

Reimagining Veteran Healthcare

# Phases of Veteran Life

September 2021





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## Background & Purpose

This section provides an overview of the purpose of this report and how it fits into the broader process of identifying opportunity areas to address in Phase 2 work.

# Phases of Veteran Life: Purpose and Objectives

This report explores Veterans' health and engagement with healthcare throughout five notable life phases. The challenges and ideal future states associated with each phase can be used in conjunction with Veteran Archetypes as a framework for ideating transformational opportunity areas.

## **PURPOSE OF THIS REPORT**

- Illustrate **Veteran and Caregiver challenges** during five defining Veteran life phases and the **key factors** that influence Veterans' health and healthcare trajectories in these moments
- Imagine an **ideal future** based on sentiments from Veterans, Caregivers, and VHA employees, and outline design principles for reaching it
- Use as a **tool to identify opportunity areas** for Phase 2

## **OBJECTIVES**

- Build an understanding of Veteran and Caregiver experiences and imagine how the Veteran health journey could look in the future
- Set the stage for identifying opportunity areas during Ambition Workshop #2
- Inspire and validate future solution designs during Phase 2

## **A NEW TAKE ON PERSISTENT CHALLENGES**

Although Veterans of today articulated some of the same health and healthcare challenges as Veterans interviewed in previous studies, this report differentiates itself from previous work in its **focus on the future and the whole health ecosystem**.

Our research incorporates the perspectives of a **wide cross-section of Veterans** – particularly those who are currently unenrolled or unengaged with VA healthcare – to **highlight healthcare challenges faced by Veterans who are "falling through the cracks."**

Finally, **COVID-19 has served as a catalyst** for revisiting Veterans' healthcare experiences and **implementing transformative solutions**. In this critical inflection point, it is important to note where previously expressed Veteran needs persist in order **to address long-standing frustrations**. At the same time, VA has made important progress in response to many critical Veteran needs, and endeavors to continue to do so through this work.

# Phases of Veteran Life: Informed by Fieldwork

Phases are periods during Veterans' lives where they face a common set of experiences and risks for accessing healthcare. Each phase contains distinct challenges, VA interactions, potential exit points, and an imagined ideal future state.

## OVERVIEW

- **Depicting Common Experiences.** Veteran life phases depict the common experiences of Veterans as they transition from military to civilian life, seek and attain healthcare, and strive towards a high quality of life for themselves and their families.
- **Phases of Life.** Each of the five phases relays the distinct preoccupations of Veterans during this period. The key challenges associated with each phase highlight critical factors impacting Veterans' journeys in this moment, and the ideal future state imagines how VHA might meet these challenges.
- **Fluidity.** Though phases often occur in the order they are presented, they are not necessarily linear – Veterans may move in and out of phases throughout their lifecycle and phases may overlap as well. In this way, this report differs from a typical linear journey map as it seeks to inspire identification of opportunities for future solution design.

## METHODOLOGY

- These phases emerged from the synthesis of information collected during 70+ interviews with Veterans and caregivers across the country. Interview topics spanned personal and professional priorities, military and post-military experiences, definitions of health, and specific healthcare experiences both within and outside the VA.
- Previous work on Ecosystem Mapping, VHA Stakeholder Interviews, and Trends and Benchmarking informed an understanding of Veteran touchpoints with internal and external resources, and of future state possibilities.
- During Phase 2, additional interview populations will be prioritized (e.g., unhoused Veterans, severely disabled Veterans, additional Caregivers) to fill in remaining research gaps.

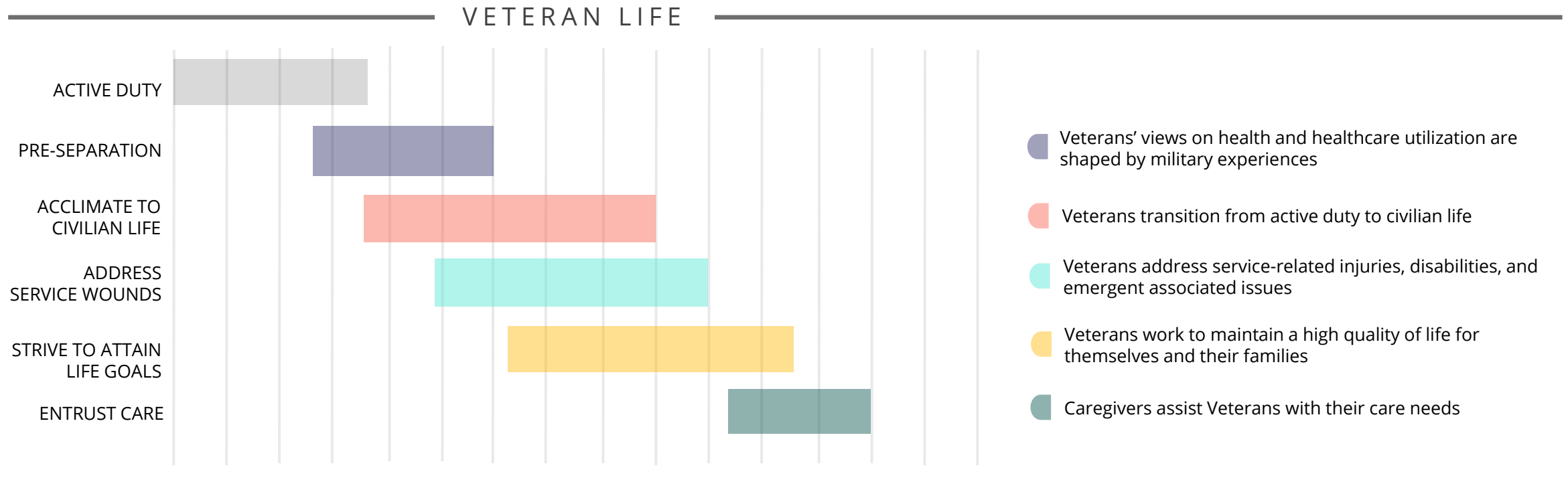
# Phases of Veteran Life

As Veterans proceed from Active Duty through the rest of their lives, their healthcare needs and priorities evolve. Veterans encounter distinct challenges within each phase, and phases may overlap or repeat throughout a single Veteran's life.

Veterans experience **5 major phases in relation to their healthcare and interactions with VA**: Pre-Separation, Acclimate to Civilian Life, Address Service Wounds, Strive to Attain Life Goals, and Entrust Care.

**Despite similar underlying challenges, these phases look different for every Veteran** – they can occur at different points in Veterans' lives, span different lengths of time, and may come in different orders or overlap.

Each of the challenges in these 5 phases has an **impact on Veterans' health and presents opportunities for VHA** to better engage and support Veterans.

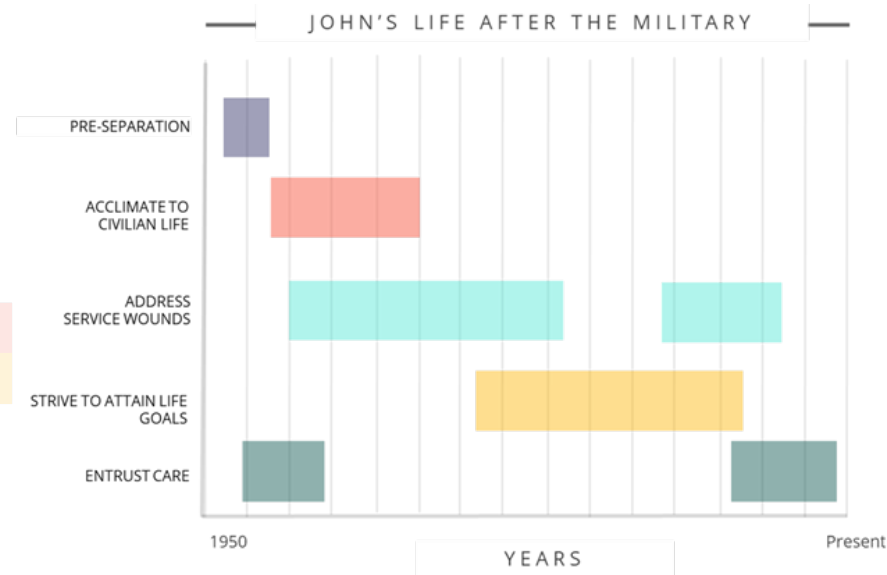


# Phases in Practice: John

Veterans begin and complete different phases of their lives at different times, and sometimes multiple times. Below is one representative Veteran story and a guide to his journey through the phases of his life.

