



Voices of Veterans

Introducing Personas to Better Understand Our Customers

Findings Report | November 2014



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U.S. DEPARTMENT OF VETERANS AFFAIRS
CENTER FOR INFORMATION AND INNOVATION





The VA Center for Innovation (VACI) is a team of innovators and doers within the VA who are dedicated to driving innovation at the largest civilian agency in the United States Government. The team at VACI does not believe in innovation for its own sake, but rather, in innovation that provides a tangible value to VA and to Veterans. The work of VACI is driven by a strong commitment to a Veteran-centered approach to service delivery, a dedication to data-driven decision making, and a commitment to design thinking.

Since 2011, VACI has worked to identify, test, and evaluate new approaches to VA's most pressing challenges. Balancing the practical with the aspirational, VACI enables a steady influx of high value innovations into the VA, moving them from concept to operational implementation.

The research was led by Sarah Brooks, one of VA's 2014-2015 Presidential Innovation Fellows.

The Presidential Innovation Fellows (PIF) program brings the principles, values, and practices of the innovation economy into government through the most effective agents of change we know: our people. The program pairs talented, diverse individuals from the innovation community with top civil servants to tackle many of our Nation's biggest challenges, and to achieve a profound and lasting social impact. These teams of government experts and private-sector doers are taking a "lean startup" approach and applying methods like user-centered design to achieve results for the American people in months, not years.

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THANK YOU

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VA Center for Innovation sends a special thank you to the wonderful staff at VA facilities in California, Nebraska, Michigan, Maine, and New York who were critical in making this research a reality. And to the Veterans who opened their homes, shared their stories, and offered us a glimpse into their experience with the VA.

Respondents of this pilot participated willingly. Names have been changed to anonymize data.

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Voices of Veterans

Introducing Personas to Better Understand Our Customers

INTRODUCTION

Businesses in the private sector know that their customers have different needs, habits, and experiences—and they make identifying and accommodating these differences a priority. Companies like USAA enjoy deep customer loyalty because their customers feel like the business treats them as individual people, communicating over channels and with a language and tone that feels natural and welcoming.

In order to create similar experiences for Veterans using VA services, we

need to understand our customers in new ways. At VA, we often appropriately think to engage with our ‘customers’ along traditional demographic distinctions: age, geography, era of service, gender, etc.

However, through our Human-Centered Design (HCD) work here at the VA Center for Innovation, we have learned that the ways in which Veterans choose to engage with VA transcends traditional demographics—there are larger themes across Veterans’ experiences of VA’s services which can help us understand the

different kinds of customers we serve.

In the fall of 2014, the VA Center for Innovation hit the road for the second time¹ in order to understand these differences, and create useful and usable Veteran “Personas” that can help guide all of our work across VA. This report will primarily outline our research efforts and goals, offer key themes illuminated from the data, and reveal and discuss applications for Veteran Personas.

STRUCTURE AND METHOD

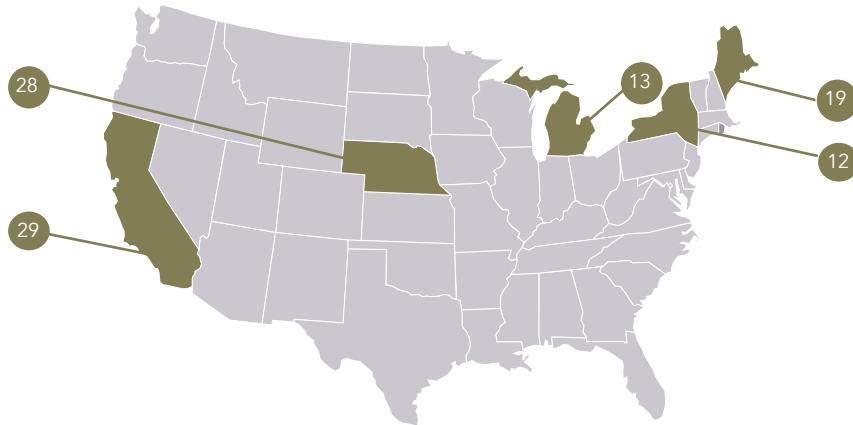
The HCD process begins with qualitative research—conversations with people that help us get to know them: who they are, what they need, their habits and hopes. This direct engagement with people through rich conversational interviews provides us with insights that culminate in the customer-centered design of products, services, and systems.

For VA, customer-centered design of our services means that regardless of which organizational branch our customer is interacting with, be it VHA, VBA, or NCA,² the Veteran (or customer) is getting consistent, clear, easy-to-understand communication and that they are following a series of actions that they understand. Their positive experience is the objective of customer-centric design.

