

**United Way of the Greater Clarksville, TN Focus Group Results from Spring 2016**

By

Dr. W. Trevor Brooks

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Department of Sociology

Austin Peay State University

[brooksw@apsu.edu](mailto:brooksw@apsu.edu)

(931) 221-6424

Contributors: Dr. Brooks' Spring 2015 Service-Learning: Public Sociology class: K. Rachele Bartlett, Lydia Bullock, Ian Chambers, Shala Curtis, Joseph Flewellin, Sarah Huff, Shemarica Jordan, Julia Matthews, Nakeisha Murray, and Darlene White

## **Introduction and Observations**

Sociology 4850- Service-Learning: Public Sociology students were assigned to conduct a total of six focus group interviews. Respondents were placed into three group types: providers, participants and community members, and veterans. The three provider groups tended to be the most cohesive. There were few disagreements and participants were inclined to take turns talking in the provider groups. This introduction summarizes major themes, between-group differences, and other observations.

### *Unemployment*

Unemployment was the most discussed theme for all focus groups. However, there were some differences between the focus group types. Providers were aware of more available community resources than either community members or veterans. Sub-themes also differed between groups. Providers were more likely to discuss underemployment, while participants discussed bureaucratic issues leading to a lack of opportunities. Participants were also more likely to note that not everyone has similar opportunities. Similar to participants, veterans were more likely to discuss bureaucratic issues connecting to unemployment. Their conversation centered on a lack of social support.

### *Medical/Health*

Medical/health issues were widely discussed in all focus groups. Sub-themes between the three group types were similar. Most groups talked about providers feeling overwhelmed, affordability, and access to health care. Providers talked about preventive health more than the other group types. Community members discussed hunger as a health issue. Although all groups discussed mental health, veterans spent a great deal of their medical/health conversation on mental health.

### *Housing*

Housing was the third most discussed theme for both providers and veterans. Community members also discussed housing, but discussed other themes in more depth. All group types discussed homelessness. Both providers and veterans mentioned feeling concerned about the increasing number of homeless women and children. Providers and community members discussed housing costs. Providers noted that the military sets housing costs, which can create a heavy burden for those in lower-paying jobs.

### *Childcare*

The amount of time spent on childcare differed by group type. Providers tended to give equal weight to a variety of topics. For community members, childcare was the third most widely discussed topic. Veterans spent little time discussing childcare. Although both providers and participants noted affordability and quality of childcare, providers were more likely to talk about childcare quality and children with behavioral issues. Community members talked about gaining access to childcare (i.e. lack of transportation). Community members also discussed scheduling issues, especially for those with atypical work schedules, such as night shifts or longer hours.

### *Transportation*

Transportation was a theme that emerged throughout the focus group sessions, despite not being addressed on the survey instrument. This is important to note because the theme may have been even more prevalent if respondents were asked directly about transportation issues in Clarksville. The theme of transportation was not discussed equally by all groups. Transportation was the third most discussed topic by community members, whereas veterans only mentioned transportation twice. The topic of transportation related with several other themes, including access to healthcare, access to childcare, and access to employment. Community members also spent more time talking about the lack of sidewalks and bus routes in Clarksville.

### *Drugs*

Providers' comments about drugs were diverse, as there was not a common sub-theme. Many providers talked about available resources, but also discussed drugs as a learned behavior and the stigma of being a drug user. Community members commented on the drug-use/violence connection and talked about forcing resources on drug-users not ready to change their behavior. When veterans talked about drugs, it was mainly connected with mental health.

### *Violence*

Between –group differences emerged when discussing violence. Providers were more likely to discuss preventing violence and the relationship between stress and violence. Community members discussed how violence is learned and the lack of consequences for those participating in domestic violence. Veterans were more likely to connect domestic violence with mental health.

## **Methodology**

Results from a survey designed by Dr. Brown and his Senior Capstone, along with information from demographic profiles created by Dr. Brooks' Population Dynamics classes helped guide the survey instrument. Specifically, demographic trends identified single-parent household income, particularly for single-mothers as an issue in Montgomery County. Also, survey results helped identify salient economic, health, and social concerns in Clarksville, TN.

Respondents were recruited to participate in the focus group interviews via fliers from the United Way of Clarksville, TN, announcements from local news sources, and direct invitation. Respondents received a \$25 Walmart gift card for their participation.

Prior to each focus group interview, respondents were assigned to their proper group-type: provider, participant and community member, or veteran. Providers were defined as those who provide services to the community. Many providers receive funding from the United Way. Participant and community members were assigned to this group if they used services funded by the United Way, qualified for services provided by the United Way, or were community members of Clarksville, TN. This group was the most diverse, but tended to consist of members with lower socio-economic status. The veteran group contained active military and retired veterans.

Public Sociology students were required to successfully complete an International Review Board (IRB) training in order to moderate focus group interviews. Most focus group sessions consisted of two co-moderators and a note-taker. The note-taker learned how to take detailed notes and observe non-verbal expressions.

On the day of the focus group, respondents were notified that the session would be recorded, signed a confidentiality form committing not to discuss comments outside of the focus group session, and a consent form.

Focus group questions tended to be less structured, meaning that question order was not emphasized. Moderators' role included creating a dialogue amongst participants.

Each focus group session was transcribed by K. Rachele Bartlett, an undergraduate student. Since the unit of analysis of a focus group is the group, group trends were emphasized more than individual opinions.

## **Analysis**

Focus group analysis began during the focus group session, as each note-taker not only wrote brief notes, but also observed nonverbal cues from the participants. Next, focus group interviews were transcribed, key words were classified and color-coded into themes. Sub-themes were then identified and placed under appropriate themes.

## **Limitations**

Because of these limitations, it is encouraged to interpret these results with caution. Decisions should be made using a combination of factors, not just data from this report. Here are the limitations from the focus groups conducted for United Way of Clarksville:

- Most of the moderators had never conducted a focus group before. Moderating a focus group is a skill that takes time. Inexperience may have impacted the results.
- Focus group sessions were moderated by different individuals. While all students were trained on how to let the conversation flow naturally, it is possible that personal biases led moderators to devote more time to some topics.
- Not all groups were homogenous. One participant and community member group contained members from different backgrounds. This may have contributed to some disagreements between various group members. Furthermore, one dominant speaker may have encouraged other participants to remain quiet in this particular group. After reviewing the audio-recording of this focus group, it was decided that useful information emerged from this focus group, regardless of these challenges.
- There were some facility issues during one of the focus group sessions. The building where the focus group session occurred was locked, which may have created some unintended stress for participants.
- Finally, because of time concerns, not all topics were covered equally. It is likely that topics discussed early in the focus session were given greater weight. On the other hand, the survey instrument was designed to discuss the most essential issues first.

