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## Leading with Prevention: Screenings, Vaccines, and Safety

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**Leading with Prevention:  
Screenings, Vaccines, and Safety**

Rhea Puthumana

Mountain Community Health, Bristol, VT  
December 2025 & January 2026  
Project Mentor: Dr. Melanie Connah



# Identifying the Problem

- ❖ **Problem:**
  - ❖ Current practices at host clinic, a Federally Health Qualified Center, rely heavily on medical assistants and providers' personal knowledge and level of comfort in recommending vaccines, screenings, and lab work rather than relying on a standardized protocol
  - ❖ Patients are unsure of timing of screenings and reasons of which ones should be prioritized based on family medical history, personal risk factors, and goals of care
- ❖ **Impact on Community:**
  - ❖ Clinic requires additional time prior to and after visit to gather all pertinent information regarding preventive care received elsewhere through EPIC to identify gaps in preventive care
  - ❖ Lack of timely communication and increased burden on patients to follow-through with screenings amidst limited availability and prolonged wait times lead to forgoing preventive care altogether or extensive delays
  - ❖ Lack of adherence to preventive care leads to increased utilization of ER visits and prolonged hospitalizations among patients at host clinic
- ❖ **Specific Needs to Address:**
  - ❖ *Interprofessional Education* – Continuous learning to apply current preventive care guidelines to provide comprehensive patient-centered care that prioritizes prevention
  - ❖ *Medical Practice Transformation* - Optimizing clinical workflow to efficiently manage time during appointments, empowering patients to expand their health literacy, and assisting patients with coordinating care with specialist services for screenings

# Public Health Cost

## ❖ 2024 Demographic Data of Addison County, VT per Vermont Department of Health and County Health Rankings:

- ❖ Adult Smoking: 15%
- ❖ Adult Obesity: 29%
- ❖ Physical Inactivity: 16%
- ❖ Excessive Drinking: 19%
- ❖ Alcohol-Impaired Driving Deaths: 35%
- ❖ Sexually Transmitted Infections: 128.8 per 100,000
- ❖ Uninsured: 4%
- ❖ Preventable Hospital Stays: 1,663 per 100,000 people on Medicare
- ❖ Mammography Screening: 43%
- ❖ Flu Vaccinations: 58%
- ❖ COVID shots administered: 32% in 2024-2025 to 25% in 2025-2026
- ❖ Flu shot administered: Last 3-year average – 45% to 39% in 2025-2026

## ❖ Financial Burden of Cancer Care in U.S. from 2020 NIH Progress Report:

- ❖ Colorectal: \$24.3 billion
- ❖ Lung: \$23.8 billion
- ❖ Prostate: \$22.3 billion
- ❖ Breast: \$29.8 billion

## ❖ Financial Burden of Vaccine-Preventable Diseases in U.S. per NIH study:

- ❖ Costs healthcare system approximately \$9 billion in 2015, of which \$7.1 billion costs attributed to unvaccinated individuals
- ❖ For ages 19-49: Influenza followed by HPV were the greatest vaccine-preventable economic burdens
- ❖ For ages 50-64: Influenza followed by Herpes zoster were the greatest vaccine-preventable economic burdens
- ❖ For ages 65+: Influenza followed by Pneumococcal were the greatest vaccine-preventable economic burdens

**Main Takeaway:** Prioritizing vaccines and screenings, especially in communities with high-risk behaviors and exposures, not only minimizes overall financial burden to healthcare system but also values preserving patients' well-being and quality of life

# Community Perspectives

## Dr. Melanie Connah

Family Medicine Physician, Mountain Community Health

- ❖ Clinic currently reliant on providers independently staying up to date on preventive care guidelines leading to lack of consistency in ordering screenings specific for risk factors, like lung cancer CT, that depends on patient's medical history
- ❖ Similar preventive care schedule of immunizations and lab work previously made for pediatric patients was highly effective and beneficial in ensuring comprehensiveness of care
- ❖ Patients more likely to decline vaccines, especially seasonal ones like Flu/COVID, by noting they have "never been sick" or "do not need them" to stay healthy
- ❖ Patients less likely to follow-through with mammograms due to pain/discomfort and colonoscopies due to bowel prep
- ❖ Patients often forget to submit samples if they prefer Cologuard instead
- ❖ Clinic currently does not follow-up with patients regarding screening appointments and lack of periodic reminders often indicate lack of importance/urgency to patients
- ❖ More vaccines, like Tdap and Shingrix, are not covered or provided at the clinic due to changes in Medicare coverage
- ❖ Referral coordinator at site more knowledgeable about potential wait times for screenings compared to medical providers

