

# Priority: Preventive Services

**Goal: Increase utilization of evidence-based preventive services for children.**

## **What are Preventive Services and Why are they Important?**

Preventive services for children, including immunizations and health care screenings (including lead testing, hearing, and vision), are an important way to ensure they get the care and support they need to stay healthy. Immunizations prevent a host of communicable diseases that are particularly dangerous for children. Health care screenings allow providers to identify concerns early and provide necessary treatment to reduce adverse health outcomes. US vaccination rates and preventive health care visit rates for children declined in the wake of the COVID-19 pandemic, so ongoing focus is vital.

Disparities also exist in access to and uptake of preventive services in NYS due to social and structural inequities that lead to racial and ethnic disparities and disproportionately impact the most vulnerable populations. These populations may have a distrust of medical care due to the history of racism within medical practice. Other barriers may include access to health insurance and reliable transportation.<sup>454</sup>

For members of these vulnerable populations throughout NYS, trust can be established through a diversified network of health care professionals that reflect the communities and populations they serve and include community-based leaders and advocates. Access to and continuation of family-centered prevention services involving establishment and regular contact with a health care home will improve the health of children and families.<sup>454</sup> A community health hub model can be used to deliver preventive services such as psycho-social, cognitive and physical developmental screening, nutrition assessments, immunizations, environmental health assessments as needed to ensure that all children reach their potential. Education and outreach to neighborhoods by trained community health partners can increase engagement for timely screening and management of acute and chronic health needs of children and families. By focusing on strengthening public health trust and eliminating barriers to accessible preventive care, NYS can improve health for children and their families.

**SMART(IE) Objective:**

**35.0 Increase the percentage of infants who received a diagnostic hearing evaluation after not passing their newborn hearing screening from 23.4% to 35.1%.**

**35.1 Increase the percentage of infants who received a diagnostic hearing evaluation after not passing their newborn hearing screening by 3 months of age from 15.6% to 23.4%.**

| Desired Outcome   | Indicator  | Data Source                                     | Population                    | Baseline        | Target        |
|---|--|---|-------------------------------|-----------------|---------------|
| Increase the percentage of infants who received a diagnostic hearing evaluation after not passing their newborn hearing screening | Percentage of infants who received a diagnostic hearing evaluation after not passing their newborn screening | Early Hearing Detection and Intervention (EHDI) | Infants (0-6 months of age)   | 23.4% (2022)    | 35.1% (2030)  |
|   |  |   | <b>Subpopulation of Focus</b> | <b>Baseline</b> | <b>Target</b> |
|   |  |   | Infants (0-3 months of age)   | 15.6% (2022)    | 23.4% (2030)  |

**SMART Objective:**

**36.0 Increase the up to date seven-vaccine immunization rate for children aged 24-35 months from 59.3% to 62.3%.**

| Desired Outcome                    | Indicator   | Data Source | Population                   | Baseline     | Target       |
|------------------------------------|---|-------------|------------------------------|--------------|--------------|
| Increase seven-vaccine series rate | Percentage of 24-35 month old children with the 4:3:1:3:3:1:4 combination series by their second birthday | NYSIIS, CIR | Children (Aged 24-35 months) | 59.3% (2024) | 62.3% (2030) |

**SMART Objective:**



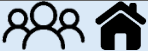

**37.0 Increase the percentage of 13-year-old adolescents with a complete Human Papillomavirus (HPV) vaccine series from 25.7% to 28.7%.**

| Desired Outcome   | Indicator  | Data Source | Population                               | Baseline     | Target       |
|---|--|-------------|--|--------------|--------------|
| Increase on-time completion of HPV vaccine series by age 13 years | Percentage of 13-year-old adolescents with a complete HPV vaccine series | NYSIIS, CIR | Children and adolescents aged 9-13 years | 25.7% (2024) | 28.7% (2030) |

**SMART Objective:**



**38.0 Increase the percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age from 61.0% to 70.0%.**

| Desired Outcome  | Indicator   | Data Source                           | Population  | Baseline          | Target       |
|--|---|---------------------------------------|---|-------------------|--------------|
| Increase the percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age | Percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age | NYS Lead Poisoning Prevention Program | Infants and children in single birth cohort year aged 0-36 months | 61.0% (2018-2021) | 70.0% (2030) |

| Interventions  | Population of Focus                       | Age Range | Intermediate Measures   |
|--|---|-----------|---|
|  <p><b>Featured Intervention:</b> Deliver evidence-based programming to schools to help combat the spread of anti-vaccination communication, restore parent's vaccine confidence and improve student vaccine compliance. <sup>455,456</sup></p>  | Schools, School-age children and families | All ages  | Increased numbers of school-age children that meet vaccine requirements |
|  <p><b>Featured Intervention:</b> Conduct outreach in communities that have older, poorly maintained housing with high-risk for lead exposure and provide education regarding lead exposure prevention to families. <sup>457</sup></p>           | Everyone                                  | All ages  | Decreased incidence of elevated lead levels in children                 |

