

Adult Preventive Care Guidelines

About the MHQP Adult Preventive Care Guidelines

MHQP’s 2022 guidelines were developed by a collaborative group of Massachusetts healthcare organizations. These are recommendations for providing preventive care to adult patients from the general population. These guidelines should not supplant clinical judgment or the needs of individual patients. These guidelines are intended as quality-practice recommendations and are not intended as a description of benefits, conditions of payment, or any other legal requirements of any particular health plan or payor. Each health plan or payor makes its own determination of coverage and benefits. In the event that these practice recommendations are inconsistent with any applicable laws or regulations, such laws or regulations take precedence.

Periodic Health Evaluation

At Every Age

- Obtain initial/interval medical and family history.
- Perform age-appropriate physical exam.
- Provide preventive screenings and counseling as outlined below.
- Update immunizations. For current immunization schedules, refer to the [U.S. Centers for Disease Control and Prevention 2021 Adult Immunization Guidelines](#).
 - ACIP recommends use of COVID-19 vaccines for everyone ages 5 and older. COVID-19 vaccine and other vaccines may be administered on the same day. See the [COVID-19 Vaccine Product Information page](#) for additional information about COVID-19 vaccines authorized for use in the United States.
 - Note that, Black and Hispanic/Latine people remain less likely than their White counterparts to have received a vaccine, leaving them at increased risk, particularly as variants spread.
 - For pneumococcal vaccine refer to [Pneumococcal Vaccine Timing for Adults](#) resource.
 - For Zoster vaccine refer to [Zoster \(Shingles\) ACIP Vaccine Recommendations](#).
 - Recommend Tdap vaccine to any person who has not been previously vaccinated and who will have close contact with a baby ≤ 12 months. For Tdap vaccine refer to the [Tdap Vaccine Recommendations](#).
 - Refer to [CDC Influenza ACIP Vaccine Recommendations](#) for current influenza vaccine recommendations.

18–29 Years	30–39 Years	40–49 Years	50+ Years
<ul style="list-style-type: none"> • Annually for ages 18–21 • Every 1–3 years, depending on risk factors, for ages 22–29 	<ul style="list-style-type: none"> • Every 1–3 years, depending on risk factors 	<ul style="list-style-type: none"> • Every 1–3 years, depending on risk factors 	<ul style="list-style-type: none"> • Annually

DEFINITION OF PERIODIC HEALTH EVALUATION FOR MHQP’S GUIDELINES PROGRAM:

The periodic health evaluation (PHE) consists of one or more visits with a health care provider to assess patients’ overall health and risk factors for preventable disease, and it is distinguished from the annual physical exam by its incorporation of tailored clinical preventive services and laboratory testing as part of health risk assessment. Source: [AHRQ](#)

Social Determinants of Health (SDoH)

- Review a completed [SDoH screening tool](#) and incorporate into the plan of care
- Develop [action plan](#) at each visit with information available
 - ♦ Make sure that social determinants that are being targeted for recommendations are modifiable, like food insecurity, homelessness, lack of transportation, or inaccessibility to quality education
 - ♦ Individuals who are at high-risk of certain conditions due to unmodifiable social determinants, like race, should be subject to increased screenings as indicated
- Refer patients to additional team members for education, resources, and referrals as needed
- Discuss access to healthcare by asking: “Do you have any concerns that prevent you from keeping your health care appointments?”
- Assess health literacy by asking: “How confident are you filling out medical forms by yourself?”

Screening Tools and Action Plans:

[Social Needs Screening Tool](#): The Social Needs Screening tool screens for five core health-related social needs, which include housing, food, transportation, utilities, and personal safety, using validated screening questions, as well as the additional needs of employment, education, child care, and financial strain.

[Develop an Action Plan](#): A quick form to guide a discussion with patients about their social determinants of health and document a plan to address them. The form is available in seven languages.

Community Resources:

[2-1-1](#): This resource helps individuals obtain information about receiving assistance in the event of a crisis, emergency, or natural disaster.

[Find Help](#): This interactive tool helps individuals find free or reduced cost services related to food, housing, or transportation.

[HelpSteps](#): This interactive tool provides information on how to access social services related to food, housing, and medical care.

General Resources:

[The EveryONE Project Toolkit](#): This toolkit offers strategies for use among clinicians to promote diversity and advance health equity in all communities.

[THRIVE](#): THRIVE is also a tool for engaging community members and practitioners in assessing the status of community determinants, prioritizing them, and taking action to change them in order to improve health, safety, and health equity.

[A Practitioner’s Guide for Advancing Health Equity](#): The purpose of the Health Equity Guide is to assist practitioners with addressing the well-documented disparities in chronic disease health outcomes.

[Cancer Disparities](#): This webpage provides examples of disparities in cancer, and the contributing factors behind these disparities.

[Short Assessment of Health Literacy–Spanish and English \(SAHL–S&E\)](#): The Short Assessment of Health Literacy–Spanish and English (SAHL–S&E) is a new instrument, consisting of comparable tests in English and Spanish, with good reliability and validity in both languages.

DEFINITION OF THE SOCIAL DETERMINANTS OF HEALTH FOR MHQP’S GUIDELINES PROGRAM:

Social Determinants of Health (SDoH) are the conditions under which people are born, grow, live, work, and age. SDoH can either help a patient’s health (like living in a low crime neighborhood), or adversely affect it (such as living in a neighborhood with poor air quality and pollutants). Conditions can be modifiable, like food insecurity or homelessness, or unmodifiable, like race. ([AAFP](#), [WHO](#))

