Leveraging Informal Qualitative Data Collection and Use at Syringe Services Programs

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Overview

This document provides a brief overview of some informal approaches to qualitative data collection and analysis. Specifically, this document focuses on suggestions for how to create potential systems for informal qualitative data collection and analysis at syringe services programs (SSPs), including how to develop an overall objective for data collection. By "informal" data collection, we mean data that can be largely generated from routine service interactions as opposed to formal research activities, such as in-depth interviews, focus group discussions, or community based participatory research. While an informal approach is often less time and resource-intensive than a formal one, the data and findings are still informative for advising programmatic activities. Like formal qualitative, informal qualitative requires mindfulness towards your data collectors and participants, including setting clear intentions and objectives for data collection and protecting the anonymity of participants. This guide is not exhaustive and does not address how to conduct more formal qualitative methods. Some additional readings and resources on formal qualitative research methods are located at the end of this document in Appendix I.

What are informal qualitative data?

Many SSPs are already engaging in some level of qualitative data collection simply through the conversations staff or volunteers have with participants that utilize their services. What transitions these informal conversations and observations into qualitative data collection

is a systematic approach to documenting and analyzing the information gathered. Qualitative data are non-numerical descriptive information that most often should only be collected after obtaining permission, including:

- observations of participants or SSP operations,
- verbal feedback from participants,
- recorded audio,
- text (e.g., emails, letters, direct messages, comments on social media)
- any open-ended narrative responses already compiled for reporting to other entities including state or county reports; funders, etc. or even images

Qualitative data collection can be approached formally via research methods that include, for example, in-depth interviews. During an in-depth interview, an interview guide is typically used, and the interview is usually audio recorded, transcribed, and then analyzed using a series of established techniques. However, there are many other informal ways to collect meaningful qualitative data that involve systemizing and documenting activities the program already performs. Examples of potential informal data collection activities include:

- documenting feedback and testimonials from participants and/or the community;
- keeping a comments/questions box for participants to submit requests;
- encouraging staff to provide debrief notes from participant interactions;
- having staff/volunteers document observations at the end of each day;
- regularly documenting minutes from staff meetings.

Leveraging communication with participants whom your organization engages daily, but may not systematically track, is a great way to begin to introduce qualitative data into your overall monitoring and evaluation (M&E) system. Typically, an SSP's M&E system will also include quantitative data collection about participants' service utilization (e.g., syringes distributed, HIV testing) and other metrics to characterize if the program is meeting its objectives. Informal but systematic qualitative data collection can also be a place for programs to start or strengthen their M&E system.

Why implement an informal qualitative data system at your SSP?

Incorporating informal qualitative data collection and analysis into your overall M&E system can broaden the perspective of your data through the inclusion of participant and staff feedback, without requiring labor-intensive in-depth interviews and/or focus-group discussions. Qualitative data can also enrich quantitative data by personalizing it to outside entities such as funders or community members.

Qualitative data is relevant for both internal and external use, i.e., it can help refine programmatic operations and help engage in community-oriented activities outside of the organization. It can help you understand what is and isn't working in your program; improve participant and staff buy-in and morale; identify trends in your community; and inform future data collection. Example objectives that can be answered via informal qualitative data include:

- To what degree do participants find program services acceptable or beneficial?
- What services do participants think are of highest and lowest quality?
- What are challenges to delivering services safely or effectively?
- What program policies or protocols are most difficult to follow in practice?
- What are strategies for increasing participant access and retention?
- How do participants feel about the information you ask and record about them? Is the way you're collecting data impacting your participants' overall experience at your SSP and/or their willingness to provide feedback?
- What is happening in the community that may be impacting participants' safety and well-being?
- What additional services would participants benefit from?
- What local policies do participants perceive as being the greatest threat to their ability to engage in harm reduction practices?

How to begin informal qualitative data collection

Integrating informal qualitative data collection into your M&E system will require you to gain buy-in from your staff and participants; identify your main objectives; and develop plans for data collection, analysis, and dissemination. For this document, we use "staff" to represent any individuals who are working or volunteering at or with a harm reduction program and not to insinuate an organizational hierarchy.

Importance of organizational buy-in

 Before starting qualitative data collection, it is important that staff and participants understand why you are collecting this data and how the data will be used. Data collection can seem burdensome at first, but if staff understand the importance and know how this information will facilitate their work, they may feel more meaningfully engaged in and committed to the project's consistency and accuracy. A great way to engage staff is to ask for their feedback on the scope of the qualitative data to be collected, by asking:

- What information do you think is necessary to evaluate or improve our program's services?
- Who can help provide this information?

Participant buy-in is also important. Participants may be more willing to share information if they understand how the data collection may benefit them or the SSP. For instance, if you express that their perspective will be important in determining whether to change or add supplies or services, participants may be more eager to share their perspective. Similarly, sharing findings from data analysis (known as "member checking") and incorporating participant feedback into organizational decision making can demonstrate that you take their perspective seriously, which may encourage participants to share their feedback more often. Getting participant buy-in will likely be an iterative process that will grow over time. We discuss sharing feedback with participants and staff in the sections below.

Defining your objective

 To begin conducting informal qualitative data collection and analysis, you must identify what it is you want to learn, are open to hearing, and is actionable for the program. Qualitative data collection is best used to understand the experiences of your program participants in more depth. For example, if you want to understand:

- the barriers your participants experience to accessing services,
- how participants perceive the program and program staff,
- how participants feel about the services you offer,
- or what participants are experiencing in the wider community.

In contrast, quantitative data is good for understanding:
- the demographics of your participants,
- the types and frequency of services they are utilizing,
- how many program participants you have.

