

My HealthVet on VA.gov

Navigation Comparison Study



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Overview

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1. Background, goals, methods
2. Comparison study - introducing prototypes A & B
3. Findings and analysis
4. Recommendations
5. Next steps and questions

Background

Relevant findings from recent studies



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Lack of awareness of MyHealtheVet as a “container” leads to poor UX navigating to and from health tools

According to past research:

Not all users understand or experience My HealtheVet as a cohesive portal within VA.gov where they can complete all health-management related tasks.

Users who find the experience “intuitive” **have an awareness of an authenticated portal experience** and a lower risk of disengagement or non-adoption.

“[Some] participants did not indicate an awareness of the MHV portal experience, or, at times, My VA, despite having navigated periodically in those experiences when seeking to accomplish those tasks.” (1)

(1) [Health Wayfinding Study - Aug 2023](#) - Finding 3: Spectrum of “figure-it-outness”

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Using global nav to move between health tools leads to poor UX

Previous research has also shown that some global navigation tools have a “gravitational pull” over users. These options do not directly link to My HealtheVet, which creates frustration and confusion. Once users leave My HealtheVet for VA.gov, they get lost.

This provides evidence that secondary navigation, if successful, could drastically improve outcomes.

“Some participants would be in MHV portal experience and return to Megamenu, Home page or Search. [...] These participants had to follow circuitous routes to accomplish the tasks and often indicated frustration or described VA.gov as complicated or confusing.” (1)

“Once users leave MHV for the broader site of VA.gov, it is very challenging and frustrating to find their way back” (1)

(1) [Health Wayfinding Study - Aug 2023](#) - Finding 2: Recurring navigational behaviors and outcomes: "gravitational pull" of wayfinding tactics

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Poor navigation UX is most pronounced amongst mobile users

Mobile traffic is significant:

50% of users on **VA.gov**

37% of users on **My HealthVet
National Portal**

Most mobile users miss collapsed menus (1) and these users **have the most pronounced lack of awareness** of how to return to these personalized spaces (3).

Only 1/7 users opened the “in this section” mobile menu on their own in the last round of research. (1)

Less than 15% of mobile users click links within the “in this section” sidenav component (2)

(1) [My HealthVet Secondary Nav Research - Nov 2023](#)

(2) VA.gov Google Analytics: links in GA event: “sidenav” from /health-care/how-to-apply from June 2023-February 2024

(3) [Health Wayfinding Study - Aug 2023](#) - referenced transcript notes from user research sessions

Based on these past findings...

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Summary

Lack of awareness of the portal container leads to poor UX navigating to and from health tools



How might we...

Help users understand that they are within a health container when on My HealtheVet pages?

Using global nav to move between health tools leads to poor UX



Reduce the likelihood that users leave the health portal unnecessarily and get lost on VA.gov?

Poor navigation UX is most pronounced amongst mobile users



Solve problems identified with collapsed navigation menus from the first round health navigation research?



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Research North Star

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Design and test new secondary navigation possibilities for My HealtheVet, with special attention on solving issues we've seen in past studies.

Research goals

- Test a new navigation strategy that prioritizes easy access to the four primary health tools and evaluate whether this helps users find and complete most health-related tasks.
- Consider how navigation might also deliver a strong “sense of place” for My HealtheVet
- Determine whether we have solved issues with collapsed navigation on mobile, or if Veterans require persistent, visible options to navigate.



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Scope: what this research is (and isn't)

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- This research is testing My HealtheVet secondary navigation design concepts for the portal's future (fully integrated) state, **not during the transition**
- The secondary navigation concepts solve for user navigation **within** MyHealtheVet, **not for user navigation outside of the portal and through VA.gov at large**



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Research questions

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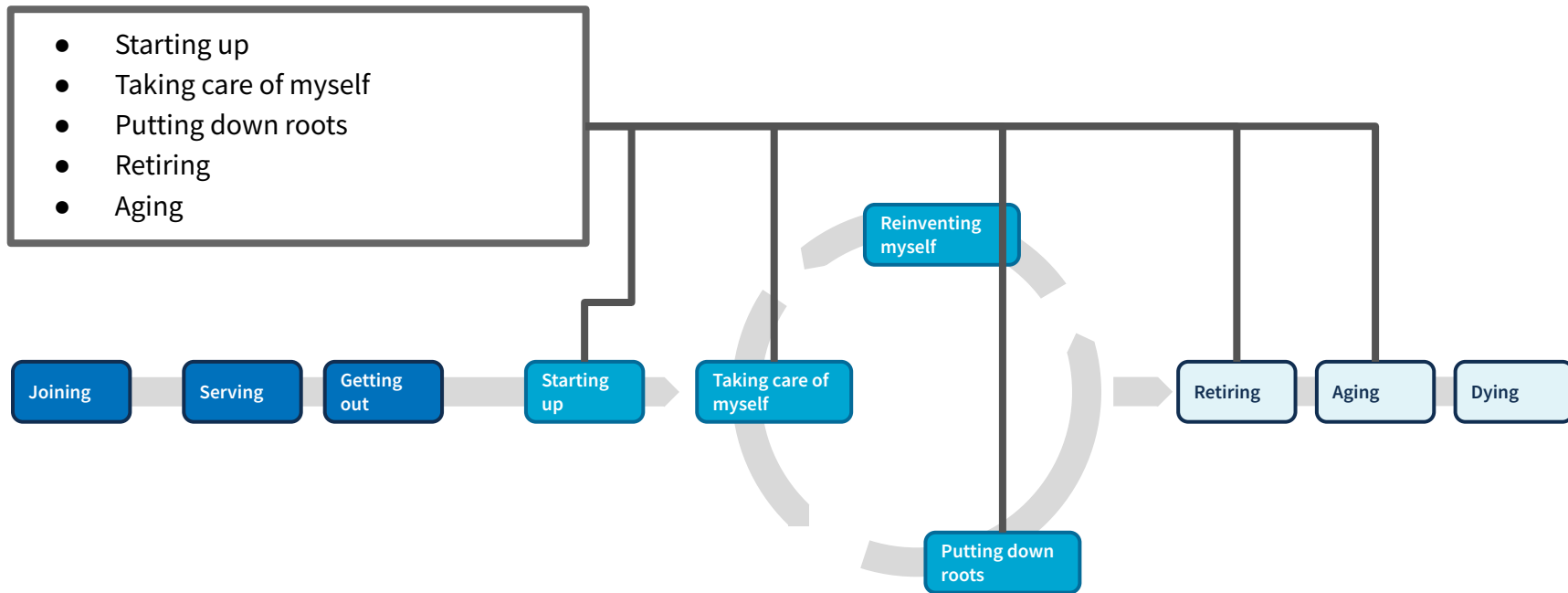
- Are participants able to find and complete healthcare tasks within the My HealtheVet portal using the proposed designs?
- How easily can users navigate to the four primary health tools that are prioritized by the proposed designs?
- Can participants navigate to health-related tools that are not prioritized by this strategy?
- Is one design (Design A or Design B) more successful than the other at helping Veterans complete tasks?
- How do these designs impact participants' understanding of My HealtheVet as a portal, and where they are within the VA.gov ecosystem?