This becomes even more important as customers move across our lines of business. We know how we are uniquely organized within VA with multiple lines of business, but to our customers we are ONE VA and their experience should feel that way—unified, consistent, clear, and even delightful. Putting customers at the center of our ‘business’ leads to the one metric that matters most to VA—positive outcomes for Veterans.

WHERE WE WENT

- California
- Nebraska
- Michigan
- Maine
- New York



RESEARCH SYNOPSIS

Having confirmed the value of HCD research through a pilot in the spring of 2014, we set out again to further develop our findings. This latest effort focused more acutely on providing a deeper understanding of the people we serve—Veterans and their families.

While the initial pilot aimed to test the HCD methodology and better understand the experiences of Veterans in their interactions with VA, this second research effort was focused on creating a deeper and more holistic understanding of Veterans as individuals.

There were two main goals driving the second HCD research effort:

- 1. To create a deep understanding of VA's customers**
- 2. To validate and expand upon previous Human-Centered Design (HCD) efforts**

To this end, a group of six researchers visited five cities across the country. We spoke with over one hundred veterans from all backgrounds, branches of service, and eras spanning WWII to OIF, OEF, and OND.³

As pairs of researchers, we conducted hour-long interviews with Veterans to better understand their interactions with VA services and unique life experiences.

We followed the conversations where our interviewees led them, which helped paint a picture of their lives and identities through their own stories. We took detailed notes, and debriefed as a group each night to share what we learned, identify key quotations, and illuminate emerging themes about needs and preferences.

Our journey led us from Los Angeles, to the cities and surrounding areas of Omaha, Detroit, Portland (ME), and finally to several boroughs within New York City.

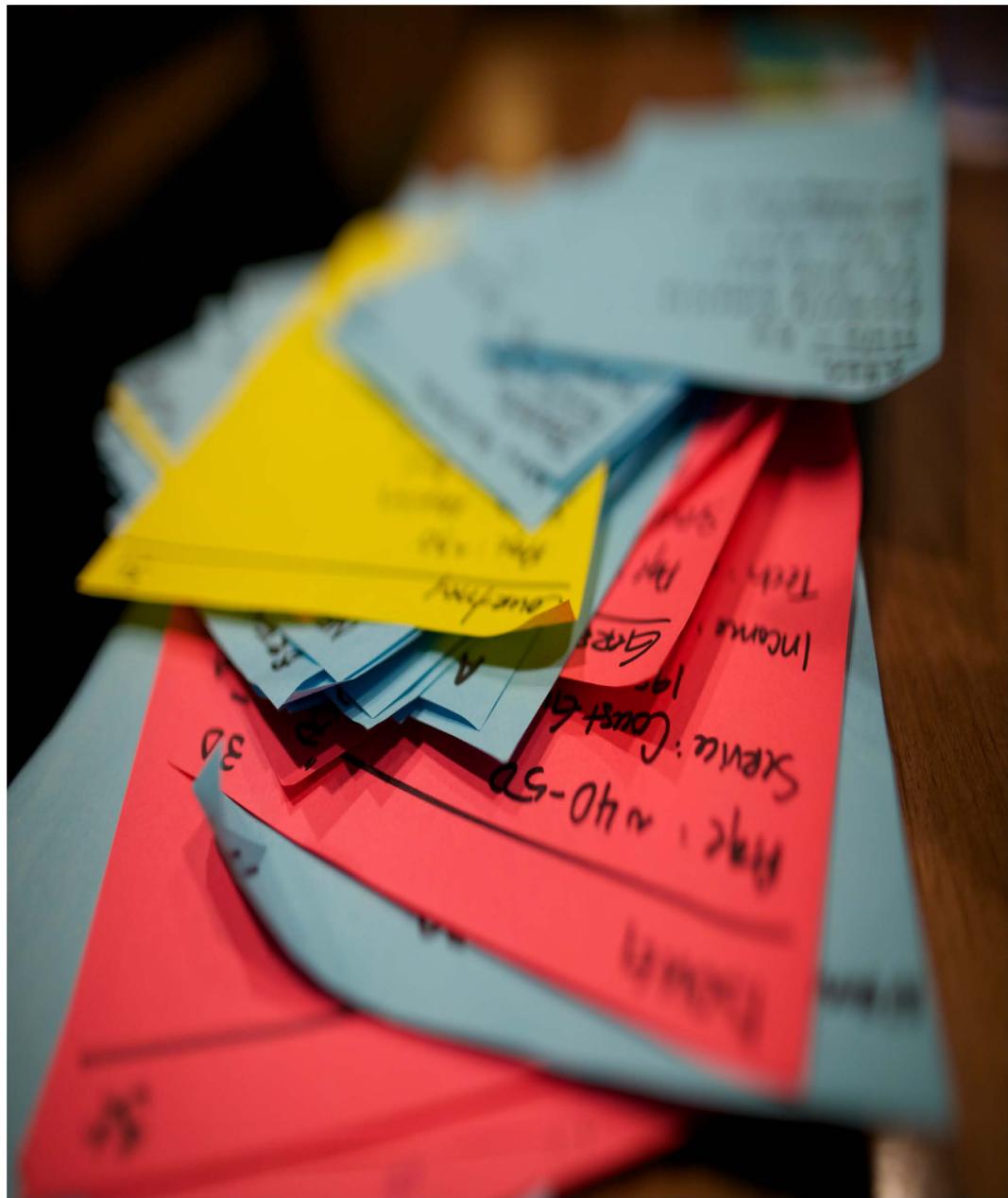
We chose these locations deliberately in the interest of expanding beyond the regions represented in our pilot research effort, *Toward a Veteran-Centered VA* (July 2014). We also wanted to ensure that we represented the voices of demographics not well captured in the first pilot, so we spoke with greater numbers of women, the chronically homeless, individuals of lower socioeconomic status, and a wider selection of ethnically and racially diverse Veterans.

