

Author Reply to “Expanding the Scope: Reflections on Digital Smoking Cessation Strategies for Diverse Age Groups”

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Author Reply to “Expanding the Scope: Reflections on Digital Smoking Cessation Strategies for Diverse Age Groups”

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Abstract

Background: N/A

Objective: N/A

Methods: N/A

Results: N/A

Conclusions: N/A Clinical Trial: N/A

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Author Reply to “Expanding the Scope: Reflections on Digital Smoking Cessation Strategies for Diverse Age Groups”

We thank the authors for their positive response to our paper, “*Expectations and Preferences for Digital Cessation Treatment: Multimethods Study Among Older Adults Who Smoke Cigarettes*,”¹ which provides thoughtful comments and suggestions for future research. First, authors mention the importance of expanding our research to include younger age groups. We agree that smoking cessation is an important public health initiative across the entire lifespan. We chose to focus on an older adult (65+ years) population not to discount the importance of expanding digital cessation treatment among younger adults, but rather to focus attention on an underserved population in field of tobacco cessation. For decades, older adults have been ignored by anti-tobacco public health initiatives, given a focus on tobacco prevention in adolescence and ageist misconceptions that cessation does not benefit the health of individuals in later life.^{2,3} Because of this, older adults have historically been less likely to receive evidence-based cessation treatment.^{2,3} As the field of tobacco cessation treatment is evolving to include digital platforms, older adults continue to be ignored. To our knowledge, no digital cessation treatment is tailored to the unique needs of this age group, despite numerous programs tailored specifically for adolescents or young adults⁴. Although younger age groups are generally more likely to interact with technology, older adults are using technology for their health at increasing rates⁵ and should not be excluded from digital cessation treatment research. Our findings are hypothesis-generating and provide recommendations for how to be more inclusive of older age groups in the development of these treatments. Further, we hope our study highlights an underrepresented voice that needs better inclusion in the tobacco cessation literature.

Secondly, authors suggest that integrating social and emotional support in digital platforms, alongside traditional face-to-face counseling, could offer a comprehensive approach to cessation for this age group. We agree that incorporating social components, such as group chats within app-based programs or telehealth group counseling, might be appealing and beneficial approaches for this age group. When prompted about group-based components in digital platforms, our sample believed that benefits would include learning new strategies for quitting and connecting with other older adults trying to quit cigarettes. However, our sample did discuss concern about interpersonal challenges (e.g., conflicts, negativity) amongst individuals, which many had witnessed on social media platforms. Perhaps, moderated, or asynchronous interactions in group-based digital platforms might be more appealing for this age group. However, given ageist misconceptions that older adults are unable or unwilling to quit cigarettes^{2,3}, this population might uniquely benefit from interacting with others in their age group motivated to quit. We thank the authors for this comment and believe that future research could consider evaluating the effectiveness of group-based digital cessation treatment for older age groups. In sum, our study challenges the bias that older adults are unwilling or uninterested in engaging with digital platforms to aid with smoking cessation. We are encouraged that our study is eliciting commentary, and hope that researchers and clinicians working with older adults might benefit from our findings.

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