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How this research maps to the Veteran journey

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For a fully detailed Veteran journey, go to

<https://github.com/departement-of-veterans-affairs/va.gov-team/blob/master/platform/design/va-product-journey-maps/Veteran%20Journey%20Map.pdf>

Serving and separation

Living civilian life

Retiring and aging

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OCTO-DE goals that this research supports

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Supported

Not supported

Veterans and their families can apply for all benefits online

Veterans and their families can find a single, authoritative source of information

Veterans and their families trust the security, accuracy, and relevancy of VA.gov

Veterans can manage their health services online

VFS teams can build and deploy high-quality products for Veterans on the Platform

Logged-in users have a personalized experience, with relevant and time-saving features

Logged-in users can update their personal information easily and instantly

Logged-in users can easily track applications, claims, or appeals online

Measures to increase

Completion rate of online transactions

Percent of applications submitted online (vs. paper)

Veteran satisfaction with VA.gov Benefit use and enrollment, across all business lines

Benefit value (in \$) delivered from online applications or transactions

Number of VA.gov users as a function of total Veteran population

Usage of digital, self-service tools

Measures to decrease

Time to successful complete and submit online transactions

Time to process online applications (vs. paper)

Call center volume, wait time, and time to resolution

Time from online benefit discovery to benefit delivery

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Methods

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- Built two responsive prototypes in CodePen with slightly different designs
- Conducted remote interviews with 16 total participants
- Asked users to complete three tasks in the health portal using both prototypes A & B

Mobile

Group 1 (4 participants)

Start on prototype A

Group 2 (4 participants)

Start on prototype B

Desktop

Group 3 (4 participants)

Start on prototype A

Group 4 (4 participants)

Start on prototype B

Participant Demographics

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100%

Veterans (16 total)

50%

Mobile / Desktop
MHV users / “Possible” MHV users
Under 55 / 55 or older

25%

Have cognitive disability (4 total)

