

Pediatric Preventive Care Guidelines

About the MHQP Pediatric Preventive Care Guidelines

MHQP's 2022 guidelines were developed by a collaborative group of Massachusetts healthcare organizations. These are recommendations for providing preventive care to pediatric 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.

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 educational day-care arrangements for infants, toddlers, and preschoolers, and school and activities for older children

3. Assessment of Immunization Status and Administration of Needed Immunizations

- Refer to [CDC Immunization Schedule](#).
- Notable updates to the 2021 CDC Immunization Guidelines are [here](#):
 - ♦ [COVID-19](#)
 - ♦ Hepatitis A vaccine
 - ♦ Hepatitis B vaccine
 - ♦ Meningococcal ACWY vaccine
 - ♦ Meningococcal B vaccine
 - ♦ Poliovirus vaccine
 - ♦ Tdap vaccine
- Note that race (American Indian, Alaska Native, Black, Asian), ethnicity (Hispanic/Latine), and low socioeconomic status are risk factors for low immunization rates

continued on next page

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](#)

4. Assessment of Medications, Supplements, and Complementary Remedies
5. Behavioral Health
 - At age 0-6 months, screen for parental postpartum depression or history of prenatal depression
 - ♦ Refer to parent/caregiver’s primary care provider or mental health professional if screened positive
 - Assess age-appropriate behavioral health, including aggression, depression, anxiety, and risk-taking behavior
 - At provider discretion, use behavioral health screening tools. See the [Massachusetts Department of Public Health’s MassHealth-Approved Screening Tools](#) for examples.
 - Free consultations on any behavioral 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 health issues, visit the [Parent/Professional Advocacy League’s website](#) or call 866-815-8122

Frequency

0–1 (Infancy)	1–4 (Early Childhood)	5–21 (Middle Childhood – Young Adult)
<ul style="list-style-type: none"> • Ages 1-2 weeks, and 1, 2, 4, 6, 9 and 12 months • Assess breastfeeding infants between 2-5 days of age 	<ul style="list-style-type: none"> • Ages 15, 18 and 24 months, and 3 and 4 years 	<ul style="list-style-type: none"> • Annually

Social Determinants of Health (SDoH)

- Review a completed [SDoH tool](#) and incorporate into the plan of care
- Develop [action plan](#) at each visit with information available
 - ♦ Make sure that social determinants that are being targeted for recommendations are modifiable, like food insecurity, homelessness, lack of transportation, or inaccessibility to quality education
 - ♦ Unmodifiable social determinants, like race, should be subject to increased screenings as indicated
- Refer patients to additional team members or other professionals for education, resources, and referrals as needed
- Discuss access to healthcare by asking parent(s) or guardian(s): “Do you have any concerns that prevent you from keeping your child’s health care appointments?”
- Assess health literacy by asking parent(s) or guardian(s): “How confident are you filling out medical forms by yourself?”

Screening Tools and Action Plans:

[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.

(continued on next page)

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 homelessness, or unmodifiable, like race. ([AAFP](#), [WHO](#))

Social Determinants of Health (continued)

Community Resources:

[2-1-1](#): This resource helps individuals obtain information about receiving assistance in the event of a crisis, emergency, or natural disaster.

[FindHelp.org](#): 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.

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.

[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.

Routine Screening and Labs

Anemia: (Hb/Hct)

0–1 (Infancy)	1–10 (Early Childhood–Middle Childhood)	11–21 (Adolescence–Young Adult)
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Conduct risk assessment or screening, including dietary iron sufficiency, at clinician discretion Screen those with known risk factors annually from ages 2 to 5 	<ul style="list-style-type: none"> Starting at age 11, conduct risk assessment or screening Screen all non-pregnant menstruating adolescents for anemia every 5-10 years during well visit starting at age 12 Screen those with known risk factors annually

RISK FACTORS

Patients may be at risk for developing anemia if they:

- Have a previous diagnosis of iron deficiency anemia
- Have excessive menstrual blood loss and/or iron intake

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)
<ul style="list-style-type: none"> Check at every well visit starting at age 3 years. Blood pressure measurement in infants and children with certain chronic conditions, including children with obesity, sleep-disordered breathing, and those born preterm, should be performed at visits before age 3 years 	<ul style="list-style-type: none"> Check at every well visit.

