The Process of Gathering Data in Strategic Planning

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Abstract

A major part in strategic planning is the process of gathering data. It should be done prior to,

during the creation of the strategic plan, continue on through the implementation, and in the

monitoring process of the strategic plan. Data can be secondary or primary data and gathered

through internal or external means. This paper discusses the process of gathering data in strategic

planning. An actual agency will be used in an example in gathering and using internal and

external data prior to creating a strategic plan. The agency is the Pinellas County EMS system.

Pinellas is a small but densely populated county in the state of Florida. The topic being

researched it the impact of seasonal 'Snowbirds' to the Pinellas County EMS system. Some of

the topics EMS will be dealing with are keeping up on changes in fee rates, billing policies &

processes, emerging trends, changes in mandates & political environment as well as addressing

the potential of a need to modify the mission.

The Process of Gathering Data in Strategic Planning

<u>Introduction</u>

By proactively planning for the future, our elected and appointed officials will be able to create a smooth transition during the coming decade (Kemp, 1992). Kemp is talking about being proactive by being aware of the forces of change, which are political trends, demographic shifts, urban patterns, modern technologies, and economic factors. These forces of change are important factors to be constantly aware of, but especially when you are in the mode of creating a strategic plan, whether it is for one small organization or a whole community at a county level.

This paper is about the importance of gathering data within the context of creating, implementing, and monitoring a strategic plan. For the context surrounding a strategic plan, an example organization will be used. This organization is the Pinellas County Emergency Medical System (EMS). Some of the topics EMS will be dealing with are keeping up on changes in fee rates, billing policies & processes, emerging trends, changes in mandates & the political environment as well as addressing the potential of a need to modify the mission.

So when does information gathering come into play? Bryant (1997) stated, 'An effective strategic plan requires, as a first step, the fairly rigorous collection of information, with analysis and development of issues.' This initial analysis allows you to understand your present situation, your present ability to meet your future mission and goals; identify trends and needs of the community in which you operate, and become aware of changes in the social characteristics of the population you serve. When you are armed with information you can build a proactive plan

directed in meeting the mission and goals of your organization. 'If you don't have long-range

vision, you tend to go off in many different directions,' said Bob Jeffrey, Manager of Urban

Design and Historic Preservation for St. Petersburg. 'It takes longer to get things done.' (Sandler,

2002).

Importance of Information Gathering Prior to creating a strategic Plan

So, before defining primary points, issues, and focus to be used in the creation of the

strategic plan, an assessment examining internal and external factors should be conducted. It is a

process that would gather primary and secondary data about the internal organization and the

external environment that the organization is apart of and operates in. Primary data is data that

was collected for the purpose that it is being used for. Primary data in this case would be any

data or information gathered for the assessment (surveys, interviews, etc.). Secondary is data that

was created for other purposes but can be used in the assessment to gain valuable information in

decision-making (service & billing records, national level data).

Both primary and secondary data can be gathered internally within the organization and

external to the organization. An example of internal secondary data would be past and present

patterns of service utilization. Originally this data was collected for purposes of tracking service

activity or billing purposes. It can now be used to look at patterns in services over time and to

look for trends that may require increase in resources. It can also show patterns in who is using

the services, and the geographic locations of heavier/lighter service use. Internal primary data

could be a survey assessing the present status and condition of all property and equipment used

in providing services. This could also include management and staff surveys on their observations of how the present system is working, and what their issues and concerns are.

To only look internally is a costly mistake as external forces often are key factors in driving change within an organization. For an organization to wait to the point of crisis to implement change, due to an external force, is short sited and often much more costly in the long run. One source of external secondary data is National data, for example U.S. Census Data. It can be useful in predicting population growth patterns in your area as well as by specific subpopulations. Kintner (1994) goes as far at to say, 'Greater emphasis on strategic planning should broaden the role demographic methods (especially population projections) can play because strategic analysis usually involves more distant planning horizons and almost inevitably for change and uncertainty.'