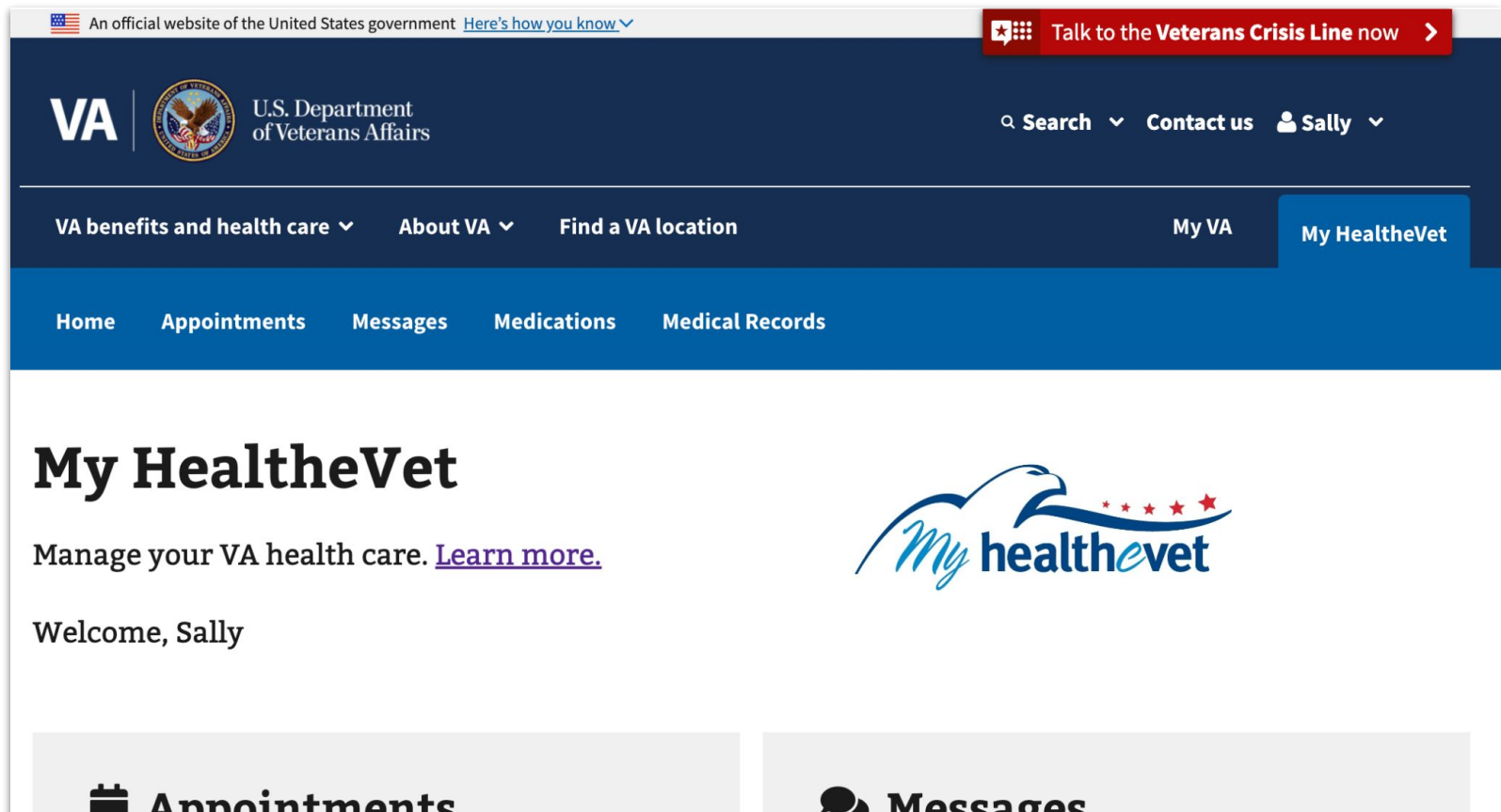
12%

Screen reader users (2 total)

Name of study or product									
final # of participants		16	16 # of AT us						
Category	%	Target	Study	1	2	3	4	5	6
Veterans		Based on current VA statistics							
Age 55-64+	50.00%	8	10	1	N	0	0	0	0
Cognitive Disability	50.00%	8	5	0	N	1	0	0	0
Mobile user	50.00%	8	8	0	N	1	0	0	0
Women	10.00%	2	7	1	N	1	0	0	0
Race		Based on VA's projected statisti							
Black	15.00%	2	4	1	N	0	0	0	0
Hispanic	12.00%	2	1	0	N	0	0	0	0
Biracial	3.90%	1	0	0	N	0	0	0	0
Asian	3.00%	1	0	0	N	0	0	0	0
Native	0.30%	1	0	0	N	0	0	0	0
LGBTQ+		LGBTQ+ Veterans are 5 times a							
Gay, lesbian, or bisexual	--%	1	1	0	N	1	0	0	0
Transgender	--%	1	0	0	N	0	0	0	0
Nonbinary, gender fluid, ge	--%	1	0	0	N	0	0	0	0
Assistive Tech (AT)		Ask an a11y specialist to help yo							
Beginner AT User	50.00%	3	1	0	N	0	0	0	0
Experienced AT User	50.00%	3	2	0	N	0	0	0	0
Desktop Screen Reader (Sf	20.00%	1	1	0	N	0	0	0	0
Mobile Screen Reader (SR)	20.00%	1	1	0	N	0	0	0	0
Magnification/Zoom	20.00%	1	3	0	N	0	0	0	0

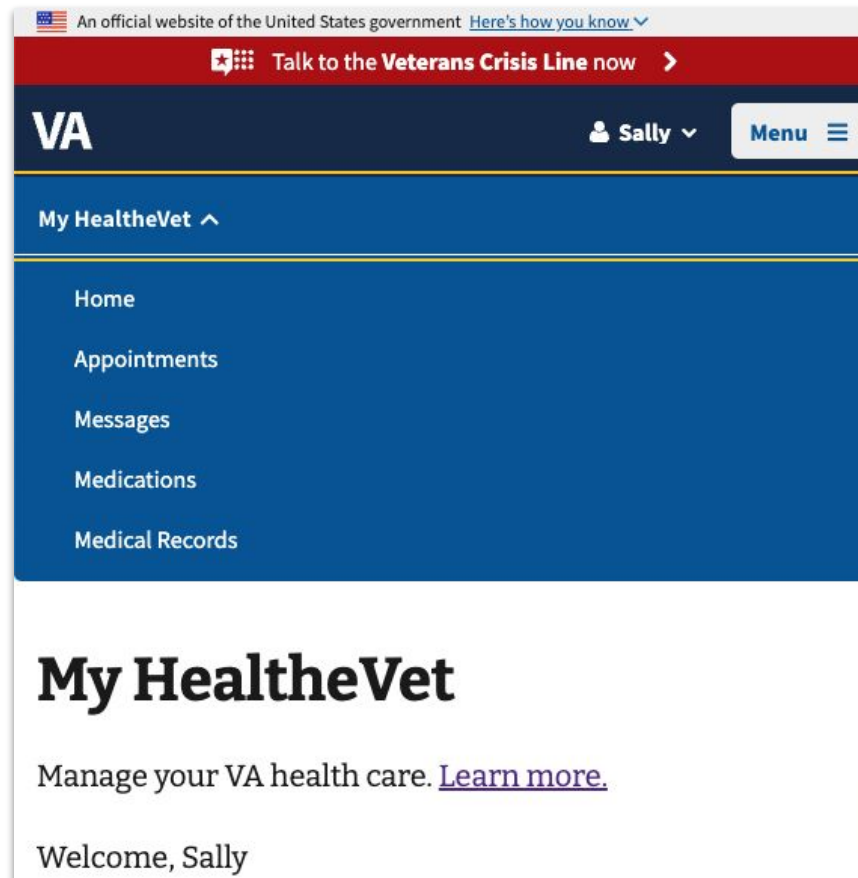
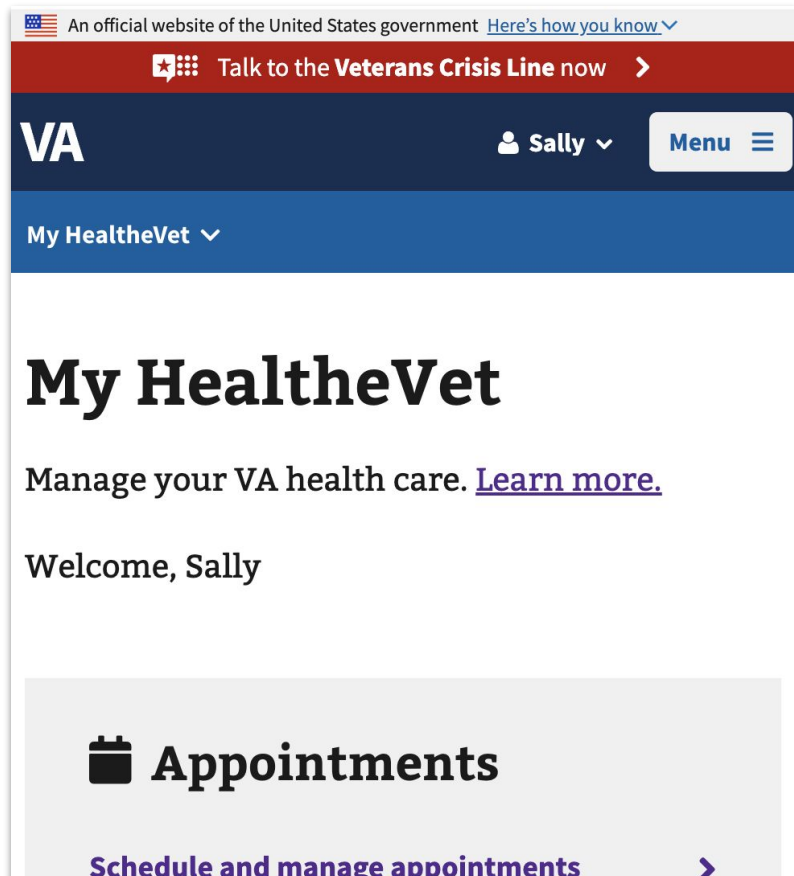
Desktop Prototype A

