Vet Centers Product - Usability Study - V2

(Jan 29 - Feb 4, 2021)

Research Findings Readout
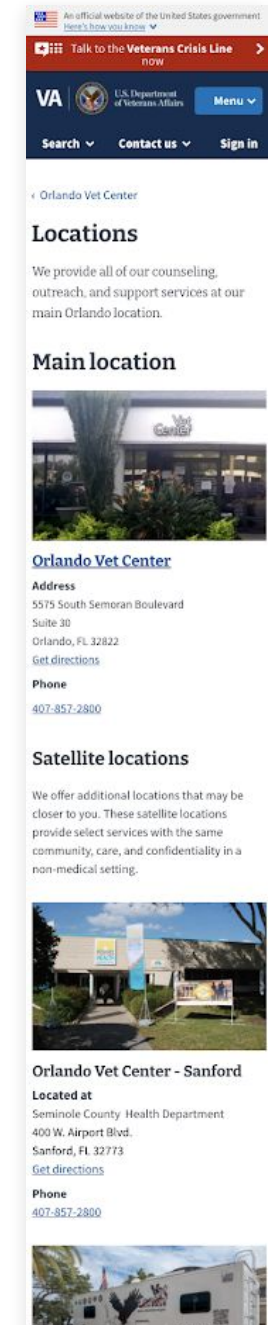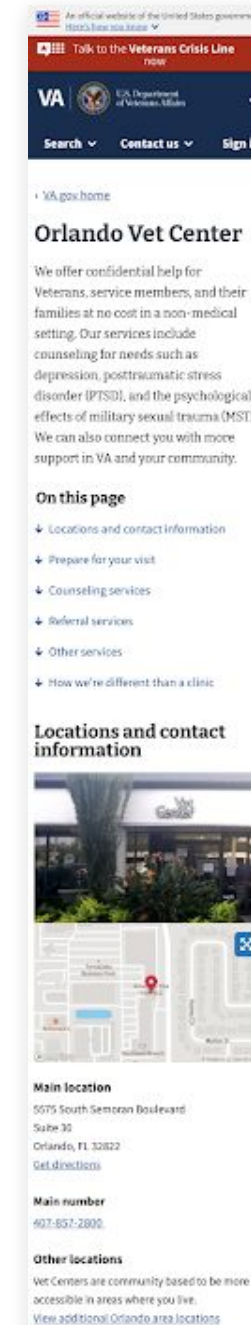
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Background

The Facilities team tested a mobile prototype of a revised Vet Center facility product page with Veteran clients and non-clients to understand if they would have enough information to choose care at a Vet Center.

Research goals

Gain high level Veteran input on the understanding and usability of the Vet Center mobile prototype and to test improvements from the first round of usability sessions conducted on a desktop prototype.

Areas of focus included:

- Service taxons
- Services and care available/not available
- Information architecture and navigation
- Logistical information
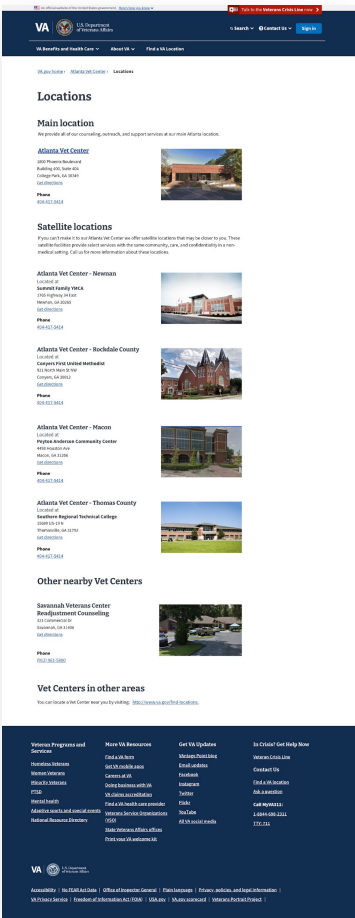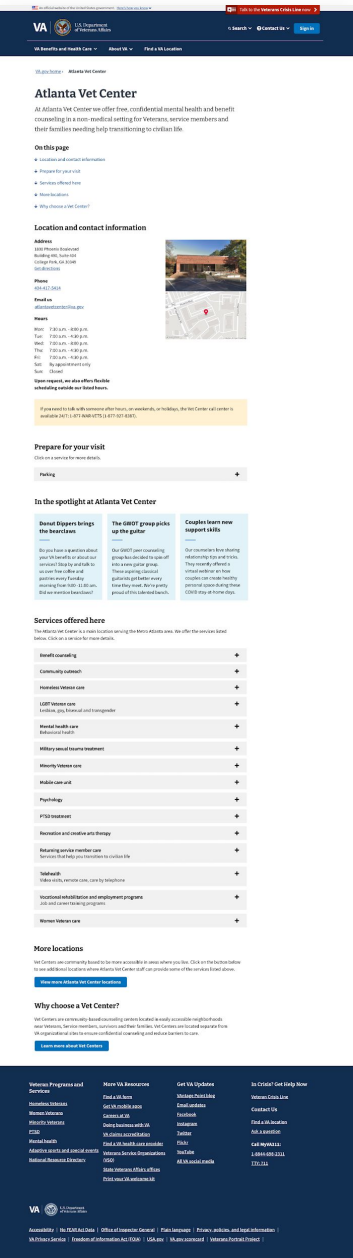
Research questions

