

An Evaluation of the Canadian Task Force on Preventive Health Care's 2025 Activities

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Executive Summary

Background

The primary aim of the Canadian Task Force on Preventive Healthcare (Task Force) is to develop guidelines to assist primary care practitioners with delivering preventive care to their patients. To support this goal and the development of the National Advisory Committee on Preventive Health Services, to be launched in April 2026, the Knowledge Translation Program conducted an evaluation of the Task Force's 2025 activities. The objectives of this evaluation were to:

- Assess the reach of Task Force guidelines and resources in 2025;
- Summarize key projects conducted by or on behalf of the Task Force in 2025; and
- Highlight the recommendations from the 2022, 2023 and 2024 annual evaluations.

Methods

The evaluation was guided by the RE-AIM framework. Data were collected from administrative sources (e.g., webinar attendance sheets, web analytics), tracking documents (e.g., media tracking sheets), and reports on key activities (e.g., research reports, annual evaluation reports).

Results

Guidelines

The Task Force disseminated 2 new guidelines in 2025, one on Tobacco Smoking in Adults and an update of the Adult Depression screening guideline.

Previously released guidelines also continued to be available in 2025. The Task Force's cancer screening guidelines were some of the most popular Task Force guidelines. The Colorectal Cancer guideline (4,722 downloads) and Prostate Cancer guideline (4,174 downloads) were the third and fourth most downloaded Task Force guidelines from CMAJ in 2025; the Colorectal Cancer (10,213 downloads/year), 2018 Breast Cancer (9,565 downloads/year) and Cervical Cancer (9,119 downloads/year) guidelines had the third, fourth and fifth highest downloads/year rates from CMAJ; and the 2024 Breast Cancer (EN- 28,642 views; FR – 2,746 views), Colorectal Cancer (EN - 9,158 views; FR – 228 views), Prostate Cancer (EN - 8,029 views; FR – 287 views) and Cervical Cancer (EN - 7,587 views; FR – 179 views) guideline pages were four of the top five most viewed guideline pages on the Task Force website .

The Fragility Fractures guideline was also popular. It ranked second in 2025 CMAJ downloads (5,416 downloads) and CMAJ downloads/year (11,685 downloads/year), and the interactive tool was the most viewed guideline tool on the Task Force website in 2025 (34,611 views).

The Abdominal Aortic Aneurysm guideline has also been increasing in popularity over the last few years and was the second most viewed guideline page on the Task Force website in 2025 (EN - 11,999 views; FR – 268 views).

Projects

Several projects were conducted by the Knowledge Translation Program on behalf of the Task Force in 2025. These projects included:

- **An Environmental Scan on Strategies to Optimize Dissemination and Implementation of Clinical Practice Guidelines from the Canadian Task Force on Preventive Healthcare.** This project was a scan of peer-reviewed literature, grey literature and Task Force reports that aimed to develop a set of suggested strategies for optimizing guideline dissemination and implementation;
- **The Canadian Task Force on Preventive Health Care Public Advisors Network (TF-PAN) Report: Key Findings for Enhanced Engagement.** This project aimed to understand the experiences, expectations, and needs of TF-PAN members using surveys and interviews, and identify opportunities to strengthen future engagement in guideline development; and
- **Patient and Public Members Profiles Repository and Gap Analysis.** The goal of this project was to develop a database of people interested in engaging in guideline development activities, to understand their experiences and interests, and reduce the burden of applying to relevant engagement opportunities.

These projects provided a variety of recommendations and outputs to support future guideline development and dissemination work and can be used to inform the processes and methods for the National Advisory Committee on Preventive Health Services.

Recommendations Summary

To inform development of the National Advisory Committee on Preventive Health Services, we provide a summary of recommendations collated using the 2022, 2023 and 2024 Task Force annual evaluations. Recommendations are categorized into five domains:

- Exploring new and existing avenues for disseminating Task Force materials;
- Expanding engagement and dissemination to new audiences;
- Increasing and optimizing the Task Force's digital footprint;
- Promoting existing Task Force resources; and
- Engaging other healthcare groups in guideline development.

1.0 Background

Evaluating the Canadian Task Force on Preventive Health Care's ('Task Force') activities is a key provision of the contribution agreement between the University of Calgary and the Public Health Agency of Canada (PHAC). The primary objective of the Task Force is to develop clinical practice guidelines to aid primary care providers in delivering preventive healthcare¹.

In March 2025, the Federal Health Minister temporarily paused the work of the Task Force in anticipation of the [External Expert Review \(EER\) Panel's report](#). PHAC assembled the EER to "study the governance, mandate, and scientific review processes" of the Task Force². The EER report, "Modernizing Preventive Health Care Guideline Development in Canada: A Way Forward" was released in June 2025 and provided twelve recommendations for updating the mandate and activities of the Task Force to align with the current primary healthcare landscape in Canada³. Following this, the Health Minister directed that the pause be made permanent and that the Task Force be dissolved as of March 2026. The National Advisory Committee on Preventive Health Services will be launched in April 2026⁴.

Since 2013, the [Knowledge Translation Program \(KTP\)](#) has conducted an evaluation of the Task Force's reach and activities in the previous calendar year. The KTP is a research program based at St. Michael's Hospital, Unity Health Toronto that is focused on supporting all aspects of knowledge mobilization, implementation science, and evaluation.

To support PHAC and the Task Force as they move towards the development and launch of the National Advisory Committee on Preventive Health Services, the objectives of this evaluation were to:

1. Assess the reach of Task Force materials in 2025;
2. Summarize key projects conducted by the Knowledge Translation Program on behalf of the Task Force in 2025 and;
3. Summarize the recommendations from the 2022, 2023 and 2024 annual evaluations.

2.0 Methods

This evaluation was guided by the RE-AIM evaluation framework, a framework for evaluating dissemination and implementation interventions that assesses 5 dimensions: reach, effectiveness, adoption, implementation, and maintenance⁵.

2.1 Data collection and analysis

We evaluated the Task Force's dissemination activities by examining administrative data (e.g., webinar attendance, Google analytics, newsletter reach), tracking documents (e.g., media tracking, presentation tracking), and reports on key activities submitted to the Task Force by the KTP throughout 2025 (e.g., research project reports). These data were summarized by KTP

researchers. Quantitative data are presented using descriptive statistics produced in Microsoft Excel 2016, where applicable⁶.

We also summarized the last three years of annual evaluation report recommendations (2022, 2023, and 2024) to highlight key points of consideration for activities of the National Advisory Committee on Preventive Health Services.

3.0 Results

3.1 KT Activities

The reach findings for the Task Force's dissemination activities are outlined below. Summary statistics are provided as presentation-ready tables and figures in the corresponding sections of the slide appendices (pages S1–S57).

Guideline Publications

The Task Force produced two guidelines in 2025; the Tobacco Smoking in Adults guideline ('Adult Tobacco') was published on August 25, 2025 and the updated guideline on Screening for Adult Depression ('Adult Depression') was published on October 20, 2025. Pages S3–S10 present the dissemination activities and media hits for these two guidelines.

Guideline Dissemination

The Task Force guidelines are disseminated through three main avenues: the Task Force website, Canadian Medical Association Journal (CMAJ) publications, and the [Prevention Plus Repository](#) (see page S28 for Prevention Plus details).

In 2025, the Adult Tobacco guideline was the most downloaded Task Force CMAJ publication with 13,552 downloads. The Fragility Fractures guideline continued to be popular in 2025 as the second-most downloaded guideline in 2025 (5,416 downloads). Cancer screening guidelines were also popular, with the Colorectal Cancer guideline (4,722 downloads) and the Prostate Cancer guideline (4,174 downloads) being the third- and fourth- most downloaded guidelines in 2025. The Adult Depression Update guideline rounded out the top 5 for most downloaded guidelines in 2025 with 3,787 downloads. See pages S11-13 for the 2025 download numbers for all 22 CMAJ guideline publications.

Overall, the Adult Tobacco guideline had the highest download rate per year of all Task Force guidelines published in CMAJ (13,552 downloads/year). The guideline with the second highest CMAJ yearly download rate was the Fragility Fractures guideline (11,685 downloads/year). Cancer screening guidelines made up the rest of the top five, with the Colorectal Cancer guideline ranking third (10,213 downloads/year), the 2018 Breast Cancer guideline ranking fourth (9,565 downloads/year), and the Cervical Cancer guideline ranking fifth (9,119 downloads/year). See pages S11-13 for yearly CMAJ download rate for all 22 CMAJ guideline publications.

Guideline page views on the Task Force website showed similar patterns to the CMAJ guideline downloads. In 2025, cancer guideline pages were highly viewed, and cancer guidelines comprised four out of the top five most viewed pages (2024 Breast Cancer Update (EN- 28,642 views; FR – 2,746 views), Colorectal Cancer (EN - 9,158 views; FR – 228 views), Prostate Cancer (EN - 8,029 views; FR – 287 views) and Cervical Cancer (EN - 7,587 views; FR – 179 views)). Views for the Abdominal Aortic Aneurysm page have been increasing steadily over the last three years and in 2025, it was the second most viewed guideline page (EN - 11,999 views; FR – 268 views). See pages S14 – S27 for website usage and guideline page view data.

Tool Dissemination

Knowledge translation (KT) tools created for each guideline were also available on the Task Force website in 2025. Cumulatively, the Task Force KT tools were viewed 110,650 times in 2025 (89,403 English views; 21,247 French views). This was a 7% decrease from 2024, when the Task Force tool pages were viewed 119,058 times (80,442 English views; 38,616 French views). This decrease was likely due to the decreased promotion of Task Force materials that stemmed from the pause on Task Force activities.

The most popular tool in 2025, was the Fragility Fractures Decision Aid at 34,611 views. This had 235% more views than the second most popular tool, the Prostate Cancer Harms and Benefits tool, which garnered 10,326 views. Other popular tools included the Type 2 Diabetes Clinician FINDRISC tool (9,690 views) and the CANRISK tool (5,306 views), which were third- and fourth- most popular. The 2024 Breast Cancer 40-49 1000 person tool was the fifth-most viewed (4,130 views). See page S29 for a listing of the top 10 most viewed KT tools.

Similar to the guideline page, interest in the tools for Abdominal Aortic Aneurysm has been increasing over the last 3 years. The Asymptomatic Bacteriuria guideline tool, the Prostate Cancer Harms & Benefits tool, and the Type 2 Diabetes guideline have also garnered increased interest over the last few years. In contrast, views for the outdated Breast Cancer guideline KT tools (2011 & 2018) have decreased; however, some of these archived tools are still being viewed hundreds of times per year. See pages S29 – 47 for guideline tool trends.

Guideline Citations

Guideline citations, as measured by average citations per year to account for differences in guideline age, showed similar patterns to guideline usage. The Task Force's cancer guidelines were the most cited of the Task Force guidelines, with all but 1 ranking in the top 8 out of all Task Force guidelines in average citations per year since release. Guidelines that showed greater interest by citation metrics than was seen in the dissemination metrics include guidelines related to depression, with the original Adult Depression guideline (2013) and the Pregnancy and Postpartum Depression guideline both ranking in the top ten. The Adult Tobacco guideline was also in the top 10, with four citations within the first six months of publication. The Cognitive Impairment guideline completed the top 10 in citation references. For all guideline citation averages, see pages S49 – S51.

Communications and Media Coverage

Overall, media coverage of the Task Force in 2025 was lower than in 2024, likely due to the 2025 pause on Task Force activities.

In 2025, the Task Force had 1,317 mentions in the media and received 30 requests for information. The most requests for information were related to the Adult Tobacco guideline (15), followed by the Task Force pause (8) and Adult Depression Update guideline (3). The topics of the EER report, breast cancer screening, prostate cancer screening and colorectal cancer screening each received 1 request. See pages S53-S54 for additional details.

Newsletter

In 2025, the Task Force communicated limited updates through its newsletter. At the end of 2025, the quarterly newsletter had 7,118 subscribers, a 5% increase from 2024 (6,779 subscribers). The Open Letter in Support of the Task Force was the most opened alert in 2025, with an open rate of 43% and a click through rate of 21.4%. Across all newsletter distributions in 2025, there was a 35.5% average open rate and an 11.1% average click through rate. There was a low unsubscribe rate of 0.19%.

Videos

The Task Force has released [26 videos](#) since the inception of its YouTube channel to support a number of guideline topics, available in both French and English. The top viewed video in 2025 was the 'Cancer Screening' video, which was also the most viewed video on the Task Force YouTube channel. The French video 'Peut-on avoir un faux positif au test?' was the second most viewed video in 2025, and the 6th most viewed overall. The 'Chlamydia and Gonorrhoea' video was the third-most viewed video in 2025 and second-most viewed video overall. The French 'La chlamydia et la gonorrhée' video was the third-most viewed video overall. See pages S55-57 for more details on the Task Force's video views.

Usability Testing

Following the development of KT tools for the Adult Tobacco and Adult Depression Update guidelines, draft versions were shared with end-users (primary care practitioners, members of the public). They were invited to provide feedback on usability (content, format, aesthetics and perceived usefulness) during one-hour long virtual interviews. In 2025, four tools underwent usability testing: two for the Adult Depression Update guideline (Clinician Infographic and Patient Infographic) and two for the Adult Tobacco guideline (Patient-Clinician Discussion Tool and Infographic Tool).

Four clinicians and seven members of the public provided feedback on the Adult Depression tools, and six clinicians and five members of the public participated in usability testing the Adult Tobacco tools.

3.2 Task Force Projects

In 2025, the KTP conducted three special projects on behalf of the Task Force. These projects aimed to provide recommendations on topics important to the Task Force's body of work, including guideline dissemination and implementation and public engagement in guideline development. The results of these projects can be used by the National Advisory Committee on Preventive Health Services as it develops its processes and activities. A brief summary of the methods and results from these projects is presented below.

Environmental Scan on Strategies to Optimize Dissemination and Implementation of Clinical Practice Guidelines

In 2025, the Task Force commissioned an environmental scan to inform a set of suggested strategies to optimize guideline dissemination and implementation. The methods and results of this activity are briefly described below.

Methods

Data were collected from three sources: 1) peer-reviewed literature – evidence reviews describing guideline dissemination and implementation strategies, and strategy effectiveness; 2) grey literature – webpages of select clinical guideline organizations that describe the organizations' dissemination and implementation strategies; and 3) Task Force evaluation reports and manuscripts, which provide an overview of existing and recommended Task Force dissemination and implementation activities.

To develop the suggested guideline dissemination and implementation optimization strategies, data from each source were independently analyzed by two researchers, compared across sources to identify similar themes and differences, and then compared to existing Task Force activities to draft suggested strategies. An integrated knowledge translation approach⁷ was then used to further shape the strategy suggestions by reviewing the draft strategies with select Task Force members (n=2) and Task Force Public Advisor Network (TF-PAN) advisors (n=5) in virtual one-to-one interviews.

Results

The scan identified five peer-reviewed studies that described a total of 793 strategies. The most common type of strategy identified in the reviews was providing educational meetings and presentations. Other strategies included developing educational materials, audit and feedback initiatives, providing reminders to prompt providers to perform an action during a patient interaction, and local opinion leaders.

A total of 30 strategies from five guideline organizations were identified via the grey literature search. Strategies included distribution of guideline materials (e.g., via hard- and e-copies of materials), formation of an implementation team, use of information and communication technology (e.g., incorporating recommendations into electronic decision support systems),

leveraging designated health professionals to disseminate guidelines to peers, and opportunities to bring together health professionals who may not otherwise interact.

The Task Force annual evaluation recommendations included expanded modalities for guideline distribution (e.g., targeted social media posts, distributing materials in a variety of languages), use of information and communication technology (e.g., embedding recommendations and tools into electronic patient records), development of educational materials (e.g., case studies for guideline implementation), providing more educational sessions like webinars and speaker series, disseminating guidelines through family medicine residency and nurse practitioner training programs, and sending primary care providers reminders about existing guidelines and tools.

Task Force members and patient and public advisors provided suggestions and additional strategies such as adapting existing material (e.g., slide decks) for new audiences (e.g., students, partner organizations), tactics for the training programs (e.g., use several teaching approaches such as didactic and self-directed), topics for the training programs (e.g., information on how students can stay up-to-date on guidance), using artificial intelligence (AI) to provide learners with practice implementing guidelines and shared decision-making through interactive provider-patient simulations, new strategies to support embedding recommendations into electronic patient records such as partnering with electronic patient record systems that are used by medical schools, increasing use of social media (particularly Facebook, Instagram, and LinkedIn), online advertisements to promote guideline dissemination to patients and public, and disseminating printed material in new locations such as community centers, places of worship, and bus shelters.

Suggested Strategies to Optimize Dissemination and Implementation of Task Force Guidelines

The scan included the following set of suggested strategies to optimize dissemination and implementation of Task Force guidelines:

- Educate providers about new and existing guidelines through additional webinars and speaker series.
- Disseminate guidelines through educational presentations or courses in family medicine residency programs, nurse practitioner training programs, and other relevant training programs.
- Leverage technology such as AI-driven interactive provider-patient simulations, electronic patient records, social media, and online advertisements to disseminate guidelines.
- Provide ongoing email reminders about previously released guidelines.
- Disseminate hard copies of tools and other guideline resources through avenues such as, mailing to healthcare clinics and having champions place copies in public spaces such as community centres or places of worship.

- Develop networks of patients and public members and partner organizations that are engaged throughout guideline development and support with dissemination.
- Develop additional tools and resources (e.g., case studies) to support implementation.

Patient and Public Member Preferences for Enhanced Engagement

As part of its mandate, the Task Force integrates public engagement in its activities through several routes, including through the Task Force Public Advisor Network (TF-PAN) that was launched in 2020. The TF-PAN includes a Core (TF-PAN Core) group of long-term advisors trained on Task Force methods and an Extended (TF-PAN Extended) group that offers ad-hoc input on lived experiences and community perspectives.

In 2025, the Task Force conducted an evaluation of the TF-PAN members' preferences for engagement to understand how engagement and collaboration in guideline development could be improved for TF-PAN members in the future.

Methods

To conduct the evaluation, tailored surveys were sent to all members of the TF-PAN Extended (n=70) in May 2025 and TF-PAN Core (n=19) in June 2025. Thirty-eight Extended members (54%) and 7 Core members (37%) completed the surveys. The surveys included questions on demographics, experiences with the Task Force, and preferences for communication and interaction. A subset of members from the TF-PAN Core (n=5) and TF-PAN Extended (n=5) groups also participated in a key informant virtual interview after completing the survey, between May and July 2025. The purpose of the interviews was to explore motivations for joining TF-PAN, interest in expansion of TF-PAN roles, and needs for additional supports or resources.

Findings from the surveys were analyzed using descriptive statistics (closed-ended questions)⁸ and thematic analysis (open-ended questions)⁹. Interviews were analyzed by KTP researchers using thematic analysis⁹. Results from these data sources were integrated using a convergent mixed-methods approach¹⁰.

Results

TF-PAN members desired more open, accessible and reciprocal communication between themselves and the Task Force, and earlier and more consistent involvement in the guideline development process. Members were extremely interested in training opportunities on topics related to their experience, such as patient-oriented research and healthcare for TF-PAN Core members, and public engagement and guideline dissemination for TF-PAN Extended members. Additional support for digital collaboration, such as training on required software, was also strongly desired by TF-PAN Core members and opportunities for mentorship from more experienced peers was suggested by a TF-PAN Core member as an additional vehicle for knowledge and skill development.

Based on the evaluation findings, strategic recommendations were developed. These recommendations included:

- Improving communication and transparency with TF-PAN members by establishing a consistent communication strategy that provides explicit feedback on how advisors' contributions are used by the Task Force and clearly defines their roles at the start of each guideline;
- Enhancing training and support by offering targeted trainings on topics such as research evidence and medical terminology, and creating a mentorship program for TF-PAN members to build community; and
- Expanding engagement opportunities by involving TF-PAN members in all stages of guideline development and providing a diverse range of meeting and communication formats to accommodate different preferences and schedules.