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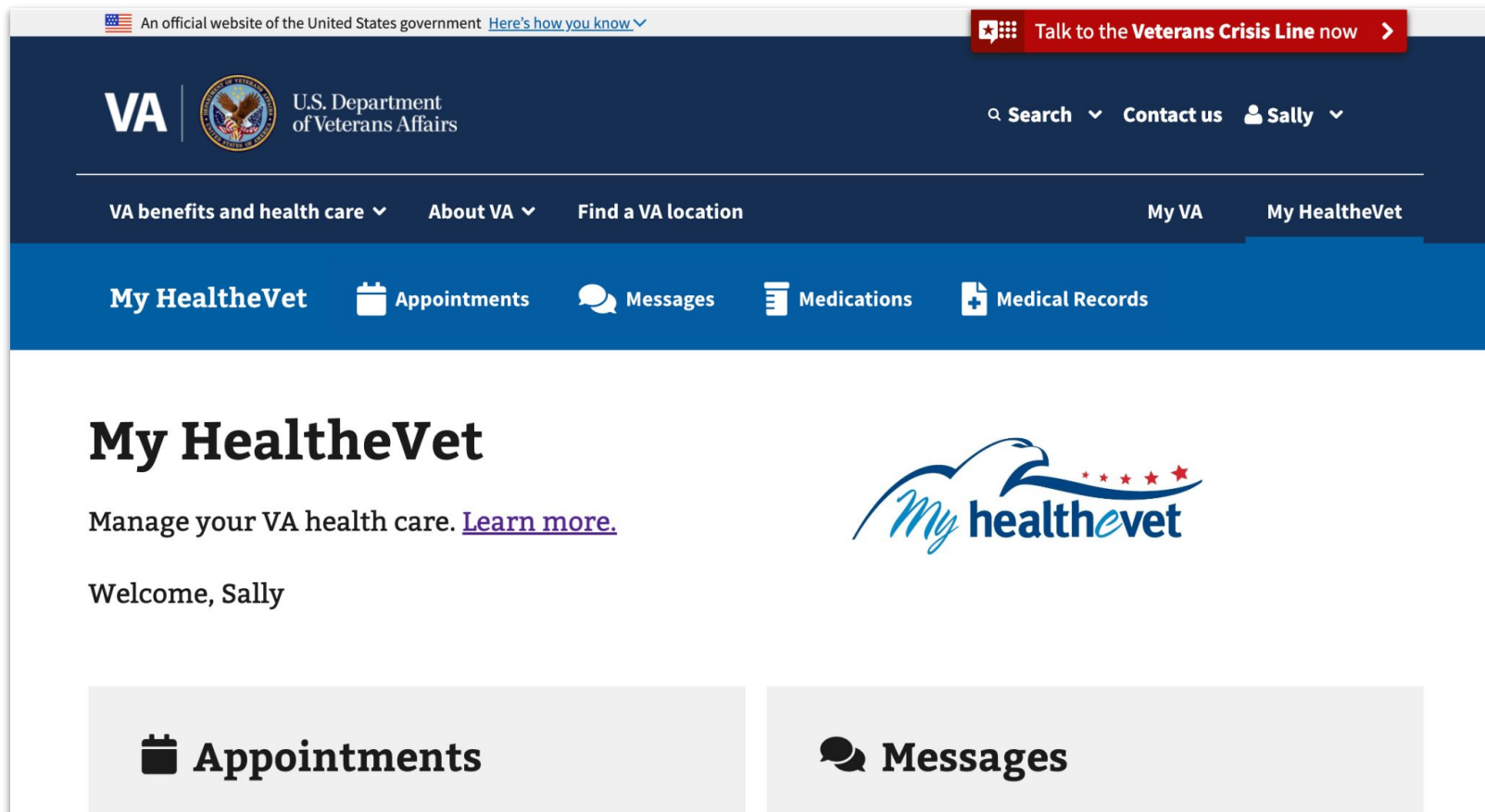
Mobile Prototype A

