

**Schedule of Events** (All meeting rooms are on the Main Floor of the hotel)

**Thursday, December 6**

8:00 AM - 8:30 AM	<b>REGISTRATION &amp; BREAKFAST</b>	Foyer-deHavilland Hall
8:30 AM - 8:45 AM	<b>WELCOMING REMARKS</b> by alPHa President Vance Blackmore	deHavilland Hall
8:45 AM - 12:00 PM	<b>PLENARY SESSION - The Precautionary Principle</b> <i>Moderator: Dr. Erica Weir, York Region Public Health Services</i> <i>Panelists: Dr. David Salisbury, Ottawa Public Health</i> <i>Dr. Richard Schabas, Hastings &amp; Prince Edward Counties Health Unit</i> <i>Dr. Lesbia Smith, University of Toronto</i> <i>Dr. Ross Upshur, University of Toronto</i> <i>Dr. Gaynor Watson-Creed, Capital District Health Authority, Halifax, NS</i> <i>Dr. Kumanan Wilson, Toronto General Hospital</i>	deHavilland Hall
	<b>10:00 - 10:15 AM BREAK</b>	
12:00 PM - 1:00 PM	<b>LUNCH</b>	Atrium
	<b>CONCURRENT AFTERNOON SESSIONS:</b>	
1:00 PM - 4:00 PM	<b>Board of Health Section General Meeting</b>	deHavilland Hall
1:00 PM - 4:00 PM	<b>Meeting for Affiliates on alPHa Board of Directors</b>	St. Lawrence Room
1:00 PM - 5:00 PM	<b>COMOH General Meeting</b>	York South
5:00 PM - 7:00 PM	<b>RECEPTION</b> <i>Special Guest: Hon. Margaret Best, Minister of Health Promotion (in attendance 5:00 - 6:00 PM)</i>	Atrium
6:00 PM - 8:30 PM	<b>alPHa BOARD OF DIRECTORS MEETING</b>	William Room

**Friday, December 7**

8:00 AM - 9:00 AM	<b>REGISTRATION &amp; BREAKFAST</b>	Foyer-deHavilland Hall
9:00 AM - 9:30 AM	<b>REMARKS</b> by Dr. Helena Jaczek, Parliamentary Assistant to the Minister of Health Promotion	deHavilland Hall
9:30 AM - 12:00 PM	<b>PLENARY SESSION - Evidence, Risk and Communication</b> <i>Speaker: Dr. Tim Sly, Ryerson University</i>	deHavilland Hall
	<b>10:30 - 10:50 AM BREAK</b>	
12:00 PM - 1:00 PM	<b>LUNCH</b>	Atrium
1:00 PM	<b>END OF MEETING</b>	

*See reverse for Plenary Session details*

## ***Plenary Session Details***

### **Day One - The Precautionary Principle** (December 6, 8:45 AM - 12:00 PM)

**Moderator:** **Dr. Erica Weir**, Associate Medical Officer of Health, York Region Public Health Services

**Panelists:** **Dr. David Salisbury**, Medical Officer of Health, Ottawa Public Health; Senior Consultant in Aviation Medicine, Civil Aviation Medicine Branch, Transport Canada  
**Dr. Richard Schabas**, Medical Officer of Health, Hastings & Prince Edward Counties Health Unit  
**Dr. Lesbia Smith**, Assistant Professor, Department of Public Health Sciences, Gage Occupational and Environmental Health Unit, and Associate, Centre for Environment, University of Toronto; Clinical Research Associate of the Institute of Environment and Health, McMaster University.  
**Dr. Ross Upshur**, Director, Joint Centre for Bioethics, University of Toronto; Physician, Department of Family and Community Medicine, Sunnybrook Health Sciences Centre  
**Dr. Gaynor Watson-Creed**, Medical Officer of Health, Capital District Health Authority, Halifax, NS  
**Dr. Kumanan Wilson**, Physician, General Internal Medicine, Toronto General Hospital; Associate Professor, Departments of Medicine and Health Policy, Management and Evaluation, University of Toronto

Health experts will provide presentations on evidence and public health, the purpose and use of the Precautionary Principle, and examples from the field and experience in applying the Precautionary Principle to public health practice. A general discussion by panel members will follow, including consideration of the consequences of acting on precaution.

### **Day Two - Evidence, Risk and Communication** (December 7, 9:30 AM - 12:00 PM)

**Speaker:** **Dr. Tim Sly**, Professor, School of Occupational and Public Health; Associate Professor, School of Graduate Studies, Ryerson University

Faced with increasingly restricted resources and firmer demands for accountability, decision-making in the health sciences has become risk-based. Quantitative risk assessment (QRA) is well supported by a competent cadre of analysts, drawn largely from engineering and applied science fields. However, the process of effective and efficient risk management also requires experience and ability in the interpretation and communication of those risks. This has been largely neglected to the extent that the target populations often feel betrayed and alienated. Communication about their risks using technical jargon riddled with complex exponential terminology does not satisfy their need to understand and participate, and usually inflames the issue, further reducing the trust and credibility of the individual or agency. In short, we are doing a bad job at communicating risks, largely because we do not understand the process by which people perceive the risks to their health and safety. Participants should be able to (i) examine and account for the rift between the "expert" and "lay" perceptions of risk, (ii) list basic principles of effective risk communications, and (iii) illustrate these principles using examples of both poor and good examples of risk communications. A seven-point checklist in risk communication for health agencies will also be presented.

*Workshop supported by the  
Ministry of Health and Long-Term Care*