Patient and Public Member Profiles Repository – Protocol for Developing, Maintaining, and Using the Profiles and Gap Analysis on the Repository

Supported by the KTP, the Task Force has engaged public partners in several capacities, including as partners on guideline development working groups and through the TF-PAN. To support future public engagement, the KTP was engaged to build a database of public partner profiles and conduct a gap analysis to identify deficits in representation. The purpose of the database and gap analysis was to:

1. Understand public partners' interests related to guideline development activities and match their experiences to activities of the Task Force, and other similar groups;
2. Reduce the burden on public partners in applying to potential future engagement opportunities for the Task Force and other similar groups.
3. Ensure the public partners group is representative of the diversity in Canada and identify any gaps that exist.

Developing and Maintaining the Profiles

To develop the profiles, a survey was distributed to 99 current Task Force public partners, including TF-PAN Core members, TF-PAN Extended members, and guideline development working group patient partners in June 2025. The survey gathered information on demographics, lived experience as a patient or caregiver, previous patient or public engagement experience, and perceived importance of being engaged as a patient or public member. Profile components (i.e., survey questions) were co-developed with existing highly-engaged Task Force public partners.

Thirty-nine (39; 39.4%) responded to the request and after data cleaning, the final repository contained 35 profiles. This database will be maintained by contacting partners with profiles every two years to confirm they would still like to hold a profile in the repository and determine if any updates should be made.

Gap Analysis

A gap analysis was conducted on the 35 public partner profiles in the repository to identify demographic groups that could be targeted in future recruitment efforts to develop a more representative and equitable public partner pool. To conduct the gap analysis, demographic data from the repository were analyzed using descriptive statistics in Microsoft Excel⁶.

The analysis identified that there were several groups with limited representation in the database, including partners who are:

- Assigned male at birth
- Men
- Non-Binary
- Racialized
- Indigenous
- Living outside of Ontario
- Living in rural communities
- Fluent in languages other than English
- Without a post-secondary education

Future work can seek to understand the barriers that may prevent individuals representing these demographics from engaging with guideline development work and can aim to fill these gaps in engagement.

3.3 Summary of Annual Evaluation Recommendations

To support the objectives of this evaluation and the development of the National Advisory Committee on Preventive Health Services' activities, we present a summary of the recommendations from the last 3 years (2022-2024) of Task Force annual evaluation reports. These recommendations can be explored by the National Advisory Committee on Preventive Health Services as they create their guideline development and dissemination methods and should be considered in the context of existing evidence for their use and evaluated for impact.

A summary of these recommendations is provided Table 1 and the recommendations are further described below.

There were several recommendations that were constant from 2022 - 2024, with slight nuances highlighted from year to year. All three years highlighted the need to leverage new and existing avenues for dissemination as a key recommendation, with different avenues highlighted in different years, including:

- **Exhibiting at conferences:** In 2022, conferences were returning to in-person formats, following the COVID-19 pandemic. Recommendations from this year focused on prioritizing in-person conference attendance and targeting French-speaking conferences

for dissemination. In 2023 and 2024, recommendations included continuing to build on previous successful conference dissemination years.

- **Distributing mailed hard copy tools:** This was recommended across all 3 years and was noted as a dissemination strategy that may be particularly helpful for disseminating to primary care providers in rural areas that may have less reliable high-speed internet access.
- **Using email newsletters:** Continuing to leverage the Task Force newsletter as an avenue for dissemination was a recommendation in 2022 and 2023. In 2022, it was recommended that the Task Force distribute key content in newsletters from other trusted organizations, such as the College of Family Physicians of Canada or the Institut National D'Excellence en Santé et Services Sociaux, as an additional dissemination strategy.
- **Publishing scenario case studies:** These were recommended as a potential dissemination strategy in 2022 and 2023. Participants suggested that publishing case studies on how to use a guideline in a challenging clinical setting, such as a lower resource area, could help with additional guideline uptake.
- **Developing an enhanced communications and media strategy:** The 2024 report recommended an enhancement of the Task Force's communications and media strategy with the dual aim of strengthening the position of the Task Force as a trusted source for primary care guidelines and increasing awareness of existing, underutilized Task Force resources.
- **Targeting primary care practitioners in training and during their early career:** In all three years, engagement with Program Directors was identified as a potential guideline dissemination avenue. In 2022 and 2023, a suggestion to continue providing options for early career engagement through programs such as the Clinical Prevention Leaders Network or the Task Force Fellowship Program was noted.

Extending the target audience of the Task Force to additional groups was another consistent recommendation. The general Canadian public was highlighted as an important group to increase dissemination efforts. Recommendations for increasing dissemination to this group included increasing public-facing dissemination activities (2022 & 2023), updating and expanding the public-facing Task Force website (2023 & 2024), engaging the TF-PAN to support development of public facing communications strategies (2023), creating a patient-focused social media presence (2024), and co-developing new, interactive guideline tools for patients (2024). In 2022, additional healthcare audiences were suggested for the Task Force to consider, including nurses, pharmacists, physiotherapists and dieticians.

Across all three years, there were recommendations related to the Task Force's digital footprint and products. These included:

- **Apps:** In 2022 and 2023, there was a recommendation to increase promotion of the Task Force resources in the QxMD mobile app. In 2022 and 2024, there was a

recommendation to explore additional options for a mobile application presence, such as inclusion of Task Force materials in existing apps or re-developing a Task Force-specific app.

- **Electronic Patient Record:** In 2024, there was a recommendation to integrate Task Force guidelines and tools into existing electronic patient records used by primary care providers.
- **Task Force Website:** In 2024, the report included a recommendation to optimize the website to increase ease of use for practitioners during busy appointments.
- **Interactive Tools:** In 2024, interactive guideline tools were highlighted as a particularly useful resource and the report recommended that the Task Force explore opportunities to develop more of these tools.

Opportunities to communicate about existing guidelines were highlighted as recommendations in two of the three years. In 2022, there was a recommendation to communicate when guidelines are sunsetted or confirmed, to ensure primary care providers are aware of these decisions. In both 2022 and 2023, there was a recommendation to utilize the periods between guideline releases to conduct promotion for existing, under-utilized guidelines and tools.

It was consistently recommended across years that the Task Force explore opportunities to engage with other groups, such as provincial healthcare bodies or specialty organizations, to enhance guideline dissemination and implementation.

Table 1. Summary of Recommendations from 2022- 2024 Annual Evaluation Reports

Recommendation	Year		
	2022	2023	2024
New and Existing Avenues for Dissemination			
Exhibiting at conferences	X	X	X
Distributing direct mailed, hard copy tools	X	X	X
Using email newsletters	X	X	
Publishing scenario case studies	X	X	
Developing an enhanced communications and media strategy			X
Targeting training and early career primary care providers	X	X	X
Extending Engagement to Additional Groups			
Canadian general public	X	X	X
Other health professionals (e.g., nurses, pharmacists, physiotherapists, dieticians)	X		
Increase the Task Force's Digital Footprint			
App presence	X	X	
Electronic patient record integration			X
Task Force website optimization			X
Interactive tool development			X
Existing Guideline Promotion			
Communicate when guidelines are confirmed or sunsetted	X		
Re-promote existing guidelines and tools	X	X	

Engage Other Healthcare Groups			
Provincial healthcare organizations	X	X	X
Healthcare specialist organizations		X	X

4.0 Limitations

Due to the pause on Task Force activities, evaluation surveys and interviews were not conducted to explore dissemination and implementation of Task Force guidelines. The data presented in this report is based solely on administrative and publically available data and does not provide the perspectives from primary care providers on Task Force guidelines and resources that were included in previous annual evaluations.

5.0 Conclusion

Task Force guidelines and resources were slightly less popular in 2025 compared to previous years, but were still well utilized.

There was continued interest in Task Force guidelines in 2025, with guideline publications continuing to be downloaded and cited from CMAJ and viewed on the Task Force website. Guideline tools also continued to be well accessed, though views were down slightly from previous years.

The KTP, on behalf of the Task Force, also conducted several projects over the course of the year to inform best practices in guideline development through public engagement and in guideline dissemination and implementation. These projects generated recommendations and resources that can be considered by the National Advisory Committee on Preventive Health Services.

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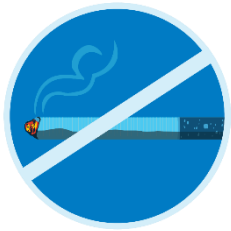
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10. Proudfoot K. Inductive/deductive hybrid thematic analysis in mixed methods research. *Journal of Mixed Methods Research*. 2022;17(3):308-326. doi:<https://doi.org/10.1177/15586898221126816>

Canadian Task Force on Preventive Health Care

2025 Annual Evaluation

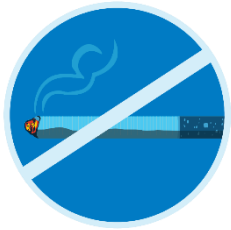
Guideline Publications



Tobacco Smoking in Adults: Stakeholder Engagement

Released
August
2025

- Stakeholders engaged via guideline release letters and invitations to guideline release webinars included:
 - 17 generalist organizations
 - 23 disease-specific organizations
 - 2 clinical experts
 - 4 peer reviewers



Tobacco Smoking in Adults: Stakeholder Engagement

Released
 August
 2025

Date	Presenter	Language	Number of Attendees
August 12, 2025	Dr. Eddy Lang	French	9
August 13, 2025	Dr. Donna Reynolds	English	35
August 14, 2025	Dr. Donna Reynolds	English	24



Adult Depression Update: Stakeholder Engagement

Released
October
2025

- Stakeholders engaged via guideline release letters and invitations to guideline release webinars included:
 - 21 generalist organizations
 - 24 disease-specific organizations
 - 3 clinical experts
 - 1 peer reviewer



Adult Depression Update: Stakeholder Engagement

Released
 October
 2025

Date	Presenter	Language	Number of Attendees
October 14, 2025	Dr. Eddy Lang	French	3
October 14, 2025	Dr. Eddy Lang	English	9

Tobacco Smoking in Adults Post - Release: Dissemination & Media

Dissemination	Adult Tobacco	Fragility Fractures Total*
CMAJ Journal Subscribers (received guideline)	65,564	67,788
CMAJ Guideline Downloads*	12,118 (EN) 1,424 (FR)	15,926 (EN) 3,834 (FR)
Task Force Website English Page Visits	6,305	9,055
Task Force Website French Page Visits	709	2,190
Podcast Plays	3,548 – CMAJ (EN) 299 – TopMF (FR)	10,721
Media		
Media Mentions	219	75
Media Requests	15	5
Altmetric Score	108**	107
Citations	4**	4

*Metrics included from the last full guideline release, Fragility Fractures in 2023 for comparison purposes.

**As of January 5, 2026.

Tobacco Smoking in Adults – Release: Dissemination & Media

Highlights:

- ***CMAJ's* August 25th, eTable Of Contents (eTOC) included the Tobacco guideline**
- CMAJ eTOC reach for August 25th was:
 - 61,234 physicians with an open rate of 59%
 - 4,330 non-physicians with an open rate of 38%
- The tobacco guideline was the 7th most read CMAJ article in 2025 and the 4th most read CMAJ guideline

Adult Depression Update Post - Release: Dissemination & Media

Dissemination	Adult Depression Update	Fragility Fractures Total*
CMAJ Journal Subscribers (Received Guideline)	71,177	67,788
CMAJ Guideline Downloads*	3,255 (EN) 532 (FR)	15,926 (EN) 3,834 (FR)
Task Force Website English Page Visits	1,369	9,055
Task Force Website French Page Visits	182	2,190
Podcast Plays	4,452 - CMAJ (EN) 229 – TopMF (FR)	10,721
Media		
Media Mentions	14	75
Media Requests	3	5
Altmetric Score	77**	107
Citations	1**	4

*Metrics included from the last full guideline release, Fragility Fractures in 2023 for comparison purposes.

**As of January 5, 2026.

Adult Depression Update– Release: Dissemination & Media

Highlights:

- **CMAJ's October 20th , eTable Of Contents (eTOC) included the Adult Depression guideline**
- CMAJ eTOC reach for August 25th was:
 - 66,895 physicians with an open rate of 61%
 - 4,282 non-physicians with an open rate of 39%

Guideline Dissemination

CMAJ –Task Force Guideline Downloads

Guideline Topics (Release Year)	2025 CMAJ Downloads*	2025 Downloads Ranking	Overall Downloads	Overall Downloads Per Year**	Overall Downloads Per Year Ranking
Adult Depression Update (2025)	3,787	5	3,787	3,787	20
Adult Tobacco (2025)	13,552	1	13,552	13,552	1
Fragility Fractures (2023)	5,416	2	35,055	11,685	2
Pregnancy and Postpartum Depression (2022)	3,403	9	27,695	6,924	9
Chlamydia & Gonorrhea (2021)	3,179	12	38,110	7,622	8
Esophageal Adenocarcinoma (2020)	2,053	17	32,145	5,358	13
Thyroid Dysfunction (2019)	2,440	14	37,364	5,338	14
Asymptomatic Bacteriuria (2018)	3,709	7	42,050	5,256	16
Breast cancer (2018)	2,918	13	76,518	9,565	4
Impaired Vision (2018)	966	22	18,278	2,285	22

*English & French (if available), Full & PDF totals calculated from CMAJ public article metrics.

**Number of years since release is rounded up to full years for this calculation.

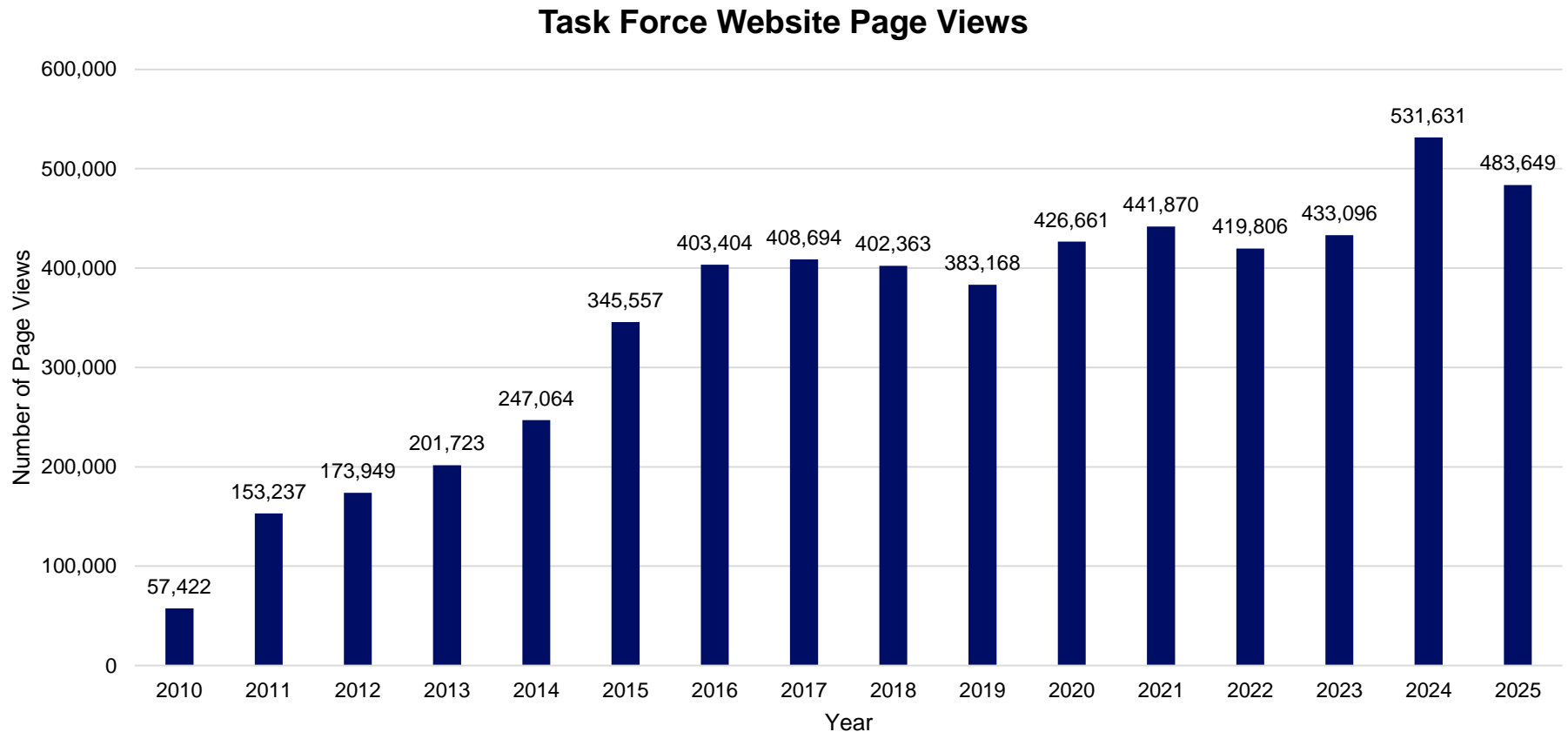
CMAJ –Task Force Guideline Downloads

Guideline Topics (Release Year)	2025 CMAJ Downloads*	2025 Downloads Ranking	Overall Downloads	Overall Downloads Per Year**	Overall Downloads Per Year Ranking
Abdominal Aortic Aneurysm (2017)	3,212	11	47,317	5,257	15
Hepatitis C (2017)	1,794	19	52,586	5,843	12
Tobacco in children (2017)	1,458	21	26,353	2,928	21
Colorectal cancer (2016)	4,722	3	102,126	10,213	3
Developmental delay (2016)	2,209	16	45,956	4,596	18
Lung cancer (2016)	3,391	10	66,054	6,605	10
Cognitive impairment (2015)	3,781	6	51,175	5,118	17
Prostate Cancer (2014)	4,174	4	109,312	9,109	6
Adult Depression (2013)	2,018	18	54,230	4,172	19
Cervical Cancer (2013)	3,448	8	118,547	9,119	5
Type 2 Diabetes (2012)	2,285	15	85,007	6,072	11
Breast Cancer (2011)	1,767	20	124,646	8,310	7

*English & French (if available), Full & PDF totals calculated from CMAJ public article metrics.

