City of Dallas

SMU

Integrated Assessment of Veteran's Services in Dallas via Qualitative and Quantitative Research Methods

Commissioned by the City of Dallas and the Dallas Veteran Affairs Commission, the Integrated Assessment of Veteran's Services in Dallas via Qualitative and Quantitative Research Methods examines the needs and experiences shaping veteran wellbeing across Dallas. Conducted by a multidisciplinary team from SMU, the project centers veteran lived experience while providing evidence-based insights into how systems, services, and supports function collectively across the community.

Letter of Endorsement

The Dallas Veteran Affairs Commission extends its sincere appreciation to the City of Dallas, the Office of Housing & Community Empowerment and all collaborating municipal departments for their partnership throughout this effort. We especially thank City facilitators Christina da Silva and Shpendim Nadzaku, whose coordination ensured that the City's requirements were met with precision and professionalism. Their stewardship supported the successful execution of Contract No. FHO-2025-00027075, authorizing Southern Methodist University to conduct a comprehensive veterans' wellbeing assessment, as reflected in the Administrative Action dated March 19, 2025. The Commission is grateful for the City's continued commitment to advancing veteran wellbeing across Dallas.

We also extend our deep appreciation to the Southern Methodist University research team for their exemplary academic rigor and interdisciplinary leadership. Principal Investigators Dr. Jennifer Ebinger, Dr. Monnie McGee, and Dr. Jessie Zarazaga guided a methodologically robust process integrating qualitative inquiry, quantitative analysis, geospatial mapping, and participatory design. Their student researchers; including Dylan Harvey, Aubrey Brown, Holly Harris, Fiona Graybill, and Erik Schlicht contributed significant analytical and technical expertise. The team's work reflects humility paired with rigor, as they noted in the Preface: "Our commitment was humility paired with rigor: to represent veterans' perspectives faithfully and to build an evidence base strong enough to inform policy without overstating our authority." Their professionalism and care are evident throughout the final report.

The Commission acknowledges the strength and clarity of the findings presented in the **Integrated Assessment of Veteran's Services in Dallas via Qualitative and Quantitative Research Methods**. The report identifies a consistent pattern across all methods: "Many veteran challenges are not caused by a lack of services, but by fragmentation, coordination gaps, and timing pressures within a complex ecosystem." This conclusion is supported by more than 14,000 qualitative data points, geospatial analysis, and sentiment modeling, all converging on the need for improved navigation, coordinated handoffs, relational supports, and long-term structural alignment. The Impact × Feasibility framework further provides a practical roadmap for sequencing near-term coordination improvements alongside longer-term system investments.

On behalf of the Dallas Veterans Affairs Commission, we offer our full and unequivocal endorsement of SMU's findings and recommendations. The opportunities outlined ranging from standardized referral pathways to interoperable data systems and strengthened transition supports represent elegant, evidence-based strategies that position Dallas to become a vanguard among major U.S. cities in veteran support. The Commission is committed to advancing these recommendations in partnership with the City of Dallas, ensuring that this assessment becomes a catalyst for best-in-practice solutions that honor the service and wellbeing of our veteran community. We look forward to moving these opportunities forward with urgency, clarity, and shared purpose.

Monty Ayers PhD
LTC USA (Ret)
Chair, Veterans' Affairs Commission

Steven Cole, CFE MA
CAPT USN (Ret)
Vice Chair, Veterans' Affairs Commission

Preface

Why this work and how it changed us...

We first learned of the City of Dallas competitive RFP focused on analysis and recommendations for Veterans' Wellness when Steve Cole, Vice Chair of the Veteran Affairs Commission, shared the opportunity with President Emeritus Gerald Turner and Dean Robin Poston. The RFP aligned closely with SMU's strategic commitment to strengthening civic partnership with the City of Dallas, and we recognized both the responsibility and the potential value of contributing our expertise to this effort. Dr. McGee convened Dr. Jennifer Ebinger and Dr. Jessie Zarazaga to consider our approach and the integrity of the research design. Together, we asked a foundational question: How can we serve the Commission and the City of Dallas in a way that is both rigorous and genuinely responsive?

We are scholars trained in interdisciplinary, mixed-methods research. Veterans' policy is not our disciplinary home. While we have friends and family who have served, we do not claim lived expertise. What we bring is deep experience in qualitative inquiry, quantitative analysis, geospatial mapping, and participatory research and design. From the outset, our commitment was humility paired with rigor: to represent veterans' perspectives faithfully and to build evidence base strong enough to inform policy without overstating our authority.

From that posture, we developed an integrated research design. The Veterans' Innovation & Insight Forum (VIIF) served as the participatory core—human-centered, structured, and carefully facilitated. Around it, we layered independent methods: administrative and quantitative indicators, geospatial accessibility analysis, social media topic modeling, and sentiment analysis to examine emotional patterns in public discourse. By examining these data sources side by side, we were able to test whether lived experiences aligned with spatial realities and broader patterns in digital conversation.

Several insights shifted our thinking. We initially expected to identify discrete service gaps. Instead, the evidence pointed more consistently to coordination breakdowns and timing challenges within a dense but fragmented ecosystem. Emotional analysis deepened this understanding. Conversations about mental health and health insurance carried sustained emotional intensity, while discussions of GI Bill, C&P, and VR&E benefits were more procedural in tone. Not every policy area affects veterans in the same way. Some create significant emotional strain, and that strain can appear well before problems surface in official statistics.

Preface continued...

This work also changed us. Participatory research requires trust, careful listening, and restraint. Integrating multiple methods demands discipline and when findings converge, confidence grows; when they diverge, interpretation must be cautious. At times, our academic timelines and the City's operational priorities moved at different speeds. Public servants needed clear performance indicators while we were building longitudinal analytic frameworks. Reporting demands sometimes competed with analytic depth. Through that tension, we learned the importance of clarifying expectations early, aligning language across sectors, and building stronger bridges between scholarly process and public accountability. Those lessons will inform how we approach future university–city collaborations.
Over time, our role evolved from documenting experiences to examining how the broader system functions around veterans. We learned that proximity does not guarantee access, that policy expansion can generate both hope and anxiety, and that veterans' narratives are not simply personal stories—they are meaningful forms of evidence that illuminate system patterns.

Importantly, we believe this methodological approach, participatory design embedded within rigorous mixed-methods analysiis, has relevance beyond the immediate context of this study. With appropriate and responsible access to data, the framework could be adapted to other complex systems, in both public and private settings, where lived experience, operational data, and structural or geographic dynamics intersect. While developed in response to a civic challenge, we see this work as offering a foundation for responsible, interdisciplinary scholarship that may inform future applications in other organizational environments.

This report is therefore both empirical and reflective. It represents the collective efforts of faculty, graduate and undergraduate analysts, city partners, and, most importantly, the veterans who shared their experiences with candor and trust. We are deeply grateful for the opportunity to undertake this work and for the confidence placed in us by the City of Dallas and the Veteran Affairs Commission. We offer this work with humility, confidence in the integrity of our methods, and a continued commitment to learning alongside the veterans and civic partners with whom we work.

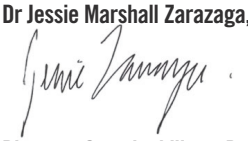
Monnie McGee, PhD

Associate Professor, Statistics and Data Science
Dedman College of Humanities and Sciences

Jennifer Ebinger, EdD

Executive Director, Office of Engaged Learning
Student Academic Engagement and Success
Office of the Provost

Dr Jessie Marshall Zarazaga, PhD RIBA LeedAP



Director, Sustainability + Development Program (SDP)
Associate Director, Hunt Institute for Engineering & Humanity,
Associate Professor (clinical), Lyle School of Engineering, SMU
Fellow, Dallas Institute for Humanities and Culture

Executive Summary

Community-Informed Priorities for Strengthening Veteran Support in Dallas County

This report integrates findings across ten thematic areas using multiple methods: human-centered design framework with **qualitative analysis, topic modeling and sentiment analysis of social media posts, and participatory and spatial mapping.**

To support practical sequencing, solutions were evaluated using an **Impact × Feasibility framework**, informed directly by participant rankings. This structure helps distinguish near-term coordination improvements from longer-term structural investments.

Across all methods, one consistent pattern emerged:

Many veteran challenges are not caused by a lack of services, but by fragmentation, coordination gaps, and timing pressures within a complex ecosystem.

Veterans described difficulty navigating referrals, confusion during federal claims cycles, delayed follow-up after discharge, and inconsistent coordination across housing, healthcare, employment, and legal systems. These experiences were reinforced by cross-method data analysis.

What the Analysis Clarifies

Three system-level dynamics stand out:

1. Navigation and coordination are enabling infrastructure. When referral pathways are clear and systems communicate effectively, existing services function more efficiently. Strengthening handoffs and visibility may unlock benefits across housing, employment, healthcare, and justice domains.

2. Relational supports are both feasible and impactful. Mentorship, peer continuity, and trust-building mechanisms ranked highly among participants. These approaches are comparatively low cost and may reduce crisis-driven strain.

3. Structural issues require sustained investment. Housing supply, integrated data systems, and healthcare alignment involve cross-agency coordination, long-term funding, and multi-level authority. These represent longer-term resilience strategies.

Priority Areas Identified

Based on feasibility rankings and cross-method synthesis, opportunities fall into three broad categories:

Near-Term Enabling Infrastructure

- Standardized referral and warm handoff practices
- A unified "HUB" for resource visibility
- Surge navigation during federal claims expansions
- System alignment investments
- Expanded military cultural competency

Multi-Stage Transition Follow-up

- Strengthened backbone governance and shared metrics

Longer-Term Structural Investments

- Interoperable data systems
- Coordinated support beginning at discharge

Moving Forward

These recommendations are not additive programs. They are alignment strategies designed to improve coordination, visibility, and timing across existing systems.

The Impact × Feasibility framework provides a structured basis for sequencing — clarifying where early gains may be achievable, where sustained investment is required, and where intergovernmental collaboration will be necessary.

Detailed feasibility analysis and implementation pathways are provided in the final section of this report.

Acknowledgements

The Integrated Assessment of Veteran's Services in Dallas via Qualitative and Quantitative Research Methods was conducted through the support and partnership of the City of Dallas and the Dallas Veterans Affairs Commission. We are grateful for the City's leadership and commitment to advancing research-informed strategies that strengthen veteran wellness, resource accessibility, and community engagement across Dallas.

We extend our appreciation to the members of the Dallas Veteran Affairs Commission (VAC): **Charles M. Ayers** (Chair), **Juan Preciado**, **Lakeydra Houston**, **Gayland Sherman**, **Sergio V. Ortega**, **Glenn Ralph Hunter**, **Michael T. Westrom**, **Scott Chase**, **Steven Cole** (Vice Chair), **Ray Smith**, and **Matthew Bell**.

This project was led by the Principal Investigators, **Jennifer Ebinger** (SMU Office of Engaged Learning), **Monnie McGee** (SMU Statistics and Data Science), and **Jessie Zarazaga** (SMU Civil & Environmental Engineering), whose scholarly leadership guided the design, implementation, and analysis of the assessment.

Geospatial mapping, data compilation, and analysis were conducted by **Dylan Harvey** (SMU Graduate Student, Sustainability and Development), **Holly Harris** (SMU Graduate Student, History), and **Eric Schlicht** (SMU Graduate Student, Anthropology), whose technical expertise and analytical contributions shaped the findings presented. Social media analysis was conducted by **Aubrey Brown** (SMU '26, Tower Scholar), contributing additional insight into patterns of engagement relevant to veteran outreach and communication strategies. Qualitative coding was completed by the research team, including **Fiona Graybill** (SMU '25, English, Arabic, and Russian), whose systematic coding and close-reading expertise provided essential interpretive grounding for the thematic analysis presented in this report.

The Veterans' Innovation and Insight Forum (VIIF) was developed by the research team, with **Laura Robinson Doyle**, Associate Professor of Applied Physiology and Sport Management at SMU, contributing to its conceptual framing and presentation. Program coordination and report design were provided by **Kelly Chandrapal** (SMU Office of Engaged Learning).

Facilitation of the Veterans Innovation and Insight Forum was provided by SMU staff and students: **Alisha Bailey**, **Dorie Beichman**, **Shavari Dethe**, **Belle Diaz**, **Martha Fernandez**, **Monica Fields, Fiona Graybill, Dylan Harvey, Marissa Heyl, Rutuja Hadhav, Melody Kao, Angela Molinero Heras, Haritha Muriyath, Adam Neal, Melina Padron, Olivia Prioleau, Karen Quinones,** and **Alex Thibeaux,** whose leadership supported meaningful dialogue and collaborative data collection.

We are grateful to **Shpendim Nadzaku** and **Christina da Silva** for their project management on behalf of the City of Dallas. Their coordination and logistical leadership were instrumental in bringing this effort to completion.

At the heart of this work, we acknowledge and thank the **veterans and community stakeholders** who participated in the Veterans' Innovation and Insight Forum and related assessment activities. Their lived experiences and perspectives directly shaped the findings and recommendations presented in this report.

Research Team

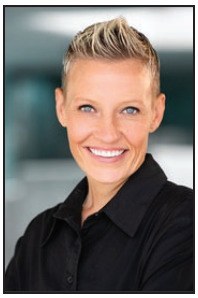
Principal Investigators

Dr. Jennifer L. Ebinger is Executive Director of the Office of Engaged Learning at SMU, where she leads university-wide programs for undergraduate research, entrepreneurship, and high-impact experiential learning. Her scholarship examines active learning, faculty practice, and organizational change in post-pandemic higher education, with particular attention to how instructional design and academic culture shape student engagement and persistence. Drawing on qualitative, mixed-methods, and human-centered design methodologies, she integrates participatory research and institutional assessment to examine lived experience as a catalyst for organizational improvement. Dr. Ebinger has co-authored, secured, and led implementation of federal, state, national, and municipal grants and directs cross-sector design initiatives spanning K–12 and higher education that integrate research, mentoring, instruction, and assessment.

Dr. Monnie McGee, Associate Professor in SMU's Department of Statistics and Data Science, has authored more than 50 peer-reviewed articles spanning gene expression analysis, sports analytics, and statistical methodology, and has secured nearly $1 million in NIH and NSF funding during her 23 years at SMU. Dr. McGee played a foundational role in establishing data science at SMU, serving as the first director of the fully online Master of Science in Data Science and proposing the Master of Data Science and Applied Statistics (MDSAS) and Bachelor of Science in Data Science (BSDS) degrees. Her extensive mentorship record includes directing 14 PhD dissertations and earning university-wide recognition, including the Engaged Learning Mentor of the Year Award and the Thomas Tunks University Service Award.

Dr. Jessie Zarazaga is Director of the Sustainability + Development and the Global Development Programs at SMU Lyle and a Clinical Associate Professor in Civil and Environmental Engineering. She also directs the SMU GIS Lab and is a fellow of the Hunt Institute for Engineering and Humanity. Her teaching and research work spans urbanism, infrastructure, landscape design, and participatory public engagement. Zarazaga has taught and practiced sustainability and architecture in diverse locations such as Hong Kong, Tanzania, Kenya, Finland, Chile, Colombia, and the U.S., with a focus on collaborative design for equitable, sustainable environments. She has been awarded grants from the NSF, VentureWell, Tech Titans, and DCII for her research in community-engaged humanitarian engineering education.

SMU Faculty



Dr. Laura Robinson-Doyle is a Clinical Associate Professor in the Department of Applied Physiology and Sport Management at SMU whose work focuses on poverty, homelessness, food insecurity, and social justice. Through her research and teaching, she encourages students to engage in community-based solutions and become advocates for meaningful social change. Prior to joining SMU, she worked with the United States Army and conducted military and public health research through a fellowship with the Oak Ridge Institute for Science and Education, supporting initiatives with the U.S. Department of Defense and U.S. Public Health Command. Her work has included developing programs to support soldiers' physical readiness, mental health, suicide prevention, and reintegration for service members transitioning to civilian life.

SMU Student Researchers

Dylan Harvey earned an M.A. in Sustainability and Development from SMU in 2025. He works as an Urban Planner for the City of Irving, using GIS to measure sustainability outcomes and develop practical tools that guide smarter urban growth.

Aubrey Brown is a Political Science and Data Science undergraduate student and Tower Scholar at SMU. Her research on text analytics was supported by the Summer Research Intensive and the Dedman College Interdisciplinary Institute Hamilton Scholar Program.

Holly Harris is a History Ph.D. student and University Ph.D. Fellow at SMU. She is a historian of American foreign policy and the military. She previously has studied the experiences of prisoners of war during World War II and veterans broadly.

Fiona Graybill graduated from SMU in May 2025 with majors in English and World Languages. She works at the LBJ Foundation as an Administrative and Communications Support Coordinator.

Erik Schlicht is a Ph.D. student at SMU in Archaeology. He uses mixed methods, including geospatial analysis, to study Indigenous land management in California for his dissertation.

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Introduction

The Integrated Assessment of Veteran's Services in Dallas was commissioned by the City of Dallas and the Dallas Veterans Affairs Commission to better understand the needs, challenges, and opportunities shaping the wellbeing of veterans living in Dallas. Conducted by a multidisciplinary team of faculty, staff, and students from Southern Methodist University (SMU), this project responds directly to the City's request for a rigorous, evidence-based assessment that centers veteran lived experience while producing actionable insights for municipal decision-makers, service providers, and community partners.

Dallas is home to an estimated 40,000 veterans, representing diverse service areas, backgrounds, and post-service trajectories. While the region offers a wide array of veteran-serving organizations and municipal resources, veterans and providers alike have identified persistent challenges related to navigation, coordination, and access. This assessment was designed to examine those conditions holistically moving beyond isolated program evaluation to understand how systems function collectively, where gaps exist, and how services can be strengthened in more coordinated and equitable ways.

Purpose and Objectives

The overarching purpose of this project is to provide the City of Dallas and its partners with a comprehensive, evidence-based understanding of veteran wellbeing across the city and to support strategic planning and service improvement efforts. **The assessment pursues five core objectives:**

1. **Assess Current Needs and Challenges:** Conduct a strategic analysis to evaluate the current needs and challenges faced by veterans in Dallas, Texas.

2. **Identify Gaps in Services:** Examine existing gaps in wraparound services for veterans, particularly in areas such as education, workforce training, employment, physical health, mental health, and housing.

3. **Evaluate Municipal Support:** Analyze the current efforts of municipal departments in supporting veterans to understand the effectiveness of existing initiatives.

4. **Recommend Strategic Enhancements:** Propose strategies that municipal departments can implement to enhance and equitably improve services for veterans based on the assessment findings.

5. **Provide Actionable Insights:** Deliver practical recommendations for policymakers and service providers to enhance the well-being of military veteran residents in Dallas.

These objectives frame the assessment as both diagnostic and forward-looking, grounded in current conditions while oriented toward feasible, high-impact action.

Overview of Mixed-Method Design

To meet the objectives, the SMU team implemented a mixed-methods research strategy integrating qualitative, geo-spactial and quantitative research methodologies.

The assessment consists of three primary components:

1. **Veterans Innovation & Insight Forum (VIIF):** a day-long, design-thinking qualitative engagement event centered on veteran lived experience and community-generated solutions.

2. **Veteran Support Service Impact Analysis:** a quantitative and geospatial examination of existing services, service use, and gaps across Dallas.

3. **Veteran Social Media Analysis Project:** an analysis of veteran-related discourse using publicly available social media data to identify recurring themes, concerns, and patterns relevant to veteran wellbeing and service access.

By triangulating findings across these diverse data sources, the project provides a multidimensional understanding of veteran wellbeing. This approach ensures that quantitative patterns are interpreted through a human-centered lens, while qualitative insights are grounded within broader demographic, geographic, and structural contexts.

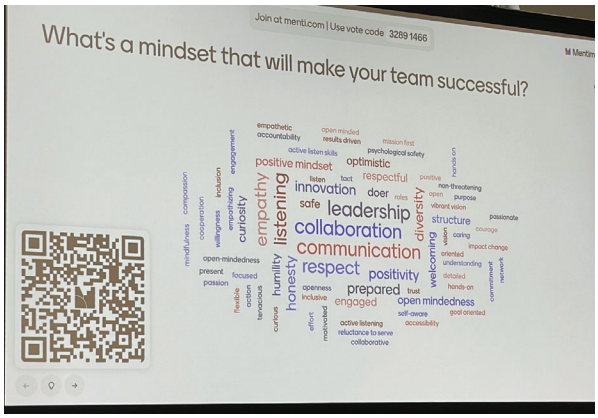


Image 1.2 Word map from Mission Mindset activity at VIIF.
The activity established a shared framework for dialogue and prepared participants for the facilitated discussions throughout the Veterans Innovation and Insight Forum.

Veterans Innovation & Insight Forum

The **Veterans Innovation & Insight Forum (VIIF)** brought together veterans, caregivers, service providers, community leaders, and institutional partners from across Dallas County for a multi-activity, design-thinking experience focused on understanding veterans' needs and generating actionable ideas. Across a series of facilitated sessions at SMU, participants engaged in knowledge-sharing groups, transition-design exercises, and community insight circles. These activities generated hundreds of observations, challenges, and solution concepts, which were qualitatively coded, synthesized, and transformed into a set of clear, cross-cutting insights describing the veteran experience in Dallas County today.

VIIF employed a human-centered design framework and participatory methods that enabled participants to generate insights through storytelling, visual mapping, and collaborative discussion. Each activity was supported by standardized facilitator guides, ensuring consistency across tables while preserving flexibility for participants to contribute in their own voices.

Image 1.3 VIIF facilitator leading discussion with participants.

Activities included:

- Mapping how veterans experience Dallas - how different places connect to their personal stories
- Identifying priority wellness domains and systemic barriers
- Reframing challenges into opportunity-focused questions
- Brainstorming and clustering solution concepts
- Ranking ideas using an impact–feasibility framework

Over the course of the forum, nearly 14,000 qualitative data points were collected and systematically coded including written notes, maps, sketches, and discussion notes, providing key insights from which to construct a balanced set of opportunities for the City of Dallas. Written notes and discussion notes were analyzed via text analytic methods to draw out important topics from each of the activities performed during the VIIF.

Image 1.4 Dr. Ebinger leading the *Operational Terrain Mapping* activity.

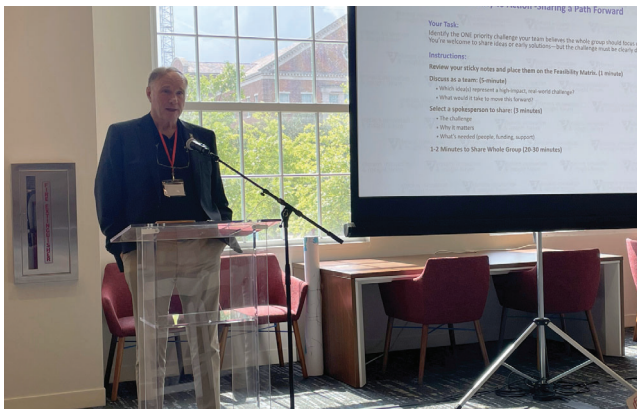


Image 1.5 Commissioner Ayers providing closing remarks at VIIF.

Veteran Support Service Impact Analysis

The **Veteran Support Service Impact Analysis** examines the availability, distribution, and utilization of veteran services across Dallas. Using geospatial mapping and service documentation, this analysis identifies where services are located, which populations they reach, and where gaps persist—particularly across education, employment, health, and housing.

Layered with demographic and census data, the geospatial analysis from the VIIF mapping process reveals neighborhood-level variation in needs and access, enabling identification of underserved zones and priority areas for intervention. This spatially specific approach provides actionable context for municipal planning and resource allocation.

Veteran Social Media Analysis Project

The **Veteran Social Media Analysis Project** complements the assessment by examining veteran-identified issues and experiences as expressed through publicly available social media platforms. Rather than focusing on physical mobility patterns, this component analyzes large-scale, veteran-related online discourse to identify recurring topics, concerns, and shifts over time.

Using data from veteran-related forums on Reddit, the research team analyzed thousands of posts to surface themes that may not emerge through structured engagement alone. This approach provides additional context on how veterans discuss access to services, wellbeing challenges, and community experiences in their own words, offering a broader view of veteran perspectives beyond formal participation. In addition, the analysis of social media data spans multiple years, adding a longitudinal component to the project.

Integration and Intended Use of Findings

The strength of this assessment lies in its integration of methods and perspectives. Qualitative insights from VIIF provide the human context necessary to interpret quantitative and spatial patterns, while geospatial and social media analyses test, visualize and reinforce themes surfaced through participatory engagement.

Together, these findings are synthesized into a set of actionable insights and recommendations intended to support:

- City-led strategic planning and policy development
- Cross-departmental coordination and service alignment
- Targeted investment in high-impact, high-feasibility initiatives
- Long-term system redesign efforts informed by veteran lived experience

This report is designed not as an evaluation of individual organizations, but as a system-level assessment, highlighting opportunities for coordination, navigation, and structural improvement within the City of Dallas's locus of control and in partnership with regional, state, and federal actors.

By centering veteran voices and grounding recommendations in robust data, the Veterans' Wellbeing Assessment offers the City of Dallas a clear, community-informed roadmap for strengthening the veteran ecosystem and advancing equitable, effective support for those who have served.

Methods

Overview of Methodological Approach

The Integrated Assessment of Veteran's Services in Dallas uses an intentionally triangulated research design that integrates qualitative, quantitative, and geospatial methods to examine veteran experiences, needs, and access to services in Dallas County. This design reflects the understanding that complex wellness systems cannot be adequately captured through a single data source; patterns related to access, outcomes, and lived experience often appear differently across narrative accounts, administrative indicators, and spatial relationships.

Triangulation strengthens the study by enabling findings to be examined for convergence, complementarity, and divergence across independent data streams. When similar themes emerge across participant narratives, service-use patterns, and spatial accessibility analyses, confidence increases that these patterns reflect underlying system-level conditions rather than artifacts of a single method. Where findings diverge, they help identify coordination gaps, inequities, or areas requiring further invesigation.

Within this broader mixed-methods framework, the Veterans Innovation & Insight Forum (VIIF) serves as the primary qualitative and participatory component, centering lived experience and meaning-making through structured design-thinking activities. Quantitative analyses assess patterns and outcomes from numeric and text-based data, while geospatial mapping situates those experiences within transportation networks, neighborhood context, and physical proximity to resources. Together, these complementary layers produce a more complete and reliable understanding of veteran wellness than any single method alone

The sections that follow describe each component of this methodological framework, beginning with the participatory qualitative process and moving through complementary analytic layers that extend and contextualize the findings.

Veterans Innovation and Insight Forum

Study Purpose and Context

The **Veterans Innovation & Insight Forum (VIIF)** was a participatory, design-thinking–based qualitative assessment designed to surface lived experiences, system barriers, and opportunity areas affecting veterans and their families in Dallas County. This analysis represents the qualitative component of the broader Veterans Wellness Project, which also includes quantitative, geospatial, and administrative analyses.

The purpose of the qualitative strand was to generate human-centered insight into how veterans experience, navigate, and interpret the local service ecosystem, and to identify system-level patterns that may not be visible through quantitative data alone. Emphasis was placed on understanding experiences of access, navigation, trust, and coordination from the perspective of those interacting directly with the system.

