



EMORY

ROLLINS
SCHOOL OF
PUBLIC
HEALTH

DEPARTMENT: Hubert Department of Global Health

COURSE NUMBER/CREDIT HOURS GH 584 / 2 credit hours

COURSE TITLE: Evidence-Based Decision Making with Principal Focus on Immunization, Infectious and Chronic Diseases

MEETING TIME AND LOCATION: Monday and Wednesday, 4:00 PM to 5:20 PM, CNR 1055

INSTRUCTOR NAME: Robert A. Bednarczyk, PhD and Felipe Lobelo, MD, PhD, FAHA

INSTRUCTOR CONTACT INFORMATION

EMAIL: rbednar@emory.edu (Bednarczyk); rlobelo@emory.edu (Lobelo)

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SCHOOL ADDRESS OR MAILBOX LOCATION:
CNR 7019 (Bednarczyk); CNR 7051 (Lobelo)

OFFICE HOURS: By appointment

Teaching Assistant(s):

COURSE DESCRIPTION

In medicine and public health, decisions constantly have to be made – should a particular drug be licensed? Does a particular vaccine need a universal or a targeted recommendation? What screening tests should be routinely performed? For each of these decisions, there is a tremendous amount of information that needs to be addressed, assessed, and deliberated on. This course is designed to provide an overview of these processes and related deliberative bodies to help future public health professionals understand how their research and practice are used in evidence-based decision making.

GH CONCENTRATION COMPETENCIES:

- Use qualitative and quantitative data sources to assess global health outcomes or risk factors, including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors (GH Measures and Metrics).
- Apply ethical reasoning to the design, implementation or evaluation of global health programs, policies or practice (GH Ethics)

COURSE LEARNING OBJECTIVES:

- Describe the organizational structure of domestic (e.g. country-level Health and Finance ministries) and international (e.g. WHO) decision-making bodies

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- Understand and account for the impact of uncertainty in decision-making processes
- Evaluate the quality of data and data sources
- Synthesize data for clear and efficient presentation.
- Demonstrate ability to critically assess and respond to contrary arguments and alternative evidence
- Communicate clearly about evidence-based decision making
- Apply critical thinking skills to emerging threats

EVALUATION

Course Component	Due date	Percentage of Grade
Paper <i>Reflection on RotaShield withdrawal or changing dietary recommendations</i>		15%
Paper <i>Comparison of two different US decision-making bodies and an international decision-making body</i>		15%
Paper <i>Review of an ACIP presentation and vote</i>		10%
Group Project <i>Simulated advisory committee presentations</i>		20%
Group Project <i>Decision-making debate</i>	Weeks 13, 14, and 15	20%
Participation <i>Participation and engagement in class discussions and multi-week case study</i>	Throughout semester	20%
		Total: 100%

Approximate grade cutpoints:

95-	100	A
90-	94	A-
85-	89	B+
80-	84	B
75-	79	B-
70-	74	C
00-	69	F

COURSE STRUCTURE

Course: GH584 Evidence-Based Decision Making with Principal Focus on Immunization, Infectious and Chronic Diseases

For each assignment, a detailed assignment document will be posted to Blackboard, with expectations and requirements.

1. Reflection on RotaShield Withdrawal

One of the initial examples of decision-making that will be discussed in class involves the recommendation for routine use of the first rotavirus vaccine, RotaShield, and its subsequent withdrawal from the market due to an increased incidence in a particular adverse event. Later evaluations have clarified the potential impact of this vaccine on the incidence of this adverse event.

In a short (three-page maximum, excluding references) paper, **briefly** summarize the issue, and then put yourself in the position of a member of the Advisory Committee on Immunization Practices at the time of the recommendation vote and at the time of the decision to withdraw the recommendation. Reflect on how you would have perceived your role in these decisions, both at the time they were made and moving forward. Consider the weight of the importance of being a voting member on the ACIP and what that involves.

Reflection on Evolving dietary recommendations

Another example of decision-making that will be discussed in class involves the dietary recommendation evolution from 1970 to 2015 (intended and unintended consequences on health, public perception of a healthy diet from seemingly contradicting guidelines). Aspects related to increased understanding of dietary patterns, economic and political considerations will be discussed. Specific areas related to salt and sugar consumption will be expanded.

