



2025

PEDIATRIC PREVENTIVE CARE GUIDELINES

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About the MHQP Pediatric Preventive Care Guidelines

MHQP's 2025 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.

Social Determinants of Health (SDoH)

- Review a completed SDoH screening tool, such as [PRAPARE](#) or the [Social Needs Screening Tool](#), and incorporate into the plan of care
- Develop an action plan at each visit with information available
 - ♦ Make sure that social determinants that are being targeted for recommendations are modifiable, like food insecurity, being unhoused, lack of transportation, or inaccessibility to quality education.
 - ♦ Individuals who are at high-risk of certain conditions due to unmodifiable social determinants, like race or age, 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?" and "Do you need any accommodations during your visit?"
- Assess health literacy by asking: "How confident are you filling out medical forms by yourself?"

Screening Tools and Action Plans:

[Protocol for Responding and Assessing Patient's Assets, Risks and Experiences \(PRAPARE\)](#): The PRAPARE screening tool screens for four main health-related social needs, including patient demographics; housing, food, transportation, and utilities; finance; and social and emotional health.

[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.

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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 being unhoused, or unmodifiable, like race or age. ([AAFP](#), [WHO](#))

Social Determinants of Health (continued)

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.

Racism, Discrimination, and Health

A growing body of research shows that centuries of racism in this country has had a profound and negative impact on Black, Indigenous, and People of Color (BIPOC) communities. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships, and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment. These social determinants of health are key drivers of health inequities within BIPOC communities, placing those within these populations at greater risk for [negative health outcomes](#).

[Jones](#) has defined 3 levels of racism.

- *Systemic, institutionalized, and structural racism*: "Structures, policies, practices, and norms resulting in differential access to the goods, services, and opportunities of society by 'race' (e.g., how major systems—the economy, politics, education, criminal justice, health, etc. — perpetuate unfair advantage)."
- *Interpersonal and personally mediated racism*: "Prejudice and discrimination, where prejudice is differential assumptions about the abilities, motives, and intents of others by 'race,' and discrimination is differential actions towards others by 'race.' These can be either intentional or unintentional."
- *Internalized racism*: "Acceptance by members of the stigmatized 'races' of negative messages about their own abilities and intrinsic worth."

It is important for providers to examine the potential effects of racism in causing race-associated differences in health outcomes. Moreover, providers should acknowledge the influence of racism and discrimination in perpetuating disparities related to access to preventive services, the utilization of screening services, and delays in care. Providers should also examine whether their own implicit biases may lead to making inequitable care decisions.

The downstream effects of systemic racism, including race-based unfair interpersonal treatment, chronic vigilance to discrimination and unequal access to resources and opportunities, can result in chronic stress, which has been shown to cause adverse health consequences within BIPOC communities ([Sawyer et al., 2012](#); [Health Affairs, 2022](#)).

Other historically marginalized communities are also disproportionately subjected to discrimination. Discrimination is also attributed to gender identity, sexual orientation, and can also be directed toward individuals or communities with a variety of physical and social attributes such as age, body size, ability, social class, or religion—as well as the multiple intersections of these identities and characteristics ([Health Affairs, 2020](#)).

These guidelines stratify risk by modifiable and unmodifiable patient factors. Note that missing health equity data elements (such as granular race, ethnicity, gender identity sexual orientation, and disability data) and the lack of diversity in health research studies make it difficult to assess disparities in risk for many diseases and conditions. Subpopulations are referenced throughout the document as they are described in the cited literature.

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Racism, Discrimination, and Health (continued)

Centuries of discrimination have led to substantial medical mistrust, particularly within the Black community ([Bazargan et al. 2021](#); [Jack, 2021](#)). The social stigmatization of an individual's intersecting identities, including gender identity, sexual orientation, body type, and ability, can also perpetuate medical mistrust. Medical mistrust leads to lower quality of care and the potential for adverse outcomes in multiple ways, including reduced usage of preventive services, loss of continuity of care, lack of follow up care, and dissatisfaction in patient-provider interactions ([Allen et al. 2022](#)); [Bazargan et al., 2021](#); [Duthely et al., 2021](#); [Graham et al., 2015](#); [Musa et al., 2009](#); [Parnitzke Smith, 2017](#); [Rokoske, 2022](#)), highlighting the need for healthcare providers to address the role of racism and discrimination in perpetuating mistrust. Healthcare mistrust can be at the interpersonal and institutional levels ([Ward, 2017](#)).

This guidance acknowledges that race is a social construct and not based in biology. Race was included in our risk-based analysis because race is a proxy for systemic racism, which perpetuates racial health inequities. Other social risk factors that intersect with racism (e.g., housing, education, and access to healthy foods) are also included to emphasize the multiple pathways to negative health outcomes.

Resources:

[Confronting Institutionalized Racism](#): This article by Camara Phyllis Jones explores the pervasive and systemic nature of racism within institutions and offers a framework for addressing and dismantling this deeply rooted issue in society.

[CDC Resources & Style Guides for Framing Health Equity & Avoiding Stigmatizing Language](#): This resource provides links to references, other resources, and style guides to frame health equity and avoid stigmatizing language.

[Systemic And Structural Racism: Definitions, Examples, Health Damages, And Approaches to Dismantling](#): This article underscores that racism isn't always overt but can manifest as systemic and structural racism deeply ingrained in policies, practices, and beliefs, perpetuating unfair treatment and adverse health consequences for people of color, with examples such as residential segregation, biased policing, and suggests the need for concerted, cross-sector efforts to dismantle these pervasive forms of racism.

[Discrimination: A Social Determinant of Health Inequities](#): This article highlights the significant and wide-reaching impact of discrimination as a social determinant of health, discussing its role as a pervasive stressor with direct and indirect effects on the well-being of historically underserved communities, shedding light on its contribution to various health disparities.

[Building Trust in Health Care—Why, Where, and How](#): This editorial discusses the significant decline in trust in the US healthcare system over the past half-century, citing statistics and high-profile events that have contributed to this erosion of confidence in medical leaders and institutions.

[Re-Building Trust](#): This article discusses a collaborative effort involving over 120 healthcare stakeholders, exploring trust in various healthcare aspects and providing recommendations for improvement.

Periodic Health Evaluation

At Every Age:

- Perform age appropriate physical examination at each visit, with infant totally unclothed and older children undressed and suitably draped
 - Please refer to the [Bright Futures Guidelines](#) for details on each well-child visit.
1. Initial/Interval History and Physical Exam
 2. Age-Appropriate Developmental Assessment and Anticipatory Guidance
 - Physical: Gross/fine motor and sexual development
 - Cognitive: Self-help and self-care skills; problem solving and reasoning abilities
 - Language: Expression, comprehension, and articulation
 - Social: Assessment of social integration and peer relations, including school performance and family issues
 - Ask about day-care arrangements for infants and toddlers, educational arrangements for preschoolers, and school and activities for older children
 3. Assessment of Immunization Status and Administration of Needed Immunizations
 - Refer to [AAFP Immunization Schedule](#)
 - Assess vaccination status with attention to social risk factors, medical mistrust, personal beliefs, and other concerns associated with delaying or missing vaccinations.
 - Note that there are racial and ethnic disparities in vaccination coverage. Black, American Indian, Alaska Native, Hispanic/Latino, and Asian children are less likely to be vaccinated than their White counterparts ([CDC, 2024](#)). Differences in vaccination rates by race/ethnicity are likely due to complex interactions of social determinants of health, including socioeconomic status, and access to affordable and equitable medical care.
 4. Assessment of Medications, Supplements, and Complementary Remedies

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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](#)

Periodic Health Evaluation (continued)

5. Behavioral, Social, and Emotional Health

- At age 0–6 months, screen for parental postpartum mood and anxiety disorders or history of perinatal mood and anxiety disorders, using validated tools
 - ♦ Refer to parent/caregiver’s primary care provider or mental health professional if screened positive.
- Assess age-appropriate behavioral, social, and emotional health, including aggression, depression, anxiety, and risk-taking behavior
- At provider discretion, use behavioral, social, and emotional health screening tools. See the [Massachusetts Department of Public Health’s MassHealth-Approved Screening Tools](#) for examples.
- Free consultations on any behavioral, social, and emotional health issue are available through the Massachusetts Child Psychiatry Access Project to all primary care providers who see children and adolescents. Visit www.mcpap.com or mcpapformoms.org to enroll.
- For more information or support for families with child and adolescent behavioral, social, and emotional health issues, visit the [Parent/Professional Advocacy League’s website](#) or call 866-815-8122

0–1 (Infancy)	1–4 (Early Childhood)	5–21 (Middle Childhood – Young Adult)
• Ages 1-2 weeks, and 1, 2, 4, 6, 9, and 12 months • Assess breastfeeding infants between 2-5 days of age	• Ages 15, 18, and 24 months, and 3 and 4 years	• Annually

Routine Screening and Labs

Anemia: (Hb/Hct)

0–1 (Infancy)	1–10 (Early Childhood–Middle Childhood)	11–21 (Adolescence–Young Adult)
• Screen once between ages 9-12 months • At clinician discretion, conduct detailed assessment of infants at high risk for iron deficiency • Consider screening at 15 and 30 months, based on risk factors • Refer eligible families to WIC, SNAP, or other food assistance services for help with supplemental nutritional or other needs	• Conduct risk assessment or screening, including dietary iron sufficiency, at clinician discretion • Screen those with known risk factors annually from ages 2 to 5 • Refer eligible families to WIC, SNAP, or other food assistance services for help with supplemental nutritional or other needs	• Starting at age 11, conduct risk assessment or screening • Screen all non-pregnant menstruating adolescents for anemia once at least 12 months after the onset of menses • Screen those with known risk factors annually • Refer eligible families to SNAP or other food assistance services for help with supplemental nutritional or other needs

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Routine Screening and Labs (continued)

RISK FACTORS

Black and Hispanic/Latino children are at higher risk of iron deficiency than their White counterparts ([Brotanek et al., 2007](#); [Jefferds et al., 2022](#)). These differences are likely due to complex interactions of social determinants of health, including socioeconomic status, access to healthy options for diet, and access to affordable and equitable medical care.

