

PrimePartners

for Case Managers

Volume 15, Issue 2
Spring 2021

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Health Awareness Months

- May – Mental Health Awareness Month
- June – Men's Health Month



Focused Wellness: A New Name for the Disease Management Program

Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Director of Care Management

We are excited to announce that the Disease Management (DM) program has a new name: Focused Wellness! This new name aligns with industry trends that focus on population health management. The content of the program has not changed and remains top notch.

The program aims to improve individual health and well-being while reducing disease-related complications and avoidable health care utilization. The following conditions are part of the program:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Diabetes
- High Blood Pressure (Heart Disease)

If you work with a member who could benefit from the Focused Wellness program, please complete the [Focused Wellness Program Referral Form](#). 

Spotlight on Men's Health

Christi Matt, RN, CCP, Complex Care Management Care Coordinator

June is Men's Health Month, with Men's Health Week taking place June 14 – 20. PrimeWest Health encourages you to take advantage of this opportunity and remind the men you work with about the importance of taking care of themselves. Encouraging men to focus on their health is important: on average, men in the United States die five years earlier than women and die at higher rates from the three leading causes of death: heart disease, cancer, and accidents (OMH).

Provide reminders that the best way to stay healthy is through preventive medicine and a healthy lifestyle that includes regular physical activity and a healthy diet. For your reference, we have included a [schedule of recommended screenings and vaccinations](#) for men at the end of this issue.

Source:

- U.S. Department of Health and Human Services Office of Minority Health (OMH), "Men's Health Month," May 29, 2020, www.minorityhealth.hhs.gov/omh/content.aspx?ID=10238&lvl=2&lvlid=12. 

Mental Illness: Tips for Effective Communication

Ann Challes, RN, BSN, PHN, CMCN, Behavioral Health Coordinator

There is a good chance that you or someone you know lives with a mental health condition: one in five adults in the United States experiences some type of mental illness in a given year, and one in every 20 adults has “a serious mental health condition such as schizophrenia, bipolar disorder or long-term recurring major depression” (NAMI). The National Alliance of Mental Illness (NAMI) has created a helpful handout titled [“The Ripple Effect of Mental Illness”](#) to show the various ways mental illness can affect people’s daily lives.

How can you take steps to communicate effectively with someone who has a mental health illness, whether it be a client, coworker, or family member? One important step is to leave behind your biases and preconceptions. Remember that you are there to support the person, not just during good days but also during bad days. Try to have your conversations in a quiet location that doesn’t have a lot of foot traffic or distractions. Try to use a calm voice when speaking—if your voice indicates that you are anxious, it may increase the other person’s anxiety. Practice reflective listening skills by repeating the person’s statement back to them to make sure you are hearing what the person is saying. Ask questions and give them the chance to open up to you. Communicate respectfully and remember that having a mental illness does not affect a person’s intelligence.

There are a few “don’ts” as well. Don’t patronize the person; treat them as you would a person with a medical diagnosis such as diabetes or high blood pressure. Don’t blame or criticize. The person may feel bad enough for not being what they see as “normal” and having “let down” their families and friends just by having a mental health diagnosis. *Do* reassure them this is not the case.

NAMI offers several free trainings that you can take to learn about and get more experience communicating and working with individuals with mental illness. You can learn more about these courses [on their website](#).

Source:

- NAMI, “Individuals with Mental Illness,” accessed April 21, 2021, www.nami.org/Your-Journey/Individuals-with-Mental-Illness. 

Detecting Oral Cancer

Leah Anderson, Dental Services Coordinator

According to the Oral Cancer Foundation, approximately 54,000 people in the United States will be newly diagnosed with oral cancer this year, and one person will die from oral cancer every hour. These are sobering numbers, but you can provide education that can help members detect oral cancer early, when it is easier to treat.

One form of education is emphasizing the importance of regular dental visits during which these screenings can be performed. You can also encourage members to perform monthly self-exams where they look and feel inside their mouth for any of the following:

- Sores, spots, lesions, and ulcers (canker sores) that haven’t healed
- Lumps
- Red or white patches or red *and* white patches (American Association of Oral and Maxillofacial Surgeons)

As part of the self-exam, members should also feel their neck and jaw for any lumps and check for enlarged lymph nodes on either side of the neck (American Association of Oral and Maxillofacial Surgeons). Any concerns found during a self-exam should be reported to a dental provider.