## Provider Group

| Salient Key Word Identifiers | Frequency |
|------------------------------|-----------|
| 1) Unemployment              | 109       |
| 2) Medical                   | 77        |
| 3) Housing                   | 71        |
| 4) Drugs                     | 47        |
| 5) Violence                  | 37        |
| 6) Transportation            | 35        |
| 6) Childcare                 | 35        |

- This table combines data from three provider groups
- Key words include similes (i.e. health care was placed into the medical category)
- Identifiers could have been influenced by question order and focus group moderators. It is possible that unemployment received more attention because the first question focused on unemployment. Similarly, other topics later on the questionnaire may have received less attention because of time constraints or perceived time constraints.

### *Key Word Themes*

#### 1. Unemployment

There were several sub-unemployment themes discussed by United Way providers. The most frequent sub-theme focused on available resources in the community to address unemployment issues. These comments tended to be a brief list of available responses (one to two word responses). Underemployment provided a more substantial conversation, as it was discussed nine times by providers.

#### *Sub-themes*

##### A) Available resources

- Available resources were discussed 22 times.

##### B) Underemployment

- Underemployment was mentioned at least nine times.
- Providers expressed concern about the high number of low-paying jobs in Clarksville, TN.

One respondent stated:

“There’s nothing in the middle. There is no middle class, per se, here. Everything is, you’re either upper management or you’re in those bottom jobs here. There’s nothing kind of in that middle. Like I said, you come here with kind of false pretenses that, “I’m going to be able to do this because the South is cheap.” Once you make your first trip to Wal-Mart or Kroger, you realize that “Holy cow, the money I make here is not going to support me. It’s not going to pay rent. It’s not going to do whatever else.”

- Some providers felt underemployment was tied to our high concentration of military personnel.

One respondent stated:

“People who are in the military less than five years that get out, as an infantryman, as a tank or whatever. They’re going to take up the bulk of your minimum wage jobs, because they don’t have a lot of skills, they don’t have a lot of job experience, skills that transfer.”

C) Transportation

- Transportation was discussed in the context of employment four times. One individual summarized how a lack of transportation can make it difficult to maintain steady employment.

One respondent stated:

“You can’t get a ... One of the things about, when I was in Seattle, was they offered a program for people who are unemployed, that can give you a bus pass to go around. There are certain ... Sometimes urban ministries has them, sometimes somebody has them. They only give out so many. There’s been a bus pass for a day, but actually they could use a bus pass for a month. They have a car that don’t run. They can’t afford to get it fixed. They can’t afford the gas, because they can’t afford insurance, or the bus doesn’t go where they live.”

D) Education

- Providers discussed how a lack of education is tied to higher unemployment rates. Education was discussed three times. One respondent said:

One respondent stated:

“There’s a lot of people who don’t have their GEDs or have some education. A lot of people aren’t trained to do those jobs, as far as I know. Some of the people are too embarrassed now to even ask to get help. They didn’t even know the resources were there. It’s a GED, but you have to pay for it. I think it’s \$50 and a computer now.”

E) Lack of unions/power

- One focus group spent some time discussing the lack of unions in Clarksville. Some members expressed that a lack of unions limits the power of individuals.

F) Communicating resources

- Communicating unemployment and underemployment resources was discussed three times. This includes communicating what services are available for those who are unemployed.

## 2. Medical

The lack of resources was the most common medical/health sub-category by providers. Providers also spent a relatively equal amount of time discussing available medical/health resources, affordability, access to health care, and mental health.

### *Sub-themes*

A) Lack of resources/overwhelmed providers

- The most common sub-medical theme focused on the lack of community resources for health care, which has created overwhelmed providers. This sub-theme was discussed 13 times amongst the three provider groups. One respondent stated:  
“In terms of the counselors, the lacking, there's just not enough counselors in town. We got called twice this week for someone who's not military connected, because that's who we take, and said, "I'm going to have to wait six to eight weeks to see somebody.”

B) Available resources

- Providers mentioned available community resources seven times.

C) Affordability

- The cost of healthcare was discussed six times. One respondent mentioned that Tennessee is one of the only states to refuse to expand Medicaid. One respondent stated:  
“Tennessee is one of the now minority of states who have refused to expand Medicaid. There’s a literal gap, right, between people who are eligible for tax credits through the marketplace, and people who aren’t.”

D) Access

- Access to health care was mentioned six times in the provider groups. One provider commented on how transportation prevents many from obtaining access to health care. One respondent stated:  
“... I think transportation inhibits a lot, especially the younger people in our community, from going and getting the healthcare they need.”

Another provider pointed out that even if Clarksville sponsored a community health fair, transportation may prevent people from attending the event.

“In theory what would fix it would be a big community health fair where you get your blood pressure checked, but then you come with the problem of how are you going to get them there?”

E) Mental health

- Mental health was discussed six times amongst providers.
- Some providers discussed lack of visibility in detecting mental health concerns.

One respondent stated:

“Because trauma looks different, and we have to understand what that look like. Just because someone doesn't look all like this doesn't mean they're not being affected.”

- Some providers commented on the mental health/employment/veteran connection.

One respondent stated:

“I talk to a lot of spouses, their husbands are veterans, and they have PTSD. I talked to a lady today, and her husband tried to commit suicide twice. He’s in the Wounded Warriors right now, but she doesn’t have any money to pay her electric bill, and she’s got three kids.”



F) Education/preventive care

- One provider group mentioned how a lack of education can prevent some from seeking preventive care. This theme was mentioned three times in one provider group.

One respondent stated:

“You have to assume that their mom and then their grandma before that and then their grandma before had told them that that was the way, when you become sexually active or when you hit this age you need to start going and getting pap smears. I don't know if you found, but when I was a case manager I didn't necessarily find that that was a cultural standard, to go get that sort of preventative care. You wait until something hurts. You wait until something isn't right, and then it's much, much bigger and more expensive to fix. Education, for sure, when it comes to any sort of preventative healthcare I think would be huge.”

G) Dental

- Dental care was brought up twice by providers.

3. Housing

Housing was the third most discussed focus group topic for providers. When examining housing, providers focused on homelessness and the cost of housing.

*Sub-themes*

A) Homelessness

- The most common housing sub-theme was homelessness. It was discussed 12 times in the three provider group focus groups.
- Several focus groups spent special attention talking about woman and children who are homeless as indicated in these three separate quotes.

Respondents stated:

“If you're a woman, you're homeless. There's not a place to go”

“There are a lot of female veterans that are homeless, a lot with children.”

“A lot of them end up homeless, with children. There are programs that are in place to help them”

B) Cost

- The cost of housing in Clarksville was mentioned nine times amongst providers. Providers talked about how military rates set the housing rates in Clarksville.

One respondent stated:

“When they get here they realize that Clarksville is an expensive place to live. Housing-wise, everything is going to be set up for military housing rates, because you can look on line. A realtor can look on line and say, “An E4 gets this for whatever,” but that’s not representative of, if you were to go to Memphis or if you were to go down to Huntsville, areas that are pretty much similar size or whatever else.”