Would Veterans:

- understand what type of care is available at Vet Centers?

- understand that they cannot get primary medical care at a Vet Center?

- be able to find the service that they are looking for within the list of taxons?

- gravitate more towards some taxons vs others?

- understand the relationship between Vet Center parent and child locations?

- understand that not all services are available at child locations?

- have enough information in order to visit or call a location?

Hypotheses

Prior to the study, we hypothesized that:

- ○ Veterans will understand the types of services offered/not offered.

- ○ Veterans will have enough information to visit a location.

- ○ Veterans will understand next steps for interacting with a Vet Center.

- ○ Veterans will understand that child locations may not have the same services as a parent location.

Method

Combined directed interviewing and usability testing, with task analysis, of a high-fidelity, desktop prototype created in UXPin.

We talked to 11 Veterans (of these, 4 were Vet Center clients):

- All had engaged in some mental health care with the VA and/or VC
- Ages 25-74
- 10 Veterans, 1 Army reservist
- 8 urban, 2 rural, 1 major metropolitan area
- 6 male, 5 female
- 5 Caucasian, 4 African American, 1 Hispanic/Latino, 1 undisclosed
- 4 with disability ratings of 70%, 1 amputee
- 5 Bachelor's degree, 3 Master's degree, 2 some college, 1 associates/trade/vocation
- 6 Android, 5 iOS devices

GitHub Research Folder: plan, convo guide, and notes

Interview session set up

Participants were told to imagine a scenario where they were going through a rough time and were searching on the internet for counseling options. They were to imagine that their search lead them to the prototype. To simulate conventional user behavior, participants were given quick moment to review the page, but were purposely not instructed to describe it.

Instead, they were first tasked with finding individual counseling. The task was followed by questions regarding their impressions and expectations of other services available at the Orlando Vet Center.

Secondly, participants were asked about their understanding of other locations and next steps if they saw a service that they were interested in.

Finally, participants were asked to describe the Orlando Vet Center in their own words and the types of care and services that would and would not be available at the Orlando Vet Center to gauge their understanding of Vet Centers as compared with other VA facility types.

Research findings - summarized

Findings by hypothesis

Veterans will understand the types of services offered/not offered.

False. Most participants *still* confused Vet Centers with medical facilities.

Veterans will have enough information to visit a location.

Partially false. Veterans appreciated the additional information included in this iteration. However, participants still had questions that remained unanswered by the prototype before they would plan a visit to a Vet Center.

Veterans will understand next steps for interacting with a Vet Center.

Mostly true. Most participants understood that they would need to call to make an appointment but many were dissatisfied with the options available for making contact.

Veterans will understand that child locations may not have the same services as a parent location.

Mostly true. Veterans understood that "Satellite locations" typically offer less services or limited hours as compared to a main location.

