



VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT

FACILITY INFORMATION

Facility Name:			VFC Pin#:
Facility Address:			
City:	County:	State:	Zip:
Telephone:		Fax:	
Shipping Address (if different than facility address):			
City:	County:	State:	Zip:

MEDICAL DIRECTOR OR EQUIVALENT

Instructions: The official VFC-registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law, who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

Note: For the purposes of the VFC program, the term 'vaccine' is defined as any FDA-authorized or licensed, ACIP-recommended product for which ACIP approves a VFC resolution for inclusion in the VFC program.

Last Name, First, MI:		Title:
Specialty:	License No:	Medicaid or NPI No:
Email:	Employer Identification Number:	

VFC VACCINE COORDINATOR

Primary Vaccine Coordinator Name:

Telephone:	Email:
Completed annual training: <input type="radio"/> Yes <input type="radio"/> No	Type of training received:

Back-Up Vaccine Coordinator Name:

Telephone:	Email:
Completed annual training: <input type="radio"/> Yes <input type="radio"/> No	Type of training received:

PROVIDERS PRACTICING AT THIS FACILITY *(attach additional pages as necessary)*

Instructions: List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.

Provider Name	Title	License No.	Medicaid or NPI No.	EIN (Optional)

PROVIDER AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or practice administrator or equivalent:

1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federal or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:</p> <p>A. Federal Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none">1. Are an American Indian or Alaska Native;2. Are enrolled in Medicaid;3. Have no health insurance;4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement. <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none">a) In addition, to the extent that my state designates additional categories of children as “state vaccine-eligible,” I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children. <p>Children aged 0 through 18 years that do not meet one or more of the federal vaccine eligibility categories (VFC-eligible), are not eligible to receive VFC-purchased vaccine.</p>
3.	<p>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:</p> <ol style="list-style-type: none">a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4.	I will maintain all records related to the VFC program for a minimum of three years, or longer if required by state law, and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
6.	I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$19.93 per vaccine dose. For Medicaid children, I will accept the

	reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
7.	I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
8.	<p>I will distribute the current Vaccine Information Statement (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).</p> <p><i>Note: Until a COVID-19 Vaccine Information Statement (VIS) becomes available, provide information prior to vaccination as follows: EUA Fact Sheet for Recipients, Emergency Use Instructions (EUI), or BLA package insert, as applicable.</i></p> <p><i>For nirsevimab when not co-administered with other vaccines, report all suspected adverse reactions to MedWatch. Report suspected adverse reactions following co-administration of nirsevimab with any vaccines to the Vaccine Adverse Event Reporting System (VAERS).</i></p>
9.	<p>I will comply with the requirements for vaccine management including:</p> <ol style="list-style-type: none"> Order vaccine and maintain appropriate vaccine inventories; Not store vaccine in dormitory-style units at any time; Store vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Kentucky Immunization Program storage and handling recommendations and requirements; Return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration
10.	<p>I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program:</p> <p>Fraud: an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.</p> <p>Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</p>
11.	I will participate in VFC program compliance site visits, including unannounced visits and other educational opportunities associated with VFC program requirements.
12.	<p>For specialty providers (pharmacies, urgent care, or school-located vaccine clinics) I agree to:</p> <ol style="list-style-type: none"> Vaccinate all "walk-in" VFC-eligible children and Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee. <p><i>Note: "Walk-in" refers to any VFC-eligible child who presents requesting a vaccine, not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive vaccinations, then the policy would apply to VFC patients as well. "Walk-in" may also include VFC-eligible newborn infants at a birthing facility.</i></p>

13.	I agree to replace vaccine purchased with state and federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a <u>dose-for-dose</u> basis.
14.	<p>For providers with a signed deputization Memorandum of Understanding between a FQHC or RHC and the state/local immunization program to serve underinsured VFC-eligible children, I agree to:</p> <ul style="list-style-type: none"> a) Include “underinsured” as a VFC eligibility category during the screening for VFC eligibility at every visit; b) Vaccinate “walk-in” VFC-eligible, underinsured children; and <p>Submit required deputization reporting data</p> <p>Note: “Walk-in” in this context refers to any underinsured child who presents requesting a vaccine, not just established patients. “Walk-in” does not mean that a provider must serve underinsured patients without an appointment. If a provider’s office policy is for all patients to make an appointment to receive vaccinations, then the policy would apply to underinsured patients as well. “Walk-in” may also include VFC-eligible newborn infants at a birthing facility.</p>
15.	<p>I understand that in order to participate in the VFC program I will be required to utilize the Kentucky Immunization Registry (KYIR) for the following:</p> <ol style="list-style-type: none"> 1. Ordering and appropriately documenting shipments received; 2. Managing and reconciling VFC inventories; 3. Reporting wastage, transfers, and returns; 4. Borrowing and replacement of vaccines; and 5. Documenting vaccine administration per patient.
16.	<p>For providers that serve any non-VFC eligible population according to their provider profile, I agree to purchase and maintain a separate vaccine inventory to vaccinate my non-VFC-eligible population. Non-VFC-eligible populations include:</p> <ul style="list-style-type: none"> a) Fully insured children b) Other underinsured children (served by a provider/facility that is not a FQHC/RHC or a deputized provider) c) Enrolled in CHIP
17.	I understand this facility, or the Kentucky Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Kentucky Immunization Program.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Medical Director or Equivalent Name (print):

