How we might create an experience that allows Veterans to easily find the content and tools they need based on where they are in their VA health care journey:

- learning about the benefit
- applying for the benefit
- getting started with the benefit
- or managing their care and health benefits?

We want to understand how Veterans might navigate between tasks in 'get benefits' and 'manage benefits' on proposed changes to VA.gov. We will first explore how this works with health care, and later consider how our learnings will impact the other benefits.

The research question our tree test is going to answer:

1. Can users (Veterans and Caregivers) navigate proposed changes to VA.gov to find information or complete core tasks as they learn, apply, manage, their VA health care benefits and care.

High-level research questions

What questions will the tree tests not answer?

We'd have to ensure we're not repeating questions from the generative research for the health apartment.

–

- ○

- ●

What "learn" content do Veterans need to ease these pain points?

How, when, and where do Veterans manage their benefits? What are they thinking when they do that?
- This is potentially broad. '
- Analytics might answer some of this.
- Mental state might be nice questions to ask, in warm up questions for prototype usability testing.

-
Does the experience on mobile differ? Do the length of the labels have to change?
- Did recent tests answer this? There will be existing synthesis that might answer this.

Can we, and do we need to, investigate the offline/online gap?
- Is the navigation so complicated/frustrating that it forces Veterans to go to a VA Medical Center?
- At what points have Veterans been let down by online services? (*Pain point*)

+Who are we designing for?
- Older cohorts aren't doing 'get' and 'apply'. Maybe they are just managing?

    -

Tree test does not answer the why? If a Veteran cannot navigate the task, what are the reasons (IA v. nomenclature)? Without this, can we definitively conclude a winner?

- Can we add this to our current tree tests as an additional question?

Carl:

- What content is crucial to Veterans when they are applying for and managing benefits.
- Are there/ What are the unique pain points that Veterans experience applying for and managing their health care online?
- Is there a preference for managing care online vs other ways? What is the breakdown of veterans who apply for and manage their healthcare benefits online. Is there a breakdown of appy vs manage… i.e. do they apply by paper and continue process online? Is apply or manage more important to those who use myhealthevet and va.gov?
- Who are we designing for? What is the breakdown of site utilization by Veteran cohort?

Thomas's Q:

- What is the mental model held by veterans when they approach finding out about their benefits (e.g. "I guess I deserve this." "this is owed to me" "I have no idea what this is or why I'm entitled," etc.)?
    - Let's look to see if this has been answered by past research.

- What kind of content do vets actually need to effectively begin their engagement with benefits? Guidance? Overview? White-glove support? What kind of content structure would best engage them and be modeled after things they're used to and understand? (e.g. Instructional deck, video, instructions outline, FAQ, etc.)
  - We should stay away from focusing on the content, especially the content structure.
  - There's probably a lot of research done by Danielle and Beth into this. Specific to content structure.
  -
- What are the life circumstances and what prompted the subject to go to VA.gov in the first place? Were they directed there by other information? Classes? Search?
  - Past research can answer this.

Methods that will best answer our research questions

++++++Pain points: What are the most difficult aspects of learning about, applying for, getting started with, and managing benefits online?

How do we narrow this into something we can accomplish by September 7th?

Tami: Moderated study Take the top 5 tasks that derail the Veteran during IA tree test and ask a Veteran to do the tree task… if they get stumped, ask questions?

Mix of 1:1 interviews and group interviews. Paired up they can be fruitful.
- Interview questions
- Watch them navigate health hub, or MyHealtheVet
  - Is there existing research?
- Have an object for discussion?

+++++ When does "learn" become "manage?" Meaning, how many times does a Veteran need to learn how to do something before they don't have to search for it and can do the task on their own?
  - **How do Veterans want to learn about their benefits?**
  - **Where are the next steps coming from after applying?**
  - We would want to do a longitudinal study, but maybe don't have the time to do that.
  - Journaling with a select group of veterans. Doesn't have to be a huge stretch of time.

■ Worry about our ability to do that. We'd need to ask Shane about this. Whether we have this ability

■ What information do Veterans need to repeatedly find or refer to when managing their care?

.

++++The tree tests do not consider how Veterans would prefer to manage health care and other VA benefits
- **Do Veterans think of health care as separate from other VA benefits? In what ways?**
- **Would Veterans want one place to manage all of their VA benefits?**
  - **For prototype testing: Are there any other benefits you'd want to see on this page?**
- **In what ways do Veterans conceptualize health care that is different from other benefits?**

1:1 and group Interviews

Do we need to wait for tree test synthesis before we conduct additional research?

Are we going to learn similar things from building and testing wireframes?

Should we do this instead?