**Number of years since release is rounded up to full years for this calculation.

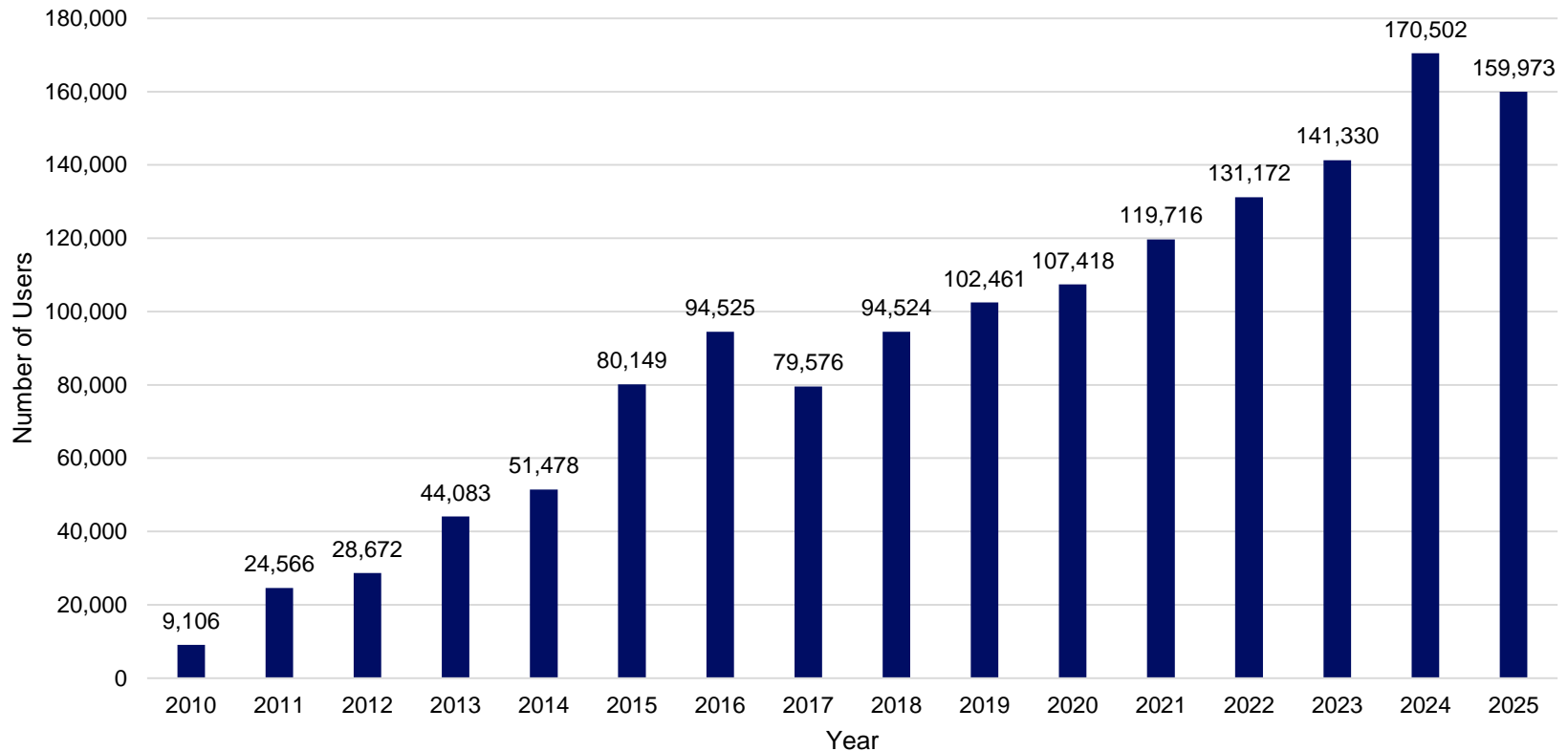
Task Force Website Annual Page Views



Note: The data reported is combined for both the English and French website platforms.
 2019 values may be reduced due to errors with analytics data collection between January 2019 and March 2019.

Task Force Website Annual Users

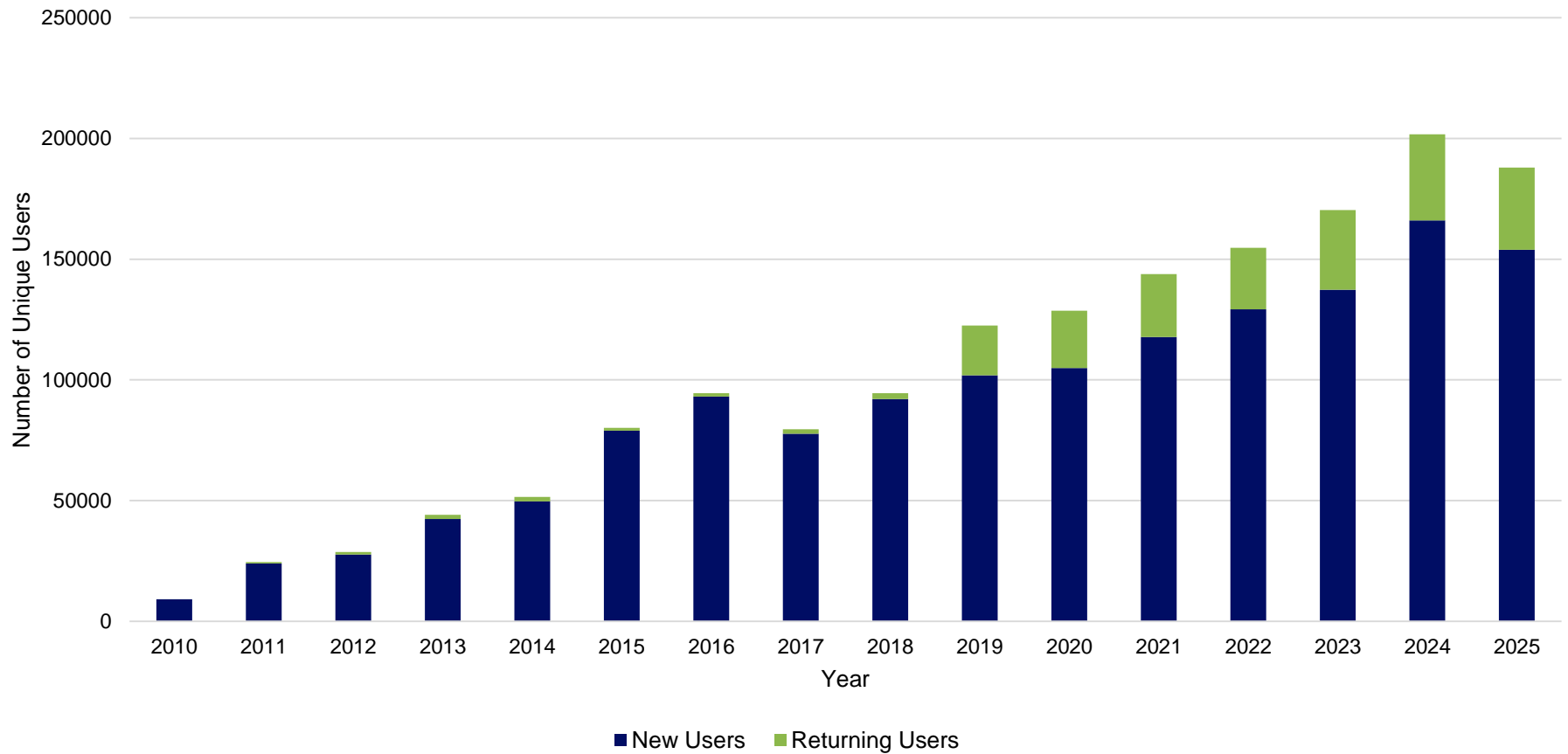
Task Force Website Overall Users



Note: The data reported is combined for both the English and French website platforms.
 2019 values may be reduced due to errors with analytics data collection between January 2019 and March 2019.

Task Force Website Sessions

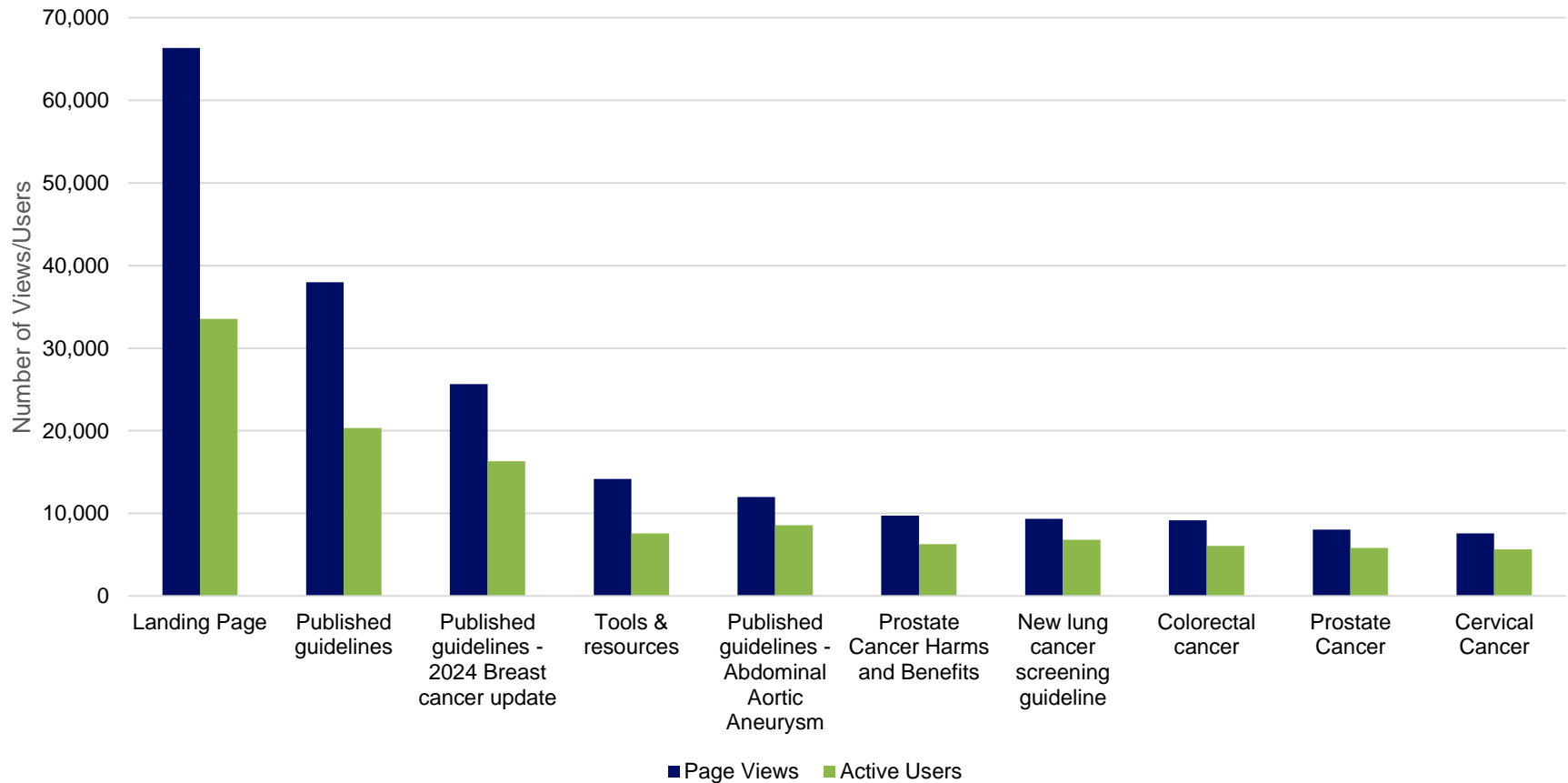
Task Force Website New And Returning Users



Note: The data reported is combined for both the English and French website platforms.

Top 10 Most Viewed Task Force Website Pages

Top 10 Pages On The Task Force Website In 2025



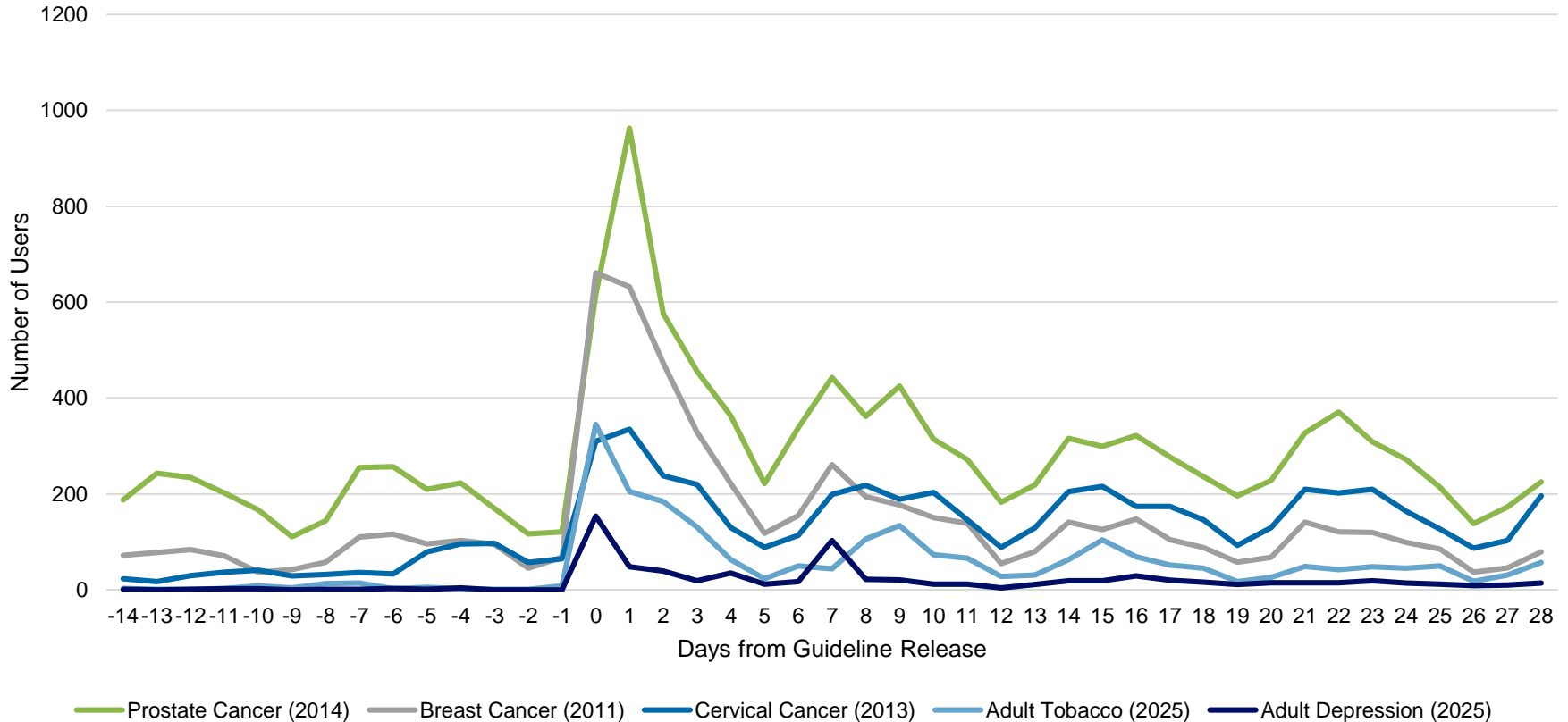
Top 5 Task Force Website User Locations

Top 5 Regions in 2025	Sessions
Toronto	14,720
Montreal	10,216
Ottawa	5,275
Calgary	4,841
Vancouver	3,599

Note: The data reported is combined for both the English and French website platforms.

Task Force Website Users Before and After Guideline Releases

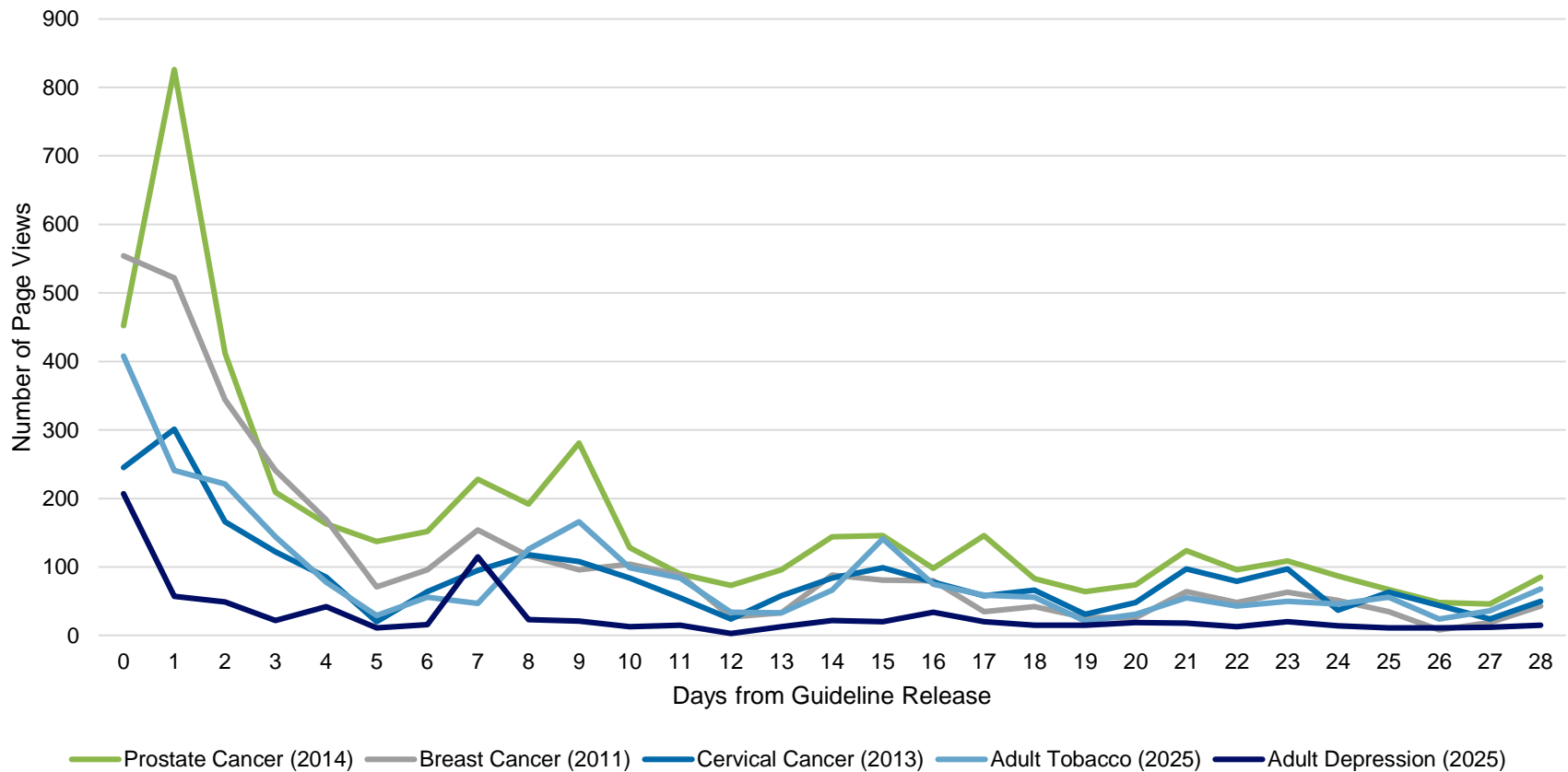
Task Force Website Users Before And After Guideline Release



Note: The breast cancer guideline update webpage data is unavailable from December 2018 to March 2019, therefore the data from the Breast Cancer guideline released in 2011 is used in this graph. The data reported is combined for both the English and French website platforms.