We met people in the context of their lives: at VA medical centers, transitional housing facilities, college campuses, workplaces, and homes.

We sought to understand:

- 1. Who are Veterans as people?**
- 2. What are Veterans' met and unmet needs around service provision?**
- 3. Do Veterans look to VA to meet those needs? If so, how and when?**
- 4. What are Veterans' perceptions of VA?**
- 5. What is the scope of Veterans' engagement with VA?**
- 6. What's working and not working about Veterans' engagement with VA?**

Speaking with over one hundred Veterans quickly illuminated ubiquitous themes and enabled us to hone in on the most valuable and potentially actionable insights. While what we heard may not be entirely new to those working closely with Veterans, our HCD research serves to validate and consolidate the voices of Veterans. We detail these themes in the next section.



2 // KEY THEMES

What We Heard From Veterans

1. Front-line employees have a huge amount of power in shaping customer perceptions of the entire VA system

- First impressions are critically important
- Providing a welcoming, honest, and safe initial customer experience creates goodwill that sets the stage for a trusting relationship and greater Veteran forgiveness and understanding of bumps in subsequent service interactions
- Conversely, an over-emphasis on protocol leaves people feeling de-personalized and excluded from their care

"The first time I'd ever been here [a Community Based Outpatient Clinic (CBOC)] was life changing. When a Veteran greeted me he said 'We've got your back. Whatever you need, let me know.'

"My problems aren't 9 to 5."

"Read my file, jackass."

2. The 'system's' needs currently trump customer needs

- Services should be tailored to individual needs
- People want to be viewed holistically and historically. Individuals want flexible care options
- Women Veterans have unique needs, particularly, for some, pertaining to military sexual trauma
- Patients prefer a wide variety of care options from acupuncture to herbal, nutritional remedies, and equine therapy

"At the women's clinic, women don't want to be around men. Especially those who have been sexually assaulted."

"The system wants Vets to adapt to the system, not the other way around, which is the problem. The system isn't for the individual."

3. Veterans feel they need to be their own advocate or find an advocate

- Lack of transparency leads to distrust and a series of side effects: People feel they need to sell themselves, plead their case, and manipulate the system to get satisfaction
- There's a sense that there are hidden levers that not everyone knows about
- Veterans turn to their most trusted sources for information—friends and other third parties—before VA

“Once I’m in, it’s great – it’s the process that sucks.”

“If you have questions, ask, don’t assume. When you assume, bad things happen.”

“It’s David and Goliath. You need someone who knows the ropes.”

4. Access feels like a fight

- There is a stark difference in perception between the military healthcare system and VA. In the military, services came to the Veteran; the transition away from that is jarring
- There are barriers to getting needed services at the right time

“You gotta fight for your services.”

“It’s easy to fall through the cracks.”

5. Good work doesn't make headlines

- Many Veterans remain optimistic about VA improving despite the recent scandals
- Many Veterans are pleased with their quality of care

“Every person here [West L.A.] including the security guards, treats you like you’re family. It’s the most awesome care you could hope to get...proud that this is my VA.”

“Generally I think VA is good. You’re taking a hit. Get your PR out there. It can’t be as bad as it sounds.”