Once you've identified what your objectives are and how you will use the data, you can begin to develop the questions you need to ask and the data collection strategy you will use. For instance, how will the findings from your qualitative data collection relate to the overall objectives of your SSP? Knowing ahead of time how you are going to use the data you collect will inform what questions you ask and how you ask them. For example, broad, open-ended questions are great to utilize for exploratory purposes, and can help you determine a direction for future services. Open-ended questions often elicit spontaneous reactions from participants and can help you better understand their experiences with services or explore unmet needs they may have.

Developing a data collection plan

The type(s) and rigorousness of qualitative data that you choose to collect may depend on the resources available. While the purpose of this document is to focus on qualitative guidance that is less time/resource intensive, it is still important to keep in mind how much of your staff's and/or participants' time you are willing to use and whether you want to continuously or periodically engage in qualitative data collection. You should also determine whether you want to set up

systems for passive or active data collection. For instance, creating a passive system may mean having structures in place to record input from participants/community/staff as it arises (e.g., a participant comment/suggestion box that is always available), whereas an active system might involve implementing a time-limited and specific qualitative project (e.g., an annual participant satisfaction assessment). In addition, the objective of your qualitative project will impact the method of data collection and analysis you choose. For example, if you are interested in understanding differences in participants' use of SSP services depending on the drugs they use and how they use them, a more active sampling approach will be necessary in order to capture the range of experiences by drug use type.

What questions should be asked?

Like quantitative data collection, qualitative data should be collected in a systematic manner. This means that generally participants should all be asked the same questions in the same way. Depending on the objective of your data collection, you may need to alter questions based on who you are talking to. For instance, if you are trying to understand services and supplies used by participants, questions may need to be tailored based on individuals' method of substance use, frequency of use, and/or substances used. To ensure that your data collection is systematic, you should create a question guide so that the data collector knows what questions, or topics of questions, to ask in order to meet the overall objective.

When collecting qualitative data, it is important that the questions you ask are open-ended and do not "lead" the respondent to a particular answer. This means you should avoid:

- Close-ended questions, or questions that could be answered with a simple "yes" or "no"
- Letting your own perspective, or the responses you anticipate, influence how you word the question.

If your question elicits a substantial and thoughtful response, that is usually a good sign that it is worded in a way that encourages the respondent to share their perspective. Asking participants about their feelings, thoughts, and experiences usually results in more detailed responses. For example, to assess whether services are meeting participants' needs, instead of asking "did we meet all of your needs today?" you could instead ask, "can you please tell me a bit about your experience receiving services today?" or "what could we have done to better serve you today?" More examples of close-ended questions reworded as open-ended questions are included in the table below.

Close-ended or leading questions	Open-ended questions/prompts
Did we meet all of your needs today?	Please tell me about your experience receiving services today.
Did you get the supplies you needed today?	What additional supplies, if any, would you like to see us offer? How could we improve our supplies?
Did you have a good experience here today?	How was your experience here today?

Who should be sampled?

Next you will need to define from whom you will collect data. Informal qualitative data collection can be divided into two broad categories: data from staff and data from participants. Many M&E questions/objectives will benefit from both participant and staff perspectives.

Collecting data from these two populations may require different types of data collection. Some methods of data collection require staff time and input, such as staff documenting their observations or notes from participant interactions. Other methods call for more time and input directly from participants, like having a "comments box" or soliciting participant feedback and testimonials. Often, you can use both methods to answer the same question. For example, if you want to understand the barriers participants experience when accessing services at your organization, staff can complete a daily report that includes participant requests and whether they were met. Alternatively, participants can be asked about their experiences receiving services from your organization. You can also use these methods in tandem, to "triangulate" or gain a more complete picture. The findings may also

Time Commitment

When determining who to engage in your data collection and how to implement, it is crucial to consider how this may impact service delivery. For example, asking participants to submit suggestions anonymously does not require any time from staff but may mean that participants spend extra time at the SSP, whereas asking staff to complete debrief notes at the end of each encounter or at the end of service delivery does not require any time from participants but will add some extra time for staff. Regardless of time spent on data collection, additional staff time will be needed for data analysis and interpretation, which can have financial or other implications. Extra staff time spent on data collection and/or analysis may require hiring more staff or paying staff for time spent on qualitative research activities. Keep in mind that service delivery should always come before data collection, and participants should not be required to participate in data collection to receive services. It should be clear to participants, through visible disclaimers and direct communication, that their participation is voluntary and choosing to not participate in data collection will not impact their access to services. Despite the time implications of qualitative data collection, it is well worth the time, for the added value and understanding it provides to inform programming, services, and participant needs.

directly inform program improvement that is specific to the needs of participants and staff.

It is important to get feedback from people who actively use or previously used drugs to ensure that your organization's actions directly reflect the needs and perspectives of people who use drugs. People with experience using drugs have invaluable expertise, and capturing their voice is pertinent to successfully meeting their needs. When trying to capture the voices of the participants of your program, be mindful of who is collecting the data as well. Ideally, the person who is collecting data should be known, familiar and trusted by participants. Participants may feel more comfortable sharing personal experiences with staff or volunteers who they have an existing relationship with, rather than someone they do not know. It is also possible that under certain circumstances it may be better to have someone less familiar collect the data. For instance, participants may feel pressured to respond more positively about their experiences with services if staff are collecting the data than if someone who is less involved in service provision asks about their experiences.

How often should data be collected?