### C) Military Bias

- One group perceived a military bias in Clarksville:  
One respondent stated:  
“Clarksville maybe bends over backwards for Ft. Campbell”

### D) Emergency Shelters

- Although this topic was only discussed once, we identified the comment about emergency shelters to be noteworthy:  
“I’m an advocate for at-risk mothers with children under the age of five. I believe, from what I see, housing is the biggest obstacle in Clarksville. There’s very little emergency shelters”

## 4. Drugs

The topic of drugs was the fourth most discussed topic amongst providers. Providers mentioned available resources 15 times. Providers spent a significant amount of time discussing how children learn to do drugs from their parents and peers.

### *Sub-themes*

#### A) Available resources

- Providers discussed available resources for dealing with the social issue of drugs fifteen times.
- One provider mentioned DARE as an available resource. It was quickly pointed out that DARE has been shown to be ineffective (this is a conclusion).

#### B) Socialization

- Providers talked about how children learn drug behavior from significant others including family and peers. This topic was discussed seven times.  
One respondent stated:  
“They think that some kids go home and see their parents are taking those drugs”

#### C) Stigma

- A couple of provider groups were concerned with drug-users being treated as criminals. This theme was mentioned three times.  
One respondent stated:  
“We treat drug issues like crime issues, and they’re really a disease and addiction and mental health issues”
- The steady employment/drug using connection was also made.  
One provider shared the following personal story.  
One respondent stated:  
“With the legal issues, then it’s next to impossible to get a job. Most of the charges that an addict is going to have, is [inaudible 00:41:11]. I can tell you from personal experience, my daughter was shot, we’re middle-aged, middle-class citizens, lived here our whole life. She was 21. She was shot three times by a drive-by. She’s in Vanderbilt right now, and it’s been a year and a half later, and she’s there for addiction to

opiates, from where she was on for the broken pelvis and all these other things.

It does spiral downhill, and we've been through the whole gamut of it, when she was trying to get off of them, and then it being difficult to be in treatment. She had private pay, so not able to pay the co-pays to get in and stay in the treatments. She ended up stealing a couple checks from her grandparents to buy them on the side. Now, she's got a charge. It's just like, it doesn't just stop. What started out as her being a victim of a violent crime, and now she's an offender. Within a year and a half, she's made the whole circle where still, she's in Nashville. We have nothing to offer her here."

#### D) Addiction

- While this theme tended to over-lap with other drug-related themes, but was exclusively discussed three times amongst providers.

Respondents stated:

"There's very little here to offer mothers with addiction problems, with children. Of course, we're seeing a huge epidemic of babies being born drug-dependent, and we're trying to keep the families together, and still be able to offer family support."

"I think as more ... You're seeing doctors and teachers and lawyers and everybody's family is being affected by this opiate addiction."

#### E) Over-the-Counter Drugs

- Over-the-counter drugs were mentioned by providers three times.

### 5. Violence

Providers spent considerable time discussing preventing violence through education. They also discussed the need to provide access to violence prevention information.

#### *Sub-themes*

##### A) Prevention/education

- The most common violence sub-theme discussed by providers focused on prevention and education.
- The following comment focused on how violence is a learned behavior.

One respondent stated:

"We're seeing this more and more in the schools, but we really need to hit this harder. You didn't used to see young girls in elementary and middle and high school talking about self-esteem. You now hear in public bullies. You hear about the mean girls and things. We really do, it needs to start with us educating our young daughters that they don't

have to put up with that. If they find themselves in a bad situation, look for a way out. Something you said a minute ago, it is generational. A lot of times there's a family pattern of that. If you see grandma get knocked around and then your mom gets slapped around by your dad, the first time your boyfriend backhands you, you're probably not going to seek some way of getting out because that's what you've"

B) Access to information

- The need to provide access to violence treatment/prevention information was mentioned nine times amongst providers.

C) Stress/lack of capital

- The lack of adequate knowledge (cultural capital) as well as a lack of networks (social capital) was mentioned three times in one provider group session. A lack of networks can create isolation, which places the individual in danger of missing out on important information and services.

- One provider recommended mandating trainings (which can increase cultural capital) on how to deal with the stress of having a baby.

One respondent stated:

"I think about when you leave the hospital after you have your baby, they make you watch that video about shaken baby syndrome and never, never, never shake a baby. When you're a captive audience like that, why not have a video about, "Hey, sometimes being a new parent is stressful and you're going to feel like maybe you want to rear back ... " and say, "Here are some other ways to handle it. Here's a list of resources." Make it mandate"

D) Relationship education/masculine image

- Providers discussed educating or role-modeling a healthy relationship three times.
- They also talked about how the masculine image may encourage violence.

One respondent stated:

"It's not about sex, but it is about what is a good relationship. Who do you call if it's safe?"

E) Military link

- The military link to violence was mentioned twice amongst providers.
- One provider commented on how the entire military community is impacted by violence.

One respondent stated:

"We talked about the child abuse and the spousal abuse. We just avoid again. We got two units that are deployed right now. Every time we talk about to - the Chaplain's had numbers on this - but every time you bring them back, three to six months later, you get an upswing of child abuse and spousal abuse, so that's going to continue, and the whole community gets affected by that, because they lived long out in the community"

## 6. Transportation

While other topics were mentioned more, it is worth noting that none of the survey questions asked about transportation. This is noteworthy because the topic of transportation was identified as one of the most discussed themes. Providers talked about accessibility and the cost of transportation.

### *Sub-themes*

#### A) Accessibility

- Accessibility was discussed eight times amongst providers.  
One respondent stated:  
“Few that are actually on bus lines. Then those few are not necessarily affordable and/or good”

#### B) Cost

- The cost of transportation was mentioned seven times by the three provider sessions.  
Respondents stated:  
“We could go broke providing a great bus system, but if still look at our bus, they are never full. It would never pay for itself. As much as we think...because people drive their own car. We are a drive-a-car kind of community. We haven't gotten there yet. It hasn't become that pressing, so we get grants every year to make sure to add to the buses that we have, to get the routes that we have.”

“We are a grant funded bus system. So, as much as we'd like to say, "Let's have more bus routes or more buses, the riders can barely pay for it now.”

#### C) Infrastructure

- Infrastructure was discussed five times. Many commented on the spread-out nature of Clarksville as a disadvantage. Others pointed to the lack of sidewalks as a concern.

#### D) Stigma

- The stigma of riding a bus was mentioned three times in the provider's sessions.

## 7. Childcare

Childcare was the sixth most discussed provider topic. While the affordability of childcare dominated the childcare conversation, there were a variety of comments made about quality child care and other childcare topics.

### *Sub-themes*

#### A) Affordability

- Affordability was listed as the most common child care concern and was mentioned 13 times amongst providers.
- Providers acknowledged how low-income parents struggle to pay for child care.  
Respondents said:

“How are you going to have a job if you don’t have day care? Who can afford \$150 a week for day care? It’s a catch-22”

“Lot of times single parents have to weigh the option of the benefits they receive in employment”

#### B) Quality child care

- Quality child care was mentioned five times by providers.
- One provider mentioned that all parents, including those with lower socio-economic status want their children to learn basic skills like counting

One respondent stated:

“Up to parent's standards, and not getting our children ready for the things they need to. If some of them are just big warehouses where kids just sit in a play in. I think parents, no matter what your economic status, you would like your kids to learn the ABCs, the colors, and just your basics.”

