Oral health promotion and homelessness
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Oral health promotion and homelessness:
a theory-based approach to understanding processes of
implementation and adoption
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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.

Barriers | Facilitators
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Environmental context | Characteristics of innovators
• Geography of NHS Board | • Enthusiastic and motivated
• Lack of resources (time and staff) | staff
• Heavy workload | • Familiarity (bad past experience)
• Familiarity (good past experience) | Characteristics of innovation | Environmental context
• Perceived complexity of implementation | • Positive social interactions
• Familiarity (good past experience) |

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
Freeman R et al. Smile4life: Report of the homeless oral health survey in

6. Acknowledgements
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