Another way to gain external information is to conduct research in your field. This can include respected journal publications and government documents discussing best practices, trends, as well as policy & political environmental changes. An example of this for the EMS system is the future billing rate and policies in billing Medicaid and Medicare programs. External primary data collection can be done in various ways. Often it is done in holding public forms or conducting mail surveys to obtain valuable feedback from the community you provide services. Maxwell (2000) states that when managing conflict, the issue of many key stakeholders is identifying issues and prioritizing them. Key stakeholder surveys and key stakeholder consensus workshops provide opportunities to understand political factors that need to be considered, as well issues and the level of priority key stakeholder place on each of those issues. Interviews, forms, and surveys tell what is observed, they are usually qualitative in nature but tell

a story of perception reality which in important in creating a strategic plan. Secondary data tells us what is known, it is quantitative in nature and is very useful.

Pinellas Emergency Medical System (EMS)

The Pinellas Data Collaborative was established in the fall of 1999 as a result of Chapter 163.62 Florida Statute, which allowed governmental and certain private agencies to share information. Their mission is to enhance the delivery of mental health and substance abuse programs to Pinellas County residents by encouraging communication and collaboration among all related community providers, organizations, interested government agencies, and educational institutions. One of these county agencies is the Pinellas County Emergency Medical Service (EMS) System. This agency has agreed to allow their data to be used as an example in the use of secondary data for purposes of this paper.

Flake (1995) talked about the needs to address the different needs, priorities, and resources of individual neighborhoods, because of the considerable cultural, economic, and geographic diversity in Dallas. Pinellas County also has considerable cultural, economic, and geographic diversity. A large portion of Pinellas County population is older. Over 50% of the population EMS serves are 65 years of age or older. Within this older subpopulation, there is a seasonal pattern that happens during the winter months. It is a pattern not only unique to Pinellas County but every place that has seasonal influx of winter visitors, we will call seasonal 'Snowbirds'. Why be concerned enough to focus time and money on completing a study on his population? One reason is the size of this subpopulation. The number of snowbirds that reside temporarily in Pinellas County is estimated between 34,111 (U.S. Census Bureau) and 45,575

(Pinellas County). There is a need to look close at this population and any future trends in their

numbers and needs when creating a strategic plan. The second part of the paper will discuss,

'The Impact of Seasonal Snowbirds to the Pinellas County EMS System'.

Impact of seasonal 'Snowbirds' to The Pinellas EMS System

Snowbirds

      A 'Snowbird' is a term to describe the thousands of retirees when who temporarily reside

in a warm southern state during the winter months. Their most popular destinations: Florida,

Texas, Arizona, New Mexico, and California. These seasonal travelers pack up [and arrive]

before Thanksgiving and spend anywhere from one to six months in the Sunbelt before returning

to cooler climates in the spring (Franklin, 1998). There is very little statistical information on

identifying and tracking their patterns seasonal travelers called, 'Snowbirds'. This study will

attempt to estimate the number of 'Snowbirds', using the 2000 U.S. Census data, from the

General Housing Characteristics: number and percentage of vacancy status for seasonal,

recreational, or occasional. This will give an underestimate but it will identify those who actually

own homes and pay property tax, and they are apt to be more permanent over the years. Some

'Snowbirds' arrive and stay in rentals or RV Parks. Depending upon the county and the number

of RV Parks, their numbers can be quite large and it is harder to obtain information to track these

'Snowbirds'. Other resources such as articles, and published research will be used in addition to

the secondary data from Pinellas County.

      When rating the five states above by the number of vacancies due to seasonal,

recreational, or occasional use, Florida (482,944) is first, next was California (236,857), then

Arizona (173,149), New Mexico (31,990), and finally Texas (173,149). Within just in the state of

Florida, Pinellas County is 5th when looking at the top 15 counties in the state of Florida by the

number of houses with vacancies due to seasonal, recreational, or occasional use (Table 1.).

	County	Number of Houses
	Table 1. Houses with vacancies due to Seasonal, Recreational, or Occasional Use*	
1	Palm Beach	52,874
2	Broward	46,470
3	Lee	39,502
4	Collier	34,337
5	Pinellas	34,111
6	Miami-Dade	29,587
7	Sarasota	20,450
8	Polk	19,099
9	Manatee	16,845
10	Volusia	15,585
11	Pasco	14,915
12	Monroe	12,332
13	Charlotte	10,512
14	Brevard	10,457
15	St. Lucie	9,056

*NOTE: Housing and Dwelling, does not include RVs. Pinellas County has an estimate of

45,575 'Snowbirds', which is higher (34%) than the 34,111 shown in the table 1. The higher

number is probably a more accurate estimate of 'Snowbirds' in Pinellas County.

