Notes from de-brief:
- Tami: We should keep all of learn as part of the unauthenticated experience. That goes back to the question of the caregiver. If you're unsure, you want to read about it again. That's not available in MHV. Although it's simple, and we're being asked something simple. It could lead into a cascading study.
- I'm glad that we had the planning session before. I think that this was good for level-setting some of our other interviews. Getting perspective. She doesn't have all the answers. She's still exploring like us. Keeping that in mind. A little exercise in the perspective gather. Where our thinking maybe aligning with other people. The downside of having them together vs. separated. It might be having them separate be the path of least resistance.
- She offered help. I think Danielle and Meg are positioned to judge and help. Mikki takes the 'I want to help you' approach. Opened up the door for asking for assistance. What do you think? Keep her in our collaboration cycle. In our collaboration, it'll be helpful. She's an IA person. I think we should leverage that as a team. She pointed that out specifically.
- Make sure we run through all the research methods that we might apply.

# 20220510

**Attendees**: Shashank, Tami, Thomas, Munish, Jordan, Carolyn, Carl
**Notes:**

- Thomas: Thanks for joining us. Long time no see. Having a good sense of what we're up to. Why don't we start with you? If you could tell us a little bit about what you're working on right now
  - I'm an IA. VA.gov, and vets.gov for just about six years now. In my role, I spend half my time supporting all the other teams building on VA.gov. I have visibility across everyone's work. Maintain that overall site architecture. The other chunk of my time, working on more strategic initiatives with Danielle around content and IA strategy. Connecting the dots between projects.
- Is there a particular focus to your work at this moment in time?
  - Still working with a  lot of teams building on va.gov. The teams are just getting started up again. Recently, working with Danielle on the community care migration over into R+S. And the content placement strategy between the hub and resources and support.
- Having sat in our session yesterday, our conversation spanned quite a bit. Do you have any initial thoughts and comments that you'd like to share about that overall.

- - Not offhand. I know you guys are in this position right now getting caught up where the different teams are trying to get information. Please ask me questions, if there's anything I can help clarify, solidify. What I'm hoping to see next is the built-out trees. And getting to what those core tasks are. The brainstorming yesterday was helpful. Narrowing the critical ones down.
- With that being the overall momentum of our team, it seemed like in our convo yesterday. Discussed tasks that spaned the learn, apply, manage activities. Both with regards to Veterans with healthcare and Vets without.
  - I don't necessarily have a strong view on whether or not, how many of the tasks should span both of those scenarios. My guess is that a good number of them will span both the learn as well as get, manage. A few tasks being very specific to one audience or the other. Like, apply. A manage task to schedule an appointment it's not going to be relevant to them.
  - My biggest question is making sure whatever experience we land on, supports both of those groups. A lot of questions if healthhub and apartment are one experience? Apartment takes over health hub. The way it is currently designed is burying that key information and tasks for people who don't have healthcare.
  - If you separate those into two experiences, can I get back and forth from each experience.
  - I don't have a preference for one experience over the other. I think there are pros and cons to both.
- One of the things we'd like to get a better understanding from you, if you have a vision for think about them in H0, H1. Are you leaning towards one or the other? Can you talk about some of the pros and cons?
  - Some of the challenges we're up against. Some of these are solvable. We have a CMS that all of our benefit hub content lives in today. Allows our stakeholders within VHA to manage that content. If we do the combined experience, there is some technical work to do to figure out how that content can be surfaced and managed by our VHA stakeholders.
  - Pulling out of the content out of drupal.
  - There is an issue with how we manage content in Drupal. Can it be solved? We have some future thoughts around translated content. Uncertainty around whether or not we're going to be able different tools in languages. Especially with messages. We need to make sure we set up the experience so that users are clear what they can and can't do in a non-english work. Tools, harder to translate. We can translate learn. Huge disconnect for that audience.
  - Like you trying to connect the dots between these two different viewpoints. Please come at me.
- Where the content lives, is that behind some of the authenticated vs. unauthenticated thing? Is that more about personalization?
  - It is one aspect of it. Unauth content lives in Drupal. Auth content lives in our React stack. In fact, you may have built some of that with the 1099 work that you did.

- - NOt that it can't be solved over time, just right now not an easy thing to be worked with.
- You talked a little bit about audiences are served. WE're talking about a high-level concept. Are there any populations or user groups that might get lost between get and manage.
  - One of the hot topics right now is there are a number of underserved audiences for VA benefits. Those underserved. LGTBQ. Maybe they had a dishonorable discharge. Get discharge corrected. Limited English proficiency. If they can not understand the information we provided. On the get benefits side, that's a big topic is that underserved audience. On the manage side, although you may have benefits, you may have a caregiver or spouse who does not.
  - You may need access to different information than just yours.
  - IF you have a traumatic brain injury, might be your caregiver that's doing things on your behalf. Resulting in you needing to access information in both scenarios.
  - When we're prioritizing the tasks, we'll put some tasks that address that or speak to that.
    - Danielle alluded to that.
    - Make sure caregivers, family, dependents are included in the research. Understand their perspective too.
    - With our recruiting these days, that is a big part of it.
    - One thing we could do is back into it. We design the right tasks that speak to difficulties those populations have.
- My head wants to break this down into multiple phases.
  - First-round, top-level questions. Can they do those core tasks in both prototypes? In both hypotheses. If they can't, that's a problem right off the bat.
  - Maybe those can be combined into two studies.
- Do you feel a tree test was appropriate? Or test the IA in the context of the UI?
  - I've thought about that a lot. I don't think you can just do a tree test and not test the UI. You can find a way through a menu system. UI might separate things. That's a risk.
    - The tree test for our purposes is just the first step.
  - I think in my head I want to see the trees built out. I can look at them, and look. If you put healthcare, and my health next to each other on the tree. That could be a problem.
  - Formally, we haven't built trees. Worked in my head. Happy to work with you all to figuring those out. This has been great.
- We only have a few minutes left, I do want to wrap up. Just going back to some of the pitfalls. Do you think there are any other factors, hurdles, considerations?
  - I can't think of them off the top of my head.
  - There are a lot of big things going on. Translation content. Drupal content is a big thing. I think that's all something that OCTO has to take into consideration ultimately.
  - What would you most hope to learn?

- - - I want to know whether users can navigate between these experiences. I need all users be able to find and complete those core tasks. I don't have a preference. My follow-up in the back of my head. How odes this model apply to the benefits. The health apartment is two-year plan A lot can change into two years. I have other benefit categories that have a different structure than health.
    - Is health just different and it needs to be different?
    - Sort of like your banking site might. When you login, its' a whole portal and the world of the things you do. You have access to information. It's just not centered.
    - I need all user groups to be able to complete core tasks.
    - Ultimately, how does this play into all that?
- Tomorrow we're speaking with Jeff Barnes, Potts. Any specific questions? Anything you want to know about their input?
  - I think each of those perspectives is going to be different. Samra is the crew chief for the authenticated experience. She's thinking about a global auth experience. She's thought about it. Her perspective will be from that angle. Beth is in content management. She runs the team of writers. Works with all the different VA stakeholders. Write, publish, and tweak content. Coming into it from a content management perspective. Jeff is more high-level global oversight. It's been a really long time since I've worked with jeff. I'm guessing it's going to be similar to Samara. I'd be curious to learn what you learn from them.
- We are at time. Thank you so much for taking the time to join us. Appercireat your candor. Imagine we'll be in touch soon.
  - If there's anything I can do to help out. I'm trying to learn the same answers that you are. I'm fully invested.
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