Key findings summary

1. Most participants used the "Counseling services" jump link to find individual or group counseling.
2. Veterans sought out symptoms over clinical diagnoses when looking for services.
3. Veterans like "VA Connections" as a service but misunderstood the title.
4. Veterans like seeing affinity groups but quickly feel excluded if they can't identify with one.
5. Most Veterans thought they were looking at a medical facility's website.
6. Veterans liked the services and eligibility that Vet Centers offers.
7. Vet Center clients believed the prototype set inflated expectations compared with their experiences.
8. Many Veterans did not distinguish between grief and bereavement.
9. Participants navigated between pages easily.
10. Participants felt the prototype was well organized but mentioned page length and scrolling.

Additional findings

1. 3 Participants suggested improvements to intro text. One Veteran called the the first sentence the mission statement. Most had trouble with the second sentence which one Veteran felt should be a separate paragraph and bulleted, another suggested changing its focus to customer service. Some Veterans called out grammatical errors or awkward sentences when they encountered them.
2. Veterans continue to equate "Referral services" with "getting a doctors referral". This may be perpetuating the notion that this is a medical clinic.
3. Veterans continue to mention how they are now more accustomed to doing Telehealth and now have an expectation of "Zoom appointments" and want to know when this is an option for them.

Recommendations

Recommendations

Intro text

1. Refine this intro copy to be easier to scan. Consider a bulleted list for the second sentence which may improve the likelihood that keywords get noticed instead of bypassing the entire block of copy as most participants seemed to do in two studies.

On this page

2. Veterans liked the information in "How we're different than a clinic" but many asked about topics that were in this section but went unnoticed. Consider rewording to include keywords that Veterans were looking for but didn't find like "Confidentiality" and "Eligibility". It is unclear if the "How we're different than a clinic" helped any Veterans understand that this is not a medical clinic.

3. Consider renaming "Referral services" to the actions that Veterans are trying to take like "Getting Veteran services help" or some other basic term or phrase that all Veterans can relate to but less likely to imply "medical referrals". While "VA Connections" still created some confusion, it didn't conjure up the idea of "medical clinic". Veterans have also used "one stop shop" for all things VA to describe Vet Centers.

Recommendations (con't)

Locations and contact information

4. Give Veterans an option to email a Vet Center
5. Change "Main number" to "Direct line"

Prepare for your visit

6. Consider adding an "appointments" accordion to provide another opportunity for Vet Centers to differentiate themselves from VA medical centers and to set realistic expectations for getting seen.

    a) Add phone and email contact options

    b) Revise "same day" messaging to set a realistic expectation.

    c) Consider explaining small office/staff, to highlight intimate environment and set expectations

    d) Reiterate "no referral required" "no VA enrollment required".

    e) Consider adding messaging about Telehealth, if available, e.g. "video appointments available"

Recommendations (con't)

In the spotlight

7. Continue highlighting groups and events but only those that are open to all Veterans.

Health services taxonomy

8. These are preliminary taxonomy recommendations. More research is needed to inform these services. Test taxonomy on and get input from Veterans and proxies, e.g. VSOs, Vet Center outreach specialists, and call center workers whose jobs entail translating Veteran's words and questions.
   All services:
   a. Lead with symptoms and include more layman's terms.
   b. Consider reordering services by priority vs alphabetization
      i. Lead with Mental health care
      ii. Consider breaking up categorization.
   c. Add telehealth, phone, video modalities to the services that offer it.
   d. Revise "same day" messaging to set a realistic expectation.

Recommendations (con't)

9. **Mental health care**
   This service was easily found by all participants who've already engaged in Mental health care but Veterans explained that prior to treatment, they wouldn't have self identified the diagnoses. It is unclear if a Veteran who is on the fence about getting help would identify with this service.
   a. "Hook" the broadest audience by starting with lowest common denominator symptoms and vocabulary and progressively disclose clinical terms, modalities and details. Terms that Veterans were looking for but didn't find: nightmares, trouble sleeping, loss of someone, nervous in crowds, hyper vigilant, mental well-being, trouble dealing with everyday issue, things are a struggle, survivor's guilt. More research is need to inform this.
   b. Consider adding an "entry level" mental health care service category like "counseling" that is less intimidating and may be able to encompass more symptoms independent of formal diagnoses.
   c. Keep evidence-based treatments, e.g. CBT, EMDR but prioritize them lower within hierarchy of information.

