The Healthy Aging Checklist

Cheatsheets: Preventive Health Services for Older Adults

By Leslie Kernisan, MD MPH

The following cheatsheets will summarize preventive health services that are recommended by the U.S. Preventive Services Task Force (USPSTF), or otherwise covered by Medicare’s Annual Wellness Visit.

For more about the USPSTF and how they grade preventive health services, see: “About the USPSTF” and “Grade Definitions.”

Important: Some preventive health services become optional or even “recommended against” as people become older, or as their health status changes. Be sure to check and see if you or your relative qualify for a recommended preventive service.

For more details, including why some preventive services can harm instead of help, see my full post:

Recommended Preventive Health Services for Older Adults: The Healthy Aging Checklist Part 5

Quick List of Preventive Services Covered in this Cheatsheet
I have organized 27 preventive services into five key categories. Below is the summary list of prevention services that are recommended for some or all older adults. You can then use the following cheatsheets to get more information explaining each preventive service, and for whom it is recommended.

- Mental health, cognitive health, and substance use
  - Checking for depression
  - Checking for tobacco use
  - Checking for alcohol misuse
  - Checking for signs of cognitive impairment
  - Checking for unhealthy drug use (or prescription drug abuse)
- Safety and functional ability
  - Asking about falls
  - Checking for signs of functional impairment and assessing home safety
  - Checking for signs of elder mistreatment
- Physical health
  - Screening for high blood pressure
  - Screening for high cholesterol
  - Screening for obesity
  - Screening for abnormal blood glucose and type 2 diabetes
  - Screening for abdominal aortic aneurysm
  - Screening for osteoporosis
  - Screening for hepatitis C
  - Screening for HIV
  - Screening for other sexually transmitted infections
Cancer screening
  o Screening for colorectal cancer
  o Screening for breast cancer
  o Screening for cervical cancer
  o Screening for lung cancer
  o Screening for prostate cancer

Vaccinations
  o Influenza
  o Pneumococcal disease (commonly known as the “pneumonia vaccines”)
  o Shingles (herpes zoster)
  o Tetanus-diphtheria (Td) and tetanus-diphtheria-pertussis (Tdap)
  o COVID-19 vaccination and boosters

Note: Please see my full article online for information on two types of prevention that are not currently recommended by the USPSTF:
  o Screening for coronary artery disease or other cardiovascular disease with ECG, carotid artery testing, and “non-traditional” risk factors
  o Daily aspirin for the primary prevention of cardiovascular disease in adults aged 60+

About the Healthy Aging Checklist

Maintaining the best possible health while aging is key to maintaining what is most important to us: our ability to be as physically and mentally capable as possible, so that we can remain active, engaged in our lives, and as independent as possible.

In fact, most “aging” problems that older adults and families struggle with — like difficulties with mobility, memory, or independence — track back to underlying health problems.

To promote healthy aging – and to optimize health even if a person has chronic illnesses or an “incurable” condition like Alzheimer’s disease -- it’s important to do six key things. This Healthy Aging Checklist is a framework that can be used by all older adults.

The Healthy Aging Checklist

✓ Promote Brain Health & Emotional Health
✓ Promote Physical Health
✓ Check For & Address Common Aging Health Problems (includes falls, memory concerns, depression, incontinence, pain, isolation, & polypharmacy)
✓ Learn to Optimize Management of Chronic Health Conditions
✓ Get Recommended Preventive Health Services for Older Adults
✓ Address Medical, Legal, and Financial Advance Care Planning
Healthy Aging Checklist, Part 5
Cheatsheet for Recommended Preventive Health Services for Older Adults

How to use:
1. Check box if service applies to you (or your older relative)
2. Find out if you are up-to-date on the service
3. Make note of when the service is next due, if applicable