Task Force English Website Guideline Page Views After Release

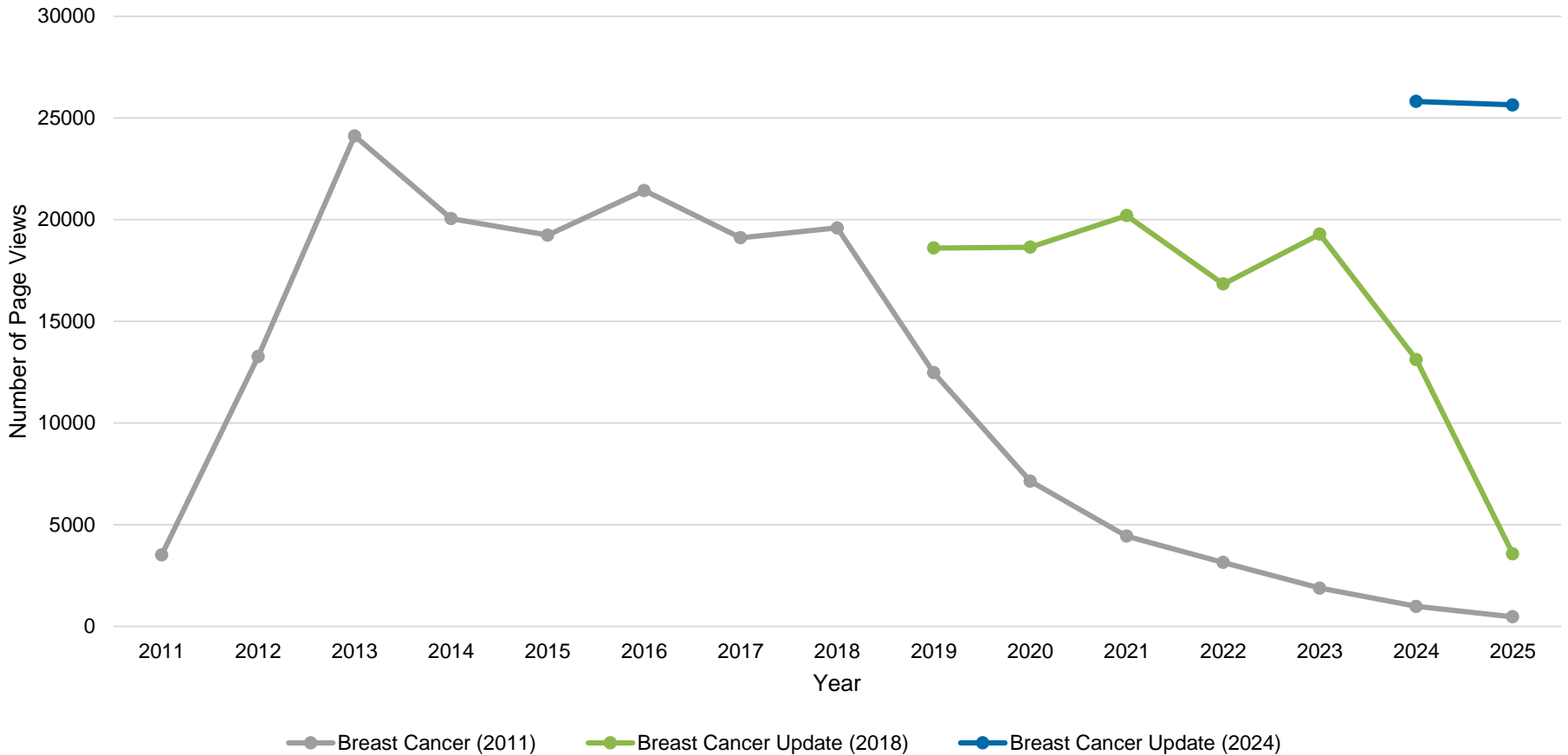
Page Views By Guideline From Day Of Release To 28 Days Post Release



Note: The breast cancer guideline update webpage data is unavailable from December 2018 to March 2019, therefore the data from the Breast Cancer guideline released in 2011 is used in this graph.

Annual Guideline Page Views - English

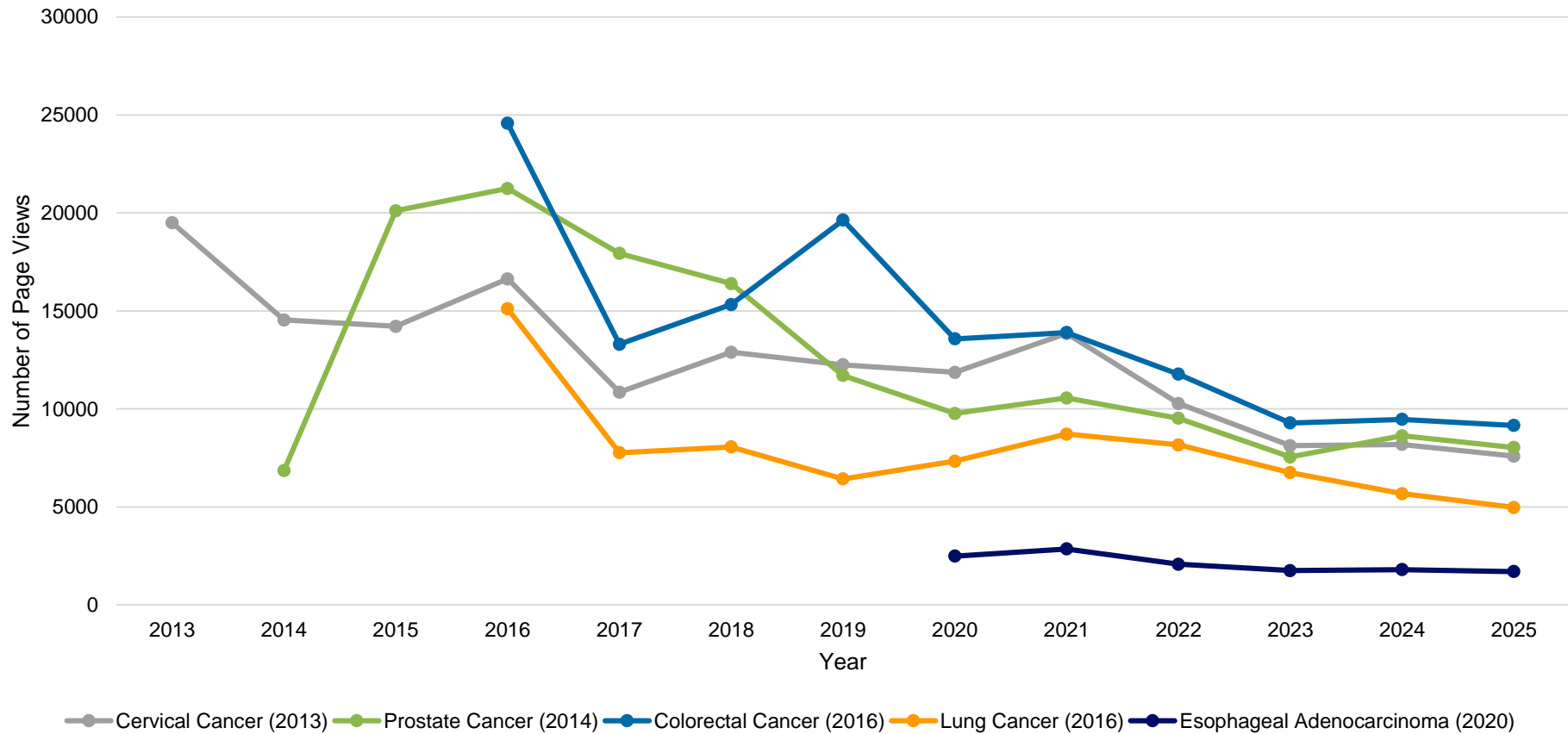
English Breast Cancer Screening Guidelines (2011 - 2025)



Note: The breast cancer guideline update webpage data was unavailable for the month of Dec.2018.

Annual Guideline Page Views - English

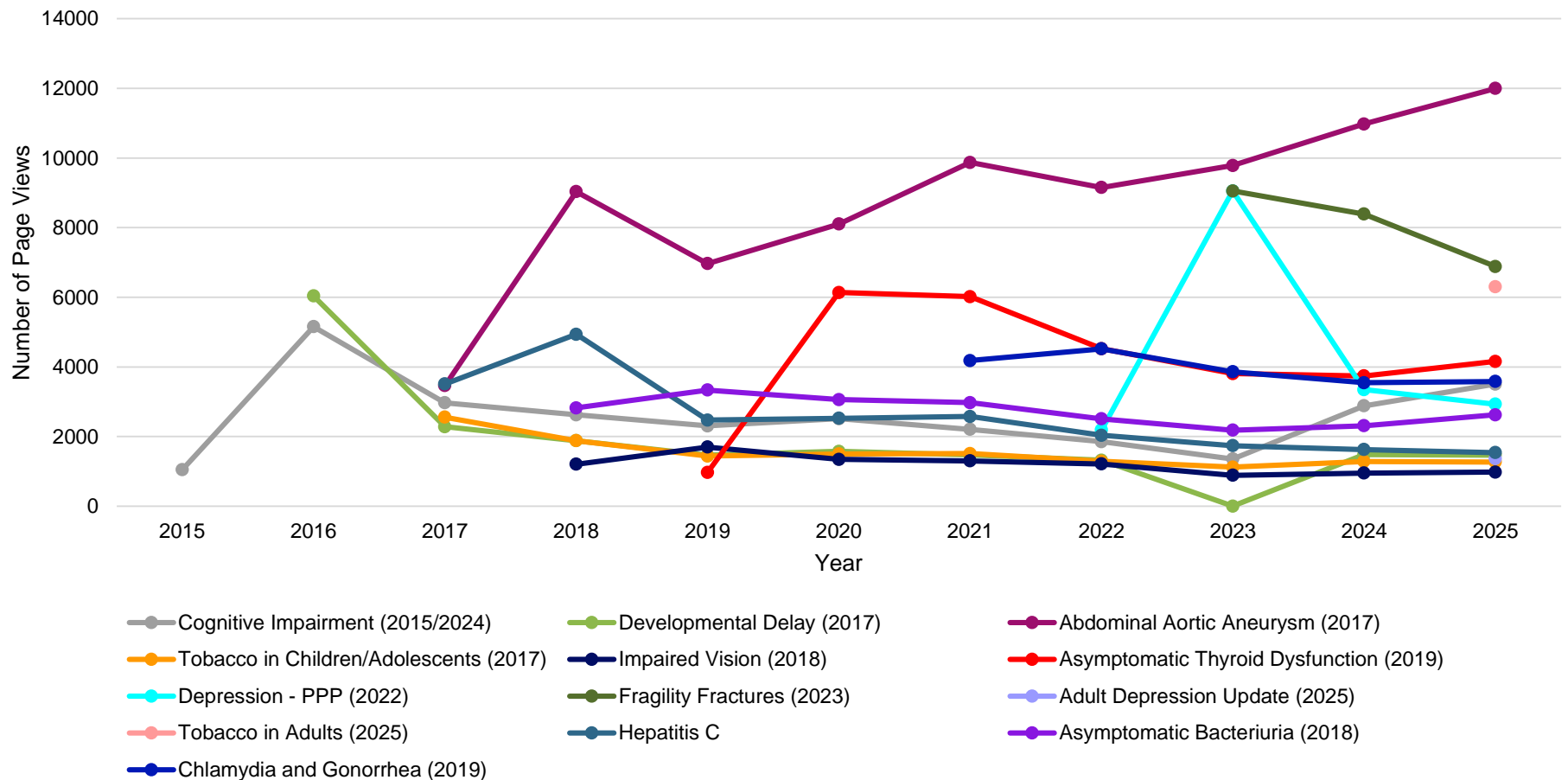
English Cancer Screening Guidelines (2013 - 2025)*



*See previous slide for Breast Cancer guideline.

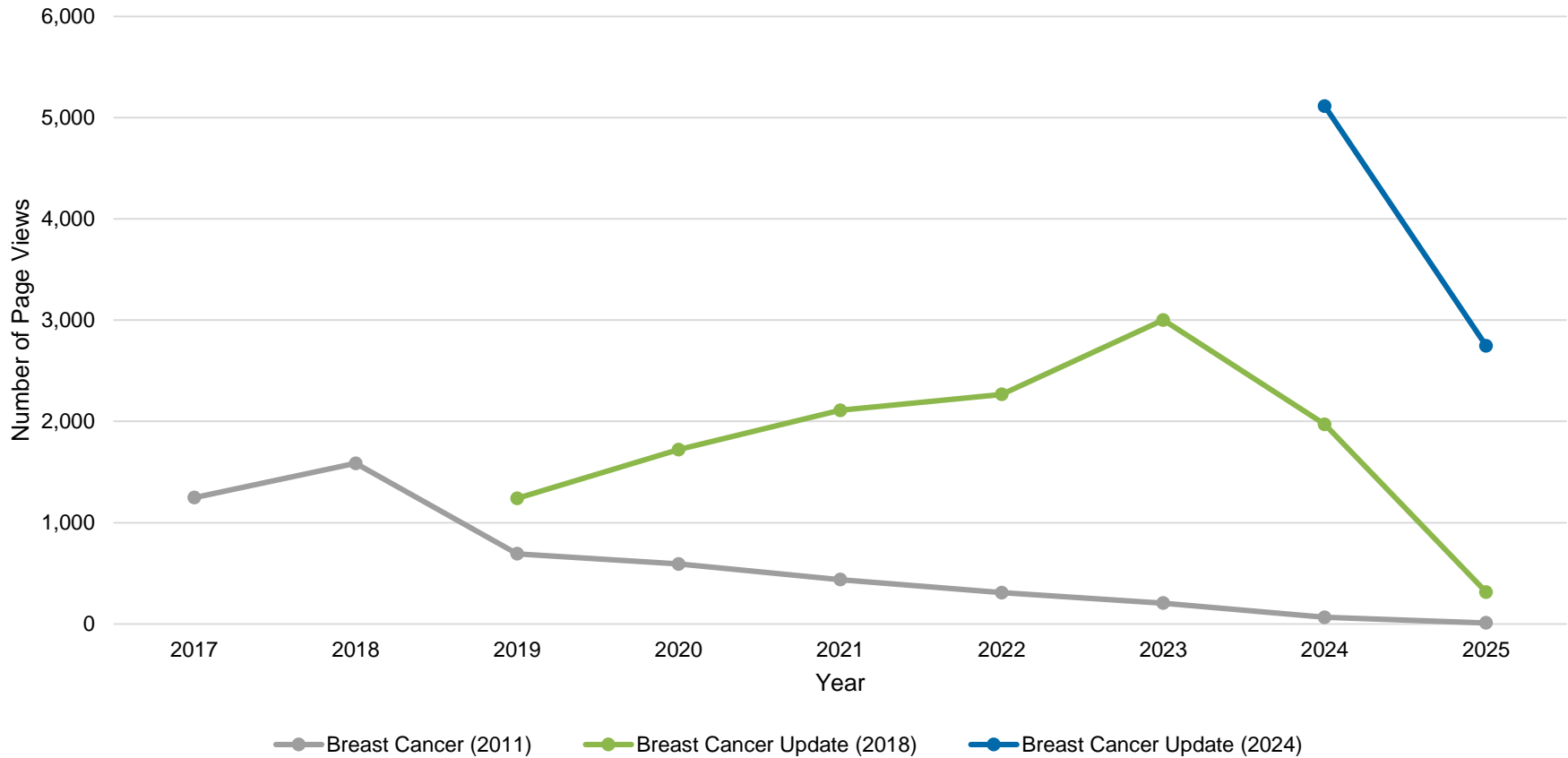
Annual Guideline Page Views - English

English Non-Cancer Screening Guidelines (2015 - 2025)



Annual Guideline Page Views - French

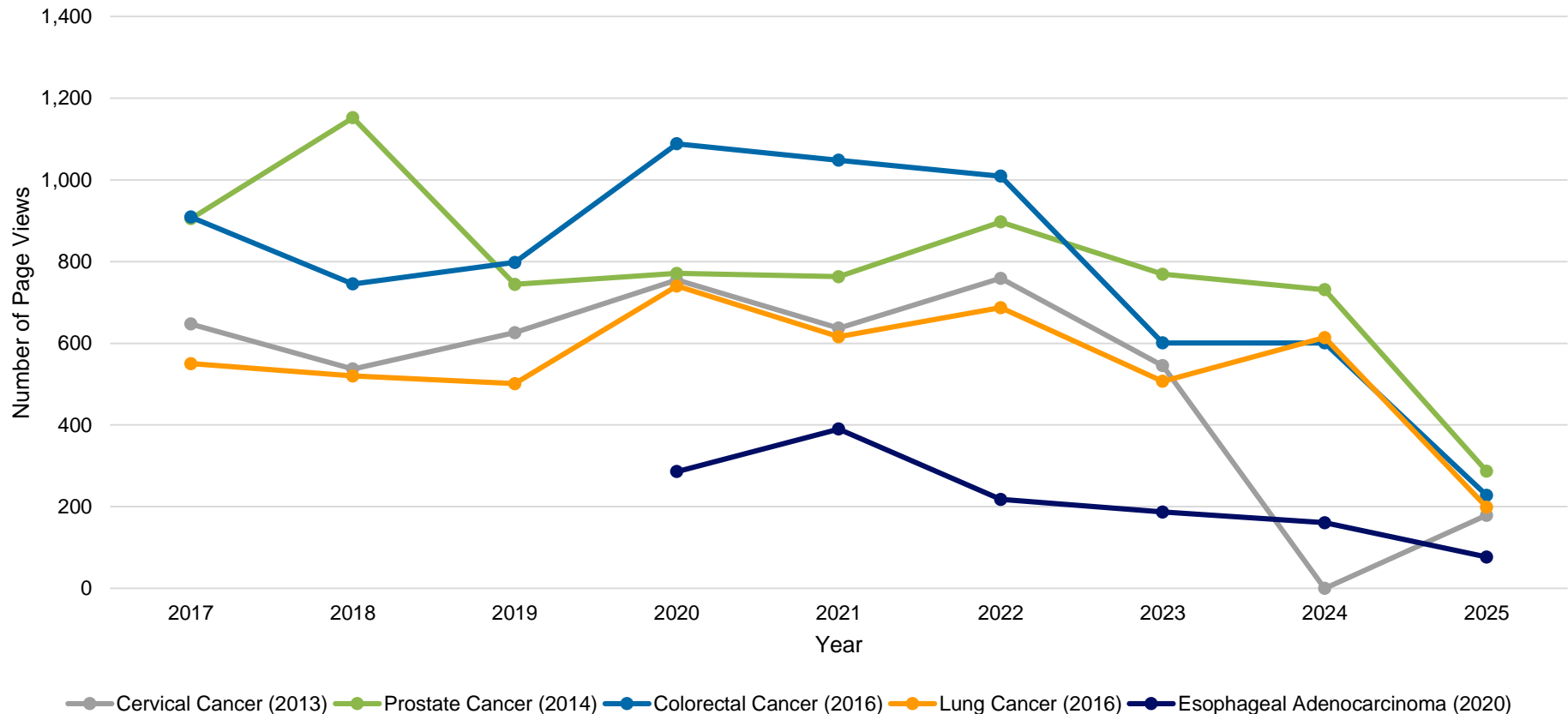
French Breast Cancer Screening Guidelines (2017-2025)



Note: Date for the French website platform is only available from 2017 onwards. The breast cancer guideline update webpage data is unavailable for the month of Dec.2018.

Annual Guideline Page Views - French

French Other Cancer Screening Guidelines (2017 – 2025)*

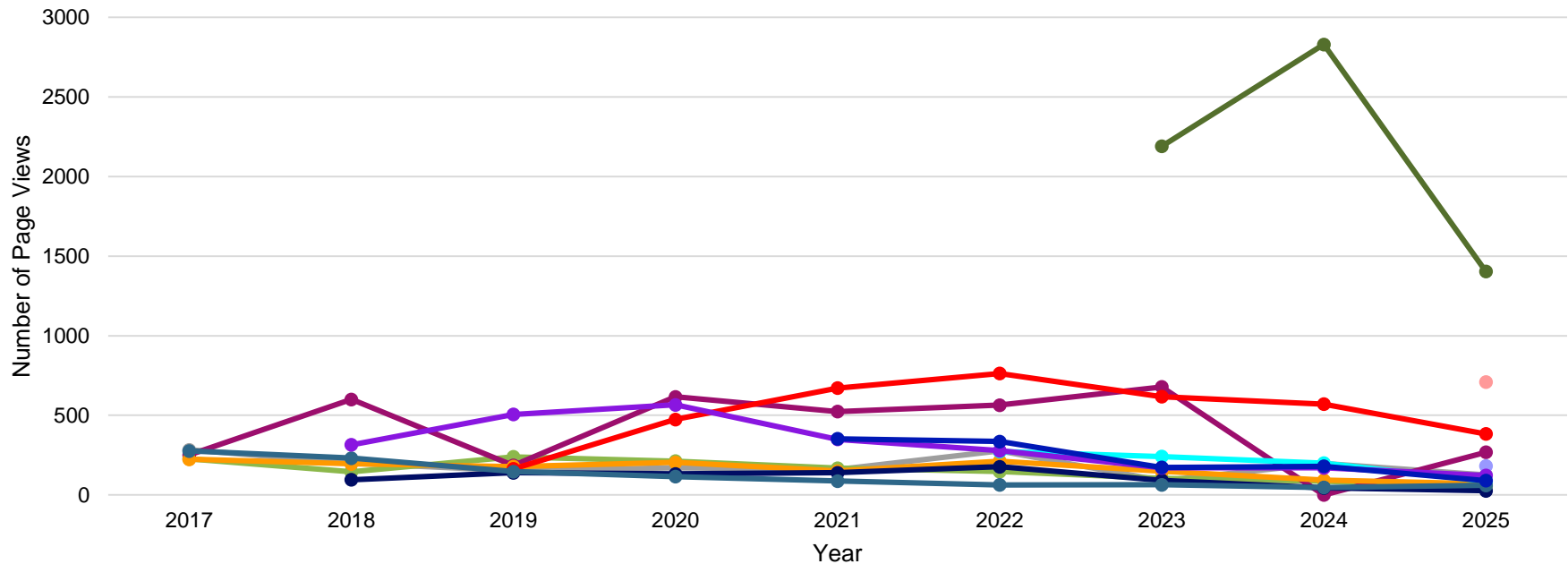


*See previous slide for Breast Cancer guideline.