6. Transitioning from military to civilian life is a critical juncture on a path toward success

- In transition, as they had in the military, Veterans seek community and expect sound guidance
- There's an opportunity to reconsider how and when VA reaches out to Veterans

in transition

"One of my biggest gripes is out-processing. [During that time] all you want to do is get out of the service. Give a guy a few months [before imploring me to sign up for benefits]!"

"It's not the military's job to train you to be a civilian, but leaders should train their people."

7. Many Veterans don't know what benefits are available to them, or how to access them

- Many Veterans remain unreached by VA
- Better outreach to Veterans at times they are receptive is a huge opportunity

"The VA is available but what does that [really] mean?"

"There's nothing out there to help me."

"To be honest I have no idea what y'all really do. And I don't know what is available to me."

8. Well-intentioned services break down in execution

- There is a stark difference between the military healthcare system and VA in the ability and level of execution Veterans observe
- There are barriers to getting needed services at the right time
- Lapses in care lead to a feeling of de-personalization
- Access for those living in rural settings is a challenge

"The VA is an umbrella that can't stop anybody from getting wet."

"The regional office is five hours away. It might as well be another planet."

9. Care satisfaction is tied to feeling like you were heard

- Veterans need to feel listened to and heard
- Some Veterans are asked to tell their story repeatedly and to different providers who don't appear to have a historical record of them

"I went there a few times. Nobody ever seemed too interested in talking with me. I kept getting referred and didn't go back."

"He offered a pill, not a solution."

"They make me feel like I'm just another person who walks through the door."

10. Lasting effects of military culture can make seeking behavioral health support challenging

- The stigma that prevents individuals from seeking behavioral health services while in the military can hinder post-service care since there is no record of behavioral health-related issues when people transition from DoD to VA care
- Support through and with specific groups with whom Veterans identify may help to break down barriers for seeking care

"I go to the Vet Center three times a week for a combat vet group with counselors. They're good people doing their best to help."

"The VA should work on psychiatric care. I get that it's about management and not curing, but sometimes I have to push. Sometimes they don't understand the severity."

11. Military camaraderie and loyalty last a lifetime

- Veterans' vary on how much they want to lead with their military experience once they're in transition into civilian life; what remains consistent is that military service has lasting meaning
- Veterans remain fiercely loyal to fellow veterans

***“Serve God and Country.
It’s not about what we can get but what we can give.”***

12. Utilizing VA technology has severe limitations with some bright spots

- There's a major disconnect between the way people experience VA.gov and the way they experience other preferred service systems in their lives, such as banking
- The progression of technology-assisted processes is unclear
- VA.gov has lots of information but finding the right information isn't easy or intuitive
- Some technologies are working, such as MyHealthEVet and the Medical Center Kiosks; build on these

“You carry military through the rest of your life.”

“A vet should be taken care of no matter what their income.”

“I love MyHealtheVet. [Secure messaging] makes life a whole lot easier...they respond within a day!”

“The information is poorly organized. There's too much of it and it requires too many clicks to find what's needed.”

3 // OPPORTUNITIES

“How might we” questions are useful tools that help us identify possible starting points from which we can design germane products, systems, and processes

1. Frontline employees have a huge amount of power in shaping customer perceptions of the entire VA system

- How might we foster a people-friendly environment that thrives on **human connection** and **customer advocacy**?
- How might we empower front-end staff with the tools and training they need to consistently deliver exceptional customer service?

2. The ‘system’s’ needs currently trump customer needs

- How might we prioritize Veterans’ needs, preferences, and local context in their treatment methods?
- How might we coordinate with various caregiving programs to treat each patient holistically and seamlessly?

3. Veterans feel they need to be their own advocate or find an advocate

- How might we clearly communicate to each customer where they are in the process, what to expect, and how we will support them each step of the way?
- How might we better facilitate the process of getting into the VA system for Veterans and their families?

4. Access feels like a fight

- How might we better support service members transitioning out of the military, including working with third parties to tackle this challenge at the local level?
- How might we re-envision VA services to ease the transition from the military, and acknowledge the culture shaped, in part, by the military?

5. Good work doesn't make headlines

- How might we acknowledge positive customer experiences and share best practices across our internal VA networks?
- How might we improve the branding and communications of VA to highlight high-quality care and services?

6. Transitioning from military to civilian life is a critical juncture on a path toward success

- How might we support Veterans with tools and guidance as they transition from military to civilian culture?
- How might we identify individuals at a high risk of self-destructive behaviors before they leave the military and ensure they have a care team that can attend to their particular needs?

