

SHaRP Salon Report Back: How can we improve the quality of our data?

Obstacles to high quality data at syringe services and harm reduction programs

At our first SHaRP Salon on February 28th, 2024 participants discussed some of harm reduction's unique barriers and obstacles to collecting high quality data. Below are 5 themes that came out and examples from each theme.

Too much and too sensitive data required by funding sources (More questions=more barriers to access; difficulty of keeping a safe space when there is pressure to ask people about their trauma in order to get supplies; lack of funding to adequately compensate participants for their time; the catch-22 is that if you don't write it down it didn't happen... miss funding to continue & increase program capacity)

Participant concerns and mistrust around giving data ("if it's supposed to be anonymous, why do you need all this info?"; want to stay present with the person, not looking at a paper or a screen; participants feeling like they are being interrogated, and trust can be compromised; sometimes they are in a hurry and have friends with them and don't want to answer with them there; participants unwilling to engage/lack of incentives; hard to get good data because you're essentially asking people to admit to illegal behavior)

Time and staff capacity (protocol for the office doesn't work when out in the field/on outreach; difficulty of filling out data once you're back in the office and relying on memory; guessing people's demographics because of lack of time, not respectful and leads to poor data; fast paced service delivery can result in recording errors; the pressure of the line behind people!)

Current data system not working for the program (how to actually save/store data once it is collected; intake form data is hard to update [for example, housing status, which can change]; internet access for electronic data collection when doing outreach/field work; database software not well set up for the types of data that needs to be collected; hard time tracking referrals to local resources)

Strategies and Tactics to Improve Data Quality

Salon participants discussed how they've addressed data quality issues at their organizations. Below are overall strategies that came up, and specific tactics people mentioned.

Prioritize rapport and relationships with participants

A major theme across discussions was that having relationships with participants improves data quality. As one person put it, sometimes people just want someone to listen, and quality time=quality data.

Tactics:

- Participants don't need to share their trauma to get needles. Participants need to be able to get services without giving information. That needs to be clear to them, and if they decline giving data, it needs to be respected.
- This process can be kind of lengthy but makes for good rapport with participants- asking about resource needs (MOUD, shelter, vein care, behavioral health).
- Asking for test strip results can allow for segue into conversation about more general needs.
- No asking for identifying information.

Communicate about data collection

It's important to be out in the community and allow people to understand exactly why you're collecting data, when you're collecting it, and what you're doing with it.

Tactics:

- One SSP discussed hosting community conversations for any new programming/services that required new data collection before launch. This would let people know what data the program plans to collect and they used the time to work through questions and objections there. It was a useful space to get the community's perspective before a program starts and helps move through what feels irrelevant or invasive.
- Be clear that staff need to say they're collecting data when they are collecting data, and not assuming things like demographics or grabbing data from conversations without consent.

Data collection needs to match the setting

Think about the setting you are collecting data in. The same strategies will not work in all setting, nor can you collect the same data in some settings

Tactics:

- Don't want to ask participants any questions in front of other people. If you can't ask privately, maybe you shouldn't be asking.
- When we're out in encampments, we are in someone else's space. They didn't come to us, we came to them and we are in their space. We try to spend that time getting people connected to what they need. But in our brick and mortar, it's more private, we have more time, and people are more likely to be like, ok we're in a public health setting and may be more open to share more answers to questions.

Collect less data!

There are many signs you may be collecting too much data. Some examples that came up included long lines at services, enrollment forms taking a long time (more than 5 minutes), staff not being able to keep up with asking participants all the questions, staff not being able to keep up with data entry, etc. Reducing the amount of data you collect can make for a better experience for participants and for staff. It can be hard to balance walking the line between necessary data and not burdening participants and staff. There is no one right answer; what that will look like depends on your context.

Tactics:

- Cut out as much unnecessary data as possible. If you aren't using the data, cut it out.
- If you aren't legally required to, don't use a unique ID. Anonymous services are faster.
- If possible, remove enrollment form or cut down significantly. The first time participants come, they don't want to be answering a ton of questions or be there for a long time.
- Cut down based on the context of services. For example, outreach is not a time for heavy data collection.
- Don't connect SSP or harm reduction data to any other identifying data you may collect (i.e. HIV or HCV testing, case management, etc.)

Include participants and direct service staff in decision making

People discussed systems not working, because front line staff and participants weren't included in designing the process, questions, or forms.

Tactics:

- Workshop survey questions with participants—edit questions based on findings.
- Determine questions and wording based on rapport with participants, if they're comfortable that's a good question and if not it doesn't work.
- Be really careful about any types of agenda, or bias, that questions might imply and not pushing people- don't want people to have to lie because of discomfort.
- One program changed how they ask about sex work from a more research type of question to one that uses participant language (e.g., "did you go on 'dates'?").
- Listen from bottom up, not just talking from the top down—value people over protocol.
- Realizing which questions don't make sense in the field – like number of syringes returned, which is hard to measure and can hurt trust if participants are questioned – and removing those questions.
- Realize what data points are estimates (i.e. syringes returned) and be ok with that.
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Address system issues

People talked about issues with their whole data systems, big and small. Some were issues with software, or inherited systems that no longer work. Others were more process oriented, trying to figure out what actually works for their program.

Tactics:

- Think about data collection when applying for/accepting funding- Don't accept funding with an agenda!
- Make sure staff have time set aside time to enter or process data.
- No one right software option for everyone, need to figure out what your needs are and find a system that works for you.
- If you use a unique ID, have a blanket code for participants who don't want a unique ID, so you can still record their services (ex. 00000).