Participants

Because the goal of VIIF was to capture a wide range of experiences rather than to produce statistically representative estimates, participant recruitment emphasized diversity of perspective across the veteran ecosystem. Approximately 50 participants took part in the forum, including:

- Veterans from multiple eras (Vietnam to Post-9/11)
- National Guard and Reserve members
- Family members and caregivers
- Veteran-serving nonprofit staff
- Mental and behavioral health providers
- Workforce and employer partners
- Education and training providers
- City, county, and VA North Texas representatives
- Community and faith-based leaders

This diversity supported triangulation across lived experience, service delivery, and institutional viewpoints, allowing common patterns to be examined across multiple roles and contexts.

Design Facilitation Structure

To support meaningful participation across diverse stakeholder groups, VIIF was structured as a full-day, multi-activity design-thinking process hosted Frances Anne Moody Graduate School at SMU in Dallas, Texas. Activities were intentionally sequenced to move participants from experience sharing to problem identification, opportunity framing, idea generation, and prioritization.

Participants worked primarily in facilitated table groups using structured prompts, visual tools, and collaborative exercises. Table facilitators supported balanced participation, maintained focus on activity prompts, captured insights, and ensured psychological safety, without directing content or evaluating ideas. A lead facilitator guided the overall flow of the forum, introduced activities, reinforced shared norms, and connected each activity to the broader analytic arc.

Standardized facilitator and participant guides were used across tables to ensure consistency in implementation, timing, and documentation.

Facilitated Activities

Within this facilitation framework, participants engaged in a sequence of activities designed to build on one another and generate complementary qualitative data. Core activities included:

Place-Based Experience Mapping: Participants visually mapped how veterans experience Dallas County by annotating large county maps with service locations, transportation routes, community gathering spaces, and barriers. Drawings, symbols, and written reflections were used to indicate both positive and negative experiences, challenges, and navigation pathways. These place-based observations were later digitized to support geospatial analysis.

Veteran Support Service Impact Analysis

Operational Terrain Mapping: Participants identified key wellness domains affecting veterans (e.g., housing, mental health, employment, navigation, family support), clustered them into themes, and prioritized the most urgent areas. Groups discussed both challenges and strengths within each domain and drafted brief challenge statements focused on root causes rather than symptoms.

How Might We Framing: Priority challenges were reframed into open-ended "How Might We" questions to support solution-oriented thinking. These questions were refined to remain grounded in veteran experience while avoiding embedded or prescriptive solutions.

Solution Brainstorming: Participants generated and sketched multiple solution concepts in response to their selected *How Might We* questions. Ideas were clustered into thematic categories (e.g., access, trust, coordination, peer support) and discussed with attention to feasibility considerations.

Impact–Feasibility Prioritization: Participants evaluated solution concepts using a 2×2 matrix (impact × feasibility), identifying near-term actions, longer-term opportunities, and lower-leverage ideas. Priority selections were documented for synthesis.

An initial team-building activity *Mission Mindset* was used to establish norms for collaboration and psychological safety; data from this activity was not analyzed for the purpose of this report.

Data Collection

These activities produced a rich set of qualitative artifacts capturing participant experiences, perspectives, and priorities. Data sources included written notes, sticky notes, worksheets, maps, sketches, participant quotes, and prioritization matrices generated throughout the day. Facilitators captured content continuously during each activity. All materials were compiled into a centralized qualitative dataset to support systematic analysis.

Qualitative Coding and Analysis

Once data collection was complete, the research team conducted a systematic thematic analysis designed to identify cross-cutting patterns while remaining grounded in participant language and intent. Analytic steps included:

- First-cycle open coding across all qualitative materials
- Clustering of codes into thematic categories
- Identification of cross-cutting patterns and high-frequency themes
- Synthesis into ten overarching insights describing system-level conditions
- Validation against participant feasibility rankings from prioritization activities

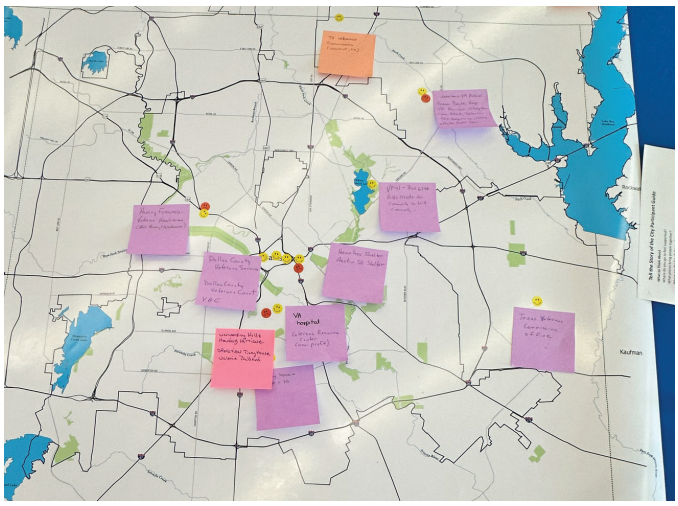


Image 1.6 *Tell the Story of the City* place-based experience mapping.

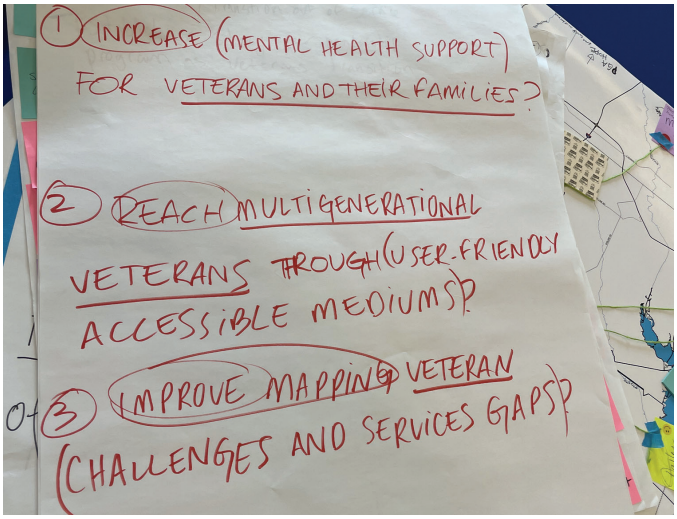


Image 1.7 Raw data from the *Operational Terrain Mapping* activity.

Rigor and Triangulation

To strengthen credibility and analytic rigor within the qualitative strand, findings were triangulated across:

- Multiple activity types
- Participant narratives and quotations
- Visual and spatial artifacts
- Feasibility and impact assessments
- Cross-sector perspectives (veterans, caregivers, providers, and officials)

Consistent patterns emerged across groups and activities, indicating strong internal validity of the synthesized qualitative insights.

Relationship to the Mixed-Methods

While this section focuses on qualitative findings, the VIIF process was intentionally designed to inform and contextualize subsequent quantitative, administrative, and geospatial analyses. The qualitative insights serve as a human-centered foundation for interpreting service-use patterns, spatial accessibility, and demographic trends examined in later analytic phases.

Limitations

As a qualitative, participatory process, findings reflect participant perspectives and are not statistically generalizable. Approximately 50 individuals engaged out of roughly 90 confirmed registrants. An attendance rate exceeding 50% is strong for a voluntary, time-intensive forum and comparable to engagement levels reported in social science research.

Although not designed to produce representative estimates, participation was sufficient to reach thematic saturation. Patterns were further examined through quantitative, geospatial, and social media analyses, strengthening confidence in the findings. Some solutions require additional feasibility analysis, and the service ecosystem will continue to evolve.

Overall, the consistency of insights across activities and stakeholder groups suggests a reliable representation of shared veteran experiences in Dallas County.

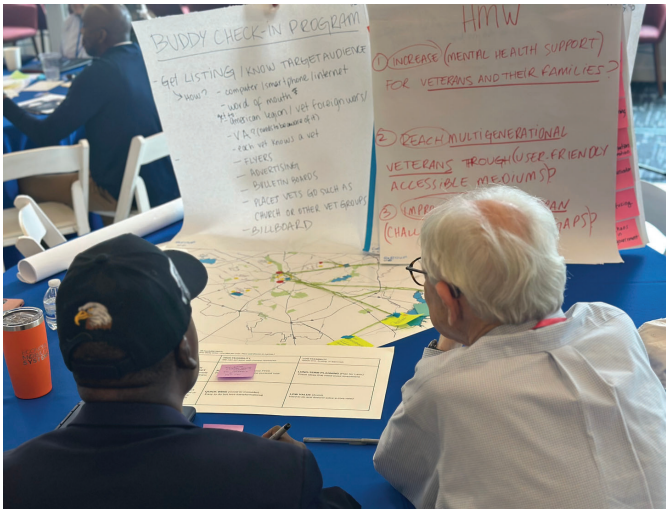


Image 1.8 Participants working on *How Might We Framing* activity.

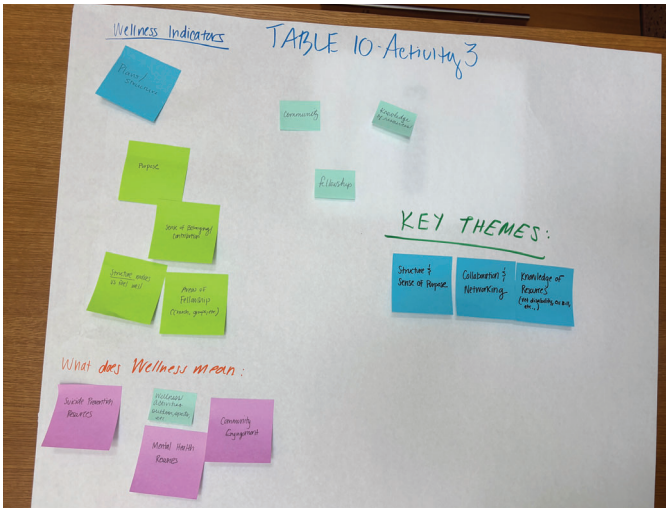


Image 1.9 *Solution Brainstorming* activity.

Image 2.0 *Solution Brainstorming* activity.

Text Analysis Applied to Coded Results from VIIF

To complement manual qualitative synthesis and to examine consistency across participant responses, selected **VIIF activities were analyzed using statistical methods for text analytics and sentiment analysis.**

Data

Qualitative data were provided in an Excel workbook containing multiple worksheets, each corresponding to a VIIF activity, with the exception of the "Mapping the City" activity, which was analyzed separately using geospatial methods. The workbook was imported into the statistical software *R*, and each worksheet was parsed into a separate data frame. Each row represented the responses of a single participant.

Methods

Responses from the VIIF *Operational Terrain Mapping*, *How Might We Framework* and *Brainstorming Solutions* activities were analyzed using a text-mining and topic-modeling pipeline implemented in *R*. Responses across multiple prompts within the same activity were concatenated to create one document per participant.

Text preprocessing included lowercasing, removal of punctuation and numeric tokens, elimination of standard and domain-specific stop words, lemmatization, and the inclusion of selected bigrams to preserve interpretable multi-word concepts. A document–term matrix was constructed and used to fit a Latent Dirichlet Allocation model with k = 3 topics using the **topicmodels** package in *R*. Topics were interpreted using the highest-probability terms and summarized through tables and visualizations.

Feasibility responses were analyzed separately due to their evaluative structure. Rather than applying topic modeling, feasibility data were analyzed by question using targeted frequency analysis and qualitative synthesis to preserve their decision-oriented nature and support implementation relevance.

Geospatial Analysis

Because many participant insights were explicitly tied to place, transportation, and neighborhood context, **qualitative findings from the VIIF were further examined through geospatial analysis**. Participants generated nine annotated maps documenting resources, barriers, and areas of concern. These maps were digitized and synthesized, with comments classified by sentiment and topic.

A complementary database of veteran-serving resources was created using the National Resource Directory, the Veterans Resource Center of Dallas, and City of Dallas listings. Resources were categorized by service domain, allowing comparison between veteran-identified needs and available services.

Public transportation accessibility was also assessed using census tracts, while drive-time analysis estimated travel time to the nearest resource by category. A ten-minute drive threshold was selected to account for variability in traffic and parking. Results indicated that while many resources are geographically accessible, access to legal and employment services was more constrained than access to health or social services.

Social Media Analysis

One of the limitations of the VIIF and the geospatial analysis is that they are cross-sectional with respect to time. In other words, these activities did not give a picture of how veterans' sentiments about certain resources or the issues they might have had accessing resource have evolved over an extended period of time.

Social media analysis uses a descriptive research design to understand the experiences, concerns, and needs of Dallas-area veterans as expressed in public online discussions. The researchers analyzed posts and comments from Reddit, a widely used public discussion platform where users often share personal experiences and seek advice. Reddit was selected as a data source because it provides access to unsolicited, candid

discussion that are not shaped by survey questions or interviewer presence.

There is a robust community of veterans using Reddit to ask for advice, share personal experiences, and discuss challenges related to benefits, healthcare, employment, and community resources in their own words and on their own terms.

Furthermore, unlike surveys or focus groups, which capture responses at a single point in time and from a limited number of participants, Reddit allows for longitudinal analysis across many years and reflects concerns as they naturally arise. This makes Reddit a valuable complementary data source for understanding veteran needs, identifying emerging issues, and highlighting gaps in services that may not surface through traditional data collection methods alone.

Because Reddit allows access to public posts going back many years, researchers were able to examine a comprehensive collection of veteran-related discussions over time rather than relying on a small sample.

To analyze this large volume of text, the researcher used text analytics, a set of tools that allows one to systematically summarize and quantify themes, patterns, and emotions in written language. Rather than reading each post individually, these methods help provide a high-level overview of what veterans are discussing, how often topics arise, and how sentiment changes over time. Text analytics were used for gathering important terms, grouping terms into topics (topic modeling), and identifying emotions associated with certain terms (sentiment analysis).

Identifying Relevant Posts

The data for this study consisted of Reddit posts and comments made between January 2015 and December 2025 that discussed veterans in Dallas or veteran-related services in the Dallas area. Because of the sparsity of posts between 2015 and 2019, the timeline was limited to 2020 - 2025. While these are not predictive (what will happen in 2026 is unknown, for example), they give an idea of how priorities and sentiment change (or do not) over a 5-year period.

Dallas subreddits included:

- Dallas
- DallasPolitics
- DallasEvents
- dallasisawesome
- utdallas
- askdfw

Veteran subreddits included:

- 50501veterans
- VeteransTexas
- Veterans
- VeteransAffairs
- VeteransBenefirs
- VeteranWomen
- Veteran_News
- VeteransWaitingRoom
- VeteranEntrepeneurs
- VeteransSuccess

Only publicly available content was used, and no attempt was made to identify individual users. Conversations were analyzed in full rather than in isolation.

From these forums, we collected posts that included keywords related to military service (such as branches of service, deployment, benefits, and veterans' affairs). This filtering process ensured that the posts analyzed were relevant to veterans and their experiences. Each qualifying post was then expanded to include all associated comments so that discussions could be analyzed in full rather than in isolation.

Identifying Key Phrases and Themes

Words were gathered into commonly occurring word combinations, such as one and two-word phrases (called n-grams, where n is the number of words in the phrase). These phrases provide important context that would be lost if words were analyzed individually.

Topic modeling groups posts based on patterns in word usage and identifies clusters of discussion themes across thousands of posts. Because veterans discuss a wide range of issues, individual topic labels can sometimes appear unclear on their own. To address this, we examined representative posts that best reflected each topic, allowing us to interpret themes in context using veterans' own words.

Sentiment and Emotion Analysis

To understand how veterans feel about key topics and services, we conducted two types of sentiment analysis. Polarity sentiment analysis was employed to determine whether discussions expressed more positive or negative sentiment overall. Sentiment scores were calculated for posts containing key phrases and averaged over time to assess how attitudes toward specific issues changed or remained stable.

Next, a more fine-tuned emotional analysis was conducted using the National Research Council of Canada (NRC) dictionary of emotions associated with words. The NRC is a peer-reviewed and widely accepted framework for categorizing emotions such as anger, fear, joy, sadness, trust, and anticipation. Words associated with these emotions were identified in relevant posts, allowing estimation of the emotional profile of discussions about specific topics. These emotion patterns were summarized visually, making it easier to communicate how veterans' emotional responses evolved across years and across issues.

Software and Reproducibility

All analyses were conducted using established statistical software designed for transparent, reproducible research. This ensures that results can be verified, updated, or extended as new data become available.

Methodological Integration and Study Strength

The strength of the Integrated Assessment of Veteran's Services in Dallas lies in the intentional integration of qualitative, quantitative, and geospatial methods to examine the same system from multiple, reinforcing perspectives. Participatory qualitative methods surface lived experience and meaning; quantitative and administrative data identify patterns in service use and outcomes; and geospatial analysis situates both experience and utilization within the realities of place and access.

By triangulating across these methods, the study reduces reliance on any single analytic lens and strengthens confidence in findings that persist across data sources. Areas of convergence signal durable system-level dynamics, while areas of divergence highlight inequities, implementation gaps, or opportunities for further inquiry. This integrated framework is designed to be modular and repeatable, supporting both the current assessment and future applications as community conditions evolve.

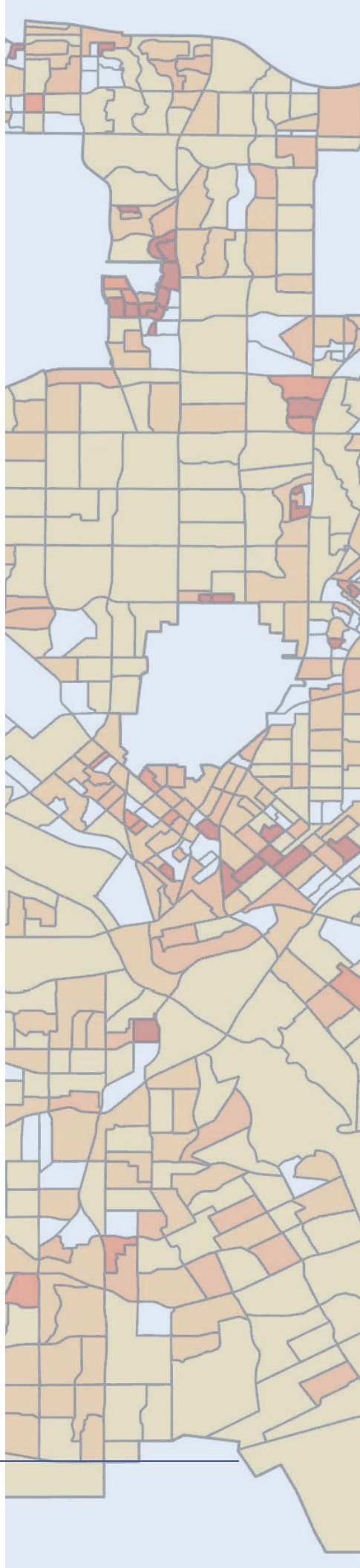
Situating Veterans in Dallas

Dallas: Context, Issues, and Infrastructure Relevant to the Study

Using American Community Survey data (Census 2023), visualized at the census-tract level, the following maps establish the geographic context for the study. Together, they illustrate the overall distribution of the population across the City of Dallas and, alongside it, the estimated distribution of veteran populations.

It is important to note that veteran data are not derived from individual addresses. Rather, estimates are calculated from the percentage of veterans within each census tract and normalized by residential land area and total tract size. As such, these maps provide an approximate, spatially grounded understanding of where veteran populations are more or less concentrated. They are intended to identify zones of relevance for the study rather than precise residential locations.

Building on this demographic context, a second series of maps (Figures 1.0-1.7) also derived from American Community Survey data and visualized by census tract, illustrates the spatial distribution of several issues and infrastructures that are central to the study. These maps are not veteran-specific; instead, they depict the broader urban conditions within which veterans live, navigate, and seek services. Collectively, these maps provide the background necessary to frame and interpret the findings that emerge from subsequent data collection and analysis.



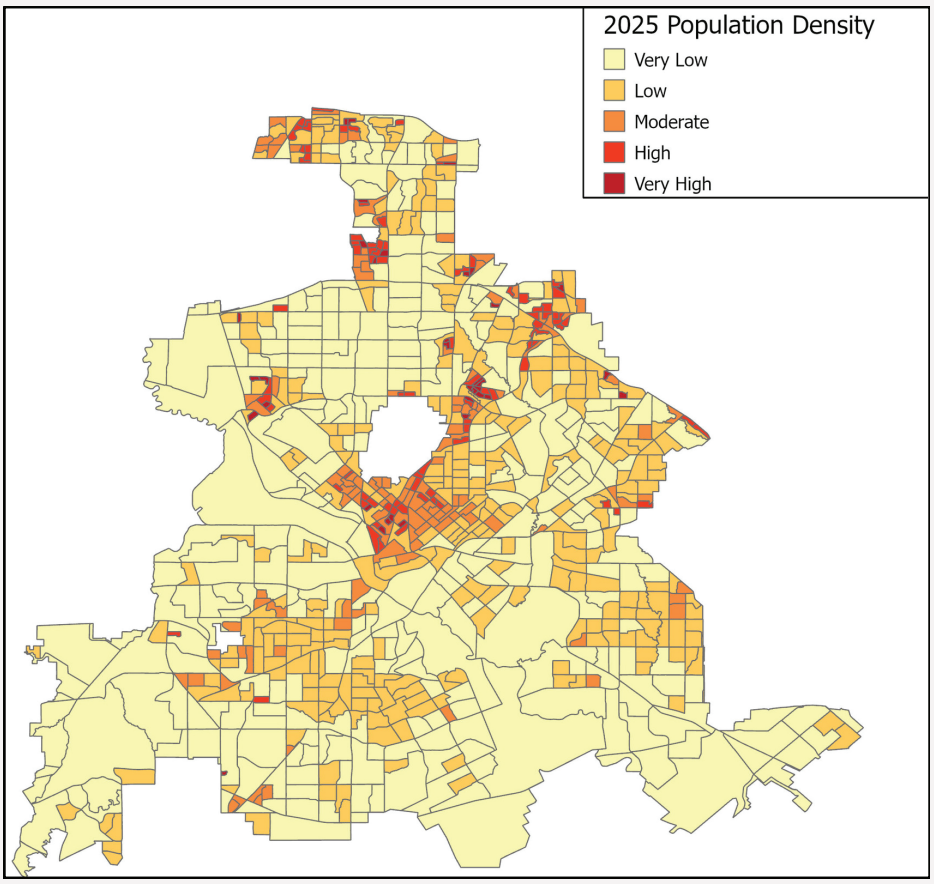


Figure 1.0 Dallas Total Urban Population Density. *Total population per tract normalized by area.*

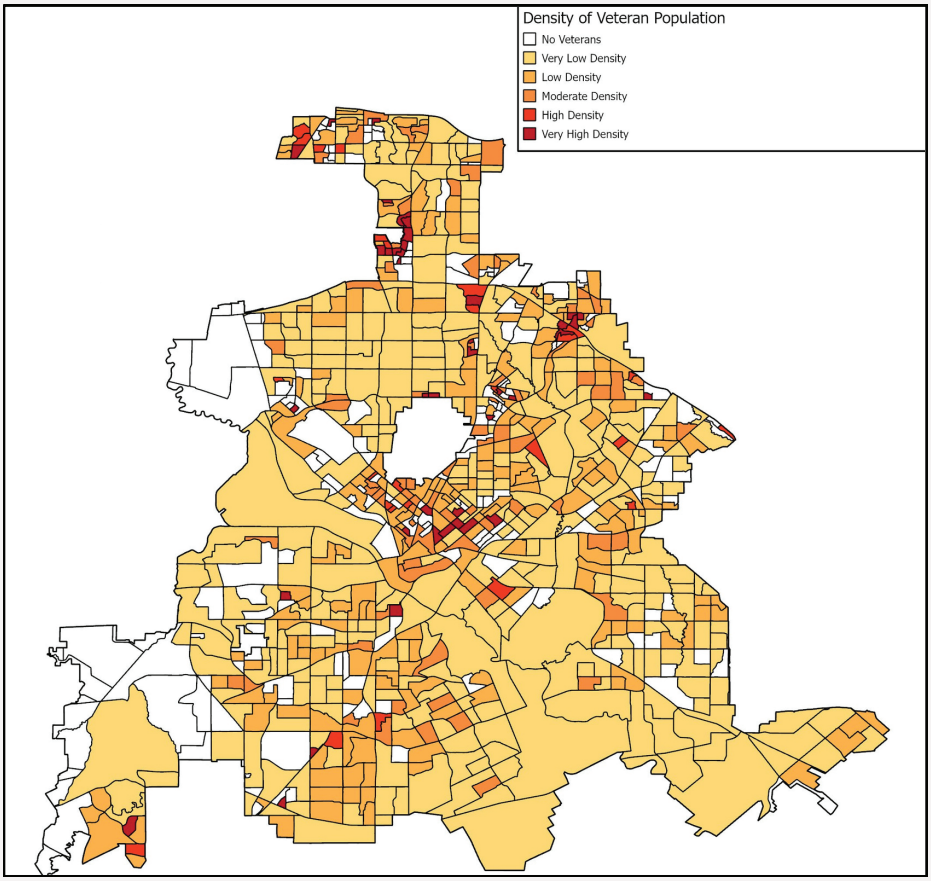


Figure 1.1 Dallas Veteran Population Density. *Total Veteran population per tract divided by total residential population in the same tract.*

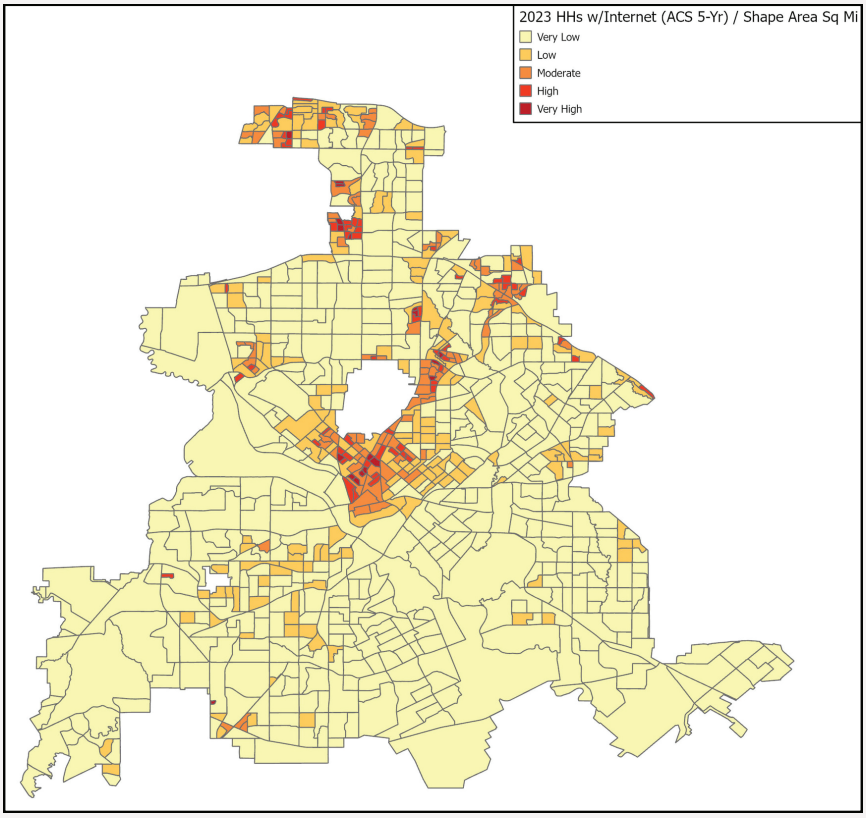


Figure 1.2 Internet Access as an Aspect of Connectivity. *This map illustrates variation in internet access across Dallas, offering insight into another critical dimension of connectivity that shapes access to information, services, and employment.*