In a short (three-page maximum, excluding references) paper, **briefly** summarize the issue, and then put yourself in the position of a member of the Dietary Guidelines Advisory Committee at the time of the latest recommendations while putting them in perspective with previous recommendations. Reflect on how you would have perceived your role in these decisions, both at the time they were made and moving forward. Consider the weight of the importance of being a voting member on the committee and what that involves.

2. Comparisons of decision-making bodies

Students will choose two US-based federal advisory committees and a decision-making body from a low or middle income country. Areas will range from immunizations, to Infectious to chronic non-communicable disease topics. For the US-based committees, one advisory committee must be related to public health and the other must not be directly related to public health (i.e clinical interventions). The international decision-making body must be related to public health.

In a short (five-page maximum, excluding references) paper, briefly summarize and compare and contrast the advisory committees selected, including their role, their reporting structure, their operational logistics, and the recommendations produced by the committee (both in terms of quantity and type). Be sure to indicate any available materials (press releases, journal articles, website) that have been produced by or about this advisory committee.

A sign-up form will be created to ensure that only one student can pick a particular advisory committee, to ensure diversity

3. Review of an ACIP presentation and vote

After you have had the opportunity to discuss both the role of advisory committees and the importance of evaluating the evidence used to make public health policies and recommendations, you will watch an ACIP presentation and vote and write a paper reflecting on the quality of evidence and presentations.

You will write a paper (three-page maximum not counting references, double-spaced, Times New Roman 11 pt font, 1-inch margins) where you reflect on (a) your perceptions of the quality of evidence presented, (b) the clarity of the presentation of evidence, and (c) whether audience questions were adequately answered. A short summary of the recommendation being voted on and the evidence presented should also be included.

4. Simulated advisory committee presentations

To highlight the complexity of data presented to an advisory committee, small student groups will be assigned to represent key stakeholders or other groups often providing input to a national-level advisory committee. These groups will be responsible for developing and giving a short presentation of the key data elements specific to the question of interest, from the perspective of their group. All groups will present to the same “advisory committee” made up of RSPH faculty, who will also question the groups.

5. Decision Making Debate

Over the last three sessions of the class, decision-making debates will occur between small teams of students. These debates will be designed for students to focus their research skills to present persuasive arguments for or against a given proposal, while requiring the ability to have researched both sides of the proposal to present effective rebuttals with little preparation time.

Students will be assigned to groups of three individuals, and groups will be paired. For each set of six students, a topic or controversy in global health will be presented (e.g. adolescent health, obesity, physical activity, immunizations, etc.) One group will be assigned to support the “pro” position, and one group will be assigned to support the “con” position. Groups will research the topic and come prepared with sufficient

evidence and supporting material to present the case for their position and to defend their position.

Debates will be structured in the following manner:

- 5 minutes for each group to present their opening argument (presentation order will be assigned randomly)
- 5 minute working break to organize rebuttals
- 5 minutes for each group to offer rebuttals to opening arguments
- 10 minutes for question and answer
- 5 minute working break to organize responses
- 4 minute for each group to offer additional responses and final statement
- 10 minutes for question and answer

Prior to the start of the debate, the non-presenting students will be asked to provide their initial position (supporting pro or con), and at the conclusion of the question and answer period, non-presenting students will be asked to provide their position on the topic following presentation of both sides of data (supporting pro or con).

Grades for the debate will be based on quality of evidence, ability to respond to contradictory evidence, and presentation ability. The pre- and post-polls will not influence grades, but can provide some immediate feedback to the presenters as to the persuasiveness of their arguments.

6. Participation

Because the variety of topics related to evidence-based decision making is so broad, we are not able to have lectures that go into every aspect of the topic and how it should be studied in all relevant situations. Therefore, discussion and examples will be a major component of your learning. Your participation and ideas will be critical to learning; therefore, participation in these discussions, along with the question and answer discussions for the debates will contribute to your overall grade.

As part of your participation grade, there will be a multi-week case study addressing an emerging topic. Each week this case study occurs, you will be provided with new information in the form of “breaking news” or recent developments related to a public health emergency or situation (e.g. disease outbreak, natural disease, complex humanitarian emergency), to which you must formulate an action plan or otherwise respond.