Signature:	Date:
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PROVIDER PROFILE

All healthcare providers participating in the Kentucky Immunization Program (KIP) vaccine programs must complete this form annually or more frequently if the number of children served changes or the status of the facility changes during the calendar year.

Date: _____

Provider PIN: _____

PROVIDER TYPE (select only one provider type)

Please review the provider type definitions to assist with provider type selection.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Behavioral Health Clinic <input type="radio"/> Birthing Hospital or Birthing Center <input type="radio"/> Community Vaccinator <input type="radio"/> Correctional Facility <input type="radio"/> Family Planning Clinic (non-health department) <input type="radio"/> Federally Qualified Health Center <input type="radio"/> Hospital <input type="radio"/> Indian Health Service, Tribal, or Urban Clinic <input type="radio"/> Juvenile Detention Center <input type="radio"/> Migrant Health Center <input type="radio"/> Mobile Provider <input type="radio"/> Pharmacy <input type="radio"/> Private Practice (e.g. family practice, pediatric, primary care) <input type="radio"/> Private Practice (e.g. family practice, pediatric, primary care) as agent for FQHC/RHC - deputized | <ul style="list-style-type: none"> <input type="radio"/> Public Health Clinic (state/local) <input type="radio"/> Public Health Clinic (state/local) as agent for FQHC/RHC – deputized <input type="radio"/> Refugee Health Clinic <input type="radio"/> Residential/Congregate Care Facility <input type="radio"/> Retail Health Clinic <input type="radio"/> Rural Health Clinic <input type="radio"/> School-Based Clinic (permanent clinic location) <input type="radio"/> STD/HIV Clinic (non-health department) <input type="radio"/> Student Health Services <input type="radio"/> Teen Health Center (non-health department) <input type="radio"/> Urgent/Immediate Care Center <input type="radio"/> Women, Infants, and Children (WIC) Clinic <input type="radio"/> Other (specify) _____ |
|---|--|

If applicable, please indicate the specialty of the provider/practice (Select all that apply):

- Family Medicine
- Internal Medicine
- OB/GYN
- Pediatrics
- Preventative Medicine
- Other (specify) _____
- N/A

Is this provider site part of a hospital/healthcare system?

- Yes
- No
- N/A or don't know

Facility Type (select one):

- Private Facility (privately funded entity, non-governmental)
- Public Facility (publicly funded or government entity)
- Combination (funded with public and private funds)

Is this facility a mobile facility, or does this facility have mobile units?*

- Yes
- No

*A mobile unit is a dedicated vehicle with a primary purpose of providing medical services (e.g. Immunization services).

VACCINES OFFERED

Is this provider a specialty provider?* Please note: the Immunization Program must review and approve any provider who identifies as a specialty provider.

- Yes
- No

Vaccines Offered (Select One):

- All ACIP Recommended Vaccines for children 0 through 18 years of age.
- Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the Immunization Program).

*A Specialty Provider is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g. OB/GYN; STD clinic, family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The Immunization Program has the authority to designate VFC providers as specialty providers. At the discretion of the Immunization Program, certain enrolled providers such as pharmacies and community vaccinators may offer a limited selection of vaccines.

Select Vaccines Offered by Specialty Provider:

- | | | |
|-----------------------------------|--|---|
| <input type="radio"/> COVID-19 | <input type="radio"/> Influenza | <input type="radio"/> Pneumococcal Polysaccharide |
| <input type="radio"/> DTaP | <input type="radio"/> Meningococcal ACWY | <input type="radio"/> Polio |
| <input type="radio"/> Hepatitis A | <input type="radio"/> Meningococcal B | <input type="radio"/> Rotavirus |
| <input type="radio"/> Hepatitis B | <input type="radio"/> MMR | <input type="radio"/> Td/Tdap |
| <input type="radio"/> HIB | <input type="radio"/> Nirsevimab | <input type="radio"/> Varicella |
| <input type="radio"/> HPV | <input type="radio"/> Pneumococcal Conjugate | <input type="radio"/> Other, specify _____ |

DELIVERY HOURS

Please list hours of operation for delivery of vaccine shipments.

