SSP Point in Time Survey Case Study

SSP Description	Run by the local health department, the Public Health Seattle King County SSP has been operating since the late 1980s. They have 10 staff and operate using a negotiated-exchange distribution model. They offer mobile SSP services 5 times/week, and their two fixed-site locations are open for a total of 48 hours per week. They see an average of approximately 350 encounters/week.
Description of Routine Program Data Collection	Duplicate encounter data (no unique ID) is collected about number of syringes, sharps containers, and naloxone distributed at every encounter. A point in time survey is conducted every other year and collects data on demographics, drug use, health outcomes, service utilization and needs, and other current special topics at all locations.
Goal(s) of Point in Time Survey	Regular goals: Use the bi-annual survey to minimize regular encounter data collection burden for staff and clients. Use survey data to understand participant population and experiences and inform services. The core set of questions are asked in every survey to allow for monitoring trends over time. The survey is aligned with a statewide point in time survey conducted at all SSPs across Washington state. Every survey cycle, current special topics are assessed. Past topics have included questions about supervised consumption sites and syringe disposal practices. The special topics included in 2021 were reasons for smoking opioids and meth, syphilis, and COVID-19 diagnosis and vaccination.
Timeline	From planning to dissemination, the process takes 6 months for this well-established, routine survey.
Planning	A small group of key stakeholders (state survey PI and project manager, local SSP manager, epidemiologist, data manager) convene to support the rollout of the survey. They start by reviewing past survey findings, the past survey tool, and identify potential special topics for the new survey. They meet monthly over 6 months, including several longer (2-3 hour) meetings to finalize the survey.
Design	When questions are drafted, each question is prioritized (high, medium, low) based on the necessity of the data and how findings will be used. Depending on the length of the survey, low (and sometimes medium) priority questions may be cut.
Piloting	Once a draft of the survey is complete, it is piloted first with SSP staff during staff meetings. After appropriate edits are made, it is piloted with participants (aim for ~5) and then changes are made, as necessary.
Training	Once the final survey tool is ready, the project manager trains the staff on the upcoming survey. Training is usually held a week or two before data collection begins. Training includes reviewing the study protocol and all survey questions. Staff/interviewers discuss potential scenarios and common situations that may occur while participants take the survey.
Sampling Strategy	All participants who come and receive services during the data collection period are asked to participate in the survey. Those who decline participation are asked for basic demographics to understand if those who participate are different than those who do not. Participants who initially decline the survey are invited at each visit.
Data Collection	Data collection is open for a two-week period, usually in the late summer / early fall. Surveys are administered by staff and volunteer interviews. Most interview data is entered directly into the online REDCap survey. However, data can also be collected on paper. These data are typically entered into REDCap within one day. Data are monitored by the staff data manager and reports on survey data are sent out at least twice a week during data collection.
Analysis	Data cleaning is done by the data manager. Data analysis is done internally by the data manager and staff epidemiologist using statistical software.
Outcomes & Dissemination of Findings	The findings are first reported to staff at staff meetings, and then findings are included in the county's annual HIV/AIDS reporting. The data is used in reporting and grant writing. The data are also used to advocate for less data collection related to other activities (e.g., naloxone distribution, pipe distribution). They are aiming to improve reporting back to participants in future years. Survey data have been used to inform the expansion of HCV treatment, expansion and evaluation of low-barrier buprenorphine treatment, pipe distribution, and evaluation of HIV testing outreach activities.