- Some providers pondered how low-income parents find quality child care.

“Again, do you know to get on that ECS website and to look for the 3-star ratings and things like that? Or are you just seeing the first place that has a vacancy sign and not knowing what you're getting yourself into? Or falling back to Craigslist as your sole means of finding childcare?”

- Finally, some rely on uncertified neighbors to watch their kids.

One respondent stated:

“One of the things that I've seen in working with some of my volunteers is you can get a single low income mom who can't afford the childcare, so she ends up finding a neighbor that keeps 4 or 5 children and they don't usually meet the safety standards. There's usually a lot of problems with that, but it's her only avenue of where to keep that child while she goes to work.”

#### C) Vicious cycle

- The topic of a vicious cycle and child care came up three times in one provider focus group session. The concern of starting a childcare business and finding decent wages was discussed:

On respondent stated:

“It is kind of a vicious circle. For folks entering into that business, I've done work with businesses that want to start up a childcare center. To start a business like that, paying somebody minimum wage to keep it affordable, you can't acquire the quality help that you want to help those children, so it's hard to even start that business, to go into it, unless you do it with low overhead, you do it out of your home, you do those type of things. If you try to purchase and acquire building or lease a building, all the equipment, and the training that goes into

getting the qualified personnel all of sudden makes it not affordable childcare.”

- The theme of transportation intersected with the theme of childcare. One provider commented on how the vicious cycle impacts transporting a child to childcare.  
“The vicious cycle, we can't overlook the fact that if you're dealing with the fact that you struggle with transportation and you feel bad about leaving your kid when you're always worried all day. That's more stressful. The more stress that you have, the worse you're going to eat, and the more likely you are to use substances that you shouldn't be using, because you're so stressed out and you're just trying to get through the day”

#### D) Behavioral Issues

- Behavioral issues were brought-up three times during one focus group. This can be a challenge for parents whose children are old enough to tend to themselves, but find trouble when left unsupervised. One respondent said:  
“Some of the children are older, not necessarily a day care would want them, but because of some of their issues, they still need supervision. Their parents still need to go work and leave them alone, and no daycare will take them, because they're older.”

#### 8. Future Issues to Discuss

- Food/hunger (3 comments)
- Homelessness (4 comments)
- Housing (4 comments)
- Storage units (1 comment)
- Access to information (3 comments)
- Mental health (1 comment)
- Shelters (1 comment)
- Childcare (1 comment)
- Education (3 comments)

## Participant/Community Member Group

| Salient Key Word Identifiers | Frequency |
|------------------------------|-----------|
| 1) Unemployment              | 72        |
| 2) Medical/health care       | 48        |
| 3) Transportation            | 36        |
| 3) Child Care                | 36        |
| 5) Housing                   | 17        |
| 6) Drugs                     | 15        |
| 6) Violence                  | 15        |

- This table combines data from two participant/community member groups.
- Both participant groups experienced some tension/disagreements within the session. This report attempts to summarize points of agreement.
- One participant/community member group, in particular, consisted of a participant who was very vocal in making points. This may have affected the participation of other members of the group.
- Key words include similes (i.e. busing was placed in the transportation category).
- Identifiers could be influenced according to question order and focus group moderators. It is possible that unemployment received more attention because the first question focused on unemployment. Similarly, other topics later on the questionnaire may have received less attention because of time constraints or perceived time constraints.

Unemployment and medical care were the most commonly discussed themes during the two participant/community member groups. Transportation and child care also tended to be examined. Members of the participant/community group tended to be passionate, but did not always agree on their interpretation of issues. While the goal of focus group data is to develop group themes, times of disagreement were also noted. This report will seek to identify where disagreements occurred. It should also be noted that it was difficult to find participant/community members willing to participate. It is possible that those willing to participate shared similar characteristics. For example, many participants were a little older than Montgomery County's median age. There was also an overrepresentation of Non-Hispanic white residents. Finally, while the goal was to gather information from participants who use United Way services, it was challenging to screen for characteristic.

### 1. Unemployment

Unemployment was the most commonly discussed theme amongst participants/community members. Participants/community members also talked about structural/bureaucratic challenges to finding/maintaining employment.

#### *Sub-themes*

##### A) Available resources

- Participants and community members discussed available community resources for addressing unemployment 11 times during the two focus group sessions.



## B) Structural/bureaucratic

- Structural/bureaucratic obstacles were discussed seven times in the two participant and community member focus groups. Comments were classified as structural if they showed the impact the society has on the individual or if social issues were attributed to things outside individuals' control, rather than focusing on personal characteristics or individualistic explanations for social issues.
- There was a sense that many participants and community members felt that until structural changes occur (i.e. higher paying jobs, more jobs, better quality housing options), current solutions will only temporarily relieve the problems. For example, one participant said:  
“Are we talking about putting a Band-Aid on the problem and making people feel good or are we talking about a serious approach to the underlying systemic problems that we have in Clarksville Montgomery County”
- One participant and community member group debated whether the causes of Clarksville's economic issues were structural (outside person's control) or individual (due to personality flaw). One community member provided a structural argument by pointing out that not everyone is born with the same opportunities.  
“Everyone in that community, whether you started at the top or whether you worked hard to get there, a community is a community so if I see someone struggling maybe they're down on their luck, maybe they're depressed, maybe they have that will to succeed and will to work harder, maybe they just need a little encouragement. Not such much of ... Everyone didn't get an equal chance. I wish they did but we all know that. Everyone doesn't start off with an equal chance. Some people are more fortunate than others.”  
“You can't really down people because they don't have those opportunities.”

## C) Available jobs

- Participants and providers mentioned a lack of available jobs four times. One conversation pointed out that economic development is not keeping up with Clarksville's population growth.  
One participant stated:  
“Until you get to the point where there's more jobs, where there's more competition ... because there's not enough jobs for all the people here, but people keep coming. What someone else won't do, someone else will. The way the free market works, when more jobs start coming [inaudible 00:14:12] to get talented people, they'll start dealing with more.”

## D) Underemployment

- Underemployment was also discussed four times amongst participants and community members. The following comment received a lot of positive nonverbal cues (head shaking):

“They need to up the income a lot here. A lot of places are \$10 jobs. That is out of the question to pay \$10. You need more than that just to eat.

E) Access to resources/barely don't qualify

- Participants and community members spent a considerable amount of time talking about those who barely miss qualifying for services. This topic was directly mentioned four times.
- One participant commented on knowing people who have reduced their income to become eligible for programs.  
“I know a lot of times when you get into the system for assistance you can't get out of it. You reach a certain point where you're no longer eligible for assistance but you're not at that point where you can provide for your family. I've seen that happen over and over again. People, instead of trying to get through that grey area, they just sink back down in to the assistance program. They're unhappy at it but at the same time they don't see a way out of that hole. Because of that grey area between when you're eligible and when you can provide. I haven't seen a lot of assistance in that middle ground.”