Note: Date for the French website platform is only available from 2017 onwards.

Annual Guideline Page Views - French

French Non-Cancer Screening Guidelines (2017 – 2025)



- Cognitive Impairment (2015/2024)
- Tobacco in Children/Adolescents (2017)
- Depression -PPP (2022)
- Tobacco in Adults
- Chlamydia and Gonorrhea (2019)
- Developmental Delay (2017)
- Impaired Vision (2018)
- Frailty Fractures (2023)
- Abdominal Aortic Aneurysm (2017)
- Asymptomatic Thyroid Dysfunction (2019)
- Adult Depression Update (2025)
- Asymptomatic Bacteriuria (2018)
- Hepatitis C (2017)

Note: Date for the French website platform is only available from 2017 onwards.

Prevention Plus: 2025 Registrants And All Accesses

- Prevention Plus is a continuously updated repository of current best evidence from research to support preventive health care decisions that includes Task Force guidelines

2025 Quarter	Number Of Registrants	Number Of Logins	Number Of Page Clicks	Total Website Searches	Article Accesses	Clicks On External Links
Q1	106	84	19,590	9	4,773	4,406
Q2	112	141	21,887	10	3,734	5,126
Q3	114	107	3,783	5	1,937	5,486
Q4	116	172	3502	0	1,887	3,922

Tool Dissemination

KT Tool Page Views

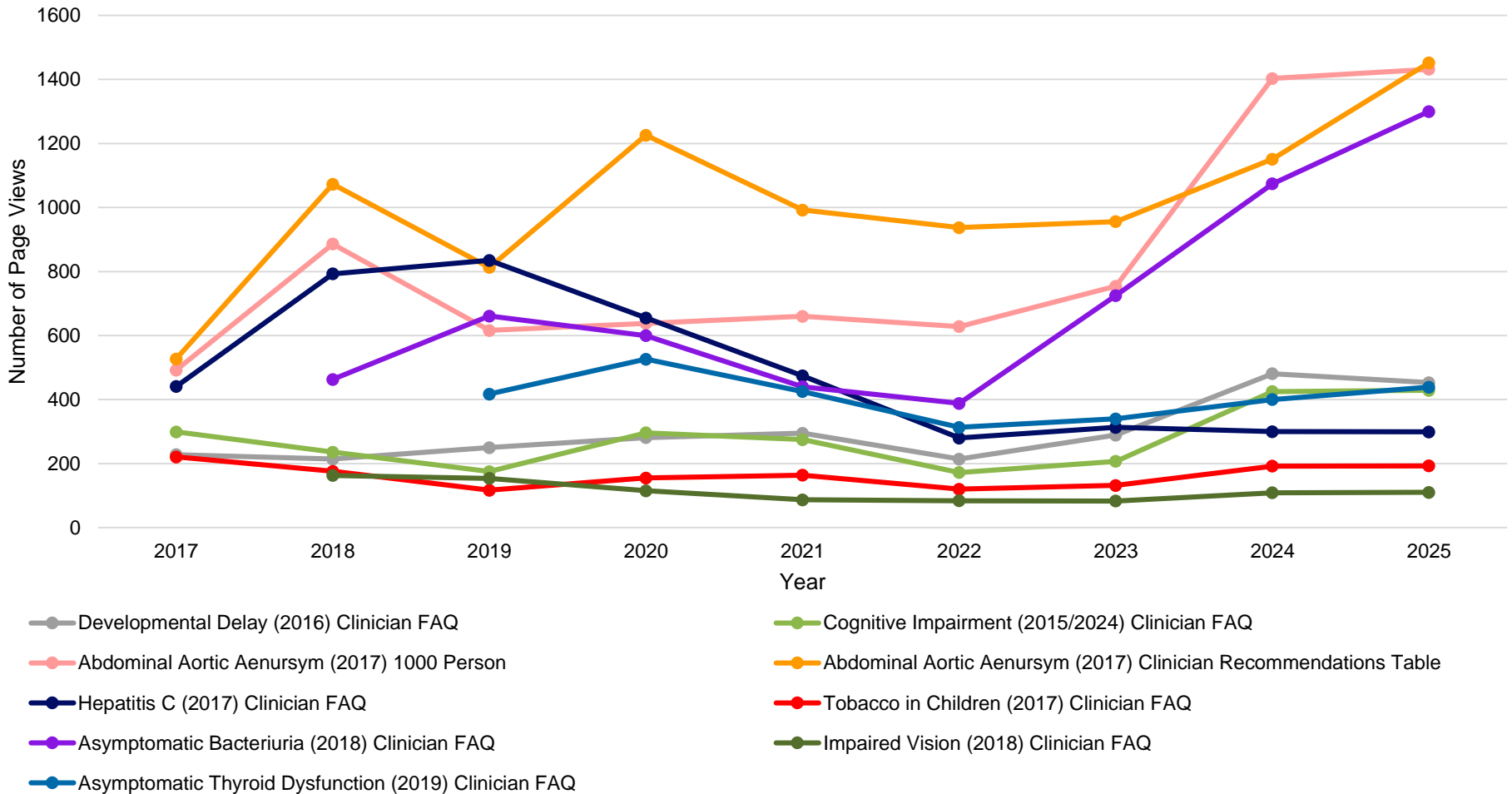
- Total KT tool page views in 2025: **110,650** (81 % English; 19% French)*

Top 10 Most Viewed KT Tool Pages In 2025

Guideline	Tool	English	French	Total Tool Page Views	Rank
Fragility Fractures (2023)	Decision Aid	25,839	8,772	34,611	1
Prostate Cancer (2014)	Harms & Benefits	9,735	591	10,326	2
Diabetes, Type 2 (2012)	Clinician FINDRISC	6,384	3,306	9,690	3
Diabetes, Type 2 (2012)	CANRISK	4,758	548	5,306	4
Breast Cancer (2024)	40-49 1000 Person Tool	3,667	463	4,130	5
Prostate Cancer (2014)	Clinician FAQ	2,658	151	2,809	6
Hypertension (2012)	Clinician Algorithm	2,413	316	2,729	7
Colorectal Cancer (2016)	Clinician Recommendations Table	2,235	130	2,365	8
Cervical Cancer (2013)	Patient Algorithm	2,048	93	2,141	9
Diabetes, Type 2 (2012)	Patient FAQ	706	1,221	1,927	10

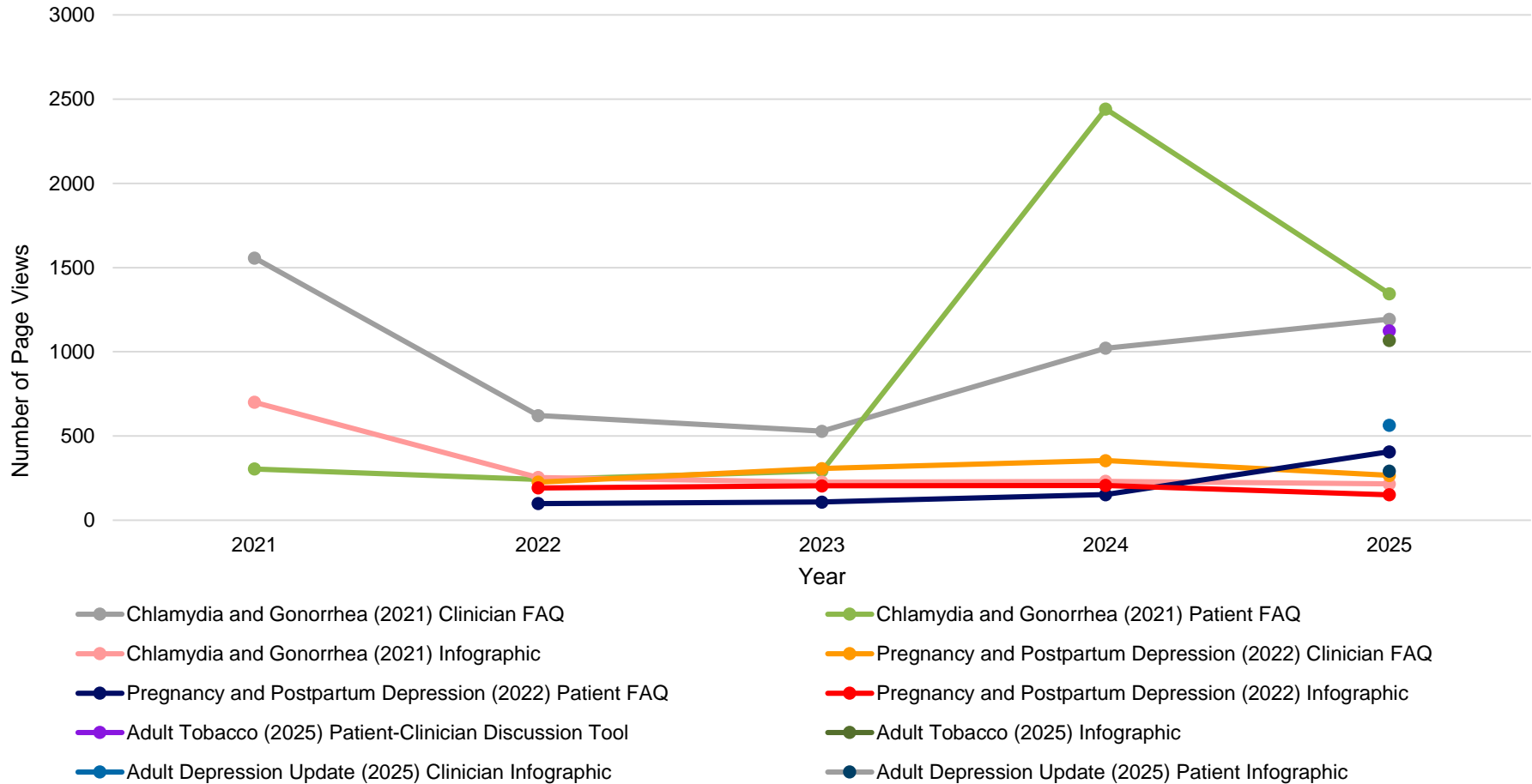
KT Tool Page Views

English Tool Page Views By Year For Guideline Tools (2015 – 2019)



KT Tool Page Views

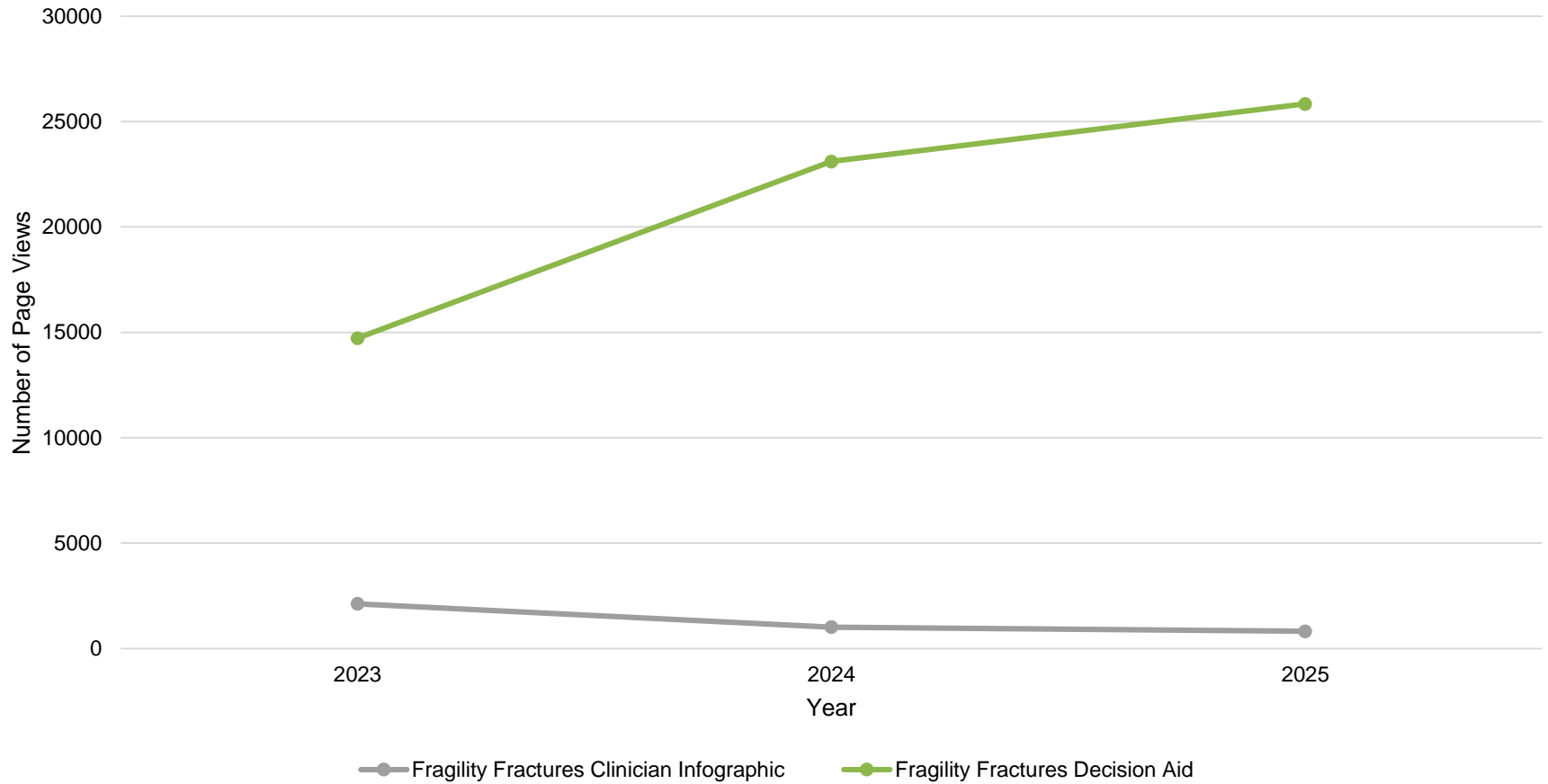
English Tool Page Views By Year for Guidelines Published 2021 – 2025*



*See next slide for Fragility Fractures (2023).