Risks factors for anemia include:

- Previous diagnosis of iron deficiency anemia
- Excessive menstrual blood loss. Heavy bleeding is defined as:
 - ◆ Bleeding that lasts more than 7 days
 - ◆ Bleeding that soaks through one or more tampons or pads every hour for several hours in a row
 - ◆ Needing to wear more than one pad at a time to control menstrual flow
 - ◆ Needing to change pads or tampons during the night.
 - ◆ Menstrual flow with blood clots that are as big as a quarter or larger
- Inadequate iron in diet, which may include children who are overweight

Resource:

[Bright Futures — Iron Deficiency Anemia](#): This resource for clinicians outlines the guidelines for anemia screening, treatment, and prevention in young boys and girls.

Blood Pressure

1–4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
• Check at every well visit starting at age 3 years. • Consider checking at every visit in children 3 years and older with overweight and obesity	• Check at every well visit.

RISK FACTORS

Black and Hispanic/Latino children are at higher risk of developing high blood pressure than their White counterparts ([Chen et al., 2015](#); [Cheung et al., 2017](#)). These differences are likely due to complex interactions of social determinants of health, including socioeconomic status, access to healthy options for diet, socioecological factors, and access to affordable and equitable medical care.

Risk factors for high blood pressure include:

- Sex (male)
- Family history of high blood pressure and/or cardiovascular disease
- Personal history of being overweight or obese, type 2 diabetes or a high fasting blood sugar level, high cholesterol, and/or being born at a low birth weight
- High sodium diet
- Not being physically active
- Smoking, or exposure to second-hand smoke
- Being born to an individual who smoked during pregnancy.

Resource:

[Risk Factors for Adolescent Hypertension](#): This literature review summarizes the challenges of blood pressure classification in adolescents, discusses the impact of these confounding influences, and identifies actions that will improve diagnosis and treatment outcomes.

Cholesterol

0–1 (Infancy)	1–4 (Early Childhood)	5–11 (Middle Childhood)	12–21 (Adolescence – Young Adult)
• N/A	• Consider screening if at risk for familial hypercholesterolemia	• Ages 5-8, consider screening if at risk for familial hypercholesterolemia • Screen once between age 9 and 11	Consider screening once between 12 and 17 if not previously screened or if family history has changed • Screen once between 18 and 21

RISK FACTORS

There is inadequate data on racial/ethnic disparities on the prevalence of high cholesterol in children/adolescents.

Risk factors for high cholesterol include:

- Family history of premature cardiovascular disease or lipid disorder
- Being overweight/obese
- Living in areas with low accessibility to healthy, affordable, and culturally appropriate foods
- Diet high in saturated and trans fats

Sudden Cardiac Arrest and Sudden Cardiac Death

6-21 (Middle Childhood – Young Adult)

- ♦ Screen all children and adolescents for risk factors for sudden cardiac arrest or sudden cardiac death
- ♦ Counsel on Child CPR training

RISK FACTORS

Black children were more than four times more likely to experience a cardiac arrest compared to White or Hispanic/Latino children ([American Heart Association, 2023](#)). These differences are likely due to complex interactions of social determinants of health, including socioeconomic status, access to healthy options for diet, socioecological factors, and access to affordable and equitable medical care.

Risk factors for sudden cardiac arrest include:

- Having a family history of unexpected or unexplained sudden death in an otherwise healthy family member under age 50
- Having a family member with an inherited heart muscle or electrical problem
- Experiencing chest pain during exercise
- Having an abnormal heart rate or rhythm with an unknown cause
- Fainting/passing out or seizure without warning during exercise
- Being born with a congenital heart defect (including those surgically repaired)

Resource:

[Sudden Cardiac Arrest in Young People](#): This resource provides information on sudden cardiac arrest in young people

Growth Assessment

See [Diet/Nutrition](#) section for more details.

0–1 (Infancy)	1–21 (Early Childhood–Young Adult)
- Assess growth parameters using length, weight, and head circumference - Ask about access to healthy, affordable, and culturally appropriate food - Refer eligible families to WIC, SNAP, or other food assistance services for help with supplemental nutritional or other needs.	- Assess growth parameters using length/height and weight; include head circumference until 2 years of age - Screen annually for obesity and overweight. Plot value on CDC's growth and body mass index (BMI) charts specifically for ages 2–20 years. - Consider using the WHO chart for children ages 1–2 years. - 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. - Counsel on the benefits of physical activity and a healthy diet to maintain a desirable weight for height - Ask about access to healthy, affordable, and culturally appropriate food - Refer eligible families to WIC, SNAP, or other food assistance services for help with supplemental nutritional or other needs. - Provide more focused evaluation and counseling for children with BMI $\geq$85th percentile or with significant increase in BMI percentile. - See Obesity section below for more information

Obesity and Overweight

2–21 (Early Childhood–Young Adult)
- Screen for overweight and obesity using height and weight, calculating BMI percentile with age and sex specific CDC growth charts. In children, overweight is considered BMI $\geq$85th to <95th percentile, obesity is BMI $\geq$95th percentile, severe obesity is BMI $\geq$120% of the 95th percentile. - Note that the BMI should be used in conjunction with other clinical assessments. 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. - Perform obesity specific health history, metabolic health history, and SDoH in all children and young adults with overweight and obesity - Perform obesity specific physical exam and blood pressure in all children and young adults with overweight and obesity - Obtain fasting lipid panel in children and young adults aged 10 and over with overweight and obesity - Consider obtaining fasting lipid panel in children aged 2–10 with obesity - Assess for abnormal glucose metabolism using FPG, OGTT, or HgbA1C in children and young adults aged 10 and older with obesity. Consider this evaluation in children and young adults aged 10 or older with overweight - Assess for liver disease with ALT in children and young adults aged 10 and older with obesity. Consider this evaluation in children and young adults aged 10 or older with overweight - Discuss the diagnosis of overweight and obesity using person specific, neutral language - Approach treatment recommendations using motivational interviewing - Provide all children and young adults aged 6 and over with overweight and obesity intensive health behavior and lifestyle treatment (IHBLT). Consider providing this to children aged 2–5 with overweight and obesity. IHBLT is 26 or more hours of face-to-face, family-based, multicomponent treatment over a 3- to 12-mo period. - Offer pharmacotherapy to children and young adults aged 12 and over with obesity in addition to IHBLT - Offer referral for evaluation for metabolic and bariatric surgery to those aged 13 and over with severe obesity

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Routine Screening and Labs (continued)

RISK FACTORS

Obesity is more prevalent among American Indian, Alaska Native, Black, and Hispanic/Latino children compared with their White peers ([Isong et al., 2018](#)). Additionally, transgender and gender diverse people are more likely to develop obesity compared to cisgender individuals ([Taormina & Iwamoto, 2023](#)). These differences are likely due to complex interactions of social determinants of health, including access to healthy and affordable foods, access to safe exercise, access to health care and IHBLT programs, education about diet and exercise as prevention tools, socioeconomic status, and access to affordable and equitable medical care. Note that in the United States, the most economical food choices are often highly processed and high in added sugars, sodium, and saturated/trans fats.

Risk factors for obesity include:

- History of parental obesity
- Living in areas with low accessibility to healthy, affordable, and culturally appropriate foods
- Living in areas that lack safe and walkable neighborhoods, or low access to physical activity options or equipment.
- Inadequate nutritious foods
- Engaging in low levels of physical activity and higher levels of sedentary behaviors
- Low socioeconomic status
- Short sleep duration/interrupted sleep
- Excessive screen time

There is inadequate data on racial/ethnic disparities in the prevalence of underweight children/adolescents.

Risk factors for being underweight include:

- Low birth weight
- Living in areas with low accessibility to healthy, affordable, and culturally appropriate foods
- Inadequate nutritious foods
- Low socioeconomic status

Resources:

[Promoting Healthy Weight – Bright Futures](#): This resource for clinicians focuses on preventing, assessing, and treating overweight and obesity in children and adolescents.

