

SSP Point in Time Survey Case Study

SSP Description	<p>Setting: Rural, conservative area in the Southeast</p> <p>Model: We are a needs-based, drop-in community organization open to the public four days per week. We operate a fixed-site brick-and-mortar syringe service program to facilitate direct and secondary distribution of a range of harm reduction supplies and services. Services offered to participants include: safer drug use and general hygiene supplies; drug user health information; overdose prevention supplies and training; HIV and HCV testing; linkages to care; on-site drug checking; support groups; access to reduced-price or free donated food and clothing; and physical, mental, and sexual health information and supplies.</p>
Regular data collection	<p>During each unique encounter, we collect information regarding supplies distributed, overdose experiences, and linkages to care. First time visitors are also required to complete a membership form, which collects information regarding demographics, socio-economic status, drugs used, engagement in sex work, perceptions of drug use, treatment experiences, injection alone, impact of COVID-19 on use, overdose experiences, health insurance status, implementation of harm reduction strategies, self-assessed health status, law enforcement experiences, and unmet needs.</p>
Goal(s) of point in time survey	<ul style="list-style-type: none"> • Goal 1: Collect more accurate information regarding participant characteristics and demographics; financial and employment status; current drugs used and associated methods of consumption, as well as harm increasing and reducing behaviors; past overdose experiences; and COVID-19 vaccination status. <ul style="list-style-type: none"> ○ Objective 1: Develop survey questions which capture data of investigative interest, as deemed by organizational staff and leadership, to include participant: employment status; current drugs used and associated methods of consumption, as well as harm increasing and reducing behavior; experiences with law enforcement; needs to achieve syringe saturation; overdose experiences; and COVID-19 vaccination status. ○ Objective 2: Develop survey questions which capture data that satisfies funder- deemed reporting requirements, including participant: characteristics and demographics; current drugs used and associated methods of consumption; overdose reversal experiences; and HIV status. ○ Objective 3: Collaborate with participants and staff with lived experience to develop culturally competent and non-traumatizing survey questions. ○ Objective 4: Collaborate with staff and participants with lived experience to interpret and contextualize findings. ○ Objective 5: Collaborate with expert survey teams at NACCHO and UW, members of the Learning Collaborative, and other organizational partners with data analysis expertise to develop efficient analysis methods, with particular emphasis on capacity building due to the quantity of data collected. • Goal 2: Assess community needs in order to tailor programming to better serve our participants. <ul style="list-style-type: none"> ○ Objective 1: Clean and analyze data through the support of the Learning Collaborative, and collaborate with staff and community members with lived experience to interpret findings. ○ Objective 2: Cross-reference current offerings with needs of our community as indicated by survey findings, specifically accounting for modifications in programming to better address most frequently reported substances consumed as well as routes of administration.



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	<ul style="list-style-type: none"> ○ Objective 3: Share survey findings with the community in an easily understandable and meaningful way through partnership with our Executive Assistant and Special Project Coordinator. ● Goal 3: Modify data collection systems to operate synergistically with point in time survey. <ul style="list-style-type: none"> ○ Objective 1: Consolidate data collection mechanisms aimed to meet reporting requirements by combining like pieces of information into a single data collection point, eliminating redundancy in data collection systems. ○ Objective 2: Revamp unique encounter and membership data collection processes to gather only relevant and actionable information beyond what is collected by our point in time survey. ○ Objective 3: Train staff on culturally competent and higher efficiency data collection tactics so as to minimize burden on program staff and participants.
Timeline	Survey implementation took place over the course of several months, with data collection beginning September 19, 2022 and ending December 2, 2022. Data collection was paused from October 7, 2022 to November 21, 2022. In total, the survey was implemented for 5 weeks.
Planning	Organizational staff identified areas of investigative interest, as well as funder deemed reporting requirements. Questions were developed based on these priorities. The draft survey endured a multitude of reviews from internal staff, organizational partners and participants.
Survey design	Our PiTS was programmed in REDCap by our Research Director. This included adding the consent and eligibility questions, survey questions and responses, and appropriate skip logic. The REDCap survey was thoroughly tested for accuracy and completeness by multiple users internally, and through participant pilot testing, prior to implementation.
Piloting	Our Project and Data Coordinator facilitated pilot testing on-site over two days. Three pilot tests were conducted with the Project and Data Coordinator serving as the interviewer. Interviewees were incentivized with cash (\$10), as well as an organizationally branded t-shirt or bag. Interviewees provided feedback throughout the survey, and the Project and Data Coordinator took notes. At the end of each pilot survey, interviewees were also asked for any closing feedback. The Research Director and Project and Data Coordinator collaborated to integrate edits resulting from pilot testing.
Training	<p>A interviewers participated in an in-person meeting with the Project and Data Coordinator dedicated to training them on the interview process. Training content included: recruitment and eligibility; consent process; review of every question, skip pattern, and potential issues; using REDCap; conducting the survey as privately as possible; providing referrals; and ending the survey.</p> <p>Interviewers practiced interviews in both roles (interviewer and interviewee) with the Project and Data Coordinator. These practice sessions covered: reading questions aloud; setting the tone for a successful interview during the introduction; allowing respondents to decline answering questions; bias; what if's; establishing rapport, to include tone, facial expressions, verbal reactions to responses, body language, feelings/emotion acknowledgement, creating a safe and welcoming environment that encourages honesty, and thanking interviewees for participating.</p>



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Sampling strategy	All people receiving services were eligible to participate in the survey, including first-time participants and participants who do not use drugs.
Data collection	Data collection began in September 2022 and ended in December 2022. All staff were equipped with basic information to respond to initial questions about the survey, but only some staff were trained in survey administration. Staff began by first offering services to every participant, then gauging their interest in completing the survey. The survey was verbally administered by interviewers. Participants audibly responded to questions and interviewers directly entered responses into REDCap via Samsung tablets. Data was monitored weekly throughout data collection by the Research Director and the Project and Data Coordinator.
Analysis	Analysis was conducted by our Research Director using Microsoft Excel for Mac Version 16.68.
Outcomes and dissemination	Findings are first reviewed by the Research Director and Project and Data Coordinator. Once data is visualized, it is reviewed by organizational staff and leadership. Then findings are contextualized by participants and organizational partners. Materials are then developed to share findings widely and empower them to motivate organizational changes.
Lessons learned	<p>Our organization collected some of the most accurate information about our participants in our history. We now have a more accurate understanding of participant demographics, drug use patterns, and more.</p> <p>For future surveys, we learned a tremendous amount about resources needed, staff requirements, potential barriers we may encounter, and future areas of investigative interest.</p>