Recommendations (con't)

10. **VA Connections**
    a. Veterans did not distinguish between VA connections and VSOs. Consider broadening this service and renaming it to match the Veteran's view of it as "VA benefits" or "Navigating VA benefits".
    b. Add a bullet that describes home loan assistance and housing benefits
    c. Add a bullet that describes connecting Veterans to VSOs, VFWs, etc.

11. **Grief and bereavement**
    a. Prioritize what a Veteran or family member wants and needs to know when experiencing these situations vs what the VA wants a Veteran to know about eligibility.

Locations

12. When comparing which Vet Center may be closer, Veterans have a hard time comparing between multiple maps or may not know the streets.

Recommendations (con't)

    a.   Consider adding map plotted with all area locations.
    b.   Add email addresses to all locations.

Overall Usability

13. Add a way for users to traverse the length of pages more easily, such as a 'back to top' link.
14. Break up large bodies of copy to be more scannable, especially key words are likely to get lost. Use '[Follow web standard](#)' suggestions from plainlanguage.gov
    a.   "The inverted pyramid style: Begin with the shortest and clearest statement you can make about your topic. Put the most important information at the top and the background at the bottom."
    b.   Write for scanning: "Don't try to pack everything into long paragraphs. Split topics up into logical sections separated by informative headings." Incorporate more use of bullets, use shorter phrases instead of full sentences and paragraphs.
15. Use more verbs that relate to what Veterans are wondering about and trying to accomplish vs nouns that reflect business speak or clinical terminology.

Recommendations (con't)

Overall Usability (con't)

Long-term

16. Continue to push the design system to add new design patterns that help to improve overall page scannability and navigability. Today, Veterans have a hard time "taking a page in" and complain about having to wade through too much information, too many destinations, and resort to giving up and calling instead. At a quick glance, Veterans can't easily determine what one facility type offers over another or if they should quickly move on. This will continue to create obstacles in connecting Veterans with services and information. Ideas to explore:

    a. Collapse entire content sections so that entire page are shorter and can be understood quickly.
    b. Break up content into multiple pages and evolve navigation patterns to allow Veterans to quickly traverse through information more easily on any device.
    c. Evolve writing standards and patterns to require more scannability and shorter explanations.
    d. Design and incorporate new patterns to make distinctions between facility types more obvious.

Findings by hypothesis - Detailed

Findings by hypothesis

Veterans will understand the types of services offered/not offered.

False. Most participants *still* confused Vet Centers with medical facilities.

Even with content revisions aimed at clarifying a Vet Center's main purpose and service offerings, 6 participants still confused Vet Centers with medical facilities. Veterans understood that Mental health care and Veteran's benefits were the two main categories of services offered by this facility but by the end of the sessions, many Veterans still believed that they could use this facility for primary care.

2 Veterans realized that this wasn't a medical facility only towards the end of the study when asked to describe the kind of care that they can and cannot get at this Vet Center. At that point, participants start looking for words, often in the page intro, to help them come up with a description. It is unclear if Veterans would naturally come to this conclusion on their own.

5 Veterans understood that this facility with not a medical clinic, but 3 of those were Vet Center clients who had first hand experience with their service offerings.

Findings by hypothesis

Veterans will have enough information to visit a location.

Partially false. Veterans appreciated the additional information included in this iteration. However, participants still had questions that remained unanswered by the prototype before they would plan a visit to a Vet Center.

Reviews: Looking for "reviews". 4 Veterans were very vocal about seeking out word-of-mouth or Google reviews before choosing a facility, stating that accounts of bad front desk customer service would keep them from choosing a facility.

Hours: Calling for "real" hours and to understand when they'd actually be able to get in for an appointment. Would weekend or evening appointments actually be available. Vet Center clients took issue with "same day" and "walk-ins welcome" messaging reporting that it did not match their personal experience as compared with non-clients who were pleased to see "non-traditional hours" available. Vet Center clients felt strongly that expectations should be better tempered.

Intangibles: Driving by, "case the place". Does it look "inviting"?