-
- 7. Many Veterans don't know what benefits are available to them, or how to access them
 - How might we expand our outreach to ensure all eligible Veterans receive clear and timely information about available benefits in an on-going way?
 - How might we use our qualitative and quantitative data about our customers to design service flows that take their technology abilities and preferences into account?
 - 8. Well-intentioned services break down in execution
 - How might we improve the full customer service journey, from a customer perspective?
 - How might we develop standards of practice which can be shared across the organization and adapted at the local level?
 - 9. Care satisfaction is tied to feeling like you were heard
 - How might we prioritize a Veteran's history and experience as an essential part of their care?
 - How might we better support VA employees to encourage them to listen and respond to Veterans' needs?

10. Lasting effects of military culture can make seeking behavioral health support challenging
- How might we establish VA as an emotionally safe place for Veterans seeking treatment?
 - How might we foster an environment that encourages Veterans to return through the duration of a mental health care plan?
11. Military camaraderie and loyalty lasts a lifetime
- How might we build services that are wholly respectful of Veterans' service to our country?
 - How might VA communicate our intention of 'no Veteran left behind' as a way to increase uptake in services for all?
12. Utilizing VA technology has severe limitations with some bright spots
- How might we create a unified digital Veteran experience through deep understanding of Veterans' needs and preferences?



4 // PERSONAS

WHAT ARE PERSONAS?

Personas are fictional characters based on real people we spoke with, composite portraits designed to represent a group of people who currently use, or in the future might use VA's products or services. The portraits are drawn from the themes and patterns observed in the research data.

And while the characters are composites, the quotes we've associated with them are from real Veterans we spoke with during research.

These personas function as stand-ins for customers' needs, attitudes, and motivations. This can be particularly helpful for VA employees who may not have daily interaction with customers, yet are responsible for creating processes, products, and protocols that directly affect these people.

Personas can help us to build a nuanced understanding of our customers, keep them in mind at all times, and check ourselves to make sure our actions are meeting their real needs.

MEET OUR VETERAN PERSONAS

STILL SERVING



DAY-BY-DAY



PROUD PATRIOT



FAST TRACKER



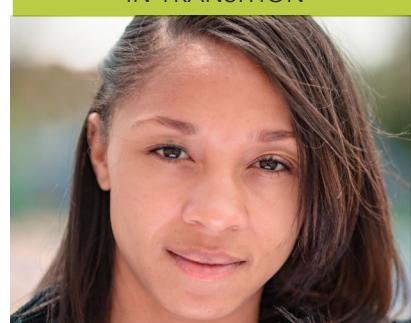
VETERAN SUPPORTER



FORGING AHEAD



IN TRANSITION



Timothy Washington

STILL SERVING



32 YEARS OLD

DIVORCED WITH A 2 YEAR OLD DAUGHTER

LIVES IN NORFOLK, NEBRASKA

UNDERGRADUATE EDUCATION

MANAGES THE LOCAL HARDWARE STORE

Timothy is 32 years old, and runs the local hardware store in Norfolk, a rural town two hours outside of Omaha. He is recently divorced from his high school sweetheart with whom he has a 2 year-old daughter. He's in the National Guard, with training commitments one weekend a month near home and two weeks a year at annual training away from home. He was formerly on active duty, but he opted to move back to the community where he grew up.

On weekends, when he's home, he spends time with his daughter and gets together with many of the people he knew from high school and college. His Saturdays are spent rooting for his favorite college football team. He loves being back close to home, and in touch with the community as a local store manager, but it's tough to manage two demanding professions and new parenthood. To do well with all three is a difficult balance for Timothy.

NEEDS

- Civilian life tools around career and financial planning
- Behavioral health services
- A balance within his dual-cultural lifestyle

ATTITUDES

- Wants help with navigating unfamiliar workplace dynamics
- Reticent to seek behavioral health resources since it might put current security clearance at risk

"VA isn't for me. It's for elderly, more disabled people."

OPPORTUNITIES FOR VA

- Connect them with a local Fast-Tracker mentor
- Help them understand how VA can serve them now
- Meet them where they are

BENEFIT USE

VHA



VBA



NCA



SUPPORT NEED

MEDICAL



BEHAVIORAL HEALTH



Randy Jones

DAY-BY-DAY



54 YEARS OLD

DIVORCED

LIVES IN NORTHRIDGE, CALIFORNIA

SOME COLLEGE

CURRENTLY UNEMPLOYED

Randy is a 54-year old retired truck driver who is currently unemployed. Two years ago he lost his apartment to a fire in which he almost perished. After a wait, he was able to get a spot in an apartment complex for low-income Veterans where he now lives. He's trying hard to get back on his feet.

After struggling with alcoholism throughout his adulthood, he's now in recovery and attends Alcoholics Anonymous meetings and a VA Medical Center support group. His situation is, and has been, precarious for decades. Currently, Randy is on a 6-month wait list to access the jobs program at the local VA Medical Center. He takes life one day at a time.