Please also let members know that while smoking and tobacco use are major risk factors for oral cancer, they are not the only risk factors. Members who do not smoke or use tobacco should still have professional oral cancer screenings and perform self-exams (Oral Cancer Foundation).

Sources:

- American Association of Oral and Maxillofacial Surgeons, "Oral, Head and Neck Pathology," March 2020, www.myoms.org/what-we-do/oral-head-and-neck-pathology.
- Oral Cancer Foundation, "Oral, Health & Neck Cancer Awareness Month," accessed April 16, 2021, www.oralcancerfoundation.org/events/oral-head-neck-cancer-awareness-month. 

Dry Mouth: Medications That Can Cause It and How to Treat It

Ann Ehlert, PharmD, Pharmacy Manager

Dry mouth is a common side effect of many types of medication. Left untreated, it can lead to gum disease, tooth decay, and an increased risk for oral infections (WebMD). Please educate members who have been prescribed one of the medication classes listed below about the oral health risks associated with dry mouth and encourage them to talk to their provider about Biotène® gel to help treat it.

Types of medication that can cause dry mouth:

- Antidepressants – Selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs)
- Antihistamines – Over-the-counter allergy medications, hydroxyzine
- Stimulants
- Decongestants
- Antipsychotics – Quetiapine and risperidone
- Hypertension medications – ACE inhibitors, calcium channel blockers (CCBs), beta blockers, and diuretics
- Parkinson's disease medications – Carbidopa/levodopa and ropinirole
- Inhalers for asthma/chronic obstructive pulmonary disease (COPD)

Biotène gel is covered by PrimeWest Health and has proven effective at treating dry mouth and relieving the discomfort it causes. Treating dry mouth can also help members avoid more serious and costly oral health issues down the line. If you have questions, please contact **Ann Ehlert**.

Source:

- WebMD, "Dental Health and Dry Mouth," March 10, 2019, www.webmd.com/oral-health/guide/dental-health-dry-mouth#1-2. 

Working with and Supporting LGBTQ+ Members, Including Seniors

Megan Nelson, RN, PHN, Care Coordinator

An estimated 175,000 Minnesotans age 18 and over identify as lesbian, gay, bisexual, or transgender (Conron), which means some of the members you work with may belong to this population. We hope the information in this article will help you learn more about this population as a whole as well as the subpopulation of LGBTQ+ seniors.

What does LGBTQ+ stand for?

LGBTQ+ is an acronym for lesbian, gay, bisexual, transgender, and queer or questioning. The plus is used to indicate the gender identities and sexual orientations not specifically included in the acronym. Please keep in mind that the following are commonly used definitions; be sure to use the terminology preferred by the individual you are working with. The following definitions are taken from the Lesbian, Gay, Bisexual, & Transgender Community Center (The Center) in New York.

- **Lesbian** – A woman who has physical, romantic, and/or emotional attractions to other women
- **Gay** – A person who has physical, romantic, and/or emotional attractions to people of the same sex
- **Bisexual** – A person who has romantic and/or emotional attractions to those of the same gender or to those of another gender

- **Transgender** – “An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms—including transgender.”
- **Queer** – “An adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual....Some people may use queer, or genderqueer, to describe their gender identity and/or gender expression. Once considered a negative term, queer has been reclaimed by some LGBT people to describe themselves; however, it is not a universally accepted term even within the LGBT community.”
- **Questioning** – “Q” may also mean questioning. “This term describes someone who is questioning their sexual orientation or gender identity” (The Center “What Is”).

Nonbinary is another term that that you might hear when working with the LGBTQ+ community. “Some people who do not identify as solely male or female consider themselves nonbinary. This means their gender identity exists outside the binary of being only male or female...It’s important to understand that every nonbinary person has a different definition of what that means to them.” Nonbinary is often used interchangeably with the term genderqueer, but not everyone considers them to have the same meaning. “It’s important to understand that gender identity is relative to each individual and how they identify” (Apicha Community Health Center).

Pronouns and gender identity

Pronouns are words used to refer to a person in place of their name and commonly have a built-in assumption about gender (e.g., he or she). However, “it is important to keep in mind that a person’s pronouns are not exclusively linked to gender and may not match your perception of that individual” (The Center “Pronouns”). A person’s preferred pronouns may instead be informed by their gender identity, which is the “internal perception of one’s gender, and how they label themselves, based on how much they align or don’t align with what they understand their options for gender to be” (LGBT Life Center). Make sure you use a person’s preferred pronouns during conversation. This can help the person feel validated and respected. If you make a mistake, apologize and move on. Also note that some people do not want to use pronouns at all, and prefer you to call them by their name (LGBT Life Center).