## John's Story\*

**John A** transitioned out of the military when he was **injured to the point he could no longer serve**. Upon leaving, **his wife immediately took over his caretaking**. Due to his substantial injuries, **he spent years going through multiple surgeries and treatments**. John and his wife **struggled to find affordable housing and work that could accommodate both their needs**. Fifteen years after transitioning, John feels he is able to **look to the future for the first time**, including joining multiple disabled sports leagues, watching his kids grow up, and keeping his body healthy to achieve all that.



*\*See Slide 31 for a guide to using John's Story for solution design. See Slide 36 for another representative Veteran story.*

## John's Order of Phases

After **Pre-Separation**, John's immediate life includes the phases **Entrust Care** (as he requires a Caretaker), **Acclimate to Civilian Life** (as he looks for a job and housing), and **Address Service Wounds** (as he begins treating his injuries).

While **Entrust Care** and **Acclimate to Civilian Life** end relatively soon after his military career, John re-enters **Address Service Wounds** twice as he continues to be preoccupied by injuries sustained throughout his service.

Further down the line, John can begin **Strive to Attain Life Goals** and remains in that phase for much of the rest of his life, even as he occasionally re-enters treatment for his injuries.

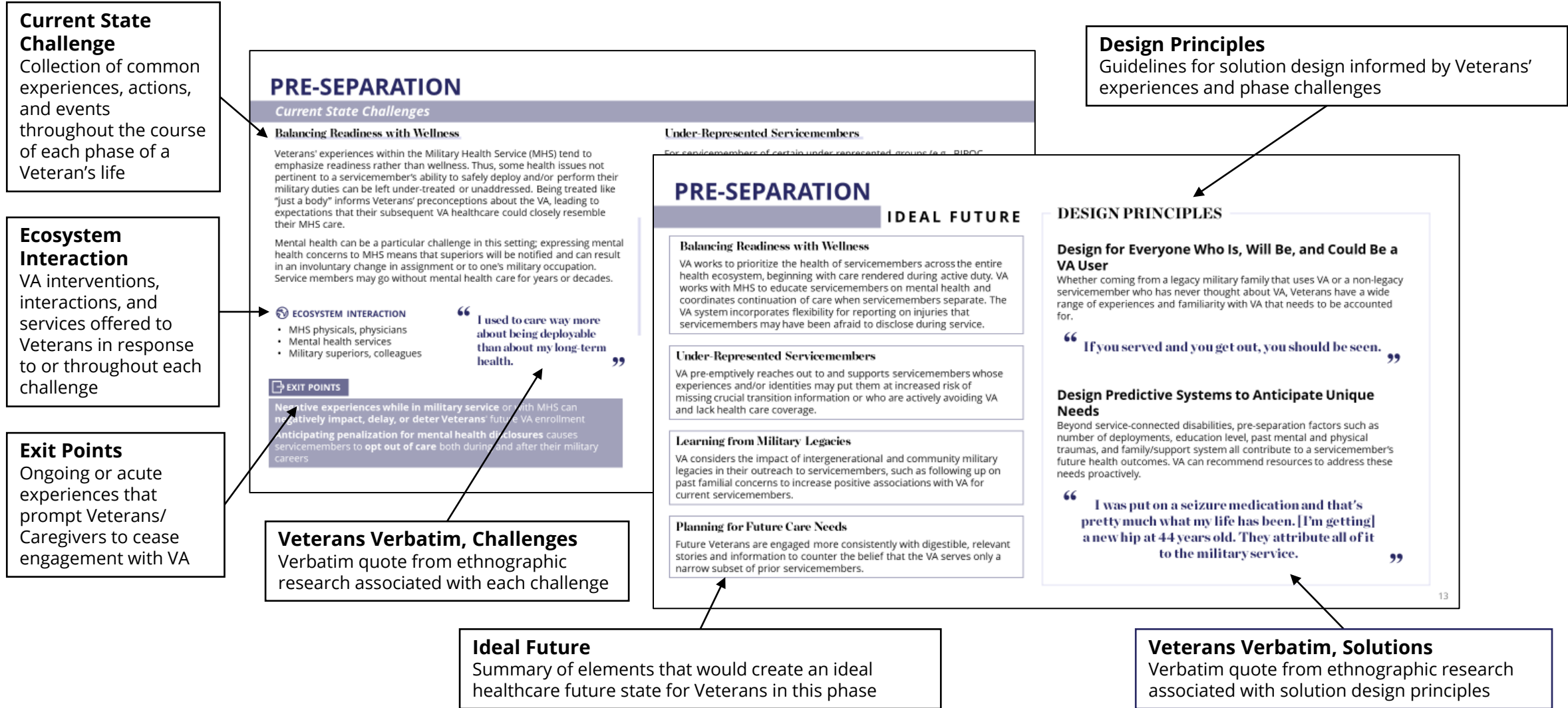


## Phases

This section outlines five phases that occur as Veterans transition from military service to civilian life. These phases and the context described therein reflect the experiences of Veterans today and opportunities to better meet Veterans' needs in the future.



# How to Read this Document



# PRE-SEPARATION

## Current State Challenges

### Beginning This Phase

While still on active duty, servicemembers nearing separation begin to conceive of **their upcoming lives outside of the military.**

### Life in This Phase

Before they even begin transitioning, these soon-to-be-Veterans may **develop health and wellness habits, perceptions of VA and VA healthcare, and plans for their future.** This phase takes service members up to the point of separation.

### Completing This Phase

Servicemembers complete this phase of their lives **upon leaving active duty.** For some, separation is a long-planned, well-prepared-for event, while for others, separation is an unpleasant surprise or unplanned necessity.

Balancing Readiness with Wellness

Under-Represented Servicemembers

Learning from Military Legacies

Planning for Future Care Needs

PRE-SEPARATION

ACCLIMATE TO  
CIVILIAN LIFE

ADDRESS SERVICE  
WOUNDS

STRIVE TO ATTAIN  
LIFE GOALS

ENTRUST CARE

# PRE-SEPARATION

## Current State Challenges

### Balancing Readiness with Wellness

Veterans' experiences within the Military Health Service (MHS) tend to emphasize readiness rather than wellness. Thus, some health issues not pertinent to a servicemember's ability to safely deploy and/or perform their military duties can be left under-treated or unaddressed. Being treated like "just a body" informs Veterans' preconceptions about the VA, leading to expectations that their subsequent VA healthcare could closely resemble their MHS care.

Mental health can be a particular challenge in this setting; expressing mental health concerns to MHS means that superiors will be notified and can result in an involuntary change in assignment or to one's military occupation. Service members may go without mental health care for years or decades.

#### ECOSYSTEM INTERACTION

- MHS physicals, physicians
- Mental health services
- Military superiors, colleagues

“ I used to care way more about being deployable than about my long-term health. ”

#### EXIT POINTS

**Negative experiences while in military service** or with MHS can **negatively impact, delay, or deter Veterans'** future VA enrollment

**Anticipating penalization for mental health disclosures** causes servicemembers to **opt out of care** both during and after their military careers

### Under-Represented Servicemembers

For servicemembers of certain under-represented groups (e.g., BIPOC, parents, or survivors of military sexual trauma), discrimination and other negative treatment based on their identities while in the military can impact their future engagement – or lack thereof – with VA. Servicemembers who are misgendered, harassed, experience medical racism, or are survivors of military sexual trauma can be distrustful of the military and MHS and, subsequently, avoid obtaining future healthcare through VA.

Also applicable to this designation are servicemember parents and guardians trying to balance family obligations that do not fit into an active-duty lifestyle, and that may precipitate an early, unexpected separation and health concerns.

#### ECOSYSTEM INTERACTION

- MHS physicals, physicians
- Military superiors, colleagues

“ My husband was killed in Iraq and that in essence ended my military career because we had kids...I was [supposed to] deploy to the place he was killed. You can imagine the trauma. ”

#### EXIT POINTS

**Negative experiences while in military service** or with MHS can **negatively impact, delay, or deter Veterans'** future VA enrollment

**Abrupt transitions** from military service **limit servicemembers' pre-separation preparedness and knowledge about their eligibility** for VA health care

# PRE-SEPARATION

## Current State Challenges

### Learning from Military Legacies

Generational military service provides at minimum an awareness of VA, and at best primes current servicemembers to plan to engage with and enroll in healthcare through VA when they separate from service. The pervasive impact of coming from a "very military family" can set current servicemembers on a post-service path that involves the VA. At worst, bad experiences with VA can deter Veterans from recommending VA healthcare to their servicemember children, nieces, nephews, and/or others.