The final decision in the data collection plan is determining how often you want to collect and record data. Your services most likely produce qualitative data regularly, simply through participant interactions, so your organization will need to choose how often to record it. Recording data takes staff time and resources. It is burdensome and wasteful to record data that is never analyzed or used to make programmatic changes, so you should collect only the amount of data needed to answer your project question. You can implement informal qualitative data collection as part of your program's routine M&E, or you can use qualitative methods periodically, either on a regular schedule (i.e., once a year) or as needs arise. To determine what frequency of informal

qualitative data collection makes the most sense for your organization, you may want to consider the following:

- How you collect the data (digitally or pen and paper)
- Your reporting requirements and the frequency in which you must submit reports
- Staffing, and your staff's capacity to collect and analyze data
- Staff experience and expertise in qualitative analysis
- How informal qualitative fits within your program's overall data system

Using the example question posed above, "what barriers to services are my participants experiencing?" you could collect routine qualitative data that you analyze on a regular basis, or you could implement a short-term project to answer this question. As mentioned earlier, this question can be answered using data from staff or data from participants. We have outlined some of the pros and cons for different data collection frequencies in a table below and the next page.

Collection Frequency	Description	Pros and Cons
Per encounter	Staff may jot down notes about participant interactions after each encounter May ask each participant one optional, open-ended question after providing services	**Con:** Can be burdensome to both staff and participants **Con:** May detract from services **Pro:** More data from/about participants

Collection Frequency	Description	Pros and Cons
End of shift	Staff may fill out a form at the end of their shift detailing any notable instances from the day (see appendix III)	**Con:** Staff ay not have bandwidth to fill out a form after an intense shift **Pro:** Notes from each shift allow for recognition of trends and patterns over time
Weekly	All staff may fill out a form at the end of the week detailing any notable instances from that week	**Con:** May be less detailed than more frequent data collection **Pro:** Less burdensome on staff
Periodic	Implement qualitative data collection at specific intervals of time. For instance, collecting responses from participants at each encounter but only for 1 week a quarter. Or only collecting staff notes at the end of the shift for one week every month	**Con:** Can result in fatigue during collection period **Con:** May overly reflect a specific phenomenon during the data collection period **Pro:** Less burdensome on staff between data collection periods

Sample data collection plan:

Our objective is to learn about _____ (topic) from _____ (stakeholder with perspective on the topic). These data will be used to improve SSP services by _____. To do so, we will ask the following questions:

Question 1: _____

Question 2: _____

We will record these data in _____ (data storage location) every _____ (frequency).

Collecting data

In general, informal qualitative data can produce detailed responses, but because you are not conducting formal interviews, data collection and documentation should focus on the main objective. This means that analysis will not be able to drill down on the more nuanced aspects, but you will be able to assess general perspectives and overall recommendations. For example, you may not be able to determine if the responses differ depending on the demographics of your participants.

The requirements to collect qualitative data are fairly flexible. Informal qualitative data can easily be collected and analyzed on paper. It may mean collecting paper feedback provided by participants or having staff jot down notes about interactions either on paper or digitally. More formal qualitative data collection may benefit from using audio-recorders, but it's not a requirement for informal qualitative data collection. Most importantly, be sure that data are routinely and consistently recorded in a way that works best for your organization. The frequency, method, and who you collect data from will depend on

your SSP's service delivery, current data systems, and the resources you have available. Things like volume of participants, staffing levels, staff experience levels, and local contextual circumstances may all impact how, when, where, and with whom you can collect data. It may take a few iterations of data collection and subsequent changes to determine what works best for you. If conducting continuous qualitative data collection, you will want to identify a periodic analysis schedule that makes sense with your data collection schedule. The aim is to have enough data collected so you can make meaningful inferences, but not so much data that it's impossible to analyze it all.

Literacy Considerations

It is important to note that literacy levels of participants may differ, and if you are collecting data from participants through means that require written feedback, such as a comments box or posts from social media, you should try to offer an alternative opportunity to provide comments by verbally asking participants questions. This will ensure you get more inclusive data that captures the perspectives of participants at different literacy levels. As a note, some groups of people may be less likely to want to take part in data collection regardless of the method used, and therefore may be underrepresented in findings.

Example strategies for qualitative data collection

From Participants	From Staff
-Physical comments box at service site -Digital comment box or feedback form on organizational website -Unsolicited feedback that participants offer -Stories from participants about their experiences -Solicited feedback from participants to a predetermined question -Participant comments and messages on organizational social media	-Staff fill out an end of shift notes and observations debrief form - Staff log specific comments/requests from participants into a database -Staff send a weekly email about one memorable participant interaction - Staff send or communicate observations to a delegated individual in the organization (on a regular basis or when observations arise)

Analyzing data[1, 2, 3, 4]

After going through the effort of collecting qualitative data, it is important (and will only be useful) if you take the time to analyze it! In this manual we present 3 approaches for analyzing informal qualitative data. Within each approach, the goal is to identify key "themes". Themes are topics or ideas that regularly appear or develop in your data collection. They can also be topics or ideas that people familiar with the setting detect as especially important due to how they are talked about, even if they are not mentioned frequently. To identify a theme, first listen to what the common messages are. Do the common messages suggest a pattern? Among the main messages, are there commonalities, or do they conflict with each other? When you look at these patterns, what are some conclusions that you think summarize the patterns? For example, some themes that may surface when asking participants about barriers to receiving SSP services could be stigma related to drug use, access to transportation, and competing needs preventing them from seeking services. Outliers in the data can be equally as informative:

- What comments or observations do not align with the norm?
- Who is/are making these comments/observations?
- What may this tell you?

For instance, if most of your participants are expressing that they can access the supplies they need but one or two are saying that their needs are not being met, what does this say about your program? What are the primary consumption methods and/or drug of choice of the participants who said their supply needs are not being met? Does this perhaps indicate that your program is not reaching a cadre of participants because they cannot get the supplies they need at your program?

