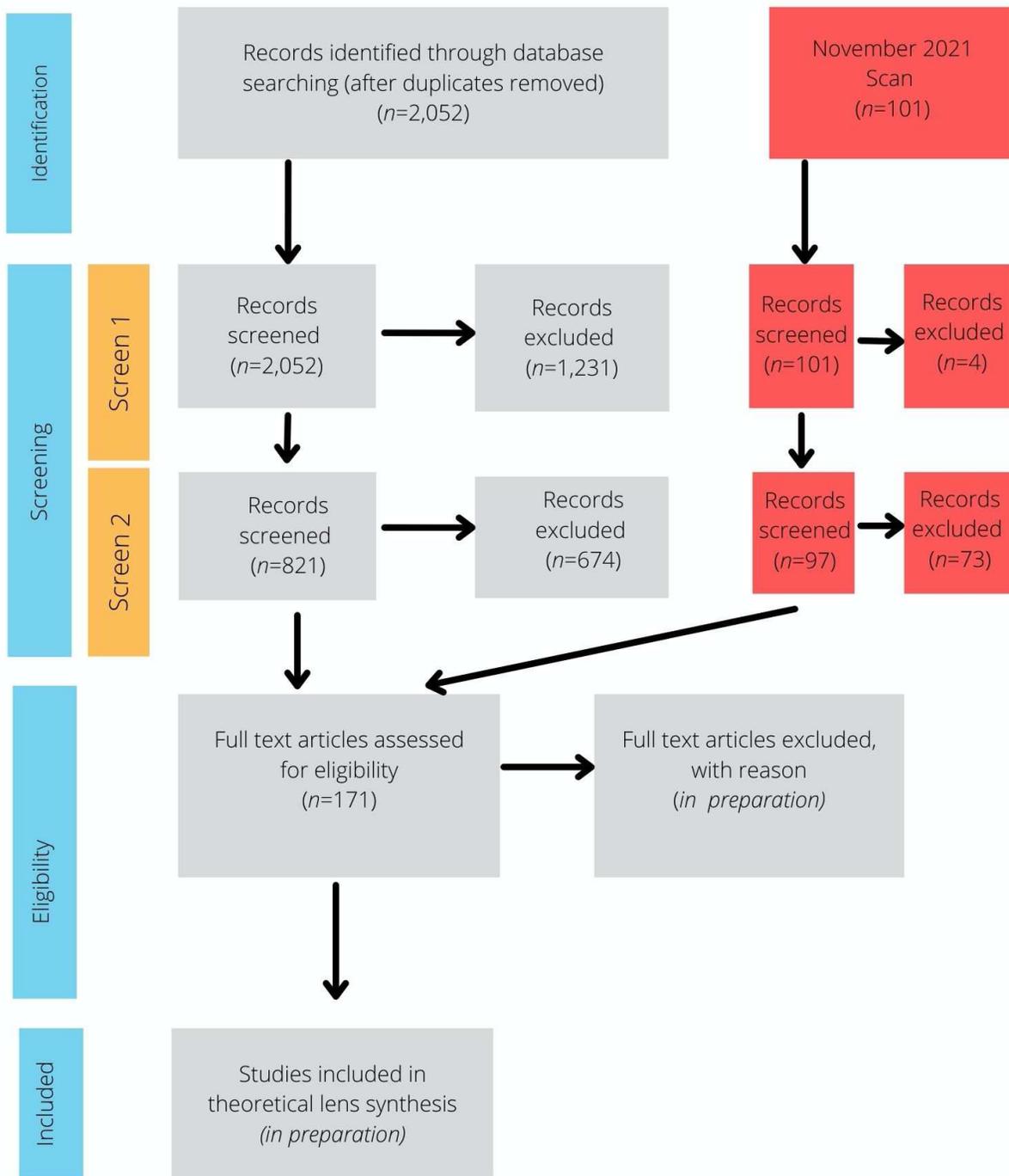
- 264 • Published between January 2011 and December 2021
- 265 • Research must be focused **exclusively** on Indigenous women in North America
- 266 • Research must be focused on health (physical, mental, spiritual) and/or  
267 wellness/wellbeing
- 268 • Research must **explicitly** state that it is using critical theory (i.e. feminist theory,  
269 Indigenous feminist theory, critical Indigenous theory, intersectionality theory, decolonial  
270 theory or community-based participatory research)