Military legacies can also be community-based, as in Native American communities where military service participation is uniquely prevalent.

“ My father was a Veteran, my uncle served in Vietnam, my brother is also a Veteran. We have that shared experience in VA and the military. That direct connection to the VA brings a lot to the table; my father and uncle encouraged us to enroll in the VA. ”

#### ECOSYSTEM INTERACTION

- Prior service family members
- Community members

#### EXIT POINTS

Servicemembers **fail to enroll in VA** healthcare upon their separation due to the **discouragement of other Veteran family members**

### Planning for Future Care Needs

Veterans do not think much about VA or the benefits they will receive after their active duty. They hear things like “your healthcare will be covered by the VA”, but they do not know how or to what extent. The lack of holistic understanding about the process makes for a jarring transition to eligibility hurdles that await post separation.

Despite information made available through the Transition Assistance Program (TAP), many servicemembers have an invincibility mindset and are not yet planning for their future health care needs. Other servicemembers maintain the perception of VA as a place for a particular subset of Veterans and "never thought of it as an option" for them. With the current pandemic, many Veterans are unsure if they can access the VA for COVID care or testing.

#### ECOSYSTEM INTERACTION

- Informational sessions, Transition Assistance Program (TAP)
- Current and former servicemembers

“ If I am 0% disability, does that mean I can't ever go to a VHA hospital? ”

#### EXIT POINTS

A **complex system** with no visible entry point **derails Veterans who have not proactively planned for VA care**

Servicemembers who **do not consider themselves as a target user** of VA **may never consider enrolling, despite their eligibility**

# PRE-SEPARATION

## IDEAL FUTURE

### Balancing Readiness with Wellness

VA works to prioritize the health of servicemembers across the entire health ecosystem, beginning with care rendered during active duty. VA works with MHS to educate servicemembers on mental health and coordinates continuation of care when servicemembers separate. The VA system incorporates flexibility for reporting on injuries that servicemembers may have been afraid to disclose during service.

### Under-Represented Servicemembers

VA pre-emptively reaches out to and supports servicemembers whose experiences and/or identities may put them at increased risk of missing crucial transition information or who are actively avoiding VA and lack health care coverage.

### Learning from Military Legacies

VA considers the impact of intergenerational and community military legacies in their outreach to servicemembers, such as following up on past familial concerns to increase positive associations with VA for current servicemembers.

### Planning for Future Care Needs

Future Veterans are engaged more consistently with digestible, relevant stories and information to counter the belief that the VA serves only a narrow subset of prior servicemembers.

## DESIGN PRINCIPLES

### **Design for Everyone Who Is, Will Be, and Could Be a VA User**

Whether coming from a legacy military family that uses VA or a non-legacy servicemember who has never thought about VA, Veterans have a wide range of experiences and familiarity with VA that needs to be accounted for.

“ If you served and you get out, you should be seen. ”

### **Design Predictive Systems to Anticipate Unique Needs**

Beyond service-connected disabilities, pre-separation factors such as number of deployments, education level, past mental and physical traumas, and family/support system all contribute to a servicemember's future health outcomes. VA can recommend resources to address these needs proactively.

“ I was put on a seizure medication and that's pretty much what my life has been. [I'm getting] a new hip at 44 years old. They attribute all of it to the military service. ”

# ACCLIMATE TO CIVILIAN LIFE

## Current State Challenges

### Beginning This Phase

Veterans continue their transition out of active duty as **they begin the military separation process.**

### Life in This Phase

During this process, **Veterans re-enter civilian life without the employment, housing, healthcare, or social stability** previously afforded them through their service. They **begin to deal with the responsibility of finding such amenities** in this new phase of their lives.

### Completing This Phase

Veterans complete this phase **once they have attained housing, employment, and general comfort with their new civilian lives.** Some Veterans will acclimate to civilian life with ease, while others may require significant time and support to feel comfortable. Some Veterans may never achieve independent stability after their service.

Surviving Separation

Getting Settled

Finding Community

Investing in the Future

PRE-SEPARATION

ACCLIMATE TO  
CIVILIAN LIFE

ADDRESS SERVICE  
WOUNDS

STRIVE TO ATTAIN  
LIFE GOALS

ENTRUST CARE

# ACCLIMATE TO CIVILIAN LIFE

## Current State Challenges

### Surviving Separation

During separation, Veterans often feel overwhelmed by the amount of information they are given in a short, turbulent period. While some Veterans complete separation with a clear understanding of the benefits and services available to them, many others separate without a working understanding of their VA entitlements, especially their eligibility for healthcare through VA, and how to access them.

During this period of instability, Veterans without sufficient support networks are particularly at risk of adverse decision-making and loneliness. COVID-19 exacerbated difficulties surrounding separation as Veterans faced unprecedented isolation and a lack of employment opportunities when both were vital to their successful separation.

#### ECOSYSTEM INTERACTION

- VA Benefits and Services brief (TAP)
- Servicemember or Veteran colleagues (informal or through VSOs)

“ It’s kind of like drinking from a firehose [when you’re separating]...there’s an overflow of information. It’s hard to decide what’s pertinent and what’s not.

”

#### EXIT POINTS

**Inadequate education on VA benefits and healthcare** causes Veterans to **never choose to enroll**

Complexity and bureaucracy causes Veterans to **give up on trying to access benefits and care**

**Poor treatment** from administrators, Counselors, and other VA personnel can cause Veterans to **forgo further interactions with VA**

### Getting Settled

Immediately, Veterans need to find housing and jobs. While some Veterans find the career development activities during transition to be helpful, others feel overwhelmed by all the logistics they need to work through in order to get settled. During this period, some Veterans immediately pursue VHA eligibility as part of their transition to civilian life, even if they do not plan to engage in a significant way with VA. Other Veterans will put off their VA eligibility determination indefinitely.

For some Veterans, leaving active duty doesn’t last long: due to a lack of structure, employment, or community, or due to a general affinity for military service, some Veterans opt to immediately join the Reserves or even to return to active duty.

#### ECOSYSTEM INTERACTION

- VA physicians and administrators
- Preparation for employment brief (TAP)
- VA PACT (Patient Aligned Care Team) members

“ When I separated from the military...they gave me a separation package and I lived on that for as long as I could. It was really working against the clock before things ran out.

”

#### EXIT POINTS

Veterans learn they/their families are **ineligible for routine healthcare** and instead **develop long-term relationships with private providers**

Veterans **unable to get settled** to the degree they would like may **return to active duty**

Veterans **who try and fail to be determined eligible** for care turn to private providers for the long-term

# ACCLIMATE TO CIVILIAN LIFE

## Current State Challenges

### Finding Community

Veterans have trouble transitioning from being supported by the military community to creating or discovering community after separation. Some Veterans seek out Veteran-specific spaces for community, while other Veterans actively avoid communities that trigger memories of their military service.

Failing to find community can have a significant effect on Veteran mental health, particularly in the immediate post-separation period. The pandemic particularly disrupted communities and the ability to make connections, making it more difficult for Veterans to integrate. While some Veterans find community with relative ease, others have trouble adjusting for reasons of access, awareness, and comfort following mentally-taxing service.

#### ECOSYSTEM INTERACTION

- VA, VSO, and Veteran Center facilities
- Mental health services

“ I really look for organizations that can help me find community and where I feel like I can make a difference.

”

#### EXIT POINTS

**Limited knowledge** of communities causes Veterans to **never join**  
Disliking Veterans' or military-inspired spaces, some Veterans **avoid or reject VSO or VA community building**

Younger Veterans **decline to visit VA facilities** or other spaces skewed toward older Veterans

Veterans **decide against traveling distances** to access Veterans' spaces

### Investing in the Future

Veterans often begin to make plans for the future during this period. Some Veterans opt to take advantage of the GI Bill and other VA benefits to seek higher education and purchase homes. For some, the uncertainty caused by the pandemic has hindered advancement of these goals.

Other Veterans do not take advantage of these benefits as a result of limited awareness of their existence, the perception that by accessing benefits they are taking more than their “fair share” of government/VA resources, or a lack of identity post-separation that would result in a lack of life goals/direction.