| Interventions   | Population of Focus   | Age Range        | Intermediate Measures  |
|---|---|------------------|--|
| <br>Implement evidence-based interventions as listed in the Community Guide to increase HPV vaccine rates using small media to promote awareness, establish provider reminder and recall systems in clinics, and use patient navigators to address patient barriers. <sup>458,459</sup><br> | Health system leadership                                      | Youth and adults | Practices that have an EHR that enables them to track who is up to date with vaccinations  |
| <br>Partner with community-based organizations, local governments, and vaccine providers to increase community demand for vaccines through community outreach strategies including reminder and recall systems and home visits. <sup>458</sup><br>  | Community-based organization, providers and local governments | All ages         | List of partnerships with community-based programs   |
| <br>Ensure the integration of refugees and migrant communities into immunization policies, plans and service delivery. <sup>460</sup><br>  | Community-based organization, providers and local governments | All ages         | Combination of resources across agencies, needs assessments  |
| <br>Promote diversity within the health care workforce, along with training in evidenced-based strategies for culturally competent vaccine communication, in counties where the child vaccination rates fall below the state average. <sup>461</sup><br>                                | Children  | Ages 0-18        | Increased rate of Measles, Mumps, Rubella (MMR) vaccines in targeted counties  |
| <br>Increase the use of initial and follow-up screening protocols for high-risk children and those with elevated finger sticks, while educating parents on lead exposure prevention, following Centers for Disease Control and Prevention (CDC) recommended actions for blood  | Children  | Ages 0-18        | Increase in testing rates for both initial lead screening and follow up screening occurring within each county via New York State Immunization Information System (NYSIIS) data/LeadWeb data |

| Interventions   | Population of Focus  | Age Range  | Intermediate Measures   |
|---|--|--|---|
| <p>lead levels, and ensuring Medicaid recipients and high-risk children are tested per federal guidelines.<sup>462,463</sup></p> <p> </p>   |  |  |   |
| <p></p> <p>Implement and promote lead poisoning educational programs such as the Pediatric Lead Assessment Network Training (PLANET) for healthcare professionals.<sup>464</sup></p> <p> </p>  | Providers  | N/A  | Increase in number of physicians using PLANET in practice   |
| <p></p> <p>Provide appropriate referrals to supportive services which could include environment assessment, dietary and developmental needs, and complete blood lead level testing follow-up per CDC guidelines.<sup>465</sup></p> <p> </p>      | Children   | Ages 5-18  | Decrease in number of children that are lost to follow-up after abnormal lead level testing result    |
| <p></p> <p>Implement programs for infants to receive a referral to an audiology center prior to discharge from birth hospital if they fail two hearing screenings.<sup>466</sup></p> <p></p>  | Infants who have failed two hearing screenings but have not had an audiological evaluation | Infants who have not been discharged from their birth hospital | Number of birth hospitals who have given their staff training about this goal                         |
| <p></p> <p>Identify a failed hearing screening as a critical result in health care settings.<sup>466</sup></p> <p> </p>  | Children   | Ages 0-18  | Increase in number of health care systems adopt a failed hearing screening as a critical result value |
| <p></p> <p>Increase educational partnerships with health care providers, pharmacies, and community-based organizations.<sup>467,468</sup></p> <p>  </p> | Health system leadership   | N/A  | Initiation of new programs and program evaluation   |

| Interventions   | Population of Focus                           | Age Range        | Intermediate Measures   |
|---|---|------------------|---|
|  <p>Implement clinical systems to ensure clinicians provide or refer children and adolescents 6 years or older with a high body mass index (BMI) to comprehensive, intensive behavioral interventions.<sup>448</sup></p>  | <p>Children 6 years and old with high BMI</p> | <p>Ages 6-18</p> | <p>Practices that have an EHR that enables them to track children with high BMI</p> |

## Lead Partner Agencies and Organizations

[NYS Department of Health](#)

[NYS Office of Children and Family Services](#)

[NYS Education Department](#)

Local child welfare agencies

American Cancer Society, NYS Cancer Consortium

Secondary and postsecondary schools, trade unions, local businesses

Health care providers, health plans, insurance brokers

Greater New York Hospital Association (GNYHA)

Healthcare Association of NYS (HANYS)

## Implementation Resources

[U.S. Food and Drug Administration](#)

[CDC - About the Childhood Lead Poisoning Prevention Program](#)

[CDC - State Physical Activity and Nutrition](#)

[CDC - Racial and Ethnic Approach to Community Health \(REACH\) 2023–2028](#)

[CDC - Academic Partnerships](#)

[NYSDOH - Early Hearing Detection and Intervention Program \(EHDI\)](#)

[NYSDOH - Healthy Homes](#)

[NYS Council for Community Behavioral Healthcare](#)

[Community Service Society - Community Service Society Navigator Network \(CNN\)](#)

[National Resource Center for Refugees, Immigrants, and Migrants](#)

[Decade of Vaccine Economics \(DOVE\) - Immunization Economics](#)

[CUNY - Lead and Leadership Guide](#)

[Medicaid - Lead Screening](#)

[Harvard Medical School Center for Primary Care - Advancing Health Equity and Value-Based Care: A Mobile Approach](#)