Pronoun examples:

- he/him/his
- she/her/hers
- they/them/theirs

Seniors

There are an estimated 4 million LGBTQ adults over age 60 living in the United States. This number is expected to double by 2030 (Maina). The older LGBTQ+ community faces a unique set of challenges. With LGBTQ individuals twice as likely to be single and live alone and four times less likely to have children, they often lack the familial support that would allow them to remain in independent living settings. Living alone and the lack of a biological family can also lead to social isolation. Fifty-nine percent of the older LGBTQ population report “feeling a lack of companionship” (SAGE).

Among this population, “ongoing experiences of discrimination and prejudice often lead to” chronically high levels of stress, also called “minority stress.” This chronic stress can have a huge impact on health. Studies show that “LGBTQ people have higher rates of poor physical health and mental distress,” and 41 percent of older LGBTQ adults “report having a disability, compared to 35 percent of heterosexual older adults.” This population is also less likely to seek help when they need it for fear of discrimination and a lack of resources. They may even hesitate to access medical care due to their fears of mistreatment and discrimination (SAGE).

It's important to remember that older LGBTQ+ adults grew up during a time when "being openly LGBTQ could get them arrested, fired, or worse." They have lived through times during which discrimination was condoned or encouraged through laws and policies. Eighty-two percent of older LGBTQ adults report at least one encounter where they were the victim of harassment. Over 50 percent report experiencing discrimination in employment and/or housing, putting them at an increased risk of experiencing homelessness and poverty (SAGE).

What can you do to support LGBTQ+ individuals?

Use preferred pronouns and build trust

Using preferred pronouns in your daily work shows your support of all types of identities and experiences. Building trust with older LGBTQ+ adults may be more difficult if they have had negative past experiences. To show your support and build trust, you can implement some of the examples listed below.

- When you meet someone, ask what they would like to be called (honorifics, names, pronouns) (Maina).
- Use inclusive language like "partner" instead of "husband" or "wife" (Maina).
- If you aren't sure what to say, "use neutral pronouns (they/them) when referencing someone until you have a chance to ask" (The Center "Pronouns").
- Resist making assumptions and remember that you can't guess someone's gender or sexual orientation.
- Consider putting a sticker on your office supplies, computer, or car that lets people know you are an LGBTQ+ ally.
- Place pronouns on email signatures, business cards, staff directories, and name tags.
- Start meetings with introductions that include pronouns, for example: "My name is Cindy and I use they/them pronouns."

Make considerations during service planning

- Find out what the member's specific concerns and needs are.
- When initiating services, ask whether staff has gone through any training specific to LGBTQ+.
- Provide a warm handoff where you reach out to the service provider on behalf of the member and ask whether the provider can meet the member's specific needs and preferences.

Resources

You may find the following resources helpful as you work with members of the LGBTQ+ community:

- [Centers for Disease Control and Prevention \(CDC\)](#)
- [National LGBTQIA+ Health Education Center](#)

In addition, the following may be helpful when working with older LGBTQ+ members:

- [Minnesota Senior LinkAge Line®](#) – 1-800-333-2433 (toll free)
- [National Resource Center on LGBT Aging](#)
- [SAGE – Advocacy & Services for LGBT Elders](#)

Sources:

- Apicha Community Health Center, "What's the Difference between Nonbinary & Genderqueer?" July 27, 2020, <https://blog.apicha.org/whats-the-difference-between-nonbinary-genderqueer>.
- Conron, Kerith J. and Shoshana K. Goldberg, "Adult LGBT Population in the United States," July 2020, The Williams Institute, UCLA, Los Angeles, <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Jul-2020.pdf>.
- The Center, "Pronouns," accessed April 19, 2021, www.gaycenter.org/pronouns.
- The Center, "What Is LGBTQ?" accessed April 19, 2021, www.gaycenter.org/about/lgbtq/#lesbian.
- LGBT Life Center, "Understanding pronouns," accessed April 19, 2021, www.lgbtlifecenter.org/pronouns.
- Maina, Nelly and Meredith Nicholson, "Supporting LGBTQ+ Older Adults," ACRIA Centers at GMHC, webinar February 21, 2021.
- SAGE and the National Resource Center on LGBT Aging, "Facts on LGBT Aging," March 2021, www.sageusa.org/resource-posts/facts-on-lgbt-aging. 