F) Vicious cycle

- Three participants and community members commented on the vicious cycle of being unemployed. This topic connected with other sub-themes such as structural explanations for economic concerns and accessing community resources. One participant stated:  
“In certain areas, it's a non-ending cycle. You can't get a job. You have to stay in a low-income area. You have to go and stay in a low-income area because you can't get a job.”

G) Education

- Participants and community members mentioned education in connection to unemployment twice.

H) Individualistic explanations (lack of effort)

- As noted earlier, there seemed to be some disagreement about whether Clarksville's social problems are due structural or individualistic characteristics. One community member in particular favored individualistic explanations to social problems. The main concern expressed by this individual was that current social programs incentivize people to remain poor, thus creating a relatively lazy culture. There were three comments made in reference to individualistic behavior creating current social problems.  
It should be noted that this perspective created some negative non-verbal cues amongst some of the group members, including eyes looking down at the floor and folded arms.
- Also, seven comments made about the social structure and two comments made about individual responsibility.
- Finally, it should be noted that as a discipline, sociology seeks to examine how social factors influence individual behavior. Because of

this, sociologists take more of a group focus, rather than an individual focus. While conclusions may not hold true for all individuals within a group, the goal of sociology is to identify group patterns.

#### I) Communicating information

- Finally, two comments were made about better communicating information, including job fairs. It was pointed out that a variety of communication means may be necessary:

One participant stated:

“Facebook and maybe in the newspaper. A lot of people don't have access to the internet, so it needs to be some kind of way ... making flyers”

## 2. Medical/Health

The second most commonly discussed theme amongst participants and community members was medical/health concerns. Participants and community members spent a great deal of time discussing lack of available services because of overwhelmed providers. Considerable time was also spent talking about the cost of medical care, mental health, and lack of adequate transportation in connection with medical/health care.

### *Sub-themes*

#### A) Lack of Availability of services/overwhelmed providers

- The lack of available services and the number of overwhelmed providers was mentioned 20 times in the participant and community member sessions.
- Some of the comments overlap with other sub-themes. For example, this first comment talks about the lack of available services for those dealing with mental health issues and the insensitivity of some providers.

One participant stated:

“The mental health around here is terrible as well. My stepson was suicidal. I took him to the emergency room. First, he heard guards that were cracking jokes outside of his door about his situation because the nurses told the guys what was going on so they could all have a good laugh. Then after that, for a counselor to get down to see him, it took over eight hours for someone to see him because they have one person during the weekend times that works all of Middle Tennessee.”

One participant compared medical services in Clarksville to another community:

“My ex-husband moved back west after we got divorced. He says the veterans' hospital out there was way better than the one here in Clarksville and Nashville”

Finally, one participant commented on the disparity in available resources for active duty, veterans, and non-military community members:

“The things that the people in active duty have [inaudible 00:26:40] that the veterans have access to. Veterans don't have access to the things that the active duty people have access to.”

#### B) Affordability

- The cost of health care was mentioned eight times within the two participant and community member focus groups. The following two comments share their experiences when trying to pay for health care: “I've heard a lot of people say it's just too expensive. They'd rather wait until the end of year when they take it out of their taxes. They just say if they get sick or whatever, they go to the emergency room or down to the health department. It's cheaper to wait till the end of the year and have them take it out of your taxes instead of paying that monthly fee.”

“My husband's disabled. His doctors are like, "somebody needs to be with him at all times" but because I'm not disabled I can't get any assistance to do ... I'm a high school drop out. I stayed home, I raised my kids, my husband worked two and three jobs. By the time you get on social security disability you're in the hole financially. You deal with it and go day to day, but it's a continuous uphill struggle.”

One community member suggested a sliding-scale payment program: “Not only that but most of your low income or even homeless people are perfectly fine making payments if somebody would work with them. Some kind of payment program where it's just a few dollars a month so that they can ... Sliding scale or whatever. Based on income and their situation. Most low income people that I've met in my life including me and my family, we're not looking for a hand out we're just trying to survive. It's not that I don't want to pay, it's I can't afford to pay. Especially when it comes to medical, dental, vision, they want cash up front. If you don't have insurance. Even if you have insurance, they won't see you if you don't pay your co-pay up front.”

#### C) Mental health

- Participants and providers brought up the issue of mental health five times.

One participant commented on her veteran spouse's mental illness: “None of these programs or these things that we've discussed won't exactly work if you don't first bring the soldier home first. In his head he's still fighting.”

#### D) Transportation

- Transportation was discussed in connection with health care four times. One participant noted that she's afraid to get sick in the evening because of the lack of transportation options. This led another participant to make the following suggestion, which was met with positive nonverbal cues from other participants:

“It would be good to have a 24-hour service just in case someone did have to go to after hours.”

E) Access to information

- Access to medical information was mentioned three times by participants and community members. One participant stated that he had never heard of some available resources until this focus group session. He suggested:  
“Really push that information out there. There's so many great programs. I've heard you guys mention I've been in this area for a while that I've never heard of. “

F) Hunger/food

- The topic of hunger and food choice was mentioned three times by participants and community members. One conversation centered on the cost of healthy versus unhealthy food:  
“I hear a lot of people criticizing low income families buying all this junk food but when you got hungry kids at home and you've got the option of fresh fruits and vegetables for a week or prepackaged processed stuff for a month you got to do what you got to do”

G) Available resources

- Participants and community members talked about three available medical community resources.

H) Stigma of using services

- Participants and community members shared the concern about the stigma of using federal and state medical resources. They felt those using these services received lower quality care. Three comments were made about this issue.

I) Sex Education

- Sex education was discussed as medical issue three times in the participant and community member group. One commented on the high number of young men in the community and the impact abstinence programs may have:  
“It's Tennessee. We're in the bible belt, we tell people to be abstinent, they're not going to be abstinent. I would be curious to know if the towns or if the counties and communities that you just compared Clarksville Montgomery County to, if they're military towns. I'm assuming they're probably not all military towns. You have this huge influx of these single men. Of course there are women too but statistically there's ... Numerically there's still many more men in military than women. They're coming in to this community and we have a lot of young ladies in the community clearly. What kind of sex ed are they being taught?”

### 3. Transportation

While transportation intersected with other themes, such as medical/health care, it was independently discussed as a community issues as well. Access to health services and a lack of sidewalks dominated the conversation.

#### *Sub-themes*

##### A) Access/lack of sidewalks

- It is important to note that of the two participant and community member focus groups, one discussed the topic extensively, while the other group did not mention transportation. One community member summarized it this way:  
“From what I've seen, in some of the government housing areas, there's no transportation for people to get from there to any jobs. You have some that's over the bridge, down by Riverside, has some government housing over there, there's no sidewalks for anyone to get to a job or get any place.”
- Transportation was briefly discussed as an economic issue. Some felt more people would work if they transportation services helped provide access to their job:  
One participant stated:  
“That the bus will think about maybe going out there, because that's going to be a big deal here. A lot of people want to work.”
- Finally, transportation was connected to the topic of childcare, as some were concerned about transporting their children to childcare facilities.