Florida Snowbirds

So, who are these people, we call Florida 'Snowbirds'? In, 1997, Galvez, identified

Snowbirds as being overwhelmingly white, currently married, living in a 2-person household,

and college or higher educated, largely non-participants in the labor-force, and aged 55 or older.

Anderson's (1996) findings suggest that snowbirds sample differed from the general population

in that they reported good to excellent health, low utilization of health services during the past

year, and high levels of social support from family and friends. The (snowbird) season has

traditional extended from Thanksgiving through Easter, but in recent years the days have blurred

so that now 'snowbirds' tend to arrive around October and leave at the end of April (Willison,

2000).

Pinellas County

Pinellas County, Florida is located on the Gulf of Mexico. It is the 5th most populous

county in the state, and the second smallest county in size in Florida (Pinellas County

Department of Public Affairs, 2003). Even though density is a distinct characteristic of Pinellas

County compared to much of Florida, age is also an characteristic that is strikingly different than

Florida demographics overall. The U.S. Census data from 2000 state that Florida as a slightly

higher percentage of individuals who are 65 years of ago or older (17.6%) than the country as a

whole (12.4%), the percentage in Pinellas county are even higher (22.5%)

(http://quickfacts.census.gov/qfd/states/12000.html). When examining the percentage of

residents 65 years of age and older by county, Pinellas is in the top 20 (Table 2.).

Table 2. County Population 65 Years of Age or Older

County	65+ %	County	65+ %	County	65+ %	County	65+ %
Charlotte	34.7%	Pinellas	22.5%	Holmes	14.8%	Okaloosa	12.1%
Highlands	33.0%	Volusia	22.1%	Monroe	14.6%	Hillsborough	12.0%
Citrus	32.2%	Brevard	19.9%	Jackson	14.6%	Osceola	11.4%
Sarasota	31.5%	DeSoto	19.0%	madison	14.6%	Hamilton	11.2%
Hernando	30.9%	Glades	18.8%	Jefferson	14.5%	Santa Rosa	11.0%
Indian River	29.2%	Putnam	18.5%	Taylor	14.1%	Seminole	10.6%
Flagler	28.6%	Polk	18.3%	Columbia	14.0%	Duval	10.5%
Martin	28.2%	Levy	17.9%	Calhoun	14.0%	Wahulla	10.3%
Sumter	27.4%	Dixie	17.1%	Hardee	13.9%	Liberty	10.2%
Pasco	26.8%	Suwannee	16.9%	Gilchrist	13.6%	Hendry	10.1%
Lake	26.4%	Okeechobee	16.3%	Bay	13.4%	Orange	10.0%

Lee	25.4%	Gulf	16.2%	Miami-Dade	13.3%	Clay	9.8%
Manatee	24.9%	Broward	16.1%	Escambia	13.3%	Alachua	9.6%
Collier	24.5%	St. Johns	15.9%	Bradford	12.9%	Baker	9.2%
Marion	24.5%	Walton	15.8%	Nassau	12.6%	Leon	8.3%
Palm Beach	23.2%	Franklin	15.7%	Lafayette	12.4%	Union	7.5%
St. Lucie	22.7%	Washington	15.7%	Gadsden	12.2%		

