

# Health Trends

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“Providers know that evidence-based preventive care saves lives.”

## A care strategy whose time has come

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**Sree Chaguturu**  
MD, Executive Vice  
President and  
Chief Medical Officer,  
CVS Health

**Despite the value of preventive services, adoption remains historically low. To change that, we must meaningfully improve access, convenience and cost.**

**H**ealth care providers know that evidence-based preventive care saves lives. But every American also understands the challenges of getting that care — whether it’s a blood pressure check-up or undergoing a cancer screening. At every step, we, as consumers, are met with obstacles, which include difficulty in accessing these services, inconvenient appointment times and sometimes prohibitive costs.

This issue of the Health Trends report delves into some of those barriers. We also look at how we can put new measures in place, exploring ways to tackle the preventive care crisis and make real change.

As the leading health solutions company, we at CVS Health® know that the reasons people miss preventive care are often deeply individual. Some are too busy to engage with a primary care physician (PCP) in-person or virtually. Others may have barriers

stemming from their social determinants of health, such as a lack of transportation to a doctor’s office. Yet others may need reminders or additional education about which services can keep them well. And, of course, economic considerations are always a factor.

As a doctor, this is a problem I am intimately familiar with: The patient in front of you is unlike any other. Effective treatment plans must be tailored to fit their individual needs and lifestyles.

Our more than 40,000 physicians, pharmacists, nurses and nurse practitioners work every day to improve access and make health care easier and more effective. Better health care starts with your PCP. Decades of studies, most notably summarized in a 2021 report from the National Academies of Sciences, Engineering and Medicine, have shown how PCPs create better long-term health outcomes\* and lower overall costs, especially for people with complex and chronic conditions.

The role of PCPs in overall health is why we recently added Oak Street Health to our team. At 160 clinics nationwide, Oak Street Health is pioneering a whole-person model of care. Patients spend more time with providers and have a wider range of their needs addressed — including those arising from social determinants of health. That care is also provided by a broad and diverse team, which can include behavioral health specialists and medical social workers.

Other CVS Health offerings, including new [virtual primary care solutions](#), team-based primary care programs from Aetna®, primary care enabled services at MinuteClinic®, and our acquisition of Signify Health — which deploys a network of more than 10,000 clinicians in all 50 states to patients’ homes to help close care gaps — lean into this solution, too.

We also aim to make preventive care more convenient by expanding the number of sites where we provide care and the types of providers that offer preventive services. Pharmacies proved to be critical local health centers at a time of crisis, delivering not only COVID-19 vaccines and treatments but routine vaccines as well. And retail health clinics also underwent a transformation in their role for the public. Many now offer preventive services, including screenings for cancer and other common health conditions, care for chronic conditions, mental health screenings and treatment, and reproductive care, where legally permitted.

Through extensive research into inflection points in the health care journey, and stewarding some of the largest analytics efforts in health care, CVS Health is working toward a system of speaking the language of each patient we serve.

For some, an automated phone or app-based nudge may be enough to encourage them to schedule a vaccine. For others, virtual or home-based care may be the most convenient option for routine screenings. Taking all of this into account, we are working to offer each of our patients and members a “next best action” — a step to help them manage their current health and prevent worse outcomes down the road.

That approach — giving each patient clarity about next steps and a range of convenient and affordable ways to accomplish them — will be our best hope to move the needle on preventive care.