1.Creswell, John W. 2013. Qualitative Inquiry and Research Design: Choosing among Five Approaches. 3rd ed. London: Sage Publications Ltd.
2.Singer, Merrill, Tom Stopka, Cara Siano, Kristen Springer, George Barton, Kaveh Khoshnood, A. Gorry de Puga, and Robert Heimer. 2000. The Social Geography of AIDS and Hepatitis Risk: Qualitative Approaches for Assessing Local Differences in Sterile-Syringe Access among Injection Drug Users. American Journal of Public Health 90, no. 7: 1049.
3.Tolley, Elizabeth E., Priscilla R. Ulin, Natasha Mack, Elizabeth T. Robinson, and Stacey M. Succop. 2016. Qualitative Methods in Public Health: A Field Guide for Applied Research. 2nd edition. San Francisco, CA: Jossey-Bass.
4.Trotter, Robert T., Richard H. Needle, Eric Goosby, Christopher Bates, and Merrill Singer. 2001. A Methodological Model for Rapid Assessment, Response, and Evaluation: The RARE Program in Public Health. Field Methods 13, no. 2: 137–59.

Analysis Method 1: Card sorting

If your program records any participant responses or staff observations on paper, you can use a card sorting method to analyze the data. This method involves identifying "piles" (topics/themes) and then organizing responses into these piles. For instance, if you have a box for participants to submit pieces of paper with suggestions, experiences, and questions, you could analyze their responses using the card sorting method. It is best to read through responses at least once before starting to identify piles. From the participant suggestion box, you could organize responses based on the type of feedback provided. Then, after an initial read-through, you may identify a pile for comments about participants being satisfied with services and another one for participants who are dissatisfied. From these two piles, you could divide responses into additional piles if you wanted to identify more specific themes. The satisfied pile could provide useful information about what you are doing well that can be used to bolster grant applications. From the dissatisfied pile you can make a list of proposed recommendations and then consider among staff which recommendations can be implemented and how. It is best to involve at least two to three staff members in the initial sorting of responses, but general findings could be brought to the greater team for further discussion.

Quantification

While it is important to identify frequency of themes, you do not need to "quantify" qualitative data. It is okay to refer to themes in general terms such as, "around half", "most", "seldom", etc. Often, themes are woven into each other, and it becomes very difficult to disentangle ideas enough to be able to confidently and consistently count them.

Analysis Method 2: Group consensus

If your organization has staff meetings, you could set time aside to analyze data collected as a group. You can conduct group analysis with data that is digitally collected or physically collected on paper. General identification of themes and interpretation of data can be conducted as a conversation among team members.

First, you can have staff take turns reading out recorded responses. When staff are reading qualitative responses out loud, ask them to take time to come up with specific topics that are mentioned frequently, or topics that seem urgent, important, and/or surprising. Have staff write down the topics in their notes, these will be discussed as a group later. After all responses have been read once, and staff have had the chance to write down their own thoughts, work through all the responses again and ask staff to share their impressions. The group can then collectively decide how to categorize or characterize responses and identify salient themes throughout responses. You can identify one person to take notes on topics discussed and the general group conversation, or if you have access to a large flipchart, topics and main messages can be written so the entire group can see. You should keep track of how frequently certain topics come up, and how they relate to one another often.

After the group has re-read all the responses a second time, ask staff who are participating to share their main conclusions from the qualitative responses. These are your themes. For instance, the main conclusions from the analysis could be the most pressing issues that participants face, the services that are most immediately needed, or the ways that your program provides the most support. Discuss everyone's main takeaways as a group and then decide on a final list of themes.

Analysis Method 3: Individual thematic analysis

It is also possible for one person to conduct the bulk of the data analysis following similar methods as listed above. The individual analyst should first read through responses and jot down their initial impressions. Then, they should re-read the responses and their notes and generate a list of salient topics. From this list of topics, the individual analyst should identify the frequency, relationships, and importance in which certain topics arise. Finally, the analyst should generate their main takeaways after reviewing their key topics, and these will be the themes. After finishing analysis, another person in your organization should review the collected data as well as the analyst's notes. It is important that a second person review due to the subjective nature of qualitative analysis. Individuals from different backgrounds or lived experience may have different interpretations of the data. Having multiple people involved in analysis can help address potential biases of the analysts.

Member Checking

Once you and your team have generated initial findings from your analysis, you can share them with your participants to determine the validity of your findings. Checking the results with the people who originally participated in the data collection helps determine whether your analysis led you in the right direction. Identifying if the population you collected the data from agrees with your main takeaways is crucial. This is sometimes called "member checking".

Sample data analysis plan:

_____ (staff members conducting analysis) will analyze the data through _____ (data analysis method).

The analysis will be reviewed by _____ (staff members reviewing). Analysis should be completed by _____(timeline).

We will share our findings with _____ (stakeholders such as staff, participants, community, etc.) by _____ (data sharing method per stakeholder).

Sharing results

It is important to share the findings of your data with participants, staff, and other external entities. As mentioned above, "member checking" during the analysis stage is important to make sure that your results accurately capture what participants shared. In addition, it is integral to ensuring that you can continue to collect data in the future. If you do not share findings with staff and participants, they may be more reluctant to take part in data collection in the future. If you do not integrate findings into grant proposals or community engagement, external entities may not fully understand the role you play in the community or your overall impact.

With participants:

When using data collected from participants, you should share your findings back with participants and tell them how the data were used. For instance, if many participants requested supplies for safer smoking and that informed your organization's decision to roll out smoking kits, you should inform participants that their feedback was the reason why you purchased smoking supplies. On the other hand, if a theme emerges that you were unable to address due to policy and/or budget constraints, you should share that information too, and why their feedback was not or could not be addressed. Informing participants how you use the data they provide is a way to build trust and eventually empower participants to share more input with you. If you take the time to tell participants that the information they give you is valued and used to make improvements in your program, or why it could not be used, it will often improve trust in the program.