[Stop Obesity Alliance](#): Strategies to Overcome and Prevent (STOP) Obesity Alliance is a coalition dedicated to addressing the obesity epidemic through advocacy, policymaking, and research

[\(STOP\) Weight Can't Wait](#): Weight Can't Wait is a guide for the management of obesity in the primary care setting.

[Obesity Action Coalition](#): Obesity Action Coalition is a nonprofit organization that focuses on raising awareness of obesity, providing education and support on obesity and its treatments

Lead

0–10 (Infancy–Middle Childhood)	11–21 (Adolescence–Young Adult)
Massachusetts law requires lead screening according to the following schedule: • Initial screening between 9-12 months of age • Annually at ages 2 and 3 • At age 4 if child lives in a city/town with high risk for childhood lead poisoning • At entry to kindergarten if not screened before	• N/A
RISK FACTORS There are significant disparities in blood lead levels based on race/ethnicity and income. Black and Hispanic/Latino children are more likely to live in communities where lead exposure is pervasive (Brown, 2009; CDC, 2021). These differences are likely due to complex interactions of social determinants of health, including socioeconomic status, living in racially segregated neighborhoods where lead is pervasive, and access to affordable and equitable medical care. Note that immigrant and refugee children from less developed countries are at higher risk of being exposed to lead due to less strict rules protecting children from lead exposure in their country of origin (CDC, 2024). Risk factors for lead poisoning include: • Age, under 6 years old • Living in housing built before 1978 and/or are of low socioeconomic status • Living near an area with lead-contaminated soil (e.g., living near a Superfund site or highway) • Regular exposure to secondhand smoke • Being around individuals who work or have hobbies that expose them to lead (e.g., a parent who works in battery manufacturing or renovating older homes) Resources: Mass DPH Childhood Lead Poisoning Prevention Program: The Childhood Lead Poisoning Prevention Program provides a range of both primary and secondary prevention services to the children of Massachusetts, their families, and others. High Risk Communities for Childhood Lead Poisoning: The annual screening and prevalence report presents screening rates and blood lead level prevalence rates in each community in Massachusetts. Prevention of Childhood Lead Toxicity: This review article advocates for primary prevention as the best way to mitigate childhood lead poisoning. Screening for Elevated Blood Lead Levels in Childhood and Pregnancy: This article synthesizes evidence on the effects of screening, testing, and treatment for elevated blood lead level in pregnant women and children aged 5 years and younger in the primary care setting. How Lead Poisoning Disproportionately Affects Black Communities: This article discusses how institutional racism has led to disproportionately high rates of lead poisoning among Black communities.	

Newborn Screening

0–1 (Infancy)
• Verify that newborn has received all state-required newborn metabolic screenings, especially if newborn was not born in a hospital setting or born outside Massachusetts • Verify that newborn has received critical congenital heart disease (CCHD) screening • Verify that newborn has received hearing screening and, if not, perform screen by age one month • Assess newborn vision before discharge or at least by age 2 weeks using red reflex • Evaluate fixation preference, alignment, and eye disease by age 6 months

Sensory Screening

Hearing

0–1 (Infancy)	1–17 (Early Childhood–Adolescence)	18–21 (Young Adult)
- Assess newborn before discharge or at least by age 1 month - Conduct subjective assessment at all other routine checkups	- Conduct objective hearing screening at ages 4, 5, 6, 8, and 10 years. Conduct at older ages at clinician discretion. If test is performed in another setting, such as a school, it does not need to be repeated by the provider, but findings should be documented in child's medical record. - If a language delay or a risk of hearing loss exists, conduct audiologic monitoring every 6 months until age 3 years - Make subjective assessment at all other routine checkups	N/A

Vision/Eye Care

0–1 (Infancy)	1–17 (Early Childhood–Adolescence)
- Assess newborn before discharge or at least by age 2 weeks using red reflex - Evaluate fixation preference, alignment, and eye disease by age 6 months	- Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, 15, and 18 years. Document in medical record if test is performed in another setting such as a school - Screen for strabismus between ages 3 and 5 years - Child must be screened at entry to kindergarten if not screened during the prior year per the Massachusetts Preschool Vision Screening Protocol

Resource:

[Massachusetts School Health Screenings](#): This resource provides guidelines for hearing and vision assessment in the school setting.

Infectious Diseases

COVID-19

0–17 (Infancy–Young Adult)

- Strongly recommend vaccination for age groups that have vaccination approval
- Recommend parents and caregivers get vaccinated
- Advise patients and their parents or guardians on prevention measures including vaccination, masks, social distancing, and hand washing
- Counsel patients and their parents or guardians at higher risk of developing severe disease from COVID-19 on disease prevention emphasizing risk of developing more severe disease and need for strict and consistent measures to avoid contact with potentially infected people

RISK FACTORS

Black, Hispanic/Latino, Asian, American Indian and Alaska Native children are at higher risk for severe illness for COVID-19 compared with their White counterparts ([CDC, 2021](#); [Miguel et al., 2022](#)). People with intellectual and developmental disabilities are also more likely to develop severe complications from COVID-19 ([CDC, 2024](#)). These differences are likely due to complex interactions of social determinants of health, including socioeconomic status and access to affordable and equitable medical care.

Risk factors for severe illness from COVID-19 include:

- Medical complexity, with genetic, neurologic, or metabolic conditions, and/or congenital heart disease, obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or weakened immune system

Resource:

[COVID-19 – People with Certain Medical Conditions](#): This resource provides a list of medical conditions that place individuals at higher risk of severe illness from COVID-19 infection.

Mpox

18+ Years

- ♦ Vaccinate individuals at risk of contracting mpox

RISK FACTORS

Men who have sex with men and individuals who identify as transgender and gender diverse are at increased risk for contracting mpox ([WHO, 2024](#)). Additionally, Black and Hispanic/Latino individuals had the highest reported rates of mpox compared with other racial and ethnic groups ([CDC, 2023](#)). These differences are likely due to complex interactions of social determinants of health, including access to affordable and equitable sexual health services, socioecological factors, and experiences of discrimination.

Risk factors for mpox include:

- Having had sexual or intimate contact with someone who may have mpox
 - ♦ Men who have sex with men and have had in the last 6 months, or expect to have, one or more sexually transmitted infections
 - ♦ Sexual or intimate contact with a person who is at risk of Mpox
 - ♦ Anonymous sexual or intimate contact, or more than one sexual partner, or sex at a large public venue where Mpox is likely to be present
 - ♦ Sexual partners of anyone who meets above criteria

Resources:

[WHO: Mpox](#): This resource outlines Mpox transmission, treatment, and prevention

[Mpox Vaccination Basics](#): This resource reviews Mpox vaccination basics.

Sexual Health and Sexually Transmitted Infections (Chlamydia, Gonorrhea, HPV, Syphilis)

11–21 (Adolescence–Young Adult)

- Inform patients of the risk of sexually transmitted infections
- Counsel to prevent sexually transmitted infections for all sexually active adolescents and young adults, including condom use for anal, vaginal, and oral intercourse

Chlamydia and Gonorrhea:

- Screen all sexually active female patients annually. Consider urine-based screening for female patients when a pelvic examination is not performed
- Consider screening males who exchange sex for drugs or money, have multiple or anonymous partners, or have sex with men

HPV:

- Strongly recommend vaccination and counsel all patients regarding schedule of HPV vaccine.
- Recommend HPV vaccination for females age 26 and under and males age 21 and under, if not previously vaccinated
- Recommend vaccination for men engaging in sex with other men through age 26, if not previously vaccinated
- Recommend vaccination for immuno-compromised patients, including patients with HIV through age 26, if not previously vaccinated

Syphilis:

- Screen all sexually active people annually and discuss that the risk of congenital syphilis is increasing

RISK FACTORS

Note that research shows that there are higher rates of reported STIs among Black, Hispanic/Latino, American Indian, Alaska Native, and Native Hawaiian and other Pacific Islander individuals compared with their White counterparts ([OASH, 2024](#)). Specifically, rates of congenital syphilis are highest in American Indian, Alaska Native and other Pacific Islander individuals compared to other racial groups ([ACOG, 2024](#)). These differences are likely due to complex interactions of social determinants of health, including socioeconomic status and access to healthcare and sexual health services.

Men who have sex with men and individuals who identify as transgender and gender diverse are at increased risk for contracting syphilis, HPV, and Hepatitis B ([CDC, 2021](#)). These differences are likely due to complex interactions of social determinants of health, including access to affordable and equitable sexual health services, socioecological factors, and experiences of discrimination.

Risk factors for sexually transmitted infections include:

- Engaging in condomless anal, vaginal, or oral intercourse
- Having sex with individuals who have an STI
- Personal history of or currently have sexually transmitted infections
- Having new or multiple sex partners, or their current partner(s) having other sexual partner(s)
- Having a partner(s) who is/are using injection drugs or exchanging sex for money or drugs
- Using injection drugs, exchanging sex for money or drugs, or having recently entered correctional facilities
- Low socioeconomic status

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

[American Academy of Pediatrics: Adolescent Sexual Health](#): The AAP has assembled a collection of tools and resources to support pediatricians and other health care providers interested in improving sexual health care for adolescents and young adults.