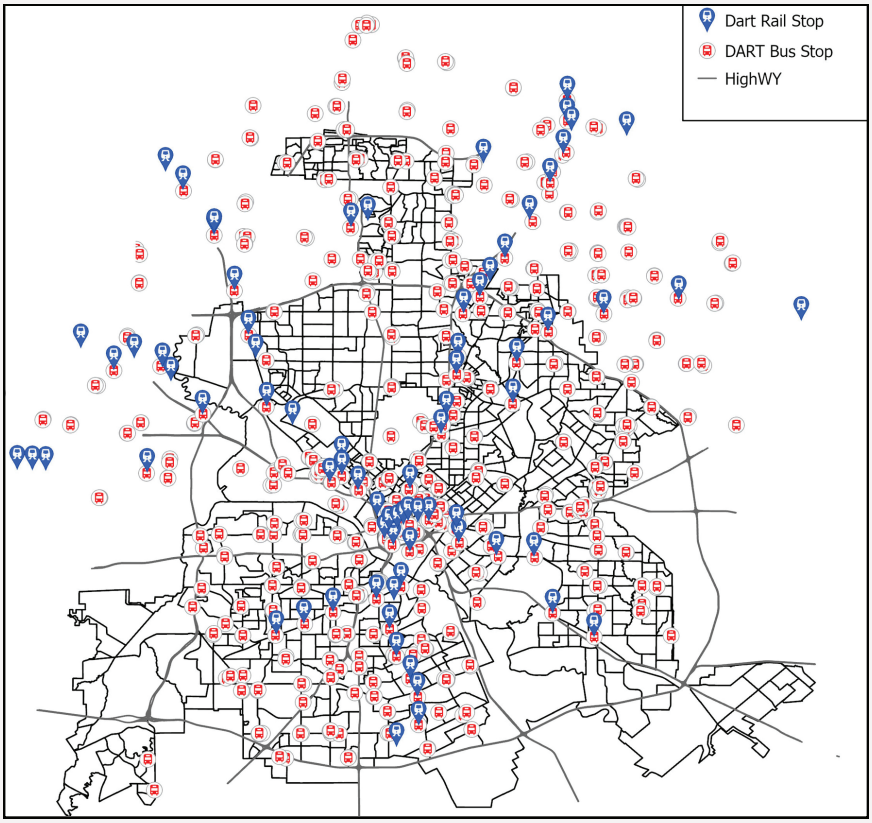


Figure 1.3 Transportation Availability in Dallas. *This map displays DART rail stations, DART bus stops, and major highways, highlighting areas of greater and lesser transportation connectivity across the city.*

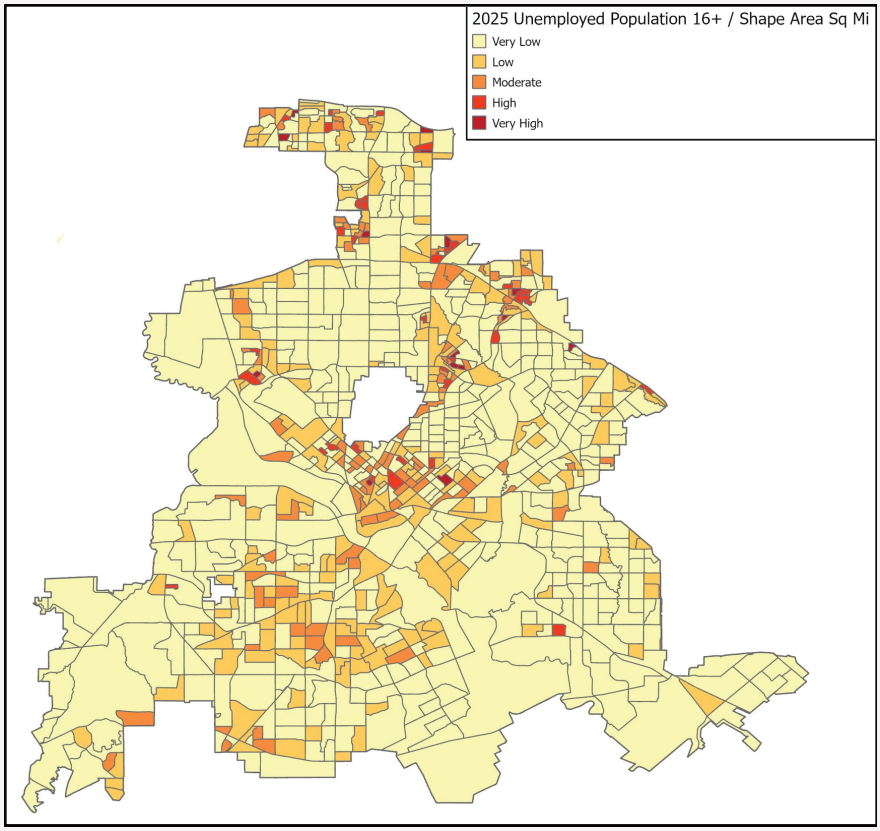


Figure 1.4 Unemployment in Dallas. *This map shows variation in unemployment by census tract, highlighting areas of higher and lower joblessness across the city.*

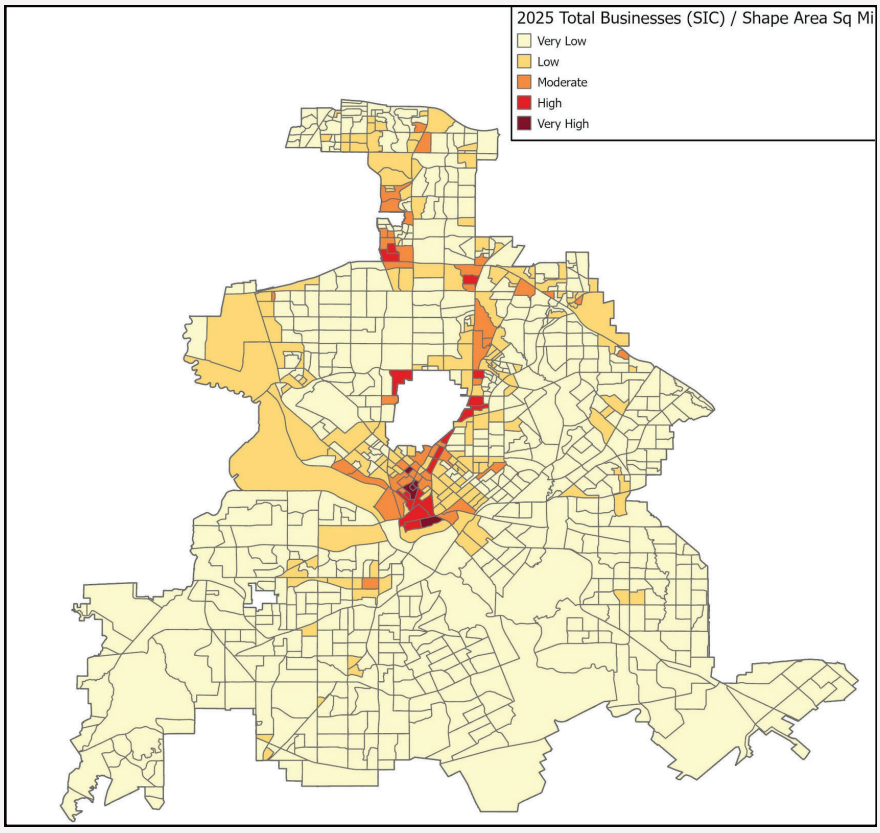


Figure 1.5 Total Number of Businesses in Dallas. *The total number of businesses by area illustrates where job opportunities are most concentrated and where access to employment may be more limited.*

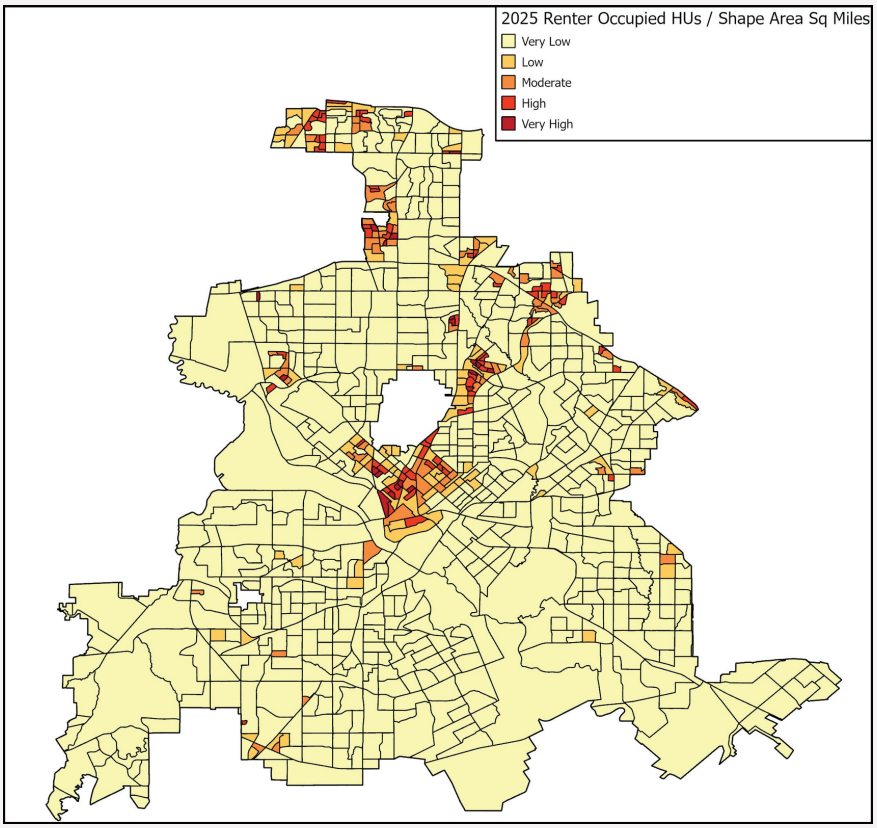


Figure 1.6a. Renter-Occupied Housing in Dallas. *Density of renter-occupied residences across the city, highlighting neighborhoods with higher concentrations of rental housing.*

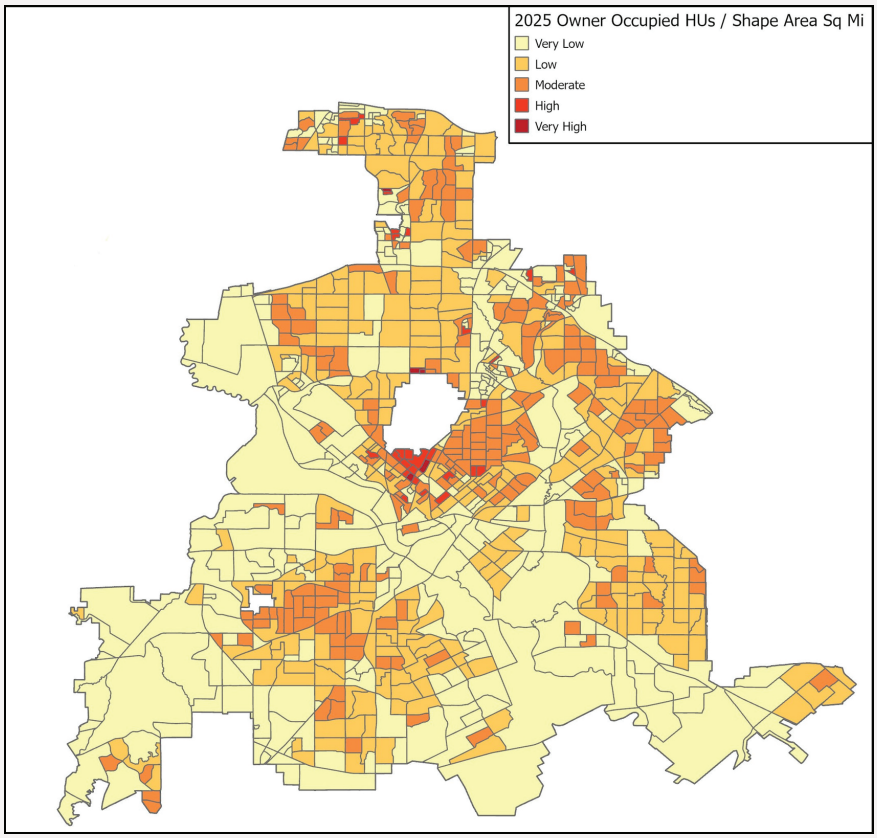
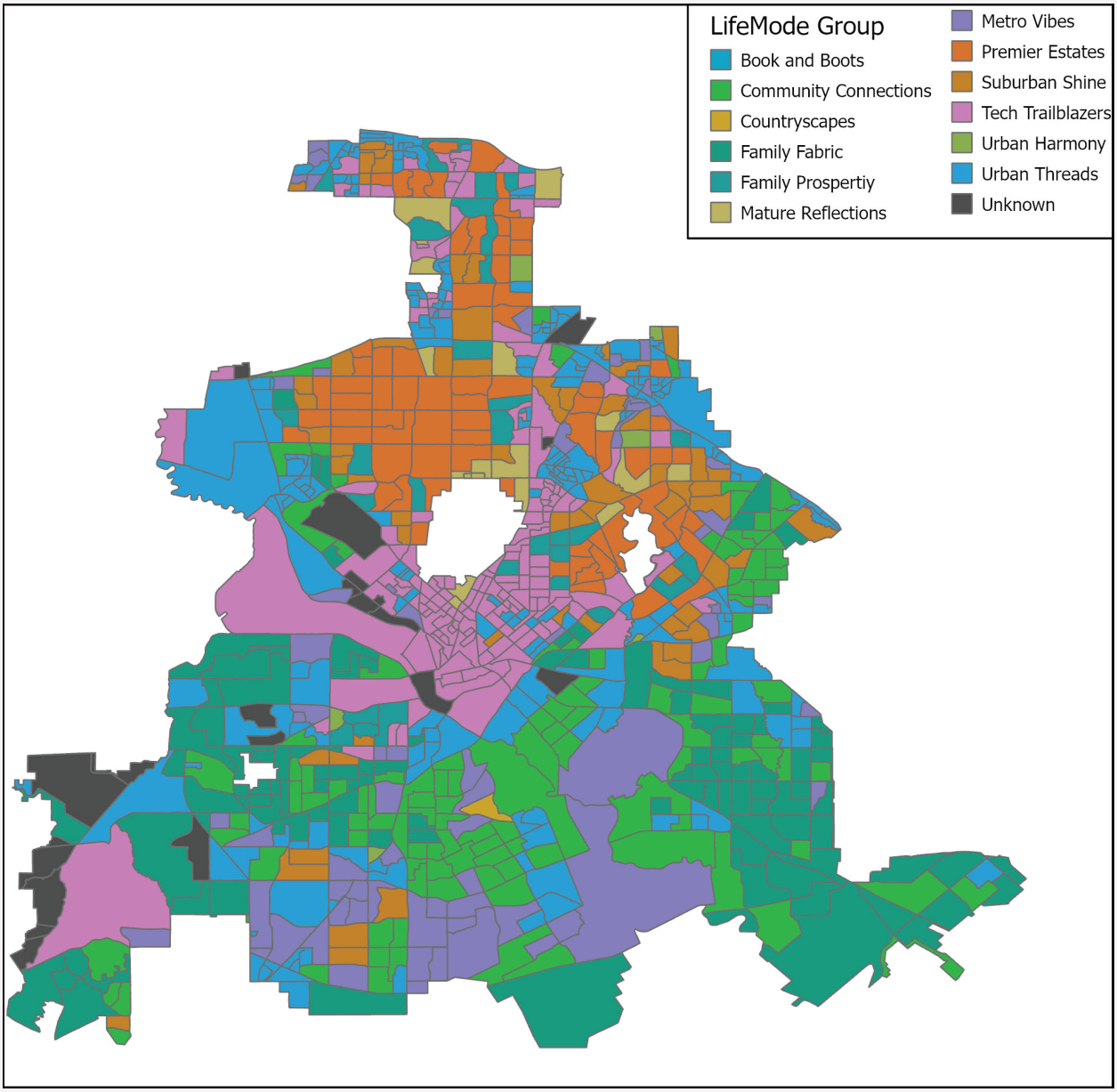


Figure 1.6b. Owner-Occupied Housing in Dallas. *Density of owner-occupied residences, illustrating patterns of homeownership across neighborhoods.*



Books and Boots	Students and military households; mobile renters near campuses or bases.
Community Connections	Diverse households in urban/suburban areas with lower rental costs.
Countryscapes	Older rural residents in single-family homes; many retirees or long commuters.
Family Fabric	Large suburban families with kids and limited transit access.
Family Prosperity	Higher-income suburban homeowners, mostly married couples with cars.
Mature Reflections	Primarily retired adults (55+) living on retirement income.
Metro Vibes	Urban renters in their 30s, often immigrant families with modest housing costs.
Premier Estates	Affluent professionals (45–64) in newer, high-value homes.
Suburban Shine	Middle-income adults 45+ in established single-family neighborhoods.
Tech Trailblazers	Mid-30s professionals in multifamily housing, transit users or remote workers.
Urban Harmony	Multigenerational urban households spending heavily on housing and transit.
Urban Threads	Young urban renters; diverse singles and families near jobs and transit.

Figure 1.7 Community Typologies (ESRI Tapestry). *Based on ESRI Tapestry segmentation, this map presents a series of community typologies that characterize neighborhoods and regions across Dallas. While necessarily generalized, these categories offer useful insight into broad social, economic, and lifestyle characteristics that shape neighborhood contexts.*

Veteran Services Landscape

The final map (Figure 1.8) depicts the full range of veteran services identified within the City of Dallas. Services are grouped into four categories: Food, Social, Health, and Multi-Purpose (organizations providing services across two or more of the other categories). Data were compiled from multiple sources, including information provided by the City of Dallas, input from veterans during the Veterans Innovation & Insight Forum (VIIF) and related meetings, and publicly available online and in-person service listings. Together, these sources provide a reasonable visualization of the scope and spatial distribution of veteran services available across the city as of Summer 2025.

The service map suggests a landscape that is dense, diverse, and at least on the surface robust. In the VIIF, many participants acknowledged the sheer number of available services and expressed appreciation for the commitment represented by this network. However, as the qualitative findings in the next section reveal, the presence of services alone does not guarantee accessibility, coordination, or effective support. The ten themes that follow emerge directly from this tension between availability and lived experience.

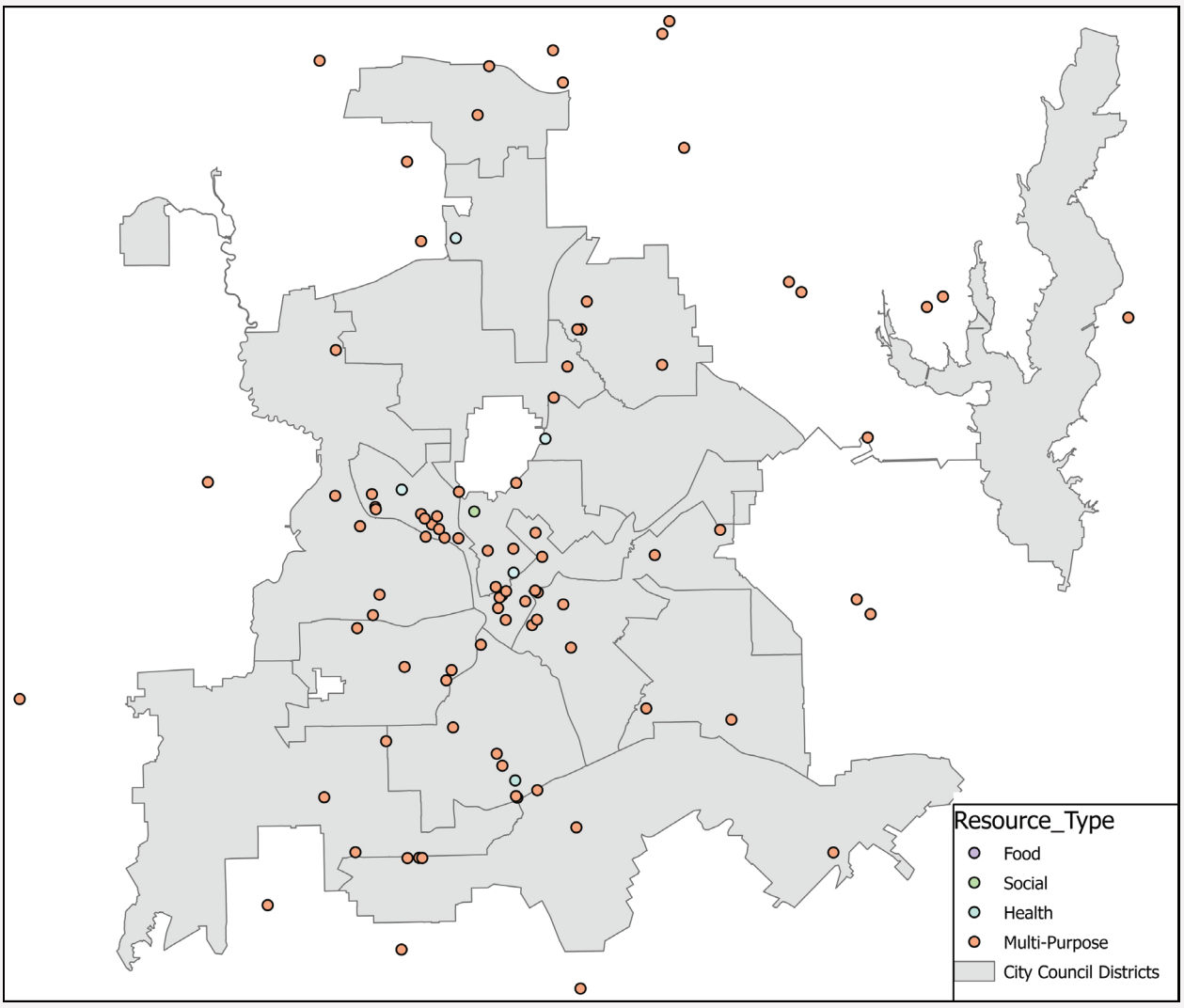


Figure 1.8 Veteran Resources (All Services by Category). *Visualization and location of all identified Veteran services within the boundaries of the city of Dallas.*


VETERAN
LOW FEASIBILITY
LONG-TERM PLANNING (Plan for Later)
Great ideas that need more investment
LOW VALUE (Avoid)
Hard to do and doesn't solve a core need


Grapevine Lake
North Lake
Lake Ray Hubbard
Rockwall
Kaufman
White Rock Lake
Mountain Creek Lake
Joe Pool Lake
SOUTH DALLAS
Silos
Knowledge
Better network
No community court NE Dallas
No community court NW Dallas
Community court Northeast
Texas Vet centers run by VA
Tarrant rent assist. (assistance in general)
Fort Worth VA hospital
VA $ and svcs more available in Tarrant vs Dallas
Grand Prairie VA Clinic
Cassandra's Home
Community court Downtown Night
Community court South Dallas & Drug court
6th Floor Museum Blue Star Program
Dallas Public Library - homeless services
Community court West Dallas
Military Veteran Peer Network
Dallas VA Hospital
Community court South Oak Cliff & Veterans
Vet Center (counseling) Serves Dallas & Tarrant

Themes at a Glance

Theme 1: Navigation is the Primary System Breakdown

Theme 2: Mental & Behavioral Health Needs Are Deep, Chronic, and Structurally Unsupported

Theme 3: Transition is a Multi-Year Challenge, Not a Moment in Time

Theme 4: Community, Belonging, and Social Connection Are Essential Protective Factors

Theme 5: Employment Barriers Undermine Stability and Purpose

Theme 6: Housing Stability Is Fragile and Deeply Connected With Employment & Health

Theme 7: Healthcare Access Suffers From Cultural Mismatches, Referral Failures and Accountability Gaps

Theme 8: Families Shoulder Hidden Labor, Without Recognition and Support

Theme 9: Legal and Justice Issues Are Interwoven with Mental Health, Housing, and Eligibility

Theme 10: Systems Fragmentation & Siloing Are the Infrastructure Problems Behind All Other Problems

Theme 1

Navigation is the Primary System Breakdown

Across all Veterans Innovation & Insight Forum (VIIF) activities, navigation emerged as the most pervasive and consequential breakdown in the veteran service ecosystem in Dallas. Participants described the system as "scattered," "duplicative," "invisible," and "impossible to figure out." They also noted that "transportation makes reaching resources hard." Veterans reported relying heavily on word-of-mouth to identify services, while providers themselves often lacked clarity about which organizations exist, which are credible, and how to make effective referrals.

This breakdown is not due to a lack of services, but rather to a lack of coordination, connectivity, visibility, and guided access across a complex service landscape.

What This Study Means by "Navigation"
Navigation refers to how veterans make sense of a scattered system—knowing what services exist, which are legitimate, how eligibility works, and where to go next, with clear guidance as they move between providers.

Underlying Conditions Contributing to Navigation Failure

Participants at the VIIF identified several structural factors that reinforce this breakdown:

- No single, trusted source of information
- Proliferation of unvetted or poorly coordinated organizations
- Confusing and inconsistent eligibility requirements
- Weak or nonexistent handoffs between providers
- A large and decentralized geographic service area (Dallas–Fort Worth)
- Limited cross-system data sharing

Veterans frequently described their experience as feeling "lost in inventory," confronted with an overwhelming number of options but lacking clear guidance on where to begin or how to navigate the system effectively.

Convergence Across Methods

Navigation is not only the most frequently cited challenge in VIIF discussions; it also represents the strongest point of convergence across qualitative insights, topic modeling, and spatial analysis.

- **VIIF themes** repeatedly emphasized confusion, redundancy, and breakdowns in referral pathways
- **Topic modeling** independently surfaced fragmented services, claims navigation, and information gaps as dominant themes

- **Participant activities** (*Operational Terrain Mapping* and *How Might We Framework*) reframed access as a design and coordination problem rather than a service gap
- **Brainstorming outputs** consistently proposed centralized access mechanisms rather than new standalone programs

Online discourse mirrors this pattern. **Topic modeling of veteran-related Reddit posts** (2020–2025) surfaced two closely aligned themes:

- **Health Care and Claims Navigation**, focusing on hospital access, insurance coordination, referrals, and mental health services
- **Service Connection and Claims**, centered on establishing disability eligibility through documentation, evidentiary requirements, and policy-related claims processes, including changes associated with the PACT Act

Sentiment analysis revealed sustained increases in fear, sadness, and trust language beginning in 2023, signaling deeper emotional investment in institutional processes and benefits systems. Together, these patterns indicate that navigation strain is driven not by service scarcity, but by the complexity and burden of moving through layered administrative systems.

This convergence reinforces a key insight: navigation can be improved without adding new services. Adding programs without improving coordination would increase the number of disconnected entry points veterans must navigate.