Many newspaper articles talk about the positive's and negative's of the influx of snowbirds. Snowbirds or temporary Pinellas County residence pay property tax, water and sewage bills, lot rent and other expenses for 12 months and when they do reside here spend more than then average permanent Pinellas County resident (Jones,1990; Galvez, 1997). One of negatives is the increase in the traffic congestion. But what about the county service systems, how are they impacted by these snowbirds? Another reason to look at this subpopulation is the national trend of growing numbers of the older population. If it is true that this population is growing, and this population has an impact on the EMS system and their providing service within Pinellas County it is worth the time and money to complete this study. The importance of being one step ahead in planning to deal with future trends is twice as important when talking about providing emergency services. "We can't have the people show up and then do (the expansion)" (Goffard, 2000).
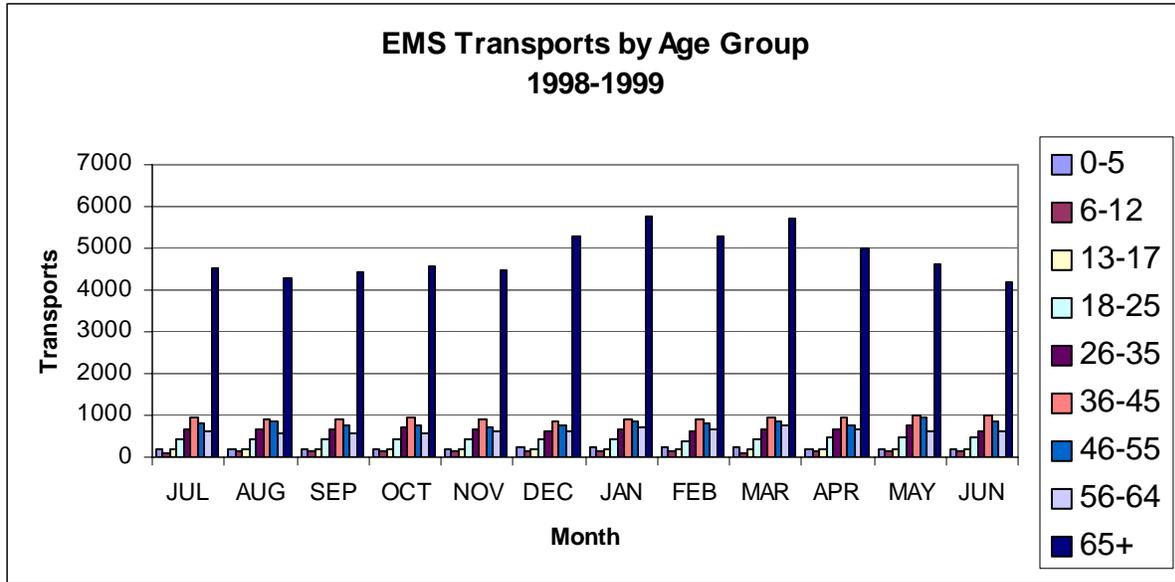
We predict that with the influx of snowbirds, there would be impact to the medical field (doctors, hospitals), pharmacies (prescriptions, medical needs), nursing homes, funeral homes, and the emergency medical service system. But how much of an impact to an emergency medial service system, and is it significant enough to be an issue when developing a strategic plan? Anderson (1996) did a study on elderly and snowbirds have found their health service needs as modest; generally they had chronic diseases such as hypertension, arthritis, and respiratory problems that can become symptomatic and disabling but are not life threatening. Anderson's

study suggests their medical health needs may not be as high as permanent residence over the

age of 64 in Pinellas County. Another question is on billing since most individuals over 64 have

Medicare. Is it harder or take longer in getting reimbursements by Medicare or insurance

companies from 'Snowbirds compare to permanent residents.

Initially there were two primary questions that arose in the defining this study: What age

group are "Snowbirds"?' and 'What months do they arrive and then subsequently leave?'.

Findings did support that there is an increase in transports for those 65 years of age or older

during the period from October through Jan and a dip in February, then a decrease through April.

For purposes for this study, we decided to identify 'Snowbirds' as those who are 65 years of age

or older and the months that they stay are from October through April. What was reaffirmed is

that seasonal 'snowbirds' so show to be those individuals 65 years of age or older. Those

between the ages of 46-55 and 56-64 did not show the same seasonal pattern of increase during

November through April as the older group did across all four years of data (Chart 1). So,

because of this finding any further information showed by age group will be contain a

dichotomous grouping of those under 65 years of age and those over 65 years of age, as this