#### ECOSYSTEM INTERACTION

- VA education and training administrators
- VA VHA healthcare representatives
- Veteran colleagues

“ In 10 years, I want my non-profit to be able to help other Veterans. There shouldn't be any homeless veterans, or mothers who can't feed their kids. We didn't sign up to fight to come home and be left behind.

”

#### EXIT POINTS

**Hesitancy to access or feelings of being undeserving** of benefits can **prevent Veterans from engaging**

**Confusion surrounding financial benefits** causes Veterans to **disengage**



# ACCLIMATE TO CIVILIAN LIFE

## IDEAL FUTURE

### Surviving Separation

VA follows up with Veterans at critical points leading up to and following their separation to ensure they truly understand their eligibility and benefits, not just where to find more information on their own.

### Getting Settled

VA supports Veterans mentally, physically, and spiritually as they search for employment and apply for VA benefits. VA follows up periodically with Veterans who are deemed ineligible and/or do not indicate having alternate care coverage to ensure their care needs are being met.

### Finding Community

VA guides Veterans towards their preferred communities (both in person and online) with minimal effort on their end. VA actively supports Veterans struggling with loneliness or who feel lost in their civilian life by connecting them to VA personnel or a peer who is invested in their safety and success.

### Investing in the Future

VA actively untrains the mindset of “military readiness” as a definition of health, so Veterans are prompted to take care of their health over the long-term. VA educates Veterans on how to make educational, financial, and health investments in their and their families’ futures.

## DESIGN PRINCIPLES

### Design with a Bias for Simplicity

Transition is overwhelming. Push relevant, digestible resources and guidance so Veterans do not have to figure out where to look.

“ [I want] ease of access overall, getting answers online, funding, being able to call somebody if you can't get answers online. ”

### Leverage the Community for Co-creation

VA's resources are finite. Partner with the community to build and/or maintain a catalog of services that Veterans can access when VA cannot provide for them.

“ VA rating before I got out of the military was critical to be able to financially provide for myself [...] When you make the transition there's so much that happens – where your child goes to school, where you're going to live, how you're going to eat, so it's like freefalling out of a helicopter. ”

# ADDRESS SERVICE WOUNDS

## Current State Challenges

### Beginning This Phase

For the first time, **Veterans recognize the physical, mental, and emotional injuries they suffered during their service** and take the first step toward repairing them.

### Life in This Phase

During this phase, many Veterans will have their eligibility for VA care determined for the first time, while others may seek eligibility for a wider array of issues than they previously intended. **Veterans who are not judged to be eligible for VA care will be forced to seek private care or have no care at all.**

### Completing This Phase

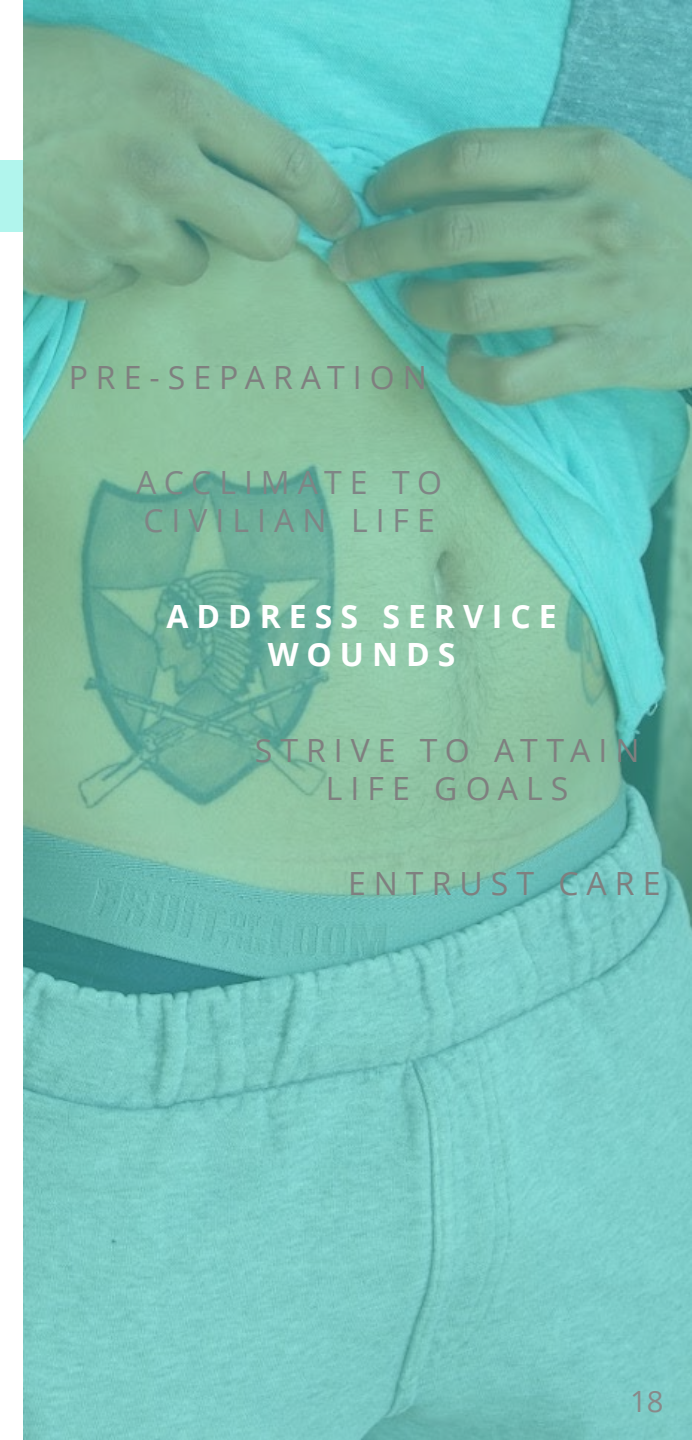
Veterans complete this phase **once they have made significant progress toward healing their service wounds**. Though some Veterans will be able to heal completely, many Veterans may never fully heal. As a result, this phase is completed when Veterans have recognized the need for, received, and incorporated care into their daily lives.

Noticing There is a Problem

Determining Eligibility

Arranging Care

Receiving Care



# ADDRESS SERVICE WOUNDS

## Current State Challenges

### Noticing There is a Problem

Veterans seek health care for different reasons and at different times after separation. Depending on the nature of the health problem, it may take some time for Veterans to recognize it as critical (especially those experiencing mental health issues).

Some Veterans are unaware that the pain they are experiencing is something that they can get help for, and do not seek care without someone encouraging them or even going as far as contacting the VA on their behalf.

#### ECOSYSTEM INTERACTION

- Community healthcare providers
- Family, friends, colleagues
- Other Veterans

“ We had an idea of ‘manning up’ especially thinking that we didn't go through things bad enough to deserve help. ”

#### EXIT POINTS

Veterans are **overwhelmed by finding healthcare** and **cannot do anything about the problem**

Veterans **do not yet recognize that they could benefit from care** due to past precedent of deprioritizing their own health in favor of "readiness" or other obligations

### Determining Eligibility

Veterans experience stress during the eligibility process, as they are already struggling to find their place in the civilian world and are often in need of immediate health services. Changing policies, lack of information, and lack of support services increase the difficulty of the eligibility process.

Veterans discover they are eligible for VA healthcare in a variety of ways, but almost all experience frustration and feel like they must fight to get the healthcare they were promised. Others feel they do not deserve VA healthcare due to the nature of their service or their injuries and turn to other options.

#### ECOSYSTEM INTERACTION

- VA healthcare eligibility determination
- VA physicians and staff
- Veteran colleagues
- VSOs and community organizations

“ Don't want to deal with the VA at all. Too much paperwork. ”

#### EXIT POINTS

Veterans are unable to **understand how to apply** for VA care

Veterans are given **low or no disability ratings and are not updated** on changing eligibility policies

Veterans do not apply as they were told they would **not qualify, found the process overwhelming, or feel other Veterans need VA resources more than they do** and that the system is not for them

# ADDRESS SERVICE WOUNDS

## Current State Challenges

### Arranging Care

If Veterans are able to make it through the eligibility process, many still feel like they need to fight to get quality, empathetic care. It is unclear what is covered with VA care and where to go with questions. Veterans have long wait times to get simple visits scheduled. Some communication occurs via channels that feel inefficient, such as mail.

Many Veterans travel long distances to receive care at VA facilities that they trust and at which they feel respected. This is especially difficult for those with busy lives, with limited resources, or in need of frequent visits.