Spatial Context: Geography and Access

The following maps do not redefine navigation as a transportation issue. Rather, they clarify how geography shapes the success or failure of navigation solutions. Together, they also provide spatial context that can inform where centralized navigation approaches (such as hubs or coordinated access points) would be most effective, and where additional or alternative strategies may be needed.

The **Public Transportation Accessibility** map (Figure 1.9a) shows census tracts with access to bus and rail transit. Central and South Dallas demonstrate the highest levels of public transportation accessibility, while peripheral areas are more limited.

Spatial Insight for Public Transportation Accessibility: Even when services exist, navigation solutions must account for uneven transit access. A centralized hub or navigator model must consider how veterans physically reach services, particularly those outside high-access corridors. These patterns suggest that hubs located in highly accessible areas would maximize reach, while veterans in less accessible areas may require complementary approaches such as mobile, virtual, or satellite navigation support.

Overlaying veteran-identified resources onto transit accessibility, **Public Transportation Accessibility with Veteran Resources** (Figure 1.9b) map reveals that many known and utilized resources cluster in transit-accessible areas—an encouraging pattern.

Spatial Insight for Public Transportation Accessibility with Veterans Resources: Veterans already identify and use resources across a range of transit contexts, suggesting that better information and guidance, not relocation of services, is the primary connectivity gap. The clustering of veteran-identified resources also indicates areas that already function as informal service centers, pointing to opportunities to strengthen coordination and navigation through centralized access points rather than creating new service footprints.

The **Driving Transportation Accessibility: Number of Resources within ten-minutes** (Map 2.0) illustrates the number of available resources reachable within a 10-minute drive. Central Dallas offers the greatest concentration, while outer areas have fewer nearby options.

Spatial Insight for Driving Accessibility: For veterans with access to a vehicle, proximity to services is relatively strong in central areas, reinforcing the potential effectiveness of centralized navigation hubs in those locations. For veterans without reliable transportation, navigation barriers are compounded, highlighting the need for tailored strategies that extend beyond a single physical hub to avoid reinforcing existing geographic inequities.

Conclusion Theme 1

Across qualitative insight, computational analysis, and spatial evidence, navigation emerges as the central system constraint. The primary barrier is not the absence of services, but disconnected entry points, weak coordination, and unclear pathways between organizations. Strengthening navigation would enhance the performance of existing resources and provide a high-impact foundation for broader system improvement.

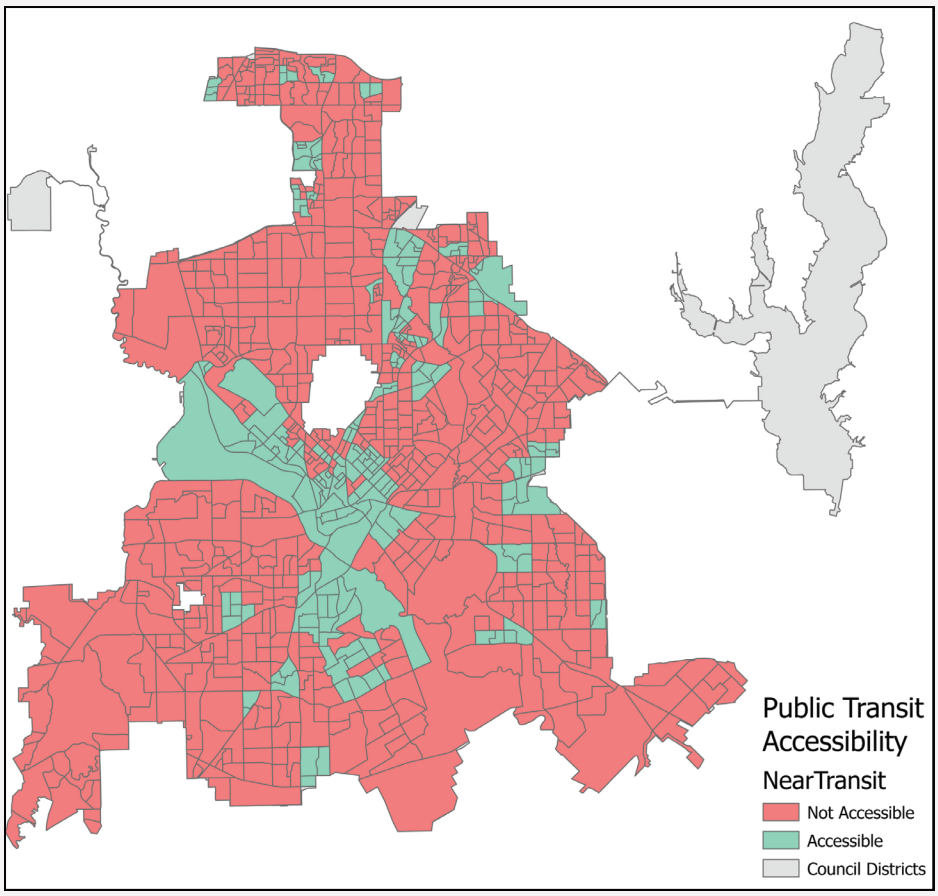


Figure 1.9a. Public Transport Accessibility. *Accessible census tracts (green areas) are those either within a quarter mile of a bus stop or within a half mile of a rail stop; central/southern-Dallas has greater accessibility.*

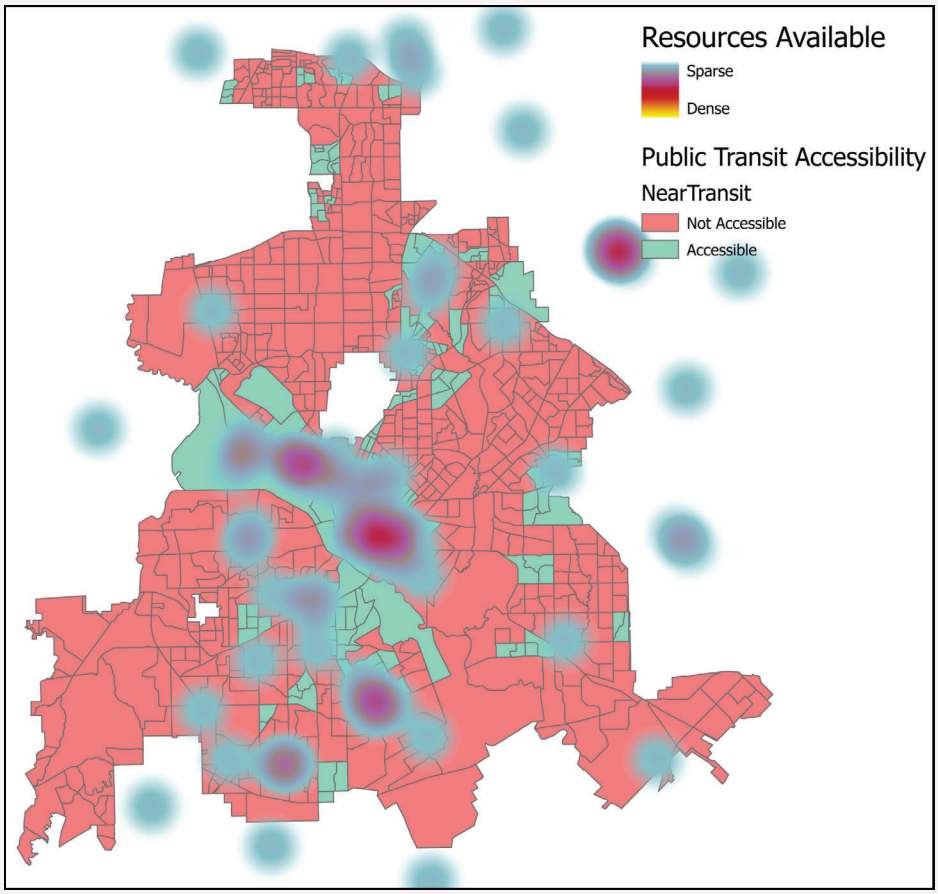


Figure 1.9b. Public Transportation Accessibility with Veterans Resources. *Veteran's resources selected by participants at the VIIF are clustered revealing relationships between favored resources and accessibility. Accessible census tracts (green areas) are those either within a quarter mile of a bus stop or within a half mile of a rail stop; central/southern-Dallas has greater accessibility.*

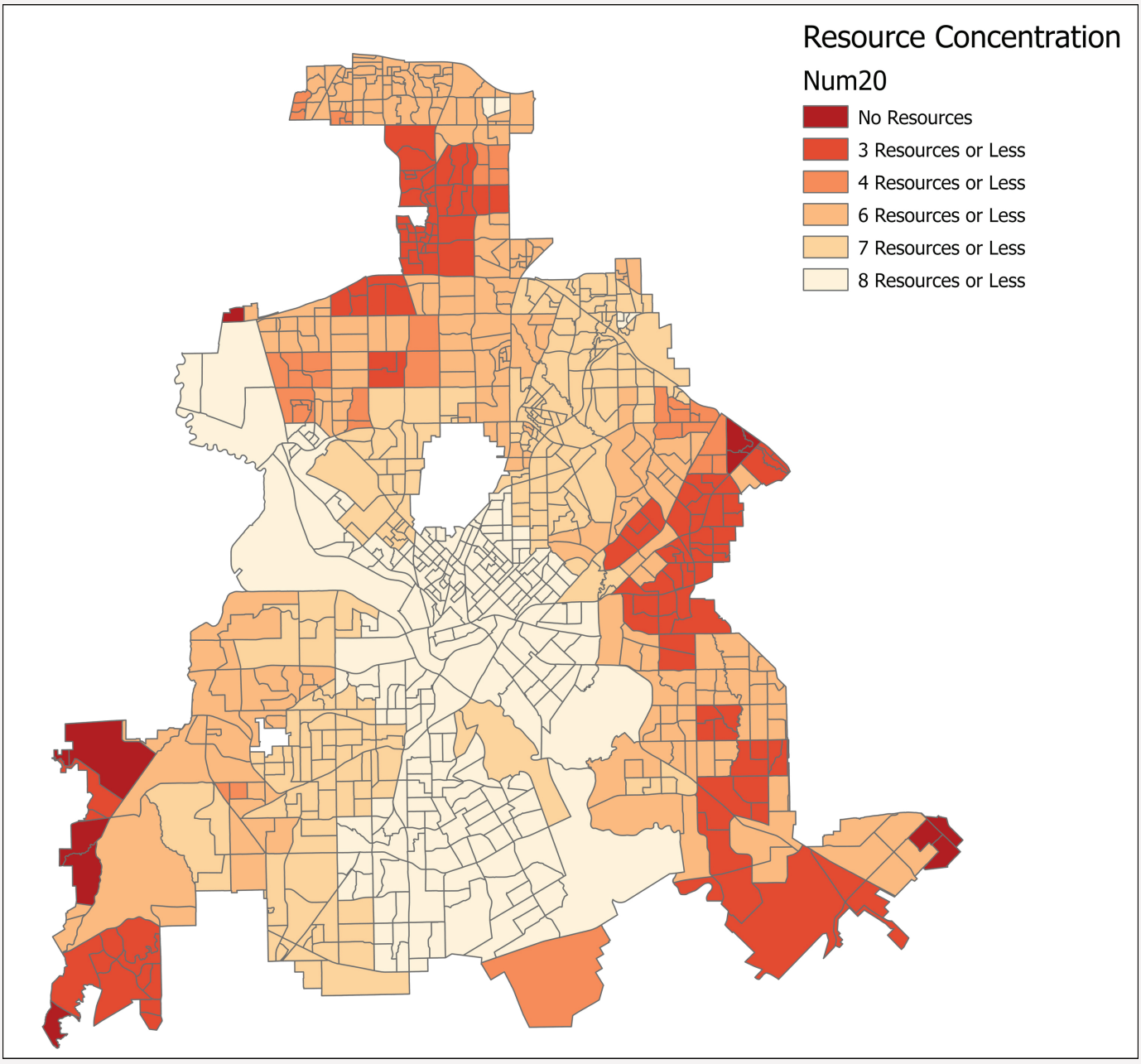


Figure 2.0 Driving Transportation Accessibility: Number of Resources Available Within Ten-Minutes. *Resource accessibility calculations for driving time assume the closest resource for any specific type, taking into account multiple resources (health to housing to legal). Drive time is calculated as weekly average.*

Theme 2

Mental & Behavioral Health Needs Are Deep, Chronic, and Structurally Unsupported

Mental and behavioral health concerns permeated **Veterans Insight and Innovation Forum (VIIF)** discussions, shaping how veterans described crisis risk, employment disruption, housing instability, and engagement with benefits systems in Dallas County. PTSD, depression, anxiety, moral injury, and crisis risk surfaced across nearly every group conversation. Participants framed these challenges not as temporary disruptions, but as chronic conditions embedded within fragmented systems, inconsistent care, and limited accountability.

These structural weaknesses became most visible in the pathway from diagnosis to sustained care. Participants frequently described long delays between identification of need and access to treatment, particularly when documentation or eligibility determinations were tied to VA benefits. Delays were compounded by navigation breakdowns, including unclear entry points, inconsistent guidance, and repeated handoffs across providers. Even when services existed, veterans reported confusion about availability, difficulty assessing legitimacy, and reluctance to re-engage after destabilizing experiences. Mental health systems were often experienced as reactive rather than preventive, and poorly integrated into transition, employment, and broader navigation pathways.

Key Structural Patterns Identified at VIIF

- **Diagnosis-to-treatment gaps**, especially when linked to VA eligibility and benefits
- **Women veterans face distinct barriers**, including lack of access to gender-responsive and affirming care
- **Wide variation in provider competency** related to trauma-informed and military-informed practice
- **Fragile continuity of care**, driven by provider turnover and system fragmentation
- **Perceived accountability gaps**, often expressed through mistrust of institutional systems

Convergence Across Methods

Operational Terrain Mapping during VIIF identified mental health as a foundational barrier to employment, housing stability, and civilian reintegration. **Topic modeling of VIIF data** reinforced and further clarified this finding, demonstrating that mental health challenges were tightly interwoven with themes of trust, transition, continuity, and navigation. Rather than appearing as a standalone service category, mental health surfaced as a cross-cutting structural constraint across domains. Across both qualitative and computational analyses, strain intensified when veterans were required to independently navigate complex and uncoordinated systems.

Analysis of Reddit posts surfaced a clearly defined topic of **Healthcare Access and Care Delivery Navigation**. This cluster included mental health services as well as hospital access, insurance coordination, and community care referrals. These posts emphasized navigating care systems and managing appointments, treatments, and coverage limitations. **Social media sentiment analysis** provides additional context. Figure 2.1 displays quarterly deviations from each emotion's baseline level within posts that explicitly mention mental health between 2020 and 2025. More muted emotional intensity was observed during 2022, while elevated trust and fear are observed in late 2020 and elevated sadness, fear, and trust in late 2023 and early 2024. This latter period coincides with increased VA claims activity nationally following expanded eligibility under the PACT Act. Mid-to-late 2024 again shows elevated fear and sadness, suggesting sustained stress or uncertainty related to claims processing, diagnoses, disability ratings, or access to services.

Overall, mental health discussions among Dallas-area veterans appear episodic rather than continuous. When they intensify, they tend to align with periods of administrative or policy change and are characterized by heightened fear and sadness, often accompanied by elevated trust. This pattern suggests that veterans are engaging with formal institutions (e.g., the VA and disability systems) during periods of stress rather than withdrawing from them. Emotional intensity appears to reflect institutional interaction rather than disengagement. Importantly, because only 35 posts mention "mental health" across the six-year window, these deviations reflect **relative shifts in tone among a small but substantively meaningful subset of posts**, not population-wide emotional changes.

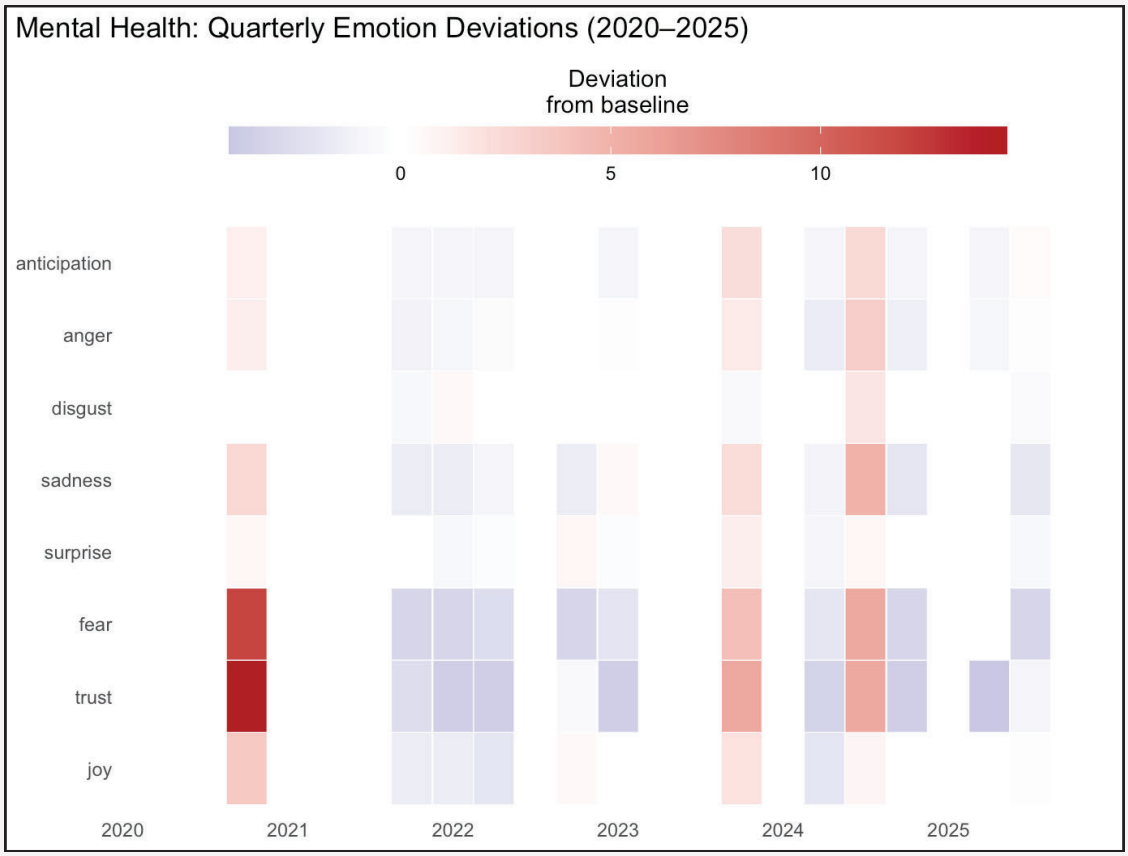


Figure 2.1 Quarterly Emotion Deviations of Mental Health Language Across 8 NRC Emotions. *Deviations are respect to each emotion's baseline rather than an overall baseline. Positive values (red) indicate that the emotion appeared more frequently than its long-term average within mental-health–related posts; negative values (blue) indicate lower-than-average expression.*

To better understand what was driving these shifts, specific terms used in posts mentioning "mental health" were examined during quarters with the largest deviations from baseline sentiment. Targeted keywords were identified in categories of suicide (e.g., suicide, suicidal, kill, death, die), disability (e.g., rating, claim, denied, disability), and treatment (e.g., therapy, hospital, medication) and aggregated term counts by quarter. These aggregated counts were compared to overall mental health post volume. In the quarters where sentiment deviations were largest, particularly late 2023 and mid-2024, suicide-related language was the most frequently occurring category. This indicates that shifts in overall mental health tone were closely tied to increased discussion of suicide risk and crisis-related concerns rather than general well-being topics. Disability-related language was the second most frequent driver of heightened emotion, followed by treatment-related terms. Together, these patterns suggest that mental health volatility in the dataset is strongly associated with crisis language and disability system engagement.

System Implications

Mental and behavioral health functions as a cross-cutting condition shaping outcomes across nearly every other system a veteran must navigate. Without stable, trusted support and clear pathways to access care, progress in employment, education, housing, and family stability is difficult to initiate and even harder to sustain. Both the VIIF findings and social media analysis indicate that administrative ambiguity and fragmented navigation structures amplify mental health instability rather than mitigate it.

Alignment Between Structural Gaps and Participant Priorities

Participants did not frame mental health challenges solely as a matter of expanding clinical capacity. Instead, discussions centered on stabilizing systems, strengthening continuity, and rebuilding trust; priorities that align directly with these **additional structural patterns:**

Standardization and Competency. In response to wide variation in provider competency and inconsistent trauma-informed practice, participants emphasized the importance of shared standards, clearer expectations for military-informed care, and greater transparency regarding provider quality. These discussions reflect concern about variability and trust erosion rather than simple capacity shortages.

Earlier Identification and Engagement. To address diagnosis-to-treatment gaps and reactive crisis models, participants repeatedly referenced early assessment, particularly at discharge or major transition points. There was recognition that instability often intensifies before formal care begins. The emphasis was on timing and upstream engagement rather than expanding crisis response alone.

Continuity and Relational Support. Given fragile continuity of care and high turnover, participants frequently referenced peer mentors, "buddy check" models, and community-based engagement as mechanisms for maintaining connection between formal services. These approaches were discussed as ways to supplement institutional instability with relational consistency.

Accountability and Transparency. Perceived accountability gaps surfaced in discussions about care experiences and recourse. Participants referenced clearer feedback mechanisms, transparent processes, and more visible follow-through between providers as necessary components of rebuilding institutional trust.

Integration with Navigation Structures. Mental health challenges were frequently linked to navigation breakdowns. Confusion, repeated intake processes, and unclear referral pathways were described as contributors to emotional distress. Stability was associated with clearer, more coordinated system entry points.

These areas of emphasis reflect an understanding that mental health challenges are shaped as much by system design as by clinical need.

Conclusion Theme 2

The VIIF findings, topic modeling, and sentiment analysis converge on a consistent conclusion: mental and behavioral health challenges are shaped as much by system instability as by clinical need. The primary barrier is not the absence of services, but inconsistency in access, fragile continuity, and limited accountability across care pathways. Strengthening coordination and sustained engagement within existing systems would reinforce stability across employment, housing, education, and family outcomes.

Theme 3

Transition is a Multi-Year Challenge, Not a Moment in Time

At the Veterans Innovation and Insight Forum (VIIF), participants emphasized that transition is not a short-term event but a multi-year process of adjustment. It was described not as a discrete program or workshop, but as an extended realignment of identity, employment, financial stability, and belonging. Existing transition assistance programs were frequently viewed as too brief and insufficiently connected to civilian systems.

Participants stressed that transition begins before discharge and continues well afterward. Without early and sustained intervention, veterans risk becoming disconnected from both formal systems and informal support networks.

Core Transition Stressors Identified

- A loss of identity and purpose following discharge
- Employment misalignment, where preparation does not translate into meaningful civilian roles
- Loss of structure after separation from military systems
- Difficulty translating military experience into civilian language and credentials
- Interrupted or delayed benefits, creating financial instability
- Lack of connection to Dallas-based resources prior to arrival, leaving veterans to re-navigate systems independently

Convergence Across Methods

Topic modeling of *Operational Terrain Mapping* conducted during the VIIF reinforce these findings. Transition-related discussions clustered around discharge, benefits access, employment alignment, and trust in systems. Discharge emerged as a concentrated point of uncertainty and engagement, where emotional intensity and system interaction intersect.

Although, transition unfolds over years, leverage appears highest at point of entry.

The discharge represents both heightened vulnerability and opportunity. When veterans are not meaningfully connected to navigation supports, employment pathways, and local institutions at this stage, disengagement becomes more likely and later re-engagement more difficult.

Because discharge-stage interviews and processing already exist as institutional touchpoints, this phase represents a feasible intervention window. Embedding structured navigation, mental health screening, and employment alignment at discharge provides a realistic systems-level strategy. Longer-term support can then extend through workforce partnerships, coordination with public agencies, and integrated data systems that sustain continuity beyond the initial transition period.

To assess whether Reddit discourse mirrors the VIIF finding that transition is a sustained, multi-year challenge rather than a discrete discharge event, transition-related topic prevalence was examined quarterly from 2020-2025. Using topic modeling, each post received a transition score representing the proportion of content devoted to military-to civilian adjustment, including employment, benefits navigation, education, relocation, and reintegration. Scores range from 0-1, with higher values indicating greater emphasis on transition-related issues (Figure 2.2). Because posting volume varied across months, posts were aggregated at the quarterly level to ensure stability in the estimates. Even so, there were too few posts for the first three quarters of 2020 to reliably estimate confidence bands.

The series indicates a gradual decline in transition-related discourse from 2020 through 2024, followed by a renewed increase in 2025. Importantly, the late-2025 rise is accompanied by wider confidence intervals, reflecting lower posting volume and greater volatility. Even so, after accounting for variation across subreddits, transition-related content was meaningfully higher in 2025 than in 2023–2024.

The estimated increase of approximately 0.05 in mean transition score corresponds to roughly a 22% relative increase over 2023–2024 levels. Given the large magnitude of the test statistic and the sample size (n = 1,517 posts), this effect is unlikely to be attributable to random variation alone.

Overall, the pattern supports the VIIF conclusion that transition remains an ongoing structural concern rather than a short-term event. Discussion persists across multiple years and re-emerging during periods of heightened activity, indicating that transition challenges continue to shape veteran conversations well beyond initial separation from service.

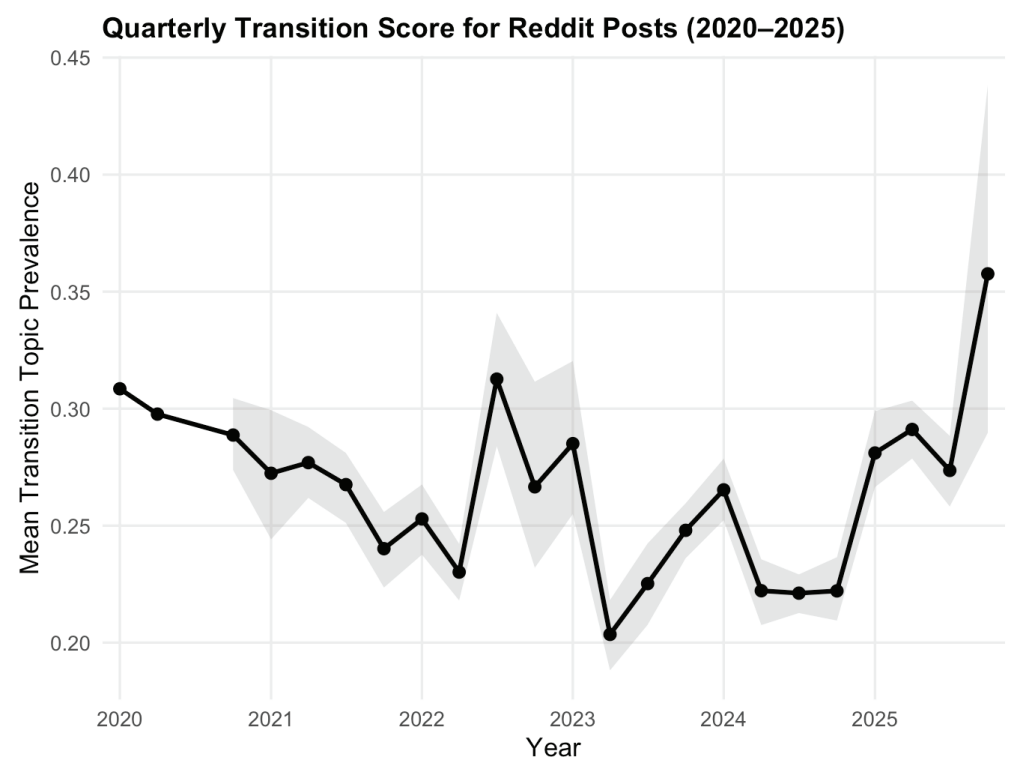


Figure 2.2 Quarterly Transition Score for Reddit Posts (2020-2025). *Each point is the mean proportion of transition-related words within each quarter. Gray bands are bootstrapped confidence bands. The first three quarters of 2020 had too few posts for reliable calculation of confidence bands.*

Spatial Context: Educational and Workforce Resource Landscape

Dallas contains a meaningful network of veteran-serving institutions distributed across the city (Figure 2.3). The gap identified by participants is not primarily one of availability, but of timely connection. Veterans often arrive to Dallas without prior linkage to these resources, requiring them to independently navigate and uncover support systems during periods of personal instability.