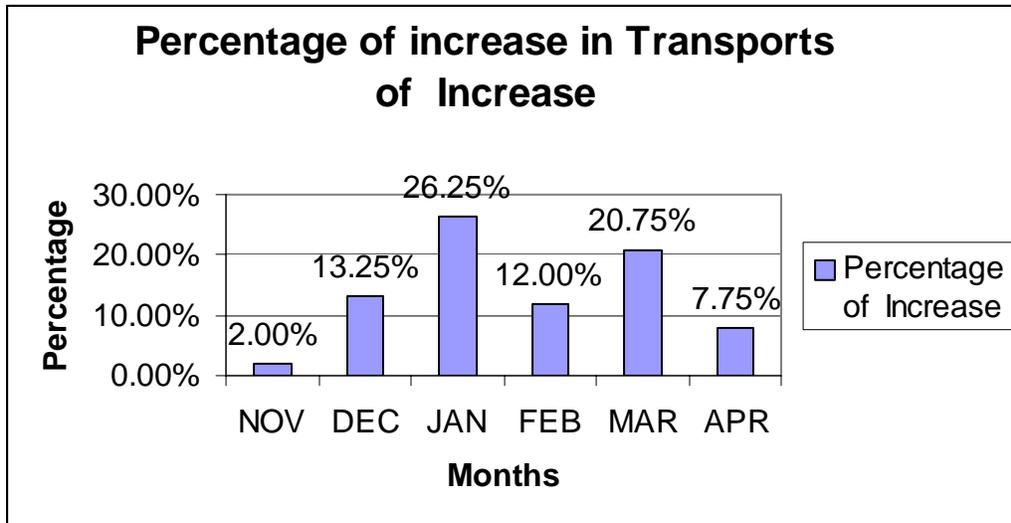study is interesting in those 65 years of age and older.

Chart 1. (1998-1999)

NOTE: Only one year was shown here, but all four years showed the same pattern.

EMS Transports by Age Group
1998-1999

To the question of whether there is a change in pattern for those 65 years of age or older that answer is clearly yes and the pattern carries on over the four year time period. The question is this increase due to seasonal 'snowbird' population or is it due to other patterns of EMS services utilization of all individuals 65 years of age or older? Are these different people than the patients who receive EMS services the months of May through October? The mean age of individuals being transported during this time does not change dramatically, nor does the gender breakdown, so we do not believe that this question cannot be answered with this data. An assumption can be made that some of the pattern can be due to the 'snowbird' population as there is an EMS increase of transports similar pattern of the influx of 'snowbirds'. The percentage increase in transports over the six months identified as seasonal 'snowbirds months was calculated from the average number of transports over the non-seasonal months (Chart 7).

Chart 7. Percentage of Increase in Transports of those 65+ in age

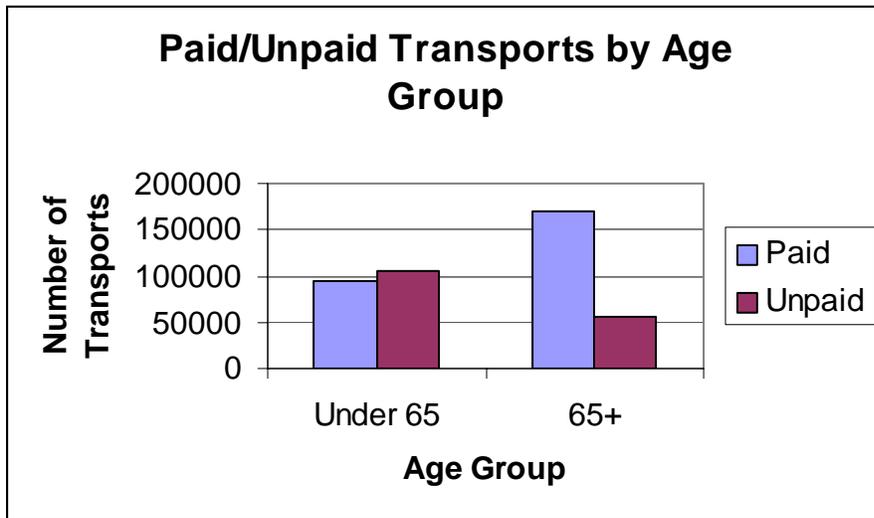**Percentage of increase in Transports of Increase**

Diagnosis

Often a clear diagnosis of the patient cannot be given until a physician examines them. Since this is not done prior to the transport the diagnosis often was assigned was vague (i.e., ill-defined conditions). The data contains a high percentage of Symptoms, signs, and ill-defined conditions (35.71%) and Supplementary classification of external causes of injury and poisoning (19.69%). When looking at the two age groups, we found that for those 65 years or older the third, fourth, and fifth category of diagnosis was Diseases of the Circulatory System (14.10%), Diseases of the Respiratory System (8.86%), and Mental Disorders (2.54%), while those under 65 year of age were flipped with Mental disorders (12.75%), Diseases of the Circulatory System (5.31), and then Diseases of the Respiratory System (5.14)