271

272 The results of our first screen left us with a list of articles too large to conduct an effective  
273 data extraction and analysis (see Figure 1). We decided to update our eligibility criteria to limit  
274 our analysis to articles written between 2011-2021 and which used critical theories. To be  
275 included, articles need to explicitly state that they used community-based participatory research  
276 (CBPR) and/or critical theory (e.g. feminist theory, Indigenous feminist theory, post-colonial  
277 theory, decolonial theory, Black feminist theory, intersectional theory, cultural  
278 resurgence/Indigenous sovereignty/critical Indigenous lenses, critical race theory, etc). We

279 moved articles that met these criteria into respective theoretical lens folders in Zotero. On  
280 November 15, we conducted one more screen to capture any articles written in the past few  
281 months. Figure 1 presents a flow diagram of our screening results.

282



**Figure 1:** PRISMA-ScR flowchart detailing search retrieval and inclusion

285           For our final screening and analysis, we divided all the articles that made it through our  
286 second screen between the team members. We created a shared Google Sheets folder with the  
287 following headings of information to be pulled from each article. After this stage, we will  
288 determine which articles to include in our final analysis.

- 289       - Author
- 290       - Title
- 291       - Abstract
- 292       - Journal
- 293       - Year
- 294       - Urban/Rural
- 295       - Country
- 296       - Province/State
- 297       - Communities
- 298       - Nations
- 299       - Participants?
- 300       - Indigenous authorship?
- 301       - Female authorship?
- 302       - Discipline
- 303       - Topic of Study
- 304       - Research Question
- 305       - Qualitative/Quantitative/Both
- 306       - Theoretical lens
- 307       - Methodology

- 308 - Methods
- 309 - Analysis
- 310 - Discusses intersecting forms of oppression (Y/N)
- 311 - Discusses systemic racism (Y/N)
- 312 - Discusses colonization as a determinant of health (Y/N)
- 313 - Findings and proposals
- 314 - Overall impressions (re: whether the article should be included or not)

315

316 The methods used in the study selection were piloted for a few articles in order to have  
317 consistency with the approach taken by the team. Adjustments were made accordingly.

318

### 319 **Data Management**

320 Data is managed through a shared Google Sheets document in a shared folder that all  
321 members of the research team have access to. To avoid duplicating the work, each member of  
322 our research team has specific Zotero folders (organized by “lenses”) that they are responsible  
323 for analyzing. We decided to separate the articles this way to make use of the various expertise  
324 on our research team.

325

### 326 **Data Synthesis**

327 Our findings will be synthesized in quantitative and qualitative forms. The results will be  
328 presented in the form of a chart that will list the different lenses that are used in Indigenous  
329 women’s health and wellness research, how often they are used, which topics of research they  
330 are used for, and in which disciplines. Once this data has been collated, we will share with our

331 broader community of colleagues who are experts in the field to identify strengths and gaps in  
332 the research.

333

### 334 **Discussion**

335 Research on Indigenous women's health and wellness in North America continues to  
336 ignore and/or dismiss the contributions of Indigenous peoples' perspectives, knowledge,  
337 methods, epistemologies and methodologies (Hyett et al., 2018). Specific to Indigenous women  
338 involved in Indigenous health research, Anderson & Cidro's (2019) findings link to the systemic  
339 complexities entangled with gendered experience of community-engaged research. They and  
340 other scholars (see Murphey et al., 2021) point to the implications and future directions to  
341 address the structural inequities involved in Indigenous health research and to be grounded in  
342 Indigenous women's perspectives. A gendered view is needed to address gendered-violence and  
343 "to build a decolonial feminist resistance" (Mack & Na'putui, 2019). The use of Indigenous  
344 research methodologies carries the potential to address imbalanced/gendered violence/deficit-  
345 based health research as it is informed by an Indigenous worldview with its ethics of kinship  
346 relationality (Absolon, 2011; Anderson & Cidro 2019; Chilisa, 2012; Cidro & Anderson 2020;  
347 Dudgeon & Bray 2019; Gaudet 2018; Hyett et al., 2018; Kovach, 2005; 2009; Macdougall,  
348 2018a,b, Tait, 2013). In doing so, we increasingly recognize that Indigenous women were  
349 traditionally and continue to be the community health researchers and are well equipped with  
350 tools, skills, land knowledge, and kinship value systems and laws (Altamirano-Jiménez &  
351 Kermoal, 2016; Anderson 2008; 2010; Child, 2012; Longboat, 1992). Building on Indigenous  
352 women's vision to encourage and support decolonial health research, we aim to contribute to  
353 Indigenous women's health scholarship by pointing to theoretical frameworks' that risk