<p>| Mental Health, Substance Use, and Cognitive Health |</p>
<table>
<thead>
<tr>
<th>Screenings recommended by the USPSTF</th>
<th>For more information</th>
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<tbody>
<tr>
<td>Depression:</td>
<td></td>
</tr>
<tr>
<td>• Who: All adults, including older adults. No upper age limit.</td>
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</tr>
<tr>
<td>• How often: Unspecified per the USPSTF. Yearly screenings are covered by Medicare.</td>
<td>USPSTF: Screening for Depression in Adults</td>
</tr>
<tr>
<td></td>
<td>Medicare Coverage of Yearly Screenings for Depression</td>
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<tr>
<td>Tobacco Use:</td>
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</tr>
<tr>
<td>• Who: All adults</td>
<td>USPSTF: Tobacco Smoking Cessation in Adults</td>
</tr>
<tr>
<td>• How often: Unspecified by USPSTF. However most electronic health record systems have been designed to prompt clinicians to record tobacco use routinely.</td>
<td>Medicare Coverage to Help You Quit Smoking</td>
</tr>
<tr>
<td>Alcohol Misuse:</td>
<td></td>
</tr>
<tr>
<td>• Who: All adults</td>
<td>USPSTF Recommendations on Alcohol Misuse Screening and Counseling</td>
</tr>
<tr>
<td>• How often: Unspecified by USPSTF. Yearly screening is covered by Medicare.</td>
<td>Medicare coverage for alcohol misuse screening and counseling</td>
</tr>
<tr>
<td>Unhealthy Drug Use:</td>
<td></td>
</tr>
<tr>
<td>• Who: All adults</td>
<td>USPSTF Recommendations on Unhealthy Drug Use: Screening</td>
</tr>
<tr>
<td>• How often: This recommendation is new as of 2020, and how often is unspecified by the USPSTF. Medicare is likely to cover this under certain conditions.</td>
<td>Medicare coverage for mental health &amp; substance use disorder services</td>
</tr>
</tbody>
</table>
### Mental health, Substance Use, and Cognitive Health (continued)

| Not recommended for or against by the USPSTF, but covered by Medicare |

#### Cognitive Impairment:
- **Who**: For those with no signs or symptoms of cognitive impairment, screening is not recommended for or against by USPSTF. However, "detection of any cognitive impairment" is specified as part of Medicare's Annual Wellness Visit.
- **How often**: N/A for USPSTF. Covered yearly as part of Medicare's Annual Wellness Visit.
- **Notes**: Medicare's guide for doctors says clinicians should "assess the beneficiary's cognitive function by direct observation, with due consideration of information obtained via beneficiary reports and concerns raised by family members, friends, caretakers, or others."
  - Medicare’s guide leaves healthcare providers with considerable latitude in how they can assess cognition and “detect” cognitive impairment.

### Safety and Functional Ability

| Recommended by the USPSTF | For more information |

#### Falls (assessment for high risk of falling):
- **Who**: Adults over age 65
- **How often**: Not specified by USPSTF. Covered yearly by Medicare Annual Wellness Visit.
- **Notes**: Medicare's guide for clinicians does not specify exactly how a clinician should assess fall risk.
<table>
<thead>
<tr>
<th>Safety and Functional Ability (continued)</th>
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<tr>
<td>Not recommended for or against by USPSTF, but covered by Medicare</td>
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**Functional ability and safety in the home:**
- **Who**: All older adults
- **How often**: Covered yearly as part of Medicare's Annual Wellness Visit
- **Notes**: Functional ability includes:
  - the ability to manage activities of daily living (ADLs), which includes walking, dressing, bathing
  - the ability to manage instrumental activities of daily living (IADLs), which includes transportation, shopping, meal preparation, medication management, and more
  - vision and hearing
  - cognitive abilities (see section on screening for cognitive impairment)
- **Additional note**: Medicare does not specify how to assess home safety