Findings by hypothesis

Veterans will understand next steps for interacting with a Vet Center.

Mostly true. Most participants understood that they would need to call to make an appointment but many were dissatisfied with this option.

Phone contact was a deterrent for Veterans for many reasons:

- Calling means being routed to a switchboard = stress, frustration, long wait times
- Calling during work hours is impossible for some because;
    - the perceived time commitment required to "Call the VA" is too great
    - no privacy at work to make a call about this subject matter
- Calling creates economic hardship for Veterans using prepaid phone service (previous study)

Veterans expected to see online scheduling, like MyHealtheVet, a contact form, or email, at the very least. Some described themselves as preferring "digital communication". For some Veterans, though, this option would meet greater emotional needs, *preventing the distress of having to talk to someone about the issues that they may not yet have the words to describe or would be too nervous to voice.*

Findings by hypothesis

Veterans will understand that child locations may not have the same services as a parent location.

Mostly true. Veterans understood that "Satellite locations" typically offer less services or limited hours as compared to a main location.

Veterans broadly understood the term "Satellite locations" and that they typically offer less services or limited hours as compared to a main location. 7 understood that a satellite location would likely offer less services or limited hours as compared to the main location. 3 Veterans expected all locations to offer the same services with the exception of the Mobile Vet Center. Veterans understood that a Mobile Vet Center would offer less services. Veterans wanted to see hours listed for each location including the Mobile Vet Centers, likening them to a food trucks that "list their hours on Facebook".
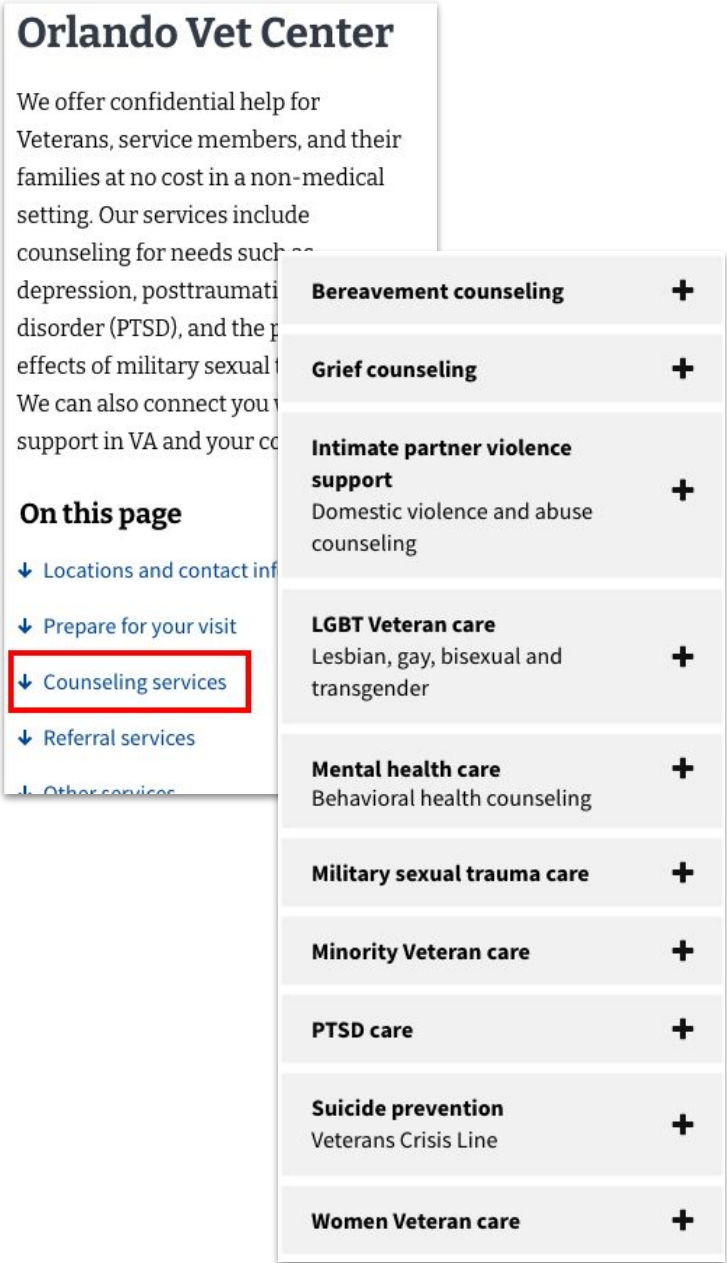
Research findings - detailed

1. Most participants used the "Counseling services" jump link to find individual or group counseling.

Participants were given a scenario that they were going through a rough time and asked to "imagine that you're looking for someone to talk to a professional one-on-one or even in a group setting".