Note: Time blocks must be a minimum of 4 continuous hour segments. (ex. 8:00 am to 12:00 pm; 1:00 pm to 5:00 pm, etc.)

	OPEN	CLOSE	Office closed for other reasons (lunch, trainings, etc.)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY	NO DELIVERIES	NO DELIVERIES	

PROVIDER POPULATION

Provider Population based on patients seen during the previous 12 months. *Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.*

VFC Vaccine Eligibility Categories	# of children who received VFC vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				
No Health Insurance				
American Indian/Alaska Native				
Underinsured in FQHC/RHC or deputized facility ¹ <small>¹Only complete if you are an FQHC/RHC or deputized health department</small>				
Total VFC				
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)				
TOTAL PATIENTS (MUST EQUAL SUM OF TOTAL VFC + TOTAL NON-VFC)				

¹Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the Kentucky Immunization program in order to vaccinate these underinsured children.

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

- | | |
|---|---|
| <input type="radio"/> Benchmarking
<input type="radio"/> Medicaid Claims Data
<input type="radio"/> Kentucky Immunization Registry (KYIR)
<input type="radio"/> Doses Administered | <input type="radio"/> Provider Encounter Data
<input type="radio"/> Billing System
<input type="radio"/> Other (must describe): _____ |
|---|---|

Signature of person completing the Provider Population numbers: _____

Date: _____

Provider Type Definitions

Behavioral Health Clinic

Locations that provide counseling, behavioral therapy, medication, case management, and other types of services to persons with behavioral health disorders. This provider type is used for behavioral health treatment centers where on-site vaccination services are provided.

Birthing Hospital or Birthing Center

Birthing centers or birthing hospitals where on-site vaccination services are provided.

Community Vaccinator

Community-wide vaccinators that are external to public or private conventional healthcare providers, offer vaccination services only, and conduct vaccination clinics in mobile, temporary, or offsite locations exclusively (e.g., non-permanent school-located vaccination clinics).

Correctional Facility

Juvenile correctional facilities as well as adult correctional facilities where juveniles are confined, and on-site vaccination services are provided. Unlike juvenile detention centers, confinement in correctional facilities is generally long-term in nature; youths are confined in secure correctional facilities for periods generally ranging from a few months to years.

Family Planning Clinic (non-health department)

Clinic that provides contraceptive services for clients who want to prevent pregnancy and/or space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STD services (including HIV/AIDS), and other preconception health services (e.g., screening for obesity, smoking, and/or mental health). This provider type is used for family planning clinics where vaccination services are provided. NOTE: Non-health department clinics that offer only STD/HIV screening and treatment services should be categorized as “STD/HIV Clinic (non-health department).”

Federally Qualified Health Center

Community-based health care providers that offer primary care services in underserved areas and meet the criteria for “Federally Qualified Health Center (FQHC)” certification as set by the Centers for Medicare and Medicaid Services (CMS) (Section 1861(aa)(4)(B) and section 1905(l)(2)(B) of the Social Security Act). FQHCs include HRSA Health Center Program award recipients and HRSA Health Center Program look-alikes, which are health centers that meet Health Center Program requirements but do not receive federal award funding. NOTE: Certain tribal organizations are also FQHCs. However, for tribal or urban Indian health clinics enrolled as FQHCs, use the “Indian Health Service, Tribal, or Urban Clinic” designation. The FQHC provider type includes any satellite, temporary, or offsite locations where the provider of record (i.e., FQHC personnel) is administering vaccine.

Hospital

All hospitals, including medical school or university-affiliated hospitals but excluding birthing hospitals, where on-site vaccination services are provided. NOTE: For birthing hospitals, use the “Birthing Hospital or Birthing Center” designation. The Hospital provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., hospital or hospital-contracted personnel) is administering vaccine.

Indian Health Service, Tribal, or Urban Clinic

Indian Health Service (IHS), Tribal, or Urban Indian Health Program facilities that provide vaccination services. Urban Indian Health Centers are also designated Federally Qualified Health Centers and provide comprehensive primary care and related services to American Indians and Alaska Natives. Alaska Village Clinics should be included in this provider type.

Juvenile Detention Center

Juvenile detention centers where on-site vaccination services are provided. Juvenile detention is defined as the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a short-term restricted environment for their own or the community’s protection while pending legal action or dispositional placement in a correctional facility.

Migrant Health Center

Centers that provide health services, including on-site vaccination services, to migratory and seasonal agricultural workers and their families.