Costs

How much of transports are paid for by Medicaid/Medicare? Does those payments cover the present costs? What are the policy changes being discussed about Medicaid/Medicare? How

will it impact EMS? With in increase of transports there is an increase in billing. The Pinellas

County EMS system allows us to examine the transports by whether the transport bill was paid

or not paid for. First, we went back and compared the transports by age group and found striking

differences between those under 65 years of age and those who are older. An EMS transport is

much more likely to be paid for if the patient being transported is 65 years of age or older (Chart

8). One explanation is that at the age of 65, Medicare is the primary insurance and almost

everyone at the age of 65 qualifies to be under Medicare. This pattern was also similar across
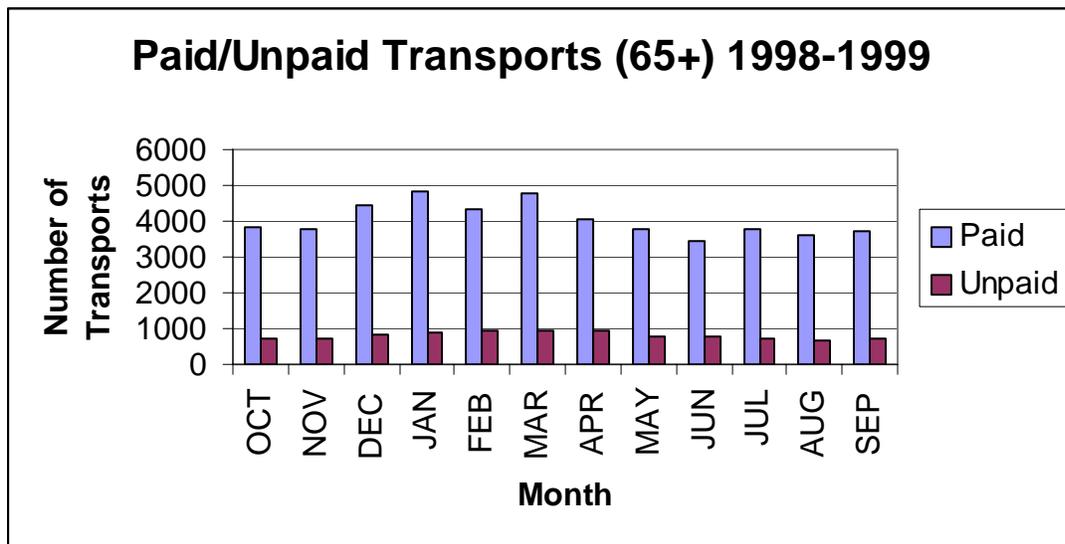
the years.

Chart 8. Paid/Unpaid Transports by Age Group over multiple years.

When just looking at those 65 years of age or older by month, we may have a small

glimpse that the increase transports maybe seasonal 'snowbirds' rather than the same population

EMS transports during the non-seasonal 'snowbird' months (May – October). If they were the

same population then you would not expect to see any difference across any of the months.

There is a pattern of increase in paid transports during those seasonal 'snowbird' months (Chart

9.)

Chart 9. Paid/Unpaid EMS Transports 1998-1999 for those 65 year of age or older.

While the paid transports increased the unpaid transports did not. This maybe due to a portion of

the increase paid transports are for those seasonal 'Snowbirds', who are more likely to have

Medicare or other health insurance, and a higher income base.

Conclusion

        In conclusion, this study did find an increase in EMS transports for the age group that

seasonal 'snowbirds' are a member of. While this pattern of increase could not be directly linked

to the influx of seasonal 'snowbird' population, it is illogical that no individual 'snowbird' would

seek emergency treatment during the six-month period defined for seasonal 'Snowbirds'. The

older population is more than likely to pay for or have insurance that covers EMS transports than their younger counterpart. The types of diagnosis does not show any difference over the twelve month period other than the expected increase in number with the corresponding increase in transports. It is more than likely that some of the increase transports are due to 'snowbirds'. Research has shown that snowbirds' are healthy, have insurance, probably pre-plan with their doctors, pharmacy, HMOs/Insurance companies prior to coming down for the winter and thus may not impact the Pinellas County EMS system as much as other populations.