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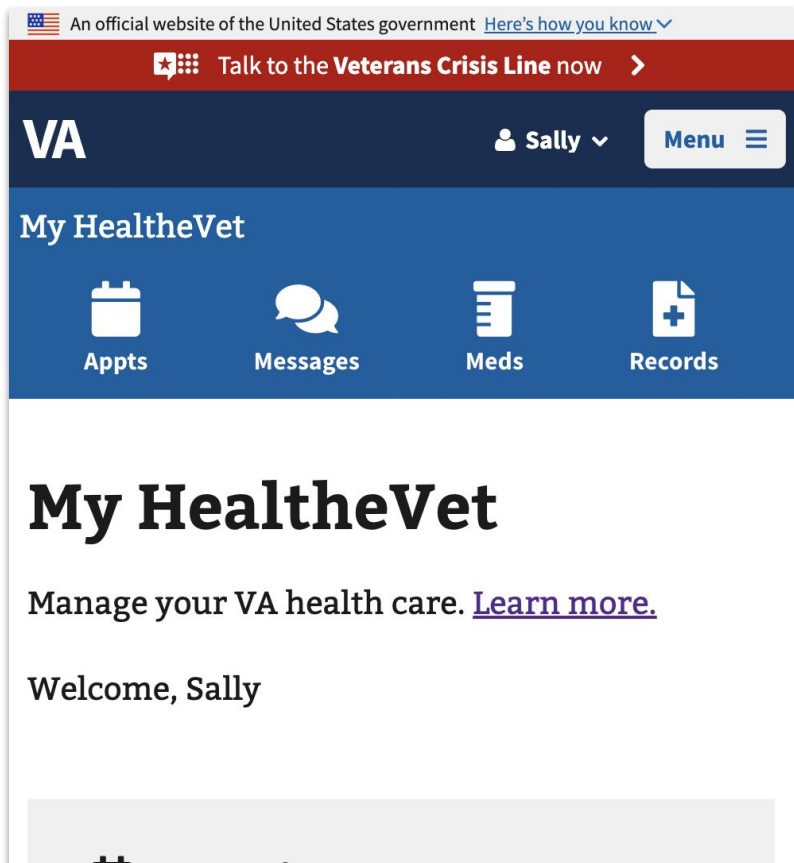
Desktop Prototype B

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Mobile Prototype B

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Key findings

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1. The persistent link navigation was found to be successful in creating an improved UX
2. The navigation bar helps participants quickly understand where they are and what they can do there
3. Even with improvements, collapsed secondary nav elements continue to fail our mobile users
4. 8/8 mobile participants found the persistent link nav to be “easier” and/or more “direct” than the collapsed menu
5. Tools at the bottom of the landing page are not easy enough to find
6. Entering My HealtheVet through a side door was surprising to some participants



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Findings details

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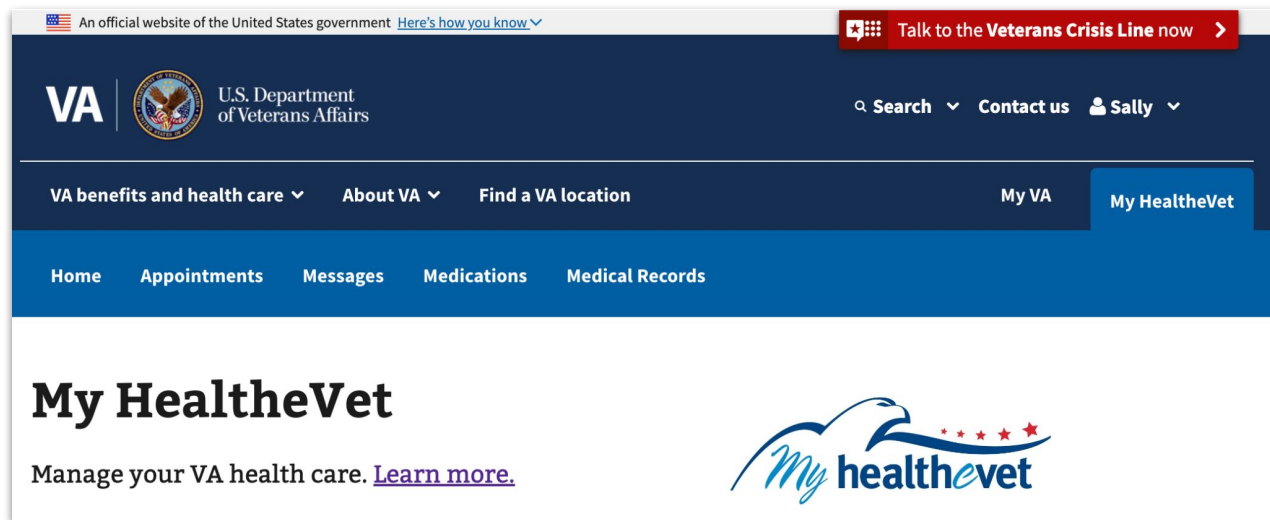
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Finding 1

The persistent link navigation was found to be successful in creating an improved UX

All 16 participants (desktop & mobile) were able to navigate between the four health tools without leaving the My HealtheVet portal.

This signals a significant departure from earlier studies, in which participants went to the global mega menu as first step.



[Desktop prototype A](#)

The persistent link navigation facilitates seamless movement between health tools

“[What I’m used to is] you have to exit secure messaging to get back to My HealthVet where all the options are. So I like that I can just go straight from reading the email [message] and then okay, let me just go up here and click appointments. It's a **lot more streamlined** because it's right there. I don't have to go looking, okay now where do I find that again?" - P15

“I like that roaming bar that goes with you. **I don't have to go backwards and forwards; I can just click on whatever I want;** I can go from records to appointments to meds.” - P3

Finding 2

The navigation bar helps participants quickly understand where they are and what they can do there

Past studies have indicated that participants seem unaware of My HealtheVet as a cohesive portal where they can manage their healthcare.

In this study, participants were able to **understand quickly that they were within a container for health management**, and the types of tasks they could complete there.