[NCHHSTP Atlas Plus: Syphilis](#): This resource provides the county-level rates of syphilis among women across the country.

[CDC Rates of Syphilis by State](#): This resource provides a ranking of syphilis rates by state.

HIV

0–10 (Infancy–Middle Childhood)	11–21 (Adolescence–Young Adult)
• N/A	• Counsel about risk factors for HIV infection • Start risk assessment at age 11 • Confidentially screen all patients for HIV once between ages 15-21 ◆ Screen younger adolescents if at increased risk. ◆ Annual screening of all patients at increased risk. ◆ Consider screening high risk men who have sex with men every 3-6 months • Note that the CDC recommends annual testing for those at increased risk and routine HIV screening for all individuals 13 years of age and older • Advise PrEP (pre-exposure HIV prophylaxis) for patients at high risk • Advise PEP (post-exposure HIV prophylaxis) for patients at high risk

RISK FACTORS

Black and Hispanic/Latino communities are disproportionately affected by HIV compared to other racial/ethnic groups ([HIV.gov, 2025](#)). In addition, HIV infection continues to disproportionately affect transgender women ([HIV.gov, 2025](#)), gay, bisexual, and other men who have sex with men ([HIV.gov, 2025](#)). Prevalence of HIV was highest among Black transgender women and Native American/Alaska Native transgender women ([Girometti et al., 2021](#)). These differences are likely due to complex interactions of social determinants of health, including socioeconomic status, access to affordable and equitable medical care, socioecological factors, and experiences of discrimination.

Risk factors for HIV infection include:

- Engaging in condomless anal or vaginal intercourse
- Having had more than one sex partner or having a sex partner who has had more than one sex partner since their most recent HIV test
- Having a personal history of or currently have sexually transmitted infections
- Exchanging sex for money or drugs
- Having sex with individuals who have HIV
- Engaging in harmful use of alcohol and drugs in the context of sexual behavior
- Sharing contaminated needles, syringes and other injecting equipment and drug solutions when injecting drugs
- Receiving unsafe injections, blood transfusions and tissue transplantation, and medical procedures that involve unsterile cutting or piercing
- Experiencing accidental needle stick injuries, including among health workers

Resources:

[Treatment and Prevention of HIV Infection – Recommendations from the International Antiviral Society-USA Panel](#): This provides updated practice guidelines for the treatment and prevention of HIV infection.

[PrEP](#): This resource offers information and guidance on pre-exposure prophylaxis (PrEP) for HIV prevention, including eligibility, access, and care options.

[Fenway Health – AIDS Action](#): This resource from Fenway Health lists information related to HIV screening and prevention.

Hepatitis B

0-21 (Infancy–Young Adult)

- Screen for Hepatitis B in people at high-risk, including those who were vaccinated before being screened for infection.

RISK FACTORS

Hepatitis B virus infection prevalence varies among racial and ethnic groups, with the highest rates reported among Black, Asian, and Pacific Islander communities ([HHS, 2025](#); [Kim et al., 2017](#)). Men who have sex with men and individuals who identify as transgender and gender diverse are also at increased risk for contracting Hepatitis B ([Adeyemi et al., 2021](#)). Differences in Hepatitis B virus infection prevalence by race, gender identity, and sexual orientation are likely due to complex interactions of social determinants of health, including access to affordable and equitable medical care, socioecological factors, and experiences of discrimination.

Risk factors for Hepatitis B infection include:

- Being born to a mother with Hepatitis B
- Having sex with individuals who have Hepatitis B
- Having a positive HIV infection and/or receive hemodialysis or cytotoxic immunosuppressive therapy
- Being an immigrant or having 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%)
- Sharing contaminated needles, syringes, and other injecting equipment and drug solutions when injecting drugs
- Having household or sexual contacts with persons of chronic HBV infection
- Being at risk for occupational exposure to blood or blood-contaminated body fluids as a healthcare and/or public safety worker
- Not being vaccinated for Hepatitis B
- See [MHQP's Perinatal Guidelines](#) for guidance for screening pregnant persons

Resource:

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

Hepatitis C

0-1 (Infancy)	1-10 (Early Childhood – Middle Childhood)	11-21 (Adolescence – Young Adult)
N/A	Perform anti-hepatitis C virus test after age 12 months in children with hepatitis C virus-infected mothers	- CDC recommends a one-time screening for all adults age 18 - 79 - Periodic testing of all patients at high risk

RISK FACTORS

Hepatitis C virus infection prevalence varies among racial and ethnic groups, with the highest rates reported among Black, American Indian, and Alaska Native patients ([HHS, 2025](#)). In addition, men who have sex with men are at greater risk of contracting Hepatitis C ([Mayo Clinic, 2023](#)). Differences in Hepatitis C virus infection prevalence by race are likely due to complex interactions of social determinants of health, including access to affordable and equitable medical care.

Risk factors for Hepatitis C infection include:

- Having long-term kidney dialysis, HIV
- Being born to mother with Hepatitis C
- Current or past use of intranasal or injection drugs
- Having a tattoo or body piercing by non-sterile needle
- Having been incarcerated

Mosquito- and Tick-Borne Illnesses

11–21 (Adolescence–Young Adult)

Zika

Note that there have been no cases of Zika in the US and territories since 2019

- Please see Preconception Counseling section below for more details.

RISK FACTORS

Risk factors for Zika infection include:

- Engaging 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

0–21 (Infancy–Young Adult)

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 protection 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.

Tuberculosis

0–21 (Infancy–Young Adult)

0–21 (Infancy – Young Adult)

- Screen all patients at high risk.
- Determine the need for repeat testing by the likelihood of continued exposure to infectious TB
 - ♦ Administer tuberculin skin test (TST) for individuals with no past BCG vaccination for whom follow-up is certain
 - ♦ Consider IGRA for individuals who have received BCG vaccination for whom follow-up is uncertain

RISK FACTORS

The TB case rate is higher among Black, Hispanic/Latino, and Asian individuals than for White individuals ([CDC, 2022](#)). These disparities are likely due to complex interactions of social determinants of health, including access to affordable and equitable medical care.

Risk factors for tuberculosis include:

- Having a personal history of being immunosuppressed (HIV positive or using immunosuppressant drugs)
- Having a personal history of silicosis
- Being born in or with parents from a country with high rates of TB
- Living in or have lived in communities where prevalence of TB is high (prisons, shelters, migrant farm settings)
- Having contacts of patients with active TB, and/or being workers exposed to high risk populations

General Counseling and Guidance – Physical Well-being

- Parents should not be present during all counseling for adolescents and young adults, starting around age 11 at the provider's discretion
- Consider discussing transitioning to an adult physician between the ages of 18 and 21 years old.

Diet/Nutrition

0–1 (Infancy)	1–10 (Early–Middle Childhood)	11–21 (Adolescence–Young Adult)
• Ask about access to healthy, affordable, and culturally appropriate food • Refer eligible families to WIC, SNAP, or other food assistance services for help with supplemental nutritional or other needs. • Ask about dietary habits • Promote breastfeeding as best form of infant nutrition, especially for the first 6 months • Recommend breastfeeding for at least 1 year ♦ Note that the AAFP and AAP recommend breastfeeding for the first 2 years. • Recommend that infants weaned before 12 months should receive iron-fortified infant formula. Whole milk can be given to children at age 1 year • Counsel for breastfed infants to receive 400 IU of oral vitamin D drops daily beginning soon after birth and continuing until the daily consumption of fortified formula or milk is 500 mL. (16 ounces/2 cups) • Counsel not to restrict fat or cholesterol • Counsel against sugar-sweetened and caffeinated drinks	• Ask about access to healthy, affordable, and culturally appropriate food • Refer eligible families to WIC, SNAP, or other food assistance services for help with supplemental nutritional or other needs • Ask about dietary habits • Counsel about the benefits of a healthy diet, ways to achieve a healthy diet, and safe weight management. A healthy diet: ♦ Emphasizes nutrient dense foods including fruits,vegetables, whole grains, and low-fat dairy ♦ Includes a variety of protein foods, such as seafood, lean meats and poultry, eggs legumes (beans and peas), soy products, nuts, and seeds ♦ Limits red and processed meat , refined carbohydrates, and food and beverages with added sugar, salt, and saturated,trans fats, and cholesterol ♦ Stays within daily calorie needs ♦ Advise whole milk until age 2 and then switch to low-fat milk beginning at age 2 • Counsel against sugar-sweetened and caffeinated drinks	• Ask about access to healthy, affordable, and culturally appropriate food • Refer eligible families to WIC, SNAP, or other food assistance services for help with supplemental nutritional or other needs • Ask annually about dietary habits • Counsel about the benefits of a healthy diet, ways to achieve a healthy diet, and safe weight management. A healthy diet: ♦ Emphasizes nutrient dense foods including fruits,vegetables,whole grains, and low-fat dairy ♦ Includes a variety of protein foods, such as seafood, lean meats and poultry, eggs legumes (beans and peas), soy products, nuts, and seeds ♦ Limits red and processed meat, refined carbohydrates, and food and beverages with added sugar, salt, and saturated, trans fats, and cholesterol ♦ Stays within daily calorie needs • Screen for eating disorders by asking about body image and dieting patterns • Counsel to maintain adequate calcium and vitamin D intake • Counsel against sugar-sweetened and caffeinated drinks • Advise patients who are planning or capable of pregnancy to take a daily supplement containing 0.4 to 0.8 mg of folic acid

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Diet/Nutrition (continued)

RISK FACTORS

Often, race, ethnicity, and the social determinants of health are associated with dietary intake and related health disparities. Food insecurity and limited access to healthy foods is more common in Black, Hispanic/Latino, Native American, and Alaska Native households ([USDA 2023](#)). In addition, members of the LGBTQ Community ([Ferrero et al., 2023](#)), and people with disabilities ([USDA, 2022](#)) are more likely to experience food insecurity. Note that in the United States, the most economical food choices are often the least healthy, highly processed and high in added sugars, sodium, and saturated/trans fats.