(continued on next page)

Blood Pressure (continued)

RISK FACTORS

Patients may be at risk for developing high blood pressure if they:

- Are Black or Hispanic/Latine
- Identify as a male
- Have a family history of high blood pressure and/or cardiovascular disease
- Have a personal history of being overweight or obese, type 2 diabetes or a high fasting blood sugar level, high cholesterol, and/or were born at a low birth weight
- Have a high sodium diet, are sedentary, smoke or have exposure to second-hand smoke, and/or were born to a mother 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)
<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Screen if at risk 	<ul style="list-style-type: none"> • Ages 5-8, screen if at risk • Screen once between age 9 and 11 	<ul style="list-style-type: none"> • Screen once between 12 and 17 if not previously screened • Screen if at risk • Screen once between 17 and 21

RISK FACTORS

Patients may be at risk for developing high cholesterol if they:

- Are Black or Asian
- Have a family history of premature cardiovascular disease or lipid disorder
- Are overweight/obese

Growth Assessment

0–1 (Infancy)	1–21 (Early Childhood–Young Adult)
<ul style="list-style-type: none"> • Assess growth parameters using length, weight, and head circumference 	<ul style="list-style-type: none"> • 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. Use the WHO chart for children ages 1-2 years. <ul style="list-style-type: none"> ♦ 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 • Provide more focused evaluation and counseling for children with BMI \geq85th percentile or with significant increase in BMI percentile

Resource:

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

Lead

0–10 (Infancy–Middle Childhood)	11–21 (Adolescence–Young Adult)
<p>Massachusetts law requires lead screening according to the following schedule:</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • N/A
<p>RISK FACTORS FOR LEAD POISONING</p> <p>Patients may be at risk for lead poisoning if they:</p> <ul style="list-style-type: none"> • Are under 6 years old • Are Black or Hispanic/Latine • Live in housing built before 1978 and/or are of low socioeconomic status 	
<p>Resources:</p> <p>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.</p> <p>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.</p> <p>Prevention of Childhood Lead Toxicity: This review article advocates for primary prevention as the best way to mitigate childhood lead poisoning.</p> <p>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.</p>	

Newborn Screening

0–1 (Infancy)
<ul style="list-style-type: none"> • 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)
<ul style="list-style-type: none"> Assess newborn before discharge or at least by age 1 month Conduct subjective assessment at all other routine checkups 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> N/A

Vision/Eye Care

0–1 (Infancy)	1–17 (Early Childhood–Adolescence)
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 Disease Screening

COVID-19

0–21 (Infancy–Young Adult)
<ul style="list-style-type: none"> 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
<p>RISK FACTORS</p> <p>Patients may be at increased risk for severe illness from COVID-19 if they:</p> <ul style="list-style-type: none"> Are Black, American Indian, Alaska Native, and/or Hispanic/Latine Are medically complex, with genetic, neurologic, or metabolic conditions, and/or congenital heart disease, are obese, or have diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression <p>Note that there is limited evidence about which underlying medical conditions in children might increase the risk for severe illness.</p>

Hepatitis B

11-21 (Adolescence–Young Adult)

- Screen for infection in adolescents at increased risk for infection

RISK FACTORS

Patients may be at risk for developing Hepatitis B infection if they:

- Are Asian, Pacific Islander, or Black
- Are men who have sex with men
- Have a positive HIV infection and/or receive hemodialysis or cytotoxic immunosuppressive therapy
- Are immigrants or have 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%)
- Use injection drugs, have household or sexual contacts with persons of chronic HBV infection, or are healthcare and/or public safety workers at risk for occupational exposure to blood or blood-contaminated body fluids

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

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 if at risk, considering STI risk factors, including living in an area of increased syphilis prevalence

STIs RISK FACTORS

Patients may be at risk for sexually transmitted infections if:

- Are men who have sex with men
- Have a personal history of or currently have sexually transmitted infections
- Have new or multiple sex partners, or their current partner(s) have other sexual partner(s)
- Exchange sex for money or drugs

(continued on next page)

Sexual Health and Sexually Transmitted Infections (continued)

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.