Child Abuse Awareness and Prevention

Sheila Goettle, RN, MSN PHN, CNE, Women & Children Care Coordinator

Child abuse is an epidemic. According to the Centers for Disease Control and Prevention (CDC), “At least 1 in 7 children have experienced child abuse and/or neglect in the past year, and this is likely an underestimate. In 2019, 1,840 children died of abuse and neglect in the United States” (CDC “Preventing”). Closer to home, in 2019, “about 38,000 children were the subject of screened in child maltreatment reports by county and tribal agencies in Minnesota. Of those screened-in reports: Approximately 38% of all children in maltreatment reports were age 5 or younger and 21% were under the age of 3.” According to the Minnesota Department of Human Services (DHS):

Counties and tribes completed about 11,000 investigations of child maltreatment involving approximately 16,100 children....During investigations, counties and tribes make a determination of whether maltreatment occurred. Additionally, during family investigations it is determined whether child protection services are needed.

- Around 6,700 Minnesota children had a finding of abuse or neglect within their family or by a caregiver.
- About 300 children were abused or neglected in licensed facilities, such as family foster care, residential facilities or in-home child care.
- Ongoing child protection services were needed in approximately 34% of family investigations (DHS “Child Protection”).

Unfortunately, the COVID-19 pandemic has increased risk for child abuse and neglect due to increased stress on caregivers, school closures, and loss of financial and social supports. At the same time, “official reports to child protection agencies have declined across the United States by 20%–70%, attributed to decreased in-person contact between children and mandated reporters (e.g., teachers, social workers, and physicians)” (Swedo).

Case managers are in a unique position to help protect children from harm, and are required by Minnesota law to make a formal report if they know or believe a child is being neglected or abused or has been in the past three years (DHS “Resource Guide”). For more information on mandated reporting, refer to DHS’s [“Resource Guide for Mandated Reporters of Child Maltreatment Concerns.”](#)

One reason for working to prevent and report child abuse is that evidence reveals children’s early experiences, positive and negative, affect them throughout their life. Negative experiences, including abuse, are known as adverse childhood experiences (ACEs). Using a “protective factors” approach, as outlined in the [“2021/2022 Prevention Resource Guide,”](#) can help decrease the likelihood of abuse and other ACEs. As noted by the Child Welfare Information Gateway, a protective factors approach “focuses on positive ways to engage families by emphasizing their strengths and what parents and caregivers are doing well, as well as identifying areas where families have room to grow with support.” Focusing on protective factors helps children, youth, and families build resilience and contributes to positive outcomes (Child Welfare).

We all have a role to play in preventing child abuse and neglect by being informed and advocating for children and families. If you have questions, please contact **Sheila Goettle**.

Sources:

- CDC, “Preventing Child Abuse & Neglect,” March 15, 2021, www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html.
- Child Welfare Information Gateway, “Protective Factors Approaches in Child Welfare.” Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, March 2020, www.childwelfare.gov/pubPDFs/protective_factors.pdf.

- DHS, “Child Protection in Minnesota: Keeping Children Safe (DHS-4735-ENG)” accessed April 2021, <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4735-ENG>.
- DHS, “Resource Guide for Mandated Reporters of Child Maltreatment Concerns (DHS-2917_ENG-1-21),” Child Safety and Permanency Division, January 2021, <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-2917-ENG>.
- Swedo Elizabeth et al., “Trends in U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect Among Children and Adolescents Aged <18 Years Before and During the COVID-Pandemic – United States, January 2019 – September 2020,” Morbidity and Mortality Weekly Report (MMWR) 69, no. 49 (December 11, 2020): 1841 – 1847, doi: <http://dx.doi.org/10.15585/mmwr.mm6949a1>. 

Talking with Members about Ticks and Lyme Disease

Leah Roell, RN, Care Coordinator

Ticks are most active during the warmer months, so as we head into spring, it’s a good time to remind members about the dangers ticks pose and how they can be prevented. Of particular concern is Lyme disease. In 2018, there were 950 confirmed cases reported in Minnesota and 591 probable cases (MDH “Lyme Disease Statistics”).

Lyme disease is spread by blacklegged ticks (also known as deer ticks) infected with bacteria that can cause Lyme disease. Blacklegged ticks are found mostly in wooded or brushy areas (MDH “Ticks”). The Minnesota Department of Health (MDH) has put together a [map showing areas of highest risk](#).