Risk factors for poor nutrition include:

- Living in areas with low accessibility to healthy, affordable, and culturally appropriate food
- Inadequate nutritious foods
- Living in unstable housing
- Low socioeconomic status

Resources:

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

[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.

[Apply for the Women, Infants, & Children \(WIC\) Nutrition Program](#): This website provides information about who is eligible for the Women, Infants and Children (WIC) program, and how to apply if you qualify.

[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.

Sun Safety

0–10 (Infancy–Middle Childhood)	11–21 (Adolescence–Young Adult)
• Advise that infants under 6 months of age should be kept out of direct sunlight • Encourage limits on time in the sun during peak hours and encourage use of sunscreen, clothing, and hats to minimize exposure to ultraviolet (UV) radiation, especially for those with fair skin types	• Encourage limits on time in the sun during peak hours and encourage use of sunscreen, clothing, and hats to minimize exposure to ultraviolet (UV) radiation, especially for those with fair skin types ♦ Note that, while White patients are at higher risk of developing skin cancer than other racial groups due to less melanin in the skin, when skin cancers occur in other racial and ethnic groups, they tend to be diagnosed at a later stage and, as a result, have a worse prognosis (Skin Cancer Foundation, 2025). • Educate about prevention • Discourage use of indoor tanning • Starting at age 20, perform skin exams every three years, or more frequently at clinician discretion

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Sun Safety (continued)

RISK FACTORS

White patients are at higher risk of developing skin cancer than other racial groups ([CDC, 2021](#)) due to less melanin in the skin; however, when skin cancers occur in other racial and ethnic groups, they tend to be diagnosed at a later stage and, as a result, have a worse prognosis ([Skin Cancer Foundation, 2020](#)). These differences are likely due to complex interactions of social determinants of health, including access to affordable and equitable medical care, as well as genetics. In addition, there's a lower public awareness overall of the risk of skin cancer among individuals of color. Patients and providers may be less familiar with the typical appearance of skin cancers on skin of color ([Skin Cancer Foundation, 2025](#)).

Risk factors for sunburn and excessive UV light exposure damage include:

- Family history of skin cancer
- Personal history of repeated sunburns early in life or chronic exposure to the sun
- Certain skin characteristics, 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 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 looks like on people of color.

Physical Activity

0–1 (Infancy)	1–4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
• Ask about access to safe, affordable, and accessible physical activity options • Encourage opportunities for play time and other physical activity	• Ask about access to safe, affordable, and accessible physical activity options. • Ask about play time and other physical activities. • Encourage opportunities for physical activity each day • Encourage parents to be role models for physical activity	• Ask about access to safe, affordable, accessible, and culturally-appropriate physical activity options • Ask about frequency, type, and duration of play time and other physical activities • Encourage daily physical activity (at least one hour a day) • Counsel on the importance of regular moderate-to-vigorous physical activity as a way to prevent illness in adult life • Encourage parents to be role models for physical activity

RISK FACTORS

Physical inactivity prevalence varies among racial and ethnic groups, with higher rates of inactivity outside of work among Hispanic patients, followed by Black, then American Indian and Alaska Native patients ([CDC, 2025](#)). These differences are likely due to complex interactions of social determinants of health, including access to safe exercise, access to health care, education about exercise as a prevention tool, and socioeconomic status.

There are also gender disparities in physical activity, with girls reporting less physical activity than boys ([Telford et al., 2016](#)). In addition, note that individuals with mobility disabilities report barriers to engaging in aerobic exercise ([CDC, 2024](#)). Also note children who are members of the LGBTQIA+ community are less likely to participate in sport or physical activity ([Espinoza et al., 2023](#); [Calzo et al., 2014](#)).

These differences are likely due to complex interactions of socioecological factors.

Risk factors for physical inactivity include:

- Living in areas that lack safe and walkable neighborhoods, or low access to physical activity options or equipment
- Low socioeconomic status
- No limit on screen time

Resources:

[Physical Activity for Children](#): This resource helps parents to encourage their children to become more physically active.

[Exercising on a Budget](#): This resource provides ways to exercise for little or no money, including many activities that can be done in the home.

Oral Care

0–1 (Infancy)	1–21 (Early Childhood–Young Adult)
• Counsel against bottle-propping when feeding infants and babies • Counsel against giving bottles in bed • Apply fluoride varnish to primary teeth of all infants and children every 6 months if not applied at dental home and every 3 months if at high risk for caries • Assess oral health at each visit and need for fluoride supplementation at 6 months based upon availability in water supply and dietary source of fluoride • Encourage brushing with a soft toothbrush/cloth and water starting at age 6 months • Encourage weaning from bottle and drinking from a cup by the first birthday	• Apply fluoride varnish to primary teeth for all children aged 1-5 every 6 months if not applied at dental home and every 3 months if at high risk for caries • Assess oral health at each visit and need for fluoride supplementation up to age 14 based on availability in water supply and dietary source of fluoride • Counsel on good dental hygiene habits, including brushing twice daily • Counsel on the establishment of a dental home beginning at 12 months or after eruption of first tooth • Counsel on use of mouthguards when playing sports
RISK FACTORS Black, Hispanic/Latino, Asian, American Indian, and Alaska Native children have higher rates of tooth decay compared with their White peers (Phipps & Ricks, 2015; Racial Justice in Children's Oral Health, 2022). Note that these groups are also less likely to receive dental care (Atkins et al., 2012). In addition, children with disabilities are at a higher risk of oral health problems (National Institute of Craniofacial Research, 2023). These disparities are likely due to complex interactions of social determinants of health, including access to affordable and equitable medical and dental care. Risk factors for tooth decay include: • Lack of access to a dental home • Personal history of developmental defects of tooth enamel, dry mouth, or previous caries • Being given bottles to fall asleep or having bottles propped in the mouth • Exposure to high amounts of sugar • Lack of dental insurance	
Resources: America's Tooth Fairy: This webpage provides resources for families to gain access to dental care, and education to help foster healthy habits to last a lifetime. Massachusetts Dental Society: The resources on this webpage can help families find the best dentists for them, and learn about low-cost dental care options. CDC Oral Health Tips: This source from the CDC lists recommendations on how to maintain good oral health My Water's Fluoride: This resource from the CDC allows people to check whether their water source is fluorinated.	

Sexual Health, Sexual Orientation, and Gender Identity

3-10 (Early Childhood –Middle Childhood)	11-21 (Adolescence–Young Adult)
Engage in discussion about healthy development of gender identity and expression	General counseling regarding safe and healthy sexual behaviors: - Obtain sexual history and ask annually about involvement in sexual behaviors with sensitivity to sexual orientation and gender identity - Engage in discussion about healthy development of gender identity and expression - Encourage patients to bring up any questions about their sexual development - Counsel to prevent sexually transmitted infections for all sexually active adolescents and young adults, emphasizing condom use - Counsel about responsible sexual behaviors, including definition of consent - Inform patients of the risk of unintended pregnancy and sexually transmitted infections - Discuss contraception with patients whose sexual practice might lead to pregnancy - Ask about use/motivation to use contraceptive barrier methods to prevent STIs and unintended pregnancy - Consider preconception counseling, if appropriate
Resources: Evidence-Based Contraception – Common Questions and Answers: The article offers evidence-based recommendations for the use of contraception, covering different methods, their effectiveness, and considerations for patient care. Sexual Consent: This guide provides information on what consent is and how to provide it to a sexual partner. Teen Pregnancy Prevention: This webpage provides guidelines for health care providers on how to counsel adolescents to prevent teen pregnancy. LGBTQIA Health Education: This resource provides a list of learning materials on topics related to LGBTQIA+ health	

Menstruation

11-21 (Adolescence–Young Adult)

- Educate individuals and their caregivers (e.g., parents or guardians) about what to expect of a first menstrual period and the range for normal cycle length of subsequent menses
- Once individuals begin menstruating, ask at every preventive care or comprehensive visit for the patient's first day of last menstrual period and pattern of menses
- Screen for abnormal menstrual patterns such as painful menses and heavy bleeding. Heavy bleeding is defined as:
 - ♦ Bleeding that lasts more than 7 days
 - ♦ Bleeding that soaks through one or more tampons or pads every hour for several hours in a row
 - ♦ Needing to wear more than one pad at a time to control menstrual flow
 - ♦ Needing to change pads or tampons during the night.
 - ♦ Menstrual flow with blood clots that are as big as a quarter or larger
- Consider asking:
 - ♦ Do you often experience pelvic/abdominal or lower back pain before, during, or between your periods that limits your activities or requires medication?
 - ♦ Over the last six months, have you regularly missed school or work because of your period?
- Ask about access to menstrual products
- Educate about alternatives to traditional (one-time use) menstrual products

Resources:

[ACOG: Your First Period](#): This webpage provides information for adolescent girls on information about puberty and menstruation.

