Appendix A. Health Screenings Table

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.

Hearing • Audiometry • Otoacoustic Emissions (OAEs)			
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)

Vision • Visual acuity and alignment screening • Instrument-based screening

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)

Dental

- Dental offices, school-based sealant programs, and mobile units provide screening/assessments for children and adults who return a positive written consent for services.

Screening Population	**Screening Time Interval**	**Recommending Organization**	**Screening Protocol Effective Date**
Oral screenings including cancer screen and oral disease are completed on Head Start, Early Head Start children, elementary school children in schools. Some programs screen adolescents and pregnant women.	Screenings are completed annually but only for children with positive consent. 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.

Recommend oral disease including head and neck cancer, dental decay, and periodontal disease for adults.	Screenings for adults should include oral cancer screen, dental decay, and periodontal disease. Adults ages 20-39 years: Routine oral cancer screenings are recommended every three years for those without significant risk factors. Adults aged 40 years and older: Annual screenings are advised because the risk of oral cancer increases with age. High-risk individuals: People who use tobacco, consume alcohol heavily, have herpes papilloma virus, or have a family history of cancer should be screened annually regardless of age.	American State and Territorial Dental Directors for basic screening survey guidelines. Moffitt Cancer Center	Annually

Cancer (By Type)

Breast

- Mammography

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

Cervical

- Papanicolaou test (Pap test)
- Human Papillomavirus (HPV) test

Screening Population (by age group, by gender, etc.)	Screening Time Interval	Recommending Organization for Screening Guidelines	Screening Protocol Effective Date
Women aged 21-65	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30	U.S. Preventive Services Task Force (USPSTF)	August 2018

	to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).		

Colorectal

- Fecal Immunochemical Test (FIT)- annually
- Stool DNA FIT- every 1 to 3 years
- Flexible Sigmoidoscopy- every 5 years
- Colonoscopy- every 10 years

Screening Population	Screening Time Interval	Recommending Organization	Screening Protocol Effective Date
Adults aged 45-75	*based upon screening method	USPSTF	May 2021

Lung

- Low dose computed tomography scan

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

Prostate

- Prostate-specific antigen test

Screening Population (by age group, by gender, etc.)	Screening Time Interval	Recommending Organization for Screening Guidelines	Screening Protocol Effective Date
Men aged 55-69	Periodic based upon patient-healthcare provider decisions	USPSTF	May 2018 *_**under review by USPSTF**_

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/American Academy of Family Physicians (AAFP) – Adults aged 35 to 70 years who have overweight or obesity; American Diabetes Association **(ADA)** – adults of any age with overweight or obesity (Body Mass Index / BMI ≥ 25kg/m ^{2} or ≥ 23 kg/m^2) (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, sooner with symptoms or change in risk	USPSTF; AAFP; ADA	USPSTF August 2021; ADA 2026; AAFP 2021

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)

Screening Population	**Screening Time Interval**	**Recommending Organization**	**Screening Protocol Effective Date**
Autoantibody-based screening for presymptomatic T1D should be offered to those with family history of T1D or otherwise known elevated genetic risk. Adults with diabetes who have phenotypic risk factors that overlap with those for T1D (e.g. younger age at diagnosis, unintentional weight loss, ketoacidosis, short time to insulin treatment.	Individuals with a single confirmed islet autoantibody should undergo repeat antibody testing every 6 months to 3 years (depending on age) to assess for persistence or seroconversion → Children ≤ 3yo: every 6 months for 3 years, then annually for 3 more years. Children 3-18yo: annually; consider discontinuing after 3 years if no progression Adults: every 3 years or annually if additional risk factors are present.	ADA	January 2026

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/AAFP – adults aged 35 to 70 years who have overweight or obesity	**(ADA)** Every 3 years in individuals with normal results; People with prediabetes – yearly; People with history of gestational diabetes mellitus (GDM) – at least every 1-3 years; In individuals with risk factors, test before 15 weeks of gestation.	USPSTF; ADA; AAFP	USPSTF August 2021; ADA 2026; AAFP 2021

Gestational Diabetes

- One-step: 75-g fasting oral glucose tolerance test (OGTT) OR
- Two-step: 50-g non-fasting glucose tolerance test. If results are abnormal, follow with 100-g fasting OGTT

Screening Population (by age group, by gender, etc.)	Screening Time Interval	Recommending Organization for Screening Guidelines	Screening Protocol Effective Date
Asymptomatic pregnant individuals	**USPSTF/AAFP** - 24 weeks of gestation or after; **ADA** - 24-28 weeks of gestation	AAFP; USPSTF; ADA	AAFP 2021; USPSTF 2021; ADA 2026

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).