Labs and Cancer Screenings

Breast Cancer

18–39 Years	40–49 Years	50–74 Years	75+ Years
<ul style="list-style-type: none"> Consider performing clinical breast exam at all periodic health evaluations Screen for patients with an increased risk for BRCA gene mutations using appropriate screening tools. Offer genetic counseling for those with positive screening results. The tools evaluated by the USPSTF include the Ontario Family History Assessment Tool, Manchester Scoring System, Referral Screening Tool, Pedigree Assessment Tool, and FHS-7. Prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to those who are 35 or older and are at increased risk for breast cancer and at low risk for adverse medication effects <ul style="list-style-type: none"> Note that the USPSTF does not endorse any particular risk prediction tool. However, the NCI Breast Cancer Risk Assessment Tool and the Breast Cancer Surveillance Consortium Risk Calculator are based on models tested in US populations and are publicly available for clinicians and patients to use as part of the process of shared, informed decision-making about taking risk-reducing medications for breast cancer. 			
<ul style="list-style-type: none"> Only with patients at high risk, use shared decision making to discuss the risks and benefits of initiating mammography or other screening exams 	<ul style="list-style-type: none"> Using shared decision making, including patient risk factors, discuss the risks and benefits of biennial mammography 	<ul style="list-style-type: none"> Conduct mammography every two years, or more frequently based on risk factors and shared decision making 	<ul style="list-style-type: none"> Determine need of further mammography based on shared decision making
<p>RISK FACTORS</p> <p>Patients may be more likely to develop breast cancer if they:</p> <ul style="list-style-type: none"> Are older than 50 years of age. The risk for breast cancer increases with age; most breast cancers are diagnosed after age 50 Are American Indian, Alaskan Native, or Ashkenazi Jewish <ul style="list-style-type: none"> Ashkenazi Jewish women have a higher risk of developing breast cancer at a young age, due to higher rates of BRCA gene mutation Have a first degree relative (parent, sibling, or child) with breast, ovarian, tubal, or peritoneal cancer Have a genetic predisposition, personal history of ovarian cancer or high risk breast biopsy result, a history of chest radiation therapy at a young age, early menarche or late menopause, or dense breasts <p>Patients may be more likely to get more aggressive forms of breast cancer and be diagnosed at a younger age if they are:</p> <ul style="list-style-type: none"> Black 			
<p>Resources:</p> <p>B-RST (available in English and Spanish): This tool is a USPSTF recommended online screening tool that asks questions about family history to assess for Hereditary Cancer risk and possible benefit of additional information</p> <p>Screening Mammography – Clinician Instructions: This tool is best used by clinicians and patients together to help clarify the personal risk of breast cancer, and then illustrate the possible benefits and harms of screening mammograms.</p> <p>Breast Cancer Screening Decision (For women 40-49): This is a screening tool designed to give women unbiased information that can help make an informed decision about when you should start and how often you should have screening mammograms.</p> <p>Should I Continue with Mammogram Screening? (For women 75-84): This tool will help women over the age of 75 think about whether or not they may want to stop or continue having mammograms.</p>			

Cervical Cancer

18–20 Years	21–29 Years	30–65 Years
<ul style="list-style-type: none"> Note that the USPSTF states these recommendations do not apply to those with high grade precancerous lesions or cervical cancer or in utero DES exposure or a compromised immune system, including those with HIV. Omit cervical cancer screening test if a person has had a hysterectomy for benign disease with removal of cervix and does not have a history of high-grade precancerous lesion or cervical cancer 		
<ul style="list-style-type: none"> No cervical cancer screening is indicated 	<ul style="list-style-type: none"> Screen with cervical cytology alone every three years (pap or liquid cytology) 	<ul style="list-style-type: none"> Screen every three years with cytology alone; or Screen every five years with hrHPV testing or co-testing (hrHPV and cytology) Discontinue cervical cancer screening after age 65 if there is documented evidence of consistently negative results
<p>RISK FACTORS</p> <p>Patients may be more likely to develop cervical cancer if they:</p> <ul style="list-style-type: none"> Are Black, American Indian, Alaskan Native, Asian, Hispanic/Latine Have an infection with HPV (human papillomavirus), personal history of cervical dysplasia, smoking, history of other sexually transmitted diseases (including HIV/AIDS), compromised immune system, and in utero diethylstilbestrol (DES) exposure 		
<p>Resource:</p> <p>Cervical Cancer Screening: This is a resource to aid women to learn about cervical cancer screening.</p>		

Colorectal Cancer

18–44 Years	45–49 Years	50–75 Years	76–85 Years
<p>Options for colorectal cancer screening:</p> <ul style="list-style-type: none"> Note that while colonoscopy is often considered to be the best test, annual FIT testing may be more accessible and acceptable to patients and is included in the top tier of tests per the US Multi-Society Task Force on Colorectal Cancer in 2017 Colonoscopy every 10 years or Annual FIT or sDNA-FIT <ul style="list-style-type: none"> If patient is unable to follow either of these screening regimens then select one of the following methods/screening intervals: <ul style="list-style-type: none"> Computed tomographic colonography every 5 years or sDNA-FIT or Flexible sigmoidoscopy every 5–10 years or gFOBT every year If patient cannot follow any of these recommendations: capsule colonoscopy every 5 years 			
<ul style="list-style-type: none"> Screenings are not routine except for patients at high risk – See screening schedules in Risk Factor section below 	<ul style="list-style-type: none"> Screen for colorectal cancer, and use shared decision making to select one of the methods/screening intervals listed above. Note that this is a B recommendation from the USPSTF 	<ul style="list-style-type: none"> Screen for colorectal cancer, and use shared decision making to select one of the methods/screening intervals listed above 	<ul style="list-style-type: none"> Selectively offer screening for adults aged 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient’s overall health, prior screening history, and preferences. After age 86, screening is not recommended

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Colorectal Cancer (continued)

RISK FACTORS

Patients may be more likely to develop colorectal cancer if they:

- Are Black, American Indian, Alaskan Native, Ashkenazi Jewish
- Have one first degree relative with colorectal cancer or advanced adenoma diagnosed before age 60 or patients with two first degree relatives with colorectal cancer or advanced adenoma at any age. If patients have these risk factors, they should begin screening at ten years less than age at diagnosis of 1st degree relative or at age 40, whichever is earlier, repeating every 5 years.
- Have one first degree relative with colorectal cancer, advanced adenoma or advanced serrated lesion over age 60. If patients have these risk factors, they should begin screening at age 40, with intervals same as average risk patients

Resources:

[Colorectal Cancer: Catching it Early](#): This guide helps patients understand who may be at higher risk for colorectal cancer, and determine the types of screening that may be the best for them.

[Guide to Colorectal Cancer Screening](#): This guide is designed to inform patients of the types of screening tests that are available for colorectal cancer.

[ePrognosis Colorectal Cancer Screening Survey](#): This screening calculator is intended for clinicians to use as a rough guide to determine possible mortality outcomes.

[Clinician's Reference: Stool-Based Tests for Colorectal Cancer Screening](#): This is a clinician's reference guide for information about using stool-based tests for screening in average risk patients.

Lung Cancer

50-80 Years

- Counsel current smokers to stop smoking and counsel that lung cancer screening does not replace the need to quit smoking
- Use shared decision making to discuss the risks and benefits of low dose computed tomography (LDCT) screenings for patients meeting the following criteria:
 - ♦ [20 pack-year smoking history](#) and
 - ♦ either currently smoke or have quit within the past 15 years
- If the decision is made to pursue screening, screen annually at a facility equipped to perform screening and evaluate results
- Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery

RISK FACTORS

Patients may be more likely to develop lung cancer if they:

- Are Black
- Are current smokers or have smoked within the past 15 years or have been exposed to other chemicals including radon, asbestos, diesel fumes
- Have a personal history of specific other cancers: small cell lung cancer, lymphoma including Hodgkin's, tobacco associated cancers like bladder and head and neck, cancers that required radiation treatment to the chest
- Have a history of COPD or pulmonary fibrosis
- Have a family history of lung cancer

Resources:

[Is Lung Cancer Screening Right for Me? \(Spanish\)](#): This article answers many frequently asked questions about lung cancer screenings, and helps patients determine if screening is right for them.