Insight for Transition

The expansive spatial distribution across the city clarifies a central dynamic: transition challenges are less about resource scarcity and more about timing and structured entry.

Infrastructure exists across the region. However, positive use outcomes depend on whether veterans are connected to these institutions at discharge or shortly thereafter. Without early linkage, veterans must independently discover and access support during periods of identity disruption and financial uncertainty—at a time when they may already feel overwhelmed and uncertain about their next steps.

Conclusion Theme 3

The VIIF findings, topic modeling, and spatial analysis converge on a consistent conclusion: transition is a prolonged adjustment process shaped early in its trajectory. The primary vulnerability lies not in the absence of resources, but in delayed connection and fragmented entry pathways. Strengthening structured linkage at discharge offers a high-leverage opportunity to influence long-term stability.

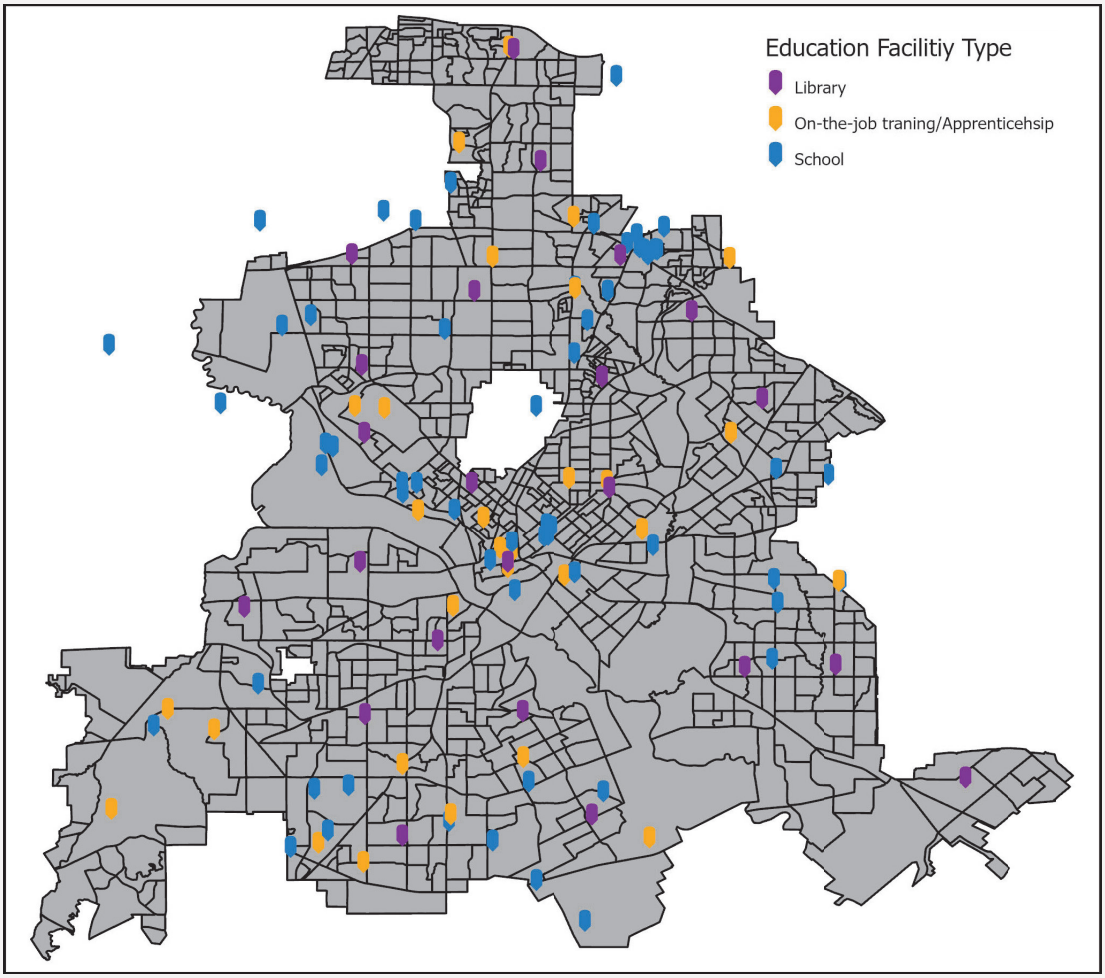


Figure 2.3 Educational Facilities with Veteran-Specific Resources. *This map identifies educational institutions and workforce related sites across Dallas offer veteran-specific program or services, including colleges, libraries, and job training locations.*

Theme 4

Community, Belonging, and Social Connection Are Essential Protective Factors

Isolation as Risk, Belonging as Protection

At the Veterans Innovation and Insight Forum (VIIF), participants identified isolation as a significant risk factor for crisis. In contrast, belonging, camaraderie, and meaningful social connection were described as protective factors that support long-term stability. Community was framed not as a supplemental service, but as a stabilizing condition that strengthens engagement across mental health, employment, and navigation systems.

Participants described social disconnection as a transition challenge. Shared identity, peer accountability, and informal networks were viewed as mechanisms that encourage help-seeking and reduce escalation.

Participant-Identified Community Strategies

Participants proposed practical approaches to strengthening social connection:

- **Buddy-check systems** to normalize peer accountability
- **Interest-based groups** (hobbies, arts, fitness, gaming)
- **Intergenerational veteran meetups**
- **Caregiver support networks**
- **Podcast or media platforms** to amplify veteran stories
- **Neighborhood-based gatherings**, rather than exclusively centralized events

These ideas reflect a preference for distributed, relational forms of engagement rather than reliance on formal programming alone.

Convergence Across Methods

Topic modeling of VIIF data aligns with the qualitative findings, reinforcing that community and social connection function as essential protective factors for veteran wellbeing. Discussions associated with successful engagement frequently referenced values such as inclusion, respect, collaboration, and shared purpose, while brainstorming activities emphasized peer and mentor networks composed of veterans who had successfully navigated civilian systems. Participants consistently identified belonging, peer support, and trusted relationships as buffers against isolation, as well as against system fatigue and disengagement. Together, these findings indicate that community engagement operates as preventive infrastructure, reducing the likelihood that veterans disengage from employment, housing, healthcare, and other support systems.

In the Reddit topic modeling results, however, community did not surface as a standalone structural topic. While words such as “community,” “great,” “help,” and “people” appeared across multiple topics, they did not cluster into a cohesive theme centered explicitly on belonging or social connection. Instead, expressions of connection were embedded within other discussions, framed as informal advice, encouragement, or shared experience rather than as an explicit call for community-building interventions. This pattern suggests that Reddit functions as a form of community in practice, even if users do not explicitly label it as such. In other words, the platform itself may be serving the belonging function

that VIIF participants identified as missing or fragile in offline systems. The contrast is instructive. Facilitated, in-person dialogue surfaces social connection as a policy priority. Social media discourse tends to operationalize connection implicitly through peer exchange.

Together, the findings indicate that strengthening formal peer and community infrastructure may amplify benefits that are already informally occurring online, while making relational support more stable, accessible, and intentionally designed.

In Figure 2.4, star markers identify locations where VIIF participants identified locations focused on social engagement during the collaborative-mapping process (twelve points total). Colored markers identify locations of an additional eighty-five veteran-serving community resources compiled from the Veterans Resource Center, the National Resource Directory, and the City of Dallas. Resources were included if their primary function was social.

The map reveals that veteran-oriented social resources are distributed across Dallas, yet participant-identified locations of greater importance or interest do not consistently correspond to the full range of institutional sites. This reinforces that availability alone does not guarantee engagement. Participants emphasized neighborhood-level and interest-based gathering spaces, indicating that proximity, familiarity, and shared purpose shape participation.

Insight for Community: The spatial distribution highlights a practical consideration: strengthening community connection requires not only maintaining resource availability, but improving visibility, accessibility, and localized outreach.

Conclusion Theme 4

The VIIF findings, topic modeling, and spatial analysis converge on a consistent conclusion: community and belonging function as protective infrastructure within the veteran ecosystem. Isolation increases vulnerability, while relational stability supports sustained engagement across mental health, transition, and navigation domains. Strengthening social connection reinforces the effectiveness of existing systems rather than competing with them.

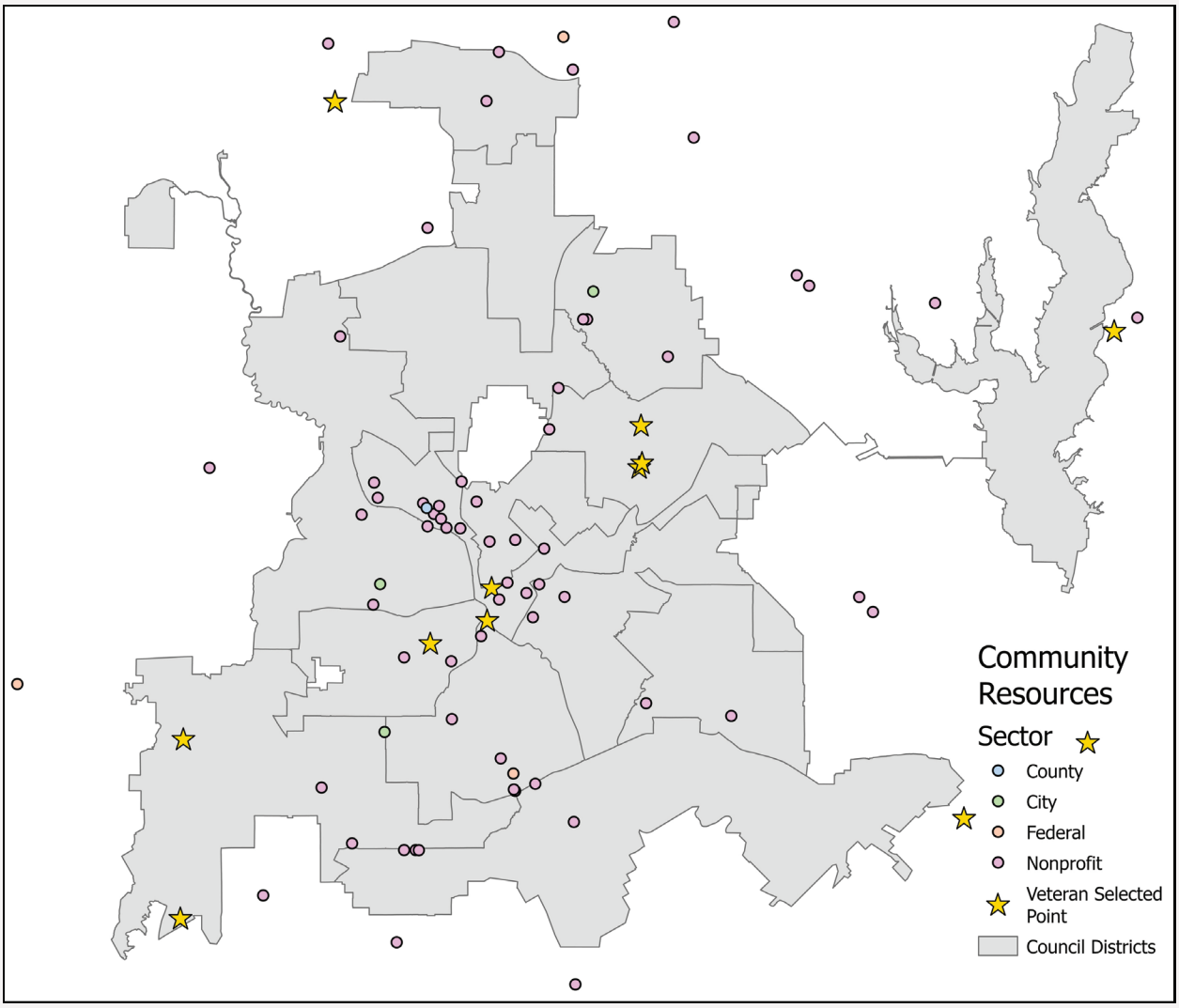


Figure 2.4 Veteran Social Resource Locations and VIIF Participant-Identified Points. *Colored markers identify veteran serving social resources from public datasets. Star markers represent social engagement locations identified by VIIF participants.*

Theme 5

Employment Barriers Undermine Stability and Purpose

At the Veterans Innovation and Insight Forum (VIIF), employment was described as more than income generation. Participants framed work as a primary source of identity, structure, dignity, and long-term stability. Employment challenges were characterized not solely as technical skill gaps, but as identity-based, logistical, and systemic barriers that undermine transition and overall wellbeing.

Participants emphasized that employment instability often triggers cascading effects across housing, mental health, and family systems. Work was viewed as a central stabilizing force within the broader veteran ecosystem.

Core Employment Barriers Identified

Participants identified several recurring structural obstacles:

- Difficulty translating military skills into civilian language and credentials
- Licensing and credentialing misalignment
- Long commute times, in some cases three to four hours daily
- Limited access to childcare
- Underemployment, even among highly skilled veterans
- Entrepreneurship potential that remains under-supported

Veterans expressed strong interest in pathways into information technology, logistics, skilled trades, healthcare, and entrepreneurship. However, participants emphasized that access to these pathways requires structured alignment rather than general job placement services.

Convergence Across Methods

A topic modeling review of VIIF discussions surfaced similar themes. Skill translation, credential misalignment, and employment instability repeatedly clustered together. *Operational Terrain Mapping* revealed consistent linkages between unemployment and broader instability, including housing strain and emotional distress. The *How Might We* activity reframed employment as a systems coordination challenge rather than an individual readiness issue.

Employment was frequently discussed in connection with discharge timing, navigation pathways, and service coordination. This reinforces the finding from Theme 3 that employment stability depends heavily on early structural linkage and sustained follow-through.

Across methods, employment challenges appear less about willingness to work and more about friction within credentialing systems, employer translation gaps, and misalignment between military experience and civilian workforce pathways.

Topic modeling and sentiment analysis for Reddit data shows that social media discussion of employment-related topics remains comparatively stable over time, increasing modestly in 2021–2022, peaking again around 2023–2024, and remaining elevated through 2025. This suggests that employment concerns are persistent rather than episodic.

Figure 2.5 provides an emotional overlay for additional context. When employment discussion intensifies, it is accompanied by elevated trust and anticipation, particularly in 2021–2023, suggesting optimism or forward-looking engagement (e.g., job searching, training, career transitions). However, later periods show intermittent increases in fear, sadness, and anger alongside employment discussion. This pattern indicates that employment is not solely about opportunity; it is also linked to stressors such as job instability, financial pressure, disability-related work limitations, or challenges navigating workforce systems.

The topic prevalence and emotional patterns suggest that employment functions as both a source of purpose and a potential vulnerability point for veterans. The conversation is not simply about finding jobs. It reflects transitions, barriers, and periods of emotional strain. For policy, this implies that workforce programs should be integrated with mental health, disability navigation, and benefits counseling supports rather than treated as stand-alone economic interventions.

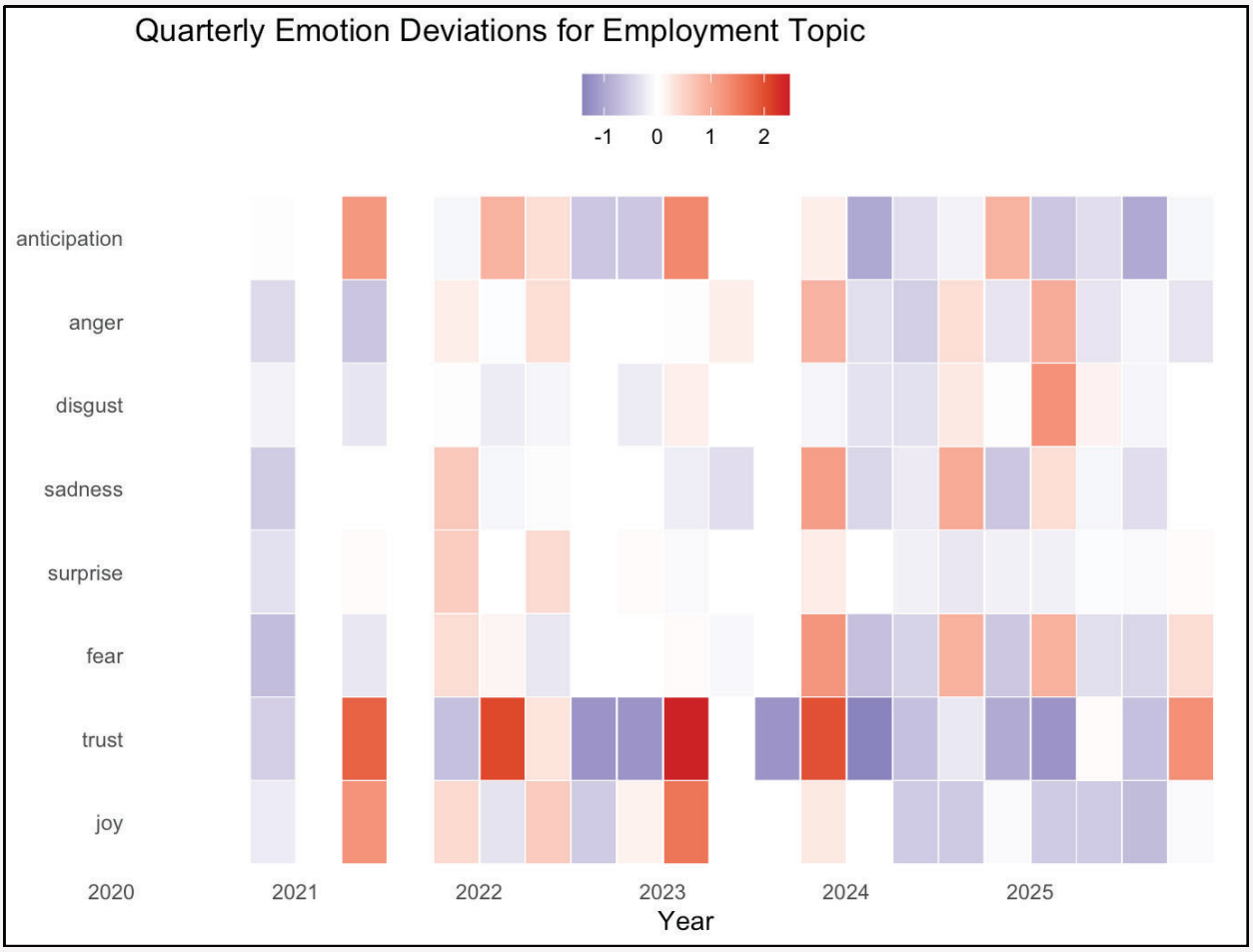


Figure 2.5 Quarterly Emotion Deviations for Employment Topic. *Each tile represents the deviation from baseline for the particular emotion (row) in a particular quarter (column). The baseline is calculated separately for each emotion.*

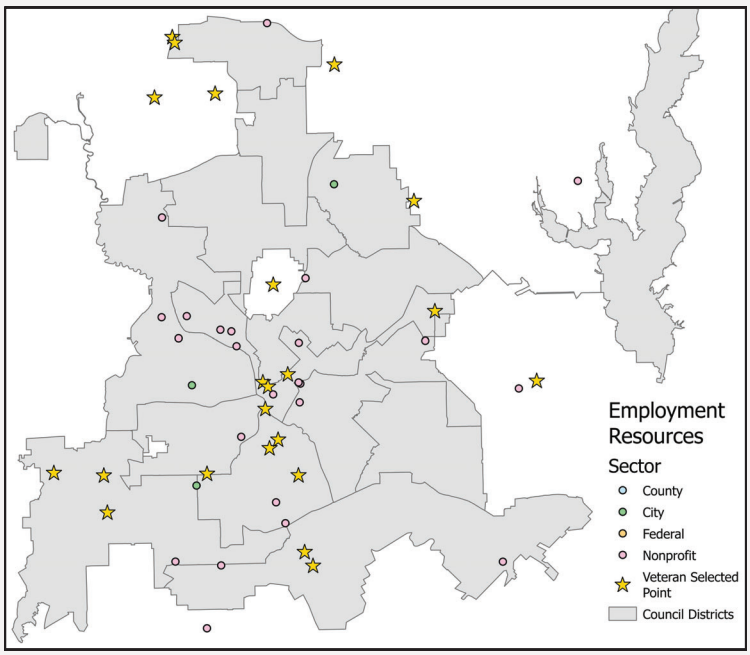


Figure 2.6a. Veteran Employment Resource Locations. *Stars represent Veteran selected points and circles are county and city resources.*

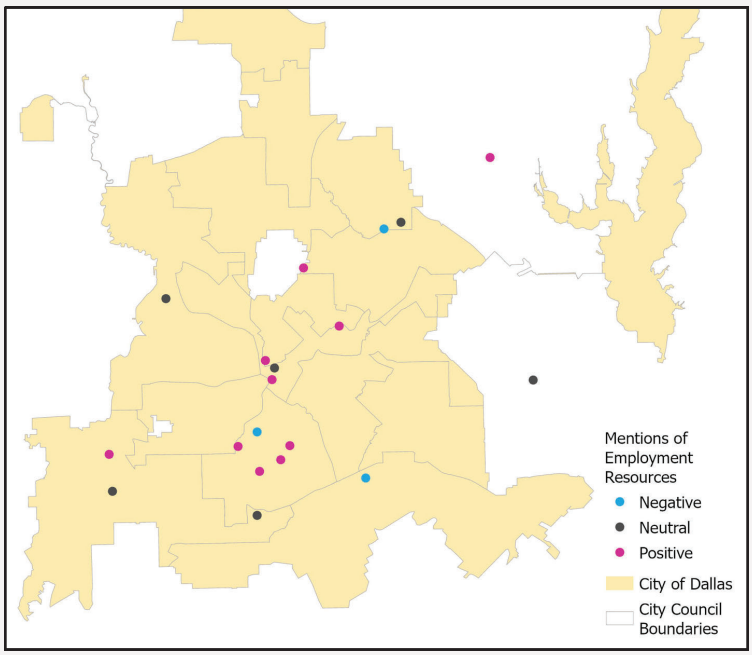


Figure 2.6b. Positive and Negative Associations with Employment Resources. *Green color is negative, dark blue is neutral, and red indicates positive association.*

Spatial Context: Employment Resource Landscape

Figure 2.6a displays employment-focused veteran resources across Dallas. As in previous sections, star markers identify the twenty-three locations where VIIF participants located and wrote about a resource in in employment support. The remaining colored dot markers identify an additional thirty-six veteran-serving employment resources compiled from the Veterans Resource Center, the National Resource Directory, and the City of Dallas. Resources were included if they advertise employment assistance or job placement services.

VIIF participatory mapping, seen in the second map (Figure 2.6b) reveals that veterans expressed more positive (54%) than negative (13%) perceptions of employment resources with green markers indicating positive perceptions, teal markers indicating negative ones, and dark blue indicating a neutral response.

Insight for Employment Resources: The spatial distribution suggests that employment resources are present and, in many cases, viewed favorably. However, the concentration of interest points relative to resource locations indicates that access and alignment remain uneven. Of interest are zones in which multiple veteran resources appear to be located, but were not mentioned at all by participants at the VIIF, perhaps revealing a mis-match between resource provision and regions of need. The employment support gap appears to be less about the absence of workforce services and more about skill translation, credential recognition, commute feasibility, and pathway clarity. Stability depends on how effectively veterans are connected to targeted, sector-aligned opportunities rather than to generalized job listings alone.

Conclusion Theme 5

The VIIF findings, text analysis, spatial mapping, and social media patterns converge on a consistent conclusion: employment instability is a structural contributor to broader vulnerability. The primary barriers are misalignment and system friction rather than lack of motivation or work ethic. While services are present and fairly well regarded in the city, geographic location of services may be able to be refined. Emotional patterns reinforce that employment strain is procedural rather than crisis-driven. Strengthening alignment between military experience, credentialing systems, and sector-specific pathways would reinforce stability across transition, mental health, and community engagement domains.

Theme 6

Housing Stability Is Fragile and Deeply Connected With Employment & Health

At the Veterans Innovation and Insight Forum (VIIF), housing was described as "the foundation for everything else." Participants framed housing not simply as shelter, but as the stabilizing base upon which employment, mental health, family continuity, and long-term transition depend.

Instability in housing was associated with rapid cascading effects across other domains. Veterans described a system characterized by eligibility complexity, limited transitional housing supply, and fragmented landlord coordination.

Core Housing Patterns Identified

Participants highlighted several recurring structural dynamics:

- Interdependence between housing and employment
- Sudden loss of stability during transition periods
- Unclear discharge-based eligibility rules
- Lack of a centralized housing navigator or entry point
- Increasing displacement pressures tied to cost of living
- Barriers to HUD-VASH access for some veterans

Housing instability was not described as just another challenge, but as a breaking point. When stable housing is disrupted especially during transition from active duty, employment, benefits access, mental health, and family stability are often affected at the same time.

Convergence Across Methods

Statistical topic modeling of VIIF data identified the *Operational Terrain Mapping* activity as the primary source of housing-related insight, consistently linking housing instability with employment disruption and transition timing. Topic modeling indicates that housing rarely surfaced as an isolated issue, instead clustering alongside employment, benefits, and navigation themes.

This bundling effect suggests that housing instability is not siloed but structurally interconnected with workforce alignment and administrative coordination. The system challenge is therefore not simply supply-based, but coordination-based. This corroborates VIIF discussions in which housing instability surfaced alongside employment disruption and eligibility timing rather than in isolation.

Relocation emerged as a distinct analytical theme in **statistical topic modeling of Reddit** posts. It appeared as a geographically anchored topic characterized by terms such as *Houston, San Antonio, Austin, city, area, north*, and *house*. These posts frequently combined discussion of employment, cost of living, housing markets, and local healthcare access, indicating that relocation decisions are rarely driven by a single factor. Rather, they reflect multi-dimensional tradeoffs involving job prospects, affordability, family needs, and perceived quality of care.

The black line in Figure 2.7 shows quarterly prevalence of the relocation topic from 2020–2025,

and the gray shaded areas are confidence bands based on post activity (wider bands indicate less activity, thus less certainty). Discussion of the relocation topic rose steadily through 2020 and peaked in mid-2021, suggesting heightened mobility and reassessment during the post-pandemic adjustment period. A secondary rise occurred in 2024, followed by stabilization through 2025. Although prevalence fluctuates quarter to quarter, relocation remains a persistent concern rather than a short-lived spike.