There are several ways that you can share data back with participants that may reach different participants depending on how they engage with your program. The most basic way to share findings is word of

mouth. Encouraging staff to talk to participants when they come in about your qualitative data findings, and how these findings will impact participants, is an easy and inclusive way to disseminate what you've learned. If your program has a fixed site, you can put up posters or flyers that share findings. Or, if your program has an online presence, you can share your findings on your website or Facebook page. It is important to note that hanging posters or sharing findings on Facebook may not make findings as easily accessible to individuals who have low-literacy levels and/or do not have access to the internet. Facebook or other web-based platforms can also help you disseminate findings with other members of your community or potential organizational partners.

Permission for quotes:
If you want to share direct quotes from participants, even anonymously, make sure that you have obtained consent from the participants first! There may be certain stories or input that participants confide in you that they otherwise wouldn't if they knew that you might share this information with others, even if the quote was not attributed to them. Only directly quote the participant if you've asked for permission first, and even with permission you still may need to edit the quote to make it deidentified. Otherwise share what you have heard in an aggregate and general way. Remember that quotes and findings should always be anonymous. Additionally, there may be some information that is useful for internal purposes so that staff members can identify certain participants and/or situations to provide better services, but that should be removed or carefully deidentified before being used with individuals who do not work directly with participants—either internally or externally. For example, depending on the overall demographics of your participants, stating that the speaker of a quote was a trans-woman may be enough information to identify who from your program provided the quote.

With staff:

As discussed above, staff buy-in is incredibly important to maintain consistent and accurate data collection. Sharing the purpose, findings, and impact of your data collection with staff in a regular and timely way is necessary for buy-in. If you have staff newsletters or regular staff meetings, you can take time to share the findings and impact of the data collection they engaged in. When taking the time to inform

staff of qualitative findings, encourage them to share what they've learned with participants and other community stakeholders.

With external entities:

You can also share the results of your informal qualitative data collection with the community to bolster support or on grant applications to add a "human voice" to your program's description. Findings from qualitative data collection and analysis could be included in annual reports and community presentations. In addition, you can incorporate quotes and findings into grant applications as a way to narrate the quantitative data.

Implementing findings and next steps:

Over time, routinely tracked informal qualitative data can build up substantial information that may help you realize unmet needs of participants and inform the development or improvement of services that you already provide. Sometimes findings from informal qualitative data may suggest that you need to collect more formal data to fully understand the problem you're seeing. For example, using the question from above "what barriers to services are my participants experiencing?", you may find out that transportation is a significant barrier to your participants. Finding out that transportation is the main barrier is great progress, but it does not provide the solution. This may require further participant data collection to determine the most helpful and feasible way to address participant transportation needs within your organization—i.e., using mobile home delivery, mailing supplies, providing transportation vouchers, etc.

Examples of informal qualitative methods

Below are two examples of different informal qualitative data collection and analysis plans can be implemented at SSPs.

Example 1: Periodic or Routine Collection with Staff

Asking staff to submit debrief notes at the end of a shift can be a great way to build up qualitative data. Depending on what your organization is trying to learn and staff capacity, this could be done regularly or for a short amount of time. The form could be one or a few questions and would only require a few additional minutes at the end of the day for reflections and observations about participant interactions and the overall flow of services. It can be implemented as part of your routine data collection, where you ask staff to answer a few questions at the end of their shift every day. Or you can implement it for distinct periods of time, where you may ask staff to answer just one open-ended question after every participant encounter for just a few weeks. We will walk through an example of how to implement this method below.

Objective:
There is possible upcoming funding that would allow you to expand your services, but you are unsure exactly what services to offer. You may have an idea of services that would be valuable that are not currently offered but would like to confirm with participants. You want to answer the question, "what services do participants need that our program is not offering?"

Data collection plan:

The application for funding is due soon and there isn't enough time to conduct interviews or focus groups with participants on gaps in services. Instead, you want to use staff experiences and perspective to gain understanding of where your program's services could be expanded. The staff have good relationships with participants and hear a lot about what is going on for participants while providing services. They may get information through informal conversations or from asking direct questions. It would be too much additional work to ask staff to record this regularly, but after talking with the staff they agree that it feels reasonable for them to do this as a short-term project. You will ask staff to answer one question following each participant encounter over the next two weeks:

- What did the participant talk about or request that you were unable to provide?

Staff will be encouraged to write down a brief two sentence description or notes on the encounter. For instance, if a participant requested a service or linkage to a service that your program does not have available, if participants talked about recent experiences that shed light on some of the barriers they are facing, if participants had feedback on the supplies offered or if they requested safer use supplies that your program does not carry, or if participants requested or talked about not having basic needs such as food, water, and/or a place to hang out for a bit of time. If participants do not request anything that the program does not already provide, staff should be encouraged to record that nothing came up in that encounter.

Data collection:

Staff will be instructed to record the answer to the question, "what did the participant request or talk about that you were unable to provide?" on printed sheets of paper, and then store the papers in a designated folder at the end of the day. Depending on the data collection system being used, staff may be able to collect this information digitally. After each participant interaction staff should quickly jot down (or enter) the response. Remind staff that the answer does not need to be verbatim, but rather cover the overall request from the participant. All participant responses should remain anonymous, and not connected to any other data collection that occurs during encounters. Encouraging a debrief note after each participant interaction may also bolster communication with participants during services. Talk to staff before you begin data collection about how to talk to participants about the purpose of the data collection.