Prostate Cancer

18–54 Years	55–69 Years	70+ Years
<ul style="list-style-type: none"> For high-risk patients only, use shared decision making to discuss prostate specific antigen (PSA) screening. High-risk patients should be provided with the same screening education and options as patients age 55-69, but consider initiating discussion of screening at age 40 to 45 years with men at higher risk for prostate cancer, including Black men. 	<ul style="list-style-type: none"> Screening for prostate cancer with PSA test should not be performed or offered routinely without shared decision making, including a clear explanation and understanding of the benefits and harms Only offer PSA screening for patients who express a clear preference for screening after shared decision making and who have a life expectancy of >10 years <ul style="list-style-type: none"> For patients who have chosen PSA screening, screen every 2 years. PSA screening is not recommended for patients with a life expectancy of < 10 years. 	<ul style="list-style-type: none"> PSA screening and routine discussion of screening are not recommended

RISK FACTORS

Patients may be more likely to develop prostate cancer if they:

- Are Black
- Have a first degree relative (parent, sibling) diagnosed with prostate cancer before the age of 65

Resources:

[Massachusetts Prostate Cancer Screening Guideline Panel](#): This resource for clinicians is to help make an informed decision on how to recommend a patient for prostate cancer screening.

[Prostate Cancer Screening: Should I Have a PSA Test?](#): This shared decision making tool is meant for men in their 50s and 60s to make an informed decision if they should be getting screened for prostate cancer using a PSA test.

[Is Prostate Cancer Screening Right for You](#): This tool helps men ages 55-69 understand the risks and benefits of prostate cancer screening.

Skin Cancer

18+ Years

- Inspect skin for abnormalities when performing physical exam
- Educate at-risk patients about skin cancer, including using the [ABCDE guidelines](#) to check moles
- Counsel to limit exposure to the sun (especially between 10 A.M. and 4 P.M.), to fully cover skin with clothing and hats, and to use sun block (SPF 15 or greater), especially those over 24 with fair skin types
- Discourage use of indoor tanning

RISK FACTORS

Patients may be more likely to develop skin cancer if they:

- Are 65 years of age or older
- Are White, or Hispanic/Latine
- Have a family or personal history of skin cancer
- Have a personal history of repeated sunburns early in life or chronic exposure to the sun
- Have certain characteristics to their skin, such as a large number of moles, fair skin, or sun sensitivity

Resources:

[Skin Cancer in People of Color](#): This guide helps patients of color understand their skin cancer risk, and how to conduct self-exams.

[Skin Cancer in People of Color Image Gallery - American Society for Dermatologic Surgery](#): This image gallery gives clinicians examples of what skin cancer looks like on people of color.

General Screening, Counseling, and Guidance

Cardiovascular Health (incl. screening for hypertension, lipid disorder/high cholesterol, and abdominal aortic aneurysm)

18+ Years

- Review and assess known cardiovascular risks, and counsel on mitigating any risks. See sections on diet and nutrition, obesity and overweight, and physical activity for additional counseling and guidance.
- Consider using [ASCVD Risk Estimator Plus](#) to evaluate 30 year or lifetime risk in patients with low risk aged 18-39
- Use a risk estimator for patients aged 20-79. Consider using the [ASCVD Risk Estimator Plus](#). Note that no risk estimator perfectly predicts ASCVD risk. Other tools available include: [Framingham CVD risk score](#), [Reynolds risk score](#), and [QRISK/JBS3](#) tools.
- Consider CAC scoring in patients with borderline to intermediate risk
- Screen for lipid disorder (high cholesterol) with either a non-fasting total cholesterol and HDL or a fasting lipid profile. Using a non-fasting lipid profile may result in needing a follow-up fasting lipid profile. Recommend follow-up fasting lipoprotein profile if total cholesterol is >200 mg/dl or HDL is <40 mg/dl.
- Consider [statin use](#) in patients without CV disease aged 40-75 who have at least one risk factor for CVD and a 10 year risk of developing CVD of 10% or higher based on ACC/AHA Pooled Cohort Equation (USPSTF B recommendation)
- Consider [statin use](#) in similar patients whose risk is 7.5% or higher based on ACC/AHA Pooled Cohort Equation (USPTF C Recommendation)
- Check blood pressure at every medical encounter
- Perform blood pressure screening for hypertension
 - ♦ Screen for hypertension every year in adults 40 years or older and in adults at increased risk for hypertension (such as Black persons, persons with high-normal blood pressure, or persons who are overweight or obese)
 - ♦ Screen less frequently (ie, every 3-5 years) as appropriate for adults aged 18 to 39 years not at increased risk for hypertension and with a prior normal blood pressure reading
 - ♦ Offer ambulatory blood pressure measurements for those who have high blood pressure readings in the office
- Screen for abdominal aortic aneurysm once in males aged 65–75 who have **ever** smoked, and consider using shared decision making for others at risk
- Using shared decision making, consider low dose aspirin for adults aged 50 – 59 who have a 10% or greater 10 year risk of CVD, are not at risk for bleeding, have a life expectancy of 10 years or more and are willing to continue taking it for 10 years
- Use shared decision making for adults with the same profile aged 60 and older
- Offer or refer adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity

RISK FACTORS

Patients may be more likely to develop cardiovascular disease if they:

- Are older adults. Risk of developing cardiovascular disease increases with age. Incidence for CVD is 40% from ages 40-59, 75% from ages 60-79, and over 80% for those 80 years and older.
- Were born male
- Have a family history of premature heart disease
- Have a personal history of smoking, diabetes, hypertension, hyperlipidemia, low HDL, obesity over 30, or pre-eclampsia
- Come from a low socioeconomic background

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Cardiovascular Health (continued)

RISK FACTORS (continued)

Patients may be more likely to develop abdominal aortic aneurysm if they:

- Are age 65 years and older
- Are White
- Were born male
- Have a family history of abdominal aortic aneurysm, coronary artery disease, peripheral vascular disease, and/or hypertension
- Regularly use tobacco

Resources:

[ACC/AHA Pooled Cohort Equations](#): This calculator is intended for clinician use to help understand the 10-year risk of ASCVD in patients.

[Aspirin Guide](#): The Aspirin-Guide app from researchers at Brigham and Women's Hospital, Harvard Medical School, helps clinicians decide which patients are candidates for the use of low-dose aspirin (75 to 81 mg/d) in the primary prevention of atherosclerotic cardiovascular disease (ASCVD) by balancing the ASCVD benefits against the risk of harm due to gastrointestinal (GI) or other bleeding.