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<thead>
<tr>
<th>What are ADLs &amp; IADLs?</th>
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<tr>
<td>USPSTF: Screening for Hearing Impairment in Older Adults</td>
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<tr>
<td>USPSTF: Screening for Impaired Visual Acuity in Older Adults</td>
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<tr>
<td>Medicare coverage of glaucoma screening</td>
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</table>

Not recommended for or against by USPSTF, but a Medicare quality measure, and generally recommended by many experts

**Elder mistreatment:**
- **Who**: All older adults
- **Notes**: Screening for elder maltreatment is included in Medicare's quality improvement program for clinicians. However, it is not specified as part of the Annual Wellness Visit.

| USPSTF: Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults |
| Stanford: How to Screen for Elder Abuse |
| Administration for Community Living: What is Elder Abuse? |
### Physical Health

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<th></th>
<th>Recommended by the USPSTF and covered by Medicare</th>
<th>For more information</th>
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| **High blood pressure** | *Who:* All older adults  
*How often:* Yearly for people aged 18 or older. Covered as part of Medicare Annual Wellness Visit. | USPSTF: Screening and Home Monitoring for Hypertension in Adults |
| **High cholesterol** | *Who:* Adults aged 40-75 years old.  
*How often:* Per USPSTF, about every 5 years; adjust based on previous results. Medicare covers cholesterol tests every 5 years as part of preventive care.  
*Notes:*  
- The USPSTF used to recommend screening for lipid disorders, but this recommendation was retired in 2016. It was replaced by a related (but slightly different) recommendation, “Statin Use for the Primary Prevention of Cardiovascular Disease.”  
- Measuring cholesterol is part of assessing a person’s “10-year cardiovascular event risk,” which is being used to move from “one size fits all” prevention recommendations to prevention that is tailored to a person’s individual health risks. | USPSTF: Statin Use for the Primary Prevention of Cardiovascular Disease in Adults  
USPSTF: Screening for Lipid Disorders in Adults (Archived)  
Medicare coverage of cardiovascular disease risk reduction visits |
| **Obesity (measurement of body-mass index)** | *Who:* all adults  
*How often:* Not specified by USPSTF. Covered yearly as part of Medicare Annual Wellness Visit. | USPSTF: Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults  
Medicare coverage of obesity screenings and behavioral therapy |
### Physical Health (continued)

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<tr>
<th>Recommended by the USPSTF and covered by Medicare</th>
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#### Abnormal blood glucose and Type 2 Diabetes
- **Who:** Per USPSTF, screening is recommended for adults aged 35-70 who are overweight or obese. Medicare covers screening for people with one or more risk factors, and doesn’t specify an age range.
- **How often:** About every three years, per USPSTF. Covered every 12 months by Medicare, for people with risk factors.

#### Abdominal Aortic Aneurysm
- **Who:** Men aged 65-75 who have ever smoked
- **How often:** Once per USPSTF. Covered by Medicare once in a beneficiary’s lifetime.

#### Osteoporosis
- **Who:** Women aged 65+
- **How often:** Not specified by USPSTF. Covered once every two years by Medicare.
- **Notes:** The USPSTF also recommends screening for post-menopausal women younger than 65, if a clinical fracture assessment tool indicates they are at increased risk of osteoporosis.

#### Hepatitis C
- **Who:** The USPSTF recommends a one-time screening for all adults age 18-79.
- **How often:** Covered at least once by Medicare if you were born between 1945-1965. May be covered more often for those with additional risk factors for hepatitis C infection.
### Physical Health (continued)