Importantly, relocation discussions are not framed solely as geographic preference. They are embedded in broader stability considerations, such as where veterans can find work, access to culturally competent care, affordable housing, and building community. In this way, the Reddit findings align directly with VIIF Theme 6: relocation is not simply movement between cities, but a systems-level decision shaped by employment, healthcare access, and economic security. The pattern observed in Reddit discourse reinforces the VIIF conclusion that place-based decision making is a structural issue, not an individual lifestyle choice. Moreover, many relocation posts explicitly reference rent levels, home prices, property taxes, and loan eligibility, underscoring the direct interdependence between relocation decisions and housing fragility identified in Theme 5.

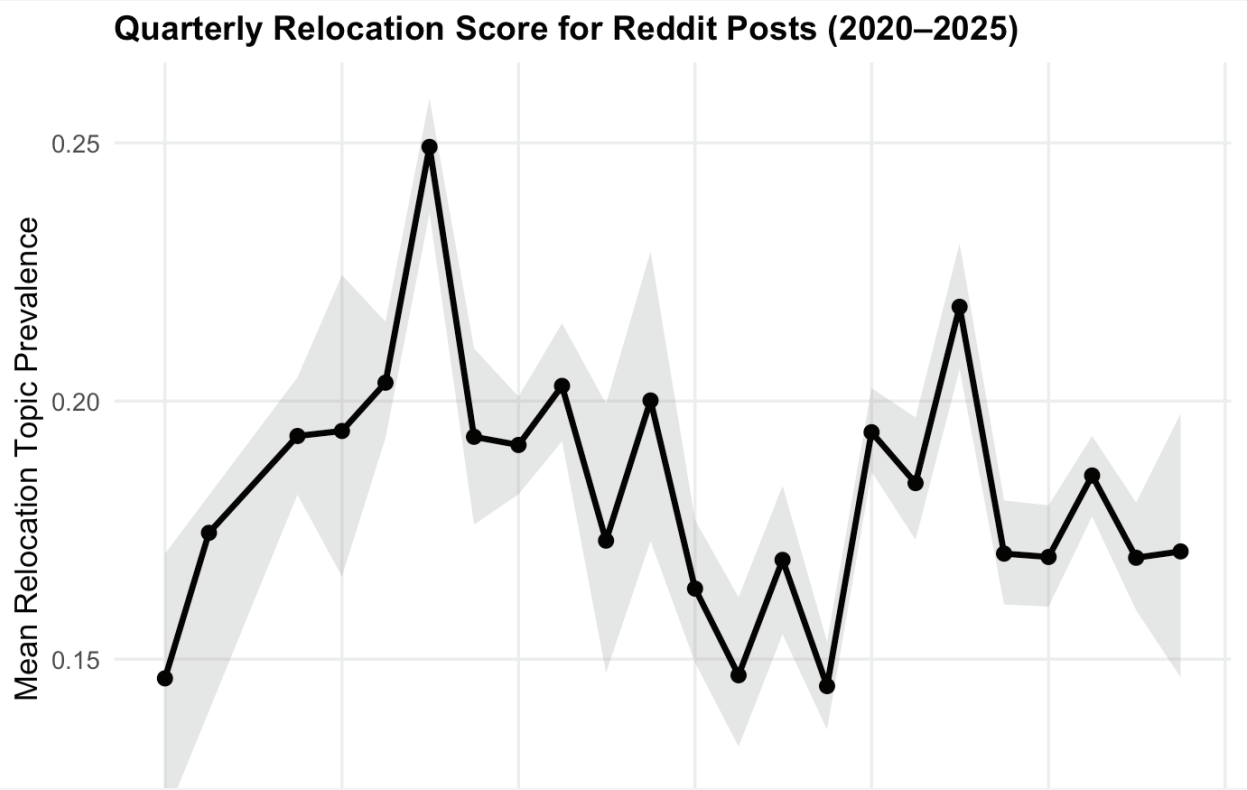


Figure 2.7 Quarterly Relocation Score for Reddit Posts (2020-2025). *Each point is the mean proportion of words associated with relocation among posts in a particular quarter. Gray bands are confidence bands. Narrower bands indicate more posts for that time period, and thus greater precision in the estimate.*

Spatial Context: Housing Support Infrastructure and Resource Distribution

Because housing instability functions as a cross-system stressor, its spatial distribution across Dallas provides important context for understanding where vulnerabilities and supports intersect.

The next set of maps (Figure 2.8a and 2.8b) presents housing-related data generated through the VIIF mapping exercise. The first map displays twenty-three participant-identified locations of interest related to housing support (represented by star markers), overlaid with forty veteran-serving housing resources compiled from the Veterans Resource Center, the National Resource Directory, and the City of Dallas. Resources included short- and long-term housing assistance providers. (Not all resource points are visible within the current map extent.)

Spatially, housing support resources are distributed across multiple areas of the city but are more concentrated in the southern and western sectors. These areas also contain higher proportions of renter-occupied housing, overlapping with neighborhoods where veterans most frequently discussed affordability pressures and housing fragility in VIIF sessions and online discourse.

The final map (Figure 2.8b) isolates where veterans reported either positive or negative experiences with housing-related resources. While these points remain concentrated in the southern and western portions of the city, positive assessments substantially outnumber negative ones. Favorable commentary on these resources is similarly concentrated in areas with the highest density of identified resources, despite, or perhaps in response to, the more volatile renter-occupied housing stock. This suggests that although housing pressures may be more pronounced in these areas, the resources that exist, and that veterans are aware of, are generally well regarded.

Participatory map responses further complicate the picture. VIIF participants expressed positive perceptions of housing-related resources 52% of the time, along with 22% nuetral and 26% negative perceptions. These responses reflect evaluation of the resource availability and support during relocation or housing transitions, not judgements about the housing quality or neighborhood location.

While this suggests that many existing resources are viewed favorably, the variation in responses indicates uneven awareness, access, and experience across locations. The mapping data therefore reinforces the broader Theme 6 finding: resource presence alone does not ensure stabilization and timely connection and coordinated navigation remain critical.

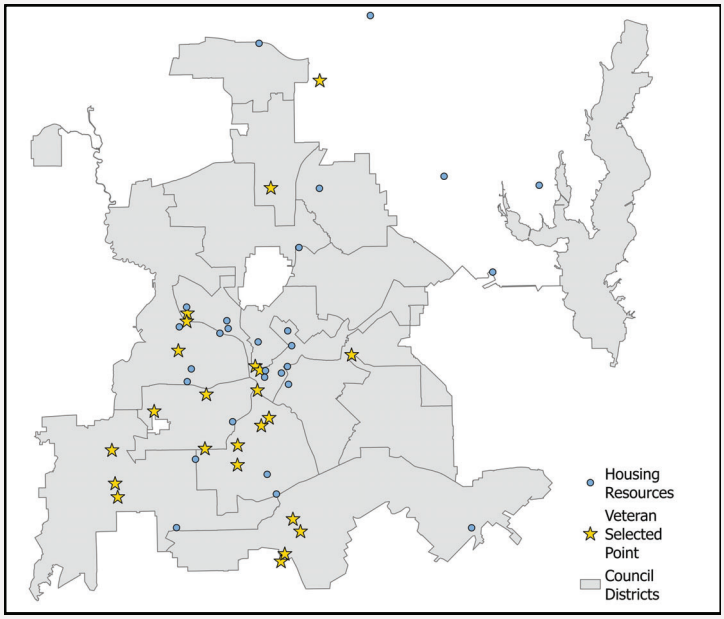


Figure 2.8a. Owner-Occupied and Renter-Occupied Housing Distribution. *Stars are veteran selected housing resources and circles are government resources.*

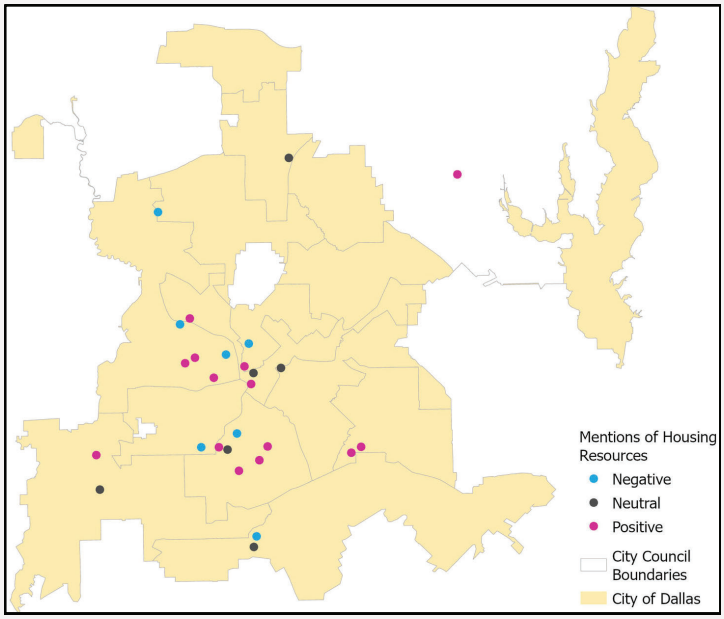


Figure 2.8b. Veteran Housing Resource Locations and Participant-Identified Points. *Blue indicates negative association, dark gray indicates neutral association, and red indicates positive association.*

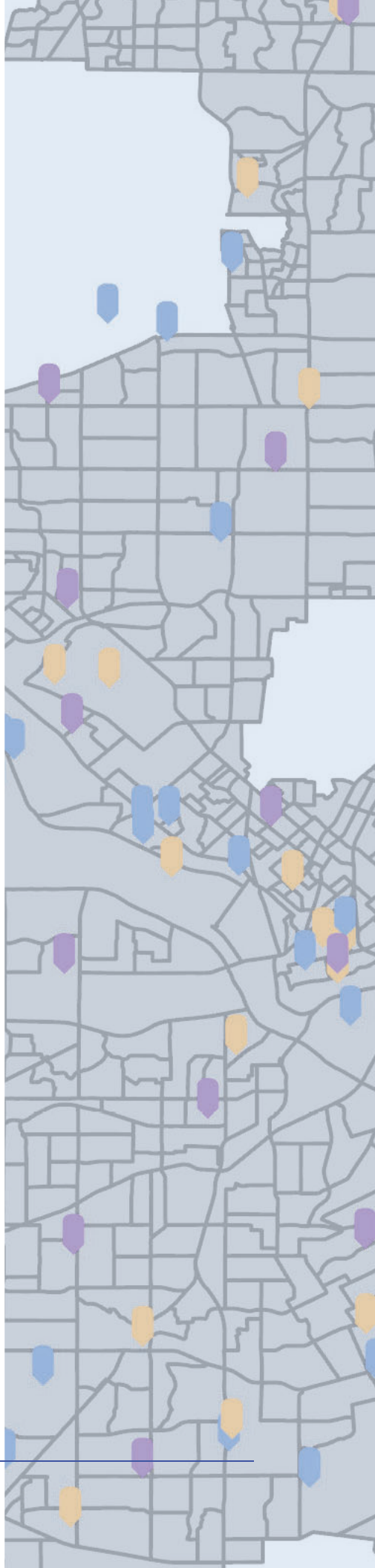
Insight for Housing Infrastructure and Resource Distribution:
The maps clarify that housing instability is shaped not only by the availability of resources, but also by geographic pressures and system timing. Areas with higher renter density may face greater sensitivity to cost fluctuations, while veterans relocating during transition may enter housing markets without structured connections to stable housing support.

The spatial alignment between renter concentration and resource placement suggests that infrastructure exists in areas of higher housing sensitivity. At the same time, mapping results show that many of these resources are positively regarded by veterans. However, numerous additional housing resources across the city were not identified by participants, indicating that resource presence alone does not necessarily translate into veteran awareness or utilization.

Furthermore, resource presence and support alone do not, by themselves, guarantee early stabilization. Housing outcomes appear to be influenced by employment alignment, discharge timing, and coordinated navigation support.

Conclusion Theme 6

The VIIF findings, topic modeling, participatory mapping, and spatial analysis converge on a consistent conclusion: housing stability functions as a foundational condition within the veteran ecosystem. Instability is rarely isolated; it is intertwined with employment misalignment, transition timing, and administrative complexity. The primary challenge is not solely housing supply, but the coordination of resources that connect veterans to stable housing at critical transition points, impacts of which are shaped by the distinct conditions of local communities, housing markets, and neighborhood contexts.



Theme 7

Healthcare Access Suffers From Cultural Mismatches, Referral Failures and Accountability Gaps

Healthcare concerns emerged as structurally patterned rather than episodic. Participants shared stories of misdiagnosis, inconsistent care continuity, and limited trauma-informed expertise. Across discussions, healthcare access challenges were framed less as isolated service failures and more as coordination breakdowns across systems.

Structural Patterns Identified

- **VA–community system fragmentation.** Participants described limited communication between VA and non-VA providers, resulting in repeated documentation, inconsistent treatment plans, and care discontinuity.
- **Under-addressed rural and mobile care needs.** Veterans relocating, commuting long distances, or residing in rural-adjacent areas reported difficulty maintaining continuity of care.
- **Insufficient women's health specialization.** Women veterans described gaps in gender-specific services and limited provider familiarity with women's military health experiences.
- **Inconsistent referral standards.** Participants reported unclear referral pathways and lack of standardized follow-up across providers and specialties.
- **Perceived lack of accountability mechanisms.** Veterans frequently described feeling unheard or misunderstood, particularly when navigating complex or multi-provider care systems.

These patterns suggest that healthcare access challenges are shaped not only by availability of services, but by coordination gaps, cultural mismatches, and unclear accountability structures.

Convergence of Methods

Topic modeling of VIIF materials corroborated the qualitative findings. The *Operational Terrain Mapping* surfaced recurring references to cultural mismatches, access barriers, referral friction, and coordination breakdowns across healthcare systems. *How Might We* prompts, frequently centered continuity of care, trust-building, standardized handoffs, and system-level accountability.

Feasibility discussions suggested that meaningful improvement would require sustained investment in data infrastructure, cross-system governance, and shared accountability. Participants emphasized that stronger data coordination could support more consistent monitoring of care across clinics, medical specialties and community partners.

Reddit discussions among Dallas-area veterans reveal two distinct but interrelated healthcare domains:

1. Healthcare Access (e.g., clinics, insurance, appointments, mental health services)
2. Medical Claims (e.g., disability ratings, evidence, diagnoses, PACT Act–related conditions)

Both appear persistently from 2020 through 2025, though their emotional intensity and volatility differ.

Healthcare Access

Healthcare access discussions remained relatively stable from 2020 to 2022, then increased meaningfully beginning in mid-2023. Statistical modeling shows sustained growth in topic prevalence through 2024, indicating heightened concern or engagement around access barriers.

Emotionally, healthcare access discussions are characterized by episodic increases in fear and sadness, particularly during higher topic prevalence quarters in 2024 (Figure 2.9a). This pattern suggests that access is a concentrated stress point. Notably, increases in fear are often accompanied by increases in trust. This pattern suggests that veterans experience stress related to access barriers while continuing to seek institutional solutions rather than withdrawing from them.

Medical Claims

Medical claims discussions display sharper increases and greater volatility than general healthcare access. Topic prevalence rises substantially in late 2023 and remains elevated into 2024 and 2025. This period coincides with expanded eligibility and administrative changes under the PACT Act, which increased claims activity nationwide. Emotionally, claims-related discussions show weaker, but prolonged, deviations from baseline is seen in healthcare access discussions (Figure 2.9b). In peak quarters, fear, sadness, anger, and anticipation all rise simultaneously. Trust also increases during high-volume claims periods, indicating that veterans remain engaged with the VA and formal adjudication processes even when emotional intensity is elevated.

Figures 2.9a and 2.9b show deviations from baseline emotion by quarter for the healthcare access (left) and medical claims (right). Red tiles indicate heightened emotional intensity; blue color indicates lower-than-baseline emotion; gray indicates that there were not enough posts during that quarter to make a reasonable determination about a shift in emotional intensity.

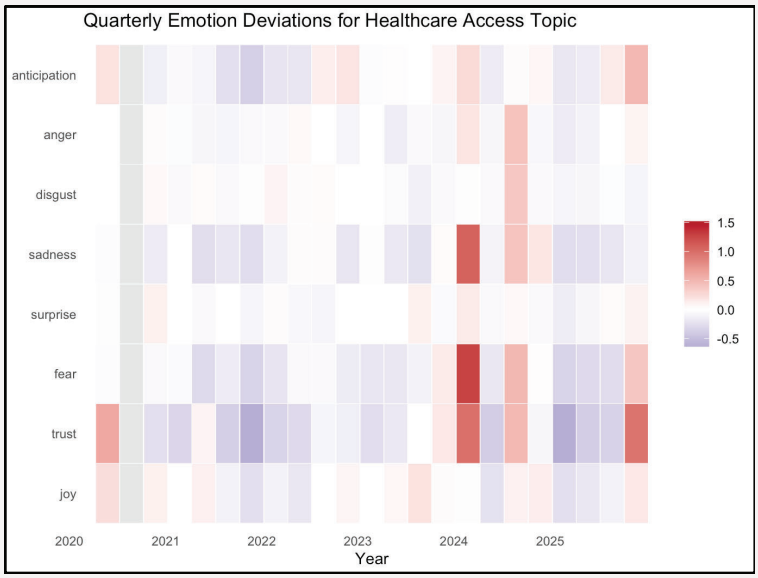


Figure 2.9a. Deviations from Baseline for Emotions (Rows) by Quarter (Column) from 2020 - 2025. *Fear, trust, and sadness associated with healthcare access strongly spike in late 2024; however the spikes are short-lived.*

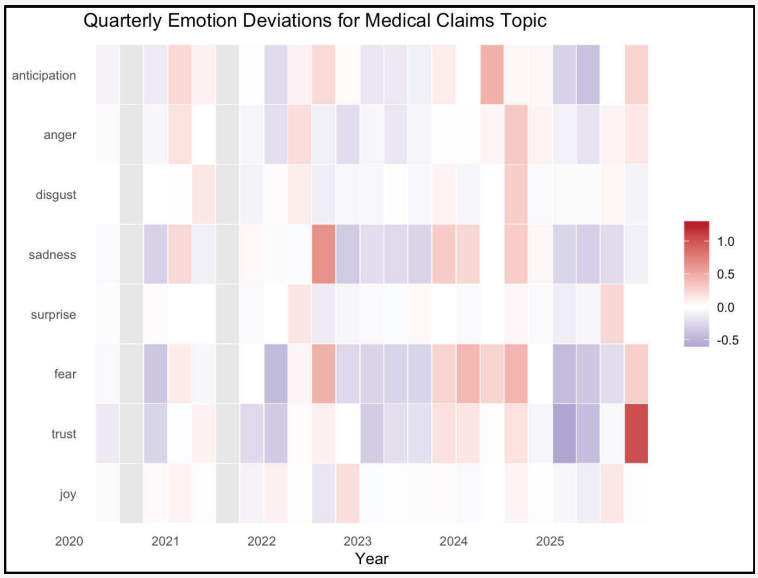


Figure 2.9b. Deviations from Baseline for Emotions (Rows) by Quarter (Column) from 2020 - 2025. *Increases in intensity tend, particularly in 2024, to be weaker than seen in health access, but are more prolonged, indicating chronic issues with claims.*

Integrated Insight

Across qualitative findings, VIIF topic modeling, social media discourse, and emotional modeling, healthcare concerns appear cyclical rather than constant. Surges align with administrative shifts, eligibility expansions, and claims-processing changes.

The combination of rising topic prevalence and simultaneous increases in fear and sadness suggests that expansions in eligibility or procedural changes may temporarily increase uncertainty and emotional burden at the local level. Medical claims periods, in particular, represent identifiable stress amplification cycles.

Spatial Context: Health Infrastructure and Accessibility

To contextualize VIIF input, spatial mapping identified and located Dallas hospitals, outpatient clinics, mental health facilities, and recreation/community centers to visually capture the geographic distribution of the broader health ecosystem (Figure 3.0a).

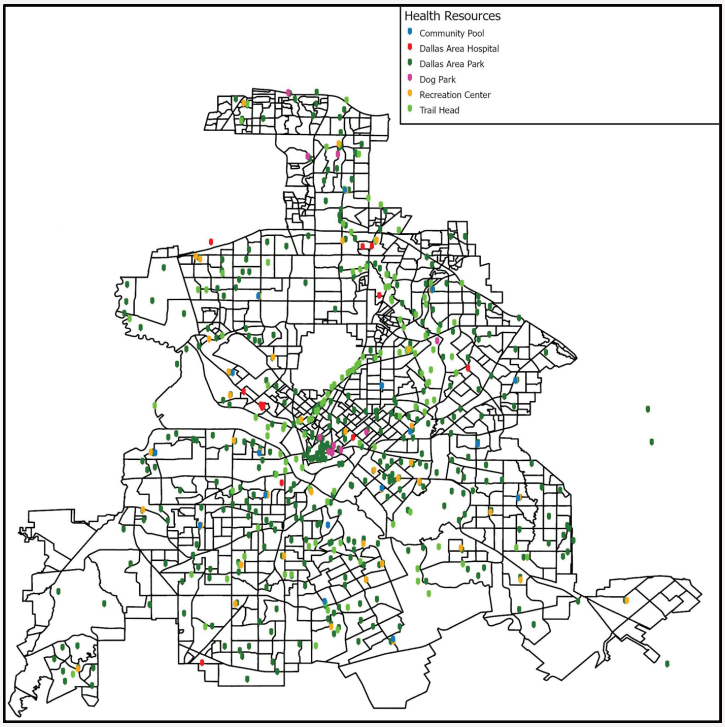


Figure 3.0a. Dallas Health Resources Context

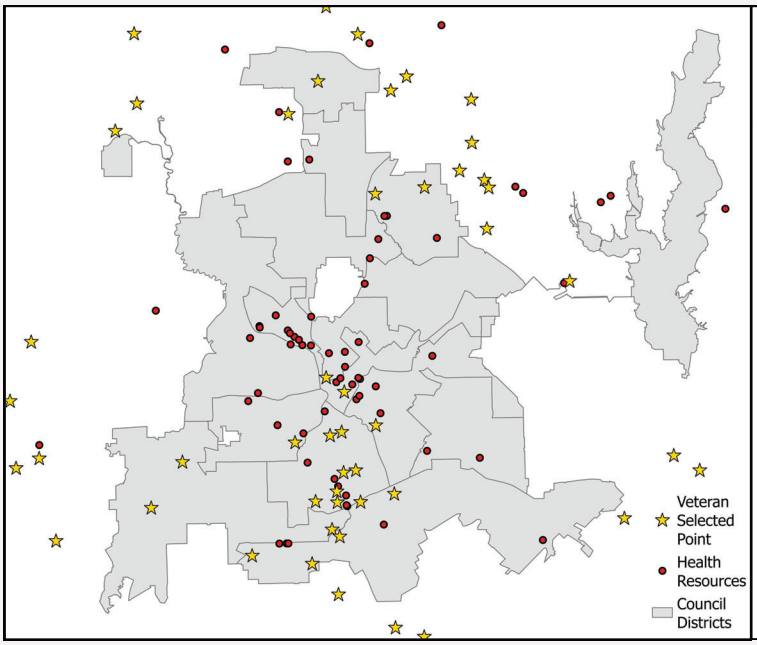


Figure 3.0b. Veteran Health Resources

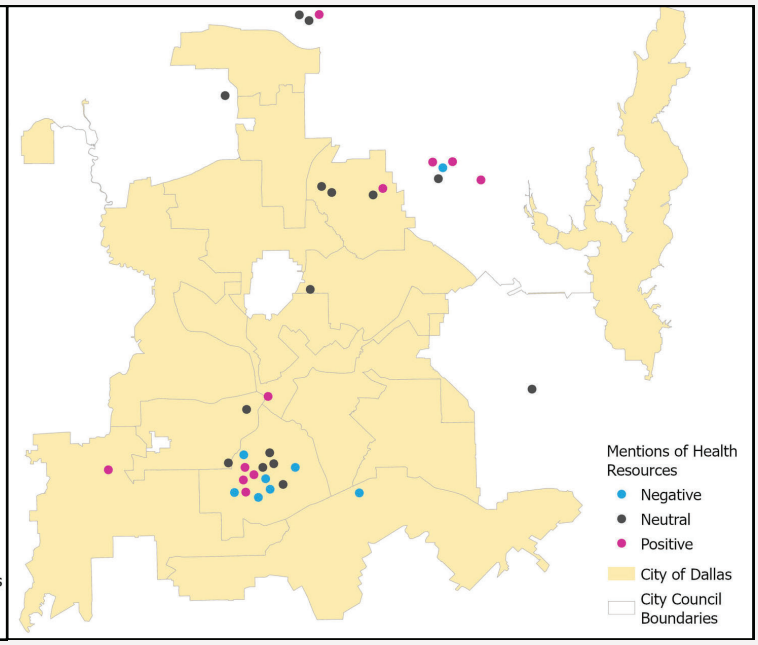


Figure 3.0c. Veteran Opinions on Health Resources

Health Resources

Health Resources were the most frequently identified resource type in VIIF participatory maps (51 total mentions across 49 points) (Figure 3.0b) including hospitals, outpatient clinics, and mental health facilities.

Beyond participant-identified locations (stars), a broader list of 83 veteran-focused health resources (red dots) was compiled from the Veterans Resource Center, the National Resource Directory, and the City of Dallas (Figure 3.1b).

The Dallas VA Medical Center was particularly salient, receiving both positive and negative feedback. VA clinics more broadly were highly visible across participant maps (Figure 3.0c).

Driving Transport Accessibility: Health and Social Resources

Drive-time analysis estimated weekday average driving time to the nearest veteran-specific health resource (Figure 3.1). The analysis assumes vehicle access and does not account for service differentiation between facilities (i.e., it assumes individuals travel to the closest provider rather than the most specialized provider). The drive time was calculated based on weekday average and does not account for run-hour or specific days.

