**Project Data Limitations and Metrics**

* **Were there any limitations that prevented you from conducting an analysis?** Think of these in terms of a future project or wish list (i.e., “If I had x, I would have been able to do y.”).
* If there were flu vaccination data by state, I would have been able to do comparison between death rate and vaccination rate. Naturally, I would expect a negative correlation between these two rates. Meaning of that, if there is a high vaccination rate in a state, it should have a low death rate. It would also help to examine whether flu shots save the lives of vulnerable population. Thus, we would have been able to distribute medical staff to the states by keeping mind that there is also a tedious vaccination duty.
* **Did your data have any limitations that may have affected your results?** Consider this in terms of data quality and data bias.
* Yes, there are many values in death counts as a suppressed. I have covered them by using the mean of death counts. However, knowing the actual values would allow me to conduct more reliable analysis and be more confident in this regard.
* **How might you monitor the impact of the staffing changes you recommended?**
* We can collect data on death counts and vaccination rate by state from the beginning to the end of the influenza season. Comparing this new data with previous ones would also be helpful to measure impacts of the intervention.

Additionally, voluntary surveys can be conducted with on duty medical staff and patients regarding changes in working conditions and healthcare services based on previous influenza seasons.

* **Is there a metric that could be used for monitoring this impact?**
* Total number of deaths from the influenza for different age group by state could be used for monitoring this impact. Since the data we used consists of roughly these variables, it would also help to compare easily new numbers with them.