[2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease](#): This guide is for clinicians to understand how to assess and estimate the risk of CVD in patients.

[Statin Choice Decision Aid](#): This calculator is for patients, with aid from their clinicians, to understand how to use statins to reduce likelihood of heart attacks.

Note: If you use an application for risk calculation, make sure it is based on the ACC/AHA Pooled Cohort Equation.

Diabetes (Type-2) and Pre-Diabetes

18+ Years

- Counsel on the benefits of physical activity and a healthy diet. See sections on diet and nutrition and physical activity for further guidance.
- Screen for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Offer or refer patients with prediabetes to effective preventive interventions.
- Consider screening Asian patients with overweight or obesity starting at a BMI of 23
- Consider screening in adults younger than 35 who have overweight and obesity and belong to a higher risk group
- Consider screening the general population every 3 years beginning at age 45 with fasting blood sugar, 2-hour oral glucose tolerance, or HbA1C test. If test results in diagnosis of pre-diabetes, recommend screening again in 6 months to 1 year, and counsel or refer for counseling on diet and lifestyle changes to prevent the onset of Type-2 diabetes.
- Consider the [CDC training program](#) recommendation for diabetic and pre-diabetic patients
- Emphasize that lifestyle changes that result in lower weight and increased physical activity are critical in managing Type-2 diabetes and pre-diabetes, including the potential for remission
- Refer for consideration of [metabolic surgery](#) if BMI is ≥ 40 (≥ 37.5 in Asian Americans)
- Refer for consideration of [metabolic surgery](#) if BMI is 35–39.9 (32.5–37.4 in Asian Americans) who do not achieve durable weight loss and improvement in comorbidities (including hyperglycemia) with reasonable nonsurgical methods

RISK FACTORS

Patients may be more likely to develop diabetes if they:

- Are ages 45 years and older
- Are Black, Alaskan Native, American Indian, Asian, Native Hawaiian, Pacific Islander, or Hispanic/Latine
- Were born a male
- Have a first degree relative with diabetes
- Have a personal history of being overweight/obese, high blood pressure (above 135/80mmHg), vascular disease, elevated cholesterol/lipid levels, gestational diabetes or birth of a baby >9 lbs, impaired glucose tolerance, and/or polycystic ovary syndrome

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Diabetes (Type-2) and Pre-Diabetes (continued)

Resources:

[CDC: Diabetes Prevention Recognition Program](#): The DPRP provides information to people at high risk for type 2 diabetes, their health care providers, and payers about the location and performance of organizations offering the National DPP lifestyle change program (National DPP LCP) through various delivery modes (in-person, online, distance learning, and combination).

Obesity and Overweight

18–65 Years

- Counsel on the benefits of physical activity and a healthy diet to maintain an appropriate weight for height. See sections on diet and nutrition and physical activity for further guidance.
- Screen for obesity at every periodic health evaluation visit using the CDC’s growth and BMI charts as a guide
 - ♦ Note that the BMI should be used in conjunction with other clinical assessments before making a diagnosis of obesity and overweight. The correlation between BMI and percentage body fat is fairly strong; however, two people with the same BMI may have different percentages of body fat based on differences in skeletal and muscle mass.
 - ♦ In general:
 - Females tend to have more body fat than males
 - Black people have less body fat than Whites, and Asians have more body fat than Whites
 - Older people, on average, tend to have more body fat than younger people
 - Athletes have less body fat than non-athletes
- Offer more focused evaluation and intensive counseling for obese adults (BMI ≥ 30), or overweight adults (BMI ≥ 25) with co-morbidities, to promote sustained weight loss. The USPSTF recommends that clinicians offer or refer patients with a BMI ≥ 30 to intensive, multicomponent behavioral interventions.
- Consider the [CDC training program](#) recommendation for diabetic and pre-diabetic patients. See diabetes section for diabetes-specific recommendations.

RISK FACTORS

Patients may be more likely to be obese/overweight if they:

- Are Black, American Indian, Alaskan Native, or Hispanic/Latine
- Are living in areas with low accessibility to healthy, affordable, and culturally appropriate food
- Come from a low socioeconomic background

Physical Activity

18-65 Years	65+ Years
<ul style="list-style-type: none"> • Ask about access to safe, affordable, and accessible physical activity options • Counsel on the importance of regular physical activity including aerobic, strength, and flexibility training • Advise that the CDC recommends 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic activity/week, and muscle-strengthening activities 2 days/week • Advise that any increase in physical activity can be beneficial in chronic disease prevention, even if not to the level of the CDC recommendation 	<ul style="list-style-type: none"> • Emphasize the importance of balance training for older adults at risk for falling

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Physical Activity (continued)

RISK FACTORS

Patients may be more likely to be physically inactive if they:

- Are Black or Hispanic/Latine
- Identify as a woman
- Live in areas that lack safe and walkable neighborhoods, or low access to physical activity options or equipment
- Have a sedentary occupation or time limitations
- Come from a low socioeconomic background

Resources:

[WalkBoston](#): This webpage is for the organization WalkBoston, which advocates to make walking safer and easier in Massachusetts to encourage better health, a cleaner environment, and more vibrant communities.

[Physical Activity for Adults](#): This guide helps patients understand the benefits of physical activity, and how to become more physically active.

[Physical Activity for Older Adults](#): This guide helps seniors understand the benefits of physical activity, and how to become more physically active.

[A Matter of Balance](#): A Matter of Balance: Managing Concerns About Falls is a program designed to reduce the fear of falling and increase activity levels among older adults.

Diet and Nutrition

18+ Years

- Ask about access to healthy, affordable, and culturally appropriate food options
- Counsel on the importance of a healthy diet in the prevention of disease. A healthy diet:
 - ♦ Emphasizes fruits and vegetables, whole grains, low-fat dairy, lean proteins, nuts and legumes
 - ♦ Limits red and processed meat, saturated and trans fats, refined carbohydrates, and food and beverages with added sugar
 - ♦ Follows appropriate portion size
- Screen for eating disorders by asking about body image and dieting patterns

RISK FACTORS FOR POOR NUTRITION

Patients may be more likely to have poor nutrition if they:

- Are Black, Alaskan Native, American Indian, Asian, or Hispanic/Latine
- Are of low socioeconomic status
- Are living in areas with low accessibility to healthy, affordable, and culturally appropriate food

Resources:

[Choose My Plate](#): This webpage encourages use of the MyPlate app for patients to make better, healthier food choices.

[CDC: Healthy Weight](#): This webpage helps patients understand how to use physical activity and nutritious meals to maintain a healthy weight.

[SNAP](#): This webpage helps determine who is eligible for SNAP and how to apply for the food assistance program.