### 4. Childcare

Childcare was another prominent theme for the participant and community member groups. Finding a reliable caregiver and accessing childcare was the most frequently discussed sub-theme.

#### *Sub-themes*

##### A) Reliable caregiver/access to childcare

- The most common childcare topic centered on access to childcare and finding a reliable caregiver.

##### B) Cost

- The cost of childcare was discussed three times amongst participants and community members.

Participants stated:

“The child care is more expensive than a job. Why are you going to go get a job when you've got to pay twice as much for child care.”

“I know a young lady that has three children and she had twins a few months ago, and she was trying to ... Wanted to go back to work and she said that they would pay ... DHS would pay

half of one child. I didn't understand because she had daycare service with her older child. Something like that. Something crazy like that. Here you are with three children and you're going to work a minimum wage job so how are you going to afford daycare for three children. It's almost impossible.”

C) Quality childcare

- Participants and community members expressed concerns about the quality of childcare twice. It was noted that lower socio-economic status members tend to have few quality childcare options.

D) Business incentives

- There was one comment made about providing business incentives to start a childcare center in Clarksville.

E) Military contribution/lack of social capital

- One comment was also made about the transient military lifestyle may lead to a lack of social networks, which can limit childcare information. The participant making the point said: “You've got ... You have to look at consistency in your community. With so much overturn of people in the Clarksville area because of the military, leaving, coming, going back and forth, my wife's a school teacher and she'll tell you that just the amount of children that leave ... It's very difficult to sustain and build upon something when all the pieces of the foundation are continuously moving”

F) Jobs not flexible for single parents

- Finally, one participant pointed out that childcare options lack flexibility: “What happens to the parent that's working graveyard because that's the only job they could find?”

## 5. Housing

When discussing housing, participants and community members devoted most of their attention to homelessness. The cost of housing was also discussed.

### *Sub-themes*

A) Homelessness

- The topic of homelessness was quite popular and discussed 12 times. A few of the members had experienced homelessness. One made this observation: “I often wonder about all the vacant buildings that are in Clarksville. Buildings just standing. If something could be done with those buildings, even if they just put small rooms, like dorm rooms or something, that would at least serve families. I know there are families that are homeless and it's sad. Something that could be done in that respect.”

## B) Cost

- Several participants and community members mentioned the high cost of housing. This topic was mentioned five times.
- One dominant housing cost theme centered around the military setting the housing price, which drives up costs.

## 6. Drugs

While only 15 comments were made about drugs in Clarksville, the conversation provided some useful information. Participants and community members not only listed available resources, but also discussed a variety of drug-related issues. The topics of drugs and violence were discussed together. Many of the subthemes cross-over into both topics.

### *Sub-themes*

#### A) Available Resources

- Participant and community members discussed six community resources for those struggling with drug use.

#### B) Drugs and Violence Connection

- Participant and community members noted the connection between drugs and violence three times.

One participant stated:

“I think a lot of it is people on drugs and drinking, come home and beat their wives or the children or whatever.”

#### C) Forcing resources

- Participants and community members twice brought up that people will not accept resources until they are ready to change:  
“The fact that the community thinks that they can change people who don't want to change might be the problem. If you're trying to change people who don't want to change, that's a waste of money”

#### D) Drug Policy

- One participant and community member group discussed drug policy at length. It should be noted that group members had differing opinions on drug policy (one supported legalizing marijuana and one vehemently opposed this suggestion). It is unclear how other group members felt about this debate.

## 7. Violence

As with the issue of drugs, there were a variety of comments made about violence. There was not an obvious sub-theme discussed.

### *Sub-themes*

#### A) Socialization

- The most common participant and community member sub-theme centered on violence as a learned behavior. This sub-theme was mentioned four times.



Participants stated:

“Then they grow up thinking that what they saw, that's the way that it's supposed to be because they grow up in that kind of environment.”

“It's a hard thing to change from what you know.”

B) Communicating Resources

- Participants and community members mentioned the need to communicate available violence resources three times.

C) Lack of consequences

- Participants and community members tended to feel there was a lack of consequences for acting violently as noted below:  
“Got arrested, got out the same night. Two days later, he got arrested for the same thing, got out that same night”.
- One participant was concerned with the sentencing disparity between drug use versus domestic violence:  
One participant stated:  
“A kid with a nickel bag of weed will serve more jail time and have a higher bond than someone who beats their wife.”

D) Education/support group

- The topic of educating violent offenders and offering support groups came up twice during the participant and community member group.

E) Masculine Image

- Although only mentioned once, the masculine image/violence connection did arise:  
One participant stated:  
“Because we live in a culture now where it's considered acceptable [inaudible 00:27:19] beating up a woman because that's cool now”

8. Future Issues to Discuss

- Access to resources/information (7 comments)
- Transportation (6 comments)
- Single parents (1 comment)
- After school programs (1 comment)
- Education (1 comment)
- Community building (2 comments)

## Veteran’s Focus Group

| Salient Key Word Identifiers | Frequency |
|------------------------------|-----------|
| 1) Unemployment              | 33        |
| 1) Medical/health            | 33        |
| 3) Housing                   | 23        |
| 4) Drugs                     | 20        |
| 5) Violence                  | 8         |
| 6) Transportation            | 2         |
| 6) Childcare                 | 2         |

- This table combines data from one veteran group
- Key words include similes (i.e. health care was placed into the medical category)
- Identifiers could be influenced according to question order and focus group moderators. It is possible that unemployment received more attention because the first question focused on unemployment. Similarly, other topics later on the questionnaire may have received less attention because of time constraints or perceived time constraints.

Unemployment and medical/health were the most widely discussed issues discussed in the veteran group. Housing and drugs were also widely discussed. There was one veteran group with several participants. The discussion was lively, as moderators did not struggle soliciting participation. However, group members did tend to talk over one another, which made capturing all the ideas challenging. The group consisted of active military and retired veterans. Group members were cohesive and agreed with most of the comments made.

### 1. Unemployment

As with other focus group sessions, unemployment was the most heavily discussed theme. Veterans commented on available resources and a lack of support structure, especially when transitioning back into civilian life.

#### *Sub-themes*

##### A) Available resources

- The veterans group mentioned available community employment resources eight times.

##### B) Lack of support structure/transitioning

- Veterans were concerned about the lack of support to help them transition into civilian life. This topic was discussed six times in an hour focus group session. Some are concerned that their military experience did/would not translate well into civilian life. Others fear their disability rating will prevent them from obtaining full-time employment. The following quotes summarize veterans transitioning concerns.

“That's another big thing. Lack of support. No support system.”

“Difficult to find a job due to disability”

“That's all I knew how to do, kick in doors, and clear rooms, and arrest people. In transition, I thought I'll just join up with PD, but my disability rating was 80% first time go. That's before they actually really started looking into it, so the cops didn't want me. My wife told me I'd be coming back to an empty nest if I tried contracting because that's the only other way I knew I could possibly use my stuff.”