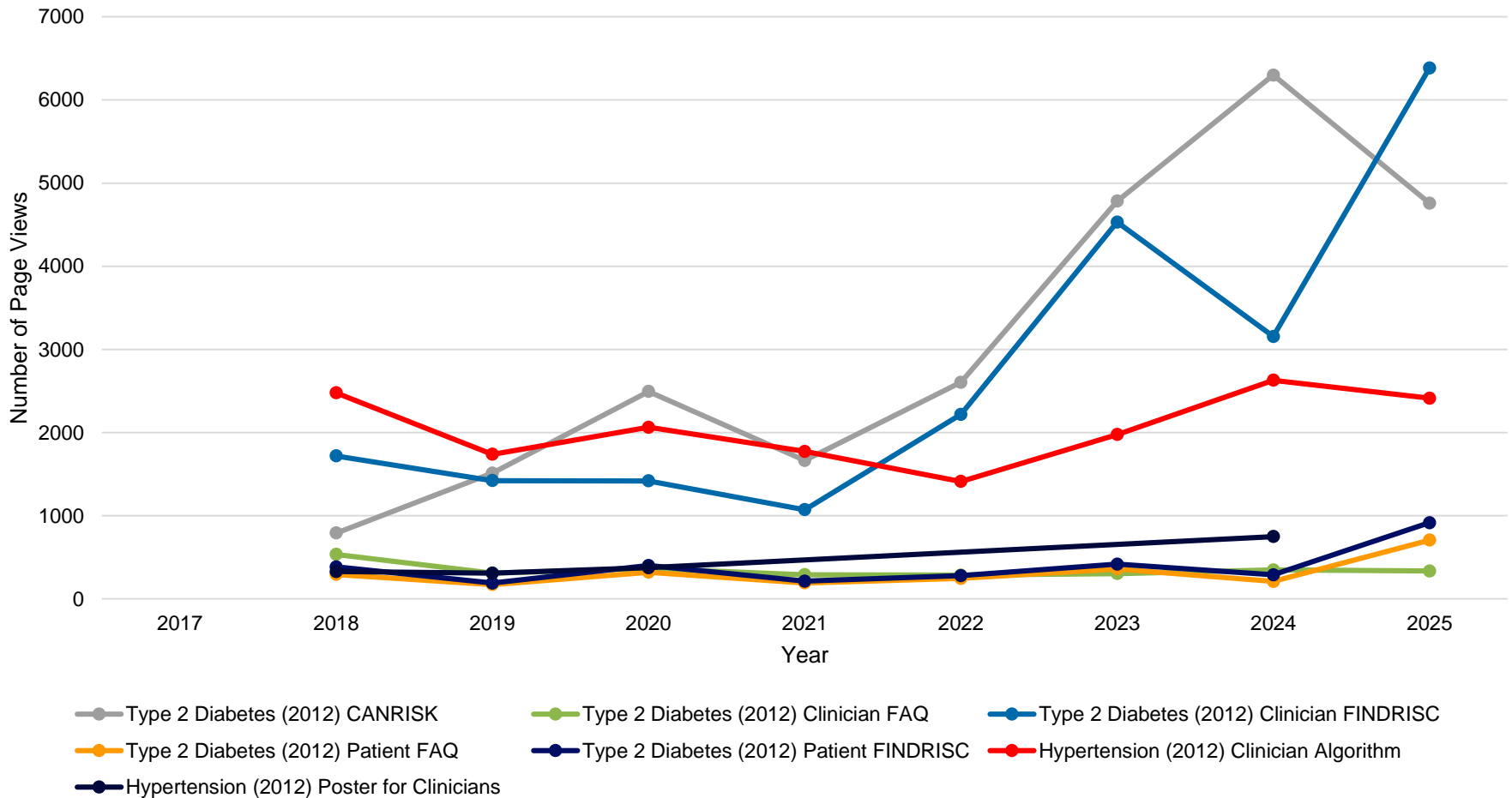
KT Tool Page Views

English Fragility Fractures Tool Views By Year



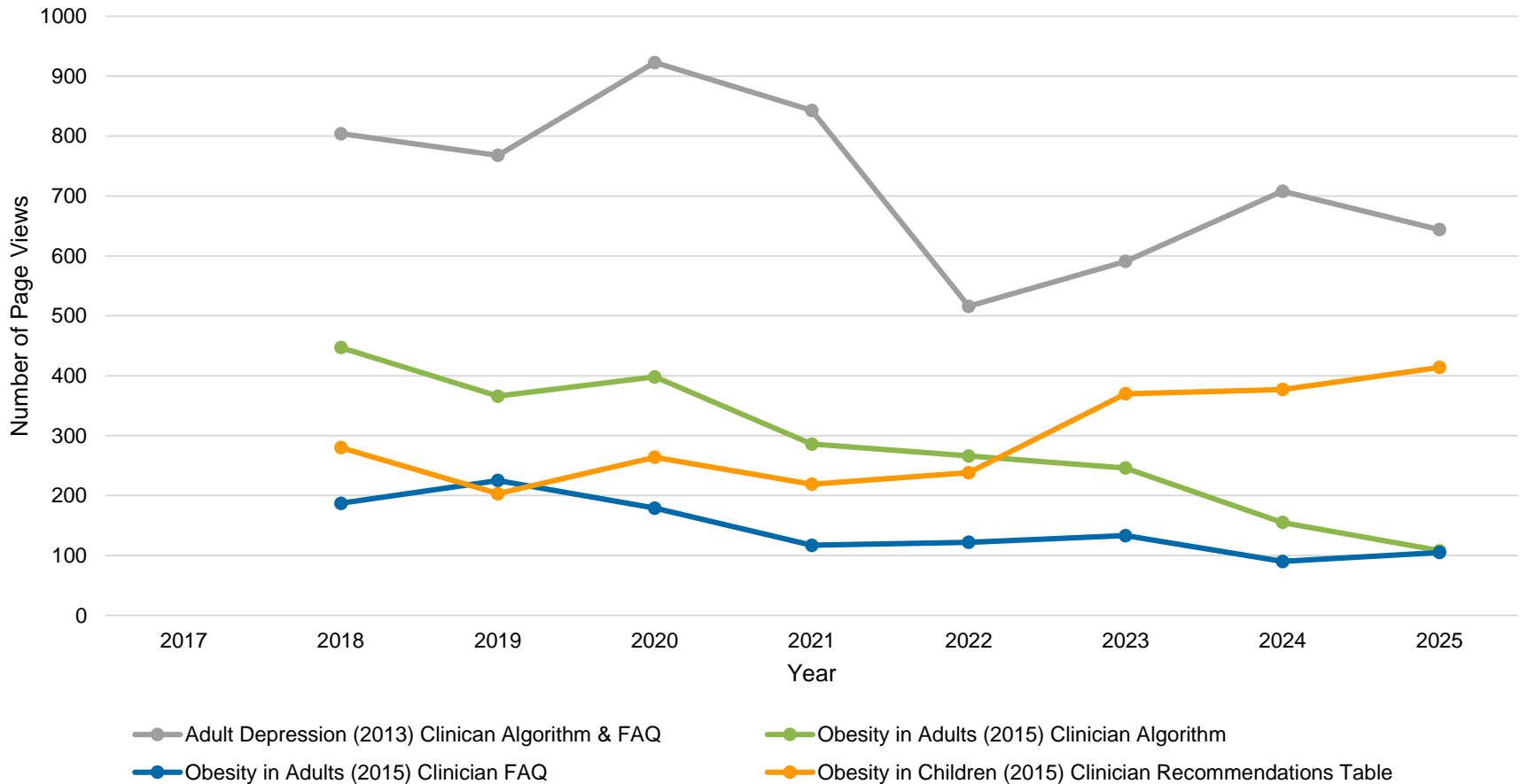
KT Tool Page Views

English Tool Page Views By Year For Guidelines Published In 2012



KT Tool Page Views

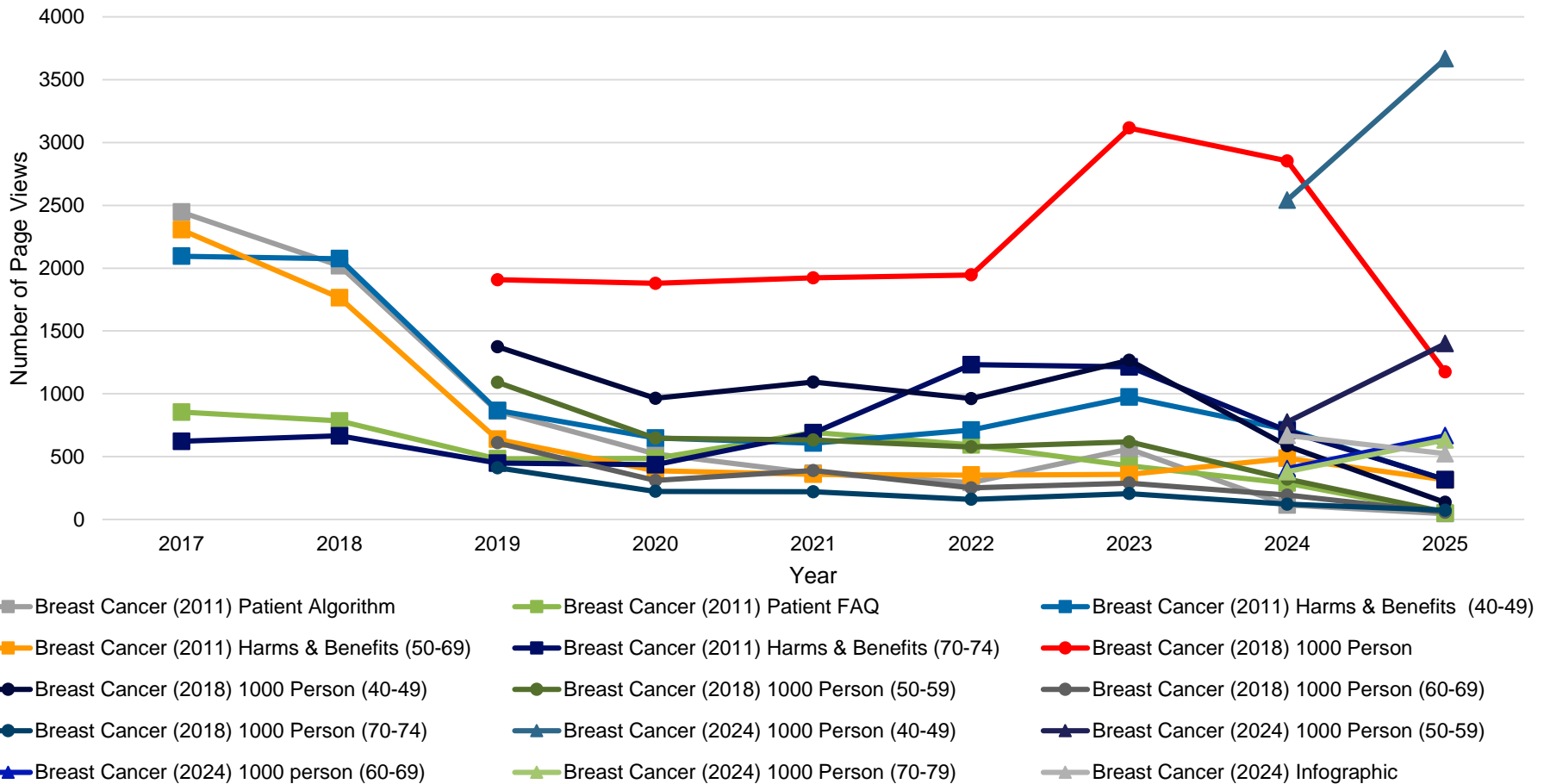
English Tool Page Views By Year For Archived Non-Cancer Guidelines



Note: Adult Depression was updated in 2025, both obesity guidelines were archived in 2023.

KT Tool Page Views

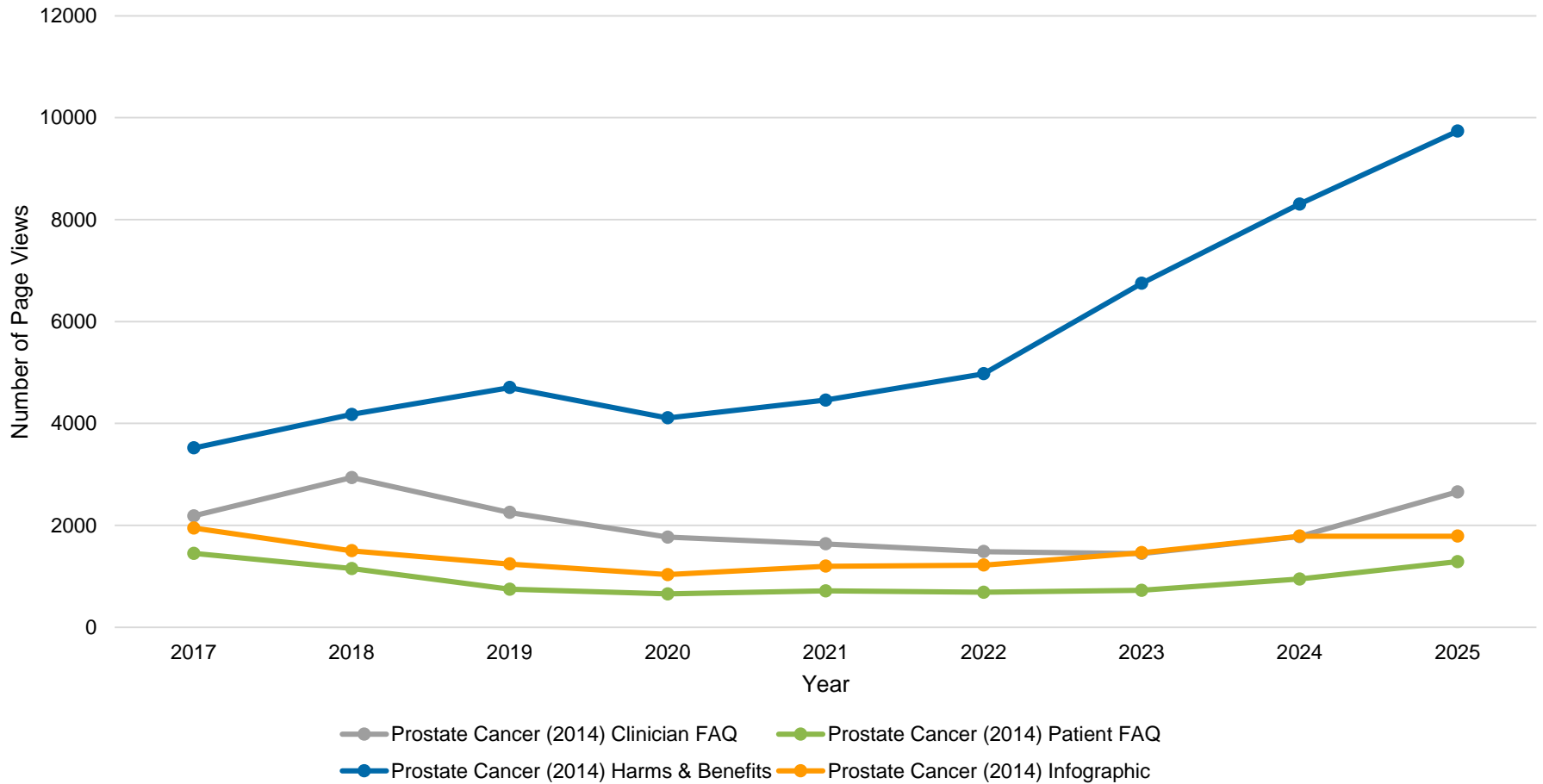
English Breast Cancer Tool Views By Year



Note: The 2024 Breast Cancer tool views were not tracked May 30, 2024 – June 25, 2024.