NEEDS

- Support without judgment
- Personalized wrap-around support for his specific housing, addiction, medical, and behavioral-health needs
- Help creating a stable routine to maintain upward progress
- Community connections and tailored coping skills

ATTITUDES

- Receptive to change, even if it's very challenging, but needs consistent encouragement and support
- Mixed feelings about VA services; some have been very dehumanizing, but he knows he is reliant on them and has little variety in choice
- Wants to get healthier physically and emotionally

*“VA is like a family.
A dysfunctional family.”*

OPPORTUNITIES FOR VA

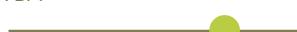
- Expand accessibility of successful high-touch, wrap-around services such as Homeless Patient Aligned Care Teams (H-PACTs)
- Continue to integrate with other social service providers (e.g., Medicare, Social Security) across a Veteran's support network and improve upon these relationships
- Track potentially high-risk individuals early in their military career and pay close attention to them as they transition out

BENEFIT USE

VHA



VBA



NCA



SUPPORT NEED

MEDICAL



BEHAVIORAL HEALTH



Cynthia Walker

FAST TRACKER



28 YEARS OLD

DATING

LIVES IN MANHATTAN, NEW YORK

GRADUATE EDUCATION

STARTUP FOUNDER

Cynthia is 28 years old and lives in Manhattan. She's focused and ambitious. She completed her MBA a few years ago and founded a company with one of her graduate school friends. They're eager to make their mark. The fast pace and ambitious atmosphere of New York suits her.

She comes from a military family and finds that the camaraderie and disciplined environment of the military is a great foundation for the hard work of building a company. She makes an effort to stay connected to her military buddies, and is always happy to help answer their questions about how to access benefits.

NEEDS

- Processes that are streamlined, flexible, efficient, and effective
- Career development resources
- Tools empowering her forward momentum

ATTITUDES

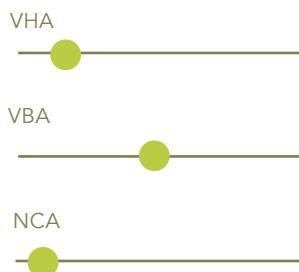
- Uses best-in-class private sector services as a benchmark and expects VA to work just as seamlessly
- Wants easy self-service transactions
- Will use VA if it's easy, otherwise will move on and find the services elsewhere

"VA implies being stuck and needing help. That's not how I see myself."

OPPORTUNITIES FOR VA

- Offer specific ways to help other Veterans with transition-related questions and challenges
- Tailor access to digital services and touchpoints to enable quick, effective interactions
- Recognize that they will currently use VA solely as a fallback; they will need to know that VA can support them if times get tough or their health declines

BENEFIT USE



SUPPORT NEED



Eduardo Prado

VETERAN SUPPORTER



50 YEARS OLD

MARRIED, 3 CHILDREN

LIVES IN PORTLAND, MAINE

GRADUATE EDUCATION

ACCOUNTANT, SELF-EMPLOYED

Eduardo is 50 years old and lives in Portland, Maine. He is not himself a Veteran, but he and his wife are proud of their son Antonio who served in OEF and OND. Antonio has recently returned home and needs daily medical support to cope with a traumatic brain injury (TBI). Eduardo has two other grown children: Gustavo, who lives in New Orleans, and Paola, who lives in Boston. Both he and his wife work full-time.

Eduardo has taken on the lion's share of the work to support and advocate for Antonio's needs. He's protective of Antonio and wants to make sure he's getting the highest quality care that he feels Antonio deserves and is entitled to as a combat Veteran. It's demanding, and he often takes time from work to handle appointments and paperwork.

NEEDS

- A return to a new normal, balancing family and work responsibilities
- The right information at the right time
- An easy learning curve for how to engage with VA services

ATTITUDES

- Feels an urgent sense of responsibility to rally whatever support is needed to care for his son
- Thinks the process of dealing with VA is complicated and frustrating
- Worries about his son and wants to see him be able to find a new path

"VA is a means to an end—a necessary struggle to deal with."

OPPORTUNITIES FOR VA

- Support with best-in-class, concierge help navigating paperwork and processes
- Provide clear, role-based privacy permissions around data and records that may need to be shared amongst family

BENEFIT USE

VHA



VBA



NCA



SUPPORT NEED

MEDICAL



BEHAVIORAL HEALTH



Victor Santulo

PROUD PATRIOT



82 YEARS OLD

WIDOWED, 2 CHILDREN, 3 GRANDCHILDREN

LIVES IN HOLLY TOWNSHIP, MICHIGAN

UNDERGRADUATE EDUCATION

RETIRED CAR SALESMAN

Victor is an 82-year old who lives in Holly Township, Michigan, a suburb of Detroit where he ran a contracting business for 40 years before retiring. He and his wife celebrated their 60th wedding anniversary before she passed away 4 years ago. These days, Victor spends most of his time with friends and his Military buddies.