[SNAP Benefits Healthy Incentives Program \(HIP\) for Clients](#): This webpage gives you information about the Healthy Incentives Program (HIP), which helps those who receive SNAP benefits to gain access to healthy food by finding HIP authorized farmers and vendors.

[Farmers Market Nutrition Program](#): This webpage provides information about the Farmers Market Nutrition program, which gives eligible seniors and WIC families coupons to buy fresh produce at farmers markets across the state.

[1Degree](#): One Degree is an interactive tool that helps you find free, life-improving resources related to food, health, housing, employment, and more near you.

[Commodity Supplemental Food Program: Find your local program](#): This webpage provides contact information for the commodity supplemental food programs in every state.

[Find Meals when Schools are Closed](#): This webpage provides information on where to find free meals for children when school is not in session.

[Heart Healthy Recipes](#): This website provides hundreds of heart healthy recipes for breakfast, lunch, dinner, and dessert that are also tailored to different cultural groups.

Sexual Health and Identity

18+ Years

General counseling regarding safe and healthy sexual behaviors:

- Obtain sexual history and ask about involvement in sexual behaviors with sensitivity to sexual orientation and gender identity
- Counsel about responsible sexual behaviors, including definition of consent
- Discuss [contraception](#) with patients whose sexual practice might lead to pregnancy
- Ask about use/motivation/access to use contraceptive methods to prevent STIs and unintended pregnancy
- Consider preconception counseling
- Offer PrEP if appropriate

Resources:

[Medical Eligibility Criteria for Contraceptive Use](#): This guide includes recommendations for using specific contraceptive methods by women and men who have certain characteristics or medical conditions.

[Sexual Consent](#): This guide provides information on what consent is and how to provide it to a sexual partner.

[CDC: Sexual Violence is Preventable](#): This guide provides information on what sexual violence is and ways and resources for those in need.

Sleep Habits

18+ Years

61-64 Years

65+ Years

- Recommend consistent sleep and wake times throughout the week
- Discourage exposure to blue light (including LED bulbs and electronic screens) for at least one hour before sleep onset
- Recommend regular exercise to help promote sleep
- Discourage alcohol, caffeine, and large meals before sleep
- Discourage excess alcohol consumption throughout the day

- Recommend 7 or more hours of sleep per night

- Recommend 7 to 9 hours of sleep per night

- Recommend 7 to 8 hours of sleep per night

RISK FACTORS

Patients may be more likely to have poor sleep habits if they:

- Are Black, Hispanic/Latine
- Are living below the poverty line, have low educational attainment, working more than one job, shift workers, and/or unemployed
- Are living in a crowded home and/or living in a low-income neighborhood

Resources:

[Healthy Sleep Habits](#): This guide gives information on how to establish healthy sleep habits to get a better night's sleep.

[Sleep Wellness](#): This guide helps on how to establish better sleep hygiene.

[Harvard Health Letter: Blue light has a dark side](#): This article talks about the effects of blue light on sleep, and how you can protect yourself from blue light at night.

Tobacco, Smoking, and Vaping

18+ Years

- Ask about tobacco, smoking, and vaping use at every visit
- Advise all tobacco and nicotine users to quit, especially people who are pregnant
- Assess readiness to quit
- Assist tobacco and nicotine users in quitting by providing behavioral interventions and US Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.
- Arrange follow-up
- Discuss lung illnesses associated with use of vaping products and urge people who vape to stop

RISK FACTORS

Patients may be more likely to use tobacco, smoke, or vape if they:

- Are younger than 65 years
- Are American Indian or Alaskan Native
- Identify as a man
- Are part of the LGBTQIA+ community

Resources:

[Massachusetts Tobacco Cessation Program \(MTCP\)](#): The MTCP is a statewide public health program focused on comprehensive approaches to reduce tobacco and nicotine use.

[5-A's Framework](#): The 5-A's framework helps clinicians guide conversations with patients who use tobacco products to quit.

[How to Quit Smoking: CDC](#): This website gives resources to patients on how to quit using tobacco products.

[Smokefree.gov](#): This website provides tools and tips for how to begin thinking about quitting using tobacco products, and how to continue a patient's quit journey.

[HHS Million Hearts](#): HHS Million Hearts which provides tools for clinicians, including a tobacco cessation change package and resources for patients on how they can quit smoking.

Depression

18+ Years

- Screen for depression annually using the [PHQ-2](#) or [PHQ-9](#) screening tools
- Recommend that the patient reach out to health plans for recommendations for resources to help manage depression

RISK FACTORS

Patients may be more likely to develop depression if they:

- Are young and middle aged adults
- Are Black or Hispanic/Latine
- Were born a female
- Identify as a woman
- Are part of the LGBTQIA+ community
- Are previously married
- Are living with chronic illnesses (e.g., cancer or cardiovascular disease)
- Have a family history of depression or other psychiatric disorders
- Have a personal history of depression or other psychiatric disorders, are in the postpartum period, have other chronic illnesses or medical issues, and/or substance abuse
- Have gone through recent stressful life events or traumatic experiences
- Are undereducated or unemployed

Resources:

[PHQ-9](#): This tool asks about the frequency of depressed mood and anhedonia over the past two weeks.

[PHQ-2](#): This tool asks about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

Anxiety

18+ Years

- Consider screening for anxiety based on risk factors and individual presentation using the GAD-7 or other validated screening tool
- Consider screening for other types of anxiety by asking these four questions:
 1. Have you had a spell or attack when you suddenly felt frightened, anxious or uneasy? (Panic Disorder)
 2. Have you been bothered by feeling nervous, anxious or on edge over the last 6 months? (Generalized Anxiety Disorder)
 3. Have you had a problem being anxious or uncomfortable around people? (Social Anxiety Disorder)
 4. Have you had recurrent dreams or nightmares of trauma or avoidance of trauma reminders? (Post Traumatic Stress Disorder)
- Recommend that the patient reach out to health plans for recommendations for resources to help manage anxiety

RISK FACTORS

Patients may be more likely to have anxiety if they:

- Are Black or White
- Were born a female
- Identify as a woman
- Are part of the LGBTQIA+ community
- Have a family history of anxiety or other psychiatric disorders
- Have a personal history of anxiety or other psychiatric disorders, and/or have other chronic illnesses or medical issues
- Have gone through recent stressful life events or traumatic experiences
- Are of low socioeconomic status

Resources:

[GAD-7](#): This screening tool is used to determine whether or not a patient may have an anxiety disorder that needs treatment.

[Brief Intervention for Anxiety in Primary Care Patients](#): This paper provides a simple, easy to learn, unified approach to the diagnosis, care management and pharmacotherapy of the four most common anxiety disorders (panic, generalized, and social anxiety disorders, and PTSD) in primary care.