Jam board:

Your team could also use a "Jam Board" during the meeting, or another collective online document where people can record thoughts digitally in real time. This may also be useful for situations where team meetings are occurring remotely online.

Analysis:

You decide to use group consensus to analyze the data. At the end of the two-week implementation period, you schedule a staff meeting to go over the collected responses. Instruct staff to come to the meeting prepared to take notes. Have one staff member read through each individual response collected over the two-week period out loud. Ask staff, when listening to the responses, to try and tally how many interactions resulted in participants requesting services or supplies that the program does not offer, versus how many interactions where all the participant's needs were met. In addition, ask staff to jot down their initial impressions of responses and any themes in requests they started to notice. You may start to hear that staff members are recording consistent feedback about certain supply items or that participants are regularly talking about services that your program

does not provide in their debrief notes. After reading through the responses once, have staff engage in a conversation about what they noticed from responses. Write down any themes that multiple staff identify, or themes that seem like pressing participant needs. Re-read the responses, and as a group determine what themes appear to occur most often. From this list of themes, determine as a group which are actionable—where your program can make changes and address the gap identified. The list of items that are not currently actionable should be held onto for future use.

Data sharing & next steps:
Use the data collected and findings generated from your qualitative data collection to apply for the funds necessary to improve the services and/or supplies you offer. While the data was collected from staff members, be sure to explain that improvements are based on participant feedback. In addition to using this data for funding purposes, share with participants that you used their feedback from encounters to expand services. Explaining to participants that their feedback impacted services may encourage them to engage more with staff in the future.

While you used the results of the data collection to improve the services and/or supplies offered at your program, you should hold onto the findings that weren't actionable at the moment. In the future, you may be able to use the findings to make further programmatic changes. In addition, the unactionable suggestions could provide insight into objectives for further data collection.

Example 2: Periodic or Routine Collection with Participants

Keeping a comments/question box for participants to submit suggestions is a great way to encourage and accept participant feedback. The comment box can be physical or digital or both. A digital comment box could be a button on your website or a pop up that appears after participants submit an order form. Participants may be hesitant to submit feedback at first, but over time and through demonstrating that their feedback is impactful and gets used to make organizational decisions, participants may be more willing to provide input. The comment/question box could be open ended and serve as a place for participants to submit anything that is on their mind, or you could have a tailored question that you would like them to answer. Like in the example above, over time you may realize that numerous participants are requesting an expansion of services or a new type of syringe. This is a great way to include participants' voices in your organization.

Objective:
Your program is looking for ways to regularly receive participant feedback and use participant voices in decision making. Quarterly, there is a program wide planning meeting where you discuss successes and shortcomings of the last 3 months as well as plans for potential improvement. You are hoping to figure out a way to regularly collect participant feedback that can be discussed during these meetings. At the moment, the busyness of your program during service hours does not make it feasible for staff to directly collect participant feedback. Instead, you and your staff decide to place a participant comment box out during service delivery hours for participants to submit responses to a set question that lasts 3 months and rotates in conjunction with the quarterly planning meetings.

Data collection plan:

To determine the question for the participant comment box you ask for staff input on what they want to know from participants. As COVID restrictions have been loosening, you are preparing to open your program's indoor space again. Staff want to know what participants would like to have access to in your indoor space. For example, phone chargers, a place to rest, water bottles and food, etc. The first comment-box question, related to future program locations is:

- We're hoping to open our indoor space again in the next couple of months, and we would like to know what you would like our indoor gathering space to look like. What would you like to have access to in the gathering space?

Participants will be verbally encouraged to submit responses and there will be signs in the service center to inform the participants of the upcoming data collection. In addition, you will post the question to your social media pages. You will only collect the participant's response to the question, no personal information should be included in the responses. As mentioned above, you will have one question for participants to submit answers to the comment box that will rotate every 3 months. Using a comment box requires relying on participants to fill out responses and thus it may take a while to generate enough responses to analyze. Depending on participants' level of engagement you may find that you may want to change the question more or less frequently than 3 months.

Data collection:

The comment box will sit in the same place during service hours. The question will be printed on each sheet of paper for participants to fill out and there will be pens/pencils available for participants to use. Staff should be instructed to encourage participants to check out the comment box and submit a response. Because you are asking

participants to submit their responses themselves, this may narrow the types of participants who are able to participate in this qualitative data collection. English fluency, literacy levels, physical capacity, and general comfort in reading/writing may prevent some participants from submitting responses to the comment-box. To counter this, instruct staff to inform participants that if they do not want to write a response to the quarterly question, they can talk to a staff member directly and the staff can submit a response on their behalf. Each day, staff should empty the comment box and store responses in a safe folder for data collection at the end of the 3-month period.

Analysis:

As mentioned earlier, the SSP is quite busy and many staff members are stretched thin. Because it is not feasible for all staff to be involved in analysis at this time, data analysis will be conducted primarily by one staff member and then reviewed by a second staff member. The staff member decides to use the "card sorting" method for analysis because the data was collected on slips of paper. The staff member reads through all of the responses once and jots down locations or responses that they begin to notice regularly. The second time the staff member reads through responses, they will sort the responses into piles that align with any themes or frequent responses that they originally noted during the first read through. After they have sorted all of the responses into different piles, the staff member will write the different themes that were generated from the responses and which piles had the highest number of responses. In addition, they should note any further questions that they had after sorting the responses. These questions may be good to potentially follow-up on with staff members and/or for additional data collection. After the initial staff member has finished their cursory analysis, the second staff member should read all of the responses and review the first staff member's process. The two staff members will then discuss the findings and see

if the second staff member had any questions, additional themes they noticed, or places where they disagreed with the first staff member's thoughts. Any items that the two staff members cannot reach a mutual decision on should be brought to the quarterly staff meeting for all staff members to discuss and find a resolution.