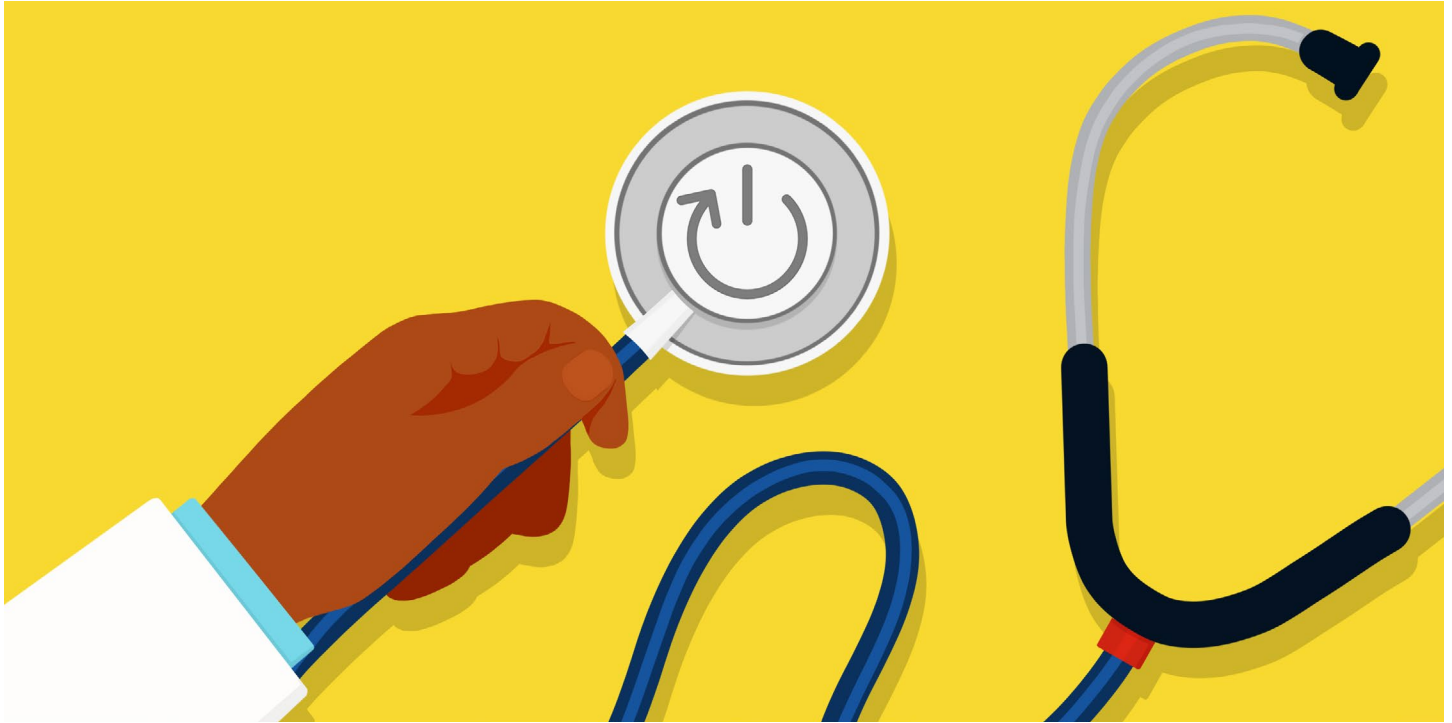
Sources are available at the end of the report.



“Better health care starts with your primary care provider.”

**Sree Chaguturu**  
MD, Executive Vice President and Chief Medical Officer, CVS Health





# A reboot for preventive health care

**Dollar for health care dollar, nothing beats prevention. Here's how the country can reclaim a missed opportunity.**

**P**revention is the first rule of good health. Yet only 8% of Americans\* undergo routine health screenings. Vaccination rates\* have been dropping for years. And while most U.S. residents can access preventive services\* through their health care coverage, most don't.\*

"Preventive care is about the small things we can do to prevent future problems," says David Fairchild, MD, Chief Medical Officer for Retail Health and Senior Vice President, CVS Health. Yet missed prevention opportunities cost the United States \$55 billion annually,\* or an estimated 30 cents on every health care dollar, according to research from the National Academy of Medicine.

Some reasons for this fact are easy to identify.

The COVID-19 pandemic kept patients away from medical offices. For breast and colorectal cancers alone, pandemic-related delays\* in

screening could result in almost 10,000 deaths over the next decade.


Pandemic-related burnout\* of providers also caused staffing shortages and record wait times for patients. People who see a primary care physician (PCP) are more than twice as likely to get vaccines and colonoscopies,\* for example. But with growing provider shortages, about 3 in 10 people\* now don't have a PCP.

Other obstacles are long-standing. Overall, preventive care is too costly, inconvenient and difficult to access for most consumers. But a reboot of preventive care can tackle these problems, broadening access as well as lowering costs.

New approaches can make preventive care more available to everyone. And it can embrace and expand what works in primary care, allowing physicians to work together with nurses, pharmacists, social workers and other providers — both in-person and virtually.

## Retail health clinics as preventive care centers

First, it will be important to rethink *where* care happens. For the past decade, retail sites of care, including retail health clinics and pharmacies, have been steadily expanding their abilities\* to deliver preventive care.



“Helping people achieve health and wellness has to be a team sport.”

**David Fairchild**  
MD, MPH, Chief Medical Officer of Retail Health  
and Senior Vice President of CVS Health

Over the last five years, the use of retail clinics has grown 200%.\* And in a survey by the Deloitte Center for Health Solutions last year, 55%\* of all consumers said they were open to using a retail clinic for preventive care.

“MinuteClinic started out in 2000 as a provider of minor acute care, and its journey has been one of expanding scope,” says Fairchild. “Now we’re enabling primary care level of services, especially in the preventive care domain.” That now includes more than 125 [preventive care services](#), delivered by nurse practitioners and physician assistants/associates. With their extended weekend and evening hours and 24/7 virtual care options, retail clinics can offer an element of convenience over traditional doctor’s offices.

During the pandemic, the public use of retail clinics and pharmacies skyrocketed\* as destinations for testing, vaccines and routine care. MinuteClinic saw more than 5.5 million patient visits in 2022, making CVS Health one of the largest providers of episodic care in the United States. Accessibility, extended hours and the growth of virtual care may be a big part of that shift.

The [2022 Health Care Insights study from CVS Health](#) showed that most Americans say convenience is the most important factor when choosing their primary care provider. For those who don’t have a primary care provider — which is one in four adults\* and nearly half of those under age 30 — retail sites of care offer an attractive alternative.