#### ECOSYSTEM INTERACTION

- Online scheduling tools
- VA representatives
- Community VSOs

“ You need to know all the hacks with the VA—if you go into the women’s clinic before 3pm they *have* to see you. ”

#### EXIT POINTS

Veterans are deterred from care as **travel times to in-person appointments are too burdensome**

Veterans are deterred from care as **wait times for appointments are too long**, and are **scheduled too far in the future** from time of acute need

### Receiving Care

Veterans encounter VA professionals who do not understand their identities nor treat them as though their health and well-being are important. Other Veterans who appreciated certain aspects of military health care – such as how readily available it is – are disappointed to find that VA does not live up to these prior expectations.

Minority Veterans can feel they are not heard nor respected by their doctors, and that their requests for doctors with specific characteristics (e.g., female, Black, LGBTQIA+) are sometimes not met in a timely manner or at all. To other Veterans, VA facilities are triggering in that they remind them of negative experiences while in Service. All of these obstacles to compassionate care can leave Veterans looking for other options.

#### ECOSYSTEM INTERACTION

- VA facilities and personnel
- VSOs and County Veteran offices and personnel

“ I didn't like going to the VA because it felt like being back in the military environment. ”

#### EXIT POINTS

Veterans determine **VA is not a good fit for their needs** or their underlying requirements for receiving good health care

Veterans who **perceive vast differences in the quality of care** at one VA versus another **are discouraged** from returning

# ADDRESSING SERVICE WOUNDS

## IDEAL FUTURE

### Noticing There is a Problem

VA understands that the military-imbued health definition of “combat readiness” leads to Veterans suppressing or ignoring potential health issues. VA leverages Veteran health data (self-reported and/or from MHS) to proactively identify problems and support Veterans in obtaining care, whether through VA or elsewhere.

### Determining Eligibility

VA takes steps like integrating MHS data to reduce the burden of the eligibility process on Veterans. VA understands the systemic problem of underreporting of injuries sustained in active duty, and accounts for this in their eligibility evaluation.

### Arranging Care

VA health care meets Veterans where they are with flexible scheduling and locations. It is simple, timely, and convenient to get care at or through VA. Communication through multiple channels is available.

### Receiving Care

VA caters to Veterans’ unique health needs through clinicians who understand the military’s impact on health, while simultaneously providing the empathy and individualized care that Veterans desire to set the VHA experience apart from their MHS experience.

## DESIGN PRINCIPLES

### Design to Reduce Veterans’ Burden

Existing healthcare data could and should be used to minimize the burden for Veterans when it comes to identifying health problems, determining VA eligibility, and both arranging and receiving care. This may involve connecting disparate data systems or breaking down existing organizational silos.

“ My Veteran card should get me everything Blue Cross Blue Shield does. ”

### Make Veterans Feel Like Individuals

Veterans liken their care experiences in both MHS and VA to being a unit on a conveyor belt, but they do not want to feel that way after separating from the military. While Veterans may share common health issues, their personal context makes them unique, so healthcare solutions for Veterans should make them feel heard and understood as individuals.

“ I have seen [doctors] that do not acknowledge my experiences...I guess all their patients are Veterans, but they have never brought it up. Even in mental health I would think they would think about my case and what I have been through, to think about a different way to treat me. ”

# STRIVE TO ATTAIN LIFE GOALS

## Current State Challenges

### Beginning This Phase

Veterans begin **to prioritize their long-term life goals**. Some Veterans may begin this phase of their **lives before they transition off active duty**, while others may not begin this phase until **decades after separation**.

### Life in This Phase

This phase is often the longest phase of Veterans' lives as it can involve any life goals, **such as taking care of family, starting a business, helping other Veterans, or just waking up and feeling good**. Many Veterans feel they have the reassurance of knowing that they can always access VA care should any issues arise.

### Completing This Phase

Veterans complete this phase **once they have successfully accomplished the goals they have set regardless of any physical or mental impairments**. This could mean their children graduate and become self-sufficient, that they get to climb Mt. Washington again, or that they simply live to see 65.

Daily Pain Management

Routine Healthcare

Family and Healthcare

Health in Successes and Setbacks

PRE-SEPARATION

ACCLIMATE TO  
CIVILIAN LIFE

ADDRESS SERVICE  
WOUNDS

STRIVE TO ATTAIN  
LIFE GOALS

ENTRUST CARE

# STRIVE TO ATTAIN LIFE GOALS

## Current State Challenges

### Daily Pain Management

Many Veterans consider the ability to go about their day unencumbered by pains and aches from both their service and age to be integral to meeting their life goals – or a life goal in itself. Veterans seek pain management – in the form of medication and physical or mental therapy – through VA, or through private providers if their local VA fails to offer their preferred services.

While some Veterans are open to pharmaceutical pain management regimens, others do not find such regimens useful or desirable. They may be wary due to preconceived notions that VA tends to overprescribe. These Veterans are likely to experiment with non-traditional forms of medicine ranging from chiropractic therapy to acupuncture to meditation and beyond.

#### ECOSYSTEM INTERACTION

- VA physicians, counselors, programs
- Alternative medicine providers

“ I was told that that any sort of issue I have they’re just going to throw pills at it. ”

#### EXIT POINTS

Perception of VA’s **overreliance on pharmaceutical treatment** can cause Veterans to **disengage from VA to protect themselves** from addiction or undesirable side effects

**Lack of access to alternative treatment options** (e.g., chiropractic care or meditation classes) at VA facilities can cause Veterans **to seek such care elsewhere**

### Routine Healthcare

Veterans accustomed to accessing VA care for discrete service injuries may seek VA care for routine healthcare, including yearly physicals, eye exams, and dental care. These Veterans can grow frustrated with the difficulty they encounter in scheduling routine medical care at VA. COVID-19 has amplified this frustration as healthcare delivery has transitioned to a virtual medium and limited in person appointments. Still, many will be outright rejected for such care as they do not meet eligibility requirements.

Many Veterans will not seek out or maintain routine healthcare for a variety of reasons, including lack of access, lack of knowledge, or a dedication to the “soldier” mentality. While these Veterans may eschew routine healthcare, their lack of attentiveness can result in significant health issues throughout the course of their lives, impacting their ability to meet their life goals.

#### ECOSYSTEM INTERACTION

- VA eligibility determination
- VA primary care providers
- MyHealtheVet
- Indian Health Service (IHS)

“ You're shooting yourself in the foot by not taking care of yourself. ”

#### EXIT POINTS

With **limited prompting**, Veterans unaccustomed to seeking routine care may **opt to never engage with VA**

Veterans initially denied eligibility for routine care at VA **may never reapply or attempt to reengage**

**Long wait times, poor customer service** in appointment scheduling can **dissuade Veterans** from continuing to seek routine care

# STRIVE TO ATTAIN LIFE GOALS

## Current State Challenges

### Family and Healthcare

Once a Veteran is enrolled with VA, their family may or may not be covered depending on disability status. Some Veterans may opt to continue with VA care even if their family is not covered, while others may instead arrange for care paid for by private or employer-provided health insurance in order to keep the whole family under one plan.

Disjointed, disaggregated care for the family unit creates a more onerous environment for managing bills and paperwork, as well as for achieving health goals. Veterans who have the burden of managing their own care independently from their family may not take proactive action to preserve their long-term health due to a lack of family support.

“ We need more support for spouses and partners. We don’t go it alone. The Veteran suffers, the partners suffer as well. They need those resources too. ”

#### ECOSYSTEM INTERACTION

- VA eligibility determination
- CHAMP VA
- VSOs providing family support services

#### EXIT POINTS

Learning their family is not covered by VA can cause Veterans to **cease engagement with VA in favor of private family care**

Veteran **families without adequate support or resources** may **turn elsewhere to get needs met**

Veterans that once took proactive care of their health may become **overburdened and cease to engage with routine care**

### Health in Successes and Setbacks

As Veterans age, some may meet their goals and set new ones. As they continue to improve their health through routine care and service wounds stabilize, they may begin to stretch further, pursuing a standard of fitness and health they experienced during or prior to their service. They seek out healthcare solutions that work for their goals and lifestyle.

At this point in their lives, many Veterans have had to establish their own treatments and routines beyond what VA typically offers. When setbacks such as a lost job, a collapsed marriage, or relapsed cancer occur, Veterans with well-established health behaviors and support systems can rebound and stay on track. Severe – and at times dire – outcomes persist for those Veterans with limited support, unformed health patterns, or those who experience mental or emotional instability.