GH Concentration Competency Assessed	Representative Assignment
<p>Use qualitative and quantitative data sources to assess global health outcomes or risk factors, including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors (GH Measures and Metrics).</p>	<p>Simulated advisory committee meeting Decision making debate</p> <p>Both of these assignments involve synthesizing the available qualitative and quantitative data around a specific topic to assess health outcomes and risk factors, toward the end of understanding how a wide variety of data is used to inform decision making recommendations. Students will be assessed both as part of a group as well as individuals with regard to their ability to synthesize qualitative and quantitative data with regard to the decision-making processes under evaluation.</p>
<p>Apply ethical reasoning to the design, implementation or evaluation of global health programs, policies or practice (GH Ethics)</p>	<p>Reflection paper on RotaShield withdrawal or changing dietary recommendations</p> <p>In this paper, students are responsible for understanding how a decision was made and what the implications – scientific, programmatic, and ethical – are of such a decision impacting the population.</p>

COURSE POLICIES

Group Work Policy:

In an applied academic setting like RSPH, group work is critical to developing the skills necessary for collaborative public health work. Group work allows individual members to learn from each other's strengths and expertise. The major group activity in this course is preparation for and participation in the Decision Making Debate. As part of the group work for the debate, there will be a peer evaluation component that will be considered when determining the grade for the group project.

Late Assignment Policy: All assignments are due at the designated time and due date. Failure to submit the assignment when due will result in a loss of 5 points per day that the assignment is late. Assignments that are more than 3 days late will not be accepted. If there are circumstances that will preclude you from turning in assignments on the due date, it is imperative that you discuss the situation with the instructor prior to the due date.

Assignments passed in late without the instructor's previous knowledge and approval will be graded down before any corrections are made. If you have an emergency that delays your turning in assignments, please contact the instructor as soon as possible.

Verbal and Written Communications Policy: Communicating effectively in writing and verbally is critical to public health research and practice. Students are expected to demonstrate these skills in written assignments and oral presentations.

Clarity and accuracy are expected in submission of assignments throughout this course. Errors of grammar or spelling may result in a lower grade. Keep in mind that spell check and grammar check features of software programs such as Microsoft Word are not sufficient. Please read over all submissions carefully for content, spelling, punctuation, and grammar.

Requirements for acceptable performance in this course include the following:

Criteria for grading written assignments:

- Relevance to the issues
- Scope and thoroughness
- Logic and organization of thought
- Reference to the scientific literature in the areas related to the course
- Proper citation format
- Overall writing style
- Correct grammar and spelling

Criteria for oral presentations:

- Organization of material
- Relevance to the issues
- Scope and thoroughness
- Analysis and conclusions
- Presentation skills
- Adherence to time limits

Attendance Policy: A major component of the learning for this course will be the discussion following each lecture. Therefore, students are expected to attend all class session. In the case of exceptional circumstances that result in you being late or absent, you must contact me prior to the start of class (either by email or by leaving a telephone message). Please be aware that an absence from class under these circumstances does not excuse you from any required assignments. More than one unexcused absence will result in an absolute grade reduction of two percentage points from your participation grade (which accounts for 15% of your overall grade), for each additional unexcused absence.

Class will start promptly at 4:00 PM on Monday and Wednesday through the Spring 2017 semester. The class session will run for one hour and twenty minutes, twice per week.

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You are welcome to exit the classroom at any time for any reason: phone call, water/snack break, and restroom break. However, you will be responsible for obtaining any missed information (announcements, notes, etc.) from your classmates due your late arrival or departure from class. I will not repeat missed information during class time for those not present. Please be prepared and prompt.

Participation Policy: A student demonstrates **active participation** by asking/answering questions in lecture and contributing to group discussions. Because a large portion of the work in this course will be performed as part of a group, the conduct of one student may affect the performance of several others. Professionalism refers to the **dependability, initiative, and respect for others** that each student must demonstrate in order for the group to function. A student's participation/ professionalism grade will be determined by peer evaluation and contribution to the final debate presentation.

You should make every effort to be present, on time, and engaged for every class. Inform your TA in advance if you know you will be absent, and keep in mind that a lack of group participation may result in a negative peer evaluation and subsequent 2% grade deduction, as described above.