Mobile Provider

Providers who offer vaccination as well as other healthcare services exclusively out of a mobile facility. This designation should NOT be used for providers who have a mobile unit associated with their facility, but the unit is not the primary location for vaccine storage and administration.

Pharmacy

Stand-alone retail pharmacy (e.g., CVS, Duane Reade, Walgreens, independently owned pharmacies, etc.) or retail pharmacy within a hospital or health system where on-site vaccination services are provided. This category also includes retail pharmacies that conduct community vaccination clinics at offsite or mobile locations. NOTE: This provider type does not include retail health clinics (e.g., Minute Clinic) or centralized pharmacies within a hospital or healthcare facility that dispense vaccines to be administered by facility staff. In those cases, the provider type is determined by who administers the vaccine. The Pharmacy provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., pharmacy personnel) is administering vaccine.

Private Practice (e.g., family practice, pediatric, primary care)

Private practice locations, including solo, group, or HMO practitioners, where vaccination services are provided. NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., provider location personnel) is administering vaccine.

Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC- deputized

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized private practices, including solo, group, or HMO practitioners, that provide vaccination services. NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized private practice personnel) is administering vaccine.

Public Health Clinic (state/local)

State or local public health clinics that provide vaccination services. This category includes public health-run STD/HIV clinics, family planning clinics, and teen health centers. NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., public health clinic personnel) is administering vaccine.

Public Health Clinic (state/local) as agent for FQHC/RHC- deputized

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized state or local public health clinics that provide vaccination services. NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized public health clinic personnel) is administering vaccine.

Refugee Health Clinic

Clinics that are designated to improve health care and monitor the medical conditions of refugees who have relocated to the United States. This provider type is used for refugee health clinics that provide vaccination services. NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a refugee health clinic but are not administered by refugee health staff, select the category of the provider with oversight of vaccination services.

Residential/Congregate Care Facility

Out-of-home settings, including group homes, childcare institutions, congregate foster care facilities, where onsite vaccination services are provided. NOTE: If children in these settings receive vaccinations from a mobile provider or community vaccinator, then that provider type should be used.

Retail Health Clinic

Health clinics located within grocery, drug, or retail stores that provide onsite vaccination services. Retail health clinics generally provide a focused range of protocol-driven healthcare services, such as the treatment of minor illnesses or injuries and vaccination services (e.g., Minute Clinic, Take Care Clinic).

Rural Health Clinic

Clinics located in a non-urbanized Health Professional Shortage Area, Medically Underserved Area, or governor-designated and secretary-certified shortage area. This provider type is used for rural health clinics that provide vaccination services.

School-Based Clinic (permanent clinic location)

Permanent school-based clinics that provide vaccination services through 12th grade. NOTE: For non-permanent school-based clinics, use the “Community Vaccinator” designation. The School-Based Clinic (permanent clinic location) provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., school-based clinic personnel) is administering vaccine.

STD/HIV Clinic (non-health department)

Clinics that provide timely STD/HIV diagnosis, testing with on-site treatment, and partner services. This provider type is used for STD/HIV clinics NOT located within a health department where on-site vaccination services are provided. NOTE: This category should be used by non-HD clinics that exclusively offer STD/HIV screening and treatment services.

Student Health Services

Permanent school-based clinics that provide vaccination services for college/university students (e.g., Job Corps).

Teen Health Center (non-health department)

Teen health centers that are NOT public health department-sponsored and provide on-site vaccination services.

Urgent/Immediate Care Center

Locations that provide immediate medical outpatient care for the treatment of acute and chronic illness and injury. This provider type should be used for urgent care centers or walk-in clinics where on-site vaccination services are provided.

Women, Infants, and Children (WIC) Clinic

Locations that serve low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 years who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. This provider type is used for WIC clinics that also provide vaccination services. NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a WIC clinic but are not administered by WIC staff, select the category of the provider with oversight of vaccination services.

Other

Any provider type not captured in one of the other provider type options

Provider Specialties Definitions**Family Medicine**

Manages common illnesses and conditions for people of all ages, focusing on overall health and well-being throughout the lifespan.

Internal Medicine

Deals with the prevention, diagnosis, and nonsurgical treatment of diseases and disorders of the internal organs/structures in adults.

OB/GYN

Obstetrician-gynecologist. Provides specialized services in women’s health.

Pediatrics

Involves disease/disorder prevention, diagnosis, and treatment associated with the physical and developmental health of children from birth to young adulthood.

Preventive Medicine

Focuses on the health of individuals and communities with the goal of promoting health and well-being and preventing disease, disability, and death.