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<tr>
<th>Recommended by the USPSTF and covered by Medicare</th>
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<tbody>
<tr>
<td>□ <strong>HIV (Human immunodeficiency virus)</strong></td>
<td>USPSTF: Screening for Human Immunodeficiency Virus (HIV) Infection</td>
</tr>
<tr>
<td>• <em>Who</em>: People aged 15-65, and older adults at increased risk for infection</td>
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<tr>
<td>• <em>How often</em>: Not specified by the USPSTF. Covered annually by Medicare.</td>
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<tr>
<td>• <em>Notes</em>: Older adults at increased risk for HIV infection may include men who have sex with men, people with multiple partners, and people with past or present injection drug use.</td>
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<tr>
<td>□ <strong>Other Sexually Transmitted Infections (STIs)</strong></td>
<td>Medicare coverage of HIV screenings</td>
</tr>
<tr>
<td>• <em>Who</em>: Per the Centers for Disease Control (CDC), adults of all ages should be assessed for risk factors for STIs. Those with risk factors should be tested for STIs (usually includes chlamydia, gonorrhea, and syphilis; may include screening for other infections as well).</td>
<td></td>
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<tr>
<td>o Per the CDC, sexually active adults at risk for STIs include women with a new sexual partner and men who have sex with men. <em>There is no upper age limit for these risk factors.</em></td>
<td></td>
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<tr>
<td>• <em>How often</em>: Assessment of STI risk factors is covered as part of the Medicare Annual Wellness visit. Medicare covers testing if a clinician determines a person has risk factors.</td>
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<tr>
<td>• <em>Notes</em>: The USPSTF recommends screening for syphilis in high-risk adults, and recommends screening for chlamydia and gonorrhea in higher-risk women age 25+.</td>
<td>CDC: Screening Recommendations for Sexually Transmitted Diseases</td>
</tr>
<tr>
<td></td>
<td>Medicare coverage of screening and counseling for sexually transmitted infections (STIs)</td>
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<tr>
<td>Cancer Screenings</td>
<td>Recommended by the USPSTF</td>
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<tr>
<td><strong>Colorectal cancer</strong></td>
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<tr>
<td>- <em>Who</em>: The USPSTF recommends for routine colon cancer screening for adults aged 50-75. For adults aged 76-85, the USPSTF recommends an individualized decision. The USPSTF does not recommend routine colon cancer screening for adults aged 86 or older.</td>
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<tr>
<td>- <em>How often</em>: This depends on the screening method used. Screening colonoscopy can be done every 10 years, whereas screening by checking stool for microscopic blood requires annual stool testing.</td>
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<tr>
<td>- <em>Notes</em>: For adults aged 76-85, the USPSTF notes that people who have never been screened for colon cancer may be more likely to benefit.</td>
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<tr>
<td><strong>Breast cancer</strong></td>
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<tr>
<td>- <em>Who</em>: The USPSTF recommends for routine breast cancer screening in women aged 50-74. The USPSTF recommends neither for nor against breast cancer screening in women aged 75 or older.</td>
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<tr>
<td>- <em>How often</em>: The USPSTF recommends screening mammography every two years. Medicare covers screening mammograms every 12 months.</td>
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<td>Cancer Screenings (continued)</td>
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<td><strong>Recommended by the USPSTF</strong></td>
<td><strong>For more information</strong></td>
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<tr>
<td><strong>Cervical cancer</strong></td>
<td><strong>USPSTF: Cervical Cancer Screening</strong></td>
</tr>
</tbody>
</table>
| • *Who*: The USPSTF recommends *against* cervical cancer screening in women aged 65+ who “have had adequate prior screening and are not at high risk.” They also recommend against cervical cancer screening in women who have had a hysterectomy for non-cancer reasons.  
