

## Strategies and Approaches in Oral Disease Prevention – A Common Risk Factor Approach

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### Abstract

The common risk factor approach (CRFA) has been highly influential in integrating oral health into general health improvement strategies. However, dental policy makers and oral health promoters have interpreted the CRFA too narrowly. They have focussed too heavily on the common behavioural risks, rather than on the broader shared social determinants of chronic diseases. Future action to address oral health inequalities in middle- and high-income countries requires a radical policy reorientation towards tackling the determinants of chronic diseases.

**Keywords:** Risk factors, Chronic diseases, Oral health, Health promotion, Oral health policy.

### Introduction

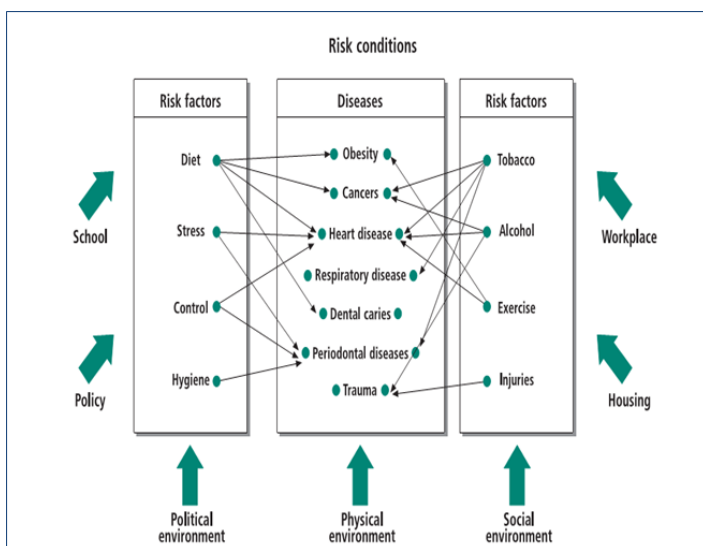
Oral Healthcare delivery systems are responsible for addressing the needs of people without any sort of discrimination. Estimates from Global Burden of Disease show that oral diseases affect around 3.9 billion people and untreated dental caries is the most prevalent morbid condition among all diseases. It is well known and established that oral diseases significantly affect quality of life and its associated healthcare expenditure has a catastrophic effect on the public health budgets. Association between many oral diseases and chronic non communicable diseases are well documented [1].

The common risk factor approach (CRFA) is now one of the most accepted and embraced globally by oral health policy makers. The concept derives its root from the recommendations made by World Health Organization towards an integrated approach to chronic disease prevention. Designing health promotion programs with common risk factors for disease, such as NCDs and oral diseases, is the focus of applying the Common Risk Factor Approach (CRFA) to oral health promotion [2-5].

The approaches utilized in oral health promotion are in contrast to the determining factors of health which is namely – ‘Socio political’. The driving force of oral health policy is towards individual behaviour change but such an approach diverts the attention from the underlying aetiology of the disease. Avoiding the need for developing effective social policies for health in favour of a concentration on problems of individual health related behaviour is not only an oversimplification, but an evasion of responsibility [6-9].

According to the WHO, use of tobacco, harmful alcohol use, an unhealthy diet, and poor oral hygiene are risk factors for oral diseases. These factors are also linked to cancers, cardiovascular diseases, diabetes and respiratory diseases, the four major chronic non-communicable diseases (NCDs) [10,11].

Promoting overall health by acting on small number of risk factors would have a major and a lasting impact on large number of diseases is the principal concept behind the integrated common risk factor approach. The CRFA can bring down the disease level at a lower cost with greater efficiency and effectiveness than other disease specific approaches. Expenditure on health care services based on curative aspect could be brought down to a great extent by co-ordinating with organizations and directing activities with a multi-sectoral approach [12].



The Common Risk/Health Factor Approach (CRHFA) distinguishes between actions aimed at reducing “risk factors” and actions promoting “health factors”. The strategy includes efforts to improve health by reducing risks, promoting health and strengthening possibilities to cope with given’ risk factors – creating supportive environments, reducing the negative effects of certain risk factors and facilitating behaviour changes [12].

CRFA is based upon the epidemiology of common chronic diseases. Most chronic diseases have a multi-factorial web of causation. Integrated action may be taken against a number of risk factors related to one or more diseases. Secondly, if one of the risk factor is associated with more than one disease, the attack may be integrated across disease boundaries. The third approach overlaps with the first. Here some of the risk factors cluster in groups of people. Changing one of the factors may influence the others.

It’s the need of the hour to promote oral health with a radical shift in the preventive approach. The approach used from decades which was isolated, compartmentalized and focused on individuals would never efficiently promote oral health and decrease the burden of oral diseases, which have a detrimental effect on quality of life. Future research needs to evaluate the long term effects of CRFA approach on oral health. But at the same time to be effective in this style of working oral health professionals need to develop a range of networking and communication skills to enable them to work collaboratively with other agencies and professionals.

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