#### C) Keeping the job

- Three veterans mentioned they were concerned about keeping a job once employed as stated in the following excerpt:  
“The problem with the vets and the jobs isn't really attaining a job. That is a problem, yes, but the bigger problem is actually being able to stick with that job”

#### D) Education

- Education was discussed four times by veterans. Veterans considered two issues concerning education. The first involved training veterans for civilian employment, while the other involved the military's pressure to gain an education. Some feel the military pushes education, but does not provide adequate time to pursue a degree until exiting the military.

#### E) Accessibility

- The topic of accessibility came up twice when talking about employment concerns. Veterans fear that available resources are not being communicated.  
One participant stated:  
“One thing that I've run into, because I'm actually a rep for a non-profit, is people not sharing information. That's one of the biggest issues, but that's in the non-profit sector anyway.”

## 2. Medical/Health

Medical/Health concerns were also the most commonly discussed theme amongst veterans. Veterans talked about mental health, feeling alienated by the bureaucratic system, the overwhelmed provider, and access to healthcare.

### *Sub-themes*

#### A) Mental health

- The most commonly discussed sub-medical theme dealt with medical health. Indeed, ten comments were made about this issue including these statements:  
“A man can only see so much stupidity before he goes off.”  
  
“Yeah, because people don't pay attention. Situational awareness is at an all time low in our society. Can we agree with that? I flip out on the road. If there's tennis balls in my front seat, I'll be throwing tennis balls.”

## B) Alienation/bureaucracy

- Several commented on feeling isolated, or alienated, especially during out-processing. Most commented on the bureaucratic structure of the military appearing emotionless. The following quotes summarize veterans' concerns:

“That's another thing right there. You can give them information and you can shove it down their throat all you want. They do not care. When it comes time to get out and they want to hit the door and they're going to go to college and they are going to get that money every month and they get to college and they find out that they can't because their PTSD is so screwing them up that they cannot sit in the classroom with a bunch of 19-year-old kids. Then they drop out and they have to pay back money, and then they lose money, and then they don't have any food, and then they lose their house. This is a trend that we see all the time in what I do.”

“You have to see a VA, somebody from the compensation office before you get out, it's like part of your out-processing, and then they start your initial claim. Then the process still takes 8 to 12 months. It's gotten a little better over the last couple years. It used to be ...”

## C) Overwhelmed provider

- Connected with the alienation/bureaucracy theme is the sub-theme of the overwhelmed provider. One suggested expanding the VA clinic. “They health care guys at our VA clinic, it needs to be widened. I got one doc and that doc has I don't know how many patients. He tries. He really does, but there are just some times he says, look, I am booked. You can wait and I will see you if I can, but I could be sitting in there for six hours just to see if somebody missed their appointment but ...”

Another short quote summarized how the veteran group felt about medical service through the VA. Several group members laughed and nodded yes as this quote was said:

“Army motto, ibuprofen and water, there you go”

Finally, a veteran shared the following perceived scenario:

“Go to the VA Hospital in Nashville and go to the emergency room but Just remember that they only take 17 people a morning to get in up there, so if you have bronchitis or you're running like a 105 degree fever and you can't get into the clinic, they send you to the VA Hospital emergency room, but they only will see a certain amount of people a day in this certain time period.”

#### D) Access to healthcare

- Access to health care was mentioned eight times during the veteran focus group. Focus group moderators felt this concern connected with the overwhelmed provider in that wait times tend to be long. One veteran noted the need to be assertive to get needs met:  
“But some of the younger ones that are seeing their friends get out and go and get 100% disabled and come back and telling them, "This is how you do it. You need to start going to sick hall. You need to start complaining about it. You need to make sure that it gets in your record." So yeah, there's a lot of people that are ...”

#### E) Masculine image

- Veterans comments showed that the masculine image may prevent some from seeking medical health, especially with regards to mental health issues. Three comments demonstrated this hyper-masculine guise.

#### F) Vicious Cycle

- The vicious cycle was mentioned twice in connection to economics and health. Disability can lead to mental issues, which makes it difficult to maintain employment. One veteran said:  
“I think like anything else, it is a slippery slope or a downward spiral. One thing happens and it snowballs, like get behind on this bill. Maybe not knowing all the things that are coming after getting out.”

#### G) Communicating Resources

- Two veterans mentioned the need to better communicate available community health resources.

### 3. Housing

Although the themes of employment and medical/health care were the most widely discussed themes, other topics emerged in the veteran focus group. When discussing housing, veterans mainly commented on homelessness.

#### *Sub-themes*

##### A) Homelessness

- Seven comments were made about homelessness in the veteran’s group. Veterans discussed how disability can lead to homelessness. Others talked about the visibility of homelessness in Clarksville:  
“If you check by Walmart in Clarksville on 41A going down toward the Dodge's, that Walmart right there, if you were to actually park your car in the parking lot and walk across that road, the exit, you will see a homeless camp. That's one of like 20 that I've actually seen. When I started with the legion, I was sent out to go look for homeless vets and to see how it goes. There's actually homeless encampments, and of course, you guys know veterans are great for camouflage and concealment.

They move and they actually have a circuit that they run all through Clarksville. They stick together like a family and they just keep moving along.”

The veterans group also discussed at length homeless female veterans. They discussed a program called “Adopt a Puppy.” This topic connects with the concept of childcare. One veteran describes this program:

“You can clean my house, cook my dinner, have sex with me, whatever. If they're getting food stamps, that goes to him. It's actually a thing now. On social media, they call it adopting a puppy. They go to the shelter and adopt a puppy, that's what they say.”

“What ends up happening is women with children who don't have a place to go end up shacking up with a guy and giving them whatever commodity that they have to trade so that their children do no end up on the street.”

“I know it happens down there at the Salvation Army, too. There are guys that will actually lurk out there and just wait for 6:00 to go and they will see the girls and the kids go in there and they will say, you can stay with me. That's pretty rough.”

B) Available resources

- Available community housing resources was discussed six times in the veterans’ focus group.

C) Communicating resources

- The need to communicate available housing resources was mentioned three times in the veterans’ focus group.

#### 4. Drugs

Drugs was often discussed in connection with medical/health care. Veterans discussed addiction/self-medicating along with several other sub-themes.

##### *Sub-themes*

A) Addiction/self-medicating

- The most common drug theme in the veteran group was self-medicating. The theme of being addicted to pain-killers was also prevalent.

“Easy to abuse. It's easy to abuse”

One veteran shared a friend’s experience with pain medication:

“I had a friend that found out I was taking pain medication, he said, man, I'll give you ten dollars a pill”

“Self-medicating, leading to a harsh drug, like a gateway drug.”

#### B) Masculine image

The masculine image was a common theme when discussing drugs and drug addiction. There seemed to be a general consensus to “suck it up” when in pain. One commented that he was embarrassed to admit when he needed help for his drug addiction. Another commented that he was not embarrassed by anything. This dialogue speaks to the perceived shell in which many men feel they live. These comments may reflect a perceived weakness if a man admits he needs help. Socially defined gender roles encourage men, especially military men, to be strong and feel nothing.

