

Survey of Enrollees - Recommended Changes for 2025:

1. A set of questions was identified to be asked in alternating years; those in **blue text** will be asked in odd years and those in **brown text** will be asked in even years.
2. Counting questions with multiple parts, the SoE historically has asked approximately 130 questions; this version reduces that by about 40% to 75 individual questions.
3. The survey now opens with utilization questions versus insurance questions to draw respondents in by asking more personal questions.

Note: Although highly personal, demographics are asked last because sensitive questions, such as those about income, can cause respondents to drop off.

4. Reasons Veterans use non-VA providers (Q10) will alternate with factors Veterans look for in a provider (Q11) as responses do not vary year to year and these questions are long and burdensome for the respondent.
5. Insurance questions now mirror the American Community Survey (ACS) insurance questions.
Note: Milliman does not use ACS data because it lags too much for their calculations; they have validated SoE data against VA administrative data and have found that the SoE data results in more accurate answers.
6. We have modified our ADL/IADL questions to reflect the ACS questions because they are streamlined and easier to answer.
7. We have added one new question at the suggestion of Connected Care that asks about comfort level of Veterans completing medical forms; recent studies have shown that responses are suggestive of both medical literacy and, for Connected Care, an indicator of a person's ability to use digital technologies for health care. This question will be asked in odd years, along with the Digital Access questions.
8. We are keeping the core Smoking questions because they are the sole indicator of smoking rates among enrolled Veterans and are critical for public health policy determinations. Similarly, we are keeping questions about Vaping and Smokeless Tobacco use because, while used by a small population of enrolled Veterans, use is expected to rise as the enrollee population skews younger. These questions are well-validated through CDC surveys and not burdensome to answer.
9. The Digital Access questions will be asked in 2025 and in odd years after that.
10. The Race/Ethnicity question has been updated to reflect new OMB guidelines.
11. Questions about Highest Rank received in the military will be dropped because they were confusing to answer; They were considered as a proxy for years served and we have found administrative data in VADIR that provides the needed information.
12. Questions about language spoken at home were dropped for space purposes.
13. We have confirmed with the LGBTQ+ Health Policy Office that questions regarding gender identification and sexual orientation are not needed, so they will be dropped.
14. We will continue to ask about education and sub questions about employment (number of jobs and number of hours worked), but in alternating years.