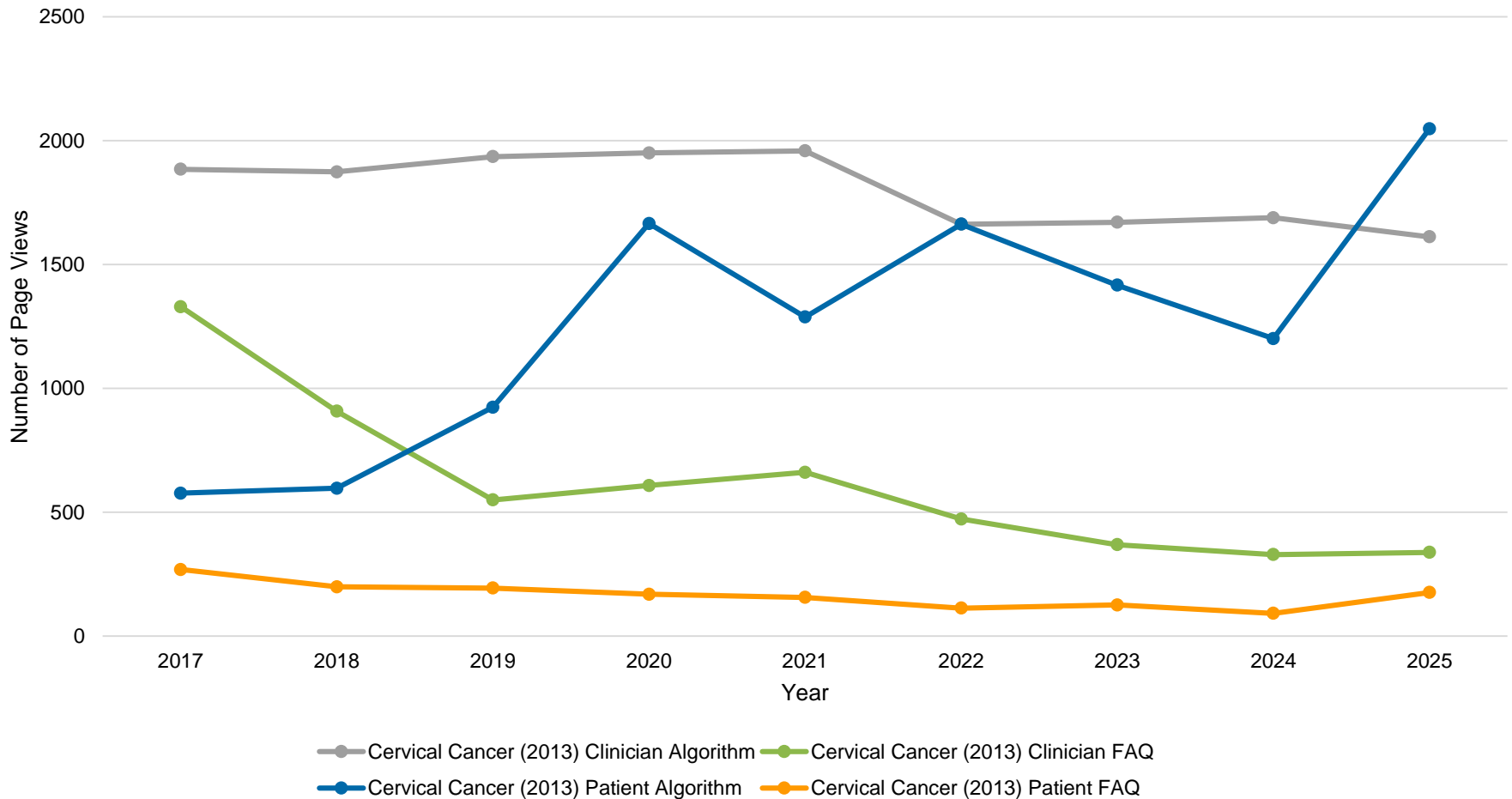
KT Tool Page Views

English Prostate Cancer Tool Views By Year



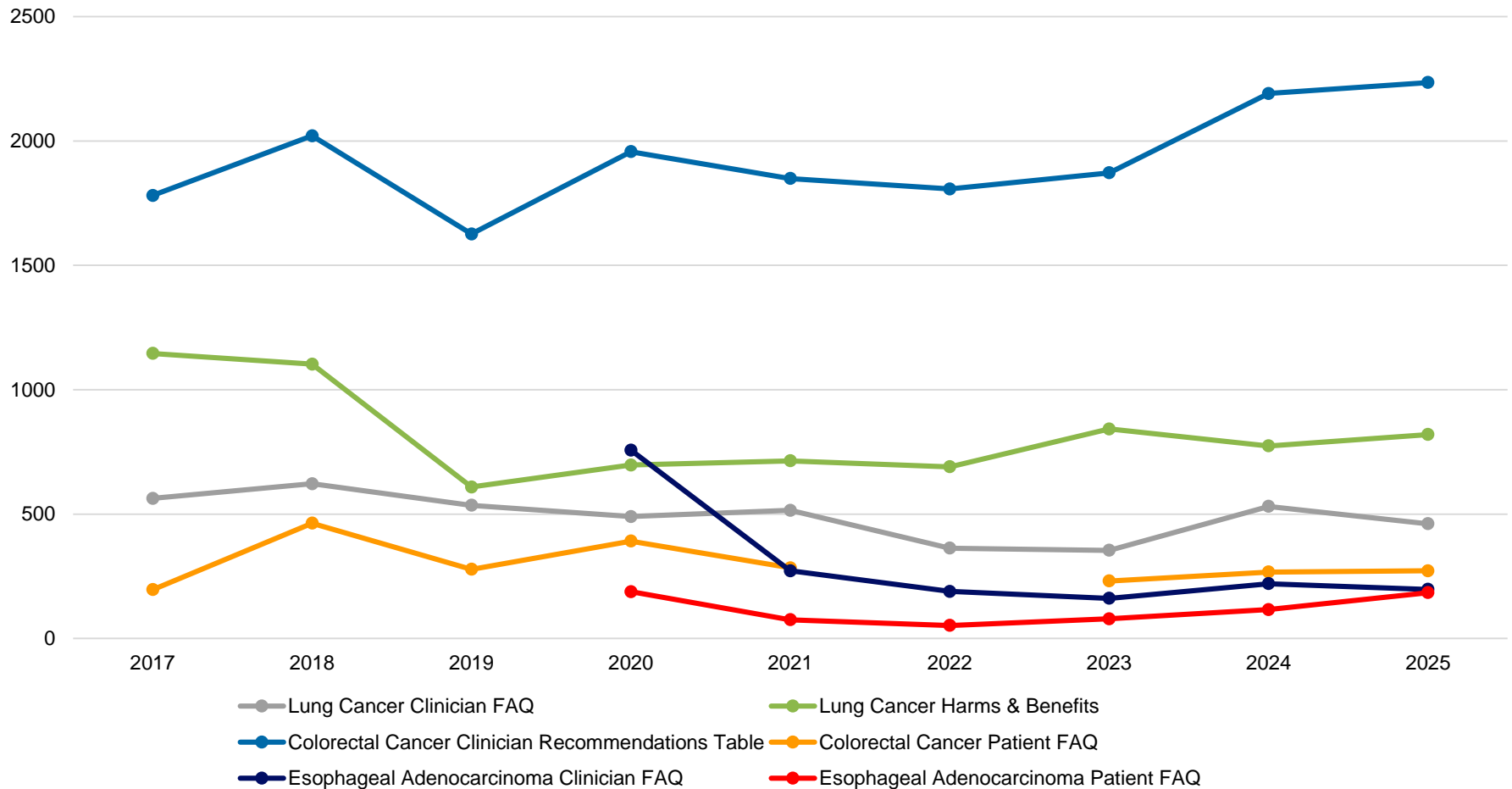
KT Tool Page Views

English Cervical Cancer Tool Views By Year



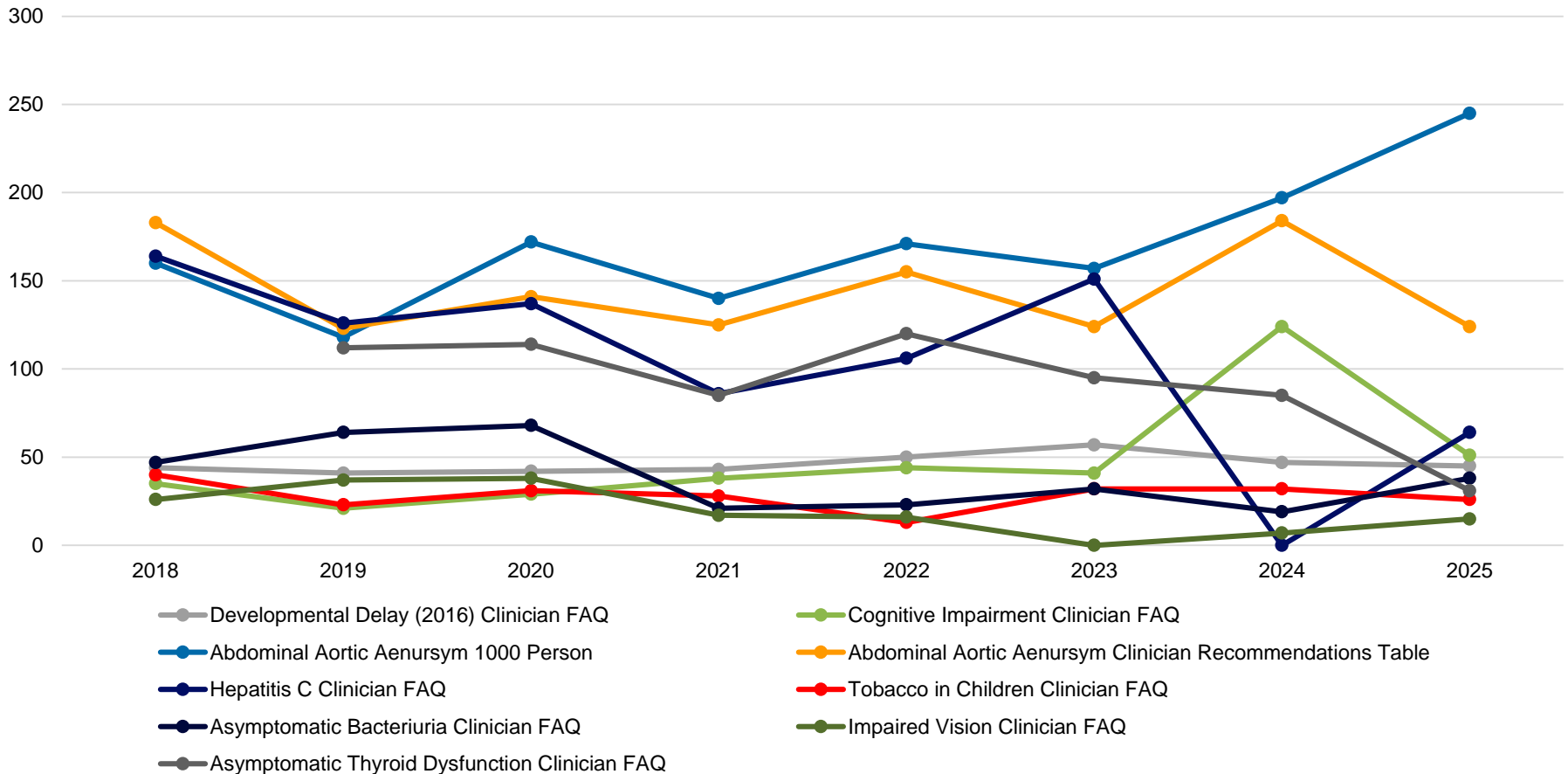
KT Tool Page Views

English Lung, Colorectal and Esophageal Cancer Guideline Tool Views By Year



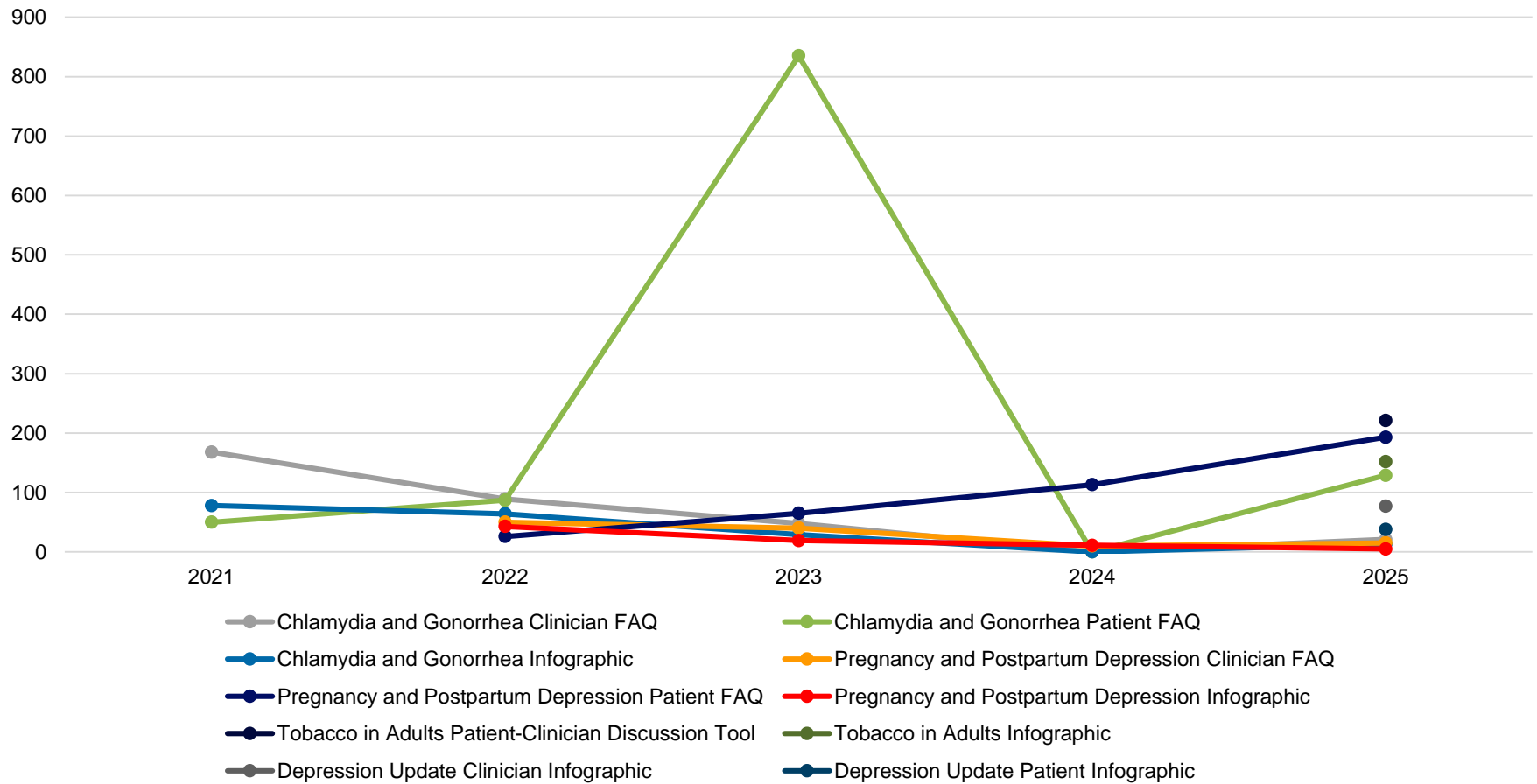
KT Tool Page Views

French Tool Page Views by Year for Non-Cancer Guidelines Published 2015 - 2019



KT Tool Page Views

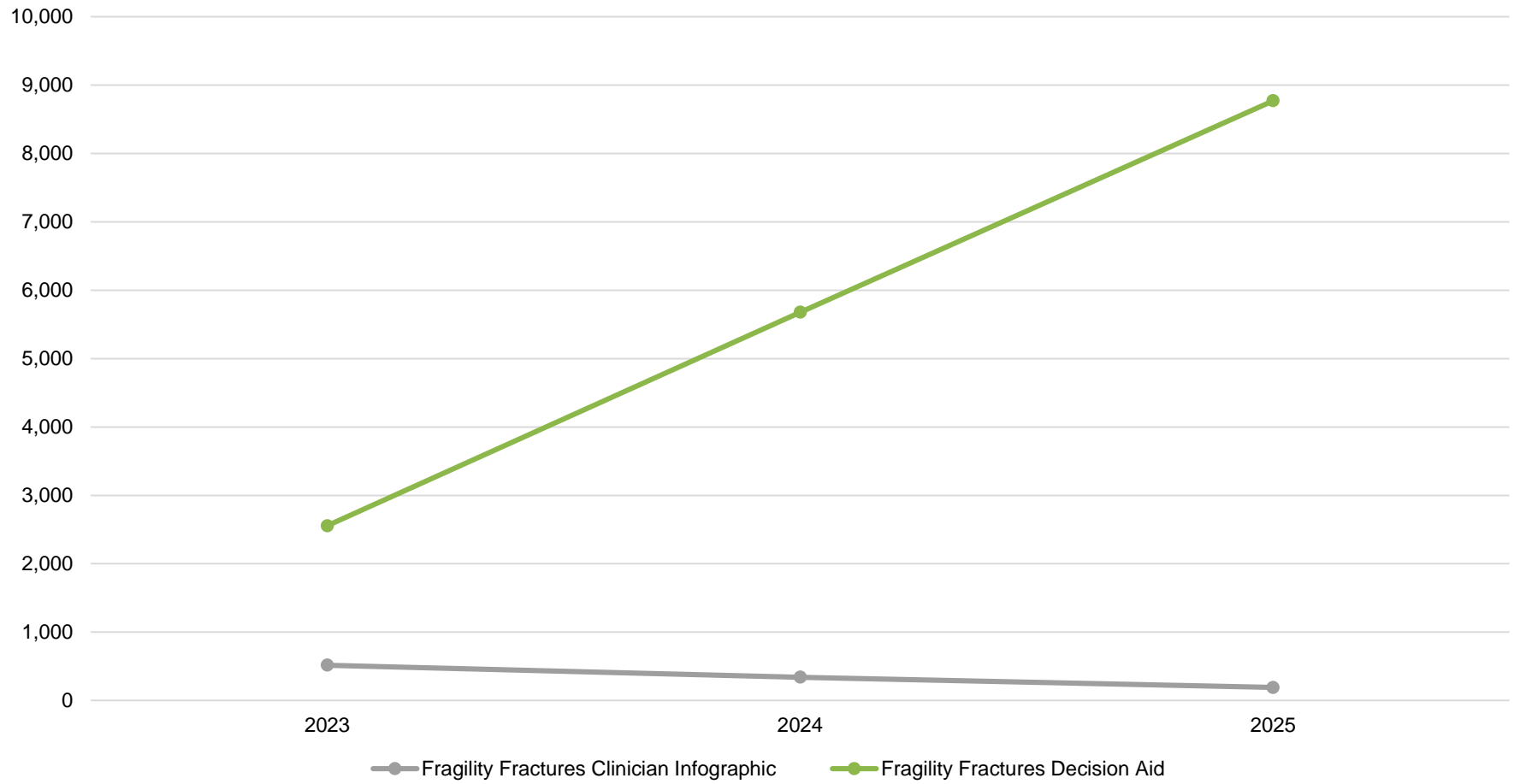
French Tool Page Views By Year For Guidelines Published 2021 - 2025*



*Breast Cancer (2024) and Fragility Fractures (2023) displayed separately.