Alcohol/Substance Misuse

18+ Years

- Assess history of alcohol misuse and substance abuse, including marijuana/THC, prescription drugs, or over-the-counter drugs
 - ♦ Brief questionnaires (e.g. [AUDIT](#), [NIDA Quick Screen](#)) may help clinicians assess likelihood of alcohol dependence or abuse
- More in depth screening for people who admit to misuse of alcohol or other substances: [NIDA](#), [ASSISTCounsel](#) about the effects of alcohol misuse and/or substance abuse
- Provide brief behavioral counseling to people engaged in or at risk of developing alcohol/substance abuse disorders
- Treat or refer for treatment if there is evidence of addiction
- Advise family and friends of persons with opioid use or misuse to obtain NARCAN for emergency use.
- Discuss lung illnesses associated with use of vaping products
- Recommend that prescription medications are stored in a secure place and that any unused prescription medication is properly disposed of
- Counsel not to drive when under the influence of alcohol/substances, or ride with someone who is under the influence
- Advise people who are pregnant to stop drinking alcohol and using harmful substances during pregnancy, and advise them of the harmful effects of substance use on fetal development
- Recommend that the patient reach out to health plans for recommendations for resources to help manage alcohol/substance misuse

RISK FACTORS

Patients may be more likely to abuse alcohol or substance abuse if they:

- Are ages 18-25
- Are White, American Indian, or Alaskan Native
- Were born a male
- Identify as a man
- Are part of the LGBTQIA+ community
- Have a family history of alcohol or substance abuse
- Have a personal history of mental health issues, and/or tobacco or alcohol dependence or binge drinking
- Have started using substances early on in life, and/or have used addictive substances like stimulants or opioids in the past
- Have a history of trauma, physical or sexual abuse, and/or childhood neglect

Resources:

[Massachusetts Substance Abuse Information and Education Helpline](#): The Helpline is a statewide, public resource for finding substance use treatment, recovery, and problem gambling services.

[MA Prescription Dropbox Locations](#): This webpage provides a list of prescription medication drop boxes around Massachusetts.

[SBIRT](#): This toolkit was developed to assist Massachusetts healthcare providers and organizations in implementing regular Screening, Brief Intervention and Referral to Treatment (SBIRT) for unhealthy alcohol and drug use in clinics and practices.

Safety/Injury Prevention

18+ Years

- Counsel about ways to prevent household and recreational injuries. For example:
 - ◆ Safe-keeping of prescription drugs or household chemicals
 - ◆ Motor-vehicle safety/seatbelt use
 - ◆ Helmet and other protective gear for cycling, skateboarding, scootering, and motorcycles
 - ◆ Concussion and traumatic brain injury
 - ◆ Alcohol and substance use
 - ◆ Carbon monoxide risks and detectors
 - ◆ Fall prevention measures in the elderly. For more information on fracture prevention refer to section on Osteoporosis.
- Advise about the dangers of firearms possession, particularly handguns, in the home. Recommend the removal of guns from the home or secure home storage with safety locks on.
- Advise to keep guns away from children, and discuss other ways to reduce accidental injury or death from guns

Resources:

[Fall Prevention Checklist](#): This resource helps you identify and implement safety measures in your home to prevent falls.

[A Matter of Balance](#): This resource discusses how seniors can get involved with a program to reduce the fear of falling and increase activity level among older adults.

[CDC: Injury Prevention & Control](#): The CDC's Injury Center provides resources on how to prevent violence and injury among at-risk communities.

[Stopping Elderly Accidents, Deaths, & Injuries \(STEADI\): Fall Prevention](#): This resource provides tips and resources for clinicians to help integrate fall prevention into routine clinical practice.

Violence/Abuse in the Home

18+ Years

- Assess and screen for physical and behavioral signs of abuse and neglect
- Screen for intimate partner violence using the WAST-SF or HARK tools, with particular attention to those of child-bearing age
- Consider asking the following questions:
 - ◆ Have you ever been hurt or threatened by your partner, or anyone else (e.g. ex-partner, other family member)?
 - ◆ Do you ever feel afraid, controlled, or isolated by your partner or anyone else?

RISK FACTORS

Patients may be more likely to face violence or abuse in the home if they:

- Are elderly
- Are Black, American Indian or Alaskan Native
- Were born a female
- Identify as a woman
- Are a bisexual or lesbian woman
- Are mentally or physically incapacitated or disabled, have a history of mental illness, and or are pregnant
- People who are socially isolated

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Violence/Abuse in the Home (continued)

Resources:

[Understanding Intimate Partner Violence](#): This resource provides information about the signs of intimate partner violence, and resources to prevent it.

[National Domestic Violence Hotline](#) — 1-800-799-SAFE: This webpage provides resources and support for those who may be facing domestic violence.

[HITS](#): This document is a compilation of existing tools for assessing intimate partner violence (IPV) and sexual violence (SV) victimization (defined below) in clinical/healthcare settings.

[HARK](#): The four HARK questions accurately identify women experiencing IPV in the past year and may help women disclose abuse in general practice.

[Forge Forward](#): This lengthy, trans-specific safety planning tool covers: basic facts about intimate partner violence; safety planning; groundwork; staying safe at home; emergency safety bag; financial planning; safe havens; safety in your new place; safety on the job and in public; orders of protection; protecting children and pets; and emotional support.

Sensory Screening (Hearing and Vision Assessment)

18+ Years

- Ask about hearing and vision impairment, and counsel or refer for further diagnosis around any issues
- Recommend eye exam at the following intervals:
 - ◆ 40-54: 2-4 years
 - ◆ 55-64: 1-3 years
 - ◆ 65+: 1-2 years

Consider Glaucoma screening with a dilated eye exam every two years for:

- Black individuals ages 40 and over
- All individuals ages 60 and over

RISK FACTORS

Patients are more likely to develop vision loss if they:

- Are Black, or Hispanic/Latine
- Have a family history of vision loss

Resource:

[Massachusetts Commission for the Deaf & Hard of Hearing](#): MCDHH provides accessible communication, education, and advocacy to consumers and private and public entities so that programs, services, and opportunities throughout Massachusetts are fully accessible to persons who are deaf and hard of hearing.

End of Life Planning

18+ Years

- Discuss establishing advance directives for medical and end-of-life decisions, including a living will, designation of a proxy with durable power-of-attorney, or a medical directive established with a physician

Resources:

[Making Decisions with Families at the End of Life](#): This resource helps clinicians on how to have fruitful and informative discussions with families during the end of life.

[IHI: The Conversation Project](#): The Conversation Project has toolkits to help patients talk about their wishes for care through the end of life, so those wishes can be understood and respected.

[PREPARE for your Care](#): This toolkit assists patients with how to talk to their doctors, and how to make medical decisions for themselves and others.

Infectious Disease Screening

[Traveler's Health](#) This page provides travel resources for patients and clinicians.