Data sharing & next steps:
At the quarterly meeting the results from the data analysis will be discussed, and the staff will decide on how the findings should be implemented. The findings and subsequent planning for implementation should also be shared with participants following the quarterly meeting. Staff should also decide on what question should be posed to participants for the next quarterly comment-box.

Appendix I: Additional Formal Qualitative Resources

1. Creswell, John W. 2013. Qualitative Inquiry and Research Design: Choosing among Five Approaches. 3rd ed. London: Sage Publications Ltd.
2. Singer, Merrill, Tom Stopka, Cara Siano, Kristen Springer, George Barton, Kaveh Khoshnood, A. Gorry de Puga, and Robert Heimer. 2000. The Social Geography of AIDS and Hepatitis Risk: Qualitative Approaches for Assessing Local Differences in Sterile-Syringe Access among Injection Drug Users. American Journal of Public Health 90, no. 7: 1049.
3. Tolley, Elizabeth E., Priscilla R. Ulin, Natasha Mack, Elizabeth T. Robinson, and Stacey M. Succop. 2016. Qualitative Methods in Public Health: A Field Guide for Applied Research. 2nd edition. San Francisco, CA: Jossey-Bass.
4. Trotter, Robert T., Richard H. Needle, Eric Goosby, Christopher Bates, and Merrill Singer. 2001. A Methodological Model for Rapid Assessment, Response, and Evaluation: The RARE Program in Public Health. Field Methods 13, no. 2: 137–59.

Appendix II: Data Collection and Analysis Plan Template

Our objective is to learn about _____ (topic) from _____ (stakeholder with perspective on the topic). These data will be used to improve SSP services by _____. To do so, we will ask the following questions:
Question 1:_____
Question 2: _____

We will record these data in _____ (data storage location) every _____ (frequency). _____ (staff members conducting analysis) will analyze the data through _____ (data analysis method).

The analysis will be reviewed by _____ (staff members reviewing). Analysis should be completed by _____(timeline). We will share our findings with _____ (stakeholders such as staff, participants, community, etc.) by _____ (data sharing method per stakeholder).

Appendix III: Sample Staff Notes Form

Introduction:
The sample data collection form below is just one example of how an SSP could routinely collect informal qualitative data with staff. This form was originally developed for a small SSP to address what their data collection needs and capacity were at the time. The form was programmed into the SSP's data collection system (REDCap) and staff were asked to fill out the form at the end of their shift. All entries were reviewed at the end of the week.

The example form below is intended to act as a template for data collection and be customized to best fit your organization. For example, you may find that you do not need certain sections/questions or that you would like to reword questions, or that the questions need to be changed as trends develop over time. We have included examples of how this form may be filled out as well using mock data that was developed for a workshop.

Staff notes form:

Shift date:

Staff name:

General observations/notes from today's services:

Please note any feedback participants had about current supplies:

Please describe any requests from participants for services or supplies you were unable to provide:

Please note anything participants said about the current drug supply:

Mock data:

Shift Date
5/2/2022

General observations/notes from today's services:
It was super hectic the first couple hours. People were getting rowdy in the drop-in. It's pretty hot out, maybe that's why. We're running low on paper cups. I noticed there was a lot of people milling about outside and tried to call people in/let them know it wasn't helping our image for them to be making that ruckus.

Please note any feedback participants had about current supplies:
I didn't hear of anything but I do not think we ordered enough 28s this time, we're already running low.

Please describe any requests from participants for services or supplies you were unable to provide:
I ran out of pipes after the first two hours of shift. I hate turning people away. One person got really pissed at me, said they traveled two hours just to get a pipe. That one hurt.

Please note anything participants said about the current drug supply:
One participant mentioned they threw up after using fentanyl, which is uncommon for them. Xylazine? They hadn't heard of it, so I educated them.

Shift Date
5/3/2022

General observations/notes from today's services:
The same guy as always was sleeping all day and taking up 3 chairs in the drop in. I do not know if we need to have a designated sleeping spot? Honestly it was stressful, I woke him up a couple times bc I couldn't tell if he was breathing. What's the protocol for this? I also had to call the usual suspects in from the street where they were not exactly being good neighbors. I do not want what happened last week to happen again. We also had two new referrals from the methadone clinic, which is a good thing. If we ever get our shit together maybe we should go do a harm redux inservice over there. I do not know if this has to do with drug supply, but we have been having soooooo many issues with abscesses. Is that like, a bacteria in drugs problem? or just an injecting problem? I've been asking people if they're injecting more often or something, and I do not feel like there's a pattern per se. If it's a vein care issue, I wish there was something we could do.

Please note any feedback participants had about current supplies:
Someone said our pipes seem more breakable (?) ... Have we talked to Smokeworks about this? I do not have a basis for comparison.

Please describe any requests from participants for services or supplies you were unable to provide:
A few people said they wanted BDs, which is weird because everyone used to hate BDs. But mostly I think people are still fine with EZ touch. Same old same old. Lots of weird suspicion about xylazine. Which I guess belongs here and below, but it's mostly about needing drug checking services. Not like FTS help here.

Please note anything participants said about the current drug supply:
 See above.

_____

Shift Date
5/4/2022

General observations/notes from today's services:
Neighbors cranky

Please note any feedback participants had about current supplies:
Had a couple BIPOC participants come back, haven't seen them in a long time. Hesitant to take pipes - "can not I get arrested for this?"

