University of Dundee

Oral health promotion and homelessness
Beaton, Laura; Freeman, Ruth

Publication date: 2015

Link to publication in Discovery Research Portal

Citation for published version (APA):

General rights
Copyright and moral rights for the publications made accessible in Discovery Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from Discovery Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain.
- You may freely distribute the URL identifying the publication in the public portal.

Take down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Download date: 26. Nov. 2018
1. Introduction

Homelessness in Scotland:
- In 2012/2013, 39,827 households in Scotland applied for homeless assistance.
- Over the past decade, the Scottish Government and the NHS have published key policy documents, identifying people affected by homelessness as a priority group and acknowledging that this group need tailored oral health care.

Smile4life:
- The Smile4life survey examined the oral health and psychosocial needs of this population, and found that oral health was poor.
- This led to the development of the Smile4life intervention, which aimed to increase access to mainstream dental services for homeless people by training health and social care practitioners. This was launched in June 2012.
- The implementation of the Smile4life intervention was the basis of a process evaluation, which studied when and how each NHS Board implemented the intervention.

2. Aims and Methods

Aim: To use the Theory of Diffusion of Innovations as a framework to explore the qualitative data gleaned from a process evaluation of Smile4life implementation.

Participants: 20 oral health practitioners from 11 NHS Boards.

Ethical approval: Ethical approval to conduct the research was obtained from the University Research Ethics Committee of the University of Dundee (UREC9005).

Data collection: Telephone interviews were conducted on a monthly basis, over 18 months, to collect qualitative data regarding the implementation of Smile4life. Interviews were semi-structured and recorded with consent.

Data analysis: A framework based on the Theory of Diffusion of Innovations was used to identify variables that underpinned adoption. These variables could be separated into three thematic clusters – characteristics of the innovation, characteristics of innovators and environmental context.

Rogers (2003) defined adoption as: “a decision to make full use of an innovation as the best course of action available.”

3. Results

The average length of time to adoption was 16 months from the launch of Smile4life. Figure 1 shows the number of NHS Boards implementing Smile4life each month, over the data collection period. Boards were categorised into adopter categories, based on the time taken to adopt and implement Smile4life. 1 Board was an Early Adopter, 5 were Early Majority, 1 was Late Majority, and 4 were Laggards.

It is important to note that for the Laggard Boards there should not be an automatic negative connotation. The environmental context plays a significant role in implementation, and poses particular problems for remote and rural Boards, despite motivated and enthusiastic staff.

4. Conclusions

Conclusions/Impact: The Theory of Diffusion of Innovations provided a useful theoretical framework for understanding the processes in the implementation and adoption of the Smile4life programme. It allowed for the emergence of the need for specific training in the implementation, adoption and consolidation of interventions, to be tailored to the needs of practitioners within the adopter group categories.

Next steps: It is crucial that engagement is sought with the Third Sector and local authority staff, to improve partnership working, as well as ensuring that oral health and homelessness is a priority for all health and social care practitioners across Scotland.

5. References


6. Acknowledgements

Funding was received from the Scottish Government (award no: 121.804497).