## Dr. Mi Ri Yim

Supervising Pharmacist at Kinney Drugs, Vergennes, VT

- ❖ Patients are more likely to continue receiving annual vaccines and staying up to date on immunizations if it aligns with their previous practices
- ❖ Numerous phone calls received regarding immunization timelines, number of doses needed, common side effects noted, and necessity of a particular vaccine
- ❖ Pharmacies regularly update Vermont Immunization State Registry but have no direct communication with patient's PCP
- ❖ This pharmacy does not provide screenings for blood pressure monitoring or diabetes check but does provide all needed medications and can answer questions promptly regarding immunizations
- ❖ Affordability, dependent on insurance status/coverage, often cited as a barrier regarding medication compliance and vaccine access
- ❖ Noted prices for vaccines with no insurance coverage at this pharmacy are approximately:
  - ❖ COVID: \$150-200 per dose
  - ❖ Flu: \$60-100 per dose for patients 65+
  - ❖ Tdap: \$200 at this pharmacy
  - ❖ Shingles: \$200-300 per dose

# Intervention and Methodology

## ❖ **Methodology:**

- ❖ Identified community need that impacted both clinical workflow and patients' overall health and well-being
- ❖ Interviewed host clinic medical provider and pharmacist at one of the commonly used local pharmacies about current practices, previously tried solutions, and barriers to implementation when addressing community need
- ❖ Used ChatGPT to compile a list of current screening guidelines from CDC immunization schedule, USPSTF A and B guidelines, Health Resources and Services Administration, American Cancer Society, American Heart Association, and American Academy of Family Physicians

## ❖ **Intervention:**

- ❖ Created a new provider-accessible protocol for preventive work-up for both men and women by age categorization by evaluating and integrating all the screening guidelines individually
- ❖ Built on Mountain Community Health's Medicare wellness visit form to develop a patient-friendly version of the document for checking status of expected preventive care work-up, associated red flag risk factors for patient knowledge, and next due deadline

# Provider Version of Intervention – Adult Preventive Care Work-up for Women

MOUNTAIN COMMUNITY HEALTH ADULT PREVENTIVE CARE - WOMEN

Vaccines	19-26	27-39	40-49	50-64	65-74	75+
Influenza (annual)	✓	✓	✓	✓	✓	✓
COVID-19	✓	✓	✓	✓	✓	✓
Tdap/Td (q10 yrs)	✓	✓	✓	✓	✓	✓
HPV	✓ (3 shots)	SDM (to 45)				
Zoster (RZV) – Shingrix (series of 2) (Given at 0, 2-6 months)				(At pharmacy)	✓	✓
Pneumococcal	Conditionally given based on risk factors			✓	✓	✓
RSV				SDM		✓
Hep A (once, series of 2) (Given at 0, 6 months)	Conditionally given for high-risk adults					
Hep B (once, series of 3) (Given at 0, 1, and 6 months)	Given if no evidence of immunity or high-risk					
MMR	Given once if no evidence of immunity					
Meningococcal	Given once if high-risk (asplenic, college freshman, etc.)					
<b>Cancer Screenings</b>						
Cervical cancer (ages 21-29, q3 yrs) (ages 30-65, q5 yrs with HPV)	✓ (≥21)	✓	✓	✓	Stop if adequate prior	
Breast cancer (ages 40-55, annually) (ages 55+, every 1-2 yrs)			✓	✓	✓	SDM
Colorectal cancer						
- Colonoscopy q10 yrs			✓ (≥45)	✓	✓	SDM (to 85)
- FIT test annually						
- Cologuard q3 yrs						
Lung cancer (LDCT) (annually in patients with 20 pack yr and smoke or quit < 15 years)				✓	✓	✓ (to 80)
<b>Cardiometabolic Screenings</b>						
Diabetes (q3 yrs if normal)		SDM (35+)	✓	✓	✓ (SDM≥70)	SDM
Lipid disorders (ages 20-39, q4-6 yrs) (ages 45+, check q5 yrs if normal or every 1-2 yrs if elevated/high-risk)	SDM	SDM	✓	✓	✓	✓