8 Veterans first clicked or stated they wanted to click on the "counseling services" jump link before reviewing the list of services. After reviewing the list of services, participants would often use process of elimination to discern which category fit them best.

"I'm not any of the others so mental health must be what I want"

All 11 participants expanded "Mental health counseling" to complete the task.

Orlando Vet Center

We offer confidential help for Veterans, service members, and their families at no cost in a non-medical setting. Our services include counseling for needs such as depression, posttraumati disorder (PTSD), and the effects of military sexual We can also connect you support in VA and your c

On this page

↓ Locations and contact inf

↓ Prepare for your visit

↓ Counseling services

↓ Referral services

↓ Other services

Bereavement counseling +

Grief counseling +

Intimate partner violence support +
Domestic violence and abuse counseling

LGBT Veteran care +
Lesbian, gay, bisexual and transgender

Mental health care
Behavioral health counseling +

Military sexual trauma care +

Minority Veteran care +

PTSD care +

Suicide prevention +
Veterans Crisis Line

Women Veteran care +

2. Veterans sought out symptoms over clinical diagnoses when looking for services.

All Veterans in this study had previously engaged in Mental health care and were asked to assess the prototype as if they were new to mental health. Many were able to reflect on their knowledge at the beginning of they own journey and explained that since they would not have yet been diagnosed, that they would have bypassed the clinical terms and would have instead looked for the symptoms that they were experiencing at the time.

Relatable symptoms:
nightmares, trouble sleeping, loss of someone, nervous in crowds, hyper-vigilant, mental well-being, trouble dealing with everyday issue, things are a struggle, survivor's guilt.

Less relatable:

depression, trauma, grief, anger, PTSD.

Those at a more advanced stage of their mental health journey responded positively to evidence-based treatments, e.g. CBT, EMDR. Note: the term "Evidence based treatments" was not understood by all Veterans but appreciated by those who did.

2. Veterans sought out symptoms over clinical diagnoses when looking for services.

[Regarding mental health care section] "I mean technically it's true,[laughs] sometimes when you're struggling, it's just a struggle. You don't put labels on it. If you're just struggling with coping – you may think, 'Oh, I'm not depressed. I don't have grief'. Maybe you don't know you have anger. Or trauma. If you're struggling with your day to day activities or having trouble sleeping; I would stick to the symptoms and not the diagnoses. The diagnosis is what they're saying here. The person like me that's too proud to say that he's got anything... you'll want to say other stuff, you know, 'having trouble keeping relationships?', or yeah, 'sleeping...', 'nightmares', 'hyper-vigilant or something that's a little dumber downed than that'. I mean that I think is more descriptive."

3. Veterans like "VA Connections" as a service but thought the title was unclear.

Before expanding the "VA Connections" service accordion, some participants thought it might have to do with getting a referral to see a medical provider. This may also be due to the fact that it was listed under a "Referral Services" header that was also misunderstood. However, after expanding, Veterans liked the offering service and offered ideas for improving it:

- Rename to, "VA benefits", "get started with the VA" or "Navigating the VA"
- Add "housing benefit", "home loan", "Veteran housing"
- Add "GI Bill" as an example of VA education benefit, links to more benefit info
- Add "Understanding VSOs", "help you connect to a VSO or VFW"

4. Veterans like seeing affinity groups but quickly feel excluded if they can't identify with one.

Veterans had positive reactions to messages that included all Veterans, like those featured in the spotlight boxes but felt excluded when groups were singled out by era, race or gender assuming that those groups would get priority treatment.