Respect in the Classroom Policy: This class covers content that may be emotionally charged. It is important to remember that you are in a learning community composed of a wide range of beliefs and experiences, and every person has a right to express those beliefs/experiences within the discussion boundaries. No denigration or silencing of others will be allowed.

Please turn off all phones, cells, mobiles, iPhones, iPads (or put on vibrate mode), anything else that is a distraction to the class activities. Please respect the integrity of the classroom learning environment and the learning of your colleagues. Surfing the web, checking out Facebook, responding to emails, is not part of the learning. Lecture slides will be made available after the conclusion of class, to encourage active listening and participation with the lecture/discussion as it occurs. Therefore, there will be no need for computers/tablets/etc. to be accessed during the lecture.

As the instructor of this course, I endeavor to provide an inclusive learning environment. However, if you experience barriers to learning in this course, do not hesitate to discuss them with me and the Office for Equity and Inclusion, 404-727-9877.

RSPH POLICIES

Accessibility and Accommodations

Accessibility Services works with students who have disabilities to provide reasonable accommodations. In order to receive consideration for reasonable accommodations, you must
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contact the Office of Accessibility Services (OAS). It is the responsibility of the student to register with OAS. Please note that accommodations are not retroactive and that disability accommodations are not provided until an accommodation letter has been processed.

Students who registered with OAS and have a letter outlining their academic accommodations are strongly encouraged to coordinate a meeting time with me to discuss a protocol to implement the accommodations as needed throughout the semester. This meeting should occur as early in the semester as possible.

Contact Accessibility Services for more information at (404) 727-9877 or accessibility@emory.edu. Additional information is available at the OAS website at <http://equityandinclusion.emory.edu/access/students/index.html>

Honor Code

You are bound by Emory University’s Student Honor and Conduct Code. RSPH requires that all material submitted by a student fulfilling his or her academic course of study must be the original work of the student. Violations of academic honor include any action by a student indicating dishonesty or a lack of integrity in academic ethics. *Academic dishonesty refers to cheating, plagiarizing, assisting other students without authorization, lying, tampering, or stealing in performing any academic work, and will not be tolerated under any circumstances.*

The RSPH Honor Code states: “Plagiarism is the act of presenting as one’s own work the expression, words, or ideas of another person whether published or unpublished (including the work of another student). A writer’s work should be regarded as his/her own property.” (http://www.sph.emory.edu/cms/current_students/enrollment_services/honor_code.html)

COURSE CALENDAR

Date	Topic	Required Readings/Assignments
MODULE 1 – What is Evidence?		
WK 1 Monday 1/13/20	Intro to the class Uncertainty Why do we have to make decisions?	1. https://www.health.harvard.edu/blog/uncertainty-in-medicine-and-making-health-decisions-let-your-values-be-your-guide-2016122110874 2. Lipsitch et al. NEJM 2009.

Date	Topic	Required Readings/Assignments
WK 2 Wednesday, 1/15/20	Decision making in the current climate What is evidence? Why do we need systems for decision making? Differences between causality and correlation Causality and correlation	<ol style="list-style-type: none"> 1. Abeysinghe S. An uncertain risk: The World Health Organization's Account of H1N1. <i>Sci Context</i> 2014;27(3):511-529. 2. Rennels MB. The rotavirus vaccine story: A clinical investigator's view. <i>Pediatrics</i> 2000;106(1):123-5. 3. Schwartz JL. The first rotavirus vaccine and the politics of acceptable risk. <i>Milbank Q</i> 2012;90(2):278-310 <p>Assignment 1 (Rotashield/Dietary Guidelines reflection) assigned</p>
WK 2 Wednesday 1/22/20	Hierarchy of data quality – (a) study designs, study types; (b) GRADE; (c) assessments of evidence	<ol style="list-style-type: none"> 1. GRADE <ol style="list-style-type: none"> a. Guyatt GH, et al. GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. <i>BMJ</i> 2008;336:924. a. Guyatt GH, et al. What is 'quality of evidence' and why is it important to clinicians? <i>BMJ</i> 2008;336:995.
WK 3 Monday 1/27/20	Estimating and evaluating the burden of disease	<ol style="list-style-type: none"> 1. Lajoie J. Understanding the measurement of global burden of disease. 2. Munira SL, Fritzen SA. What influences government adoption of vaccines in developing countries? A policy process analysis. <i>Soc Sci Med</i> 2007;1751-1764. 3. Murray CJL, Lopez AD. Measuring the Global Burden of Disease <i>N Engl J Med</i> 2013;369: 448-457. 4. WHO mortality and global health estimates (skim for familiarity for discussion). 4. Lee IM, Bauman AE, Blair SN, Heath GW, Kohl HW 3rd, Pratt M, Hallal PC. Annual deaths attributable to physical inactivity: whither the missing 2 million? Lancet. 2013 Mar 23;381(9871):992-3. <p>http://blogs.plos.org/absolutely-maybe/2015/03/09/mind-your-ps-rrs-and-nnts-on-good-statistics-behavior/#.VP3VmbY3txg.twitter</p>

