**Appendix A. Health Screenings Table**

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| **Screening Type** * **Recommended Screening Test(s)**
 |
| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |

***All column titles provided above.***

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| **Hearing*** Audiometry
* Otoacoustic Emissions (OAEs)
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| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| Children through Adults. Focus on early interventions and periodic screening throughout life. |  Newborns to three months of age should be screened via Otoacoustic Emissions (OAE), and verify results as soon as possible, and follow up, as appropriate. Risk assessment to be performed with appropriate action to follow up from 4 months to 3 years of age. The periodicity chart also includes recommended screenings at least once for children at age 4, once at age 5, once at age 6, once at age 8, once at age 10, and at least 3 more times between 11-21 years of age. Audiometry screenings include 6,000 and 8,000 Hz high frequencies once for children aged 11-14 years, once for those 15-17 years, and once for 18-21-year-olds. | American Speech-Language-Hearing Association | 2023 American Academy of Pediatrics (AAP) Preventive Pediatric Health Care (Periodicity Schedule) |

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| **Vision*** Visual acuity and alignment screening
* Instrument-based screening
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| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| Newborns to Adolescents. Persons aged 21 and older to be screened and examined if symptomatic. Examinations by age 40. | Recommendations from Preventive Pediatric Health Care (Periodicity Schedule) has been approved by the American Academy of Pediatrics. These include instrument-based screening at various intervals up to 24 months of age and annually perform risk assessment of visual system with appropriate action to follow up on positive screenings results. The periodicity chart also includes acuity screening at least once at ages 3, 4, 5,6, once at age 8, once at age 10, at least once during the years 12-14, 15-21, and once at 30 years of age. The United States Protective Services Task Force (USPSTF) recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.  | American Academy of Pediatrics (AAP)United States Protective Services Task Force (USPSTF) | 2023 American Academy of Pediatrics (AAP) Preventive Pediatric Health Care (Periodicity Schedule) |

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| **Dental** * School-based sealant programs provide screening/assessments for Head Start children and school children who return a positive consent form signed by a parent or guardian.
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| **Screening Population** | **Screening Time Interval**  | **Recommending Organization**  | **Screening Protocol Effective Date** |
| Screenings are completed on Head Start and Early Head Start children, and elementary school children in participating Title I schools. A few programs screen adolescents and pregnant women.  | Screenings are completed annually but only for children who return a positive consent for to the school. It is difficult to ensure that a particular child is screened every year for longitudinal data. | Florida Board of Dentistry-licensure.American State and Territorial Dental Directors for basic screening survey guidelines. | Each year when the program goes to a school. Florida does not require dental screenings.  |

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| **Cancer (By Type)**  |
| **Breast** * Mammography
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| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| Women aged 40-74 | Every other year (biennial) | USPSTF | April 2024 |

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| **Cervical*** Papanicolaou test (Pap test)
* Human Papillomavirus (HPV) test
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| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| Women aged 21-65 | Women ages 21-29: regular (annual) Pap and HPV testWomen ages 30-65: Pap and HPV test every 3-5 years based on medical history | USPSTF | August 2018 |

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| **Colorectal** * Fecal Immunochemical Test (FIT)- annually
* Stool DNA FIT- every 1 to 3 years
* Flexible Sigmoidoscopy- every 5 years
* Colonoscopy- every 10 years
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| **Screening Population** | **Screening Time Interval**  | **Recommending Organization**  | **Screening Protocol Effective Date** |
| Adults aged 45-75 | \*based upon screening method | USPSTF | May 2021 |

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| **Lung*** Low dose computed tomography scan
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| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| Adults aged 55-80 with a 20-pack-per year smoking history for those who currently smoke or have quit within the past 15 years | Annual | USPSTF | March 2021 |

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| **Prostate** * Prostate-specific antigen test
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| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| Men aged 55-96 | Periodic based upon patient-healthcare provider decisions | USPSTF | May 2018\****under review by USPSTF*** |

