

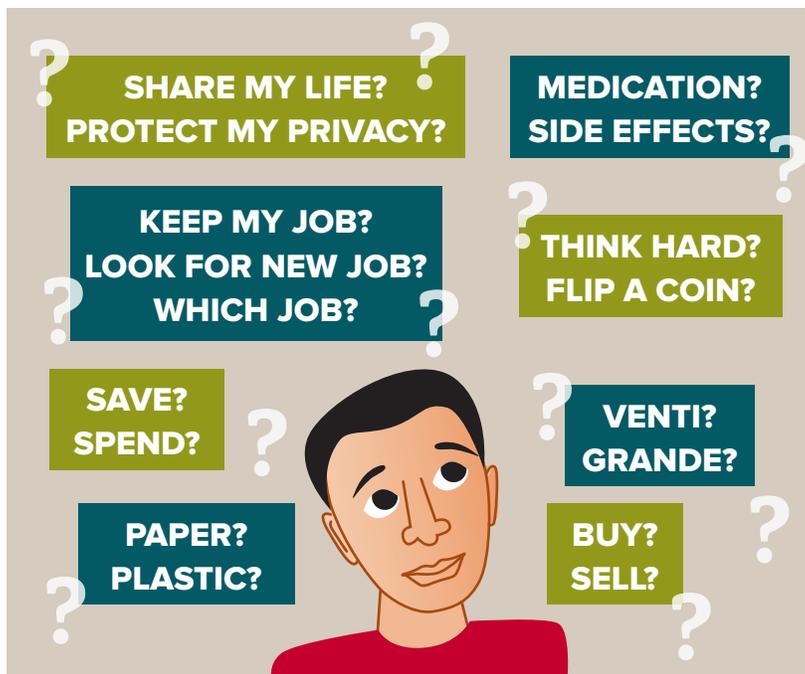


DECISION SCIENCES COLLABORATIVE

decisionsciences.osu.edu

INTRODUCTION

The Decision Sciences Collaborative at The Ohio State University is an interdisciplinary community of scholars and researchers focused on the science of decision making. Its mission is to foster collaborative programs in decision making for research and teaching and to serve the public by promoting more effective, evidence-based decision making and solutions to critical societal problems.



The Decision Sciences Collaborative builds on the knowledge that people are bombarded with too many decisions and too much information. People cannot effectively absorb so much information and so have developed a series of mental shortcuts to assess risks and make choices quickly and efficiently. The collaborative develops basic theory in decision making and uses it to help people improve their decisions and, ultimately, their well-being.

GOALS

The goals of the Decision Sciences Collaborative:

- To foster research partnerships that span traditional academic boundaries.
- To develop academic training programs for undergraduate and graduate students.
- To grow an intellectual community organized around shared interests in decision making and the development of basic and applied sciences to solve critical issues for individuals, corporations and society.

“How we make decisions about our health, finances and environment will determine our welfare today and into tomorrow.”

Ellen Peters, Director
Decision Sciences Collaborative

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COLLEGE OF ARTS AND SCIENCES

DECISION SCIENCES PARTNERS:

Psychology

Political Science

Economics

Geography

Philosophy

Communication

History

Business

Education and Human Ecology

Medicine

Environment and Natural Resources

Law

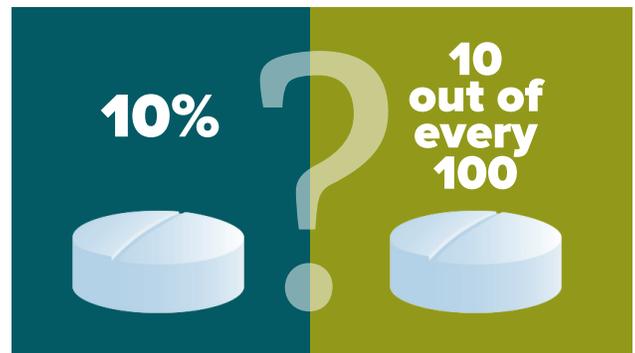
Public Policy

Public Health

Nursing

Engineering

DECISION SCIENCES IN ACTION



Decision Sciences Collaborative Director Ellen Peters looked into the implications of how we communicate medical risks. In Peters' study, medication "x" decreased the number and severity of headaches.

The medication was well tolerated, but had one possible side effect, a bad blistering rash that covered the body.

Half of the people in Peters' study were told that 10% of patients got the rash; the other half were told that 10 out of every 100 patients got the rash.

WHO THOUGHT THE MEDICATION WAS RISKIER?

People perceived more risk in the frequency format (10 out of every 100 patients) than the percentage format (10%) and were less likely to take the medication.

In the frequency format, consumers imagined people with the rash and reacted emotionally. In the percentage format, the risk was perceived as abstract, just a small number.

Learn more from Peters on how medical information can best be presented to help consumers make better health decisions: go.osu.edu/medinfo

CURRENT RESEARCH INITIATIVES

- Financial decision making
- How math ability influences perceptions of risk and choices, and why gender matters
- The interactions of decisions, emotions and brain activities
- How changes in institutions and rules affect group decisions
- The use of simplifying heuristics to make choices, even important choices like what job or career to choose
- How public and private resources can be allocated most efficiently
- Why teams outperform individuals in making the best decisions sometimes
- How careful presentation of medical information can help patients choose treatments that are right for them

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DISCOVER ASC