[Amazing Girls' Guide to Menstrual Hygiene Management](#): This resource provides answers for adolescents about menstruation, and tips for dealing with their monthly period.

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

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

[Painful Periods Screening Tool](#): The Painful Periods Screening Tool is a resource aimed at helping providers better identify patients with endometriosis.

[Period ImPact and Pain Assessment \(PIPPA\) Online Screening Tool](#): This tool can help patients identify how much of an impact their period is having on their life.

Sleep

0–1 (Infancy)	1–21 (Early Childhood–Young Adult)
• Counsel parents on safe sleeping practices, including ABC guidelines (Alone, on Back, in a Crib) • Encourage parents to discuss safe sleep practices with daycare providers • Encourage recommended sleep amounts (14-15 hours) for ages 3-11 months	• Ask about sleep habits including chronic snoring. • Encourage recommended sleep amounts by age group: ♦ 1-2 years: 11-14 hours ♦ 3-5 years: 10-13 hours ♦ 6-12 years: 9-12 hours ♦ 13-18 years: 8-10 hours • Discourage placement of computers, tablets, phones, and TVs in bedrooms • Discourage use of electronic screens before or during bedtime hours • Encourage parents to talk with daycare providers about safe sleep practices for their children
RISK FACTORS Black and Hispanic/Latino children are more likely to have short sleep duration compared with White children (Combs et al., 2016; Giddens et al., 2022). These disparities are likely due to complex interactions of social determinants of health, including socioeconomic status. Risk factors for short sleep duration include: • Living in a crowded home and/or living in a low-income neighborhood • Having after school jobs or longer school commutes • Low socioeconomic status • Having mood disorders such as depression or anxiety	
Resources: Safe Sleep for Babies: This webpage details ways providers can counsel caregivers on safe sleep practices during pregnancy and baby care visits. 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.	

Safety/Injury and Violence Prevention

0–1 (Infancy)	1–4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
♦ Provide annual age-specific safety and injury prevention counseling. For example: ♦ Shaken-baby syndrome ♦ Bath and water temperature safety ♦ Smoke and carbon monoxide detectors in the home ♦ Childproofing the home (including use of window guards) ♦ Falls ♦ First-aid and CPR knowledge ♦ Poison Control Hotline: 1-800-222-1222	• Provide annual age-specific safety and injury prevention counseling. For example: ♦ Water, bike, and sports safety (including use of helmets) ♦ Signs and symptoms of concussions and prevention of traumatic brain injury (TBI) ♦ Neighborhood safety (pedestrian, playground, strangers) ♦ Lock-up of matches, guns, and poisons (Poison Control Hotline: 1-800-222-1222) ♦ Child CPR training • Emphasis on gun safety in the home and/or when visiting friends' homes. Counsel about the dangers of having a gun, especially a handgun, in the home. • Advise swimming lessons for all children and adolescents if they don't know how to swim	• Provide annual age-specific injury prevention and safety counseling. For example: ♦ Water, bike, and sports safety (including use of helmets; mouth guards, and protective sports gear) ♦ Signs and symptoms of concussions and prevention of TBI ♦ Neighborhood and after-school safety (strangers, home alone, job) ♦ Relationships with peers and bullying, especially among LGBTQIA+ adolescents and young adults ♦ Potential risks of tattooing or body piercing. • Assess need for violence-prevention counseling • Ask adolescents about partner violence • Emphasize gun safety in the home and/ or when visiting friends' homes. Counsel about the dangers of having a gun, especially a handgun, in the home • Advise swimming lessons for all children and adolescents if they don't know how to swim

Resources:

[CDC: Youth Violence \(Spanish\)](#): This resource helps clinicians understand the problem of violence experienced by youth and how to prevent it.

[Mass DPH: Child Youth Violence Prevention Unit](#): This source from the Massachusetts Department of Health provides information and resources for youth violence prevention

[Water Safety](#): This resource provides information on water safety.

Tobacco, Smoking, and Vaping

0–4 (Infancy–Early Childhood)	5–10 (Middle Childhood)	11–21 (Adolescence–Young Adult)
• Counsel parents who smoke on the potentially harmful effects of smoking on fetal and child health and on the benefits of maintaining a smoke-free home. Refer parents to their own PCP for help in quitting.	• Counsel parents who smoke on the potentially harmful effects of smoking on fetal and child health and on the benefits of maintaining a smoke-free home. Refer parents to their own PCP for help in quitting. • Counsel patients not to begin using tobacco products, e-cigarettes, and vapes. Provide interventions, such as education and brief counseling, to prevent initiation of smoking	• Counsel parents who smoke on the potentially harmful effects of smoking and the use of tobacco products on fetal and child health and on the benefits of maintaining a smoke free home. Refer parents to their own PCP for help in quitting. • Provide interventions, including education or brief counseling, to prevent initiation of tobacco, vapes, e-cigarettes, smokeless tobacco, cigars, or smoked herbal substances • Advise tobacco and nicotine users to quit, especially patients who are pregnant • Assess readiness to quit • Assist tobacco users in quitting, especially patients who are pregnant. Provide brief counseling. Note patients under 18 will need consent from parent or guardian to enroll. Arrange follow-up • Discuss lung illnesses associated with use of vaping products and urge people who vape to stop

RISK FACTORS

The use of any tobacco product and electronic vapor products is highest among American Indian, Alaska Native, and Native Hawaiian or Pacific Islander youth ([CDC, 2018](#); [CDC, 2023](#)). In addition, White youth are more likely than Asian and Black youth to use electronic vapor products ([CDC, 2023](#)). It is important to note that for about three in four Black people who smoke, the usual cigarette is menthol ([American Lung Association, 2024](#)). The menthol in cigarettes has been found to make it both easier to start smoking and harder to quit ([American Lung Association, 2024](#)).

Men are also more likely to smoke than women ([NIH, 2020](#)); however, women were more likely than men to use electronic vapor products ([CDC, 2023](#)). LGBTQIA+ communities also continue to be a disproportionately affected by tobacco use ([Truth Initiative, 2016](#)). In addition, research suggests that adolescents with physical disability could have higher risk of tobacco use than adolescents without disabilities ([Nagarajan and Okoli, 2016](#)). These differences are likely due to complex interactions of social determinants of health, including socioeconomic status and psychosocial and/or emotional stressors, as well as tobacco companies targeting marketing in low-income communities.

Risk factors for tobacco use, smoking, or vaping include:

- Having friends/peers who utilize tobacco products
- Use of other addictive substances
- Low socioeconomic status

Resources:

[Fact Sheet on Youth and Tobacco Use](#): This webpage provides statistics and risk factors about youth tobacco youth, and how to prevent adolescents from using tobacco products.

[Quick Facts on the Risks of e-Cigarettes for Kids, Teens, and Young Adults](#): This resource discusses e-cigarette use among adolescents, and how youth can quit using these products.

[1-800-QUIT-NOW](#): 1-800-QUIT NOW offers free and confidential one-on-one coaching to help quit tobacco products — whether cigarettes, e-cigarettes, chew, or other tobacco or nicotine products.

[Office of the Surgeon General Know the Risks: e-Cigarettes & Young People](#): This resource discusses the risk factors of e-cigarette use, and how to have conversations with adolescents to get them to stop using these products.

Motor Vehicle Injury Prevention

0–1 (Infancy)	1–10 (Early–Middle Childhood)	11–21 (Adolescence–Young Adult)
• Ask about use of safety belts and child safety seats • Counsel that children should remain in rear-facing safety seats until they are at least 2 years old or until they reach either the height or weight limit of their rear-facing child safety seat • Inform about danger of front-seat airbags for children aged 12 and under • Counsel parents against driving under the influence of alcohol/drugs	• Ask about use of safety belts and child safety seats. • Inform about danger of front-seat airbags for children aged 12 and under • Discuss car seat guidelines with parents: ♦ All infants and toddlers should ride in a rear-facing seat until they reach the highest weight or height allowed by their car safety seat manufacturer. Most convertible seats have limits that will allow children to ride rear facing for 2 years or more. ♦ Children who have outgrown the rear-facing weight or height limit for their convertible seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat manufacturer. Many seats can accommodate children up to 65 pounds or more. ♦ All children whose weight or height exceeds the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 to 12 years of age. All children younger than 13 years should ride in the back seat. ♦ When children are old enough and large enough for the vehicle seat belt to fit them correctly, they should always use lap and shoulder seat belts for the best protection. All children younger than 13 years should ride in the back seat. • Counsel parents against driving under the influence of alcohol/drugs	• Counsel parents that children under age 12 and under who have outgrown their booster seats should always use a seat belt and ride in the back seat • Inform about danger of front-seat airbags for children aged 12 and under • Ask about the use of safety belts and motorcycle helmets • Counsel against driving under the influence of alcohol/drugs or getting in a car with someone under the influence of alcohol/drugs • Counsel against excessive speed and other risk-taking behaviors while driving, such as cell phone use • Inform that cell phone use (including texting) while driving is prohibited for teens aged 17 and younger, and texting while driving is prohibited at all ages

Resources:

[Massachusetts Executive Office of Public Safety and Security Child Passenger Safety](#): This resource provides information regarding car seat installation, car seat laws, and locating a local car seat inspection site.

