

CAREWare Listening Session

Summary of Findings

Contents

Summary	2
Data Management.....	3
CAREWare	4
Adoption of CAREWare	4
Features and Enhancements	6
Satisfaction with CAREWare and training and support for CAREWare	7
Other Data Systems.....	7
Recommendations.....	8
Appendix.....	9

Summary

The Healthy Start TA & Support Center (TASC) invited Healthy Start grantees to participate in the CAREWare Listening Session on Tuesday, February 2, 2021 at 3:00 pm ET to 4:30 pm ET to share their experiences with CAREWare (if using) and their support needs around data collection and reporting for Healthy Start. Grantees who were not able to participate in the CAREWare Listening Session were able to complete a survey that included the same questions discussed during the Listening Session. The slides and recording of the CAREWare Listening Session are accessible on the [EPIC website](#).

The findings below are based on information gathered during the Listening Session and from the corresponding survey. Of the 101 Healthy Start grantees, 33 had at least one representative attend the CAREWare listening session and/or complete the corresponding survey. See [Appendix A](#) for a list of grantees who were represented.

Among the grantee representatives who are using CAREWare, 38% (6 of 16) are satisfied or extremely satisfied with the data system and look forward to upcoming enhancements and features; especially the incorporation of the benchmarks, progress, and performance reports; validation tool for HSMED-II reports; and built-in alerts for missing information or incomplete forms. 92% (11 of 12) are satisfied with the CAREWare training and support they have received to date. Moving forward, grantees would like to see additional training and documentation (e.g., manuals and guides) to ensure data entry is completed correctly in CAREWare to ensure smooth report generation and submission.

Among grantee representatives who are not using CAREWare, 67% (18 of 27) are satisfied with the support they are receiving around data collection and reporting for Healthy Start. Within this group, there was interest around CAREWare. However, other influences have led their projects to not transition to using CAREWare at this time. One grantee mentioned that they are under contract with another database. A few grantees mentioned needing more internal support to consider the transition. Time and support needed to migrate their data into CAREWare was also a common barrier or concern noted within this group.

The sections to follow detail the questions that were asked during the listening session and in the corresponding survey, as well as the responses received.

Data Management

Question 1: Roughly, how much of your Healthy Start budget is allocated to support data management and reporting (including cost of data systems or data bases used)?

56% of grantee representatives responded that their project is allocating 25% or less of their Healthy Start budget to data management and reporting. Table 1 below provides a breakdown of the responses received.

Table 1		
Response Options	Count	Percentage
Total	36	100%
0% to 5%	14	38.9%
6% to 10%	3	8.3%
11% to 25%	3	8.3%
26% to 50%	2	5.6%
More than 50%	0	0.0%
Do not know	14	38.9%

Question 2: Does your project currently have a dedicated data manager or staff person (including consultants)?

Majority of the grantee representatives (92%) stated that their project has a dedicated data manager or staff person, including consultants. Table 2 below provides a breakdown of the responses received.

Table 2		
Response Options	Count	Percentage
Total	38	100%
Yes – 100% of their role	20	52.6%
Yes – included in their role	15	39.5%
No	3	7.9%

Question 3: Does your data manager or staff person work closely with your evaluation team?

For majority of grantees representatives (97%), their data manager works closely with an evaluation team. Consultants and other staff or team who are not involved in the day-to-day Healthy Start work are considered “external”. Table 3 below provides a breakdown of the responses received.

Table 3		
Response Options	Count	Percentage
Total	37	100%
Yes, they are part of an external evaluation team.	16	43.2%
Yes, they are part of an internal evaluation team.	20	54.1%
No	1	2.7%

CAREWare

Adoption of CAREWare

Question: Is your project using CAREWare?

Of the grantee representatives who participated in the listening session or completed the survey, 46% are using CAREWare. Table 4 below provides a breakdown of the responses received.

Table 4		
Response Options	Count	Percentage
Total	39	100%
Yes – We have completely transitioned to only using CAREWare.	11	28.2%
Yes – We are using CAREWare, but also other database(s).	7	17.9%
No – We have decided not to use CAREWare at this time.	6	15.4%
No – We are exploring CAREWare.	12	30.8%
No – We have not explored CAREWare yet.	3	7.7%

Question: When and why did your project decide to use CAREWare?