Findings indicate that:

- Health and social resources are fairly accessible overall
- Most regions of Dallas are within approximately 15 minutes of at least one veteran-specific health resource
- Almost half of residential areas fall within a 10-minute drive of a veteran's health resource

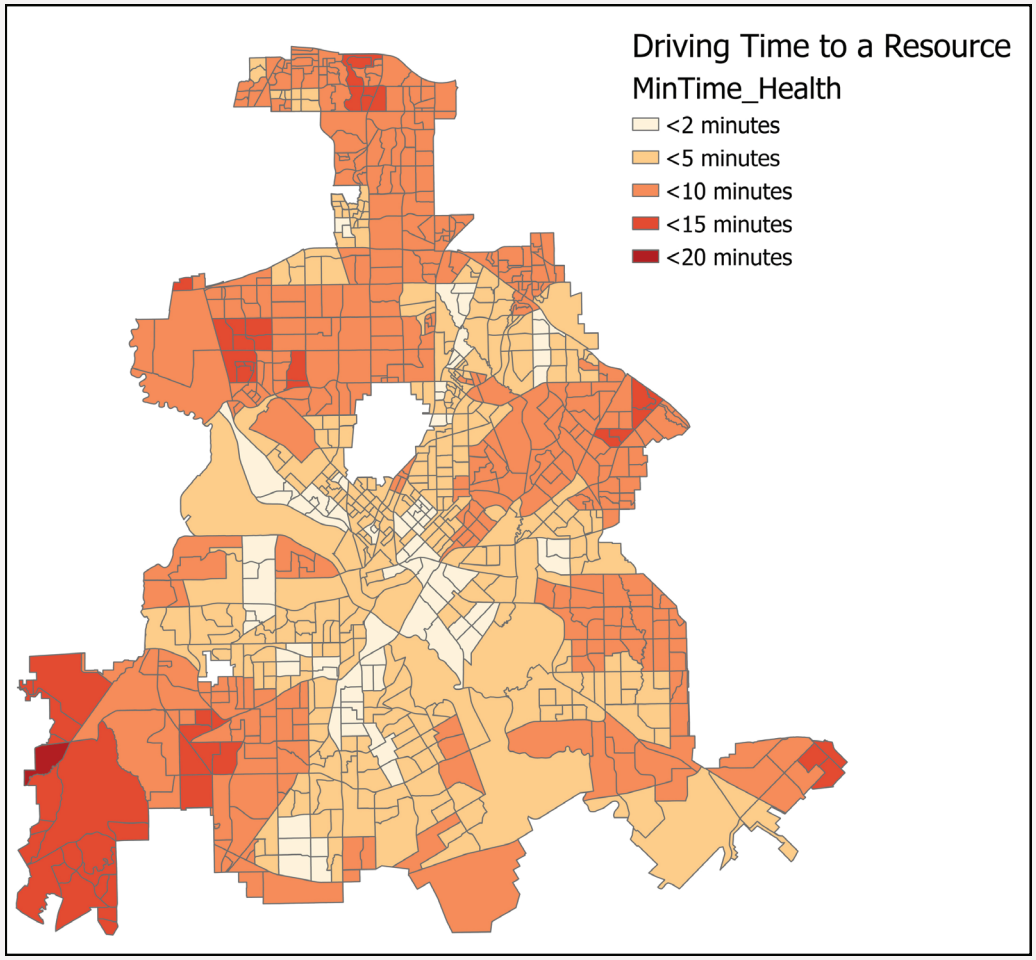


Figure 3.1 Driving Transport Accessibility: Health and Social Resources

Conclusion Theme 7

Spatial analysis suggests that veteran-specific health resources in Dallas are geographically distributed in ways that provide relatively strong physical proximity for much of the city. Most residential areas are within a short drive of at least one health facility. On paper, supply appears adequate.

However, qualitative findings, topic modeling, and emotional analysis consistently indicate that physical proximity does not resolve deeper structural challenges. Veterans describe fragmentation between VA and community providers, inconsistent referral pathways, cultural mismatches, and unclear accountability mechanisms. Periods of administrative expansion, particularly under the PACT Act, further intensify stress within medical claims processes, amplifying fear, sadness, anger, and anticipation simultaneously.

Across methods, healthcare access emerges not simply as a service availability issue, but as a coordination and governance challenge. The most significant friction points occur at system boundaries: handoffs between providers, documentation transfer, specialty referrals, eligibility determinations, and claims adjudication.
Accordingly, policy and practice responses may be most effective when they target connective infrastructure rather than expanding standalone services.

Priority opportunities include:

- Strengthening cross-system referral standards and warm handoff protocols
- Enhancing navigation and guidance during federal claims expansions
- Providing supplemental emotional and peer support during high-volume claims cycles
- Investing in shared data systems to improve continuity and accountability across VA and community providers
- Expanding women's health specialization and culturally responsive care capacity

Theme 7 demonstrates that healthcare access in Dallas is not solely a question of geographic supply. It is a structural alignment issue operating across federal, local, and community systems, one that becomes most visible, and most emotionally consequential, during periods of administrative change and claims expansion.

Theme 8

Families Shoulder Hidden Labor, Without Recognition and Support

Across Veterans Insight and Innovation Forum (VIIF) discussions, families and caregivers consistently appeared as the quiet coordinators of stability. While veterans engaged directly with healthcare systems, benefits processes, employment transitions, and housing challenges, family members were frequently described as managing the underlying logistics such as scheduling appointments, tracking paperwork, monitoring deadlines, navigating eligibility requirements, responding to crises, and absorbing emotional strain. Participants described caregiving labor not as occasional assistance but as sustained system navigation. During transition periods or moments of administrative uncertainty, families often assumed responsibility for organizing documentation, clarifying next steps, maintaining household continuity, and buffering stress. Despite performing these stabilizing functions, caregivers were rarely included directly in navigation pathways, provided structured training, or recognized as active stakeholders within service systems.

Though not always framed as a standalone policy issue, family burden surfaced repeatedly across VIIF activities. **Topic modeling** elevates families from contextual background to explicit policy actors embedded within navigation, trust, and continuity themes. Brainstorming exercises highlighted the need for earlier family inclusion during transition and clearer engagement strategies. Notably, participants characterized family inclusion as highly feasible, describing it as a comparatively straightforward intervention that could strengthen stability without requiring large-scale structural redesign.

Key Structural Patterns Identified at VIIF

- Marriage strain and "marriage management" pressures associated with system instability
- Childcare barriers limiting access to employment opportunities and healthcare appointments
- Lack of caregiver-specific navigation support or training
- Family mental health needs frequently overlooked within service frameworks
- Absence of a centralized, visible resource space designed specifically for families

Though not always formally named, family needs appeared across multiple activities and deserve greater visibility. Topic modeling of VIIF data elevates families from background context to **explicit policy actors**. The brainstorming activity indicated that families need more support during transition. The feasibility of family inclusion a priority, and a somewhat easy lift, as family members could be included in engagement strategies and participate in their veterans' transition to civilian life.

Convergence of Methods

In the **social media topic analysis**, this theme did not emerge as a distinct standalone topic. Instead, references to family appeared diffusely within discussions of healthcare access, disability claims, employment, and housing stability. This pattern suggests that while family impact is present in online discourse, it is typically embedded within problem-solving conversations about benefits, appointments,

or financial strain rather than articulated as a systemic issue requiring a dedicated intervention strategy. The absence of a discrete "family burden" topic may reflect platform dynamics: Reddit users often frame posts around personal administrative challenges rather than relational or caregiving labor. Nevertheless, these indirect references reinforce VIIF's finding that family systems are tightly interwoven with service navigation and stability outcomes, even when not explicitly named as a policy domain.

Conclusion Theme 8

Across both VIIF and social media analysis, families operate as stabilizing infrastructure within the veteran ecosystem. They mitigate administrative strain, buffer emotional distress, and sustain continuity during periods of transition. However, because this labor is informal and diffuse, it remains structurally invisible. Designing systems that explicitly account for caregiver roles—through inclusion, training, and dedicated resource pathways—may reduce downstream instability and strengthen long-term outcomes.

Theme 9

Legal and Justice Issues Are Interwoven with Mental Health, Housing, and Eligibility

At the Veterans Insight and Innovation Forum (VIIF), legal and justice-related concerns surfaced less frequently than themes such as mental health or navigation. When they appeared, they were described as structural rather than episodic. Legal challenges were rarely isolated incidents; instead, they were framed as downstream consequences of unmet mental health needs, housing instability, unemployment, and benefit ineligibility. Legal involvement often reflected accumulated strain rather than a singular triggering event.

Structural Patterns Identified

- **Alternative court pathways viewed positively but limited in capacity.** Veterans Court and similar programs were described as culturally responsive and effective yet constrained in scale and eligibility.
- **Discharge status as a structural gatekeeper**. Character of discharge affects eligibility for healthcare, housing programs, and benefits, shaping nearly every other service pathway.
- **Low awareness of legal resources.** Veterans frequently reported not knowing where to seek legal support or assuming resources were unaffordable.
- **Justice system processes inconsistently account for military context.** Participants described criminal justice interactions as often lacking understanding of service-related trauma, disability status, and transition stressors, which may influence how cases are interpreted, referred, or resolved.

Taken together, these structural patterns help explain why legal vulnerability often emerges at the intersection of mental health crisis, unstable housing, and benefits navigation. Legal issues operate less as primary entry points and more as escalation points when upstream supports are delayed, fragmented, or inaccessible.

Convergence Across Methods

Legal issues did not emerge as a standalone dominant topic in **VIIF topic modeling**. However, multiple adjacent domains reflect embedded legal dimensions.

Operational Terrain Mapping discussions referenced claims and appeals, evidence requirements, disability determinations, service connection, and benefits denials. While not labeled as "legal" in conversation, these processes are administrative and quasi-legal in nature, governed by documentation standards, burden-of-proof requirements, and formal adjudication pathways. Similarly, housing instability and economic precarity, also prominent themes, carry legal implications related to eviction proceedings, lease disputes, credit damage, and eligibility constraints. Feasibility discussions further emphasized formal agreements, governance structures, and data-sharing frameworks, underscoring the regulatory architecture that shapes service coordination.

It should be noted that the absence of a discrete "criminal justice" topic does not indicate lack of relevance. Rather, it suggests that legal strain is often experienced through bureaucratic and eligibility processes rather than through court involvement alone. To clarify how these embedded legal dimensions operate across domains, the crosswalk table below (Figure 3.2) links recurring VIIF language and topic-modeling terms to their underlying legal structures and associated policy implications. This mapping demonstrates that legal architecture shapes veterans' access to housing, healthcare, and benefits, even when legal terminology is not explicitly invoked.

Crosswalk: Legal Dimensions Embedded in VIIF Themes

VIIF Language/Topic Modeling Terms	Embedded Legal or Justice Dimension	Policy Implication
Claims, Denial, Evidence, Service Connection, Disability	Administrative law processes governing eligibility, burden of proof, appeals, documentation requirements	Expand legal navigation assistance for benefits appeals; integrate claims coaching with mental health and housing support
Benefits Navigation & Access Barriers	Procedural complexity, regulatory eligibility thresholds, bureaucratic adjudication	Simplify intake pathways; co-locate legal aid within veteran service hubs
Housing Instability, Economic Precarity	Eviction proceedings, lease disputes, credit damage, eligibility constraints tied to legal status	Embed eviction-prevention legal services within housing stabilization programs
Pact Act, Eligibility Changes	Statutory eligibility expansions and retroactive claim adjudication	Proactive outreach and legal guidance for newly eligible veterans
Data Sharing, Governance, Formal Agreements (Feasibility)	Legal agreements, inter-agency data compliance, privacy constraints	Develop standardized interagency MOUs to reduce fragmentation and improve coordinated care
Fragmentation & Siloing (System-Level Insight)	Jurisdictional boundaries, agency-specific regulatory frameworks	Establish cross-sector legal coordination strategy to reduce systemic navigation burden

Figure 3.2: Legal Dimensions in VIIF Themes. *Legal issues did not surface as a separate topic in statistical modeling of text from VIIF exercises, rather, legal or justice dimensions surface across all topics. This table shows relevant topics from the VIIF data (far left column), with legal dimensions in the middle column and policy implications on the right.*

Reddit Topic Modeling Contrast: Embedded, Not Isolated

Legal themes did not emerge as a distinct domain in Reddit topic modeling. Terms such as "court," "legal," "appeal," or "incarceration" did not cluster into a coherent topic. This divergence between VIIF findings and Reddit topic structure illustrates a key methodological insight: Justice-related barriers are more visible in structured, facilitated conversations than in open peer forums. Multi-method analysis is therefore essential to surface system-level vulnerabilities that are not equally expressed across data environments.

Spatial Context: Legal Resources Distribution

In Figure 3.3, star symbols locate legal assistance organizations identified by veterans. Compared to other service domains discussed during the VIIF, legal resources were mentioned less frequently. Additional legal resources (blue points) were compiled from the Veterans Resource Center, the National Resource Directory, and the City of Dallas. Organizations were included if they explicitly advertised legal aid or legal assistance for veterans.

Insight Veteran-Identified Legal Resources: Six legal assistance organizations were identified within twelve veteran references. Compared to other service domains discussed during the VIIF, legal resources were mentioned less frequently. This pattern suggests that legal assistance was not as prominently discussed in facilitated conversations, though it may intersect with other domains such as housing, benefits, and mental health.

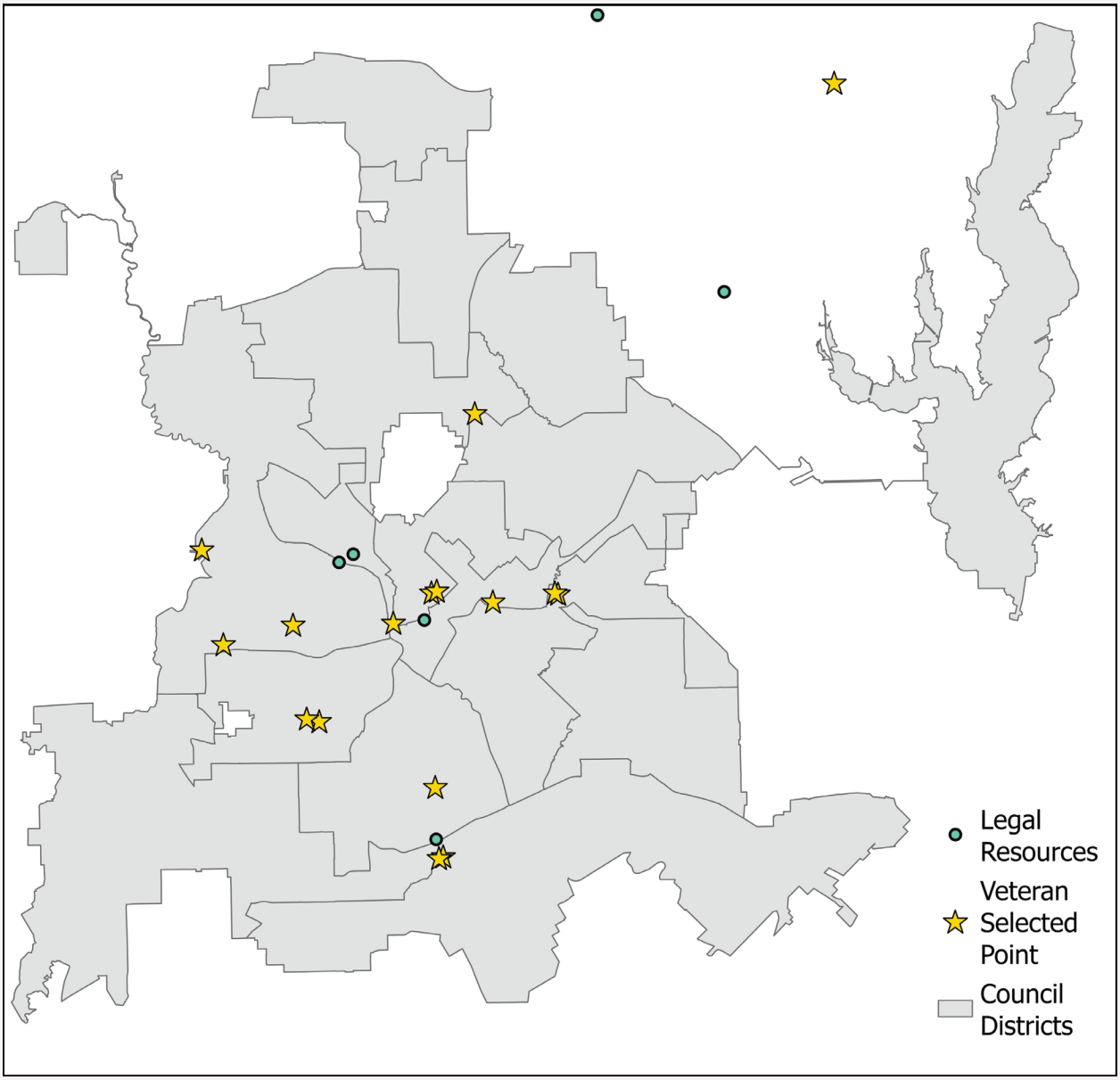


Figure 3.3 Veteran-Identified Legal Resources. *Stars indicate locations of legal resources identified by Veterans during VIIF. Additional Veteran legal resources shown as points.*

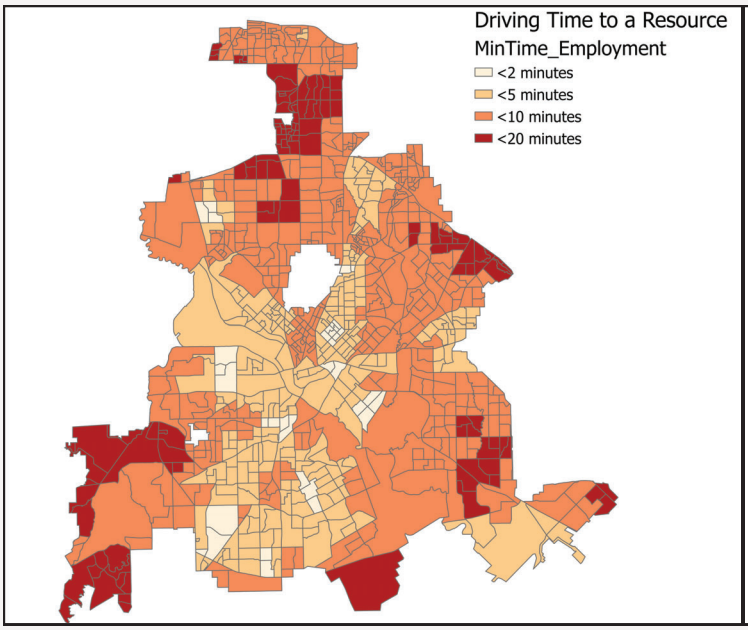


Figure 3.4a: Drive Time Ranges to Nearest Veterans Employment Resource

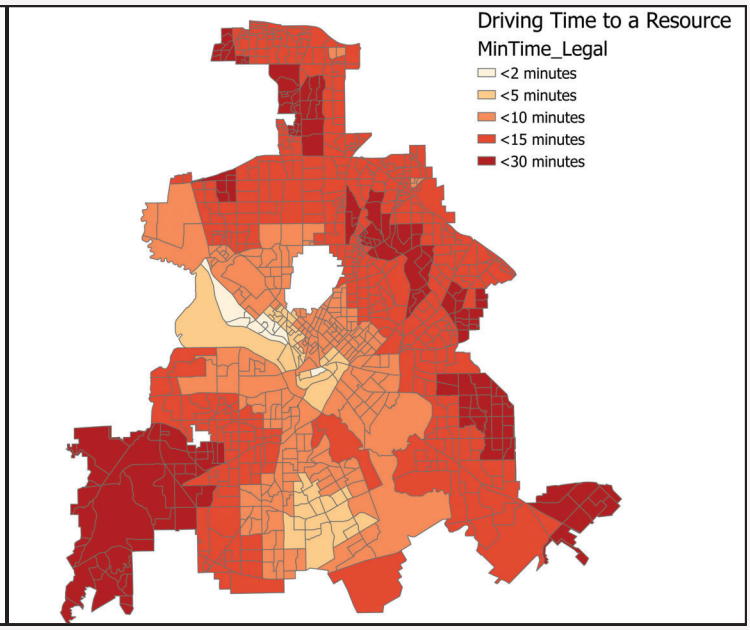


Figure 3.4b: Drive Time Ranges to Nearest Veterans Legal Resource

Veterans living in darker areas on the maps (3.4a and 3.4b) have greater distances to travel in order to reach their closest support resource, be that employment (left) or legal resources (right). The analysis indicates that resources are generally well distributed across the city. However, in a handful of Dallas neighborhoods, legal and employment resources are situated more than a 15-minute drive away by car, with a few locations approaching or exceeding 30 minutes to the nearest site. Drive-time calculations assume travel to the geographically closest resource. Estimates reflect average daily traffic conditions and do not account for rush-hour variation.

Insight - Estimated Drive Time to Nearest Resource: These distances reflect the geographic distribution and accessibility of service access. Travel time may influence how and when veterans engage with legal or employment assistance, particularly when appointments require documentation, follow-up visits, or court-related timelines. While employment resources appear to be relatively well distributed across the city, with majority of the population having at least one resource within a 10-minute drive, the analysis reveals that 15- or even 30-minute drive times are not uncommon for access to legal resources. This finding highlights the value of considering transportation and geographic distribution as part of broader service coordination.

Conclusion Theme 9: Structural Implications

Together these findings indicate that legal and justice challenges are interwoven within broader navigation, housing, and health systems rather than functioning as isolated service domains. Legal issues may not surface as frequently in conversation, but when they do, they often reflect multiple vulnerabilities converging at once. Mental health strain, housing instability, employment disruption, and eligibility barriers can intersect in ways that increase the likelihood of legal involvement.

The absence of a discrete criminal justice topic in modeling outputs does not signal irrelevance. Rather, it suggests that legal strain is most often experienced through administrative and eligibility processes that shape access to housing, healthcare, and benefits. Once engaged, navigating legal systems adds procedural and emotional complexity to already demanding circumstances and may further affect stability across domains.

Strengthening early intervention and cross-system coordination—particularly around mental health care, discharge status guidance, eligibility navigation, and proactive referral pathways—may reduce the conditions under which legal involvement becomes necessary. In this framing, legal stabilization is less about courtroom intervention and more about reinforcing upstream coordination across interconnected systems.

Theme 10

Systems Fragmentation & Siloing Are the Infrastructure Problems Behind All Other Problems

While earlier themes examine housing, healthcare, legal vulnerability, and transition, this theme focuses on the underlying system architecture that shapes all of them. System fragmentation refers to breakdowns in coordination across services, including handoffs, referral loops, repeated documentation, administrative delays, and communication failures between agencies or providers. Veterans emphasized: "We need leaders aligned, talking to each other, and building one system—not hundreds."

Structural Patterns Identified

- **Absence of shared data standards.** Organizations operate with limited interoperability, constraining continuity across providers.
- **Inconsistent coordination and referral practices.** Handoffs between organizations are uneven and often informal.
- **Multiple coalitions without unified governance.** While numerous collaborative efforts exist, participants described no clear backbone structure.
- **Funding structures that incentivize competition.** Organizations compete for grants and visibility rather than coordinating service delivery.
- **Mixed messaging to veterans.** Veterans reported receiving inconsistent guidance regarding eligibility, referrals, and service pathways.

Participants also emphasized that transition is not a singular event but a multi-stage and individualized process. System design, however, often treats discharge as a one-time administrative moment rather than an ongoing adaptation period.

Convergence Across Methods

The statistical topic modeling results from the VIIF data showed an exceptionally strong match to this theme. Arguably, this is the core of the entire issue. Fragmentation-related language surfaced consistently across the *Operational Terrain Mapping*, "How Might We" prompts, brainstorming sessions, and feasibility discussions.

Participants frequently identified centralized access, improved coordination, shared data systems, and governance alignment as structural priorities. There was a recurring emphasis on initiating coordinate support at discharge, while recognizing that transition is a multi-stage, fluid event that is specific to each individual.

Social Media Topic Modeling: The Fragmentation Index

To measure system fragmentation in Reddit posts, a specialized dictionary of "system-failure" terms (e.g., "handoff," "denied," "redirection") was developed. For each veteran post, the analysis counted the frequency of these terms and adjusted for post length to ensure comparability. This produced a "Fragmentation Index" (FI), which functions as a digital Geiger counter, registering each instance of language associated with service breakdowns, such as "paperwork," "being transferred," "handoffs," or "claims denied."

The FI functions as a signal indicator of bureaucratic friction within veteran discourse.

Figure X displays the fragmentation index (FI) across statistical topic model categories (note that the topics mentioned in this analysis do not necessarily correspond to VIIF themes). While bureaucratic issues might be expected in complicated medical claims (second bar on Figure 3.5), the highest fragmentation score (3.86) appears in Healthcare Handoffs. Education benefits also show elevated fragmentation (FI = 3.16), exceeding housing related conversations (FI = 1.06).

For interpretation, an FI of 3.86 in Healthcare Handoffs compared to 1.06 in Housing suggests that system-friction language appears approximately 3.6 times more frequently in healthcare discussions than in housing discussions.

This indicates that fragmentation pressures are especially concentrated in cross-provider medical coordination contexts.

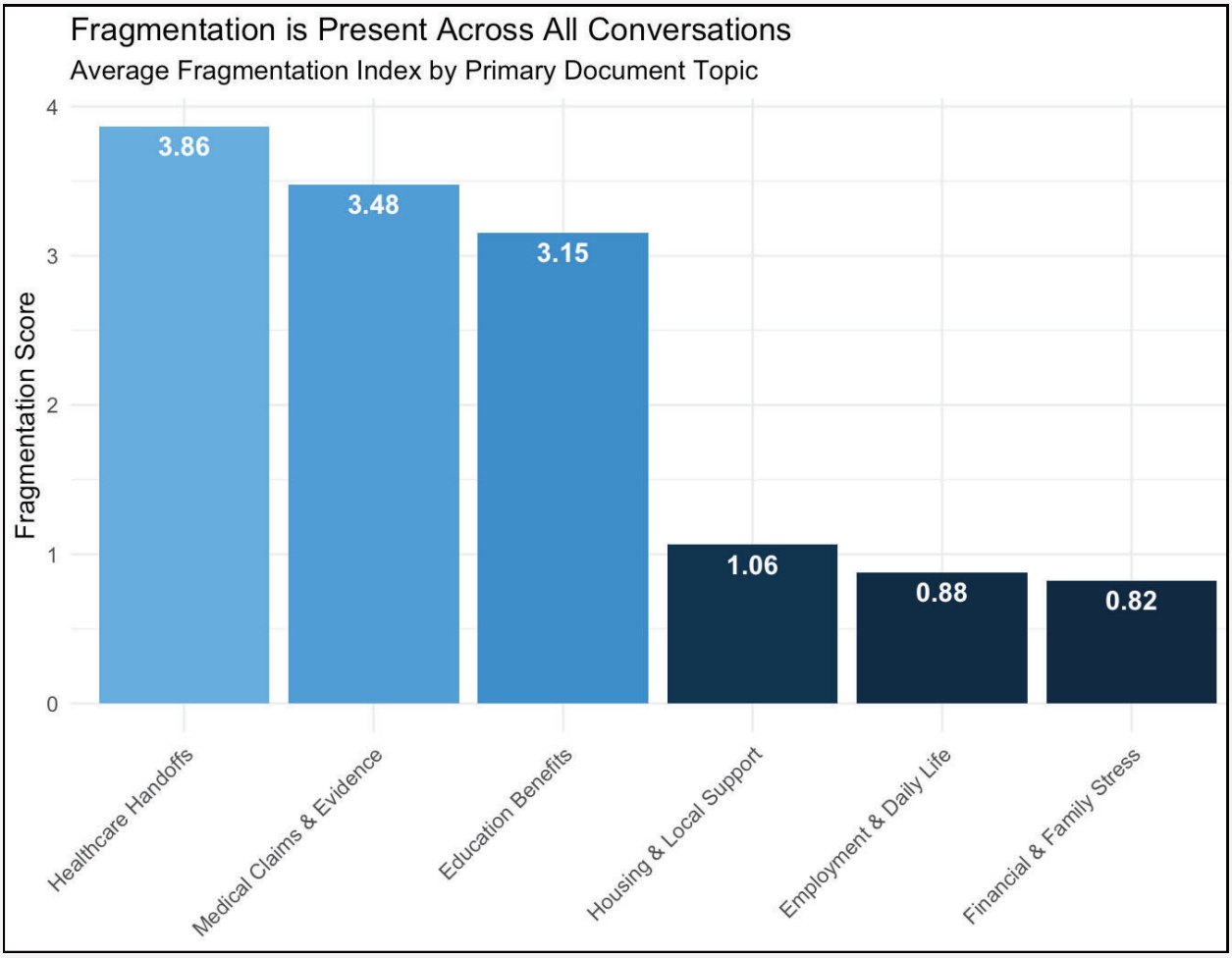


Figure 3.5 Fragmentation is Present Across All Conversations. *The height of each bar gives the average proportion of words related to fragmentation of services. Services are represented by each bar. Healthcare, medical claims, and education benefits are the most "fragmented" processes.*

Emotional Correlates of Fragmentation

Figure 3.6 presents correlations between the Fragmentation Index and emotional language in posts. Emotions were measured using the NRC digital dictionary that associates specific words with eight core emotions. Each bar in Figure 3.6 represents the correlation between the volume of a specific emotion in a post and the volume of system-friction language (FI) in that same post.

