Additional Steps:

Limitations inhibiting analysis: *I would have liked to be able to pull my own data from the sources. Much more data appeared to be available than was given to us. We were also given a lot of data that was not necessary. While I won't always be permitted to pull my own data, it would have been nice.*

Furthermore, some of the data that may have been useful (county) was too difficult to use within the confines of the exercise. I built a PowerBI structure to do the integration, but it generated a 60GB data file. The level of granularity was not specified in the exercise description.

Quality and bias limitations in the data: *We were given a fact by the CDC that vulnerable populations were susceptible to influenza but were given very little data to corroborate that claim. The only data that could be used was for people 65 years of age or older. It is probable that this created at least some bias, but we didn't have the data to show that.*

Monitoring the impact of the recommendations: *I would monitor the impact both during the flu season and after. During the flu season I would monitor how many changes were made in deployments due to changing conditions, such as lower than expected number of cases. I would compare the reasons for changes to the same criterion on a national level.*

After the flu season I would review utilization vs. requests for additional staff we were unable to meet. If we were at full utilization and unable to meet additional requests, we should consider adding and training staff for the following year. If we were not at full utilization and still unable to meet requests for additional staffing, we should change our allocation model for the following year.

Metric(s) to use for monitoring/evaluation: *Utilization vs. requests for additional staff would provide a supply vs. demand metric for planning and allocation. Comparing the death rate (deaths per thousand) for the places staff was deployed to historical data could indicate the efficacy of deployment.*

Reflections:

The video recording portion of the exercise was challenging. The recommendations for software included in the exercise are out of date. The "free" versions of the software listed were subject to limitations, such as online only access or limited video length. Windows Movie Maker was discontinued by Microsoft in 2017. I was able to use OBS Studio for recording and CapCut for editing and production of the MP4 file.