Date	Topic	Required Readings/Assignments
WK 3 Wednesday 1/29/20	Diagnostic tests and case definitions	<ol style="list-style-type: none"> <li data-bbox="862 233 1550 373">1. Fanshawe TR, Power M, Graziadio S, et al. BMJ Evidence-Based Medicine 2018;23:13–16. http://ebm.bmj.com/content/ebmed/23/1/13.full.pdf <li data-bbox="862 373 1550 514">2. Lalkhen, Abdul Ghaaliq. Anthony McCluskey; Clinical tests: sensitivity and specificity, <i>Continuing Education in Anaesthesia Critical Care & Pain</i>, Volume 8, Issue 6, 1 December 2008, Pages 221–223. <li data-bbox="862 514 1550 730">3. Venkatarao, E. et al (2012). Monitoring Data Quality in Syndromic Surveillance: Learnings from a Resource Limited Setting. <i>Journal of Global Infectious Diseases</i>, 4(2), 120–127. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3385202/ <li data-bbox="862 730 1550 835">4. Outbreak Case Definitions https://www.cdc.gov/urdo/downloads/casedefinitions.pdf
WK 4 Monday 2/3/20	CASE STUDY: Outbreak	No readings

Date	Topic	Required Readings/Assignments
WK 4 Wednesday 2/5/20	Efficacy, effectiveness, benefit; discussion of indirectness (HPV vaccine trial outcomes)	<ol style="list-style-type: none"> 1. Golden MR, et al. Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. <i>N Engl J Med</i> 2005;352(7):676-685. 2. Irwig L, et al. Smart Health Choices: Making sense of health advice (Links to an external site.)Links to an external site.. Chapter 18.* 3. Schechtman E. Odds ratio, relative risk, absolute risk reduction, and the number needed to treat – which of these should we use? <i>Value in Health</i> 2002;5(5):431-436. 4. Sedgwick JEC. Absolute, attributable, and relative risk in the management of coronary heart disease. <i>Heart</i> 2001;85:491-492. 5. https://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Reports/UCM535780.pdf (Links to an external site.)Links to an external site. <p>*Full report is helpful but we will only be focusing on chapter 18</p> <p><u>Due: Assignment 1</u></p>
MODULE 2 – Decision making process		

Date	Topic	Required Readings/Assignments
WK 5 Monday 2/10/20	Ad hoc VS Rational decision making Introduction to advisory committees: FACA, USPSTF, Community Preventive Services Task Force	<ol style="list-style-type: none"> 1. Baltussen R and Niessen L. Priority setting of health interventions: the need for multi-criteria decision analysis. <i>Cost Effectiveness and Resource Allocation</i> 2006;4:14. 2. Shen AK, et al. Strengthening the US vaccine and immunization enterprise: The role of the National Vaccine Advisory Committee. <i>Public Health Rep</i> 2011;126(1):4-8. 3. Guirguis-Blake J, Calonge E, Miller T, Siu A, Teutsch S, Whitlock E. Current processes of the U.S. Preventive Services Task Force: refining evidence-based recommendation development. <i>Ann Intern Med</i> 2007;147:117-22. https://www.uspreventiveservicestaskforce.org/Page/Name/current-processes-refining-evidence-based-recommendation-development 4. Smith JC, Snider DE, Pickering LK. Immunization Policy Development in the United States: The Role of the Advisory Committee on Immunization Practices. <i>Ann Intern Med.</i> 2009;150:45–49. http://annals.org/aim/fullarticle/744177/immunization-policy-development-united-states-role-advisory-committee-immunization-practice (Links to an external site.) 5. The Federal Advisory Committee Act (FACA) Brochure https://www.gsa.gov/policy-regulations/policy/federal-advisory-committee-management/advice-and-guidance/the-federal-advisory-committee-act-faca-brochure 6. Federal Advisory Committee Act (Links to an external site.)Links to an external site.