Among grantee representatives who are currently using CAREWare, majority began using CAREWare when it was released in August 2020 (37%, 7 of 19) and in November 2020 (26%, 5 of 19), when HSMED-II reports were released.

Grantees decided to use CAREWare for a variety of reasons, including:

- *Cost of the CAREWare data system.* Two grantee representatives mentioned that cost of revising their previous system to meet reporting requirements was too costly.
- *The data collection forms and reports are integrated.* Four grantee representatives shared this reason.
- *CAREWare will automatically be updated when HRSA makes any changes to data collection and reporting requirements.* One grantee representative shared that “[they] did not have another reliable database that could keep up with the changes that can come at any time”.
- *Dedicated support with CAREWare.* One grantee wrote that “[their] own system would be too expensive and [there would be] no guarantee of support with that system.” Another grantee shared that “[they] don’t have another system or support to maintain one”.

Question: Who in your project is entering data in CAREWare?

For most of the grantee representatives, their CAREWare data is being entered by Case Managers and Community Healthy Workers. Below is a list of other staff who enters data into CAREWare, ordered from highest to lowest response rate:

- Fatherhood Coordinators
- Evaluators or Data Managers
- Care Coordinators
- Program Managers
- Program Directors
- Group Prenatal Care vendors
- Office Assistants
- Registration Clerks

Question: What would it take for your project to adopt CAREWare?

Responses from grantee representative include (count in parentheses):

- For three grantee representatives, CAREWare must provide the same (or more services) than their current data system.
- For two grantee representatives, they are currently under contract with another data system.
- For three grantee representatives, they need more internal support, particularly around transition of data.
- For two grantee representatives, they need more information about CAREWare.

Features and Enhancements

Question: Which of the features that are available in CAREWare is your project using?

At least 75% of grantees representatives who are using CAREWare are using the data collection forms, aggregate report, and/or HSMED-II report features. A smaller proportion of grantees (approximately 40%) are using the custom forms, fields, and reports and data importing and exporting features.

Question: How would you prioritize the development of the following enhancements for CAREWare?

Grantee representatives ranked 'Alerts' as the highest priority for development. 'Auto-calculation for fields' was ranked the second highest priority. Table 5 below provides a breakdown of the responses received.

Ranking of Priority	Alerts (e.g., missing information, necessary form not completed)	Auto-calculation for fields (e.g., trimester, age group, BMI, FPL)	Branching logic to hide or display questions	Cloning existing records	Radio buttons to replace drop downs
Total responses	34	34	34	34	34
1 (highest)	30	3	0	1	0
2	3	22	5	3	1
3	0	6	10	16	2
4	1	3	14	10	6
5 (lowest)	0	0	5	4	25

Additional database enhancements suggested by grantee representatives include:

- Extending the timeout feature so users are not disconnected too quickly, particularly when completing data collection forms with participants
- Task bar or reminders for upcoming tasks
- Caseload reports or summary on the homepage upon logging into CAREWare
- Shorter, more focused, and detailed training sessions or videos
- Notification errors when data is entered incorrectly
- Easier process for unlocking accounts or resetting passwords (e.g., security questions, forgot password link)
- Auto-save data entry

Satisfaction with CAREWare and training and support for CAREWare

- 38% (6 of 16) of grantees replied 'satisfied' or 'extremely satisfied' and 56% (9 of 16) replied 'neutral' when asked how satisfied they were with the CAREWare data system.
- Grantees think CAREWare is "easy to use" and appreciate that the Healthy Start data collection forms and aggregate and client-level reports are integrated into the system. They also like that they will not need to maintain or update CAREWare when changes are made to Healthy Start reporting requirements because CAREWare will be updated accordingly. One grantee noted that CAREWare has "the potential to pull all of [their] data needed for HRSA reports."
- 92% (11 of 12) of grantee representatives who are using CAREWare are 'satisfied' or 'extremely satisfied' with the support provided by the CAREWare Support team at TASC.