Prevention

- **Stay away from ticks.** If possible, avoid wooded and brushy/overgrown areas. When hiking, stick to trails and try to walk in the center of the trail. Keep yards clear of brush and leaves and lawns well mowed (Johns Hopkins).
- **Dress appropriately.** Ticks attach to bare skin, so covering up is important in areas where ticks might be present. Wear a hat, a long-sleeved shirt, and long pants tucked into socks (Johns Hopkins).
- **Use insect repellents.** Keep in mind that chemical repellents can be toxic, so follow directions carefully.
 - Use [Environmental Protection Agency \(EPA\)-registered insect repellents](#) containing DEET, picaridin, IR3535, Oil of Lemon Eucalyptus (OLE), para-menthane-diol (PMD), or 2-undecanone. EPA’s helpful [search tool](#) can help you find the product that best suits your needs. Always follow product instructions. Do not use products containing OLE or PMD on children under 3 years old (CDC “Preventing Tick Bites”).
- **Check for ticks.** It is important to check for ticks frequently and as soon as you come inside. If a tick is removed within 24 hours, the chances of it being able to transmit Lyme disease is reduced. The longer the tick is attached, the greater the risk (CDC “Transmission”).
 - **Check clothing, gear, and pets.** Ticks can be carried inside on anything that has been outside. Check clothing, gear, and pets carefully before coming inside and remove any ticks found.
 - **Check your body.** Ticks are small, often no bigger than the head of a pin, so look carefully! Look everywhere, including the following sites where ticks may attach:
 - Under the arms
 - In and around the ears
 - Inside belly button
 - Back of the knees
 - In and around the hair
 - Between the legs
 - Around the waist (CDC “Preventing Tick Bites”)
 - **Shower.** Shower soon after coming inside to wash off any ticks that may be attached.

Removing ticks

Remove the tick as soon as possible. MDH recommends promptly removing ticks as follows:

- Use a pair of tweezers or your fingers to grasp the tick by the head, close to the skin.
 - Pull the tick outward slowly, gently, and steadily
 - Clean the area with soap and water (MDH “Preventing Tickborne Disease”).

MDH has a printable [Tick ID Card](#) that can be used to identify blacklegged (deer) ticks. It also lists prevention tips and tick removal dos and don'ts.

Symptoms

Symptoms of Lyme disease can start as early as a few days after the tick bite, or they can develop weeks or months after. Members who have had contact with a tick and have the following symptoms should see their health care provider to be tested for Lyme disease:

- A rash around the original tick bite that may gradually expand and clear in the center, forming a bull's-eye pattern. A rash may appear on other areas of the body as well.
- Fatigue
- Chills and fever
- Headache
- Neck stiffness
- Swollen lymph nodes
- Bouts of joint pain and swelling, especially in the knees
- Nervous system symptoms that can include limb numbness or weakness, temporary paralysis of one side of the face, and meningitis (fever, stiff neck, and severe headache). These symptoms may not appear for years after the tick bite (Mayo Clinic).

Less common symptoms

- Irregular heartbeat
- Severe fatigue
- Hepatitis
- Eye inflammation (Mayo Clinic)

Diagnosis and treatment

Lyme disease is typically diagnosed through a blood test. People treated early with antibiotics usually recover rapidly and completely (CDC “Treatment”).

Resources

- [General information about Lyme disease](#) from the Centers for Disease Control and Prevention (CDC)
- Printable [materials for member education, fact sheets, and webinars](#) on the MDH website

Sources:

- CDC, “Preventing Tick Bites on People,” September 30, 2019, www.cdc.gov/lyme/prev/on_people.html.
- CDC, “Transmission,” January 29, 2020, www.cdc.gov/lyme/transmission/index.html.
- CDC, “Treatment for erythema migrans,” November 3, 2020, www.cdc.gov/lyme/treatment/index.html.
- Johns Hopkins Lyme Disease Research Center, “5 Tips for Preventing Tick Bites and Lyme Disease,” March 19, 2019, www.hopkinslyme.org/lyme-education/5-tips-for-preventing-tick-bites-and-lyme-disease.
- Mayo Clinic, “Lyme Disease Overview,” accessed April 21, 2021, www.mayoclinic.org/diseases-conditions/lyme-disease/symptoms-causes/syc-20374651.
- MDH, “Lyme Disease Statistics,” accessed April 21, 2021, www.health.state.mn.us/diseases/lyme/statistics.html.
- MDH, “Preventing Tickborne Disease,” accessed April 21, 2021, www.health.state.mn.us/diseases/tickborne/prevention.html.
- MDH, “Ticks,” accessed April 21, 2021, www.health.state.mn.us/diseases/tickborne/ticks.html. 