COVID-19

18+ Years

- Recommend vaccination to all eligible adults
- Advise patients on prevention measures including vaccination, wearing masks, social distancing, avoiding places with poor ventilation and air circulation, and hand washing
- Counsel patients at higher risk of developing severe disease from COVID-19 on disease prevention, emphasizing the risk of developing more severe disease and the need for strict and consistent measures to avoid contact with potentially infected people

RISK FACTORS

Patients are more likely to develop severe complications from COVID-19 infection if they:

- Are age 65 and older
- Are Black, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, or Hispanic/Latine
- Have multiple underlying medical conditions, live in a congregate setting, or are living with disabilities
- Have a personal history of the following medical conditions:
 - ◆ Cancer; cerebrovascular disease; chronic kidney disease; chronic lung diseases, including COPD (chronic obstructive pulmonary disease), interstitial lung disease, bronchopulmonary dysplasia, bronchiectasis, pulmonary embolus, and pulmonary hypertension; chronic liver disease (cirrhosis, non-alcoholic fatty liver disease, alcoholic liver disease, autoimmune hepatitis); diabetes (type 1 or type 2); down syndrome; heart conditions, such as heart failure, coronary artery disease, cardiomyopathies or hypertension; mental health disorders (mood disorders and schizophrenia spectrum disorders); obesity; pregnancy and recent pregnancy; smoking (current and former); tuberculosis

Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis, HPV)

18+ Years

- Obtain sexual history
- Counsel on effective ways to reduce the risk of infection based on patient's sexual history, current practices, and risk factors
- Assess risk to identify people who need more frequent screening

Chlamydia and gonorrhea

- Screen all sexually active female patients age 24 and younger annually
- Starting at age 25, screen if at risk

RISK FACTORS

Patients may be more at risk for developing chlamydia or gonorrhea infection if they:

- Are Black, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, or Hispanic/Latine
- Have a personal history of or currently have sexually transmitted infections
- Have new or multiple sex partners, or their current partner(s) have other sexual partner(s)
- Use condoms inconsistently, use injection drugs, exchange sex for money or drugs, or have recently entered correctional facilities

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Sexually Transmitted Infections (continued)

Syphilis

- Screen if at risk

RISK FACTORS

Patients may be more at risk for developing syphilis if they:

- Are Black, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, or Hispanic/Latine
- Are a man who has sex with other men
- Are HIV positive or have a history of other sexually transmitted diseases
- Engage in unprotected sex
- Have been incarcerated
- Live in areas with increased syphilis morbidity
- Have more than one sexual partner within the past 6 months, and/or exchange sex for money or drugs

Resources:

[NCHHSTP Atlas Plus: HIV, Viral Hepatitis, STD, and TB](#): This resource provides the case rates of HIV across the country.

[Syphilis Strikes Back](#): The Syphilis Strikes Back campaign aims to raise awareness about syphilis, help health care providers protect their patients, and empower people to take charge of their health.

HPV

- See cervical cancer screening section for screening recommendations
- Counsel regarding schedule for HPV vaccine
 - ♦ Recommend HPV vaccination for people age 26 and under, if not previously vaccinated
 - ♦ Use shared decision making for adults ages 27-45 who are inadequately or not vaccinated

RISK FACTORS

Patients may be more at risk for developing HPV if they:

- Are a man who has sex with other men
- Are transgender
- Have HIV or another disease or condition that weakens your immune system
- Engage in/have engaged in sex with several partners
- Engaged in unprotected sex or sexual contact
- Are or have been incarcerated

Resources:

[HPV Vaccine Resources for Clinicians](#): Use the information and materials on this site to help you and your staff communicate effectively with parents about the importance of HPV vaccination.

[Sexually Transmitted Infections \(STI\) Fact Sheets](#): This webpage provides fact sheets for patients that answers basic questions about sexually transmitted infections.

[NCHHSTP Atlas Plus: HIV, Viral Hepatitis, STD and TB](#): This resource provides the case rates of HIV across the country.

Hepatitis B

18+ Years

- Counsel on risk factor reduction
- Screen those at risk for hepatitis B who have not been vaccinated
- Counsel on vaccination for patients not vaccinated and at high risk

RISK FACTORS

Patients may be more likely to develop Hepatitis B infection if they:

- Are Asian, Pacific Islander, or Black
- Are men who have sex with men
- Have a positive HIV infection and/or receive hemodialysis or cytotoxic immunosuppressive therapy
- Are immigrants or have parents who have immigrated from high-risk areas (born in area with HBsAg prevalence >2% or born in US with parents born in area with HBsAg prevalence >8%)
- Use injection drugs, have household or sexual contacts with persons of chronic HBV infection, or are healthcare and/or public safety workers at risk for occupational exposure to blood or blood-contaminated body fluids
- See [MHQP's Perinatal Guidelines](#) for guidance for screening pregnant women

Hepatitis C

18+ Years

- Counsel about risk factor reduction.
- Screen all adults aged 18 – 79 years
 - ♦ Note that most adults need to be screened only once. However, persons with continued risk for HCV infection (eg. PWID) should be screened periodically
 - ♦ Screening with anti-HCV antibody testing followed by polymerase chain reaction testing for HCV RNA is accurate for identifying patients with chronic HCV infection
- Periodic testing of all patients at high risk

RISK FACTORS

Patients may be more likely to develop Hepatitis C infection if they:

- Were born between 1945-1965
- Are Black, American Indian, or Alaskan Native
- Were a recipient of blood product for clotting problems before 1987, had a blood transfusion or solid organ transplant before July 1992 (if not previously tested), and/or have long-term kidney dialysis, HIV, and were born to mother with Hepatitis C
- Current or past use of intranasal or injection drugs, have a tattoo or body piercing by non-sterile needle, and/or are incarcerated

HIV

18+ Years

- Counsel about risk factor reduction
- Screen all individuals 18 years of age and older and annual testing for those at increased risk
- Test individuals at least once in their lifetimes
- Assess risk to identify people who need more frequent screening
- Offer pre-exposure prophylaxis for anyone who is currently HIV negative but is at significant risk for contracting HIV

RISK FACTORS

Patients may be more likely to develop HIV infection if they:

- Are Black or Hispanic/Latine
- Are men who have sex with men, or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test
- Are transgender, or are gender diverse
- Are injection-drug users or have sex partners who use injection drugs
- Are people who exchange sex for money or drugs and/or have sex with individuals who have HIV

Indications for pre-exposure prophylaxis: Ongoing sexual contact with partner who is HIV +, men who have sex with men, having anal intercourse without condoms or have had any STD within 6 months and are not in monogamous relationship, heterosexual men or women who have sex without condoms with partner of unknown HIV status, IV drug users who have shared IV drugs or needles within past 6 months

Resources:

[HIV Testing Guidelines](#): The listed documents provide the most updated CDC guidelines on HIV testing for testing providers, program managers; and laboratory personnel.