[Ryan Health Launches New Mobile Health Center to Provide Primary Care to New York City's Underserved Communities](#)

## Preventative Services Citations

448. U.S. Preventive Services Taskforce. A & B Recommendations. Accessed February 23, 2025. [uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations](https://uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations)
454. Boyle CA, Perrin JM, Moyer VA. Use of clinical preventive services in infants, children, and adolescents. *JAMA*. 2014;312(15):1509-1510. doi:10.1001/jama.2014.12890
455. Decade of Vaccine Economics (DOVE). Immunization Economics. Accessed February 25, 2025. [immunizationeconomics.org/dove-home](https://immunizationeconomics.org/dove-home)
456. NYS Education Department (NYSED). Immunizations. NYSED, Student Support Services. Accessed February 25, 2025. [nysed.gov/student-support-services/immunizations](https://nysed.gov/student-support-services/immunizations)
457. Council on Environmental Health. Prevention of Childhood Lead Toxicity [published correction appears in *Pediatrics*. 2017 Aug;140(2):e20171490. doi: 10.1542/peds.2017-1490.] [published correction appears in *Pediatrics*. 2020 Jun;145(6):e20201014. doi: 10.1542/peds.2020-1014.]. *Pediatrics*. 2016;138(1):e20161493. doi:10.1542/peds.2016-1493
458. HHS. CPSTF Findings for Increasing Vaccination. HHS, The Community Guide for Preventive Services. Updated April 16, 2019. Accessed February 23, 2025 (via WayBack Machine January 24, 2025 archive). [web.archive.org/web/20250124094656/thecommunityguide.org/pages/task-force-findings-increasing-vaccination.html](https://web.archive.org/web/20250124094656/thecommunityguide.org/pages/task-force-findings-increasing-vaccination.html)
459. HPV Vaccination Starting at Age 9. Taylor & Francis Online, Human Vaccines & Immunotherapeutics. Published February 17, 2023. Updated December 19, 2023. Accessed February 23, 2025. [tandfonline.com/journals/khvi20/collections/HPV-vaccination-starting-age-9](https://tandfonline.com/journals/khvi20/collections/HPV-vaccination-starting-age-9)
460. WHO. New WHO Global Evidence Review on Health and Migration underscores how the implementation of inclusive immunization plans is critical for Member States to achieve universal health coverage. Published July 12, 2022. Accessed February 23, 2025. [who.int/news/item/12-07-2022-new-who-global-evidence-review-on-health-and-migration-underscores-how-the-implementation-of-inclusive-immunization-plans-is-critical-for-member-states-to-achieve-universal-health-coverage](https://who.int/news/item/12-07-2022-new-who-global-evidence-review-on-health-and-migration-underscores-how-the-implementation-of-inclusive-immunization-plans-is-critical-for-member-states-to-achieve-universal-health-coverage)
461. Schaffer DeRoo S, Limaye RJ. Culturally Aware Vaccine Promotion to Prevent Outbreaks. *JAMA Netw Open*. 2024;7(8):e2429612. doi:10.1001/jamanetworkopen.2024.29612
462. HRSA, CDC, Agency for Toxic Substances and Disease Registry (ATSDR). HRS-CDC Letter on Childhood Lead Poisoning Prevention and Blood Lead Testing. Published January 10, 2023. Accessed February 23, 2025. [stacks.cdc.gov/view/cdc/135295](https://stacks.cdc.gov/view/cdc/135295)
463. CDC. Testing for Lead Poisoning in Children. CDC, Childhood Lead Poisoning Prevention. Accessed February 23, 2025. [cdc.gov/lead-prevention/testing/](https://cdc.gov/lead-prevention/testing/)
464. Polivka BJ, Chaudry RV, Sharrock T. Using mixed methods to evaluate the Pediatric Lead Assessment Network Education Training Program (PLANET). *Eval Health Prof*. 2009;32(1):23-37. doi:10.1177/0163278708328741
465. CDC. Recommended Actions Based on Blood Lead Level. CDC, Childhood Lead Poisoning Prevention. Accessed February 23, 2025. [cdc.gov/lead-prevention/hcp/clinical-guidance/](https://cdc.gov/lead-prevention/hcp/clinical-guidance/)
466. HHS, HRSA. Enhancing Communication: Improving Care for Infants with Hearing Loss. Published April 2009. Accessed February 23, 2025. [nichq.org/wp-content/uploads/2024/09/Enhancing-Communication-Newborn-Hearing.pdf](https://nichq.org/wp-content/uploads/2024/09/Enhancing-Communication-Newborn-Hearing.pdf)
467. APTR-CDC Cooperative Agreement. Association for Prevention Teaching and Research. Accessed February 23, 2025. [aptrweb.org/page/cdc\\_ca](https://aptrweb.org/page/cdc_ca)
468. Stories of Impact: The Power of Academic Partnerships in Public Health. Public Health Accreditation Board. Published July 24, 2022. Accessed February 23, 2025. [phaboard.org/stories-of-impact/the-power-of-academic-partnerships-in-public-health](https://phaboard.org/stories-of-impact/the-power-of-academic-partnerships-in-public-health)