Screening Population	Screening Time Interval	Recommending Organization	Screening Protocol Effective Date
Persons with diabetes or hypertension No recommendation for general population screening There is no generally accepted risk assessment tool for chronic kidney disease (CKD) or risk of	Annually, urinary albumin and eGFR for persons with T1D ≥ 5 years, all persons with T2D 1-4 times per year, urinary albumin, eGFR for persons with diabetes and chronic kidney disease (CKD)	USPSTF; ADA	USPSTF 2012; ADA 2026

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.			

Chronic Obstructive Pulmonary Disease (COPD)

- Pulmonary Function Test
- The COPD Assessment in Primary Care to Identify Undiagnosed Respiratory Disease & Exacerbation Risk (CAPTURE)

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 2026 report

Hypertension

- Office Blood Pressure Measurement
- Self-Measure Blood Pressure Measurement

Screening Population	**Screening Time Interval**	**Recommending Organization**	**Screening Protocol Effective Date**
Adults aged 18 and older with unknown hypertension Adults aged 18 and older with known hypertension	Screening is recommended at each regular health care visit or at least one per year if blood	USPSTF American Heart Association	04/27/2021 08/30/2023

For those with hypertension, testing is recommended twice a day at the same time every day	pressure is less than 120/80 mm Hg		

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 older Adults 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 years During regular health visits As needed to evaluate cardiovascular risk if BMI is greater than or equal to 25kg/m2	USPSTF American Heart Association	08/23/2022

Stroke

- National Institute of Health Stroke Scale
- Non-contrast computerized tomography
- Magnetic resonance imagining

Screening Population	**Screening Time Interval**	**Recommending Organization**	**Effective Date**

Adults aged 30 and older who display stroke signs and symptoms Adults aged 30 and older with suspected stroke Adults aged 40 and older with suspected stroke	At every suspected incidence of stroke event Within 10 minutes of arrival to a health care facility Within 25 minutes of arrival to a health care facility	American Heart Association/American Stroke Association American Academy of Neurology	06/28/2021

Scoliosis

- Adams Forward bend test
- Medical imaging such as x-ray

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 Surgeons The Scoliosis Research Society the Pediatric Orthopedic Society of North America The American Academy of Pediatrics	2018 The 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.

Autism Spectrum Disorder (ASD) screening • **Varies with age: Evidence-based screening tools**		
Screening Population	**Screening Time Interval**	**Recommending Organization for Screening Guidelines**
All children at 18 and 24 months of age (AAP). General developmental screening: All children at 9, 18, and 30 months of age (AAP). The developmental assessment of young children and the psychiatric assessment of all children should routinely include questions about ASD symptomatology (AACAP). Any adult presenting for a first-time psychiatric assessment (AACAP) **References:** Children: Modified Checklist for Autism in Toddlers-R/F (M-CHAT-R/F) , Screening Tool for Autism in Toddlers and Young Children (STAT), and Social Communication Questionnaire (SCQ) are examples of ASD screening tools for children. Adults: Ritvo Autism Asperger's Diagnostic Scale-Revised (RAADS-R) and Autism Spectrum Quotient (AQ) are examples of ASD screening tools for adolescents and adults.	Routine developmental screening (all children) at 9, 18, 30 months (AAP) Autism specific screening (all children) 18-24 months (AAP) Autism specific screening at any age if triggered by concerns noted on developmental screening (AAP) All young children 5 and under presenting for a developmental assessment (AACAP) All children (up to age 18) presenting for a psychiatric assessment (AACAP)	American Academy of Pediatrics (AAP) American Academy of Child and Adolescent Psychiatry (AACAP) **Screening Protocol Effective Dates** • AAP - 2020 • AACAP - 2014