  o Older women who have never been screened for cervical cancer, or did not get a Pap smear between the ages of 55-65, should be screened at least once.  
• *How often*: Medicare covers a Pap smear every 24 months for women who are deemed low-risk for cervical or vaginal cancer, and every 12 months for women who are at high risk.  
• *Notes*: Adequate prior screening for cervical cancer means having had three negative Pap smears in a row, with the most recent test within five years. | **Medicare coverage of Pap smears, pelvic exams and physical breast exams** |
| **Lung cancer**               | **USPSTF: Lung Cancer Screening** |
| • *Who*: Per the USPSTF, adults who are aged 50-80, have a 20 pack-year history of smoking, and either smoke or have quit within the past 15 years.  
• *How often*: The USPSTF recommends yearly screening with low-dose CT for the adults meeting the criteria above, and stopping screening once it’s been 15 years since the person quit smoking. Medicare covers the yearly screening test for people aged 55-77 who otherwise meet the USPSTF criteria. | **Medicare coverage of yearly lung cancer screenings** |
<table>
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<tr>
<th>Cancer Screenings (continued)</th>
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<tbody>
<tr>
<td><strong>Recommended by the USPSTF</strong></td>
<td><strong>For more information</strong></td>
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<tr>
<td><strong>Not</strong> recommended by the USPSTF, but covered by Medicare:</td>
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<tr>
<td><strong>Prostate cancer:</strong></td>
<td><strong>USPSTF: Prostate Cancer Screening</strong>&lt;br&gt;<strong>American College of Physicians: Guidance Statement on Screening for Prostate Cancer</strong>&lt;br&gt;<strong>Medicare coverage of prostate cancer screenings</strong></td>
</tr>
<tr>
<td>• <em>Who</em>: The USPSTF used to recommend against using the prostate-specific antigen (PSA) test to screen for prostate cancer. However, in 2018 they changed to recommending an individualized screening decision for men aged 55-69, and recommended against screening men aged 70+. The American College of Physicians recommends an individualized screening decision for men aged 50-69, and recommends against screening in men aged 70+ or with life expectancy less than 10-15 years.</td>
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<tr>
<td>• <em>How often</em>: Medicare covers a PSA test and digital rectal exam every 12 months.</td>
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<tr>
<td>• <em>Notes</em>: Prostate screening decision aids are worksheets that can help men make an individualized decision about PSA testing. You can find them by Googling “PSA decision aid.”</td>
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<tr>
<td>Vaccinations</td>
<td>For more information</td>
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<tr>
<td><strong>Recommended by the CDC Advisory Committee on Immunization Practices</strong></td>
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<tr>
<td><strong>Influenza (flu) vaccine</strong></td>
<td>BHWA: Flu Shots for Older Adults: What to Know &amp; Do</td>
</tr>
<tr>
<td>• <em>Who:</em> The CDC recommends vaccination for seasonal influenza every year, for everyone aged 6 months or older. There is no upper age limit. Certain types of vaccine (such as Fluzone High-Dose and Fluar) are approved for adults aged 65+, and may be better at stimulating an aging immune system.</td>
<td>CDC: Key Facts About Seasonal Flu Vaccine</td>
</tr>
<tr>
<td>• <em>How often:</em> Yearly in the fall, once the year’s vaccine becomes available.</td>
<td>CDC: Vaccine Effectiveness – How Well Does the Flu Vaccine Work?</td>
</tr>
<tr>
<td>• <em>Notes:</em> The flu vaccine cannot give a person the flu, although some mild side-effects are possible, including achiness or fever. Generally, the flu shot has a very low risk of harm. The likelihood of benefit depends on how well-matched the vaccine is to the circulating influenza virus in a given year.</td>
<td>CDC: Fluzone High-Dose Seasonal Influenza Vaccine</td>
</tr>
<tr>
<td>CDC: FLUAD Flu Vaccine With Adjuvant</td>
<td>Medicare coverage of flu shots</td>
</tr>
<tr>
<td><strong>Pneumococcal vaccination</strong></td>
<td>CDC: Pneumococcal Vaccination</td>
</tr>
<tr>
<td>• <em>Who:</em> All adults aged 65+ should get either the PCV20 (Prevnar 20) vaccine, or PCV15 followed by Pneumovax (PPSV23) one year later.</td>
<td>Medicare coverage of pneumonia shots</td>
</tr>
<tr>