“It’s increasingly apparent that there’s a huge role in preventive services for other providers, such as nurse practitioners and physician assistants. They complement what happens with a primary care physician in a way that makes it convenient for patients,” says Fairchild. MinuteClinic practitioners can help patients understand what services they might need, even if they come in for another problem. “They may initially come in for strep throat, but we can then let them know that they can get other preventive services such as a flu shot when they’re feeling better,” he says.

Retail health clinics can also offer critical preventive interventions in chronic disease management. A 52-year-old patient recently discharged from the hospital came into a CVS Pharmacy® with a new blood pressure prescription. The problem: He couldn’t book an appointment with a primary care provider for three months and only had a 30-day prescription. After a physical exam, MinuteClinic practitioners not only extended his initial prescription but also supplemented it with a second.

## Pharmacists become prevention players

Pharmacies are another retail health care provider that took on a broader role for consumers during the pandemic, says Sandra Leal, Vice President, Pharmacy Practice Innovation and Advocacy, CVS Health. “The public health emergency showed that pharmacists can do more than simply dispense medications. They can be access points for testing, vaccines and even treatment,” Leal says.

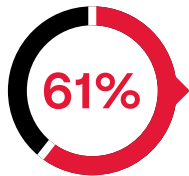
Before the pandemic, many states were already giving pharmacists more expansive roles. Some states allow pharmacists to prescribe oral contraceptives (a service offered through CVS Pharmacy at 1,800 locations). Almost two dozen states allow pharmacists to prescribe drugs that can prevent HIV infection,\* and some allow them to prescribe smoking cessation medications.\* And two states allow pharmacists to prescribe cholesterol medications\* to certain high-risk patients.

A national turning point was the government’s Test to Treat initiative launched in 2022. It allows pharmacists to evaluate COVID-19 positive patients and, if they are eligible, prescribe the oral anti-viral Paxlovid. This first-of-its kind effort allows all pharmacists to assess patients and prescribe treatment, giving patients quick access\* to the medication, which needs to be taken within days of symptoms beginning to be effective.

“COVID-19 treatment is just one example of an expanded service that pharmacists can do,” Leal says. “Given added flexibility and authority, pharmacists can even assist patients with screening, monitoring, education and referral, if needed, for diabetes, behavioral health issues or cardiovascular conditions.”

Pharmacies are widely accessible, within five miles\* of 90% of Americans. Research from CVS Health shows that 61% of U.S.

adults\* say they would like to be able to get a greater range of health services from their local pharmacy.\* And 60%\* report visiting a pharmacy at least once a month, a frequency that provides the pharmacist with more touchpoints to connect with and educate patients, Leal says.



**Percent of adults** who want a greater range of health services from their local pharmacy

### Further steps for preventive care

A recent Gallup poll showed that one in three\* Americans had put off medical treatment last year due to cost, and visits to physicians remain below pre-pandemic levels.\*

Retail health clinics and pharmacies are two frontiers for reversing these trends.\* And even though they complement the role that primary care can play, a wider and more integrated strategy will be needed — including the expansion of traditional primary care. Some of the strategies adopted by CVS Health include:

- **An investment in primary care:** Primary care providers have historically been the vanguard of preventive care delivery. Given the right tools and incentives, they can have an even greater impact. One model has been pioneered by Oak Street Health, a value-based care platform with 600 PCPs across 21 states. Oak Street Health, recently acquired by CVS Health, primarily serves Medicare and dual-eligible (Medicare and Medicaid) patients, about 45% of whom have risk factors around food, housing or isolation.

PCPs at Oak Street Health have historically spent three times more time with patients than other providers. The time is spent listening to patient needs and challenges, even those that extend beyond traditional medical care. The care team — a PCP, registered nurse, medical scribe and medical assistant, who are in turn supported by behavioral health specialists, community health workers, medical social workers and others — help patients manage chronic conditions and social factors that might affect their care. The approach has led to a 50% reduction in hospital admissions. More critically, the model represents a shift from traditional, reactive care to proactive, highly engaged primary care.

Separately, Aetna has built out new team-based models of primary care, in which physicians are joined by nutritionists, health coaches, pharmacists and social workers. This ensures disease

management doesn't stop when the office visit is over. At all touchpoints within CVS Health, patients are encouraged to take the "next best action," a way to help them understand and manage their own care.

- **An omnichannel imperative:** The country turned a corner on virtual care during the pandemic, says Fairchild. But not everyone is a fan of the digital visit, and it might not serve every health care need — which is why providers need to be flexible. "Sometimes that interaction is going to be brick-and-mortar visits and sometimes virtual," he says.

