**Conducting Point in Time Surveys at Syringe Service Programs**

Guidance & Frequently Asked Questions

*This resource was developed to accompany a request for applications (RFA),* [Use of Learning Collaborative Model to Build Capacity of Syringe Services Programs to Conduct Point in Time Surveys](http://www.naccho.org/blog/articles/use-of-learning-collaborative-model-to-build-capacity-of-syringe-services-programs-to-conduct-point-in-time-surveys), *released by NACCHO in partnership with the University of Washington. RFA applicants are encouraged to review this document and consider what information they might collect through a point in time survey, however, they are not expected to determine their specific questions as part of the application process. Contact Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis at NACCHO (**kkelley@naccho.org**) with any questions.*

# What is a point in time survey?

Point in time surveys, also known as cross-sectional surveys, collect data during a limited period of time, as opposed to continual data collection. A point in time survey allows a syringe services program (SSP) to ask a standardized set of questions from a portion of their clients, providing a snapshot of the population that the SSP serves. These surveys can be a quick and low-cost way to learn about the characteristics, needs, and service utilization patterns of their clients.

SSPs use point in time surveys in different ways. Some SSPs implement a regular (quarterly, annual, bi-annual) point in time survey as part of their overall monitoring and evaluation strategy. SSPs may also do a one-time point in time survey as needed. These surveys can be a nimble tool for answering urgent questions or providing information in a timely manner.

# What are the benefits of a point in time survey?

* **Reduce data collection overall.** For many SSPs the biggest benefit of using point in time surveys is it allows them to significantly reduce encounter-level data collection, which allows more time for staff and clients to focus on services. They are able to reduce the overall time and information burden on clients and staff by only asking for certain pieces of information, like demographic information, during the point in time survey rather than every time clients come into the SSP or from an intake form.
* **More accurate data.** In many instances, point in time surveys can offer more accurate and up to date data than intake or encounter data for SSPs, funders, and other organizations to whom SSPs report data.
	+ Unlike rolling encounter or intake data, data from a point in time survey provides a specific numerator and denominator, which makes each metric straightforward to calculate.
	+ For SSPs that cannot de-duplicate their encounter data a point in time survey may provide a more accurate way to characterize their client population.
	+ If an SSP collects data from an intake or membership form (at enrollment or updated at intervals, often annually) some of that information (gender, housing status, etc.) may change for clients over time and may not be up to date or accurate.
	+ By collecting the data in one short time period it can offer a ‘snapshot’ of the client population and can show trends or patterns that may be less apparent with data captured continuously.
* **Representative data.** When implemented consistently and in consideration of factors that may affect SSP attendance (e.g. offered for equal duration at all SSP sites), and utilizing inclusive methods (such as in-language administration), data from point in time surveys can be considered representative of the total SSP population. This is particularly true if information is collected about individuals who decline to participate. *See FAQ 1 and 2 below.*
* **Data to support client needs and funding.** They allow SSPs to gather information that can be used to improve services and help them meet their clients’ needs, apply for grant funding, inform stakeholders, and increase support for the program.
* **Flexible.** Point in time surveys are nimble. They can be created relatively quickly and be flexible to emerging needs and urgent public health concerns. *See FAQ 6 below.*
* **Client connections.** Point in time surveys can be an opportunity to connect with clients about new topics. The survey can create an opening for clients to learn about the topic and ask questions and for staff to provide information and potentially referrals to services.
* **Clients are heard.** A point in time survey can show clients that an SSP is interested in hearing from them and improving services offered.
* **Proportions of clients.** Point in time surveys provide SSPs with an estimate of the percent of their clients with a specific characteristic, need, or behavior. This is different from other “count” data that SSPs often collect, such as the number of naloxone doses distributed or the number of clients seen, because point in time survey data have a clear numerator and denominator that allows the calculation of what percent of clients have had a certain experience.
* **Inexpensive.** Point in time surveys can be conducted with limited funding. The largest costs are most often existing staff time and incentives (if provided).
* **Anonymous.** Data from these surveys can be anonymized so no identifying information is collected. *See FAQ 7 below.*
* **Describe trends.** SSPs that conduct routine (annual, biennial, quarterly) point in time surveys can use this data to understand and describe trends and changes among their clients over time.

# What are some challenges of a point in time survey?

* **Staff time.** Point in time surveys typically require more staff time than what is expected during normal operations.
	+ We recommend increasing the number of staff during service hours while running data collection for a point of time survey and limiting the data collection time period to minimize staff fatigue.
* **Burden on clients and staff.** There are additional time and emotional burdens on clients and staff while data is being collected. Administering point in time surveys can put an emotional burden on staff, especially those with experience using drugs, for whom client responses may be triggering. We recommend that teams have a protocol in place for how they will handle staff and/or clients who become overwhelmed during the survey process.
	+ The time burden can be reduced by asking fewer questions and/or conducting point in time surveys less frequently.
	+ The emotional burden can be reduced by being thoughtful about what questions are included and the past trauma that certain questions can bring up for clients and staff.
* **Generalizability.** The data and findings from point in time surveys are not considered generalizable. Since data is only being collected from SSP clients, and not a random sample of people who use drugs in a defined area, conclusions from the data collected are limited to SSP clients and not all people who inject or use drugs in your area. *See FAQ 3 below.*
* **Data limitations.** SSPs that do not use unique IDs in their encounter data will not know how many unique clients they see, and will not know what percentage of their clients participated in a point in time survey. *See FAQ 4 below.*
* **Differential participation.** Some groups of people may be less likely to want to participate in a point in time survey, and therefore may be underrepresented in the data collected. *See FAQ 1 and 2 below.*
	+ Having staff and/or volunteers who reflect the diversity of an SSP’s clients (e.g., gender, race, past/current substance use, other lived experiences) may increase trust and rapport during data collection.
* **Requires following a standard protocol.** If a point in time survey is not properly planned or run, the data may not be representative of the SSP’s larger client population.