[Pre-Exposure Prophylaxis \(PrEP\)](#): This resource provides guidelines for clinicians for prescribing PrEP, and educates patients about the benefits of PrEP.

Tuberculosis (TB)

18+ Years

- Screen all patients at high risk. Determine the need for repeat testing by the likelihood of continuing exposure to infectious TB.
 - ♦ Administer tuberculin skin test (TST) for individuals with no past BCG vaccination
 - ♦ Consider IGRA for individuals who have received BCG vaccination or who are at risk for not returning for reading of the TST

RISK FACTORS

Patients may be more likely to develop tuberculosis infection if they:

- Are Black, Asian, or Hispanic/Latine
- Have a personal history of being immunosuppressed (HIV positive or using immunosuppressant drugs) and/or have silicosis
- Were born in or resident of a country with high rates of TB, live in or have lived in communities where prevalence of TB is high (prisons, shelters, migrant farm settings), contacts of patients with active TB, and/or workers exposed to high risk populations

Resource:

[CDC: Tuberculosis \(TB\)](#): This webpage provides resources for clinicians and patients about how to prevent TB.

Mosquito- and Tick-Borne Illnesses

18+ Years

Zika

- Note that there have been no cases in the US and its territories since 2019
- Refer to Preconception Counseling section for Zika recommendations

RISK FACTORS

Patients may be more likely to develop Zika infection if they:

- Engage in unprotected intercourse with recent travelers from areas where Zika is present
- Have recently traveled to certain geographic locations, such as Africa, Southeast Asia, the Americas, the Caribbean, and the Pacific

Other Mosquito and Tick-Borne Illnesses

- Counsel on prevention of other mosquito-borne illnesses, including [Eastern Equine Encephalitis \(EEE\)](#) and [West Nile Virus](#).
- Recommend that patients who are at risk of exposure to tick-borne diseases use insect repellents that provide protections for the amount of time they will be outdoors and to check skin and clothes for ticks every day.

Resources:

[Zika Virus](#): This webpage provides information about how to prevent Zika infection when traveling abroad.

[Eastern Equine Encephalitis](#): This webpage provides resources for patients on how to prevent EEE infection.

[West Nile Virus](#): This webpage provides resources for patients on how to prevent WNV infection.

[Protecting Yourself from Ticks and Mosquitoes](#): This resource provides information about tick and mosquito borne illnesses, and how you can protect yourself from being infected.

Screening and Guidance for Age Specific Conditions

Preconception Counseling

Note: See [MHQP's Perinatal Guidelines](#) for complete recommendations on prenatal care.

18–49 Years

- Advise all females of child-bearing age to take a daily multivitamin containing 0.4 – 0.8 mg folate
- Encourage scheduling a visit for preconception counseling to include review of appropriate immunization status, chronic illnesses, current medications, whether there is need to make any changes based on teratogenicity, and consideration of genetic testing
- Inform patients on the impact of alcohol, drug, tobacco, and environmental exposures in early pregnancy, often before pregnancy is diagnosed
- If patient is overweight or obese, recommend weight loss before becoming pregnant
- Recommend that patients with diabetes or pre-diabetes achieve optimal glycemic control prior to pregnancy
- Counsel patients of child-bearing age on the importance of oral health and routine dental care before pregnancy
- Recommend HIV testing for patient and partner
- Counsel on HIV prevention and ways to reduce HIV transmission during conception and pregnancy, and offer pre-exposure prophylaxis if indicated
- Review travel restrictions during pregnancy and the preconception period, including avoiding travel to an area with active Zika virus transmission
- Advise patients who have been exposed to or have had Zika to avoid conception for 8 weeks from the last exposure or onset of symptoms
- Advise partners who have been exposed to or have had Zika to avoid procreation for at least 3 months from the last exposure or onset of symptoms

Resources:

[Preconception Counseling and Care of Women of Childbearing Age Living with HIV](#): This resource provides guidelines for clinicians on how to provide preconception counseling for HIV positive women.

[Before Pregnancy](#): This resource provides information for women on what steps they must take to ensure the health of a baby in the future.

[National Preconception Health and Health Care \(PCHHC\)](#): The Preconception Resource Guide is designed to help primary care providers meet their patient's needs based on the response to this "vital sign" question: "Would you like to become pregnant in the next year?"

Osteoporosis

50+ Years

- Counsel about preventive measures, including dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation
- Counsel frail patients on specific measures to prevent falls
- Offer bone mineral density (BMD) testing to females over 65
- Recommend exercise interventions to prevent falls in community-dwelling adults ≥ 65 who are at increased risk for falls
- Consider offering multifactorial interventions to prevent falls in community-dwelling adults ≥ 65 who are at increased risk for falls
- Offer bone mineral density (BMD) testing to post-menopausal females who are at high risk

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Osteoporosis (continued)

RISK FACTORS

Patients may be more likely to develop osteoporosis if they:

- Are ages 50 and older. The risk of fracture increases with age.
- Are White or Asian
- Are born female
- have family histories of fractures as an adult
- Have a small bone structure and low body weight (under 127 lbs), certain menopause or menstrual histories, HIV infection, use anti-retroviral therapy, and use certain medications, and or/have certain chronic diseases
- Use tobacco or have low physical activity levels

Resources:

[WHO Fracture Risk Assessment Tool \(FRAX\)](#): This calculator is used by clinicians to calculate the ten year probability of fracture.

[Fall Prevention Checklist](#): This resource helps you identify and implement safety measures in your home to prevent falls.

[Mayo Clinic Bone Health Choice Decision Aid](#): This decision guide is to be used with clinician during clinical encounter to determine which plan is best to reduce risk of fracture.

Menstruation

18-55 Years

- Ask at every preventive care or comprehensive visit for the patient's first day of her last menstrual period and the pattern of menses
- Screen for abnormal menstrual patterns
- Ask about access to menstrual products
- Educate about range of products for use during menses, including reusable products like pads and cups

Resources:

[Period Products](#): This resource for patients provides information about the types of products to use during your period.

[Flo Period & Ovulation Tracker](#): This app helps patients with tracking their menstrual cycle and ovulation.

Menopause Management

40+ Years

- Counsel symptomatic females on the management of menopause, including the risks and benefits of hormonal and non-hormonal therapies
- USPSTF recommends against the use of combined estrogen and progestin or estrogen only in most females

Cognitive Impairment

50+ Years

- Observe for possible signs of declining cognitive function in older patients. If signs/symptoms are present, conduct structured assessment using validated screening tool (e.g. [GPCOG](#), [MIS](#), [Mini-Cog](#), [MoCA](#))
- Evaluate mental status in patients who have problems performing daily activities