[Seat Check](#): This webpage provides the important steps on how to choose the right seat, install it correctly and keep children safe.

[Parent-Teen Driving Contract](#): This document outlines an agreement between parents and new teen drivers on how they can stay safe at the wheel.

Family Violence/Abuse

0–21 (Infancy–Young Adult)

- Screen for signs of family violence, including: facial/body bruising; depression; anxiety; failure to keep medical appointments; reluctance to answer questions about discipline in the home; or frequent office visits for complaints not supported by medical evaluation of the child
- Screen for signs of child physical/sexual abuse
- For adolescents, counsel on safe and appropriate dating and relationships as well as strategies for avoiding or resolving conflicts with friends and peers
- Ask about relationships with peers and bullying
- Ask about other [adverse childhood events](#)

RISK FACTORS

Risk factors for family violence/abuse include:

- Age, four years of age or younger
- Having special needs
- Living in a high crime or low-income neighborhood

Resources:

[Children & Violence – Futures Without Violence](#): This document presents an overview of the impact of domestic violence on children and adolescents, and the rationale for regular and universal assessment for domestic violence in child health settings.

[Understanding Intimate Partner Violence](#): This fact sheet provides information about intimate partner violence and how to teach healthy relationship skills 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.

[National Child Abuse Hotline](#) — 1-800-4-A-CHILD: This webpage provides resources and support for children who may be facing abuse.

[ACE-Q](#): This screening tool identifies children who have experienced adverse childhood experiences (ACEs) to assess risk for toxic stress and guide effective responses.

Preconception Counseling

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

16-21 Years (Young Adult–Adult)

- Advise all females of child-bearing age to take a daily multivitamin containing 0.4 – 0.8 mg folate
- Counsel current smokers to quit smoking (see Tobacco, Smoking, and Vaping section for resources to help quit smoking)
- 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
- Advise that decisions regarding SSRI treatment before or during pregnancy should be tailored to the individual
- Note that in most cases, SSRI treatment should not be discontinued
- Discuss fertility preservation for individuals who have a medical condition and/or who are undergoing treatment that may impact their fertility
- 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
- Recommend syphilis screening for patient and partner
- Counsel on increasing rates of congenital syphilis
- 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

Black, American Indian, and Alaska Native women have higher rates of pregnancy-related death compared to White women ([KFF, 2024](#)). Black, American Indian, Alaska Native, and Native Hawaiian and Other Pacific Islander women also have higher shares preterm births, low birthweight births, or births for which they received late or no prenatal care compared to White women ([KFF, 2022](#)). These differences are likely due to complex interactions of social determinants of health, including access to quality and equitable health and maternal care, experiences of discrimination, and socioecological factors.

Note that there are also racial and ethnic disparities in access, referrals to, and usage of fertility preservation services. Studies have shown that patients of color are significantly less likely to use fertility services, travel twice as far for services, and obtain fewer referrals to fertility services ([Gadson et al., 2024](#)). These differences are likely due to complex interactions of social determinants of health, including access to quality and equitable health and reproductive care, experiences of discrimination, and socioecological factors.

(continued on next page)

Preconception Counseling (continued)

Resources:

[CDC Travelers' Health](#): This webpage provides travel health notices in certain areas in the world, and suggests ways to prevent illness.

[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?"

General Counseling and Guidance – Behavioral, Social, and Emotional Health

Adverse Childhood Experiences

- Ask about adverse childhood experience (ACE), such as experiencing violence, abuse, or neglect; witnessing violence in the home; having a family member attempt or die by suicide; and aspects of a child's environment that can undermine their sense of safety, stability, and bonding (e.g., growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household)
- Note that some ACEs-related health risks include: depression, anxiety, ADHD, diabetes, heart disease, obesity, liver disease, shorter life span, and unhealthy substance use

RISK FACTORS

Black, Hispanic/Latino, American Indian, and Alaska Native children are more likely to experience an adverse childhood experience than their White counterparts ([Child Trends, 2018](#); [Giano et al., 2021](#)). Girls also have an increased risk of experiencing ACEs compared to boys ([Jones et al., 2022](#)). LGBTQA+ communities also continue to be a population disproportionately affected by adverse childhood experiences ([Tran et al., 2022](#)). In addition, children with developmental disabilities are at an increased risk of ACEs ([Berg et al., 2019](#)). Individuals with disabilities are more likely to experience all forms of abuse (physical, sexual, and emotional abuse etc.) than people without disabilities ([National Coalition Against Domestic Violence, 2018](#)).

These differences are likely due to complex interactions of social determinants of health, including socioeconomic status, access to health care, and experiences of discrimination.

Risk factors for adverse childhood experiences include:

- Gender (female)
- Low socioeconomic status

Resources:

[PEARLS](#): This screening tool identifies children who have experienced adverse childhood experiences (ACEs) to assess risk for toxic stress and guide effective responses.

Depression

0–5 (Infancy–Middle Childhood)	12–21 (Adolescence–Young Adult)
• Ask about and observe for symptoms of postpartum mood and anxiety disorders in parent or caregiver • Screen mother for postpartum mood and anxiety disorders using the EDPS at 6 months • Consider screening parent and/or other caregiver for mood and anxiety disorders using the PHQ-9 until 5 years of age	• Screen for depression using the PHQ-A (12-17 years old), PHQ-9 (18-21 years old) or other age-appropriate validated screening tool. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up • Recommend that parents/caregivers reach out to health plans for recommendations for resources to help manage depression

RISK FACTORS

Depression prevalence varies among racial and ethnic groups, gender identities, and sexual orientations. Black and Hispanic/Latino individuals report higher levels of depression than White individuals ([Rodriguez et al., 2018](#)). Women ([Mayo Clinic, 2019](#)) and members of the LGBTQIA+ community ([APA, 2025](#)) are also more likely to experience depression. In addition, prevalence of depression is higher among adults with disabilities than adults without disabilities ([CDC, 2021](#)). These differences are likely due to complex interactions of social determinants of health, including access to health care and experiences of discrimination, and socioecological factors, including mental health stigma. Major depression goes undiagnosed and untreated at disproportionately greater rates in majority Black, Hispanic/Latino, and American Indian, and Alaska Native communities, leading to unnecessary suffering ([Blue Cross Blue Shield: The Health of America, 2022](#); [SAMHSA, 2017](#)).

Risk factors for depression include:

- Having a family history of depression or other psychiatric disorders
- Having parents who have unhealthy substance use habits
- Having a personal history of depression or other psychiatric disorders,
- Having a personal history of chronic illnesses or medical issues
- Having a personal history of unhealthy substance use
- Using certain drugs (e.g. birth control pills)
- Having certain cognitive factors (e.g., negative thinking and low self-esteem)
- Experiencing puberty or are postpartum
- Having certain psychosocial factors, such as physical, emotional, or sexual abuse
- Experiencing stressors such as peer pressure, low academic performance, and poverty
- Loss of a loved one
- Difficult parental or romantic relationships
- Feeling unpopular or having few close friends
- Experiencing rejection
- Having to move to another place to live and change to a new school

Resources:

[SWYC](#): The SWYC was developed to provide first-level screening for a wide range of developmental-behavioral domains in a single instrument: cognitive, language, motor milestones, social-emotional/behavioral functioning, as well as autism and family risk factors.

[PHQ-A](#): This tool screens for depression and other mental health disorders in adolescents.

[PHQ-2](#): This quick, 2 question tool screens for depression and other mental health disorders.

[MCPAP](#): MCPAP provides quick access to psychiatric consultation and facilitates referrals for accessing ongoing behavioral health care.

[NAM](#): The National Alliance of Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

[EDPS](#): The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a screening tool to identify patients at risk for postnatal depression.