# Frequently Asked Questions

1. **Is the data from a PiTS representative of the population an SSP serves?**

A well-executed PiTS that is considerate of factors that impact participation may be considered to be representative of the population an SSP serves. When planning a PiTS, it’s important to think about how the survey can capture a representative group of your clients. This is also known as sampling. Different sampling approaches including inviting all participants over a defined period of time to complete the survey, or only inviting every 3rd or 5th participant. If you provide services both at fixed sites and during mobile outreach, we recommend offering the survey to clients in both settings.

1. **How do you know if who participates in the survey is different from who declines to participate?**

It is very difficult to know if the people who participate are different from the people who do not. It is considered best practices to record how many people are offered the survey, how many agree to participate, and how many do not. You may also want to ask those who do not want to participate if they would be ok answering demographic questions (usually age, gender, and race/ethnicity). If the demographics of those who decline are measured you can compare them to those who participate to see if they are different. If so, that is a great opportunity to think more about why and what you can change next time.

1. **Is a PiTS representative of people who inject drugs in the larger community?**

A PiTS done at an SSP is most likely not representative of people who inject drugs in the larger community. In most instances, there may be differences between the people who inject drugs who come to an SSP and they people who do not. For example, some research has found that women and/or people of color may be less likely to attend SSPs.

1. **What percentage of clients does a PiTS capture? Or need to capture to be considered representative?**

SSPs that know how many unique clients they serve may be able to calculate an estimate of what proportion of their clients participated in a PiTS. Many SSPs that use PiTSs as part of their larger monitoring and evaluation strategy do not know what percentage of their clients participate, and while this is a limitation, it does not mean the PiTS is not meaningful or useful.

To ensure that a meaningful proportion of clients participate, SSPs should strive to collect surveys from as many clients as possible. To achieve this, SSPs should consider the right time of year to conduct a survey (based on weather and migration), how long to run the survey, and ensuring enough staff or volunteers during data collection so participants can complete the survey quickly.

1. **How many participants should a PiTS aim for? What number of participants would I need to reach statistical significance?**

There is not one answer for how many people should participate in a PiTSPiTS. It is often dependent on the resources available, namely staff time. While running a PiTSPiTS there will be more work for staff, so data collection may be limited by how long an SSP can run the survey without burning out staff.

[Statistical significance](https://www.ncbi.nlm.nih.gov/books/NBK459346/) is a calculation used in research to try and understand if differences between groups are potentially real, or if the differences between groups are due to chance. For example, a study may be exploring health outcomes of an intervention and find a difference between two groups. The researchers would then test their results for statistical significance to help them understand how confident they should be in their conclusion.

Most PiTSPiTS conducted by SSPs do not aim to calculate statistical significance since they are not answering research questions. Typically, SSP PiTS data are used for program evaluation for both internal use and external reporting, which tend to not use statistical tests. If an SSP is interested in calculating statistical significance they would need to work with a statistician to calculate the sample size needed to [power the study](https://emj.bmj.com/content/20/5/453) based on the question they are trying to answer.

1. **If an SSP does an annual PiTS, should the questions be the same every year? Or can they be different?**

Many SSPs that conduct a regular (annual, bi-annual) PiTS will have a “core” set of questions they ask in every survey. These core questions are typically based on reporting requirements (e.g., participant demographics) and/or key health and behavior indicators (e.g., syringe sharing, naloxone possession, self-report opioid overdose). SSPs will add other questions based on current topics of interest at the time of each survey (e.g., interest in fentanyl test strips, PrEP knowledge, COVID-19 vaccination).

The core questions are asked in the same way each time so the data are comparable across periods. The other questions may remain for a couple of instances and then rotate off the survey as trends and needs change.

1. **Do I need to deduplicate PiTS data? Or does my PiTS need a unique ID?**

A PiTS can, but does not need to, have a unique ID. The major benefit to having a unique ID is that at the end, the data can be deduplicated and an SSP can be reasonably sure that all the answers are from unique individuals. If there is not an incentive offered for completing the survey, the most basic strategy to avoid duplication is asking a person if they’ve already taken the survey. Most people will not want to answer a survey twice if there is no incentive. If there is an incentive offered, it may be useful to include a unique ID in order to de-duplicate data.

*Please note that NACCHO funding cannot be used to pay for incentives however SSPs can offer incentives through another funding source if they determine that it is feasible and appropriate.*

1. **Should I offer an incentive?**

Whether to offer an incentive or not is up to each SSP. There are reasons to consider either option. This is important to discuss internally with clients and staff before data collection. **Please note that NACCHO funding cannot be used to pay for incentives however SSPs can offer incentives through another funding source if they determine that it is feasible and appropriate.**

1. **If an SSP conducts a PiTS, is it considered research and does it need approval from an Institutional Review Board (IRB)?**

A PiTS done by an SSP can be considered part of routine surveillance or program evaluation. If the objective is to use the data to understand clients and inform program activities, it does not require review by an institution review board (IRB). If the SSP wants to conduct a survey to answer a research question and generalize the findings to all SSP clients, this would likely require IRB review. Regardless of whether a survey is reviewed by an IRB, we encourage SSPs to incorporate principles to maximize participant safety and confidentiality. For example, while all clients during the survey period are approached to participate, participation should be optional and not affect the receipt of services. All clients who participate must provide consent.