A volunteer, a fellow Veteran, fellow drives Victor and a few other local Veterans to the VA Medical Center in Detroit when he has appointments. His kids are concerned about him and check in on him, but are busy with their own lives and children.

NEEDS

- Community connectedness
- Managing on a fixed income
- Support managing the growing demands of multiple evolving health conditions

ATTITUDES

- Outwardly proud of military service
- Loyal to VA
- Accustomed to and patient with the routines and wait times of hospital visits
- Going to VA Medical Center is an outing and a time to visit with friends

“VA provides great care – really great.”

OPPORTUNITIES FOR VA

- Develop programs with third parties to deliver on social inclusion needs of the elderly
- Schedule smartly to amass appointments for multiple doctors in one day

BENEFIT USE

VHA



VBA



NCA



SUPPORT NEED

MEDICAL



BEHAVIORAL HEALTH



Heather McDonough

FORGING AHEAD



44 YEARS OLD

SINGLE

LIVES IN OXNARD, CALIFORNIA

COLLEGE EDUCATION

SELF-EMPLOYED FARMER

Heather is 44 years old, and lives on a small farm in Oxnard, California. She is a survivor of military sexual trauma (MST) who felt she couldn't bring her attacker to justice within the military system. She's still working through the emotional trauma of the event. When she returned from service, she found healing by moving to a quiet area where she could work on the land cultivating crops and keeping bees. This work is her passion. It provides her comfort, and an income from selling her produce at farmers markets.

She didn't have previous experience as a farmer, but has figured it out along the way. She likes being self-sufficient and using her ingenuity. Even in the quiet of Oxnard, she's had many dark moments since returning home that remind her she needs to seek emotional help and support.

NEEDS

- Non-traditional care pathways
- MST support
- Small-business support

ATTITUDES

- Challenges are fuel to move forward
- Hopeful for positive change and healing
- Forging their own path

"I feel the VA has an anti-entrepreneurial outlook. They just want to throw medicine at us. You can't medicate someone out of unemployment."

OPPORTUNITIES FOR VA

- Acknowledge MST and programs to support it more strongly
- Tailor care for women
- Provide flexible Vocational Rehabilitation (Voc Rehab) services for non-traditional careers

BENEFIT USE

VHA

VBA

NCA

SUPPORT NEED

MEDICAL

BEHAVIORAL HEALTH

Jeanine Watson

IN TRANSITION



30 YEARS OLD

MARRIED

LIVES IN CAMDEN, MAINE

IN COLLEGE

RESTAURANT SOUS CHEF

Jeanine is 30 years old, and lives in Camden, Maine. She recently left military service and is transitioning back into school and civilian life. She attends community college to prepare herself for a career in psychology. While she finally feels she has two feet on the ground through school and work, it took her some time to get to this place. It was difficult for her to find her way and translate her skills when she transitioned out of the military.

A leader steeped in military culture, she has a complicated relationship to the military's treatment of Veterans. She has set up a Veteran support club on campus, and brings in other Veteran organizations for special events.

Jeanine is concerned by the things she saw during her service friends she lost to suicide, the prevalence of depression, and the use of drugs and alcohol to self-medicate. She feels that more could be done to help young Veterans struggling with these issues. She wants to help.

NEEDS

- Connection between military and civilian culture
- Financial support for education
- Information to help friends struggling with TBI, PTSD, depression, addiction, and the like

ATTITUDES

- Education provides a needed competitive edge for professional development
- The military can and should do more to help service people cope with the challenges of deployments
- Being a Veteran helps when working with other Veterans

"Hire more people that understand what you're going through. Use military terms – explain what you mean."

OPPORTUNITIES FOR VA

- Develop programs with partners to tackle the complex path of military-to-civilian transition, particularly for the high-risk
- Look at the Veteran holistically (i.e., family needs as well as individual needs)
- Pair Veterans training in mental health with VA mental health professionals for mentoring

BENEFIT USE

VHA



VBA



NCA



SUPPORT NEED

MEDICAL



BEHAVIORAL HEALTH





PERSONAS AND MARKET SEGMENTATION

The Personas presented in this report are not intended to represent market segments. As qualitative composites, the Personas are intended to create empathy with, and insight into, the human dynamics of our customers so as to inform the design processes for improved services.