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| **Diabetes - Prediabetes*** Prediabetes risk test (paper tool)
* A1C (HbA1C) (Glycated Hemoglobin) 5.7%–6.4% or
* Fasting plasma glucose 100–125 mg/dL (impaired fasting glucose) or
* 2-hour post 75 g oral glucose challenge 140–199 mg/dL (impaired glucose tolerance)
 |
| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| **USPSTF** – Adults aged 35 to 70 years who are overweight or obese; American Academy of Family Physicians **(AAFP)** – adults aged 40 to 70 years who are overweight or obese; American Diabetes Association **(ADA)** – adults of any age who are overweight or obese (Body Mass Index / BMI ≥ 25kg/m 2 or ≥ 23 kg/m2) (Asian Americans) who have one or more risk factors.For all other people, begin screening at age 35 years.Consider risk-based screening after the onset of puberty or after 10 years of age, whichever occurs earlier, in children/ adolescents who are overweight (BMI ≥ 85th percentile /obesity (≥ 95th percentile) and who have one or more risk factors for diabetes. | For asymptomatic individuals or individuals with normal results – screening every 3 years | USPSTF; AAFP; ADA | USPSTF August 2021; ADA 2024; AAFP 2021 |

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| **Diabetes (Type 1)*** Pre-symptomatic T1D: detection of autoantibodies, glutamic acid decarboxylase (GAD), islet antigen 2 (IA-2), or zinc transporter 8 (ZnT8).
* Stage 2 T1D: presence of autoantibodies plus fasting plasma glucose 100–125 mg/dL (impaired fasting glucose) or 2-hour post 75 g oral glucose challenge 140–199 mg/dL (impaired glucose tolerance) or A1c 5.7-6.4% or ≥ 10% increase in A1c.
* Stage 3 (symptomatic) T1D: diabetes by standard criteria (autoantibodies may be absent)
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| **Screening Population** | **Screening Time Interval**  | **Recommending Organization**  | **Screening Protocol Effective Date** |
| No official recommendation: ongoing research studying individuals with relatives who have T1D | No official recommendation: ongoing research studying individuals with relatives who have T1D | ADA | January 2024 |

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| **Diabetes (Type 2)** * A1C 6.5% or above
* Fasting plasma glucose 126 mg/dL or above (impaired fasting glucose) or
* 2-hour post 75 g oral glucose challenge 200 mg/dL (impaired glucose tolerance)
* Random glucose value accompanied by classic hyperglycemic symptoms/crises criteria 200 mg/dL or above
 |
| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| **USPSTF** – adults aged 35 to 70 years who are overweight or obese; AAFP – adults aged 40 to 70 years who are overweight or obese. | Every 3 years in individuals with normal results; People with prediabetes – yearly; People with history of gestational diabetes mellitus (GDM) – every 3 years; In pregnant persons with risk factors, test before 15 weeks of gestation. | USPSTF; ADA; AAFP | USPSTF August 2021; ADA 2024; AAFP 2021 |

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| **Gestational Diabetes*** One-step: 75-g fasting oral glucose tolerance test (OGTT) OR
* Two-step: 50-g non-fasting glucose tolerance test (or if results are abnormal), follow with 100-g fasting OGTT
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| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| Asymptomatic pregnant persons | **AAFP/USPSTF** - 24 weeks of gestation or after; **ADA** - 24-28 weeks of gestation | AAFP; USPSTF; ADA | AAFP 2021; USPSTF 2021; ADA 2024 |

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| **Renal Disease** * While current evidence is insufficient evidence to recommend routine renal disease screening, screening tests that are feasible in primary care include those that check for the urine for protein (microalbuminuria or macroalbuminuria) and testing the blood for serum creatinine to estimate glomerular filtration rate (eGFR).
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| **Screening Population** | **Screening Time Interval**  | **Recommending Organization**  | **Screening Protocol Effective Date** |
| No recommendation for general population screeningPersons with diabetes or hypertensionAnnually, urinary albumin and eGFR for persons with T1D ≥ 5 years, all persons with T1D1-4 times per year, urinary albumin, eGFR for persons with diabetes and chronic kidney disease (CKD) | There is no generally accepted risk assessment tool for chronic kidney disease (CKD) or risk of complications of CKD. Diabetes mellitus and hypertension are well-established risk factors with strong links to CKD. Other risk factors for CKD include older age, cardiovascular disease, obesity, and family history. | USPSTF; ADA | USPSTF 2024; ADA 2024 |