More preventive care will also take place at home, according to a recent Deloitte report.\* Signify Health, now part of CVS Health, is a pioneer in bringing clinicians into the home to identify chronic conditions, close gaps in care and address social determinants of health. Signify providers\* help support the health care journey, including for those with complex conditions, such as chronic kidney disease and some cancers.\*

Signify practitioners meet with millions of people\* in their homes every year.\* While there, they collect hundreds of data points on a patient's health and social needs to make sure that patients get connected to the right care for their needs.

- **More attention to adherence:** Disease management often hinges on taking the right drugs at the right time. Across the health care delivery channels at CVS Health, there is a focus on helping patients start and stay on their medications. This includes one-on-one conversations at a MinuteClinic check-up, the pharmacy counter or by phone, mail delivery service for Caremark® members and messaging through texts, apps and digital portals to get optimal uptake.

"The pandemic showed that pharmacists can do more than simply dispense medications."

**Sandra Leal**  
Vice President, Pharmacy Practice  
Innovation and Advocacy, CVS Health

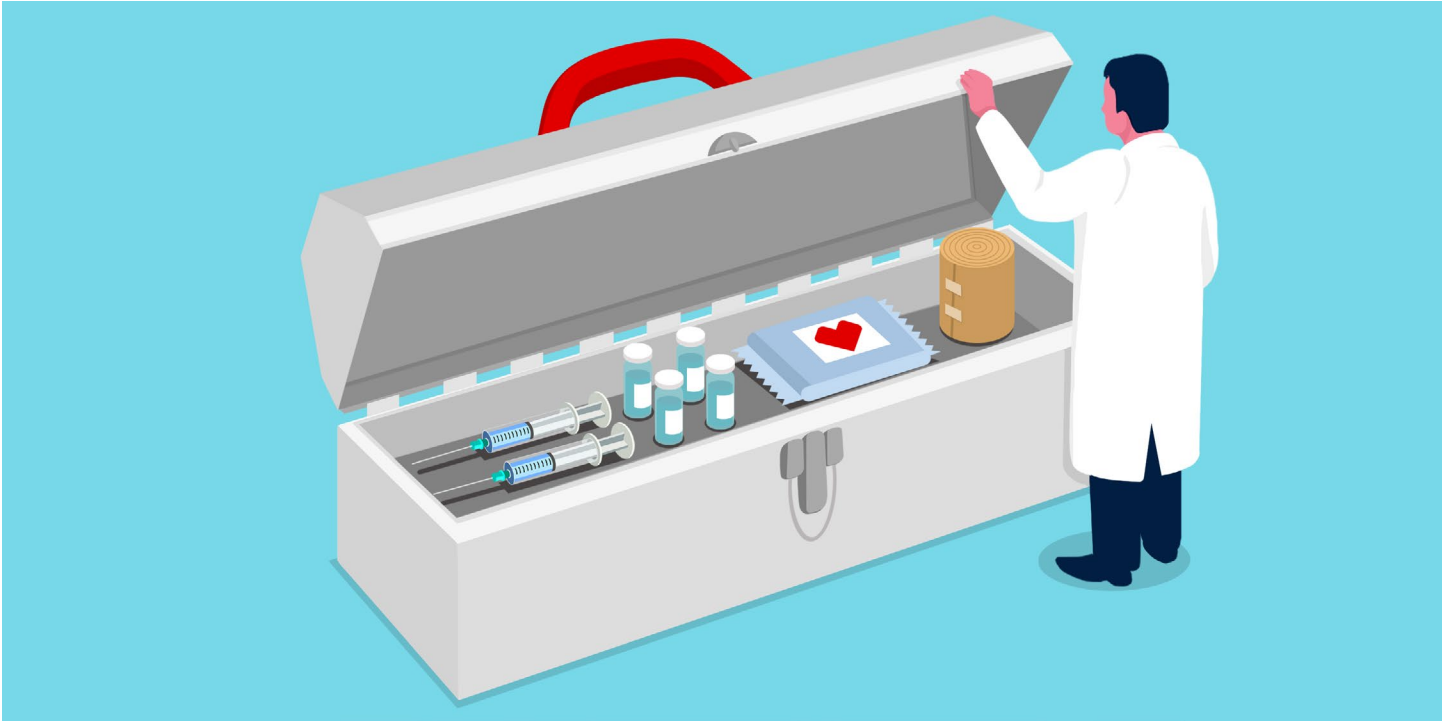
Above all, the preventive care landscape is spread over many moving parts that all need to work together. One major advancement made during the pandemic was giving pharmacy teams access to patient electronic health records, says Leal. This vital tool gives pharmacists visibility into a patient’s full medical history, which can help them alert patients to possible gaps in care.

Primary care providers, pharmacists, retail health clinics and other players are all focused on the same goal — a healthier population. Preventive services are key to getting there. “It’s really clear,” says Fairchild. “Helping people achieve health and wellness, and get the preventive services they should, has to be a team sport.”

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Sources are available at the end of the report.





