The evolution of the medical practices and the search for models and tools to influence decision making process to improve outcomes has been the hallmark of the 20th Century medical care and public health institutions. This new and expanding area of research should significantly affect and dominate the landscape of medical care, public health debate and practice in the 21st Century.

The health care industry has experimented with different models and systems, but none so far proved to be totally satisfactory for the consumers, providers or policy makers. Core values, risk/benefits of the outcomes, economic and societal values are all elements which shape our decision making process and policy formulation.

Evidence-based public health and care is gaining significant momentum over the experience based values in policy formulation and decision making. For example, today despite the availability of screening and intervention modalities, the control of the hypertension in U.S.A. remains problematic. About 50 Million Americans still suffer from hypertension. The JNC7 points out that high blood pressure awareness has not changed and treatment rates have increased by only 10% over the last decade*.

Another example is the decision making process and policy formulation of the recently aborted small pox vaccination program. Though the intent was justifiable in light of uncertainties, and potential bio-terrorism threats, the decision process, communication strategies and the inadequate background scientific information undermined the execution of this program.

Different approaches to the design of decision making models and policy formulation will be discussed at the time of this presentation. One of the promising approaches to the policy formulation is outlined below:
Evaluation and Decision Making Process (questions to be addressed)

- Who are the Stakeholders and Policy Makers (are they the same?)
- What are the Environmental and Technological Health and Safety Induced and/or Perceived Risks (can they be estimated and prioritized?)
- In an occupational setting, is the emphasis placed on “health and safety” or ‘safety is considered a substitute for health” (public health/occupational vs. individual health and preventive care)
- Evidence based policy formulation (what is it? how is it used? Where the data is taken from?)
- Experience based policy formulation
  - What did or did not work
  - What had no added value
  - What did more harm than good
- Facilitators and/or Impediments (ressources, infrastructure, organisations, etc.)
- Evaluation and Training Tools (continuous improvement)
- What are the Ethical Implications?
- Desired Outcomes and Impacts (how different from the through puts?)
- Ultimate beneficiaries: consumers, providers, both or others?