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| **Chronic Obstructive Pulmonary Disease (COPD)*** Pulmonary Function Test
* The COPD Assessment in Primary Care to Identify Undiagnosed Respiratory Disease & Exacerbation Risk (CAPTURE)
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| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| Adults 18 years and older diagnosed with COPD | Screening is **not** recommended for asymptomatic individuals. The Global Initiative for Chronic Obstructive Lung Disease (GOLD) recommends a spirometry **after** COPD diagnosis to determine the severity of the disease and impact of disease on the patient’s health status, and the risk of future events. | Global Initiative for Chronic Obstructive Lung Disease (GOLD). National Institutes of Health, U.S. Preventive Services Task Force (USPSTF) | USPSTF May 2022, GOLD 2017 report |

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| **Hypertension*** Office Blood Pressure Measurement
* Self-Measure Blood Pressure Measurement
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| **Screening Population** | **Screening Time Interval**  | **Recommending Organization**  | **Screening Protocol Effective Date** |
| Adults aged 18 and older with unknown hypertensionAdults aged 18 and older with known hypertensionFor those with hypertension, testing is recommended twice a day at the same time every day | Screening is recommended at each regular health care visit or at least one per year if blood pressure is less than 120/80 mm Hg | USPSTF American Heart Association | 04/27/202108/30/2023 |

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| **Heart Disease*** Blood pressure test
* Cholesterol (Fasting lipid profile to measure Total, High-Density Lipoprotein, Low-Density Lipoprotein, and Triglycerides)
* Body Mass Index
* Waist Circumference
* Blood glucose test
* Behavioral assessment (diet, physical activity, smoking)
 |
| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| Adults aged 18 and olderAdults aged 18 to 25 every five years, Men aged 45 to 55 and women aged 55-65 every one to two years | Each regular health care visit or at least once per year if blood pressure is less than 120/80 mmHg Every 4-6 yearsDuring regular health visitsAs needed to evaluate cardiovascular risk if BMI is greater than or equal to 25kg/m2 | USPSTFAmerican Heart Association | 08/23/2022 |

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| **Stroke** * National Institute of Health Stroke Scale
* Non-contrast computerized tomography
* Magnetic resonance imagining
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| **Screening Population** | **Screening Time Interval**  | **Recommending Organization**  | **Effective Date** |
| Adults aged 30 and older who display stroke signs and symptomsAdults aged 30 and older with suspected strokeAdults aged 40 and older with suspected stroke | At every suspected incidence of stroke eventWithin 10 minutes of arrival to a health care facilityWithin 25 minutes of arrival to a health care facility  | American Heart Association/American Stroke AssociationAmerican Academy of Neurology | 06/28/2021 |

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| **Scoliosis*** Adams Forward bend test
* Medical imaging such as x-ray
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| **Screening Population****(by age group, by gender, etc.)** | **Screening Time Interval**  | **Recommending Organization for Screening Guidelines**  | **Screening Protocol Effective Date** |
| Adolescents (11 to 21 years of age) or prior to or after for symptomatic clients | Physical examination should take place annually in medical home. Screening for scoliosis is recommended by various professional organizations for girls at ages 10 and 12 years and once in male adolescents at 13 or 14 years as part of medical home preventive services or school-based programs if screening is performed by well-trained screening personnel | The American Academy of Orthopedic SurgeonsThe Scoliosis Research Society the Pediatric Orthopedic Society of North AmericaThe American Academy of Pediatrics  | 2018The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for adolescent idiopathic scoliosis in children and adolescents aged 10 to 18 years. |