# Pharmacies and the future of vaccine delivery

**Cost, convenience and trust make neighborhood pharmacies the preferred place to get vaccines.**

**W**hen it comes to preventive care, vaccines are an important first line of defense. They are both effective and cost-effective,\* preventing 5 million deaths\* per year and saving the United States about \$70 billion\* in health care and associated costs.\* As the health care system looks at more ways to boost vaccination rates, one option has had a transformative impact: delivering more shots at local pharmacies.

This is not a new idea. The first vaccination training\* for pharmacists took place in 1994, and over the past few decades, pharmacies have played a critical role in immunizing the public\* for illnesses such as influenza and pneumonia.\* Yet some states hesitated to expand\* pharmacists' authority to provide the whole range of vaccines for all populations, including children.

"The COVID-19 pandemic changed that dramatically," says Prem Shah, Executive Vice President, Chief Pharmacy Officer, and President of Pharmacy and Consumer Wellness, CVS Health. "Flexibilities granted at a national level for the Public

Health Emergency enabled pharmacies to immunize millions of Americans against COVID-19 and other preventable diseases. The public has seen the tremendous benefit of being able to get their vaccines at the pharmacy." In fact, pharmacies became the nation's leading provider\* of the COVID-19 vaccine, with 301.9 million doses\* administered.

The Public Readiness and Emergency Preparedness (PREP) Act\* went further, giving pharmacists the authority to immunize children ages three and older against childhood diseases and influenza. "That meant that children could also stay up to date on recommended vaccines during the pandemic," Shah says.

## A turning point in vaccine access and delivery

While the COVID-19 public health emergency has ended, the U.S. Department of Health and Human Services intends to continue many of the pharmacy-based flexibilities, at least through December

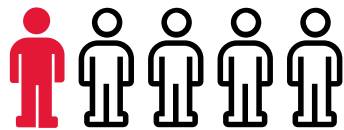


2024, pursuant to authorities under the PREP Act. Despite many of the flexibilities that enable pharmacy teams to provide access to COVID-19 and flu care\* remaining in place temporarily, several groups are calling for pharmacists and technicians to gain the authority to provide more care, including all 25 vaccines\* recommended by the Centers for Disease Control and Prevention (CDC)\* for a broader range of populations in every state. The argument is straightforward. Only one in five adults\* are fully up to date on recommended immunizations, and pharmacists may have several advantages in helping to fill the gap. Many consumers are comfortable receiving their vaccinations at pharmacies,\* according to several studies, and see their pharmacists more often\* than other providers.\* A recent CVS Health survey found that 60% of respondents visited a pharmacy at least once a week, and 53% said they use health care services there because it is faster and more convenient\* — with locations close to home and evening and weekend appointments available.

Vaccine shortfalls can occur across geography, race and ethnicity, but tend to occur more frequently in many underserved groups\* because of less access to vaccines and greater mistrust of the medical system. But, among older individuals of color, 40% say pharmacists are their most accessible health care provider,\* according to a recent survey by the Future of Pharmacy Care Coalition.

### Leveraging Americans' trust of pharmacists

Pharmacists have a unique ability to help close gaps in care, interacting frequently with patients throughout their health care journey. CVS Health began enabling pharmacist access to electronic health records during the pandemic, which was transformative. "Our pharmacists now have a comprehensive picture of medical conditions and whether there are any gaps in preventive care," says Shah. "We can stress the importance of vaccination and can deliver vaccines and other appropriate care interventions on the spot in between regular provider visits, when the patient is thinking about their health."



**1 in 5 adults** are up to date on immunizations

The strongest argument may be the trust that patients have in their pharmacist. In a 2022 [CVS Health survey](#) of 2,200 U.S. adults, 74% said they trust their local pharmacist or pharmacy team.

This was especially important in the face of vaccine hesitancy. "When the COVID-19 vaccine was first approved, people had

many questions about the safety of the vaccine and how it might affect their specific health conditions," says Shah. Black and Latino communities were particularly hesitant, even as the pandemic disproportionately harmed communities of color.\*



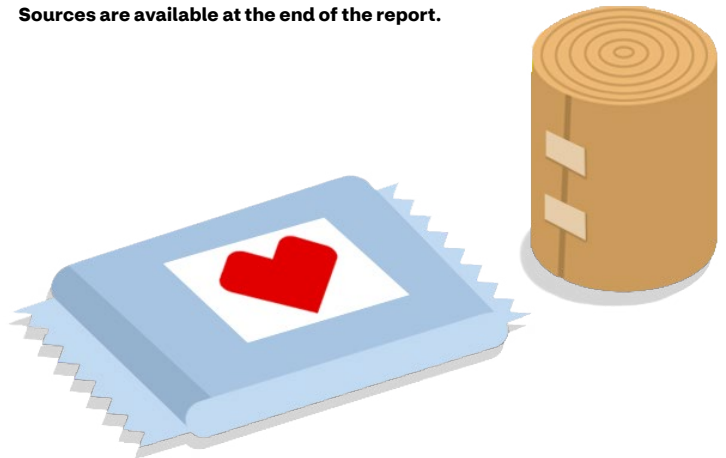
"The public has seen the tremendous benefit of being able to get their vaccines at the pharmacy."