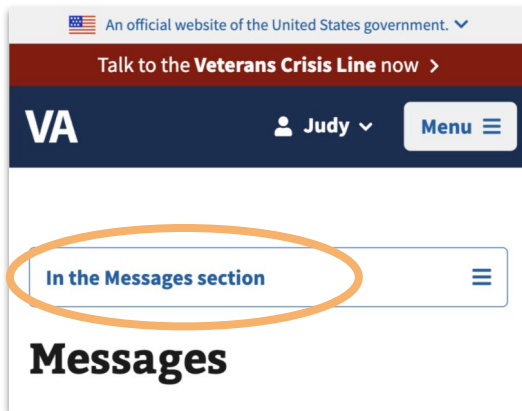
“These are the options on the My HealtheVet page. I can see all my appointments, messages, medicines, and medical records and I can toggle in this little area for those features. And if they’re not, [...] I know it’s not in My HealtheVet.” - P9

Finding 3

Even with improvements, collapsed secondary nav designs continue to fail our mobile users

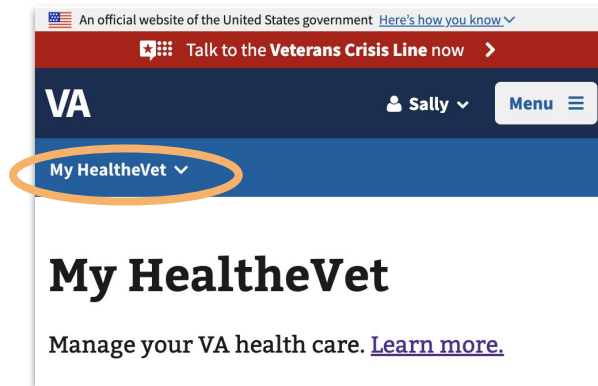
Even with known problems corrected, **all participants** that started with the collapsed nav prototype **gravitated towards the mega menu first** (again, preferring global nav as a first step).

In this section component from VA.gov
(not in the design system)



[My HealtheVet Secondary Nav Study](#)

Dropdown nav menu with UX improvements

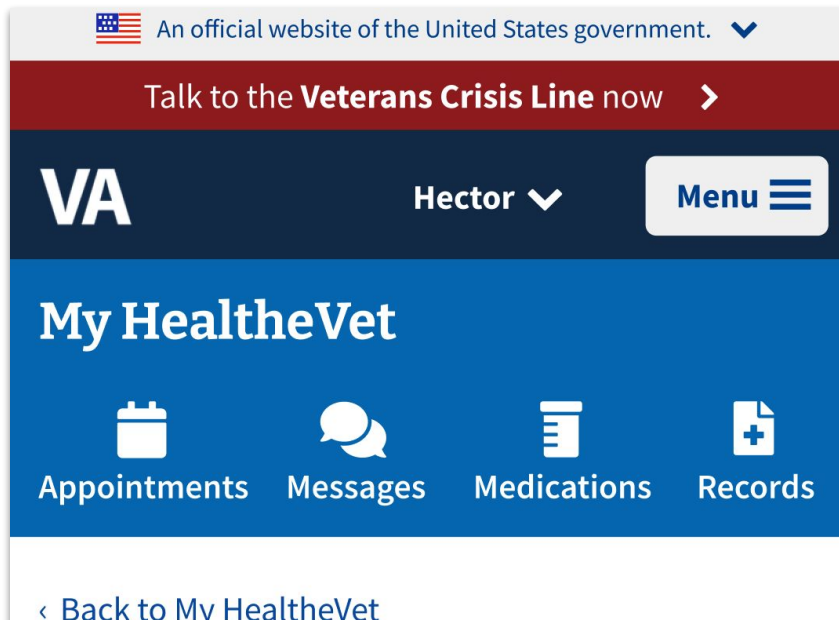


[Mobile prototype A](#)

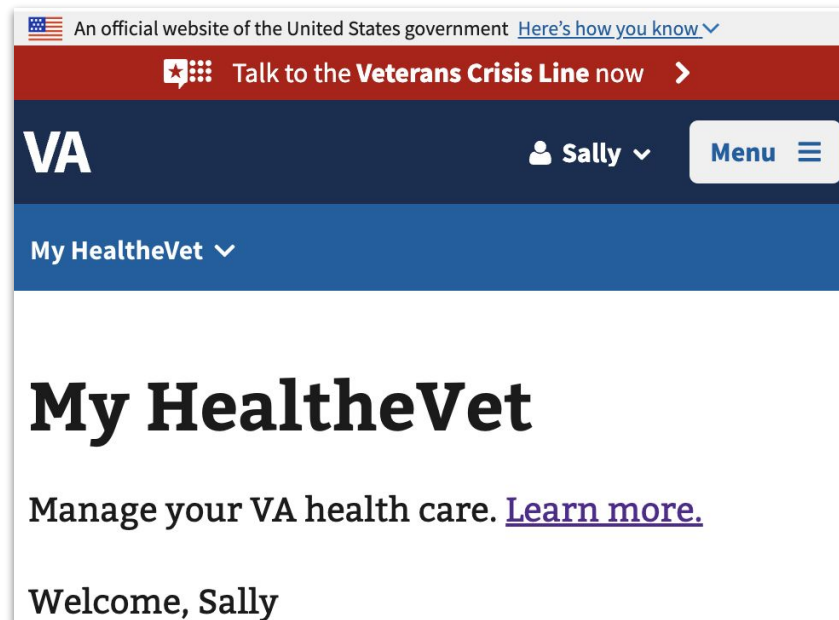
Finding 4

8/8 mobile participants found the persistent link nav to be “easier” and/or more “direct” than the collapsed menu