Although the correlation coefficients are modest in magnitude, they reveal a theoretically coherent directional pattern across a large dataset. Emotions cluster into two groups based on their relationship with fragmentation language. Uncertainty- and loss-oriented emotions, fear (r = 0.044), sadness (r = 0.040), and anticipation (r = 0.045), show positive correlations with the fragmentation index, while positively valenced emotions move in the opposite direction: joy shows the strongest negative correlation (r = -0.040), indicating that higher levels of system-friction references are associated with lower expressions of positive emotional affect.

Disgust (r = -0.018) and surprise (r = -0.015) are also negative, though more weakly. Trust (r = 0.022) is a notable exception, possibly reflecting veterans invoking trust-related language when appealing to institutional accountability.

The absence of stronger associations argues against interpreting fragmentation as a simple reflection of emotional volatility. If fragmentation merely indexed emotional activation, stronger and less selective correlations would be expected across all emotion categories. Instead, the selectivity of the pattern suggests fragmentation operates primarily as a structural property of the service ecosystem, one that manifests independently of general emotional intensity while still leaving a detectable affective trace.

These results should nonetheless be interpreted with caution, as the correlations are symmetric and cannot establish causal direction, effect sizes are uniformly small, and document-level linear associations do not capture non-linear relationships or emotion interactions.

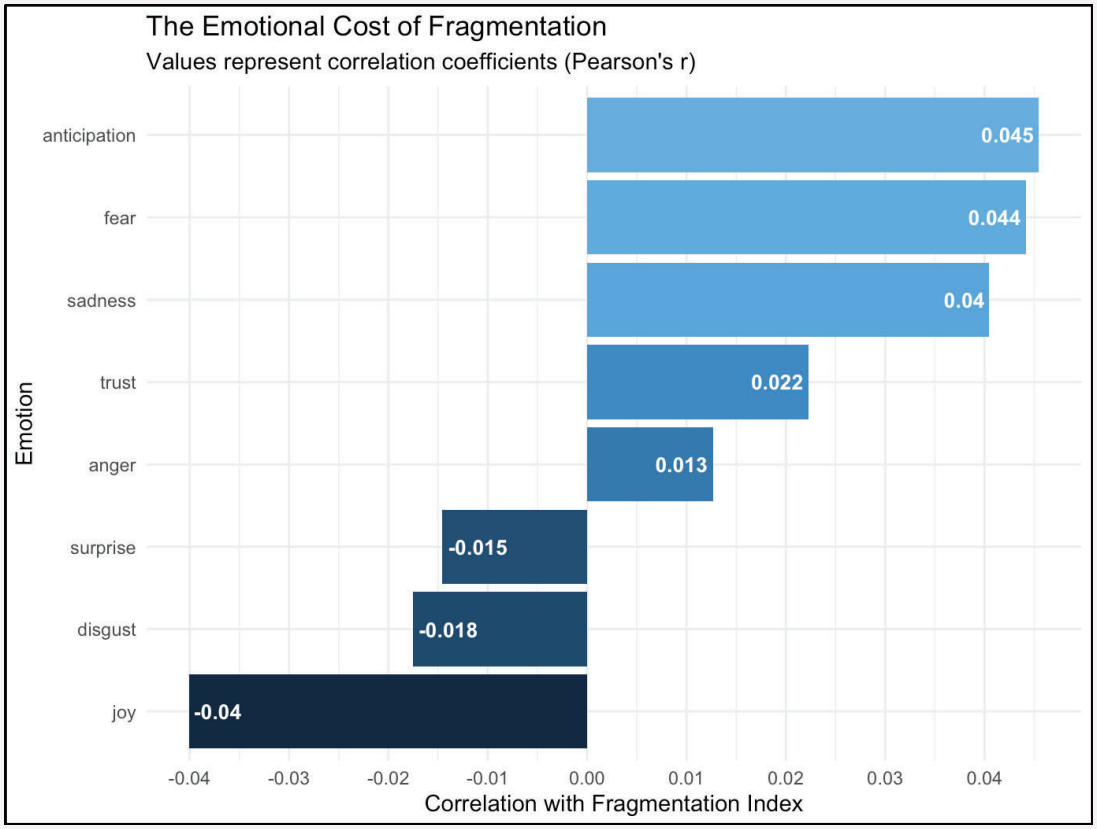


Figure 3.6 The Emotional Cost of Fragmentation. *Coordination failures appear to register not as broad emotional arousal, but as a quiet, specific pattern: slightly more fear, sadness, and anticipation; slightly less joy.*

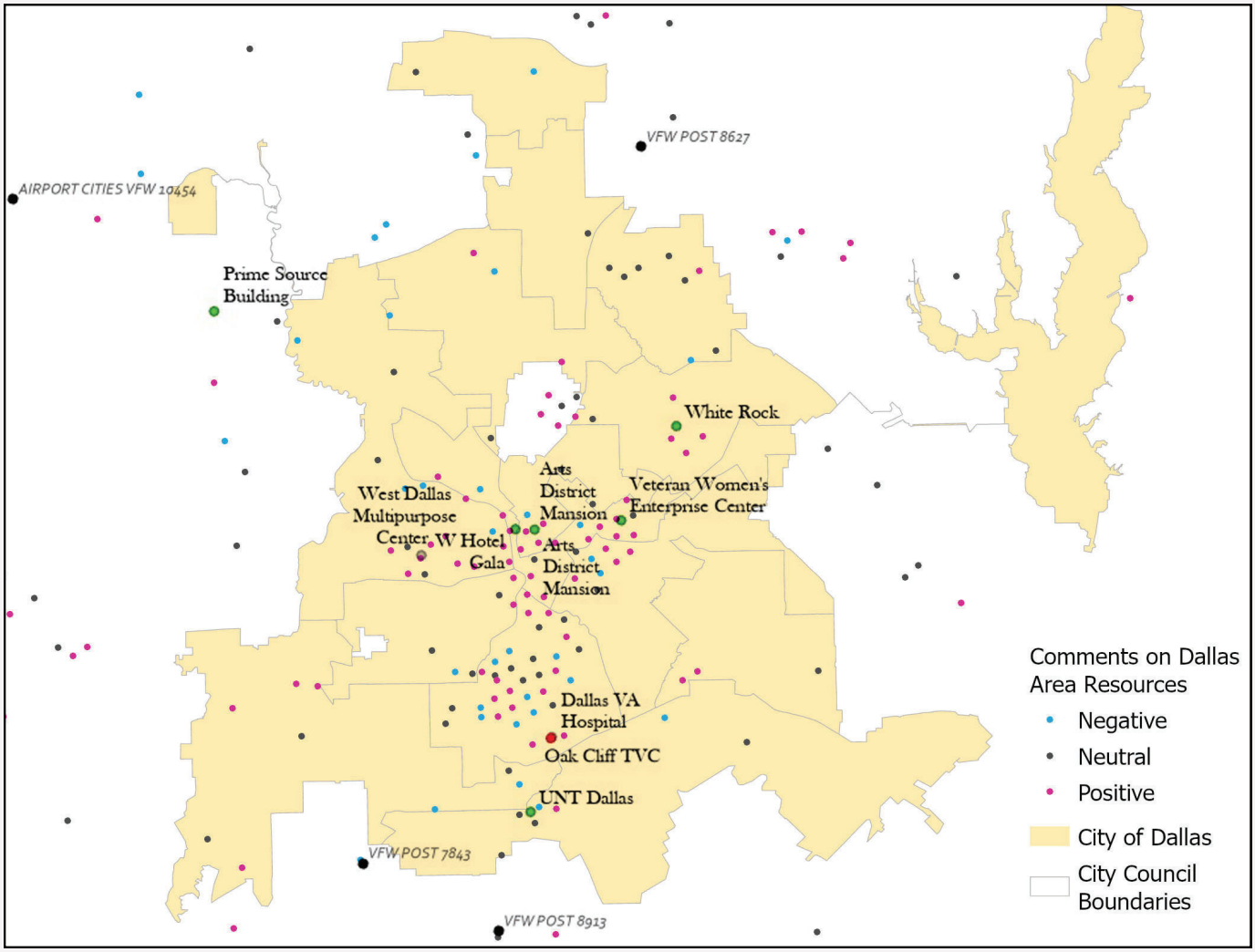


Figure 3.7 Distributions of Comments on Dallas Area Resources. *Positive, negative, and neutral comments made by participants at the VIIF regarding Dallas area resources. Specific resources named by Veterans are also shown.*

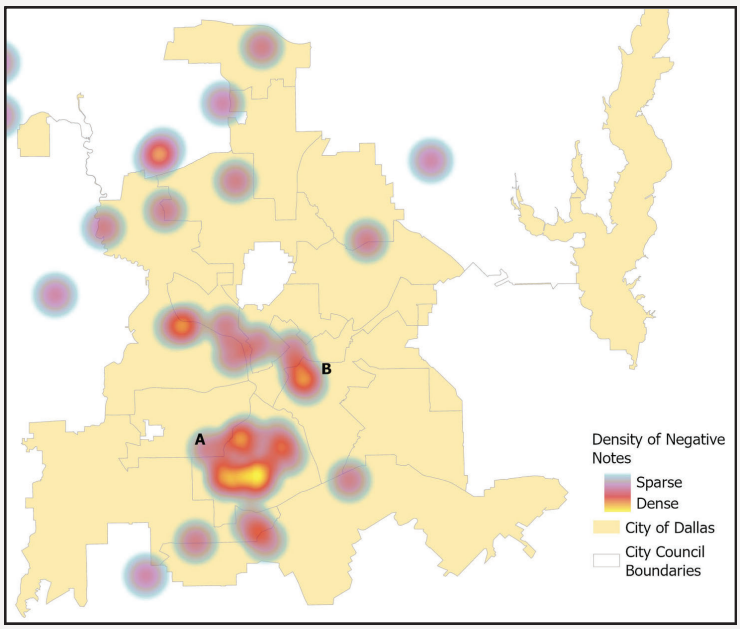


Figure 3.8a. Hotspots of Negative VIIF Comments on Dallas Area Veterans Resources. *Two areas include Dallas VA Medical Center (A) and the City of Dallas (B)*

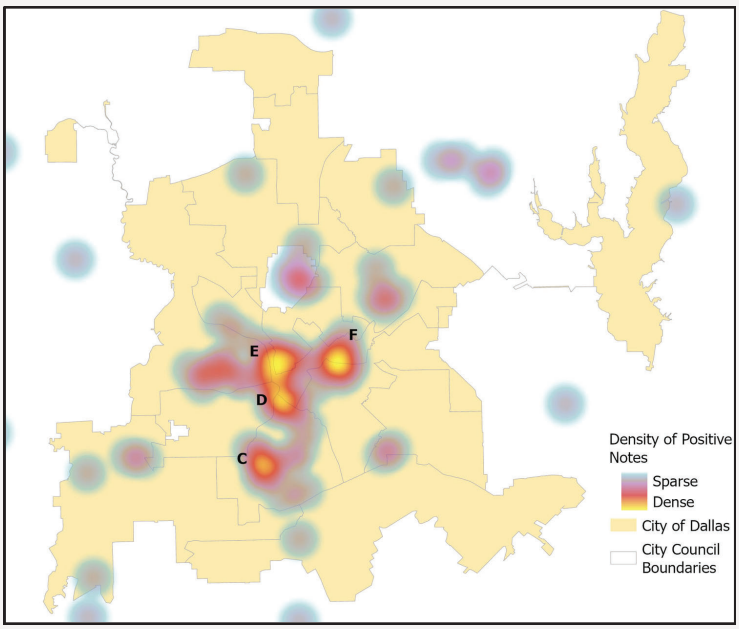


Figure 3.8b. Hotspots of Positive VIIF Comments on Dallas Area Veterans Resources. *Hotspot areas include again Dallas VA Medical Center (C) and the City of Dallas (F) as well as Dallas Veterans Treatment Court (D).*

Participatory Mapping: Concentration of Positive and Negative Feedback

VIIF participatory maps show that overall sentiment toward Dallas-area resources is more positive (43%) and neutral (39%) than negative (18%) (Figure 3.7). However, highly salient institutions generate both positive and negative clustering. Isolating the comments to create hotspots of positive and negative comments (Figures 3.8a and 3.8b), we find, unsurprisingly, that areas with high densities of positive and negative mentions occur where highly salient veterans resources are located. Two places drew enough negative feedback to create a cluster in the negative heat map: the Dallas VA Medical Center (A) and the City of Dallas itself (B). However, both of these locations also drew enough positive feedback to contribute to important clusters in the positive heat map (C and F respectively). The Dallas Veterans Treatment Court generated another positive cluster (D). The fourth positive cluster (E) is formed by a collection of isolated positive comments around several resources particularly those in the West Dallas area.

Specific resources named by VIIF participants are called out in text on Figure 3.7. The diversity of institutions identified whether positively or negatively, points to the outcomes that no one institutional or strategic veteran support service shows any dramatic level of failure. Rather, individual inconsistencies seem to be exacerbated by systems-wide fragmentation, where gaps in service by one provider are not easily and consistently interconnected with the opportunities offered by another.

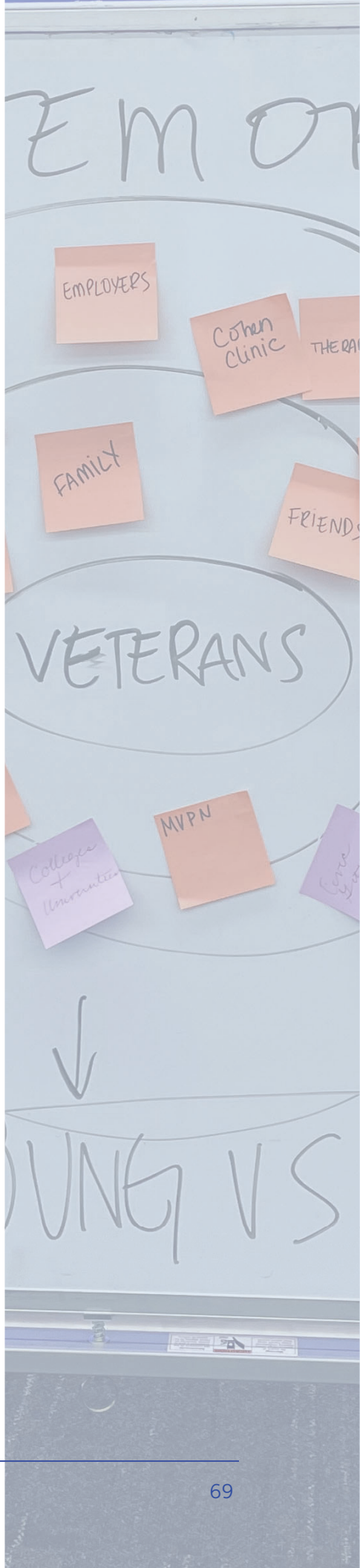
This dual clustering suggests that highly visible institutions attract both strong support and strong criticism, reinforcing the central role of coordination and accountability in shaping perception.

Conclusion Theme 10

Across VIIF discussions, structured topic modeling, and Reddit analysis, a consistent pattern emerges: veterans frequently describe difficulty navigating systems that are not well aligned. In workshops, participants spoke about duplication, confusing referrals, and inconsistent coordination. Statistical modeling of those sessions showed fragmentation-related themes appearing repeatedly. On social media, veterans independently use language about denials, transfers, paperwork, and handoffs—and those posts are associated with higher levels of stress-related emotion.

Taken together, this suggests that system siloing is not an isolated complaint. It surfaces in facilitated sessions and in everyday, unprompted conversations online. While each data source captures a different perspective, they point to a shared challenge: when services are not closely coordinated, veterans experience added strain.

Across qualitative findings, statistical modeling, emotional analysis, and spatial mapping, system fragmentation therefore emerges as a cross-cutting infrastructure constraint underlying multiple veteran challenges. Misalignment across data systems, referral practices, and service structures appears to contribute not only to administrative complexity but also to emotional burden. Strengthening coordination and alignment across systems represents a structural opportunity with potential ripple effects across domains.

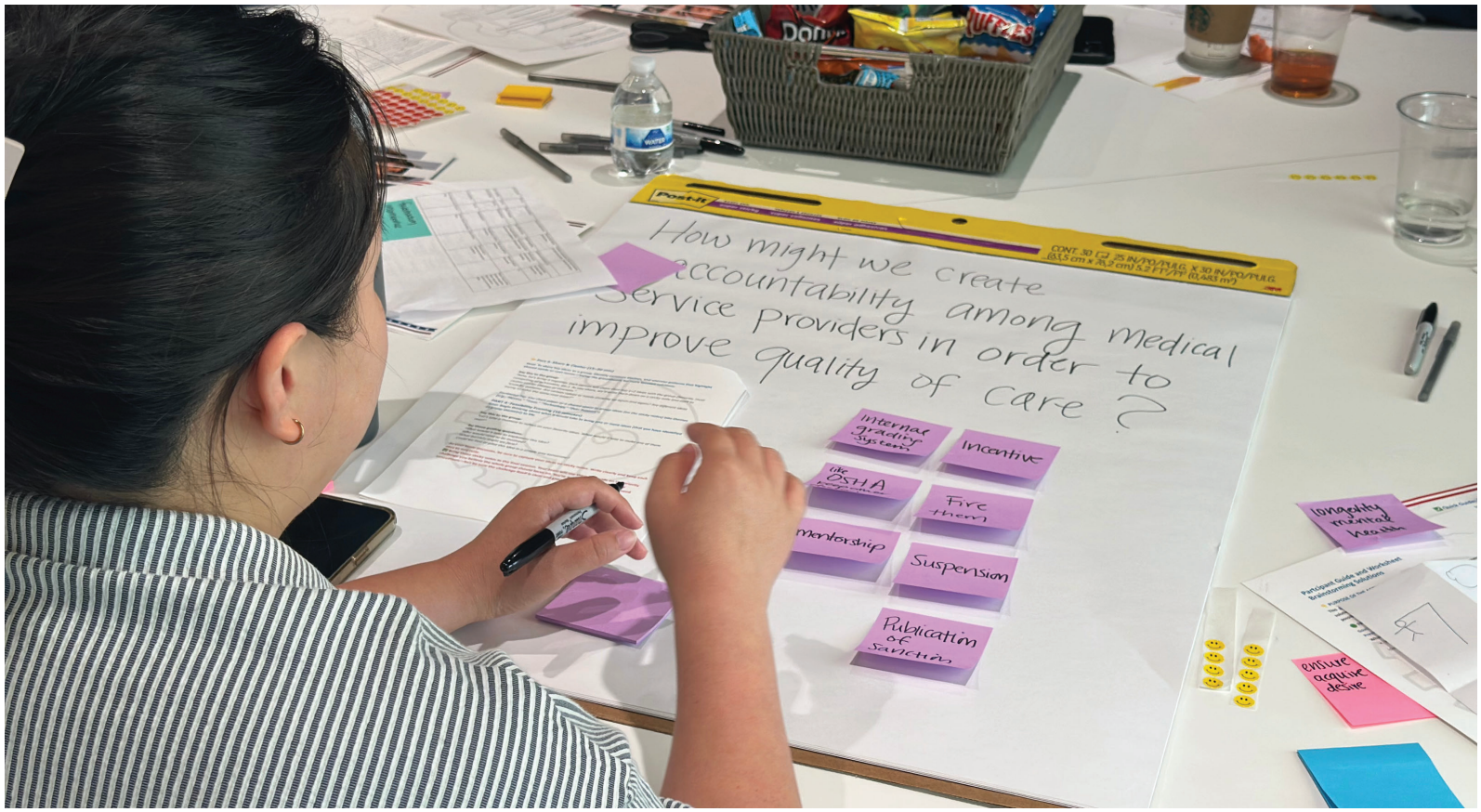


Recommendations

Cross-Theme and Cross-Method Recommendations Framed by Impact x Feasibility

Across Themes 1–10, three structural levers consistently emerge: coordination, data alignment, and transition timing. These recommendations reflect convergence across qualitative VIIF discussions, VIIF topic modeling, social media analysis, emotional modeling, and participatory and spatial mapping.

Across methods and domains, the same pattern appears: many veteran challenges are not isolated service gaps, but coordination and timing issues within a fragmented ecosystem. The following recommendations are organized by relative feasibility and structural scope.



High Feasibility, Near-Term Impact

Enabling Infrastructure Improvements: These interventions build connective capacity across existing systems and may produce multiplier effects without requiring structural overhaul.

1. *Standardize* Referral and Warm Handoff Practices

Why: Fragmentation appears most acute at points of transfer between providers, agencies, or benefit systems. In VIIF sessions, participants described being redirected or "bounced" between organizations without clear follow-through. Social media analysis shows that handoff-related language correlates with elevated stress.

What this might look like:

- Shared referral templates across veteran-serving organizations
- Closed-loop referral tracking
- Confirmation protocols (e.g., referral received and appointment scheduled)
- Agreed-upon response-time benchmarks

This reflects repeated calls for smoother warm handoffs rather than additional programs.

2. *Develop* a Unified Veteran Resource Visibility Platform (HUB Concept)

Why: Participatory mapping shows that many existing resources are not widely recognized by veterans. VIIF participants frequently described the need for "one place to start"—a HUB that connects rather than competes.

What this might look like:

- A centralized digital and/or physical entry point
- A shared, regularly updated service directory
- Clear eligibility filters (discharge type, geography, gender)
- Plain-language service descriptions
- Integration with municipal navigation systems (e.g., 311)

The goal is visibility and clarity—not duplication of services.

3. *Provide* Surge Navigation During Federal Claims Expansions

Why: Healthcare claims cycles are associated with measurable spikes in stress-related emotional language. Administrative expansions temporarily increase uncertainty and strain.

What this might look like:

- Temporary navigation teams during known claims surges
- Peer-led informational sessions during policy rollouts
- Coordinated messaging between VA and local partners
- Monitoring backlog and response-time patterns

This treats claims cycles as predictable system pressure periods.

Moderate Feasibility, System Alignment Investments

Governance and Relational Strengthening
These require cross-organizational coordination but not full structural redesign.

4. *Expand* Military Cultural Competency Across Systems

Why: Healthcare and justice findings indicate that veterans often perceive gaps in trauma-informed and service-informed understanding. The question "Where is the accountability?" surfaced repeatedly during VIIF discussions.

What this might look like:

- Cross-training for healthcare providers, justice actors, and case managers
- Trauma-informed intake standards
- Gender-specific veteran health training
- Diversion-awareness education in justice settings

This supports clearer interpretation and stronger trust.

5. *Redesign* Transition as a Multi-Stage Process

Why: Veterans consistently described transition as fluid and multi-stage. Housing, employment, and legal vulnerabilities often surface months after discharge.

What this might look like:

- Voluntary 6-, 12-, and 24-month check-ins
- Relocation-sensitive resource packets
- Early claims-cycle education
- Light-touch digital follow-ups

This aligns with the VIIF insight that transition is not a single event but an evolving process.

6. *Strengthen* Backbone Governance Across Coalitions

Why: VIIF findings describe multiple coalitions but limited shared accountability, data alignment, or unified direction. Participants emphasized the need for leaders "aligned and talking to each other."

What this might look like:

- A neutral backbone entity facilitating coordination
- Shared outcome metrics
- Regular cross-sector alignment convenings
- Agreed-upon data-sharing standards where legally permissible

This supports the development of "one system—not hundreds."

Longer-Term Structural Investments

High Impact, Lower Immediate Feasibility
These require sustained funding, governance alignment, or cross-jurisdiction authority.

7. *Develop* Interoperable Data Systems

Why: Healthcare and referral fragmentation are consistently associated with frustration and elevated emotional strain. Lack of shared data limits continuity of care and coordinated response.

What this might look like:

- Interoperability standards across VA and community providers
- Shared dashboards (de-identified where appropriate)
- Data governance agreements
- Cross-provider visibility into referral status

This strengthens continuity without centralizing control.

8. *Initiate* Coordinated Support at Discharge

Why: Housing instability, relocation pressures, and administrative confusion frequently emerge during early transition stages. Early coordination may reduce downstream legal, healthcare, and employment strain.

What this might look like:

- Pre-discharge introduction to local navigation supports or HUB entry
- Early eligibility screening
- Relocation forecasting tools
- Geography-specific transition resource bundles

This shifts support from reactive to preventative.

Conclusion

The findings suggest that many veteran challenges are not isolated service deficiencies but coordination and timing problems within a fragmented ecosystem. Short-term gains may be achieved through stronger warm handoffs and improved HUB visibility. Medium-term improvements require governance alignment and cultural competency investment. Long-term resilience depends on interoperable data systems and redesigning transition as a staged, coordinated process.

These recommendations are not additive programs, but alignment strategies. By strengthening coordination, visibility, and timing, policymakers may reduce cross-domain strain without creating entirely new service systems. The sequencing allows leaders to prioritize interventions based on feasibility while preserving long-term structural ambition.

Appendix A

Glossary of Acronyms and Terms

This glossary provides definitions of acronyms and terms commonly used in veteran-related discussions on Reddit and referenced throughout this report.

Active Duty: Service members currently serving full time in the U.S. Armed Forces.

BAH (Basic Allowance for Housing): A monthly, non-taxable housing allowance provided to eligible service members and some veterans to help offset the cost of rent and utilities. BAH rates vary by location, pay grade, and dependency status.

C&V (Compensation & Veterans Affairs): A general term used by veterans to refer to disability compensation and services administered by the U.S. Department of Veterans Affairs (VA).

GI Bill: A set of federal education benefits that help eligible veterans and service members pay for college, vocational training, or other approved education programs.

Health Insurance: Refers to health care coverage available to veterans through the VA, employer-based plans, or other public or private insurance programs.

Mental Health: Services and supports addressing psychological well-being, including treatment for conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), and related concerns.

PACT Act: The Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022 expanded eligibility for VA health care and disability benefits for veterans exposed to toxic substances during military service.

P&T (Permanent and Total Disability): A VA disability rating indicating that a veteran's service-connected disabilities are both permanent and rated at 100 percent, qualifying the veteran for additional benefits.

VR&E (Veteran Readiness and Employment): A VA program that provides education, training, employment assistance, and independent living services to veterans with service-connected disabilities.

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