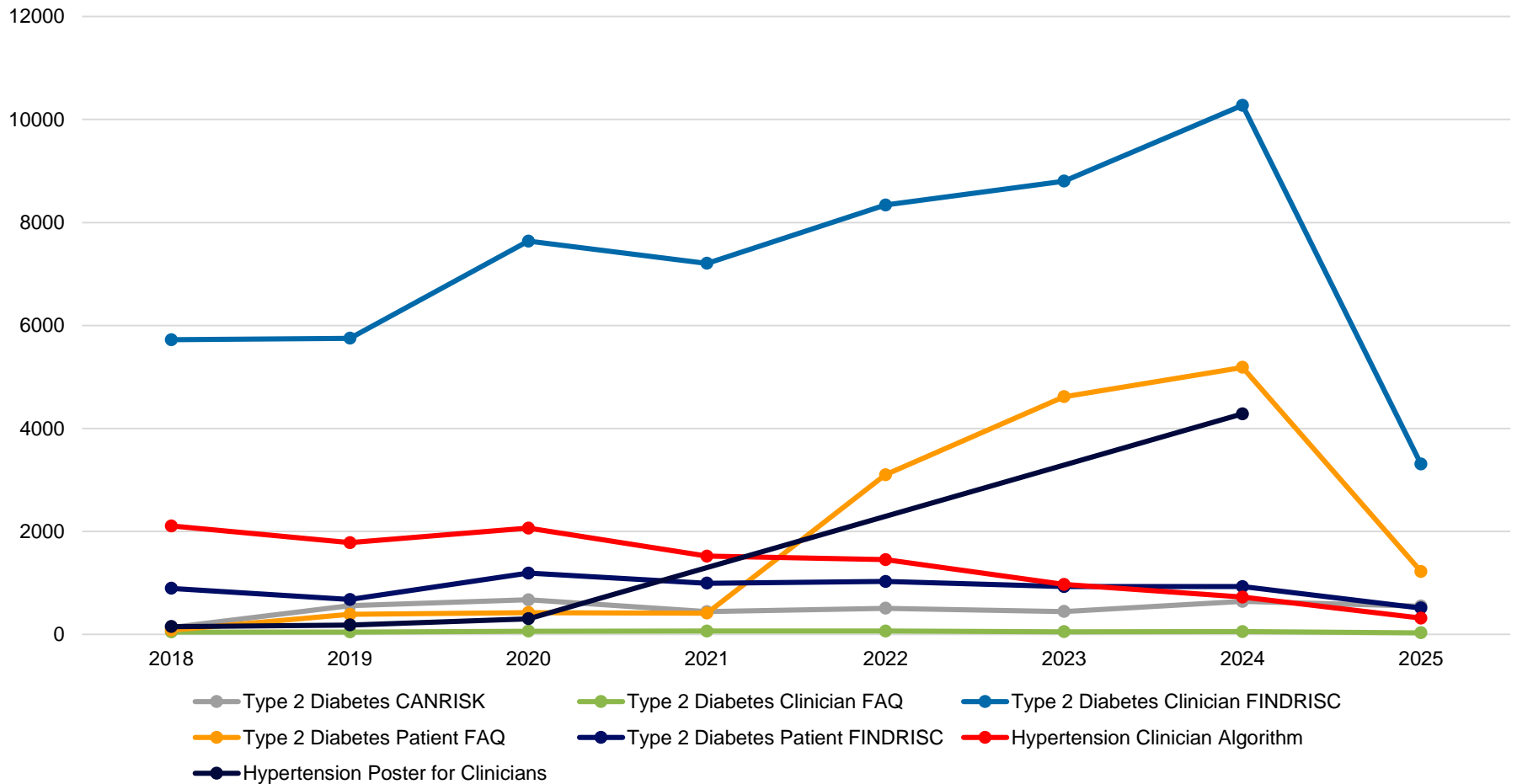
KT Tool Page Views

French Fragility Fractures Tool Views By Year



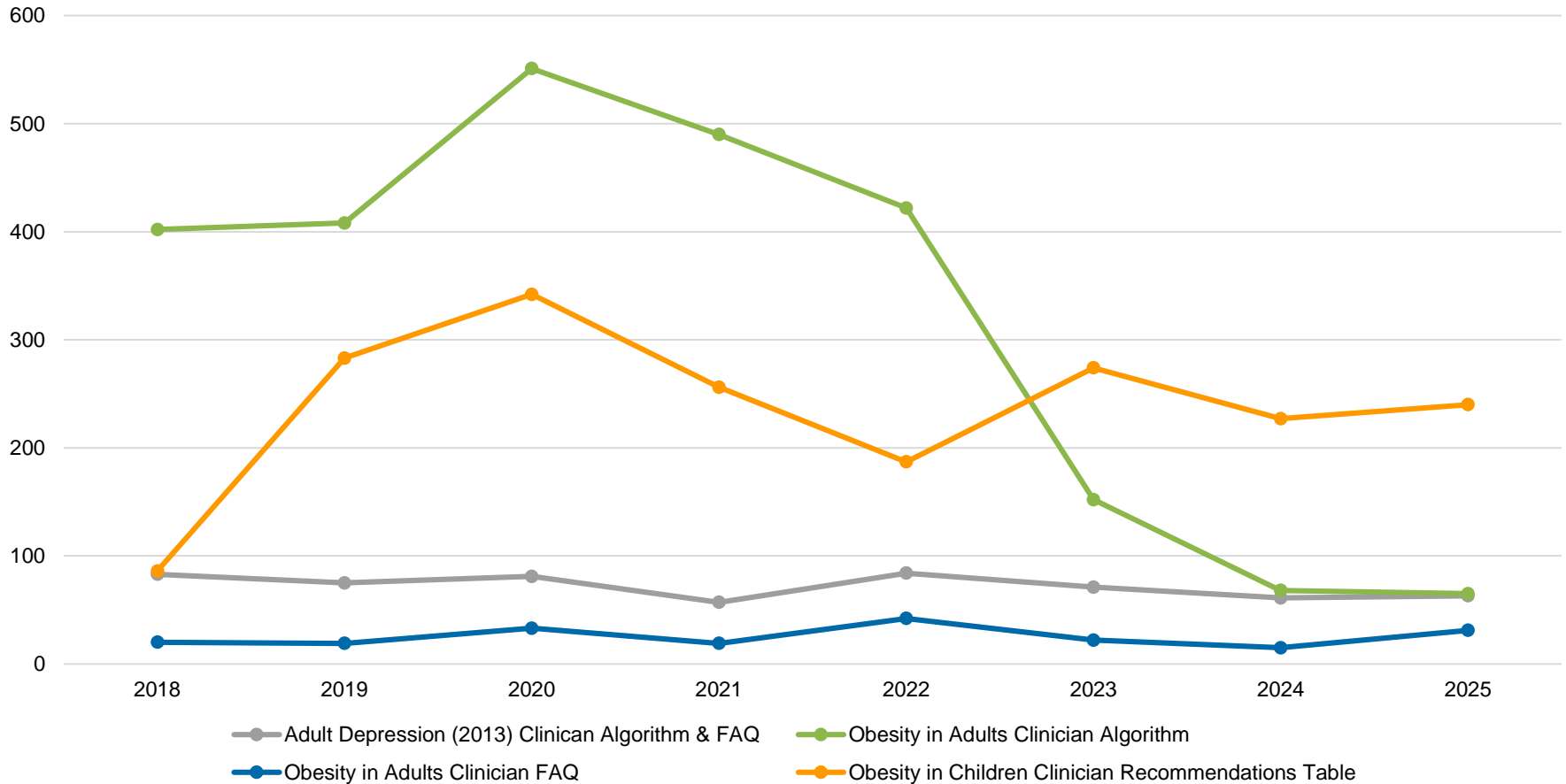
KT Tool Page Views

French Tool Page Views By Year for Guidelines Published In 2012



KT Tool Page Views

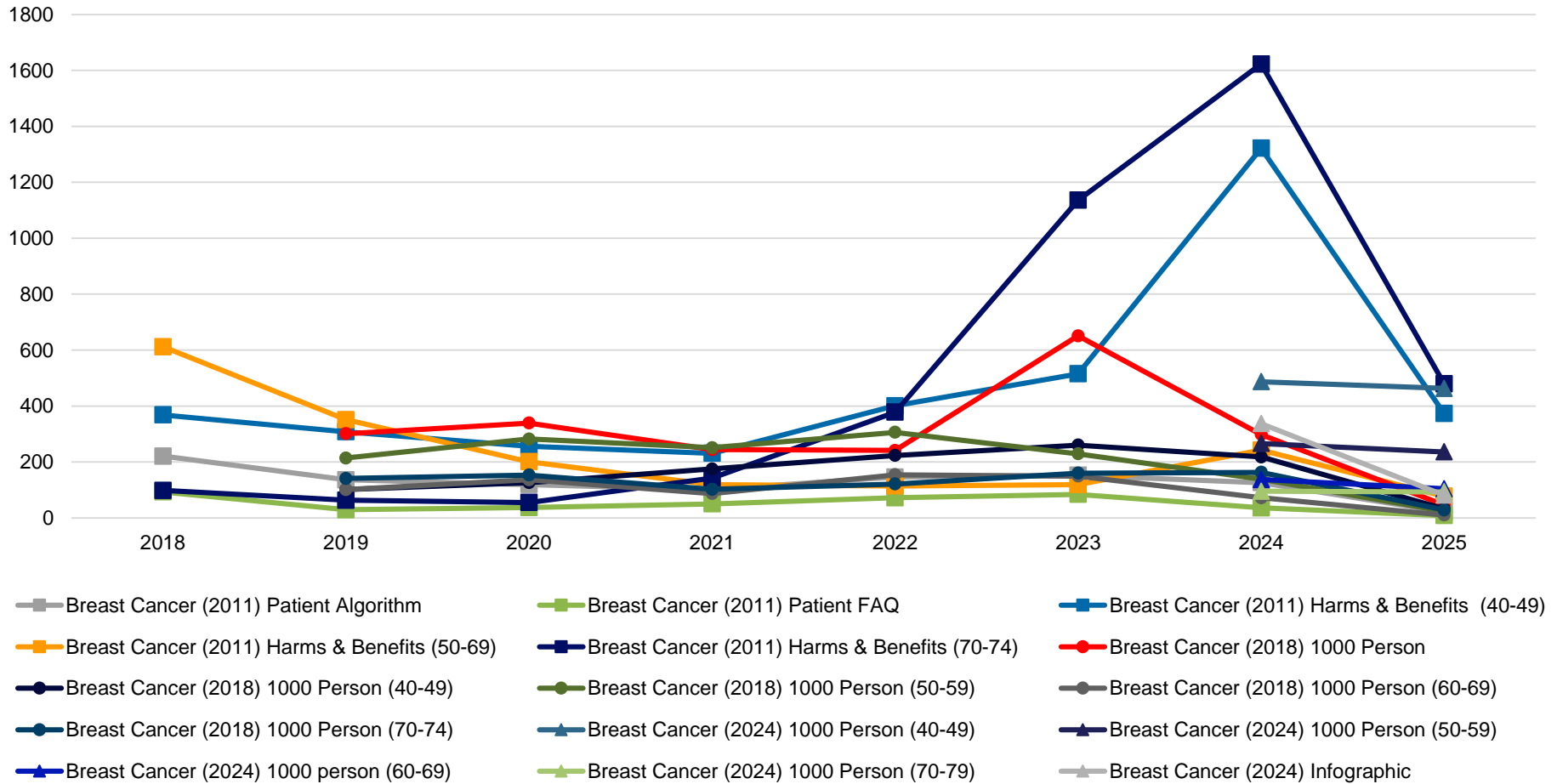
French Tool Page Views By Year For Archived Non-Cancer Guidelines



Note: Adult Depression was updated in 2025, both obesity guidelines were archived in 2023.

KT Tool Page Views

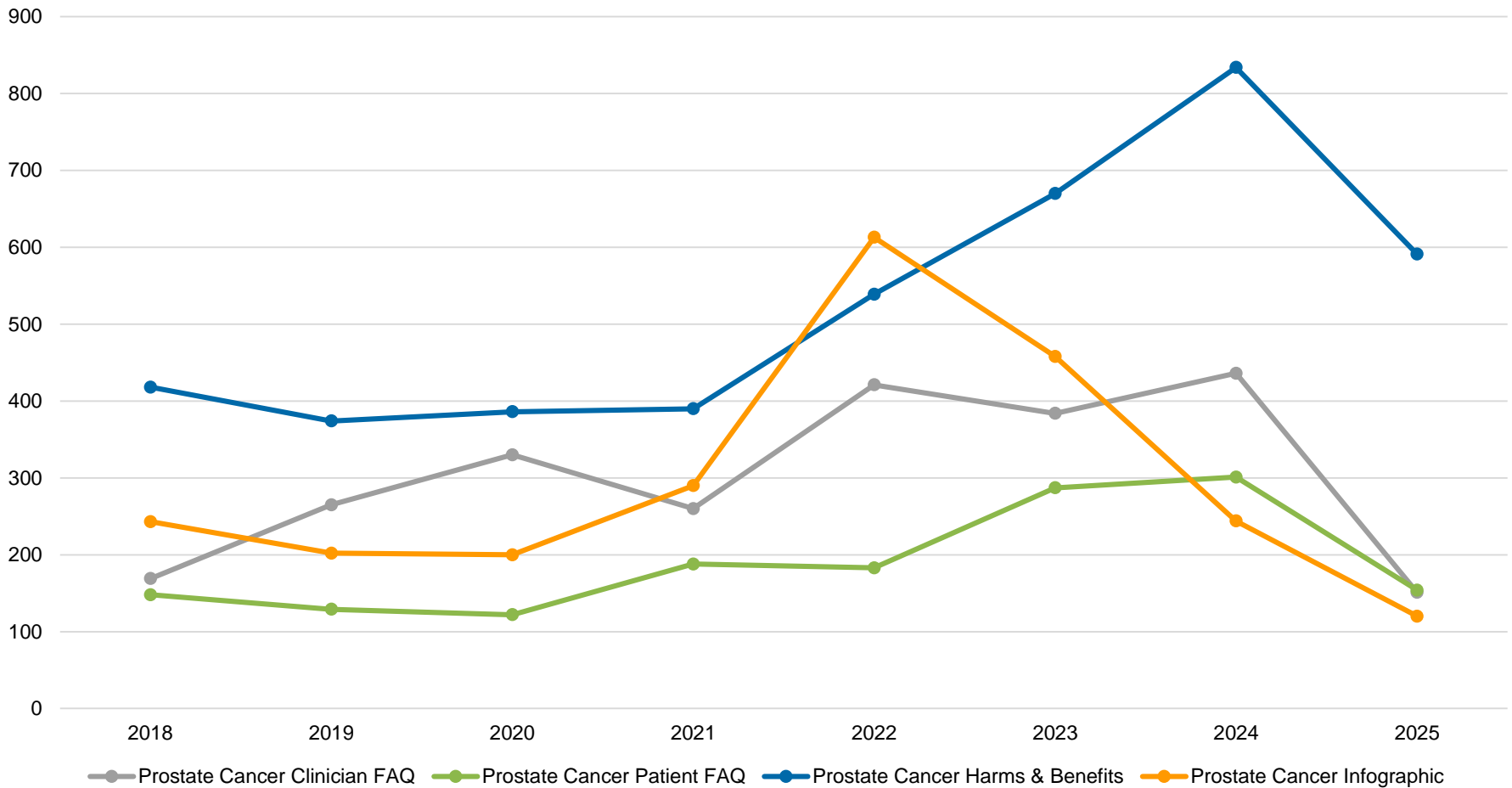
French Breast Cancer Tool Views By Year



Note: The 2024 Breast Cancer tool views were not tracked May 30, 2024 – June 25, 2024.

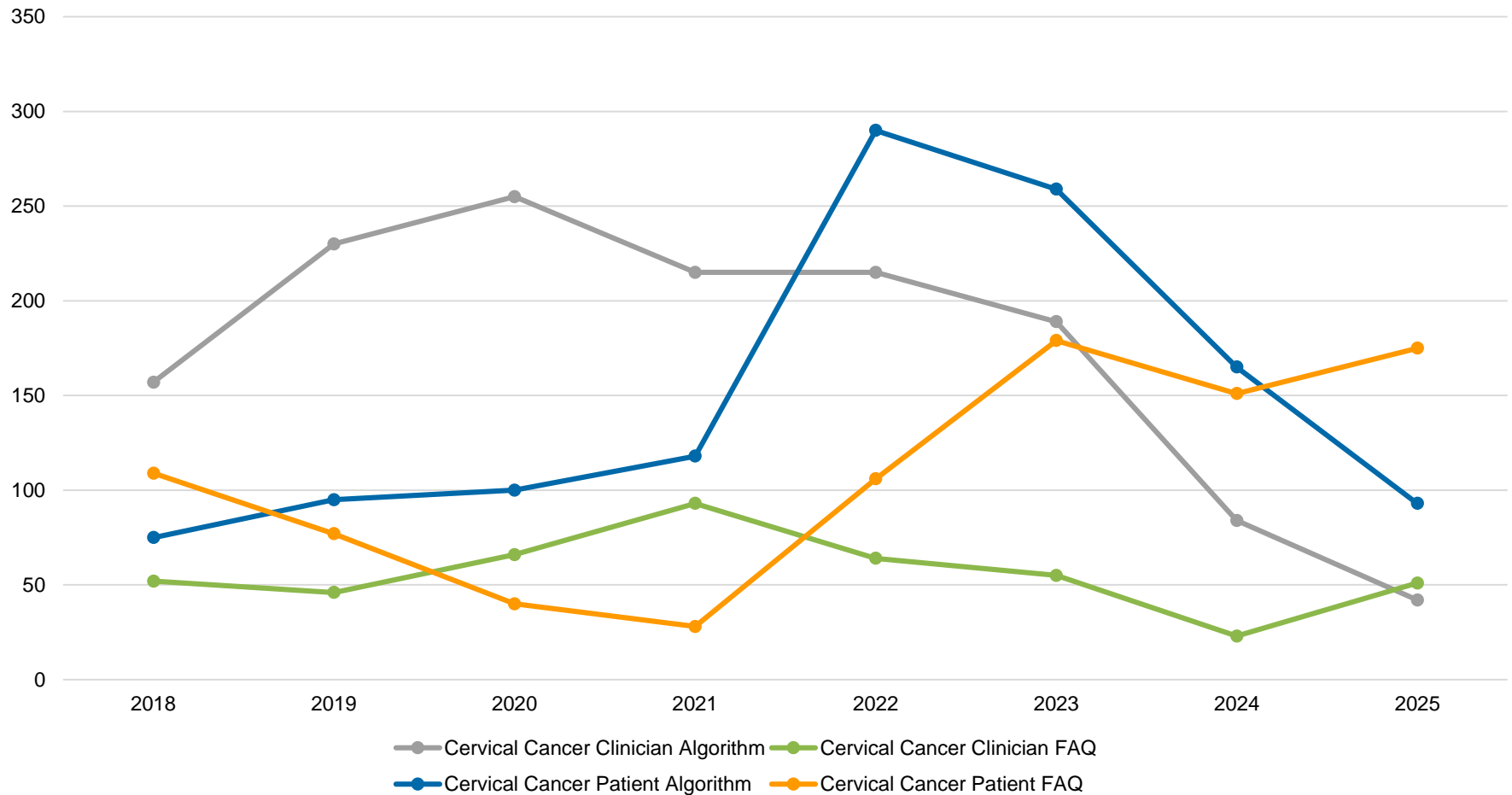
KT Tool Page Views

French Prostate Cancer Tool Views By Year



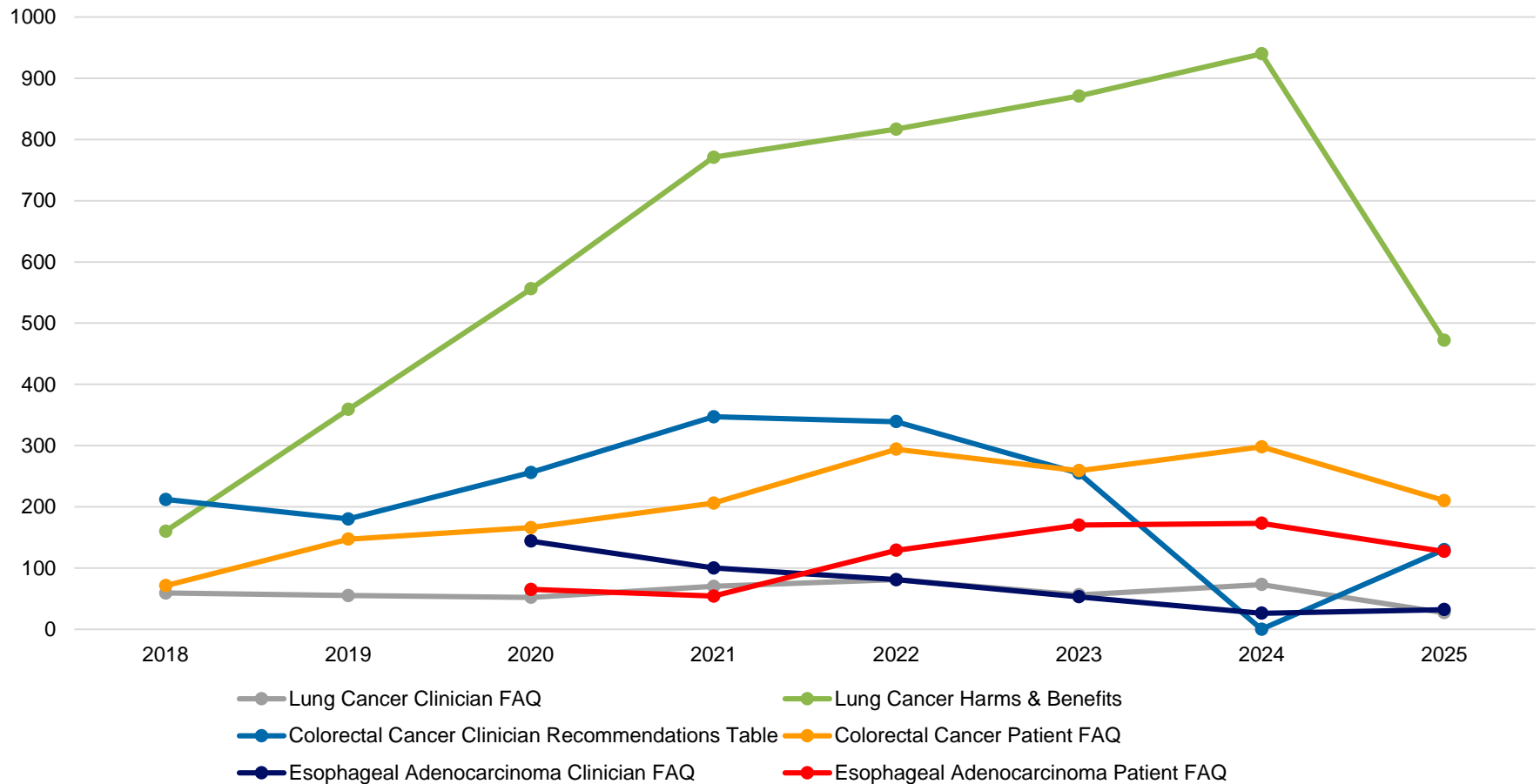
KT Tool Page Views

French Cervical Cancer Tool Views By Year



KT Tool Page Views

French Cancer Guideline Tool Views By Year



Guideline Citations

Guideline Citation Averages

Rank	Guideline	Average Citations Per Year*	Total Citations*	Years Since Release*
1	Breast Cancer Update (2018)	27.02	191	7.07
2	Colorectal Cancer (2016)	25.29	248	9.81
3	Breast Cancer (2011)	21.67	306	14.21
4	Lung Cancer (2016)	17.13	167	9.75
5	Prostate Cancer (2014)	16.47	184	11.17
6	Adult Depression (2013)	16.15	203	12.57
7	Cervical Cancer (2013)	15.86	206	12.99
8	Pregnancy and Postpartum Depression (2022)	11.90	41	3.44

*as of January 5, 2026.

Guideline Citation Averages

Rank	Guideline	Average Citations Per Year*	Total Citations*	Years Since Release*
9	Tobacco Smoking in Adults (2025)	11.08	4	0.36
10	Cognitive Impairment (2016/2024)	9.08	98	10
11	Fragility Fractures (2023)	9.40	25	2.66
12	Asymptomatic Bacteriuria (2018)	8.68	65	7.49
13	Type 2 Diabetes (2012)	8.55	113	13.22
14	Developmental Delay (2016)	8.51	82	9.63
15	Hepatitis C (2017)	8.05	70	8.70

*as of January 5, 2026.

Guideline Citation Averages

Rank	Guideline	Average Citations Per Year*	Total Citations*	Years Since Release*
16	Abdominal Aortic Aneurysm (2017)	6.13	51	8.32
17	Thyroid Dysfunction	5.71	35	6.13
18	Chlamydia & Gonorrhoea (2021)	4.88	23	4.71
19	Adult Depression Update (2025)	4.80	1	0.21
20	Esophageal Adenocarcinoma	2.55	14	5.50
21	Tobacco in Children (2017)	2.37	21	8.86
22	Impaired Vision (2018)	1.83	14	7.64

*as of January 5, 2026.

Communications and Media

Media: 2025 Highlights

- Media coverage of the Task Force was slightly lower in 2025 than in 2024 (**1,317 mentions** vs. 2,222 mentions)
- 30 requests for interviews or information were received (vs. 53 in 2024)
 - Tobacco guideline received the most requests (15), followed by the Task Force pause (8), Adult Depression Update (3), the EER report (1), breast cancer (1), prostate cancer screening (1), and colorectal cancer screening (1)

YouTube Video Views

YouTube Video Title	Most Viewed 2025 Rank	YouTube Views 2025	Most Viewed Overall Rank	YouTube Views Overall
Cancer Screening (EN)	1	715	1	7,078
Peut-on avoir un faux positif au test? (FR)	2	507	6	1,989
Chlamydia and Gonorrhoea (EN)	3	340	2	5,992
La chlamydia et la gonorrhée (FR)	4	199	3	4,019
Dépistage du cancer (FR)	5	184	8	1,780
Lung Cancer - Overview, risk factors & screening - (Part 1 of 3) (EN)	6	158	5	2,634
Prostate Cancer—Video for Physicians (2014) (EN)	7	156	4	2,896
What about false positives? (EN)	8	112	12	342
Cancer du poumon - Vue d'ensemble, facteurs de risque et dépistage - Vidéo 1 (FR)	9	88	7	1,782

YouTube Video Views

YouTube Video Title	Most Viewed 2025 Rank	YouTube Views 2025	Most Viewed Overall Rank	YouTube Views Overall
Cancer de la prostate—Vidéo pour les médecins (FR)	10	43	9	601
Lung Cancer - Should I be Screened? - (Part 2 of 3) (EN)	11T	20	10	586
En Quoi Consiste Le Depistage? (FR)	11T	20	18	59
Cancer du poumon - Inconvénients et avantages - Vidéo 3 (FR)	13	19	14	204
Lung Cancer - Harms & Benefits - (Part 3 of 3) (EN)	14	17	11	444
Cancer du poumon - Devrais-je me faire dépister ? - Vidéo 2 (FR)	15	11	15	152
How is the test done? (EN)	16	6	17	93
Where do I get tested? (EN)	17	5	19	30
Pourquoi Subir Un Test? (FR)	18T	2	23	14

YouTube Video Views

YouTube Video Title	Most Viewed 2025 Rank	YouTube Views 2025	Most Viewed Overall Rank	YouTube Views Overall
What if I test positive? (EN)	18T	2	25	7
Public Health (EN)	20T	0	22	16
Santé Publique (FR)	20T	0	20T	18
Why should I get tested? (EN)	20T	0	20T	18
Ou Subir Un Depistage? (FR)	20T	0	26	4
Resultat Positif (FR)	20T	0	24	11
CTFPHC Webinar - Draft Recommendations on Screening for Breast Cancer (EN)	20T	0	13	261
Webinaire du GECSSP - Recommandations provisoires sur le dépistage du cancer du sein (FR)	20T	0	16	112