Date	Topic	Required Readings/Assignments
WK 5 Wednesday 2/12/20	Global policy making – SAGE, NITAG	<p>* compare readings 6 and 7</p> <ol style="list-style-type: none"> 1. WHO. Weekly epidemiological record. http://apps.who.int/iris/bitstream/10665/259533/1/WER9248.pdf?ua=1 2. SEAR-ITAG Report 2017. http://www.searo.who.int/immunization/documents/itag_2017.pdf?ua=1 3. Dowdy, D. Decision making in the midst of uncertainty. The Lancet GH Blog. 2013 http://globalhealth.thelancet.com/2013/11/18/decision-making-midst-uncertainty 4. WHO. Global Coordination Mechanism. http://www.who.int/global-coordination-mechanism/about/information-sheet.pdf?ua=1 5. WHO. Global coordination mechanism on the prevention and control of NCDs. 2017. http://www.who.int/global-coordination-mechanism/background/en/ 6. *WHO. Prevention and control of noncommunicable diseases. 2014 http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14Add1-en.pdf?ua=1 7. *WHO. Strategic advisory group experts (SAGE), terms of reference. 2016. http://www.who.int/immunization/sage/Full_SAGE_TORs.pdf?ua=1 <p>Assignment 2 Introduced</p>

Date	Topic	Required Readings/Assignments
Week 6 Monday 2/17/20	Engaging the public in decision making	Skim/explore the following. <ol style="list-style-type: none"> 1. 2015 Dietary guidelines Public comments (1). https://health.gov/dietaryguidelines/dga2015/comments/readComments.aspx 2. 2015 Dietary guidelines Public comments (2). https://health.gov/dietaryguidelines/dga2015/comments/readArchivedComments.aspx 3. *National Vaccine Advisory Committee. White paper on the US vaccine safety system. 2011. p.87-89. https://www.hhs.gov/sites/default/files/NVAC-White-Paper-Vaccine-Safety-System.pdf <p>* Read Appendix 10, pages 87-89</p> <p><i>Group assignments made for Mock Advisory Committee.</i></p>
Week 6 Wednesday 2/19/20	CASE STUDY:	NO Readings
MODULE 3 – Issues with disseminating and implementing recommendations and policies		
Week 7 Monday 2/24/20	Revisiting Past Recommendations	<ol style="list-style-type: none"> 1. USPSTF cervical screening recommendations <ol style="list-style-type: none"> a. Current recommendations b. Update in progress c. Evidence synthesis (read Structured Abstract and Chapter 1, feel free to skim the rest) d. Haas JS, et al. Provider attitudes and screening practices following changes in breast and cervical cancer screening guidelines. J Gen Intern Med 2016;31(1):52-9. 2. Ossola A. The confounding commandments of cancer screening.
Week 7 Wednesday 2/26/20	Large scale, broad based policy recommendations	

<u>Date</u>	<u>Topic</u>	<u>Required Readings/Assignments</u>
Week 8 Monday 3/2/20	Implementing recommendations	1. Hunsaker J, Veselovskiy G, Gazmararian JA. Health insurance plans and immunization: Assessment of practices and policies, 2005-2008. Pediatrics 2009;124 (Suppl 5):S532-S539.
Week 8 Wednesday 3/4/20	MOCK ADVISORY COMMITTEE PRESENTATIONS	<u>Assignment 2 Due</u>
Week 9 Monday 3/9/20	No class – spring break	Click here to enter text.
Week 9 Wednesday 3/11/20	No class – spring break	
Week 10 Monday 3/16/20	CASE STUDY 3	<u>Assignment 4 introduced (Review of ACIP discussion and vote)</u>