**Prem Shah**  
Executive Vice President  
Chief Pharmacy Officer, and  
President of Pharmacy  
and Consumer Wellness, CVS Health

"Addressing their vaccine hesitancy head-on helped ensure equity in vaccine distribution to those who needed it most," says Shah. "It worked because people turned to their pharmacists, whom they trusted."

Pharmacists' clinical experience and long-standing, trusted relationships with their patients make them critical resources for care, even beyond vaccinations. Building on that important role, community pharmacies can continue to meet their patients' needs by expanding the services they offer in the months and years ahead.

Sources are available at the end of the report.





# Can insurers move the prevention needle?

**With an eye to healthier members, health care payors are increasingly leading a rollout of preventive health care.**

**I**nurance companies have always had a financial interest in teaching members how to stay healthy. For the past decade, prevention has moved to the center of that conversation.

The Affordable Care Act (ACA), which rolled out in 2014, was a national push to ensure that insurance companies (also known as payors) offer a wide range of these services without burdensome cost barriers to their customers. It also “brought access to health insurance and preventive care to so many,” says Cathy Moffitt, MD, FAAP, Senior Vice President and Aetna Chief Medical Officer, CVS Health®.

In all, coverage was extended through the ACA to more than 30 million people\* — including record numbers of underserved minorities.\* This was “an unprecedented opportunity for preventive care,” says Moffitt.

In the years since, health care payors have also seen a digital revolution and a lifesaving vaccine rollout. Both have shaped how they think about prevention for their members.

**Overall adoption of preventive care is still low in the United States. What can payors do for people who are falling through the cracks?**

**Moffitt:** My teams start with the analytics. We find out if members have gaps in their preventive care. We have multiple ways to do that, including reviewing claims, patient charts and encounter data. That’s step one. Then comes the bigger challenge, which is to help get those people to the screenings and vaccinations that they need.

We work with providers. Some of our provider contracts include pay-for-performance incentives that nudge them to keep members’ preventive care up to date. But it’s often the member that needs to make the call, to decide to go in and get the screening or the shot.

We employ several strategies to help make that happen. We might have conversations with a member at an employer’s wellness fair, which can sometimes result in a visit. When

a member calls in to get a replacement ID card or to check on a claim with us, we can mention an overdue screening or vaccination. And we have other touchpoints. Medicare Advantage members, for example, have a Healthy Aging support program, and part of that expressly helps them stay up to date on prevention.



“We all understand, first-hand, the profound impact of preventive care. We’ve seen it save lives.”

**Cathy Moffitt**  
MD, FAAP, Senior Vice President and  
Aetna Chief Medical Officer, CVS Health

**Underserved groups have some of the greatest challenges in receiving preventive care. How is Aetna looking at that problem?**

**Moffitt:** Some of those challenges are directly related to social determinants of health (SDOH) — factors like food security, having a home or access to transportation. We’ve come miles and miles in our understanding of SDOH, both as an industry and as a company. At Aetna, we’ve developed new ways of screening for people who might have a need and new ways of communicating that to our providers.

Helping people overcome SDOH barriers is not easy. And it isn’t something that we, as an industry, can do in a top-down way. So, we start by listening, especially to local communities.

We partner with community-based organizations around the country, which sometimes leads to outcomes-based contracts if they can help our members in meaningful ways. We’ve also set up community health councils, which go out and listen to what needs might be most pressing on a local level. In Georgia, our councils have helped start grade school nutrition programs and mini farmer’s markets for seniors. In Pennsylvania, where the community decided that mental health was a priority, we trained 60 local organizations in mental health first aid.

But there are many ways we can do better with the underserved. We know that race, ethnicity, income, sexual orientation and gender identity can all play into trust issues around health care. So, we’ve

started to provide information to members that lets them choose a clinician who looks like them, speaks their language or is sensitive to LGBTQ+ issues. Feeling comfortable encourages people to seek care when they need it.

**One aspect of prevention is keeping chronic conditions from getting worse. What can health insurers do better there?**

**Moffitt:** We’ve found some evidence-based interventions that work really well. For members with diabetes, for instance, we created an approach called Transform Diabetes Care. At all stages of the health care journey, each member receives a tailor-made invitation to their “next best action” — the step that is going to help them the most. That might be improving medication adherence or engaging in healthy lifestyle choices or something else that stabilizes or improves their condition.

Motivating a member to take those steps might include phone nudges, a face-to-face conversation at the pharmacy or a meeting with a dietitian. The member may receive a glucometer or get help with changing medication regimens, and this can involve a range of providers and touchpoints. It’s all to reduce the complexity of self-management and improve health outcomes. The important part is that we match the intervention with what’s going to help the member take the right next step.

Since the launch of Transform Diabetes Care, we’ve found that 80% of people with uncontrolled diabetes see a reduction in their average blood sugar levels. And we see members in this program taking 26% more healthy actions, which include important things like getting a screening or optimizing medications.