#### ECOSYSTEM INTERACTION

- VA routine healthcare
- VA mental healthcare
- Peer-to-peer and Resilience Warriors

“ Certified peer-to-peer mentor and Resilience Warriors support each other and understand what we are going through. Therapists do not understand. ”

#### EXIT POINTS

Veterans who **consider themselves to be “healed”** **cease seeking care** for their service wounds

VA may **not offer the right kind of care** that Veterans need or prefer

**Experiencing failure can cause some Veterans to disengage** from healthcare, as well as from other aspects of their lives



# STRIVE TO ATTAIN LIFE GOALS

## IDEAL FUTURE

### Daily Pain Management

VA trains and encourages clinicians to provide complementary treatment plans (e.g., lifestyle changes, non-traditional medicine) alongside recommendations for prescriptions and surgeries to help Veterans manage chronic pain without a reliance on drugs.

### Routine Healthcare

VA proactively incentivizes Veterans to schedule regular appointments and helps them to establish healthy routines in between appointments, such as lifestyle choices, social engagement, and maintaining a spiritual practice (e.g., meditation, religion, community service).

### Family and Healthcare

VA proactively engages Veterans with families to help them understand their care options. VA recognizes the potential for family to motivate Veterans to improve their health and provides resources to them to maximize their helpful potential.

### Health in Successes and Setbacks

VA maintains periodic, human, check-ins with Veterans who are either enrolled or applied and were denied care to see how they are doing, and how VA can support them.

## DESIGN PRINCIPLES

### Design for Flexibility

Veterans' health needs are evolving. Whether it is a desire for family coverage, holistic treatment, or changes brought on by global events like COVID-19, solutions should be designed with flexibility in mind, so that VA can quickly and adequately meet the changing needs of the Veteran population.

“ Quality of life is mentally thriving. Overall wellbeing is about doing meaningful things...activities, relationships, and engagements. Mine is heavily influenced by nutrition and exercise. ”

### Incentivize Desired Behaviors

For various reasons, Veterans often do not seek care until health issues have worsened. By incentivizing desired behaviors such as healthy lifestyle choices or preventative appointments, VA can improve Veterans' long-term health and reduce overall use of its resources.

“ [My family members] are the motivators for me to continue improving. They're the ones who kick me in the tail when I need it and try to give me ideas. ”

# ENTRUST CARE

## Current State Challenges

### Beginning This Phase

When a Veteran **can no longer care for themselves**, or **needs assistance in some way**, care is **entrusted to a Caregiver**, either formally through VA, a VSO or retirement care provider, or informally, through family and friends.

### Life in This Phase

While transitioning the responsibility of care from a Veteran to a Caregiver is not necessarily limited to older Veterans, **it always requires a raft of health, financial, and end-of-life decision-making.**

### Completing This Phase

**Most Veterans entering this phase of their lives will only complete it at the time of their passing.** For some Veterans incapacitated as a result of temporary physical or treatable mental conditions, however, their **completion will be when they can freely move or take care of themselves independently.**

### Signs of Support Needed

#### Growing Immobility

#### Caring for Caregivers

#### Caregivers No More

PRE-SEPARATION

ACCLIMATE TO  
CIVILIAN LIFE

ADDRESS SERVICE  
WOUNDS

STRIVE TO ATTAIN  
LIFE GOALS

ENTRUST CARE

# ENTRUST CARE

## Current State Challenges

### Signs of Support Needed

Older Veterans accustomed to making appointments over the phone or in person often struggle with online-first appointment scheduling and telehealth that has risen in popularity due to COVID-19. Requests for decades-old paperwork or significant quantities of administrative tasks can overwhelm some Veterans who feel they have no one to turn to for help.

VA providers and Veteran families will notice signs of senility among older Veterans and signs of incapacity among younger Veterans experiencing severe mental health issues or trauma. COVID-19 has amplified risks due to isolation and made it harder to identify escalating mental health crises.

#### ECOSYSTEM INTERACTION

- Caregiver training and assignment
- At-home healthcare resource support
- Caregiver stress management programs

“ He wasn’t the same person. He was totally different. His anger was a progressive thing, and then suddenly he snapped and did a total 180. That’s when I told him that he needed help.

”

#### EXIT POINTS

Aging Veterans with limited support systems can disengage before VA notices their growing incapacity

Older or less capable Veterans overwhelmed by VA process complexity give up

A poor relationship between Veterans and assigned or family Caregivers causes Veterans to reject Caregiver assistance

### Growing Immobility

Aging or otherwise physically-impaired Veterans will seek mobility assistance ranging from a cane to a motorized scooter and beyond. For some Veterans – particularly less tech-savvy Veterans – this can be a confusing process.

As Veterans become less independently mobile, traveling to VA facilities for care becomes increasingly difficult. Difficult transit can be taxing for the Veteran and their Caregiver, if they have one.

#### ECOSYSTEM INTERACTION

- VA transit assistance to medical appointments
- Mobility aids
- Home-based Primary Care

“ I was in the hospital for a couple of weeks, and I got dropped from the home-based primary care program because I was away too long. Luckily there was still an opening.

”

#### EXIT POINTS

Difficult transit to VA appointments can cause Veterans to cease making the trip

Long wait times to be accepted to Home-based Primary Care program, or being removed from the program, can cause Veterans to revert to a limited care regimen at VA

# ENTRUST CARE

## Current State Challenges

### Caring for Caregivers

Caregivers endeavoring to provide care to their Veterans may feel they are not given or that they need to constantly beg for the resources they need to do so properly. Caregiver support groups, while helpful, often feel invisible to the wider VA. Caregivers instead may opt to join informal, VA-sanctioned support groups on social media.

Many Caregivers are unaware of the resources available to them, including respite care. The official VA Caregiver designation is not always offered with all the information necessary to adequately take advantage of it.

#### ECOSYSTEM INTERACTION

- Caregiver Support Groups
- Caregiver Respite Care
- VA-provided resources (e.g., supplies such as adult diapers)

“ I’d love to know how someone can support me. [...] It would be great if I had someone I could reach out to.

”

#### EXIT POINTS

Caregivers who do not feel safe with their Veterans – or who do not feel their children are safe – choose to **terminate their responsibility and sever the only link between Veteran and VA**

Caregivers decide they are **no longer able to care for their Veterans** for reasons of burnout, increasing need, or dwindling resources, **leaving Veterans unable to access care on their own**

### Caregivers No More

When a Veteran passes away, they may leave behind a Caregiver, often a spouse. For the Caregiver, caring for their Veteran may have been an all-encompassing, 24/7 responsibility that they carried out for years. Caregivers experiencing the twofold grief of the loss of a loved one and the loss of purpose are particularly in need of support during this period.

#### ECOSYSTEM INTERACTION

- Caregiver Support Groups

“ I think I started to lose myself in this Caregiver role right before and after his suicide attempt in 2017. Along that journey, I realized that Caregiver is a role and I need to make sure that it’s not my whole identity. It could have been gone last night; it could be gone tomorrow. Caregiving is going to end, and who will I be?

”

#### EXIT POINTS

Caregivers **cease receiving the same VA benefits as they did** when their Veteran was alive

Caregivers decide, immediately or eventually, that **they can cope with their grief on their own** and end contact with VA

# ENTRUST CARE

## IDEAL FUTURE

### Signs of Support Needed

VA empowers personnel and Veteran families to recognize the signs of incapacity as soon as they arise. Veterans along with their families and Caregivers are supported and transitioned to managed care in a timely, comfortable fashion.

Adequate record keeping facilitates quality care delivery, even for Veterans who separated from the military years ago or who have been receiving VA care for decades. Partnerships with outside facilities allow for ease of access and transition between healthcare facilities.

### Growing Immobility

VA issues mobility aids as soon as they become necessary. At-home care assists Veterans with limited mobility, as well as to alleviate burdens on Veteran Caregivers. Partnerships with private transport services help Veterans and caregivers who do not have vehicles.

### Caring for Caregivers

VA supports Caregivers as a crucial arm of the Veteran care team, as well as direct dependents of VA healthcare.

### Caregivers No More

Caregivers receive support, emotional and otherwise, after the passing of their Veterans.

## DESIGN PRINCIPLES

### Design with Family and Caregiver Support in Mind

Incapacitated or assisted Veterans access care accompanied by Caregivers and family members who may be more tech-savvy or able-bodied than the Veterans themselves. Designing to account for the interactions these users will have with VA will improve care for their Veterans.