Mobile persistent link secondary navigation



Mobile collapsed secondary navigation

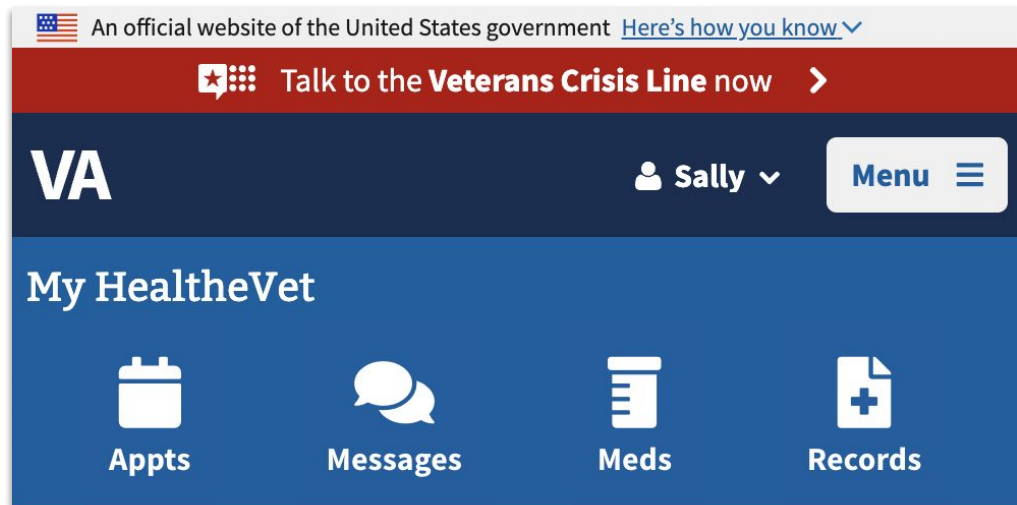


Finding 4 continued

8/8 mobile participants found the persistent link nav to be “easier” and/or more “direct” than the collapsed menu

Abbreviations used in the prototype caused no discernable friction.

Note: These abbreviations were **designed to be seen only by those with the smallest screen sizes** (under 400 px wide).



[Mobile prototype B](#)

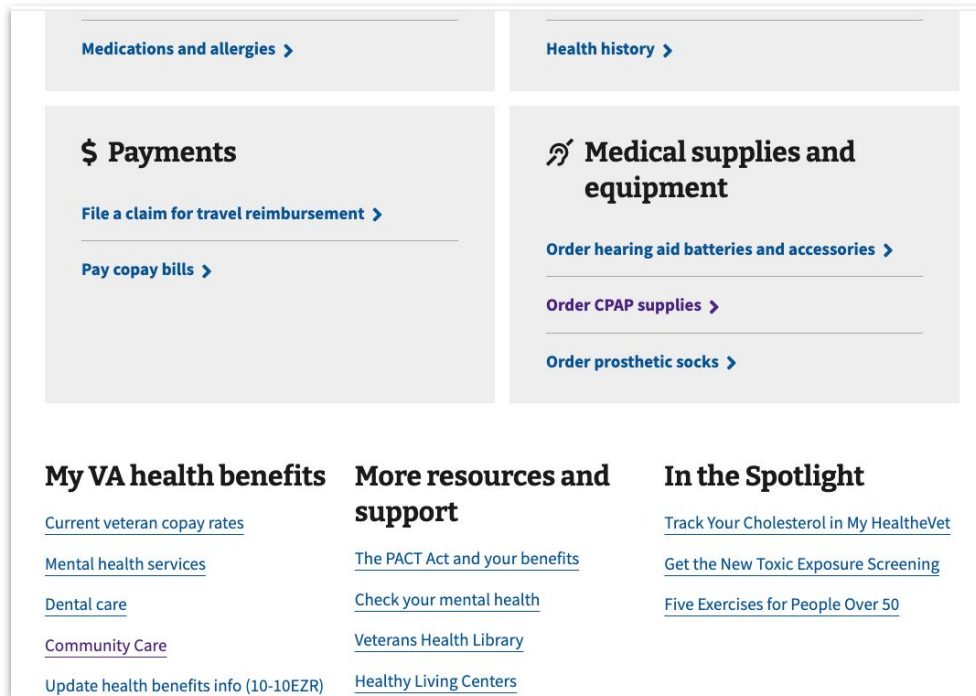
Finding 5

Tools at the bottom of the landing page are not easy enough to find

It is not intuitive for participants to seek a landing page (they've never seen) for additional tools.

Of the 12 participants who saw the landing page - some guided by the moderator, some found it accidentally, a few sought it out:

Of those 12, over half struggled to find tools below the fold.



Can participants successfully find health tools outside of the main 4?

Yes, depending on how we think of success.

Multiple rounds of research have found that participants are able to find all health tools with **no secondary nav at all** by using global nav elements (mega menu or search)

In summary, when participants were looking for CPAP or Travel Pay, the **presence of a secondary nav had no impact** on:

- Participants' navigation strategies
- Participants' ability to find these tools

If users can find health tools with global nav, what is the secondary nav solving for?

To improve the UX for navigating My HealtheVet:

When participants **don't use a secondary nav**, for whatever reason, to find a health tool



The UX is **frustrating** and causes participants to paint VA.gov in a negative light

When participants **do use a secondary nav** to find a health tool



The UX is **quick, efficient and positive**

Possible solutions to help users locate tools on the landing page

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- Use a notification dot on the home link in the secondary nav to let users know when they are eligible for medical supply renewal and/or travel pay
- Move the harder-to-find tools up above the fold on the landing page so they don't require users to scroll to the bottom of the page to find them
- Make the link to the landing page more prevalent so users are more likely to find it and click it (in the study, one prototype had a link that participants thought was just a label and not clickable)
- Evaluate how and when we should route users to the landing page so they know it exists
- Identify opportunities to add cross-links to landing page tools to other areas of the portal