Other Data Systems

All grantees were asked if their project is using any other data systems or databases to collect data:

- REDCap
- Microsoft Access and Excel
- Efforts to Outcome
- MyAvatar
- ChallengerSoft
- GoBeyond
- Peer Place
- eClinicalWorks
- Apricot

67% (18 of 27) of grantee representatives who are using other data systems are 'satisfied' or 'extremely satisfied' with their current system. Challenges with the other data systems were shared and listed below.

- One grantee representative shared that their current data system is "for building online surveys and databases. It is not an adequate case management tool and cannot easily create reports of the information [they] need".
- Ensuring data collection and reports are correct has also been another challenge shared by a few grantee representatives.
- One grantee representative shared that "screening requirements changing in the middle of a reporting calendar year" as a challenge for their current data system.
- Another shared that "[the other data system] stepped up their support since [the introduction] of CAREWare".

55% (11 of 20) of grantee representatives who are not using CAREWare are satisfied with the support provided for data collection and reporting for Healthy Start. Below are specific needs requested:

- One representative shared that when changes are released, follow up with grantees six months later to give grantees time to test and provide feedback.
- A couple of representatives would like implementation of changes at the beginning of the calendar year to ensure definitions remain consistent throughout the year.
- One representative asked for continued TA support.
- Another representative would like "up-to-date information" and "best practices [or] realistic ways to achieve quality data".

Recommendations

Based on the information collected from the listening session and survey, below are TASC's recommendations:

- Information about CAREWare can continue to be shared so grantees are informed of its development and the features available.
 - This recommendation is being made because, among grantee representatives who are not using CAREWare, a couple shared that they were not aware of CAREWare and look forward to learning more about it; some are interested but cannot transition at this time or need more internal support to make the transition. After the Listening Session, TASC received multiple requests for CAREWare demonstrations and trainings.
- A follow-up CAREWare Listening Session in Fall/Winter 2021.
 - This recommendation is being made to ensure grantees have an opportunity to share with TASC and DHSPS their support needs around CAREWare and data collection and reporting.

Appendix

Appendix A: Participation Data			
HS Grantee	State	Number of staff who attended the Listening Session	Number of staff who submitted a survey
33 Grantees	—	28 grantees sent at least one representative <i>49 total participants</i>	12 grantees completed the survey at least once <i>13 total completed surveys</i>
Boston Public Health Commission	Massachusetts	3	No
Children's Futures, Inc.	New Jersey	1	No
City of New Orleans	Louisiana	No	1
Cobb County Board of Health	Georgia	1	1
Community Health Centers, Inc.	Oklahoma	No	1
County of Clayton	Georgia	No	1
County of Fresno	California	1	No
County of Ingham	Michigan	4	No
County of Multnomah	Oregon	2	No
County of Onondaga	New York	2	No
County of Tulsa	Oklahoma	1	No
Crescent City WIC Services, Inc.	Louisiana	1	No
Dallas County Hospital District	Texas	3	1
Family Road (of Greater Baton Rouge)	Louisiana	2	No
Family Tree Information Education & Counseling Center	Louisiana	1	1
Five Rivers Health Centers	Ohio	1	No

Appendix A: Participation Data

HS Grantee	State	Number of staff who attended the Listening Session	Number of staff who submitted a survey
Florida Department of Health	Florida	1	No
Government of the District of Columbia	District of Columbia	2	No
Indiana Rural Health Association	Indiana	1	No
Institute for Population Health, Inc.	Michigan	1	No
Maternity Care Coalition, Inc.	Pennsylvania	No	1
Newark Community Health Centers, Inc.	New Jersey	1	No
North Carolina Department of Health & Human Services	North Carolina	1	No
Northeast Florida Healthy Start Coalition, Inc.	Florida	1	1
Pee Dee Healthy Start, Inc.	South Carolina	7	2
Piedmont Health Services and Sickle Cell Agency	North Carolina	No	1
SGA Youth & Family Services NFP	Illinois	1	No
SHIELDS for Families	California	2	1
The Corporation of Mercer University	Georgia	1	1
Tougaloo College	Mississippi	1	No
University of Illinois	Illinois	1	No
University of North Carolina at Pembroke	North Carolina	2	No
Virginia Department of Health	Virginia	3	No