External Analysis

While this study found that the seasonal 'Snowbirds' do impact the Pinellas County EMS system, over 22% of Pinellas County permanent residents are also 65 years of age or older. Walker (1990) study showed for persons 65 years and older, 35% of ER visits are for non-emergent care. Koff (1990) found that older persons sought emergency services for a variety of reasons ranging from relatively non-threatening to life-threatening medical situations. Some persons went to the emergency room because of slight physical discomfort, vague physical symptoms, possibly out of loneliness. His findings suggest that case management services provided to minimally to moderately frail older persons might have an impact on their utilization of emergency services. The uninsured may go to the emergency room with less serious medical problems than the insured for the simple reason that they lack alternative ways to access the health care system (Jackson, 2001). As the number of individuals who are uninsured increases the EMS system could expect a similar increase in services to this population. Are there ways to

work with community agencies to increase access to information to this uninsured population

about alterative insurance programs?

Research

Within that last ten years, the focus has been on working collaboratively with other

community organizations to decrease the number of unnecessary EMS transports. When thinking

proactively about decreasing the amount of EMS calls through preventive measures, it will

require a collaborative and integrative community effort. From the time an older patient is

transported by EMS to a hospital, and assessment of not only immediate needs should be done

but also their needs after release. Procedures should be put in place to connect these individuals

with those organizations that can meet their needs and put in place preventive resources to

decrease the risk of the need for emergency services such as EMS (Philadelphia Corporation for

Aging, 1990).

EMS providers could refer appropriate patients to appropriate patients to public health

facilities for care or follow-up (The EMS & Public Health Roundtable Series, 2001). Examples

of this are:

- An example of this is in Metro-Dade County, Florida, where EMS providers are trained

  to identify signs of abuse, neglect or exploitation and equipped with field assessment

  tools and referral forms.

- Local hospitals, community physicians, fire departments, and municipal first responders,

  in multiple counties in Maine worked to provide automatic defibrillators for all the local

  EMS agencies and paramedic units.

- EMS crew in Upper Valley Ambulance are trained in how to spot potential fall hazards in and around a residence, educating the elderly about fall-proofing their homes, making safety recommendations and referrals to organizations who can help them.

External trends, policy & political environment changes

There is widespread agreement among analysts that age at retirement has declined in the United States (Gendell, 1992). But there does show to be a demographic difference by age and gender of age at retirement. Whereas the participation rates of men aged 50 and older have been falling for those of all ages, the rates for women have been rising sharply for those aged 50 to 54 and 55 to 59 (Gendll, 1992). The U.S. Office of Personnel Management has determined Federal retirement eligibility by your year of birth. Those born before 1948 have a minimum retirement age of 55 while those born on or after 1970 have a minimum retirement age of 57 (http://ww.opm.gov/retire/html/faqs/faq11.html. Social Security Office states the earliest a person can start receiving Social Security retirement benefits will remain at the age of 62, but full retirement age (also called 'normal retirement age') has been 65 for many years. However, beginning with people born in 1938 or later, that age will gradually increase until it reaches 67 for people born after 1959 (http://www.ssa.gov/pbus/ageincrease.htm. The U.S. Office of Personnel Management, the Social Security Office, and AARP show trend patterns of retirement ages, which gives an insight into the expected changes in the age of retirement by gender, and by birth date. So, even though the baby boomers are becoming older and older, they will retire later and the average age of 'Snowbirds' may increase over time. Will being older mean that they will be in poorer health? Past studies on elderly and snowbirds have found their health service needs

as modest; generally they had chronic diseases such as hypertension, arthritis, and respiratory

problems that can become symptomatic and disabling but are not life threatening (Anderson,

1996). Single women are retiring at even a later age. Will this be a factor to take into

consideration? How many 'Snowbirds' are single women?