[Syphilis Strikes Back](#): The Syphilis Strikes Back campaign aims to raise awareness about syphilis, help health care providers protect their patients, and empower people to take charge of their health.

[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.

HIV

0–10 (Infancy–Middle Childhood)	11–21 (Adolescence–Young Adult)
<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Counsel about risk factors for HIV infection • Start risk assessment at age 11 • Confidentially screen all patients for HIV once between ages 15–21 <ul style="list-style-type: none"> ◆ 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 pre-exposure HIV prophylaxis for patients at high risk

RISK FACTORS

Patients may be at risk for developing HIV infection if they:

- Are Black or Hispanic/Latine
- Are men who have sex with men, or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test
- Are transgender, or are gender diverse
- Are injection-drug users or have sex partners who use injection drugs
- Are people who exchange sex for money or drugs and/or have sex with individuals who have HIV

Resources:

[HIV Screening Recommendations for Adults and Adolescents](#): The listed documents provide the most updated CDC guidelines on HIV testing for testing providers, program managers; and laboratory personnel.

[Pre-Exposure Prophylaxis](#): This resource provides guidelines for clinicians for prescribing PrEP, and educates patients about the benefits of PrEP.

Hepatitis C

0–1 (Infancy)	1–10 (Early Childhood–Middle Childhood)	11–21 (Adolescence–Young Adult)
<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Perform anti-hepatitis C virus test after age 12 months in children with hepatitis C virus-infected mothers 	<ul style="list-style-type: none"> • CDC recommends a one-time screening for all adults age 18 - 79 • Periodic testing of all patients at high risk

RISK FACTORS

Patients may be at risk for developing Hepatitis C infection if they:

- Are Black, American Indian, or Alaska Native
- Have long-term kidney dialysis, HIV, and were born to mother with Hepatitis C
- Have a tattoo or body piercing by non-sterile needle, current or past use of intranasal or injection drugs, and/or are 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

- Screen for Zika virus in females of child-bearing age based on risk factors. Please see Preconception Counseling section below for more details.
- Advise men who have been exposed to or have had Zika to avoid procreation for at least 3 months

RISK FACTORS

Patients may be at risk for developing Zika infection if they:

- Have symptoms of Zika virus, such as fever, rash, joint pain, red eyes
- Engage in unprotected intercourse
- 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 (TB)

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

Patients may be at risk for developing tuberculosis infection if they:

- Are Black, Asian, or Hispanic/Latine
- Have a personal history of being immunosuppressed (HIV positive or using immunosuppressant drugs) and/or have silicosis
- Were born in or with parents from a country with high rates of TB, live in or have lived in communities where prevalence of TB is high (prisons, shelters, migrant farm settings), contacts of patients with active TB, and/or inject illicit drugs

Other Screening

Scoliosis

0–9 (Infancy–Middle Childhood)

- N/A

10–18 (Middle Childhood–Adolescence)

- The USPSTF concludes that the current evidence is not sufficient to assess the balance of benefits and harms of screening for adolescent idiopathic scoliosis in children and adolescents aged 10 to 18 years

RISK FACTORS

Patients may be at risk for developing scoliosis if they:

- Are born female

General Counseling and Guidance – Physical Well-Being

- Parents should not be present during counseling for adolescents and young adults ages 11-21.
- 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)
<ul style="list-style-type: none"> • 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 need. • Ask about dietary habits • Promote breastfeeding as best form of infant nutrition • Recommend breastfeeding for at least 1 year, if possible. 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 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ◆ Emphasizes fruits and vegetables; whole grains; low-fat dairy; lean proteins, nuts and legumes ◆ Limits red meat, saturated and trans fat, and food and beverages with added sugar ◆ Follows appropriate portion size ◆ Advise whole milk until age 2 and then switch to low-fat milk beginning at age 2 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ◆ Emphasizes fruits and vegetables; whole grains; low-fat dairy; lean proteins, nuts and legumes ◆ Limits red meat, saturated and trans fat, and food and beverages with added sugar ◆ Follows appropriate portion size • 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

RISK FACTORS FOR POOR NUTRITION

Patients may be more likely to have poor nutrition if they:

- Are Black, Alaskan Native, American Indian, Asian, or Hispanic/Latine
- Are of low socioeconomic status
- Are living in areas with low accessibility to healthy, affordable, and culturally appropriate food

(continued on next page)

Diet/Nutrition (continued)

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)
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ♦ Note that, although s are less prevalent in non-white racial/ethnic groups, when they do occur, they tend to be diagnosed at a later stage and, as a result, have a worse prognosis • Educate about prevention • Discourage use of indoor tanning • Starting at age 20, perform skin exams every three years, or more frequently at clinician discretion

RISK FACTORS

Patients may be more likely to develop if they:

- Are White, or Hispanic/Latine
- Have a family or personal history of skin cancer
- Have a personal history of repeated sunburns early in life or chronic exposure to the sun
- Have certain characteristics to their skin, 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)
<ul style="list-style-type: none"> • Ask about access to safe, affordable, and accessible physical activity options • Encourage opportunities for play time and other physical activity 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Ask about access to safe, affordable, and accessible 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

Patients may be more likely to be physically inactive if they:

- Are Black, Alaskan Native, American Indian, Asian, or Hispanic/Latine
- Identify as a woman
- Live in areas that lack safe and walkable neighborhoods, or low access to physical activity options or equipment
- Are of low socioeconomic status

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

Oral Care

0–1 (Infancy)	1–21 (Early Childhood–Young Adult)
<ul style="list-style-type: none"> • Counsel against bottle-propping when feeding infants and babies • Counsel against bottles to bed • 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 at age 6 months • Encourage weaning from bottle and drinking from a cup by the first birthday • 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 	<ul style="list-style-type: none"> • 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

TOOTH DECAY RISK FACTORS

Patients may be at risk for tooth decay if they:

- Are Black, American Indian, Alaska Native and/or Hispanic/Latine
- Lack access to a dental home
- Have a personal history of developmental defects of tooth enamel, dry mouth, or previous caries
- Are inappropriately bottle fed or exposed to high amounts of sugar

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.

Sexual Health and Identity

3-10 (Early Childhood –Middle Childhood)	11-21 (Adolescence–Young Adult)
<ul style="list-style-type: none"> Engage in discussion about healthy development of gender identity and expression 	<p>General counseling regarding safe and healthy sexual behaviors:</p> <ul style="list-style-type: none"> 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 methods to prevent STIs and unintended pregnancy Consider preconception counseling, if appropriate
<p>Resources:</p> <p>Medical Eligibility Criteria for Contraceptive Use: These guidelines include recommendations for using specific contraceptive methods by women and men who have certain characteristics or medical conditions.</p> <p>Sexual Consent: This guide provides information on what consent is and how to provide it to a sexual partner.</p> <p>Teen Pregnancy Prevention: This webpage provides guidelines for health care providers on how to counsel adolescents to prevent teen pregnancy.</p>	

Menstruation

11-21 (Adolescence–Young Adult)
<ul style="list-style-type: none"> 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 Ask about access to and educate about alternatives to menstrual products
<p>Resources:</p> <p>ACOG: Your First Period: This webpage provides information for adolescent girls on information about puberty and menstruation.</p> <p>Amazing Girls' Guide to Menstrual Hygiene Management: This resource provides answers for adolescents about menstruation, and tips for dealing with their monthly period.</p> <p>Teen Period Tracker: This app helps patients with tracking their menstrual cycle and ovulation.</p>