354 upholding gendered violence and white supremacy by rendering invisible the ongoing  
355 intersectional oppressions of patriarchy and settler-colonialism (Mack & Na'puti, 2019;  
356 McGuire-Adams, 2020).

357         The results of our scoping analysis will map out the current field of Indigenous women's  
358 health research. We will do this by identifying, categorizing, and analyzing research conducted  
359 from CBPR and critical theoretical lenses over the past decade. As far as we are aware, there has  
360 not been another scoping review completed on this nascent topic. Over the next few months, we  
361 will continue to extract and analyze data from our selected articles. Our aim for the analysis will  
362 be to demonstrate the disciplines engaged in Indigenous women's health and the ways in which  
363 theoretical lenses shape the research questions, methodologies, analysis, and implications of the  
364 research. We hope this will provide a clear picture of what is missing and where the field needs  
365 to grow. In order to stay on top of the most recent work in the field, our cyclical scoping analysis  
366 methodology will allow us to continually circle back to take newer articles through the screening  
367 process and include them in our analysis.

368         Once we have this data, we will expand our circle to include more decolonial scholars in  
369 Indigenous women's health and wellbeing to co-construct an anti-oppressive tool intended to  
370 guide researchers through the various theoretical lenses that result in research that is reflective,  
371 respectful, and reciprocal.

372         Potential limitations we anticipate for this study are that we may miss more recent articles  
373 conducted in languages other than English. For example, our search terms were in English but  
374 increasingly, Indigenous researchers are using Indigenous languages in their work. To mitigate  
375 this, we are opening our results to experts in the field to identify any research we may have  
376 missed.

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500

501 **Declarations:**

502 **Ethics approval and consent to participate:**

503 Not applicable

504 **Consent for publication:**

505 Not applicable

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507 The datasets used and/or analysed during the current study are available from the corresponding  
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509 **Competing interests:**

510 The authors declare that they have no competing interests

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514 **Author's contributions**

515 KL conducted the initial database searches, screening processes, theoretical framework  
516 organization and drafted the methodology paper. CF conducted the initial database searches,  
517 screening processes, theoretical framework categorization and provided feedback on multiple  
518 drafts of the methodology paper. CG and TMA provided guidance throughout the process,  
519 provided feedback, and pointed to missing authors or papers in the initial screening process,  
520 wrote the “Background” section of the paper, included supporting literature, and provided  
521 feedback on multiple drafts.

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**Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist**

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
<b>TITLE</b>			
Title	1	Identify the report as a scoping review.	1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	3-5
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	4-5
<b>METHODS</b>			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	8
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	8
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	9
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	9-10
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	10-14
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	15-16
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	10-14
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	N/A
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	N/A

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
<b>RESULTS</b>			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	14
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	15-16
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	N/A
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	N/A
<b>DISCUSSION</b>			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	17
Limitations	20	Discuss the limitations of the scoping review process.	18
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	17-18
<b>FUNDING</b>			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	25

528 JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses  
529 extension for Scoping Reviews.

530 \* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media  
531 platforms, and Web sites.

532 † A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g.,  
533 quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping  
534 review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

535 ‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the  
536 process of data extraction in a scoping review as data charting.

537 § The process of systematically examining research evidence to assess its validity, results, and relevance before  
538 using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable  
539 to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used  
540 in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

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542

543 *From:* Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR):  
544 Checklist and Explanation. *Ann Intern Med.* 2018;169:467-473. [doi: 10.7326/M18-0850](https://doi.org/10.7326/M18-0850).

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