**Which frontiers of delivering preventive care seem most promising now?**

**Moffitt:** One durable impact of the pandemic was our big shift toward virtual care. We’re still exploring how that helps us with preventive care. We’re having success with offering virtual provider visits, and when it’s needed, members can also go in person to a CVS Pharmacy or MinuteClinic to get their vaccinations and other face-to-face services. Offering care in those retail settings lowers the barrier for getting this preventive care done.

But within virtual care, there is a much bigger opportunity. We’re looking at wearable devices that can monitor chronic conditions or apps that help members with mood or weight management. Virtual delivery also gives us an opportunity to help people looking for behavioral health care, which is a kind of preventive health care that’s widely underserved. For example, MinuteClinic now offers mental health services in select locations, both in person and virtually, as well as depression screening at all locations. Accessing mental health services in a retail health setting or at home helps improve engagement and reduce stigma.

Another promising evolution — and in a sense, it's just the opposite of virtual care — is the growth of in-home medical assessments. CVS Health recently acquired Signify Health, which has a network of 10,000 clinicians. They do about 2.3 million in-home visits annually. A provider spends an hour in the member's home and identifies the member's clinical and social needs, including missed preventive care.

Home visits are especially valuable for people who lack ready access to primary care, such as those in rural settings or who face obstacles related to their social determinants of health — a lack of transportation, for instance.

**As a priority for Aetna, where does preventive care fit?**

**Moffitt:** In my early career, I was a practicing pediatrician. My team has many, many physicians with extensive primary care experience. We all understand first-hand the profound impact of preventive care. We've seen it save lives at all stages of the patient journey.

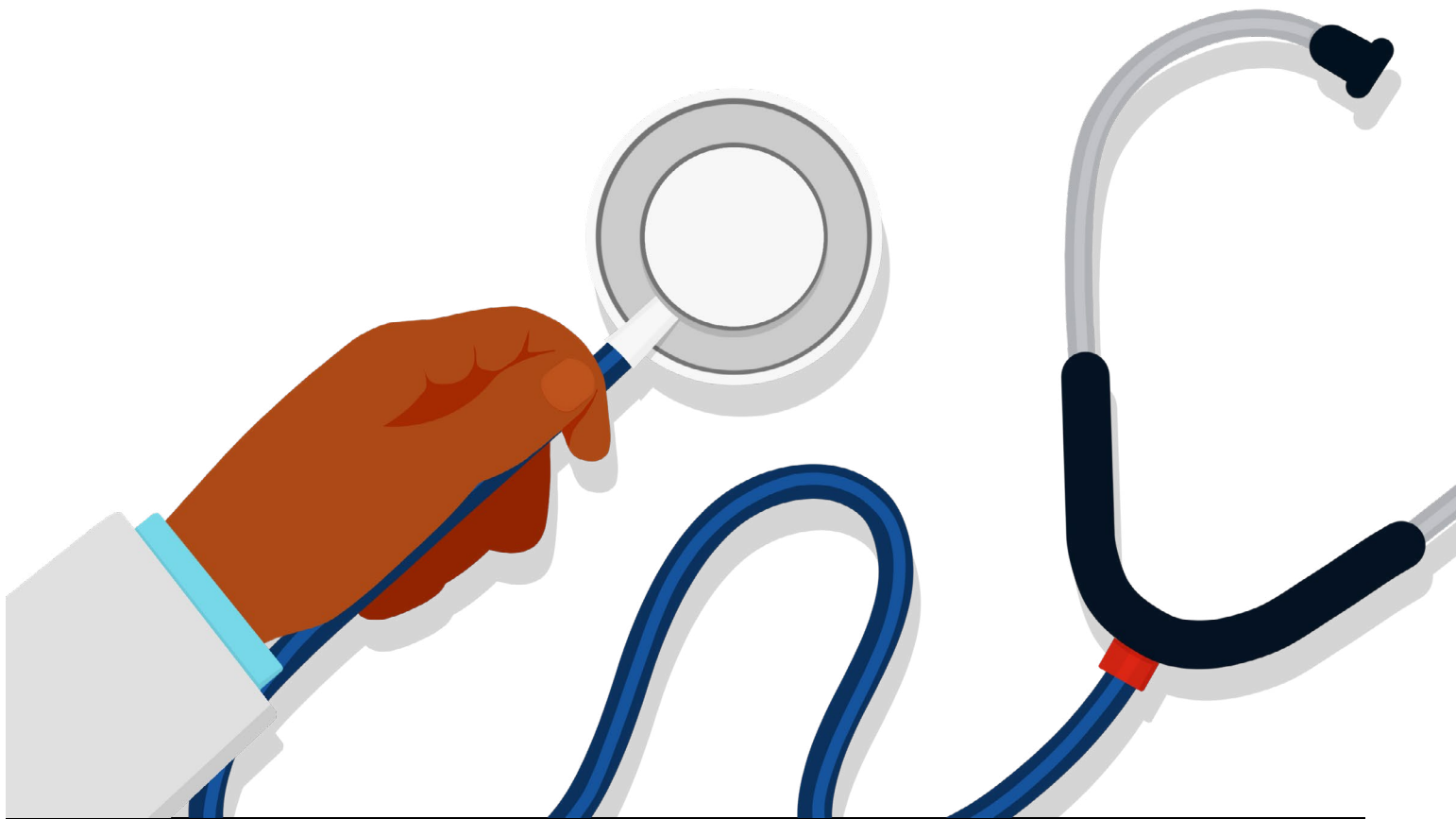
As an insurer, covering preventive care is not only the inherently right thing to do, it's also a business imperative. National programs that evaluate how well plans cover preventive care — the Healthcare Effectiveness Data and Information Set (HEDIS) and Medicare

