### Top SSP M&E Challenges

#### Funding

- Insufficient and unsustainable funding that comes to build capacity for SSP M&E and the use of M&E data.

#### M&E System Design

- Data collection can take a long time, creating wait times for clients and patients, which is paramount.
- Many SSPs report that they would like to digitize data collection but were unable to 'own' the data because of the cost and time required.

#### Data Collection Barriers

- Data can be time consuming or traumatizing, stimulating, & invasive for clients.

### Data Collection

#### Methods

This poster characterizes lessons learned from NACCHO and UW's shared knowledge of what is and is not working in collecting data, including but not limited to:

- **Data Application**: 40 applications from SSPs to three funding opportunities for SSP target-determined priorities.
- **Data Collection**: 104 applications from SSPs to three funding opportunities for SSP target-determined priorities and the use of M&E data.

#### Challenges

- Funding is insufficient and unsustainable, making it hard to invest in infrastructure (e.g., software) or staff development to gain M&E skills.

### Data Management

#### Methods

This poster characterizes lessons learned from NACCHO and UW's shared knowledge of what is and is not working in managing data, including but not limited to:

- **Data Management**: 40 applications from SSPs to three funding opportunities for SSP target-determined priorities and the use of M&E data.

#### Challenges

- Data collection can take a long time, creating wait times for clients and patients, which is paramount.
- Many SSPs report that they would like to digitize data collection but were unable to ‘own’ the data because of the cost and time required.

### Data Analysis

#### Methods

This poster characterizes lessons learned from NACCHO and UW's shared knowledge of what is and is not working in analyzing data, including but not limited to:

- **Data Analysis**: 40 applications from SSPs to three funding opportunities for SSP target-determined priorities and the use of M&E data.

#### Challenges

- Data collection can take a long time, creating wait times for clients and patients, which is paramount.
- Many SSPs report that they would like to digitize data collection but were unable to ‘own’ the data because of the cost and time required.

### Conclusion

- Funders and partners should collaborate to build data collection and management capacity—efforts which are critical to enabling them achieve their goals for how they analyze, report, share, and use data.

### Recommendations

- **Funders/Authorizing Agencies (Including LHDS):**
  - Funders can support SSPs’ use of M&E data for SSPs’ creative use of data and in planning programs to better respond to complex public health needs.
  - Funders can provide the necessary resources to support SSPs in meeting their goals and priorities for M&E data.

- **Partners, Including LHDs and TA providers:**
  - LHDs should support SSPs’ use of M&E data to enhance their ability to use data for planning and program evaluation.
  - TA providers should support SSPs in meeting their goals and priorities for M&E data.

### References

5. Use data to guide planning, evaluation, and system improvement (Suppl 5), S239–S249.