It is importance of looking at the older population, not just the seasonal 'Snowbirds',

when creating strategic plans for the Pinellas County EMS system. They consume at this time

approximately 50% of EMS services. The older population has greater needs than the average

person younger than 65, including physicians, hospitals, pharmacy, nursing homes, and the

emergency medical service system (911, rescue services, ambulance services). The older

population is proportionately increasing as the 'Baby Boomers' age. An increase in the normal

age of retirement (NAR), which has past legislation, and the potential increase in Medicaid

Eligibility Age (MEA), which is being considered, would have significant impacts on Social

Security beneficiaries, Medicare-eligibles, and employment

(http://research.aarp.org/econ/2000_15_eligibility_1.html). These increases would significantly

reduce the number of people who receive full Social Security Benefits and who are covered by

Medicare (http://research.aarp.org/econ/9911_eligibility_1.html). Recent discussions of raising

the eligibility age for Medicare from age 65 to 67 have direct implications for access to health

coverage (http://research.aarp.org/health/healcov1.html). If older individuals do not qualify for

Medicare, will they have sufficient insurance coverage from their employer, or will the

Medicaid, or State systems take over the burden paying for medical services they cannot afford?

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the Medicaid, or State systems take over the burden paying for medical services they cannot

afford?

Political Issues and Concerns

During the research there were a few articles found that showed external political issues

and/or concerns focused on by those who pay for health programs. Since most retired individuals

are 65 years of age or older their primary insurance payer is, but also many also have a

secondary insurance coverage through their retirement plan. Changes in either Medicare or

insurance companies effecting this population may impact the EMS system. It was found that

insurance companies and the Medicare program are very aware of the growing healthcare costs

for the elderly. A survey showed that overwhelming 90 percent of CEOs are for the rationing of

healthcare and most of them attribute it to the escalating cost of technology and a growing

elderly population (Journal Record, 1992). HMOs are concerned about the growing number of

Seasonal 'Snowbirds'. HMOs save costs by employing their own physicians and have their

consumers be treated by their physicians. Now some HMOs are tackling the problems by

offering reciprocal arrangements with sister plans or arranging temporary care with providers in

other areas (Clark, 1997, Franklin, 1998).

Future

EMS is traditionally a reactionary service, optimized to respond quickly and effectively to

acute episodes of illness or injury, and relying on a sophisticated public access communication

system to detect incidents and target the response (EMS & Public Health Roundtable

Participants, 2001). Walker (1999) that studies show as much as 60% of ER visits potentially

could be handled in other ambulatory healthcare settings, that figure declines with age; for

persons 65 years and older, only 35% of ER visits are for non-emergent care. These non-

emergent care transports could be dealt with by working directly with other community health

organizations. Many communities are now involved I collaborations in order to solve problems

which no one group organization can deal with by themselves (Mandell, 1999).

Importance of the format of the document

The biggest issue and/or concerns of strategic planning, is that no matter how much

information is collected, how valuable the information is, and the quality of the strategic plan, if

it is not used it is worth no more than yesterdays newspaper. There are four reasons a strategic

plan may not be used: 1) Resistance to change, 2) Political factors,3) Key-stakeholders do not

have by-in, and 4) No implementation plan put in place. One basis way to increase the chances

of a strategic plan's use is to make it readable. If someone finds a report unorganized, dry

reading, and boring, they will not read it let alone use it. A good strategic plan should be organized, comprehensive, and written in a clear and concise manner. It is important that there be an executive summary in the beginning.

Finally, if data collection starts prior to creating a strategic planning, when does that data collection stop? The answer is never. In the designing of the strategic plan, performance indicators are discussed and defined. Performance indicators are ways to evaluate the progress of obtaining the goals set in the strategic plan. In fact creating a strategic plan is not a one time process, but an ongoing process that should continue as long as the organization does. It is not called ongoing strategic planning, but monitoring and evaluation. Evaluation is a whole other topic and that means this report is done. The end………..

Acknowledgements

The Pinellas Data Collaborative

The Pinellas Data Collaborative was established in the fall of 1999 as a result of Chapter 163.62 Florida Statute, which allowed governmental and certain private agencies to share information. Her mission is to enhance the delivery of mental health and substance abuse programs to Pinellas County residents by encouraging communication and collaboration among all related community providers, organizations, interested government agencies, and educational institutions. One of these county agencies is the Pinellas County Emergency Medial Service (EMS) System. This agency has agreed to allow their data to be used as an example in the use of secondary data for purposes of this paper.

Additional Documentation

This study also required the following documents and they are available upon request.

- USF IRB approval

- Pinellas Data Collaborative proposal

- EMS statement of interest in the study

- EMS Pinellas Data Collaborative Paper: 'The Impact of Snowbirds to the Pinellas County Emergency Medical Services' Oct, 2003

Reference

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