“ Certified peer-to-peer mentors and resilience warriors support each other and understand what we are going through. Therapists do not understand. ”

### Design to Enable Autonomy and Personalization

Maintaining independence is a highly valued goal for aging Veterans, while personalization of care improves the likelihood that Veterans will feel well-cared for. Facilitating the ability to age in place is key to this phase.

“ It would be great if they had more at-home programs. [...] [My Veteran and I] only go to Manchester when they have appointments. It would be great if they did more over Zoom or over the VA website, because it's an hour and half to Manchester. ”



## Next Steps

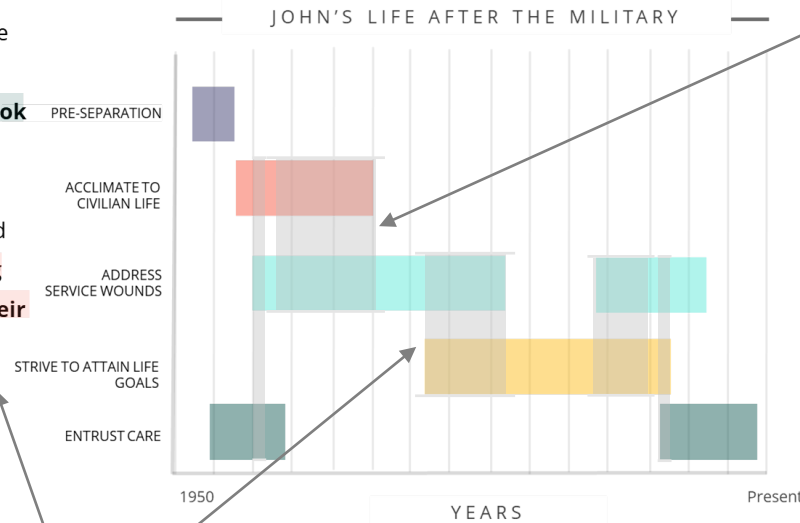
This section describes how to use these phases and offers ideas for how they can help identify and validate opportunities to reimagine Veteran healthcare.

# How to Use Phases

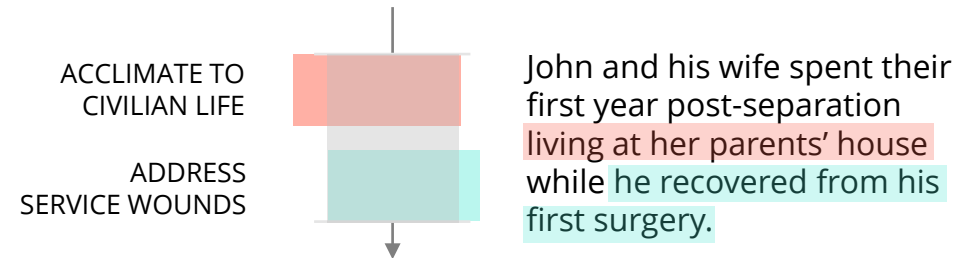
Looking at Veterans' lives through the context of phases allows VA to apply appropriate design principles for each phase impacted by future solution design and implementation.

## Veteran Story

**John A** transitioned out of the military when he was **injured to the point he could no longer serve**. Upon leaving, **his wife immediately took over his caretaking**. Due to his substantial injuries, **he spent years going through multiple surgeries and treatments**. John and his wife **struggled to find affordable housing and work that could accommodate both their needs**. Fifteen years after transitioning, John feels he is able to **look to the future for the first time**, including joining multiple disabled sports leagues, watching his kids grow up, and keeping his body healthy to achieve all that.



**2. In acknowledging that Veterans can pass through multiple phases at the same time, VA can design for complex needs that arise due to compounding life circumstances.**



**3. VA should design for Veterans like John using the principles:**

- Design with a Bias for Simplicity
- Leverage the Community for Co-creation
- Design to Reduce Veterans' Burden
- Make Veterans Feel Like Individuals

**1. By identifying the phases of life through which John is passing, as well as the life events that mark his time in each phase, VA can recognize patterns in pain points, VA interactions, and events across phases and design solutions that integrate into his life.**

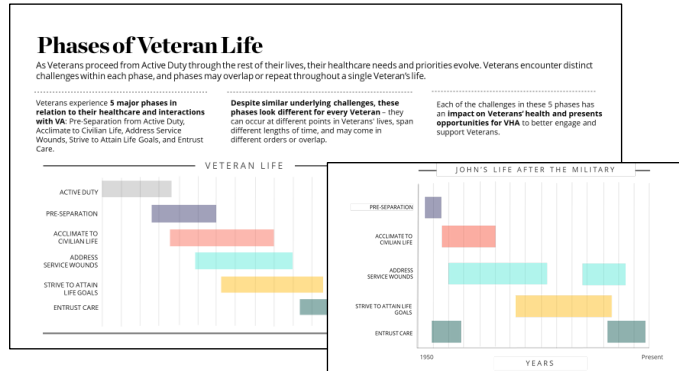
## Opportunities for VA

- Recognizing John's recent separation, as well as his temporary housing status, VA can prompt him with VA counseling or community-building activities
- Recognizing the strain of recovery, VA can deliver at-home or telehealth services to alleviate his transportation difficulties in getting to a VA facility
- To determine his eligibility for this program, John's VA doctor takes the time to review his mobility and care needs with him, face-to-face via telehealth or in person.

# Phases and Archetypes

Phases of Veteran Life will be used in tandem with Veteran Archetypes to identify, prioritize, and test opportunities to reimagine Veteran healthcare.

Phases



## Definition

This approach views Veterans' health care experiences through a framework of meaningful phases that occur throughout their lifetimes. Phases span military service to late-in-life care.

## Use

- **Understand vulnerabilities** common to Veterans in each phase
- **Identify opportunity areas** that will impact all Veterans as they move through each phase
- **Generate overarching solutions** that can be applied at critical moments in lives of Veterans

## Designing Solutions

**Use common challenges that Veterans identify within phases to identify where solutions can make the most impact across types of Veterans.**

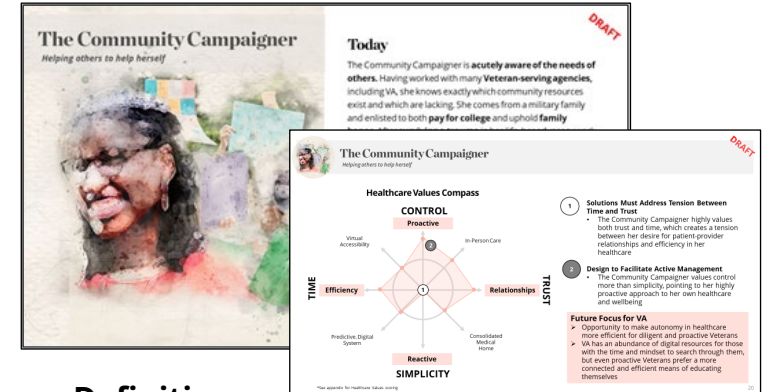
- *How are challenges reiterated across archetypes?*
- *How should the differing motivations, needs, and constraints of Veterans be considered?*

**Consider how Veterans of each archetype may feel as they move through each phase.**

- *Which Veterans are best prepared to engage with VA processes?*
- *Which Veterans are most likely to struggle during a particular moment or transition?*

**Use design principles outlined in phases and archetypes to inform selection of opportunity areas and to guide solutions that consider Veterans both as individuals and as members of a group with its own unique characteristics.**

Archetypes



## Definition

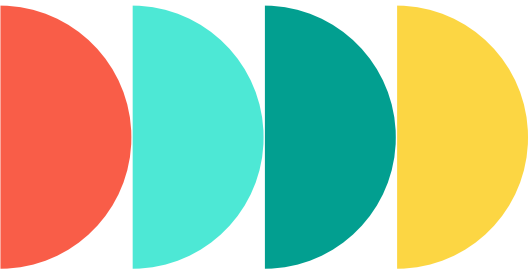
This approach provides insights on experiences, characteristics, motivations, needs, constraints, and goals of different types of Veterans. These archetypes capture a range of Veteran perspectives.