Sleep Habits

0–1 (Infancy)	1–21 (Early Childhood–Young Adult)
<ul style="list-style-type: none"> • 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 proper sleep amounts (14-15 hours) for ages 3-11 months 	<ul style="list-style-type: none"> • Ask about sleep habits including chronic snoring. • Encourage proper sleep amounts by age group: <ul style="list-style-type: none"> ◆ 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

Patients may be more likely to have poor sleep habits if they:

- Are Black, or Hispanic/Latine
- Are living below the poverty line
- Are living in a crowded home and/or living in a low-income neighborhood

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)
<ul style="list-style-type: none"> • Provide annual age-specific safety and injury prevention counseling. For example: <ul style="list-style-type: none"> ◆ 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 	<ul style="list-style-type: none"> • Provide annual age-specific safety and injury prevention counseling. For example: <ul style="list-style-type: none"> ◆ 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) • 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. 	<ul style="list-style-type: none"> • Provide annual age-specific injury prevention and safety counseling. For example: <ul style="list-style-type: none"> ◆ 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

(continued on next page)

Safety/Injury and Violence Prevention (continued)

Resources:

[LGBT Youth: Experiences with Violence](#): This resource for clinicians discusses the disparities LGBT youth face.

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

[CDC: Youth Violence Resources](#): This resource provides CDC reports and data about youth violence across the country.

Tobacco, Smoking, and Vaping

0–4 (Infancy–Early Childhood)	5–10 (Middle Childhood)	11–21 (Adolescence–Young Adult)
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 18 and older (patients under 18 will need consent from guardian to enroll. • Arrange follow-up • Discuss lung illnesses associated with use of vaping products and urge people who vape to stop

RISK FACTORS

Patients may be more likely to start using tobacco, smoke, or vape if they:

- Are a part of the LGBTQIA+ community
- Have a parent or sibling who is a current smoker
- Are of low socioeconomic status

Resources:

[Centers for Disease Control and Prevention Youth Tobacco Prevention](#): This webpage provides data, infographics, reports and other resources about youth tobacco prevention.

[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 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)
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Ask about use of safety belts and child safety seats. • Discuss car seat guidelines with parents: <ul style="list-style-type: none"> ◆ 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. • Inform about danger of front-seat airbags for children aged 13 and under • Counsel parents against driving under the influence of alcohol/drugs 	<ul style="list-style-type: none"> • 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 • Ask about the use of safety belts and motorcycle helmets • Inform about danger of front-seat airbags for children aged 12 and under • 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](#)

Resources:

[Identifying and Responding to Domestic Violence](#): Consensus for Recommendations for Child and Adolescent Health: 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.

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

General Counseling and Guidance — Social and Emotional Well-Being

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 substance abuse

RISK FACTORS

Patients may be more likely to experience an adverse childhood experience if they:

- Are Black, American Indian, Alaska Native, multiracial, and/or Hispanic/Latine
- Identify as a woman
- Are part of the LGBTQIA+ community
- Are of low socioeconomic status

Resource:

[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)
<ul style="list-style-type: none"> • Ask about and observe for symptoms of postpartum depression in parent or caregiver • Screen mother for postpartum depression using the SWYC-MA or EDPS at 6 months • Consider screening parent and/or other caregiver for depression using the SWYC-MA until 5 years of age 	<ul style="list-style-type: none"> • 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 • Note LGBTQIA+ teens and young adults have increased risk of depression and twice the risk of suicide attempt • Gays, bisexuals and men who have sex with men are at increased risk of bipolar disorder • Recommend that parents/caregivers reach out to health plans for recommendations for resources to help manage depression

RISK FACTORS

Patients may be more likely to develop depression if they:

- Are Black or Hispanic/Latine
- Were born a female
- Identify as a woman
- Are part of the LGBTQIA+ community
- Have a family history of depression or other psychiatric disorders
- Have a personal history of depression or other psychiatric disorders, other chronic illnesses or medical issues, substance abuse, use certain drugs (e.g. birth control pills, Acutane), certain cognitive factors (e.g., negative thinking and low self-esteem), and/or are experiencing puberty
- Have certain psychosocial factors, such as physical, emotional, or sexual abuse; stressors such as peer pressure, low academic performance, and poverty; loss of a loved one, difficult parental or romantic relationships; parents who abuse alcohol or controlled substances; feel unpopular; have few close friends; experience rejection; have to move to another place to live and change to a new school

Resources:

[SWYC-MA](#): 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.