Date	Topic	Required Readings/Assignments
Week 10 Wednesday 3/18/20	Making difficult decisions: The story of the polio vaccination <i>Guest Speaker: Dr. Walter Orenstein</i>	<ol style="list-style-type: none"> 1. Alexander L, Seward JF, Santibanez TA, et al. Vaccine policy changes and epidemiology of poliomyelitis in the united states. <i>JAMA</i>. 2004 Oct 13;292(14):1696–701. 2. Miller MA, Sutter RW, Strebel PM, Hadler SC. Cost-effectiveness of incorporating inactivated poliovirus vaccine into the routine childhood immunization schedule. <i>JAMA</i>. 1996;276(12):967–971. 3. ACIP 1997 Report. Poliomyelitis prevention in the United States: introduction of a sequential vaccination schedule of inactivated poliovirus vaccine followed by oral poliovirus vaccine. Recommendations of the Advisory Committee on Immunization Practices (ACIP). <i>MMWR Recommendations and reports: Morbidity and mortality weekly report Recommendations and reports / Centers for Disease Control</i>. 1997 Jan 24;46(RR-3):1–25. 4. ACIP 2000 Report. Poliomyelitis Prevention in the United States: Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP). Atlanta, GA: Centers for Disease Control and Prevention; 2000 May. (Morbidity and Mortality Weekly Report). Report No.: Vol. 49 / No. RR-5.
Week 11 Monday 3/23/20	Conflicts of interest and bias	<ol style="list-style-type: none"> 1. Kearns CE, et al. Sugar industry and coronary heart disease research: A historical analysis of internal industry documents. <i>JAMA Intern Med</i> 2016; doi:10.1001/jamainternmed.2016.5394 2. Nestle M. Food industry funding of nutrition research: The relevance of history for current debates. <i>JAMA Intern Med</i> 2016; doi:10.1001/jamainternmed.2016.5400 3. Sihvonen, R., Paavola, M., Malmivaara, A., Itälä, A., Joukainen, A., Nurmi, H., ... & Järvinen, T. L. (2013). Arthroscopic partial meniscectomy versus sham surgery for a degenerative meniscal tear. <i>N Engl J Med</i>, 2013(369), 2515-2524 4. Ioannidis, J. P. (2016). Evidence-based medicine has been hijacked: a report to David Sackett. <i>Journal of clinical epidemiology</i>, 73, 82-86

Date	Topic	Required Readings/Assignments
Week 11 Wednesday 3/25/20	Communicating about policy recommendations Communication with the public Communication with lawmakers <i>Guest Speaker: Dr. Glen Nowak</i>	<ol style="list-style-type: none"> 1. Carter BL. Implementing the new guidelines for hypertension: JNC 7, ADA, WHO-ISH. <i>J Manag Care Pharm</i> 2004;10(5 Suppl a):S18-S25 2. Congress slams panel for new mammogram guidelines. 3. H1N1 preparedness congressional testimony (watch from 1:28 to 2:26)
Week 12 Monday 3/30/20	Health economics and relationship to decision making (Guest lecturer: Dr. Deborah McFarland)	<ol style="list-style-type: none"> 1. Augustovski F, Colantonio LD, Galante J, et al. Measuring the benefits of healthcare: DALYs and QALYs – Does choice matter? A case study of two preventative interventions. <i>Int J Health Policy Manag.</i> 2018;7(2):120-136. doi:10.15171/ijhmp.2017.47 <p><u>Assignment 4 Due</u></p>
Week 12 Wednesday 4/1/20	Ethics of evidence Guest Speaker Dr. James Lavery	
Week 13 Monday 4/6/20	Evidence-based decision making in humanitarian emergency settings Guest Speaker Lara Martin (TBC)	
Week 13 Wednesday 4/8/20	Controversies in decision-making	
Week 14 Monday 4/13/20	Statistical significance and the role of statistics in decision-making (Guest lecturer: Dr. Timothy Lash)	
Week 14 Wednesday 4/15/20	CASE STUDY 4	
Week 15 Monday 4/20/20	Evidence gathering and utilization in culturally aware ways Guest lecturer: Gregg Nelson	
Week 15 Wednesday 4/22/20	DEBATE – Day 1	Student presentations

<u>Date</u>	<u>Topic</u>	<u>Required Readings/Assignments</u>
Week 15 Monday 4/27/20	DEBATE – Day 3	Student presentations