## Use

- **Acknowledge challenges** faced by Veterans, which can be common across or unique within types
- **Identify opportunity areas** that will impact Veterans in ways that reflect their motivations and needs
- **Generate informed solutions** that meet individual needs of Veterans with different characteristics



# Next Steps



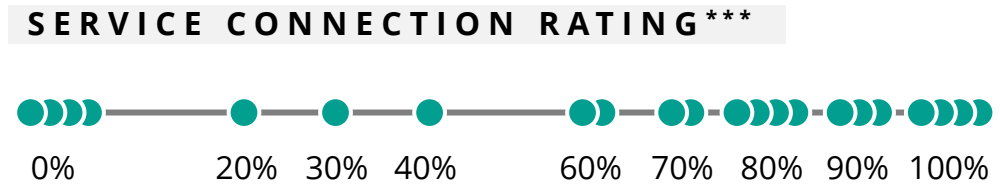
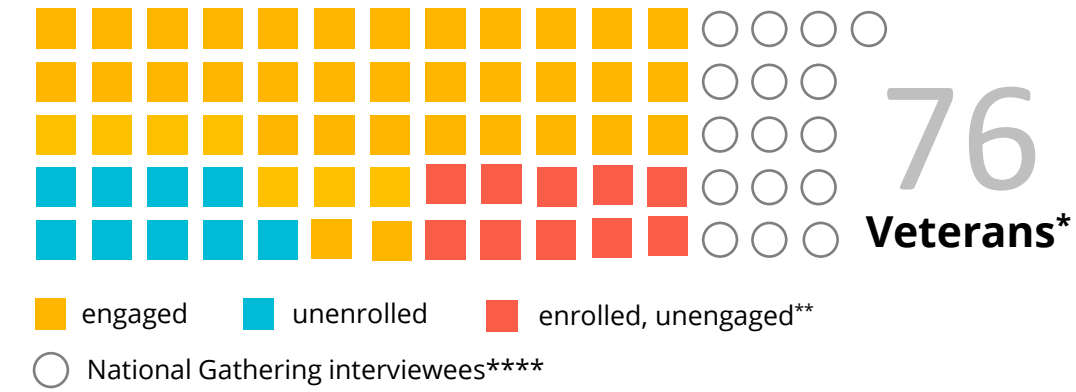
- 1 Validate, amend, expand, and/or refine Phases based on potential Roadshow and/or “Friends of RVH” feedback
- 2 Use Archetypes and Phases to multiple opportunity areas at Ambition Workshop #2 (scheduled for October 14-15)
- 3 Select and refine opportunity areas for Phase 2 design sprints



# Appendix

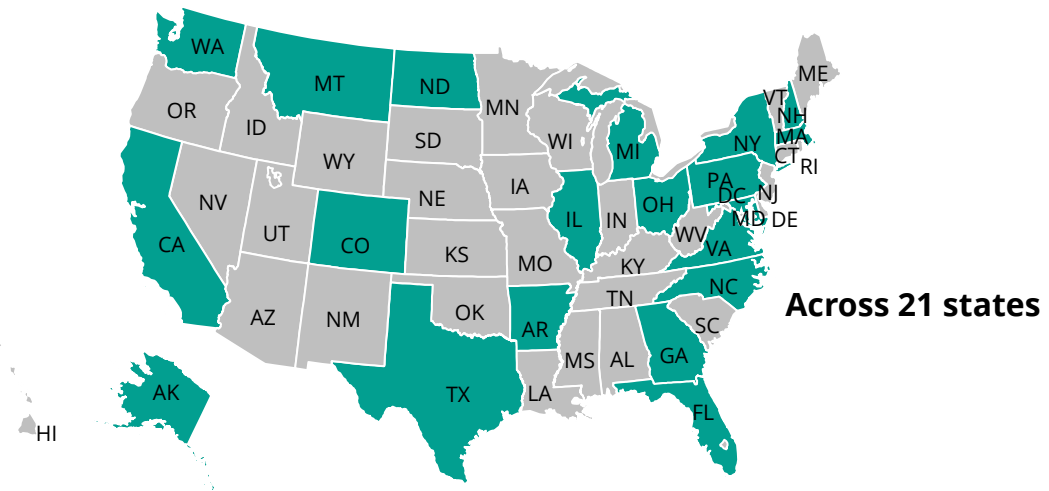
# Interviews by the Numbers

Sixty- to ninety-minute interviews were conducted with Veterans to understand their experiences accessing and navigating VA healthcare and discuss their health care experiences at large. An overview of these Veterans' demographic information is below.



**RACE AND ETHNICITY**

- 34 Veterans Identifying as **White**
- 15 Veterans Identifying as **American Indian/Alaskan Native**
- 11 Veterans Identifying as **Black**
- 3 Veterans Identifying as **Asian**
- 2 Veterans Identifying as **Hispanic**
- 9 Veterans Identifying as **Multiracial**



**GENDER IDENTITY and SEXUAL ORIENTATION**

- 24 **Women Veterans**
- 14 **LGBTQIA+ Identifying Veterans**

**AGE**

- 6 Veterans **Aged 29 & under**
- 37 Veterans **Aged 30-49**
- 11 Veterans **Aged 50-69**
- 6 Veterans **Aged 70+**

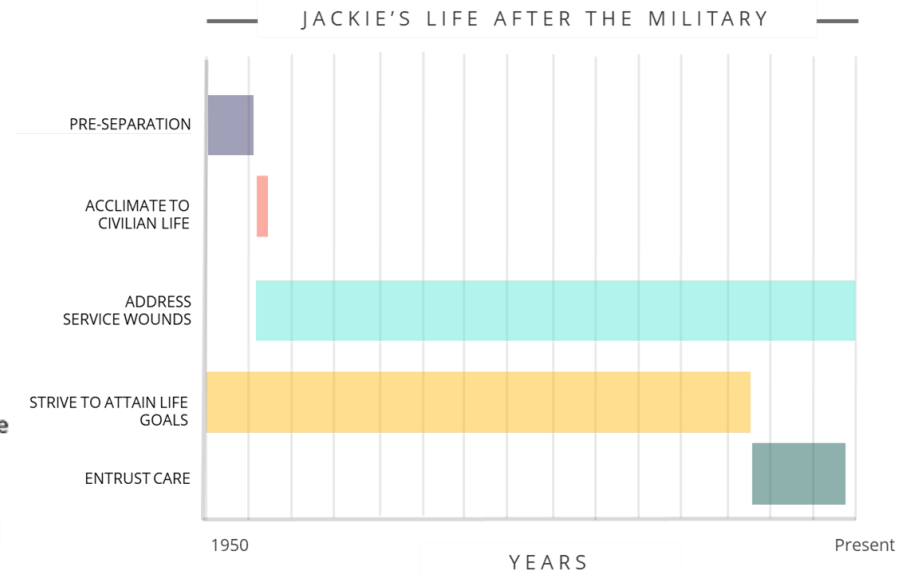
\*An additional four interviews were conducted with Caregivers of Veterans for an inclusive total of 80 interviews. Limited information exists for some Veterans, as demographic information was limited to what was shared in the interview process. \*\*Enrolled, unengaged Veterans are enrolled in VHA but reported they have not accessed care within in the last 2 years. \*\*\*Data are limited by Veterans who did not know or did not share their rating. \*\*\*\*Enrollment information not available.

# Phases in Practice: Jackie

Veterans begin and complete different phases of their lives at different times, and sometimes multiple times. Below is one representative Veteran story and a guide to her journey through the phases of her life.

## Jackie's Story

**Jackie** joined the Army immediately after high school to help pay for college, for medical insurance, competitive dental, and retirement. Her intention upon joining was for military to be her career. **She completed basic training, 20 weeks specialized training becoming a Military Information Technology Specialist and supported three deployments.** She became a Sgt. Maj., began training new recruits, and eventually transitioned to Army Reserves, **completed her college degree**, and onboarded with Microsoft, **becoming active in GLEAM and AVER.** Due to **VSO and professional support, her transition was uncomplicated** despite some challenges in her service connection. She has private insurance through work and utilizes VA for **her service-linked conditions (orthotics, hearing aids).** **She anticipates relying on VA healthcare more when she retires.**



## Jackie's Order of Phases

Jackie quickly passes through **Pre-Separation** and **Acclimate to Civilian Life** during her relatively easy transition to civilian life.

However, even though she begins **Strive to Attain Life Goals** and **Address Service Wounds** before, during, and immediately following separation she remains in those phases for much of her life as she continues to work on her health and establish new goals to meet.

Much later, as she ages, she completes **Strive to Attain Life Goals** and begins **Entrust Care**. She remains in that phase until the end of her life.