MOUNTAIN COMMUNITY HEALTH ADULT PREVENTIVE CARE - WOMEN

	19-26	27-39	40-49	50-64	65-74	75+
Statin therapy			Consider therapy if 1 or more CVD risks met (HTN, DM, HLD, smoking) and CVD risk of 7.5-10% and prescribe statin if CVD risk of 10%+			SDM
<b>Infectious Disease Screenings</b>						
HIV (≥1 lifetime per increased risk)	✓	✓	✓	✓	✓	SDM
Hepatitis C (once)	✓	✓	✓	✓	✓	✓ (prior to 79)
Chlamydia / Gonorrhea	✓ (<25 and sexually active)		Consider test if increased risk of infection			
Hepatitis B (only for increased risk)	✓	✓	✓	✓ (SDM≥60)		SDM
<b>Safety and Preventive Counseling</b>						
Intimate partner violence	✓	✓	✓	✓		
Fall risk assessment					✓	✓
Vision/hearing					Check if up to date and if significant changes noted	
<b>Bone and Vascular Health</b>						
Osteoporosis (DEXA) (q2 yrs for high risk, q3-4 yrs for moderate risk, and q5-10 yrs for low risk)				SDM	✓	✓
<b>Form</b>						
Advanced Directives	Discuss and establish medical care goals at least once					

Abbreviations: SDM - Shared decision making

\*Months for Zoster/HepA/HepB indicate timing between doses

#### Conditional Risk Factors:

HPV: for ages 27-45, consider if unvaccinated but less likely to be beneficial if already exposed to HPV

Pneumococcal: for ages 19-49, consider PCV20 if patient has COPD, DM, CHF, immunosuppressed, cirrhosis, renal failure, etc.

RSV: for ages 50-74, consider if patient has CVD, lung disease, end-stage renal disease, DM, immunocompromised, cirrhosis, neuromuscular disorders

Hep A/B vaccines: consider if history of HIV, chronic liver disease, IV substance use, sexual activity and practices, etc.

Diabetes: for ages 35-40, check A1C if history of elevated BMI

Lipids: for ages 20-39, check lipid panel if family or personal history of heart disease, lipid disorders, etc.

Chlamydia/Gonorrhea: for ages 25+, consider test if increased risk due to sexual activity and practices

DEXA: for ages < 65, consider if 1 or more risk factors, which includes menopausal status, low body weight, parental history of hip fracture, cigarette smoking, and excess alcohol consumption

# Provider Version of Intervention – Adult Preventive Care Work-up for Men

MOUNTAIN COMMUNITY HEALTH ADULT PREVENTIVE CARE - MEN

Vaccines	19-26	27-39	40-49	50-64	65-74	75+
Influenza (annual)	✓	✓	✓	✓	✓	✓
COVID-19	✓	✓	✓	✓	✓	✓
Tdap/Td (q10 yrs)	✓	✓	✓	✓	✓	✓
HPV	✓ (3 shots)	SDM (to 45)				
Zoster (RZV) – Shingrix (series of 2) (Given at 0, 2-6 months)				(At pharmacy)	✓	✓
Pneumococcal	Conditionally given based on risk factors			✓	✓	✓
RSV				SDM		✓
Hep A (once, series of 2) (Given at 0, 6 months)	Conditionally given for high-risk adults					
Hep B (once, series of 3) (Given at 0, 1, and 6 months)	Given if no evidence of immunity or high-risk					
MMR	Given once if no evidence of immunity					
Meningococcal	Given once if high-risk (asplenic, college freshman, etc.)					
<b>Cancer Screenings</b>						
Prostate cancer (PSA < 2.5 ng/mL, q2 yrs, otherwise, annually)			SDM (high-risk)	SDM (55-69)		
Colorectal cancer			✓ (≥45)	✓	✓	SDM (to 85)
- Colonoscopy q10 yrs						
- FIT test annually						
- Cologuard q3 yrs						
Lung cancer (LDCT) (annually in patients with 20 pack yr and smoke or quit < 15 years)				✓	✓	✓ (to 80)
<b>Cardiometabolic Screenings</b>						
Diabetes (q3 yrs if normal)		SDM (35+)	✓	✓	✓ (SDM≥70)	SDM
Lipid disorders (ages 20-39, q4-6 yrs) (ages 35+, check q5 yrs if normal or every 1-2 yrs if elevated/high-risk)	SDM	SDM	✓	✓	✓	✓