By contrast, market segmentation is useful for understanding large numbers of people at relatively high levels and grouping them across demographics, behavioral patterns, and shared characteristics in order to achieve specific operational objectives such as mass outreach.

By combining the qualitative character of the Personas with the rich quantitative data that VA has developed about Veterans, we believe that VA can develop a more nuanced and actionable segmentation of our customer base.

To this end, VACI recommends a segmentation effort wherein Personas and their underlying psychographics can assist in developing hypotheses that can be tested and evaluated in operations.

For example, the lifestyle implications for the Fast-Tracker and Day-by-Day Personas suggest we might employ different contact strategies.

The data may help us explore the following questions:

1. Are these contact strategies valid?
2. Do different individuals exhibit different Persona behaviors when it comes to certain benefit streams such as healthcare or education?
3. Do these behaviors change with employment status?

MAKING PERSONAS ACTIONABLE

When we begin to plan new initiatives we should first reference our Personas.

Consider this example: Imagine you're working on a project to create a full, easily-transportable electronic record of a Veteran's service, to support their transition from military to civilian life. You will likely, at some point, find yourself in a room with a diverse group of people who each have different ideas of what functionalities should be built, and why, and different incentives and motivations for their opinions.

The IT person might want to link two databases together and pass the information along to a third. Someone else might think the most important thing is building a new format for providing service members with an electronic record of their service.

A third person might want new types of data to be added to the record.

As a guiding principle, take a look at the persona: the person, their needs, motivations, attitudes, and challenges.

Test the ideas to see:

1. Are they relevant to this persona?
2. Do they solve a real need this persona has?
3. What might the priority of possible features be, based on the needs of the persona?

The Persona can serve as your North Star to help you navigate the waters between doing what's just interesting, new, or easy and what will actually make a meaningful, positive impact on a Veteran's life.

PERSONAS EVOLVE OVER TIME

Personas are typically created to represent the variety of customers who access key aspects of a product or service offering. They are closely tied to the way people use very specific functions and features.

VA Center for Innovation intends to further develop the Personas such that Veterans who are not yet engaged are better understood; this will enable the VA with the tools for engaging them as customers.

These Personas are composites that represent a continuum of key themes and behavioral trends for each. They are a snapshot of dynamic people at a point in time, but it's useful to remember that they represent living, growing people.

Additionally, they represent profiles of current customers. There is another group of people we did not engage in this research—those who are eligible yet don't engage with VA. We wish to do another research project with those potential customers who are not yet reached, to understand how we could engage them as customers and serve their needs.

Think of these Personas as evolutionary. We will continue to refine them as we learn more about our current and potential customers. VA employees should feel encouraged to test their use as they build or refine services, processes, and products.

5 // Moving toward a Veteran-Centered VA

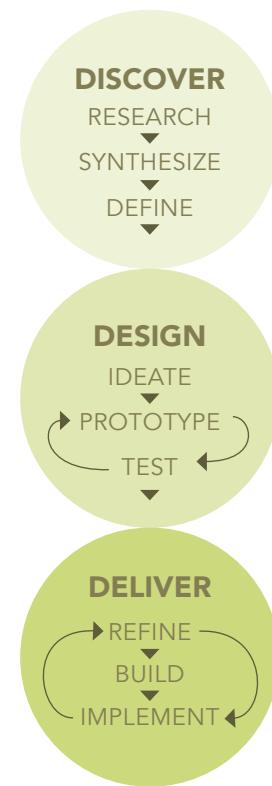
Now, let us move beyond the 'discovery' phase of the Human-Centered Design process and on to ideation (exploring possible solutions for the identified challenge area) and prototyping (developing rough solutions that can be tested in the world). By testing and iterating, these efforts move us closer to developing germane solutions that meet the specified needs and preferences of our Veterans.

As we all strive toward building a Veteran-centered organization, VA Center for Innovation is dedicated to allying within VA to put these words into motion. We aim to align with internal partners who are hungry for the next evolution of our service to Veterans.

Let's start now.

**Interested in learning more? Reach out to us:
innovation@va.gov.**

We look forward to partnering with you.





End Notes

1. VACI first underwent HCD research in early 2014 and reported initial findings through Toward a Veteran-Centered VA: Piloting Tools of Human-Centered Design for America's Veterans Findings Report, July 2014. Print.
2. The abbreviations map to VA Lines of Business –VHA: Veterans Health Administration; VBA: Veterans Benefits Administration; NCA: National Cemetery Administration.
3. The abbreviations map to service era –WWII: World War II; OIF: Operation Iraqi Freedom; OEF: Operation Enduring Freedom; OND: Operation New Dawn

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