[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.

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

Anxiety

12–21 (Adolescence–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

Patients may be more likely to develop anxiety if they:

- Are Black or White
- Were born a female
- Identify as a woman
- Are part of the LGBTQIA+ community
- Have a family history of anxiety or other psychiatric disorders
- Have a personal history of anxiety or other psychiatric disorders
- Have gone through recent stressful life events or traumatic experiences
- Are of 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.

[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.

ADHD

4–21 (Early Childhood–Young Adult)

- Ask parents about any academic or behavioral 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.
- Note that Black and Hispanic/Latine children are being diagnosed and treated at lower rates than their White counterparts.

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.

Alcohol/Substance Misuse

1-11 (Infancy–Adolescence)	12-21 (Adolescence–Young Adult)
<ul style="list-style-type: none"> • Ask parents about alcohol use, family history of alcoholism and substance abuse, and attitudes about alcohol and substance use • Counsel parents about the harmful effects of alcohol misuse and substance abuse, including opiate-based prescription medications, and how to recognize abuse • Advise those who are pregnant against any intake of alcohol during pregnancy and of the potential harmful effects of drug use on fetal development 	<ul style="list-style-type: none"> • 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. Consider using a screening tool, such as the CRAFFT • 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 • Screen for alcohol misuse using a validated assessment tool such as CRAFFT, DAST-10, or AuditC. Provide brief behavioral 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 alcohol/substance misuse
<p>RISK FACTORS</p> <p>Patients may be at risk for alcohol/substance misuse if:</p> <ul style="list-style-type: none"> • Are White, American Indian, or Alaskan Native • Were born a male • Identify as a man • Are part of the LGBTQIA+ community • Have a family history of alcohol or substance abuse • Have a personal history of mental health issues, and/or tobacco or alcohol dependence or binge drinking • Have started using substances early on in life, and/or have used addictive substances like stimulants or opioids in the past • Have a history of trauma, physical or sexual abuse, and/or childhood neglect 	
<p>Resources:</p> <p>Massachusetts Substance Abuse Information and Education Helpline: The Helpline is a statewide, public resource for finding substance use treatment, recovery, and problem gambling services.</p> <p>MA Prescription Locations: This webpage provides a list of prescription medication drop boxes around Massachusetts.</p>	

Electronic Media Exposure

0–1 (Infancy)	1–4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
<ul style="list-style-type: none"> Discourage screen time except supervised video chats 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 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
<p>Resource: 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.</p>		

Cognitive, Language, and Social Development

0–1 (Infancy)	1–4 (Early Childhood)	5–10 (Middle Childhood)	11–21 (Adolescence)
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
<p>Resource:</p> <p>SWYC-MA: 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.</p> <p>CDC: Developmental Milestones: This webpage provides milestone checklists for children aged 2-months to 5-years.</p> <p>Special Education Resources for Massachusetts Parents: This webpage lists special education resources for parents/caregivers in Massachusetts.</p> <p>Individualized Education Program (IEP): This webpage provides an IEP Process Guide, IEP forms and notices, and other resources.</p>			

Autism Spectrum Disorder

0–1 (Infancy)	1-4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Screen at 18 and 24 months using validated tool such as M-CHAT-R or SWYC 	<ul style="list-style-type: none"> Assess child for signs of autism and screen at clinician discretion Note that Black, Indigenous, and other children of color are less likely than their White counterparts to be diagnosed with Autism Spectrum Disorder

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-MA](#): 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.