Important Dates

✓ County supervisor meetings

Meetings are held the third Thursday of the month, and will take place remotely until further notice. Watch your emails for additional information.

- May 20
- June 17

Contact Information

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You can find current and past issues of *PrimePartners* at www.primewest.org/primepartners.

Recommended Screenings for Men over Age 18¹

SCREENING	AGE			
	18 – 39 years	40 – 49 years	50+ years	
Physical exam – review overall health and Body Mass Index (BMI), perform a physical exam, perform lab and blood tests if indicated, and discuss health-related topics	✓ As recommended by your health care provider, generally every 1 – 3 years			
Diabetes		✓ Ages 40 – 70, depending on BMI		
Hepatitis C	✓ One-time screening, ages 18 – 79			
Blood pressure – high blood pressure may not have symptoms, but can cause permanent damage to your organs	✓ Every year			
Colorectal cancer screening – talk to your health care provider about screening options and when and how often you should be screened			✓ Ages 50 – 75	
Sexually transmitted infections (STIs) – sexually active adults should be screened for syphilis, chlamydia, HIV, and other STIs	✓ Discuss your risk with your health care provider			
Latent tuberculosis	✓ If at increased risk, discuss with your health care provider			
Eye exam – if you have vision problems, you should have your eyes checked every year	✓ Ages 20 – 40, every 2 – 4 years	✓ Ages 40 – 54, every 2 – 4 years	✓ Ages 55 – 64, every 1 – 3 years	✓ Age 65 and over, every 1 – 2 years
Dental (oral) exam	✓ Annual checkup and cleaning			
Alcohol, tobacco, and unhealthy drug use	✓ At time of physical exam			
Depression	✓ At time of physical exam			
Lung cancer CT screening – for people with a 30 pack-year smoking history			✓ Ages 55 – 80	

¹Always check with **your** health care provider to see when and how often you should have these screenings.

Sources: U.S. Preventive Services Task Force. “A and B Grade Recommendations” (2013 – 2020). www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations.

Mayo Clinic. “Eye Exam” (Feb. 2019). www.mayoclinic.org/tests-procedures/eye-exam/about/pac-20384655.

Centers for Disease Control and Prevention (CDC). “Oral Health Tips” (Sept. 2019). www.cdc.gov/oralhealth/basics/adult-oral-health/tips.html.

Recommended Vaccines for All Adults over Age 18

VACCINE	AGE		
	18 – 49 years	50 – 64 years	65+ years
Influenza (flu)	✓ Recommended every year for all adults		
Pneumococcal (PCV13, PPSV23)	✓ 1 – 2 doses if you have certain chronic medical conditions ¹		✓ 1 dose
Tetanus, diphtheria (Td) Tetanus, diphtheria, pertussis (Tdap)	✓ 1 dose of Tdap, and then a Td or Tdap booster every 10 years		
Haemophilus influenzae, type B (Hib)	✓ You may need 1 or 3 doses. Talk to your health care provider.		
Hepatitis B (Hep B)	✓ You need 2 – 3 doses, depending on vaccine. Talk to your health care provider.		
Hepatitis A (Hep A)	✓ You need 2 – 3 doses, depending on vaccine. Talk to your health care provider.		
Human papillomavirus (HPV) – this series protects against genital warts and cervical, throat, penile, and anal cancers	✓ This vaccine is covered for men and women up to age 45. Talk to your health care provider.		
Varicella (chickenpox)	✓ If you've never had chickenpox or received only 1 dose of the vaccine, talk to your health care provider about whether you need this vaccine		
Measles, mumps, rubella (MMR)	✓ You may need to get 1 – 2 doses of this vaccine. Talk to your health care provider.		
Meningococcal (MenACWY, MenB)	✓ 1 – 3 doses depending on your level of risk ¹		
Zoster recombinant (shingles)		✓ If you are age 50 or over, you should have 2 doses of this vaccine	

¹Talk with **your** health care provider about your level of risk for infection and your need for this vaccine.

Source: Centers for Disease Control and Prevention (CDC). "Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2020" (Feb 2020). www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf.