Anxiety

8-21 (Middle Childhood–Young Adult)

- Screen for anxiety based on risk factors and individual patient presentation of disorder. Consider using the SCARED (8-18 years old), GAD-7 (18-21 years old) or other age-appropriate validated screening tool.
- Ask about familial/environmental stress
- Recommend that parents/caregivers reach out to health plans for recommendations for resources to help manage anxiety

RISK FACTORS

Anxiety prevalence varies among racial and ethnic groups, gender identities, and sexual orientations. Black individuals are more likely to meet the criteria for post-traumatic stress disorder than other racial groups, while White individuals are more likely to be diagnosed with social anxiety disorder, generalized anxiety disorder, and panic disorder than other racial groups ([Asnaani et al., 2010](#)). Women ([McLean et al., 2011](#)) and members of the LGBTQIA+ community ([American Psychiatric Association, 2019](#)) are also more likely to experience anxiety. Prevalence of anxiety is higher among individuals with disabilities than individuals without disabilities ([CDC, 2024](#)). These differences are likely due to complex interactions of social determinants of health, including access to health care, experiences of discrimination, and sociocultural factors, including mental health stigma. Anxiety disorder is underdiagnosed and undertreated at disproportionately greater rates in majority Black and Hispanic/Latino communities, leading to unnecessary suffering ([Shao, Richie & Bailey, 2015](#); [Williams et al., 2013](#)).

Risk factors for anxiety include:

- Having a family history of anxiety or other psychiatric disorders
- Having a personal history of anxiety or other psychiatric disorders
- Having gone through recent stressful life events or traumatic experiences
- Being in the perinatal period
- Low socioeconomic status

Resources:

[SCARED](#): The Screen for Child Anxiety Related Disorders (SCARED) tool screens children and adolescents for anxiety disorders.

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

[NAM](#): The National Alliance of Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

ADHD

4–21 (Early Childhood–Young Adult)

- Ask parents about any academic or behavioral, social, or emotional problems, including symptoms of inattention, hyperactivity, or impulsivity
- Screen for ADHD based on individual patient presentation of disorder using the Vanderbilt Assessment Scale or other age-appropriate validated screening tool. Diagnoses should be based on DSM-5 criteria across more than one setting by gathering rating scales from parents, guardians, teachers, other school personnel, and mental health clinicians.

RISK FACTORS

Black children are most likely to be diagnosed with ADHD or a learning disability ([CDC, 2020](#)). Additionally, note that boys are more likely to be diagnosed with ADHD than girls ([CDC, 2024](#)). These differences are likely due to complex interactions of social determinants of health, including access to health care, experiences of discrimination, and sociocultural factors, including mental health stigma.

Resources:

[Vanderbilt Assessment Scales](#): The NICHQ Vanderbilt Assessment Scales are used by health care professionals to help diagnose ADHD in children between the ages of 6- and 12-years.

[NAMI](#): The National Alliance of Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

[New ADHD Clinical Practice Guidelines](#): This document provides the latest statistics about ADHD, and guidelines for clinicians on how to diagnose ADHD in children and adolescents.

Unhealthy Alcohol and Substance Use

1-11 (Infancy–Adolescence)	12-21 (Adolescence–Young Adult)
• Ask parents about alcohol use, family history of alcoholism and unhealthy substance use, and attitudes about alcohol and substance use • Counsel parents about the harmful effects of unhealthy alcohol and substance use, including opiate-based prescription medications, and how to recognize unhealthy use	• Ask about use of alcohol, drugs, including marijuana/THC, and other substances (e.g., inhalants) • Ask about use of over-the-counter or prescription drugs for non-medical purposes. • Counsel young adults that opiate-based prescription medications are highly addictive, and not safer to use than other substances • Counsel not to drive under the influence of drugs or alcohol or ride with someone who is under the influence of alcohol or other substance • Advise those who are pregnant against any intake of alcohol during pregnancy and of the potential harmful effects of drug use on fetal development • Screen for unhealthy alcohol use using a validated assessment tool such as CRAFFT, DAST-10, or AuditC. Provide brief behavioral, social, or emotional counseling to people engaged in risky or hazardous drinking behavior. • Recommend that parents/caregivers reach out to health plans for recommendations for resources to help manage unhealthy alcohol/substance use

RISK FACTORS

Substance use disorder prevalence varies among racial and ethnic groups, gender identities, and sexual orientations. Estimates of illicit drug use and alcohol use disorders are higher for people reporting two or more races, and for American Indian and Alaska Native people than for all other racial/groups ([SAMHSA, 2023](#)). Additionally, White people are more likely than Hispanic/Latino, Black, Asian, or American Indian or Alaska Native people to have been past month alcohol users or binge drinkers ([SAMHSA, 2023](#)). Members of the LGBTQIA+ community ([Medley et al., 2016](#)), and people with disabilities ([Czeisler et al., 2021](#)) are also more likely to report unhealthy substance use patterns. In addition, men are more likely than women to use all forms of illicit drugs ([National Institute on Drug Use, 2020](#)). These differences are likely due to complex interactions of social determinants of health, including access to health care, socioeconomic status, socioecological factors, and experiences of discrimination.

Risk factors for unhealthy alcohol/substance use include:

- Having a family history of alcohol or unhealthy substance use
- Having a personal history of mental health issues
- Having a personal history of tobacco or alcohol dependence or binge drinking
- Using substances early on in life, and/or having used addictive substances like stimulants or opioids in the past
- Having friends/peers who use alcohol/substances
- Having a history of trauma, physical or sexual abuse, and/or childhood neglect

Resources:

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

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

Electronic Media Exposure

0–1 (Infancy)	1–4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
Discourage screen time except supervised video chats	- Discourage screen time for children less than 2 years, and limit screen time to one hour per day for 2-4 year olds - Ask about frequency of age-appropriate screen time, including TV, computer, and mobile electronic devices (e.g. handheld video games, cell phones) being viewed - Discourage placement of computer and TV in bedroom - Counsel on impact of screen time as a risk factor for becoming overweight, low school performance, and violent behavior	- Ask about frequency of age-appropriate screen time, including TV, computer, and mobile electronic devices (e.g. handheld video games, cell phones) being viewed - Counsel on impact of screen time as a risk factor for low school performance, overweight, and violent behavior - Place consistent limits on time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity, and other behaviors essential to health - Consider creating a family media plan (see resource below) - Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms - Discourage placement of computer and TV in bedroom - Discuss limits on text messaging and cell phone use (e.g. no phone in bedroom near bedtime) - Encourage shutting down electronic devices before bedtime - Discourage listening to loud-frequency sound on earphones

Resources:

[Family Media Plan](#): The Family Media tool will help parents to think about media & create goals & rules that are in line with their family's values.

[Constantly Connected: How Media Use Can Affect Your Child](#): The resource underscores the extensive influence of digital media on children and teens, particularly with increased usage during the COVID-19 pandemic, recognizing both positive effects and potential risks.

Cognitive, Language, and Social Development

0–1 (Infancy)	1–4 (Early Childhood)	5–10 (Middle Childhood)	11–21 (Adolescence)
- Review opportunities for cognitive growth and language development through talking, singing, and reading aloud, and developing baby's fine (e.g. play with toys or food) and gross (e.g. tummy time, practice walking) motor skills - Counsel on avoiding background TV or related media	- Counsel that unstructured play is essential to the cognitive, physical, social, and emotional well-being development of children and adolescents - Review the importance of cognitive development by exposing children to language through talking, singing, and reading aloud	- Counsel that unstructured play is essential to the cognitive, physical, social, and emotional well being development of children and adolescents - Review that a child's participation in sports or other physical activities can reinforce positive interaction skills and help ensure a positive self image - Ask about school and any changes in school performance/challenges with school	- Encourage adolescents to maintain a balance of participation in extracurricular activities with demands of academics and/or work - Screen adolescents for declining grades/attendance issues, signs of learning disorders, and social-adjustment concerns
Resources: SWYC: The SWYC was developed to provide first-level screening for a wide range of developmental-behavioral domains in a single instrument: cognitive, language, motor milestones, social-emotional/behavioral functioning, as well as autism and family risk factors. CDC: Developmental Milestones: This webpage provides milestone checklists for children aged 2-months to 5-years. Special Education Resources for Massachusetts Parents: This webpage lists special education resources for parents/caregivers in Massachusetts. Individualized Education Program (IEP): This webpage provides an IEP Process Guide, IEP forms and notices, and other resources			

Autism Spectrum Disorder

0–1 (Infancy)	1-4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
N/A	Screen at 18 and 24 months using validated tool such as M-CHAT-R or SWYC	Assess child for signs of autism and screen at clinician discretion
RISK FACTORS Note that the percentage of 8-year-old Black, Hispanic/Latino, and Pacific Islander children identified with Autism Spectrum Disorder is higher compared to their White counterparts (CDC, 2023). Autistic individuals are also more likely to identify as LGBTQIA+ than the neurotypical population (Autism.org, 2024; George & Stokes, 2017). In addition, girls are more likely to receive a diagnosis at a later age (Rynkiewicz et al., 2019). These differences are likely due to complex interactions of social determinants of health, including access to health care, experiences of discrimination, and sociocultural factors, including mental health stigma. Resources: M-CHAT-R: The Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R) is a screener for children 16 to 30 months of age that asks a series of 20 questions about a child's behavior. SWYC: The SWYC was developed to provide first-level screening for a wide range of developmental-behavioral domains in a single instrument: cognitive, language, motor milestones, social-emotional/behavioral functioning, as well as autism and family risk factors		