### Submission to the Canadian Task Force on Preventive Health Care Consultation

#### Submitted by: [Your Name], Epidemiologist, [Your Position/Organization]

Thank you for the opportunity to provide feedback on the governance, mandate, and engagement strategies for the Canadian Task Force on Preventive Health Care (Task Force). As a public health epidemiologist with a focus on preventive health, I recognize the Task Force’s critical role in shaping health outcomes across Canada. Below are my recommendations for consideration.

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### Question 1: Governance, Transparency, and Accountability

The Task Force has already demonstrated substantial transparency and rigor in guideline development. However, some adjustments could further enhance its transparency, accountability, independence, and leadership.

1. \*\*Expanded Open-Access to Evidence Review and Decision-Making Processes\*\*

Maintaining the public availability of systematic reviews, draft guidelines, and the rationale for decisions is key to transparency. Adding accessible summaries or infographics and making the public feedback process more visible online would strengthen public understanding and engagement.

2. \*\*Enhanced Independence Through Multi-Sector Representation\*\*

Including a broader representation from diverse sectors—public health, academia, clinical practice, patient advocacy, and equity-deserving communities—can provide a more balanced perspective. This would bolster both transparency and accountability, ensuring that a variety of perspectives inform guidelines.

3. \*\*Regular Stakeholder Consultations\*\*

Scheduled consultations with public health agencies, practitioners, and community organizations at each stage of guideline development could increase the timeliness and relevance of guidelines. This would allow the Task Force to respond to evolving health trends and emerging evidence, while increasing public trust in its recommendations.

4. \*\*Agile Decision-Making Framework\*\*

To address rapidly evolving health issues, such as pandemics or new preventive health challenges, the Task Force should consider adopting an agile framework. Regularly assessing the adaptability of guidelines through stakeholder reviews or incorporating feedback mechanisms that allow for iterative guideline updates would improve responsiveness.

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### Question 2: Future Mandate and Collaboration

The landscape of preventive health care is rapidly evolving, with significant contributions from various organizations both nationally and internationally. To optimize its impact and relevance, the Task Force could consider the following enhancements to its mandate and collaborative efforts:

1. \*\*Mandate Expansion to Include Preventive Health Across Life Stages\*\*

The Task Force should continue its focus on preventive health but with a broader mandate to cover preventive health at various life stages, from pediatrics to geriatrics. Including guidelines that address unique health needs in early and late life could fill a critical gap in national prevention strategies.

2. \*\*Collaboration with National and International Bodies\*\*

Collaborating with provincial health agencies, the Canadian Institutes of Health Research (CIHR), and global organizations like the World Health Organization (WHO) and the US Preventive Services Task Force can strengthen guideline harmonization and access to the latest evidence. Collaborative frameworks can ensure guidelines remain consistent and effective across borders while respecting regional health considerations.

3. \*\*Partnerships for Knowledge Translation and Implementation Support\*\*

Partnerships with academic institutions, public health networks, and primary care providers could enhance guideline dissemination and implementation. By working with partners on developing implementation resources, the Task Force can increase guideline uptake, particularly in under-resourced settings and among diverse communities.

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### Question 3: Strengthening Interest Holder Engagement for Health Equity

Inclusive, equitable guideline development is crucial for ensuring that Canada’s preventive health strategies serve all Canadians. The Task Force can better represent Canada’s diversity by strengthening engagement with key stakeholders and communities:

1. \*\*Formal Engagement with Equity-Deserving Groups\*\*

Establishing an advisory council or regular consultation framework with representatives from equity-deserving groups, including Indigenous, immigrant, racialized, and LGBTQ+ communities, could allow the Task Force to gather insights on barriers to preventive health care and ensure guidelines are relevant to these populations.

2. \*\*Recruitment of Subject-Matter Experts on Health Equity\*\*

Including health equity experts and advocates as part of the Task Force’s guideline development process would ensure that social determinants of health and intersectional factors are thoroughly considered. This inclusion would also enable the Task Force to address specific disparities that contribute to health inequities.

3. \*\*Inclusive and Culturally Responsive Communication Strategies\*\*

The Task Force should focus on culturally appropriate language and dissemination practices. Tailoring guideline communications to resonate with various cultural contexts, linguistic needs, and literacy levels could improve accessibility, uptake, and impact of guidelines across Canada’s diverse population.

4. \*\*Engagement with Public and Private Sector Partners for Broader Reach\*\*

Collaborating with both public health agencies and private organizations in underserved communities would amplify the Task Force’s reach. Such partnerships can help bridge gaps in access and support programs that deliver preventive services directly to communities.

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### Conclusion

The Canadian Task Force on Preventive Health Care plays an essential role in improving the health of Canadians through evidence-based preventive care guidelines. By enhancing its governance, expanding its mandate, and strengthening stakeholder engagement with a focus on health equity, the Task Force can better serve Canada’s diverse population. I am grateful for the opportunity to provide input and look forward to seeing how the Task Force evolves to meet the preventive health care needs of Canadians.