#### C) Children and drugs

- The topic of children and drugs was mentioned at least three times. One veteran suggested using veterans to educate kids using drugs: One veteran stated:  
“You could actually use the vets to help the kids out there in the crime area, because a lot of these kids we know ... How many guys have you seen not make it back to their families”

#### D) Available Resources

- Three available resources for drug issues were mentioned in the veterans’ group.

#### E) Lack of Resources

- Two veterans mentioned a lack of resources in dealing with drug addictions.

### 5. Violence

Only eight comments were made about violence in the veterans’ group. This is likely a product of being addressed late in the focus group session. When the topic was discussed, it was connected with mental health. Some time was spent discussing female instigators.

#### *Sub-themes*

##### A) Violence and Mental Health

- The topics of violence and mental health intersected. Many reported the association between violence and mental health.

##### B) Female Instigator

- Three veterans talked about females instigating violence. While most acknowledged that men are generally the violator, women have been known to be the aggressor. When women are the aggressor, veterans may not report the offense because of the fear of being perceived as weak. The general consensus amongst veterans is that wives can be tough too.

## Appendix A: Survey Instrument

United Way Focus Group

Questions:

1) Unemployment and poverty were identified as our community's greatest economic concerns.

a) What resources in our community adequately address unemployment and poverty?

Probe: How can we make community resources more visible to those with the most need?

b) What resources does the community lack that could help reduce unemployment and poverty?

Probe: What would be the best way to make these resources available?

2) Demographic data shows that women, especially single-parent mothers, are more economically disadvantaged in our community than comparable communities.

a) What in our community is contributing to the higher rate of economically disadvantaged women?

Probe: How is childcare an issue for families?

Probe: How does access to quality childcare affect single women in our community?

3) A recent survey in our area identified access to health care as one of the greatest community health challenges.

a) In what ways is access to healthcare an issue in our community?

Probe: What additional community resources would help those in need find easier access to health care?

Probe: What prevents people in our community from having access to health care?

Probe: What health resources are lacking for the elderly in our community?

4) Our community has a high concentration of active duty military and veterans.

a) What resources are available for veterans?

Probe: How can veterans in our community be better informed of the resources available to them?

b) What resources are lacking?

Probe: Are these resources easily accessible?



5) Family/domestic violence was identified as one of our community's greatest social concern.

a) What impact is family/domestic violence having on our community?

b) What resources do our community have available for families impacted by domestic violence?

Probe: How easily accessible are these resources?

Probe: How can these resources be made more easily accessible?

Probe: As part of the community, how can we alleviate some of these concerns?

6) Crime and drugs ranked as our greatest community safety concerns.

a) What's the greatest safety concern regarding crime and drugs (ex. guns, racism, gangs, poverty, culture, access to drugs, etc.)?

Probe: What services does our community have to help those with drug issues?

Probe: What drug services does our community lack?

7) What other issues would you like to see discussed in future focus group interviews?

## **Appendix B: Consent Form**

### **INITIAL SURVEY: STAGE ONE INFORMED CONSENT STATEMENT**

Matters of Success: An APSU Student Engagement Project

#### **INTRODUCTION**

The Department of Sociology at Austin Peay State University and the United Way of Clarksville, TN supports the practice of protection for human subjects participating in research. The following information is provided to help you decide whether you wish to participate in the present study. You retain the right to refuse participation in this study. You should be aware that even if you consent to participate in this study, you may withdraw from this study at any time without consequence. If you choose to withdraw from this study, it will not affect your relationship with these departments, the services they may provide you, or Austin Peay State University.

#### **REQUIREMENT FOR PARTICIPATION**

To participate in this study you must be 18 years of age or older and reside in Montgomery, Houston, or Stewart counties in Tennessee.

#### **PURPOSE**

The purpose of this study is to better understand the economic, social, community, health, and educational needs in Clarksville, TN.

#### **PROCEDURES**

You are being asked to complete a focus group session. The time required for completion of the focus group is no longer than one and a half hours.

#### **RISKS**

There are minimal risks for your participation. Personal information is collected in this initial survey and will be used for the purposes of awarding prizes and data analysis. This information will remain confidential and no participants will be identified through their responses during the focus group.

#### **BENEFITS**

The benefits of participation include helping the United Way better understand the needs of the Greater Clarksville, TN area. This data will help the United Way assess how to best distribute funds and resources. Participants can directly benefit from the results of this study, especially as unmet needs are discussed.

#### **COMPENSATION**

Participants will receive \$25 Walmart gift card for participating in the focus group session. The gift card will be distributed on the day of the focus group interview before the session begins.

## **PARTICIPANT CONFIDENTIALITY**

Researchers will maintain the confidentiality of all participants at all times. In the event of publication of this research, no study participants will be identified. The data collected through this study will be maintained in secure holdings by Dr. William Brooks. However, in the event of subpoena by a court of law the researcher will relinquish the records.

## **REFUSAL TO SIGN CONSENT**

You are not required to sign this consent form; however, if you refuse to sign, you are disqualified from participation in this study. You may refuse to do so without affecting your right to participate in any other future programs or events at Austin Peay State University or any services you are receiving or may receive from Austin Peay State University.

## **CANCELLING THIS CONSENT**

You may withdraw your consent to participate in this study at any time. If you choose to withdraw from the study before data collection is completed, any collected data will be destroyed and not used.

## **QUESTIONS ABOUT PARTICIPATION**

If you have any questions about this project, you may direct them to the principal investigator, Dr. William Brooks, Department of Sociology, 931-221-6424 or [brooksw@apsu.edu](mailto:brooksw@apsu.edu).

## **CONSENT**

I have read the above information and received a copy of this form. I have had the opportunity to ask questions regarding my participation in this study. I agree to take part in this study as a research participant.

By **SIGNING MY NAME BELOW** I affirm that I am at least 18 years old or older and a resident of Montgomery, Houston, or Stewart county in Tennessee.

---

Participant's Name/Date

## **RESEARCHER CONTACT INFORMATION**

Dr. William Brooks, Sociology, 931-221-6424 or [brooksw@apsu.edu](mailto:brooksw@apsu.edu).

IRB Contact Information [IRB@apsu.edu](mailto:IRB@apsu.edu)

## **Appendix C: Confidentiality Statement**

### Group Agreement for Maintaining Confidentiality

This form is intended to further ensure confidentiality of data obtained during the United Way Needs Assessment focus group. All parties involved in this research, including all focus group members, will be asked to read the following statement and sign their names indicating that they agree to comply.

I hereby affirm that I will not communicate or in any manner disclose publicly information discussed during the course of this focus group interview. I agree not to talk about material related to this study or interview anyone outside of my fellow focus group members and the researcher [or moderators].

Name \_\_\_\_\_

Signature \_\_\_\_\_

Project Director's Signature: \_\_\_\_\_