"Seeing Iraq/Afgh group, I'm Vietnam and aging out. Young guys are the big shots"

"Minority Veteran care" was offensive to one African American Veteran, "why should they be segregated, same with 'Women Veteran care' have no idea what that would be"

"Women, minority, LGBT, homeless, Addiction categories makes me feel left out". Combat Veterans should be taken care of first [3 deployments, amputee]. Should be tiered by sacrifice."

Supportive groups starting in February

- Anger Management
- 5 Love Languages for Couples
- Chart Your Course
- Whole Health
- Courage for MST
- CBT for Depression

Call 407-857-2800 for information

5. Most Veterans thought they were looking at a medical facility's website.

In a preceding usability study, most Veterans confused a Vet Center with a medical facility. A goal of this iteration was to improve this misunderstanding with content revisions aimed at clarifying a Vet Center's main purpose and service offerings. Revisions included:

- Adding more keywords to pages intro text describing key differentiating factors
- Adding "counseling services" to the 'On this page component'
- Adding "How we're different than a clinic" to the 'On this page component'
  - adding info accordions to describe a Vet Center and explain eligibility differences

In this study, 6 participants confused Vet Centers with medical facilities. Veterans understood that Mental health care and Veteran's benefits were the two main categories of services offered by this facility but by the end of the sessions, 4 Veterans still believed that they could use this facility for their primary care.

6. Veterans liked the services and eligibility that Vet Centers offers.

Veterans responded positively to many aspects of the information presented in the prototype. However, some pieces of information that Veterans wanted to see and were present in the prototype were missed like confidentiality messaging. Other participants felt eligibility requirement should be made more prominent. Two Veterans were skeptical as to whether they needed to be "members".

Participants liked:

- "No referral necessary"
- "Never too late" in PTSD care accordion
- "regardless of discharge"
- "Movie night" = "welcoming" and "supportive"
- After hours alert: "It sounds like there are very caring people who work there"
- Photo: Vet Center in a shopping center makes it "more accessible"
- Photo: plants in front of building made it look "inviting"

7. Vet Center clients believed the prototype set inflated expectations compared with their own experiences.

One former Vet Center client felt that Veteran expectations needed to be "tempered" because Vet Centers only do "small stuff". Two Vet Center clients took issue with "same day" and "walk-ins welcome" messaging reporting that it did not match their personal experience.

"it's not like you can go in, sit at a computer to file a claim and have them help you"

"VC doesn't offer same day help. [If it's] Tuesday you have to schedule it, you might not be able to come in until Friday"

"[reads] 'we have non-traditional hours' yeah, they say that but that's not been the case. And I know if you've been to one VA facility, you've only been to one VA facility but this is the second time I've reached out to a Vet Center. Once I finally got in, it was a much better experience. But it was a pain to get in."

8. Some Veterans could not distinguish between grief and bereavement.

Most participant felt grief and bereavement were synonymous at first glance. As they gave it more thought, 4 participants were able to articulate a difference but 3 maintained that there was no difference between the two terms. One Veteran mentioned wanting to see more information for families of a Veteran who dies but only mentioned this in the context of "burial benefits" within "VA connections". No Veteran mentioned differences in the terms with regards to VA benefits.

"bereavement and grief – I don't even know the difference." [Veteran with a Master's degree]

One Veteran described bereavement as the mourning he's going through after the death of his father-in-law who died last month but grief is "still mourning the guys I lost in Vietnam 51 years ago".

"Bereavement is like if your mother dies or your father dies, someone close to you. Grief is like, you can grieve over the loss of a job, it's more general."

9. Participants navigated between pages easily.

(10) Found "Other locations" easily
    (1) Did not think there were other locations

