

# Oral Defense Announcement

## University of Missouri – St. Louis Graduate School

An oral examination in defense of the dissertation for the degree  
Doctor of Nursing Practice

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Master of Science in Nursing, University of Missouri-St. Louis, 1995  
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### Evaluation of a Smoking Cessation Program in Primary Care

Date: July 9, 2024  
Time: 10:30 a.m.  
Place: Seton Hall

#### **Abstract**

*Problem:* The adult tobacco smoking rate exceeds 12.5%. The problem is the insufficient attention given to smoking cessation education in low socioeconomic status (SES) communities. There is a lack of access to and awareness of smoking cessation programs for low-income populations.

*Methods:* This quality improvement (QI) study will use a descriptive, observational approach. A retrospective medical record review will be conducted to determine the rate of individuals who got the smoking cessation intervention and the rate of those who successfully quit one month after the intervention. Data was collected throughout the spring of 2024, during primary care visits and phone calls, using the gold standard 5A Model for healthcare providers.

*Results:* The patient gender breakdown was 53% female ( $n = 17$ ) and 46% male ( $n = 15$ ). The most common race observed was Black ( $n = 21$ , 65%), followed by White ( $n = 11$ , 35%). There was ( $n = 33$ ,  $r = -.25$ ) ( $p = 0.152$ ), indicating no meaningful correlations between the variables. Gender and race studies found that Black females have a considerably higher rate of tobacco use ( $p < .05$ ). Participants' ages ranged from 21 to 80, with a mean of 54.21 ( $SD = 16.52$ ). The smoking cessation rate after the intervention was 7.28 ( $SD = 4.77$ ) ( $n = 32$ ).

*Implications for Practice:* The widespread use of the 5A model by primary care providers will be helpful to this underserved community and to improve health.

*Outcome Measures:* The physician documented a smoking history in 16% of the patients ( $n = 5$ ). Extra visits had a significant positive connection with cessation, with a correlation coefficient 1.00, indicating a big impact size ( $p < .001$ , 95.0%). Additional visits tend to increase smoking cessation, which was a significant median difference in smoking cessation rates among those who received additional intervention visits ( $z = -4.89$ ,  $p < .001$ ).

#### **Defense of Dissertation Committee**

Chairperson, Charity Galgani, DNP, APRN, WHNP-BC  
Committee Faculty Member, Anne Fish, PhD, RN, FAHA, FAAN  
Committee Member, Keely Finney, MSW, LCSW, CRAADC