<td>• <em>How often:</em> Once after age 65.</td>
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<tr>
<td>• <em>Notes:</em> This is often called a “pneumonia shot,” but technically this vaccinates against Streptococcus pneumoniae, a bacterium that can cause serious illness both inside and outside the lungs. Bear in mind that many viruses and other bacteria can cause pneumonia.</td>
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<tr>
<td>Vaccinations (continued)</td>
<td>For more information</td>
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<tr>
<td><strong>Recommended by the CDC Advisory Committee on Immunization Practices</strong></td>
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<tr>
<td><strong>Shingles (herpes zoster) vaccine.</strong></td>
<td>CDC: Shingles Vaccination: <a href="https://www.cdc.gov/shingles/vaccine/whateveryoneshouldknow.html">What Everyone Should Know About Shingrix</a></td>
</tr>
<tr>
<td>• <strong>Who:</strong> The CDC recommends vaccination with the newer vaccine Shingrix, for most older adults aged 50+. Vaccination with Shingrix is also recommended for older adults who have previously been vaccinated with the older vaccine Zostavax (which was discontinued in November 2020), because research indicates that the effect of Zostavax wanes after five years.</td>
<td>CDC: Shingles (Herpes Zoster)</td>
</tr>
<tr>
<td>• <strong>How often:</strong> Shingrix vaccination requires a second injection, to be given 2-6 months after the initial Shingrix injection. Medicare covers shingles vaccination as part of a person’s Part D plan.</td>
<td><a href="https://www.medicare.gov/medicare-coverage/what-done-vaccines-covered">How much will I have to pay for vaccinations covered under the Medicare drug benefit (Part D)?</a></td>
</tr>
<tr>
<td>• <strong>Notes:</strong> Shingles is extremely common: nearly 1 in 3 people gets shingles at some point in their life, usually when they are older. Of those who get shingles, 1 in 6 will develop a related chronic pain condition called post-herpetic neuralgia.</td>
<td></td>
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<tr>
<td>• Per the CDC, the Shingrix vaccine is 91-97% effective in preventing shingles. In comparison, research suggests that Zostavax decreases the risk of shingles by 51%.</td>
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<td>Vaccinations (continued)</td>
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<tr>
<td><strong>Recommended by the CDC Advisory Committee on Immunization Practices</strong></td>
<td><strong>For more information</strong></td>
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</tbody>
</table>
| Tetanus-diphtheria (Td) and tetanus-diphtheria-pertussis (Tdap) | CDC: Pertussis (Whooping Cough)  
CDC: Vaccine Information on Tdap  
CDC: Vaccine Information on Td |
| **Who**: The CDC recommends a Td booster shot every 10 years for all adults. In 2010, the CDC recommended that adults of all ages get one dose of Tdap to get protection against pertussis (whooping cough), which has become more common.  
  - Pertussis vaccination is especially important for those who will be around young babies, such as grandparents or childcare providers.  
| **How often**: The Td booster should be given every 10 years. Currently, Tdap is recommended once for adults aged 65+ who have not previously received Tdap in adulthood. Both Td and Tdap are covered under Medicare Part D. |
| COVID vaccine | CDC: Stay Up to Date with COVID-19 Vaccines  
BHWA: COVID & Aging Adults |
| **Who**: The CDC recommends COVID vaccination for everyone aged 6 months and older. Vaccination and boosters especially benefit older adults, as the risk of hospitalization or death from COVID goes up with aging.  
| **How often**: COVID vaccination is a rapidly evolving topic. As of 2023, it seems likely that the CDC will recommend an annual COVID shot in the fall, similar to the annual flu shot. |
About Dr. Leslie Kernisan and Better Health While Aging:

Leslie Kernisan, MD MPH, is a practicing geriatrician who believes it should be easier for older adults to have the best possible health and quality of life as they age.

Through her website Better Health While Aging, she provides practical information on how to address many common health problems that affect older adults. She also addresses common concerns and dilemmas related to helping older parents and other aging relatives.

Visit BetterHealthWhileAging.net to find more useful articles on aging health, family caregiving, and helping older parents.

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