MOUNTAIN COMMUNITY HEALTH ADULT PREVENTIVE CARE - MEN

	19-26	27-39	40-49	50-64	65-74	75+
Statin therapy			Consider therapy if 1 or more CVD risks met (HTN, DM, HLD, smoking) and CVD risk of 7.5-10% and prescribe statin if CVD risk of 10%+			SDM
<b>Infectious Disease Screenings</b>						
HIV (≥1 lifetime per increased risk)	✓	✓	✓	✓	✓	SDM
Hepatitis C (once)	✓	✓	✓	✓	✓	✓ (prior to 79)
Chlamydia / Gonorrhea	Consider test if increased risk of infection					
Hepatitis B (only for increased risk)	✓	✓	✓	✓ (SDM≥60)		SDM
<b>Safety and Preventive Counseling</b>						
Fall risk assessment					✓	✓
Vision/hearing					Check if up to date and if significant changes noted	
<b>Bone and Vascular Health</b>						
Abdominal Aortic Aneurysm (AAA)					✓ (ever smoker/SDM)	
<b>Form</b>						
Advanced Directives	Discuss and establish medical care goals at least once					

**Abbreviations:** SDM - Shared decision making

\*Months for Zoster/HepA/HepB indicate timing between doses

**Conditional Risk Factors:**

HPV: for ages 27-45, consider if unvaccinated but less likely to be beneficial if already exposed to HPV

Pneumococcal: for ages 19-49, consider PCV20 if patient has COPD, DM, CHF, immunosuppressed, cirrhosis, renal failure, etc.

RSV: for ages 50-74, consider if patient has CVD, lung disease, end-stage renal disease, DM, immunocompromised, cirrhosis, neuromuscular disorders

Hep A/B vaccines: consider if history of HIV, chronic liver disease, IV substance use, sexual activity and practices, etc.

PSA: for ages 40-55, check PSA if African-American male or first-degree relative with prostate cancer diagnosis before age 65

Diabetes: for ages 35-40, check A1C if history of elevated BMI

Lipids: for ages 20-39, check lipid panel if family or personal history of heart disease, lipid disorders, etc.

Chlamydia/Gonorrhea: consider test if increased risk due to sexual activity and practices

AAA: for ages 65-75, minimally beneficial in testing men with no smoking history but primarily recommended in men who ever smoked

# Patient Version of Preventive Care Checklist



Recommended preventive screenings for \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Blood Pressure \_\_\_\_\_ | Heart Rate \_\_\_\_\_

## Immunizations (as applicable)

- Shingles Vaccine (Shingrix) – Requires 2 doses **Completed/ In progress/ Declined/ N/A**
  - COVID Vaccine / Booster - Annually **Completed/ Declined**
  - Influenza Vaccine - Annually **Completed/ Declined**
  - Tetanus Vaccine (Td/Tdap) - Renewed every 10 years **Next due: \_\_\_\_\_**
  - HPV Vaccine – Series of 3 shots for ages <26 yrs **Completed/ In progress/ Declined/ N/A**
  - RSV Vaccine – Once **Completed/ Declined/ N/A**
  - Pneumonia Vaccine – Once **Completed/ Declined/ N/A**
- Red Flag Risk Factors for RSV and Pneumonia vaccines:*
- Age ≥65, chronic heart, lung, kidney, or liver disease, immunocompromised

## Cancer Screenings (as applicable)

- Cervical Cancer Screening (Pap/HPV) **Completed/ Declined/ N/A**  
**Last done: \_\_\_\_\_** **Next due: \_\_\_\_\_**  
 (Completed every 3 years for ages 21-29 and every 5 years for ages 30-65)  
*Red Flag Risk Factors:*
  - History of HPV infection, early onset of sexual activity, multiple sexual partners, smoking
- Colon Cancer Screening **Completed/ Declined/ N/A**  
**Last done: \_\_\_\_\_** **Next due: \_\_\_\_\_**  
 (Starting at age 45, if normal, colonoscopy every 10 years or Cologuard every 3 years or FIT every year)  
*Red Flag Risk Factors:*
  - Family history of colorectal cancer, inflammatory bowel disease (Crohn's or Ulcerative colitis), personal history of polyps
- Breast Cancer Screening **Completed/ Declined/ N/A**  
**Last done: \_\_\_\_\_** **Next due: \_\_\_\_\_**  
 (If normal, mammogram every 1 year for ages 40-55 and 1-2 years for ages 55+)  
*Red Flag Risk Factors:*
  - Family history of breast/ovarian cancer, BRCA mutation, early menarche or late menopause



- Lung Cancer Screening (Low-dose CT) **Completed/ Declined/ N/A**  
**Last done: \_\_\_\_\_** **Next due: \_\_\_\_\_**  
 (Between ages 50-80, annually, if 20-year pack history and currently smoking or quit within last 15 years)

- Prostate Cancer Screening (PSA) **Completed/ Declined/ N/A**  
**Last done: \_\_\_\_\_** **Next due: \_\_\_\_\_**  
 (If normal, every 2 years for ages 55-69)  
*Risk Factors:*
  - Family history of prostate cancer, African-American ancestry, lower urinary tract symptoms of increased urination, lack of bladder control, etc.