Entering My HealtheVet through a side door was surprising to some participants

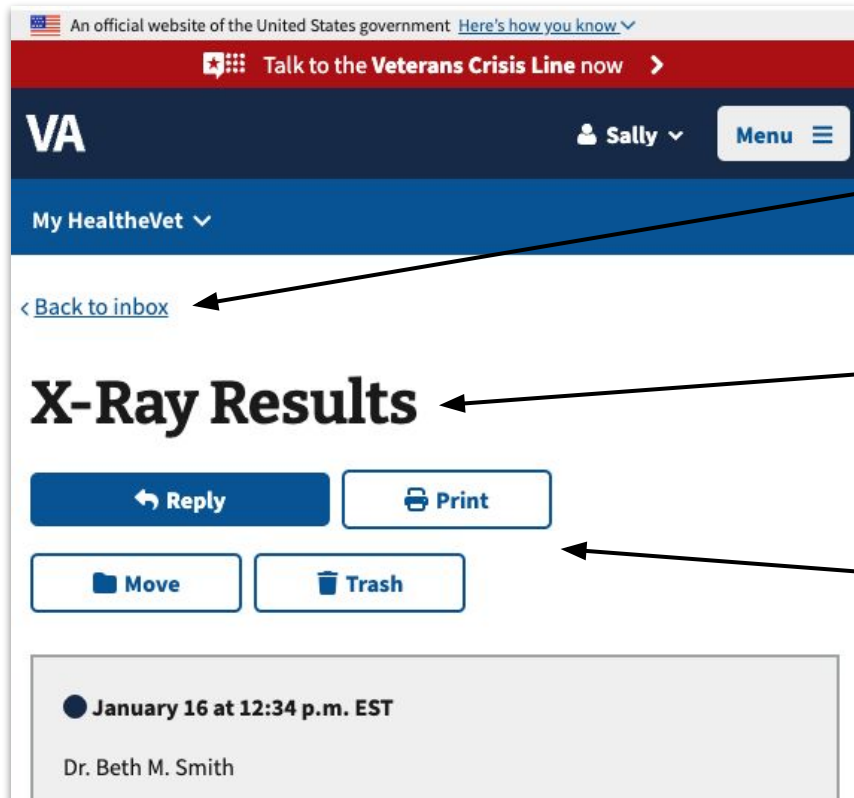
**Dashboard, buffer, main page,
menu, main hub, home screen,
and home page**

- Participants' words to describe their expectation after signing in

Important to note:

The way the study was set up, the prototyped experience of entering a message details page from a link in email lacked realistic details, e.g. the “email” was just a message on the participant’s screen and we asked participants to imagine it was an email in their inbox.

Entering My HealtheVet through a side door was surprising to some participants



The only explicit signpost providing context for what is on the screen is easy to miss

Page's H1 is the subject line of the message which led participants to believe they were looking at X-ray results

Out of context, these buttons are very confusing

Recommendations

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Recommendations

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1. Implement a persistent-link secondary nav bar on My HealtheVet including needed changes that were surfaced as part of this research
2. Enable Veterans to more easily and quickly come across the harder-to-find health-management tools
3. When it does not damage expectations and UX, help Veterans orient themselves by guiding them through a front door (such as a landing page)



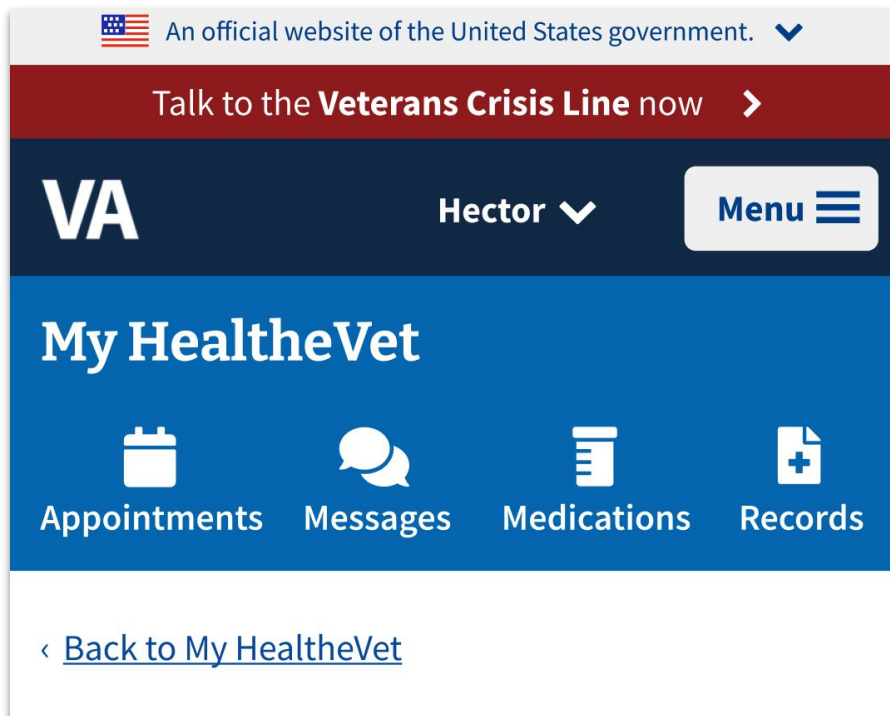
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Recommendation 1

Implement a persistent link secondary nav bar on My HealtheVet including needed changes that were surfaced as part of this research

Problems to address with the persistent link nav:

- My HealtheVet link text did not appear clickable to participants
- Screen reader pronounced abbreviations phonetically
- Participants can't use the nav bar to know where they currently are within My HealtheVet



Recommendation 2

Enable Veterans to more easily and quickly come across the harder-to-find health management tools

We need to do some discovery work around:

- How best to surface tools / affordances that do not fit into the 4 primary tools
- Identifying opportunities to cross-link tools/tasks that are not named in the navigation bar
- Uncovering tasks that are more difficult to find using this secondary nav strategy, and conducting research to understand where users would expect to find them



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Recommendation 3

When it does not damage expectations and UX,
help Veterans orient themselves by guiding them through a front door (such as a landing page)

- Explore routing users through the My HealtheVet landing page or individual tool landing pages instead of deep-linking them into details pages as we did in this study
- Reimagine tool landing pages as important entry points into each experience
- Conduct additional research to understand the pros and cons of sending users to the MHV landing page instead of specific tool pages



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Next Steps

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Next Steps

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- Landing page team to plan and conduct a design sprint to explore alternative designs for the My HealtheVet landing page, assuming a secondary nav will be part of the portal's future state
- Landing page team to redesign the secondary nav to address issues that were uncovered as part of this research
- OCTO to start conversations with broader Va.gov IA and sitewide teams to discuss global nav strategies (mega menu and search) and how they can be improved for MHV users.



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Appendix

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Appendix

1. [Full research findings on GitHub](#)
2. Related research studies
 - a. [Health Wayfinding Study - Aug 2023](#)
 - b. [My HealtheVet Secondary Nav Research - Nov 2023](#)



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