(11) Successfully navigated back to Orlando Vet Center main from "Other locations"
    (6) via linked Vet Center name
    (3) via phone back button
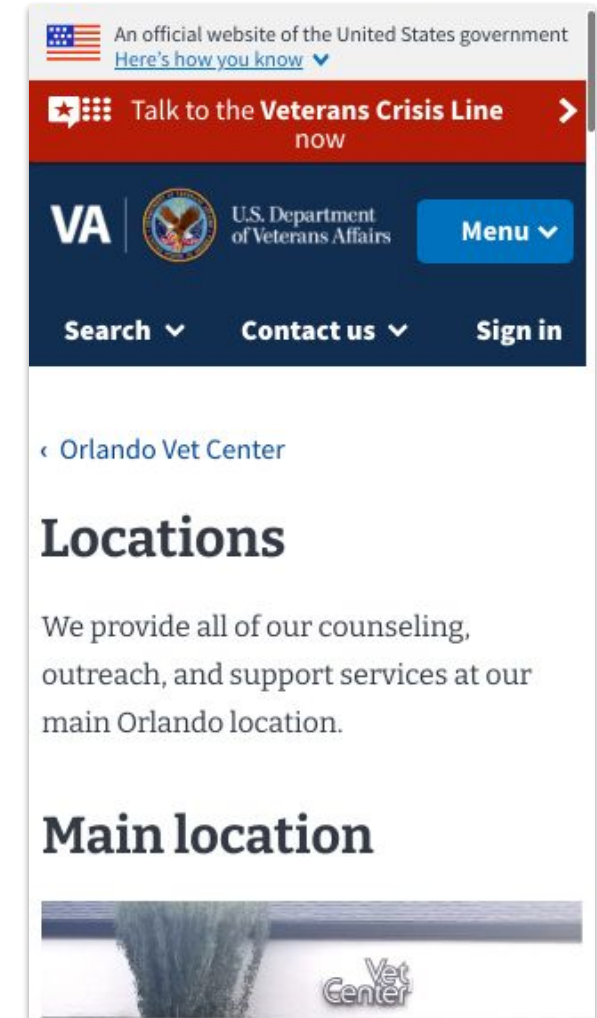   (2) via breadcrumb

(9) Successfully navigated to VA.gov.
    (6) via breadcrumb [<VA.gov home]
    (1) via global search
    (1) via footer logo
    (1) footer links
    (2) were undetermined

10. Participants felt the prototype was well organized but mentioned page length and scrolling.

Overall, participants responded favorably to the information provided in the prototype and how it was organized. However, some participants felt that the prototype was too long and required too much scrolling without an easy way to get back to the top of the page.

> *"If you want to get back to the top, you have to scroll through everything. I think that's a lot to have to do. I guess it's because everything's on the same page, instead of taking you to a different page, it kinda makes it hard to have to scroll all the way back up if you want to select a different option."*

Before starting first task, one Veteran interjected:

> *"OK, I'm going to interrupt you and give you feedback on this page. It is looooong. That happens to be a pet peeve of mine. All VA pages are too long. This particular one seems to be laid out in the right order but [for] whoever designs these pages, in my opinion, consider how long you make the pages and whether or not you want to break it up, give links to other pages, so that I could read this page quickly and not have to go jumping around."*

10. Participants felt the prototype was well organized but mentioned page length and scrolling.

"One of the challenges when facing a mental health issue is you don't want to say you have mental health issues. So even going to a website like this is a huge step. You don't want to overwhelm someone with too much data when they finally get here. [too much data] Is sometimes not good. [Mod: Do you think this page has too much info?] I would say yes. I would put more on subsequent pages. "Like prepare for your visit" Well, I haven't said I want to visit."

Next steps & appendix

Next Steps

(#s below correspond to the recommendation #s above)

This sprint

- Discuss findings, recommendations, MVP next steps with product team and stakeholders
- Implement design Recommendations in UXPin prototype
    - #6, #13

Upcoming sprint

- Collaborate with Vet Centers on recommendations/next steps
    - #4, #5, #6a, #8c, #9c, #11, #12b

Future sprints

- Work with copywriter for Vet Center website copy and services taxonomy
    - #1, #2, #3, #8c, #9c, #14, #14a, #14b, #15
- Run a study testing revised services taxonomy
    - #5, #8, #8a, #8bii #9a, #9b, #10a, #11
- Not for MVP: data from pilot sites to inform future improvement
    - #8b, #8bi

Appendix

[Research Plan](#)

[Conversation guide](#)

[Interview transcripts](#)

[Qualitative synthesis mural board](#)

[Quantitative Synthesis Spreadsheet](#)

[Mobile prototype tested](#)

[Research Findings on GitHub](#)