## Osteoporosis Screening - Women ONLY

- Osteoporosis Screening (DEXA) **Completed/ Declined/ N/A**  
**Last done: \_\_\_\_\_** **Next due: \_\_\_\_\_**  
 (Start at age 65 unless increased risk of fractures)  
*Risk Factors:*
  - Postmenopausal status, long-term steroid use, history of fractures, smoking or alcohol use, family history of fractures, rheumatoid arthritis

## Abdominal Aortic Aneurysm - Men ONLY

- AAA ultrasound **Completed/ Declined/ N/A**  
 (For men only, check once between ages 65-75 if ever smoked)

## Health Screening Labs

- Cholesterol Testing (Lipids) **Last done: \_\_\_\_\_**
- Diabetes Screening (Hemoglobin A1C) **Last done: \_\_\_\_\_**
- Chlamydia/ Gonorrhea Screening – Check if age <25 and sexually active **Yes / No / N/A**
- HIV / Hepatitis B / Hepatitis C Screening – Check once **Completed/ Declined**

## Other Important Information

- Advanced Directives **Completed/In progress/Declined**

# Impact of Intervention

- ❖ Intervention is currently being reviewed by clinic's quality improvement team prior to implementation, but the impact of these handouts include:
  - ❖ Standardizing training and expanding knowledge amongst medical care team when discussing preventive work-up in terms of tailoring recommendations based on patient's individualized risk factors and biological sex at birth
  - ❖ Identifying pertinent information from Vermont Immunization Registry and EPIC in advance to patient visit to optimize workflow
  - ❖ Encouraging patients to revisit family medical history, personal values regarding vaccines and screenings, and allowing for more engaging conversations and questions about each preventive care recommendation
  - ❖ Increasing compliance and consistency with annual wellness visits
  - ❖ Building health literacy in local community among patients and their families
  - ❖ Reducing number of ER visits and hospitalizations long-term to reduce overall cost burden and improve well-being of patients

# Assessing Effectiveness of Intervention



Monitoring age-specific vaccines patients were eligible for and accepted at time of visit in addition to noting any reasons for refusal, such as cost, low stock, etc.



Monitoring completion of annual screenings discussed at annual wellness visit in addition to noting any reasons for refusal



Establishing a point of contact at clinical site to work with patients to schedule appropriate screenings since patient-led scheduling noted to have challenges, leading to lack of follow-up or delays



Monitoring number of ER visits, hospitalizations, and annual wellness visits attended per patient who have established care at clinic



Encouraging patients to share feedback with medical team about ease of understanding and clarity when discussing preventive care timelines

# Reflection – Limitations and Challenges

- ❖ Most conversations at annual wellness visits at clinic revolve around managing chronic care conditions, so it would require additional time or more targeted conversations to discuss comprehensive preventive care work-up
- ❖ Certain screenings in handouts are categorized by gender, which may need to be modified to be more gender-inclusive, especially for transgender and nonbinary patients
- ❖ USPSTF, ACS, AHA, etc. guidelines change periodically, requiring annual review of handouts
- ❖ Scheduling screenings is primarily dependent on patients advocating for themselves and calling nearby medical centers for availability and lack of timely communication can lead to delay and loss to follow-up

# Future Directions

- ❖ Collaborating with the referral coordinator at clinical site to monitor wait times per Vermont facility for preventive health screenings and specialist care
- ❖ Assessing the ease of use and readability of patient handout listing the checklist of screenings and vaccines
- ❖ Conducting more in-depth patient interviews regarding vaccine and screening hesitancy
- ❖ Having the patient checklist easily accessible at local pharmacies alongside medication pick-ups
- ❖ Providing a list of preventive care resources for patients who do not have health insurance (e.g., receiving free vaccines at local health clinic, like Middlebury Local Health Office)
- ❖ Collaborating with IT at Mountain Community Health to integrate preventive work-up as a checklist in electronic health records system since clinical site does not use EPIC platform

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\*(Note: Used this resource only to compile list of current screening guidelines, which were then manually reviewed to create handout, and to format citations in AMA format)