Advantage Star — have tremendous reputational and financial relevance for our industry. As well they should. Several recent steps, including home visits through Signify Health and more options for virtual care, are helping us help our members.

At Aetna, our philosophy and culture require us to hold ourselves and our providers accountable for closing gaps in preventive care. Its value can't be overstated.

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Sources are available at the end of the report.





# A health screening scorecard

**What conditions should most people be tested for — and how often are they doing it?**

**P**reventive care is supposed to catch medical issues before they get serious. But a recent survey showed that 65% of Americans — about two-thirds of the country — aren't up to date on cancer screenings, leading to greater risk of serious disease. While cost is one roadblock to getting this type of care, the bigger barrier is that two in five people simply don't know\* what tests they're supposed to get.\*

The graphic below shows the most common adult screenings recommended by the United States Preventive Services Task Force. How are you doing — and how do you compare to the rest of the country? The uptake for some tests, such as osteoporosis, is dishearteningly low. But the much wider screening rates for breast and colorectal cancer show what's possible.

Keep in mind that children 18 and under require additional screenings, and that all health screening and preventive care needs should be discussed with your physician.



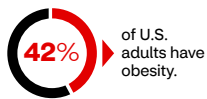
# Get screened

Talk with your doctor about which screenings to get — and when to get them.

## Starting in childhood ...

### Obesity

**Age:** 6+  
**Frequency:** Yearly\*



### Depression

**Age:** 12 to 80+  
**Frequency:** At least once, and when provider sees likely cause for retesting\*

### High cholesterol

**Age:** 9 to 75+  
**Frequency:** At least once in childhood; Every 4 to 6 years as adults;\* More often from ages 40 to 75\*

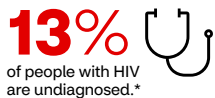


**4 in 5 adults** don't know when to start this screening.\*

## As a young adult ...

### HIV

**Age:** 13+  
**Frequency:** Varies by sexual activity and demographics\*



### High blood pressure

**Age:** 18 to 80+  
**Frequency:** Every 3 to 5 years from ages 18 to 39; Annually, after age 40;\* More often with risk factors.

**Nearly half** of adults have high blood pressure.\*

### Cervical cancer

**Age:** 21 to 65  
**Frequency:** Every 3 to 5 years, depending on screening method used\*

### STIs

**Age:** Sexually active years  
**Frequency:** Varies by sexual activity and demographics\*

### Hepatitis C

**Age:** 18 to 79  
**Frequency:** Once, more often with risk factors\*

**2.4M** people have a current Hep C infection.\*

### Tobacco, drug and alcohol use

**Age:** 18+  
**Frequency:** Every provider visit\*

Tobacco is the leading cause of **preventable death**.\*

## In later years ...

### Breast cancer

**Age:** 40 to 75  
**Frequency:** Every two years between ages 50 and 75\*



### Lung cancer

**Age:** 50 to 80  
**Frequency:** Yearly for smokers or past smokers\*

**Fewer than 6%** of those eligible have been screened.\*



The above screenings are offered at MinuteClinic® locations. Schedule an appointment here: [cvs.com/minuteclinic](https://cvs.com/minuteclinic)

For other screenings recommended based on your age, gender and medical history, consult your physician.

### Diabetes

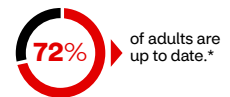
**Age:** 35 to 75 for at-risk groups  
**Frequency:** Every 3 years\*



**More than 1 in 3** adults have undiagnosed prediabetes or diabetes.

### Colorectal cancer

**Age:** 45 to 75  
**Frequency:** Yearly to every 10 years, based on method and risk factors\*



### Osteoporosis

**Age:** Women and all trans people, 65 to 80+, earlier with risk factors  
**Frequency:** As determined by physician\*

**Only 27% of women** ages 65 to 79 get screenings.\*



For more information, read our Health Trends Report: [CVSHealth.com/HealthTrends/PreventiveCare](https://CVSHealth.com/HealthTrends/PreventiveCare)

Sources are available at the end of the report.

**Sources: A care strategy whose time has come**

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