Please describe any requests from participants for services or supplies you were unable to provide:

Please note anything participants said about the current drug supply:

Shift Date
5/5/2022

General observations/notes from today's services:
When I came in for my shift today, I noticed some syringes on the ground on the side of the building. I cleaned them up.

Had a ton of new people in today, I think in town for the festival? Almost ran out of everything.

New volunteer didn't show up today which was ROUGH, would have been nice to have some help.

Please note any feedback participants had about current supplies:

Please describe any requests from participants for services or supplies you were unable to provide:
Had to really limit pipes today, it was hard bc we had a bunch of new people in today and also a participant who only comes once every couple months from farther out and usually picks up for a bunch of people, he didn't call ahead, so I wasn't able to set aside as much for him and he left with less than he needed.

Please note anything participants said about the current drug supply:
Couple of participants who usually only get syringes got pipes, said they've been trying to avoid injecting as much cause of the all the xylazine.

Shift Date
5/6/2022

General observations/notes from today's services:
Was mostly low key until the people from downstairs came up to complain that they thought there was urine in the stairwell (I checked, it was not) and that there were needles outside. There were a couple folks waiting when I got here, so I ran inside real quick and didn't notice. Sent the volunteer to walk around outside with the gloves and a sharps container to clean up. She said she found one of our empty bags and a couple of cookers, but no syringes so maybe the people downstairs were just being shitty.

Please note any feedback participants had about current supplies:
Folks are into the pipes!

Please describe any requests from participants for services or supplies you were unable to provide:
Low on shorts when I arrived, so I had to limit how many went out to folks. Order more shorts!

Please note anything participants said about the current drug supply:
So many abscesses, the stuff going around is bad. Gave out a ton of extra alcohol wipes and water to a participant who came to pick up for folks in one of the camps.

Appendix IV: Example analysis

Label	Frequency	Possible themes	Quote
Pipes (interest in)	7	High interest, lack of sufficient supply -> Interest in safer smoking supply suggests participants would increase use of safer ingestion methods if more smoking supplies were available	"I ran out of pipes after the first two hours of shift" "Folks are into the pipes!"
Issues with neighbors /need for different or more space	7	Tension with neighbors and lack of adequate space to provider services -> Having more space or a different space to provide services might relieve some tension with neighbors and allow for better service provision	"people from downstairs came up to complain--- found one of our empty bags and a couple of cookers, but no syringes so maybe the people downstairs were just being shitty..." "Neighbors cranky"

Label	Frequency	Possible themes	Quote
Supplies in general- syringes, shorts, running out	3-5 (higher if include pipes)	Often running out of supplies, or running out of supplies people want -> Lack of adequate inventory means turning people away or limiting supplies that can be provided to participants	"I do not think we ordered enough 28s this time, we're already running low" "I hate turning people away"
Need for wound care, medical staff, first aid supplies, training on safer injection	~3	Increase in wounds, need for wound care and safer injecting education, staff not feeling equipped to address these needs -> Staff with skills to address abscesses, other wounds, and safer injecting education are needed	"So many abscesses, the stuff going around is bad" "If it's a vein care issue, I wish there was something we could do"

Label	Frequency	Possible themes	Quote
People traveling long distances to get supplies	2	Participants coming from far away to get supplies, turned away when supplies run out -> Supply shortages intersect with increased need from larger catchment area, affecting more participants from a larger geographic area. Seeing increased demand from larger region	"I ran out of pipes after the first two hours of shift. I hate turning people away. One person said they traveled two hours just to get a pipe. That one hurt."

Appendix V: Qualitative Coding Software

Qualitative coding software can be a useful tool when formally analyzing large quantities of qualitative data. A lot of the steps involved in formal qualitative analysis look the same with or without coding software. It's possible to analyze qualitative data by hand or in a Word or Google document instead of using software.

Coding software, in general, does not automatize coding and/or analysis, but rather serves as a system to house and organize data. Generally, software allows you to upload text/transcripts in various formats, input your codebook, and then apply codes to text. Often this is done through highlighting portions of text and then applying the code(s)—the way this looks and functions varies from software to software.

Once all text is coded, software allows you to view and export sections of text associated with specific codes. Again, different software has different analysis functions and ways to view code excerpts.

There are many different software options, but three common ones are listed on the next page:

	Dedoose	ATLAS.ti	NVivo
Format	Desktop and web-based software.	Desktop or web-based software	Desktop software
Cost	Subscription based, so you pay per user per month. The cost change depending on how many users you have	Recently created monthly subscription options but there's a limit of the number of people who can work on a shared project. Usually quite costly (~$1,500)	Usually quite costly (~$1,500)
Pros	Good for large groups doing analysis because everyone can be coding at once. Easy to start using. Only pay white using the program.	Very powerful with many features-- however many are often unnecessary for most qualitative projects. Mostly used in large research projects in university settings.	Very powerful with many features-- however many are often unnecessary for most qualitative projects. Mostly used in large research projects in university settings.

	Dedoose	ATLAS.ti	NVivo
Cons	Not as powerful as ATLAS.ti or NVivo. Need wi-fi to use.	Costly. A bit technical, so not recommended for most projects. Hard to use with groups-not all versions allow more than one person to be in the project working at a time. It requires extra work to merge everyone's work together.	Costly. A bit technical, so not recommended for most projects. Hard to use with groups-not all versions allow more than one person to be in the project working at a time. It requires extra work to merge everyone's work together.

The Supporting Harm Reduction Programs (SHaRP) team at the University of Washington offers expert technical assistance about harm reduction data monitoring and evaluation. To reach out to the SHaRP team, please e-mail sharpta@uw.edu . Follow SHaRP on Instagram at @UW_SHaRP .