



Community

Health

Needs

Assessment

**Vanderbilt Clarksville Hospital**

***formerly* Tennova Healthcare - Clarksville**

VANDERBILT  HEALTH

# TABLE OF CONTENTS

- I. INTRODUCTION ..... 5
  - A. CHNA Process and Methodology ..... 6
  - B. Community Definition ..... 8
- II. EXECUTIVE SUMMARY ..... 9
  - A. Prioritized Community Health Needs..... 9
- III. SECONDARY DATA..... 15
  - A. Population Demographics ..... 15
  - B. Community Health Indexes ..... 19
  - C. Access to Care..... 22
  - D. Economic Stability ..... 27
  - E. Housing..... 32
  - F. Food Insecurity ..... 35
  - G. Education..... 36
  - H. Transportation..... 39
  - I. Crime and Violence ..... 40
  - J. Environmental Risk Factors ..... 41
  - K. Mortality..... 42
  - L. Cancer..... 45
  - M. Heart Disease..... 47
  - N. Other Chronic Diseases & Risk Factors..... 49
  - O. Behavioral Health ..... 50
  - P. Maternal and Child Health ..... 53
  - Q. Sexually Transmitted Infections ..... 57
  - R. Morbidity & Disability..... 58
  - S. Other Assessments and Health Improvement Plans..... 59
- IV. PRIMARY DATA ..... 60
  - A. Primary Data Methodology ..... 60
  - B. Community Health Survey Summary ..... 61
  - C. Community Leader Interview Summary ..... 68
- V. COMMUNITY RESOURCES..... 71

A.	Community Resources Related to CHNA Priorities .....	71
VI.	IMPACT EVALUATION .....	73
A.	Actions Taken Since Previous CHNA.....	73
B.	Comments Received on Previous CHNA .....	75
VII.	APPENDICES .....	76
	APPENDIX A - References.....	76
	APPENDIX B - VMG Health Qualifications.....	78
	APPENDIX C - Organizations Providing Input.....	79
	APPENDIX D - Interview Question Guide and Data .....	80
	APPENDIX E - Community Health Survey Questions .....	81

## **PUBLIC COMMENT**

Comments and feedback about this report are welcome. Please submit feedback using the following link: [VH CHNA/IS Feedback Survey](#)

# Tennova Healthcare- Clarksville

## 2026 Community Health Needs Assessment

### I. INTRODUCTION

Tennova Healthcare–Clarksville Hospital is a full-service acute care hospital located in Clarksville, Tennessee, serving Montgomery County and surrounding rural and semi-rural communities. As one of the region’s largest healthcare providers, the hospital plays a critical role in addressing the medical and public health needs of a rapidly growing and demographically diverse population. With approximately 270 licensed beds, Tennova Healthcare - Clarksville offers a broad continuum of care, including emergency services, inpatient and outpatient medical and surgical care, obstetrics, cardiology, orthopedics, oncology, neurology, wound care, and diagnostic services.

Tennova Healthcare–Clarksville functions as a primary access point for acute and preventive care, delivering hundreds of thousands of patient services annually across the hospital, emergency department, and associated clinics, while also providing substantial charity and uncompensated care and supporting local health initiatives. These services are particularly important for vulnerable populations such as low-income residents, military families from Fort Campbell, older adults, and individuals with chronic health conditions. The hospital provides essential safety-net services, including emergency care regardless of ability to pay, and contributes to community health through charity care, outreach initiatives, and partnerships with local organizations.

### Ownership Update: Vanderbilt Health

During the 2026 Community Health Needs Assessment, Tennova Healthcare–Clarksville was acquired by Vanderbilt Health. On February 1, 2026, Vanderbilt Health completed the acquisition of Tennova Healthcare–Clarksville, the Tennova ER–Sango freestanding emergency department, and related outpatient and physician practice locations from Community Health Systems, Inc.

Following the acquisition, the 270-bed hospital was renamed Vanderbilt Clarksville Hospital, and Tennova ER–Sango became Vanderbilt Emergency Sango. Outpatient services and physician practices in Clarksville, Dover, Pleasant View, and Tiny Town also transitioned to the Vanderbilt Health system. Vanderbilt Health previously held a minority ownership interest in these operations prior to the acquisition.

Because the CHNA process was initiated and substantially completed during Tennova Healthcare’s ownership period, the facility is referred to throughout this report as *Tennova Healthcare–Clarksville (TH-Clarksville)*, unless otherwise noted. TH-Clarksville, now known as Vanderbilt Clarksville Hospital, supports the findings and conclusions of this report.

This organizational transition supports the continuity of existing clinical services while creating opportunities for enhanced coordination, expanded programs, and sustained access to care for residents of Montgomery County throughout the CHNA implementation period.

## A. CHNA Process and Methodology

### CHNA Background

On July 31, 2025, Tennova Healthcare - Clarksville (TH-Clarksville) contracted with VMG Health to conduct a Community Health Needs Assessment (CHNA) in 2026 as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix B: VMG Health Qualifications for more information about VMG Health.

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the healthcare and public health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the 2026 CHNA, an implementation strategy for TH-Clarksville that addresses the community health needs will be developed and adopted no later than November 15, 2026.

### 501(r)(3) CHNA Regulations

The Patient Protection and Affordable Care Act, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements of the Internal Revenue Code 501(r). The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
  - A description of the sources and dates of the data and the other information used in the assessment; and,
  - The analytical methods applied to identify community health needs.
  - The identification of all organizations with which TH-Clarksville collaborated, if applicable, including their qualifications;
  - A description of how TH-Clarksville took into account input from persons who represented the broad interests of the community served by TH-Clarksville, including those with special knowledge of or expertise in public health, written comments regarding the hospital's previous CHNA, and any individual providing input who was a leader or representative of the community served by TH-Clarksville; and,
- A prioritized description of all the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

## Primary Data Collection Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by TH-Clarksville, which included those with special knowledge of or expertise in public health;
- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by TH-Clarksville, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by TH-Clarksville; and,
- Consultation or input from other persons located in and/or serving TH-Clarksville's community, such as:
  - Healthcare community advocates
  - Nonprofit organizations
  - Local government officials
  - Community-based organizations, including organizations focused on one or more health issues
  - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs

The primary data sources utilized for TH-Clarksville's CHNA are provided in Appendix C. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members.

## Secondary Data Collection Strategy

A variety of data sources were utilized to gather demographic and health indicators for the community served by TH-Clarksville. Commonly used data sources include Esri, County Health Rankings and Roadmaps, the U.S. Census Bureau, and the Centers for Disease Control and Prevention (CDC). TH-Clarksville defines its community as Montgomery County, TN. Initial secondary data collection was completed utilizing the most recent periods of data available as of January 15, 2026.

For select indicators, county-level data are compared to state and national benchmarks. Within the secondary data tables, shaded values indicate measures in which the Montgomery County estimate performs worse than the Tennessee state benchmark. Shading is used to visually highlight areas where local outcomes exceed (or fall below, as applicable) state-level rates in a manner indicative of greater need.

Additionally, Healthy People 2030 (HP 2030) Goals are presented where applicable. The HP 2030 Goals are measurable, ten-year public health objectives to help individuals, organizations, and communities across the United States improve health and well-being.

## B. Community Definition

For the CHNA report, Tennova Healthcare-Clarksville defined the community as Montgomery County, Tennessee according to the geographic area served by the hospital facility. Demographic and discharge data were analyzed to ensure that medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws patients were not excluded from the defined community.

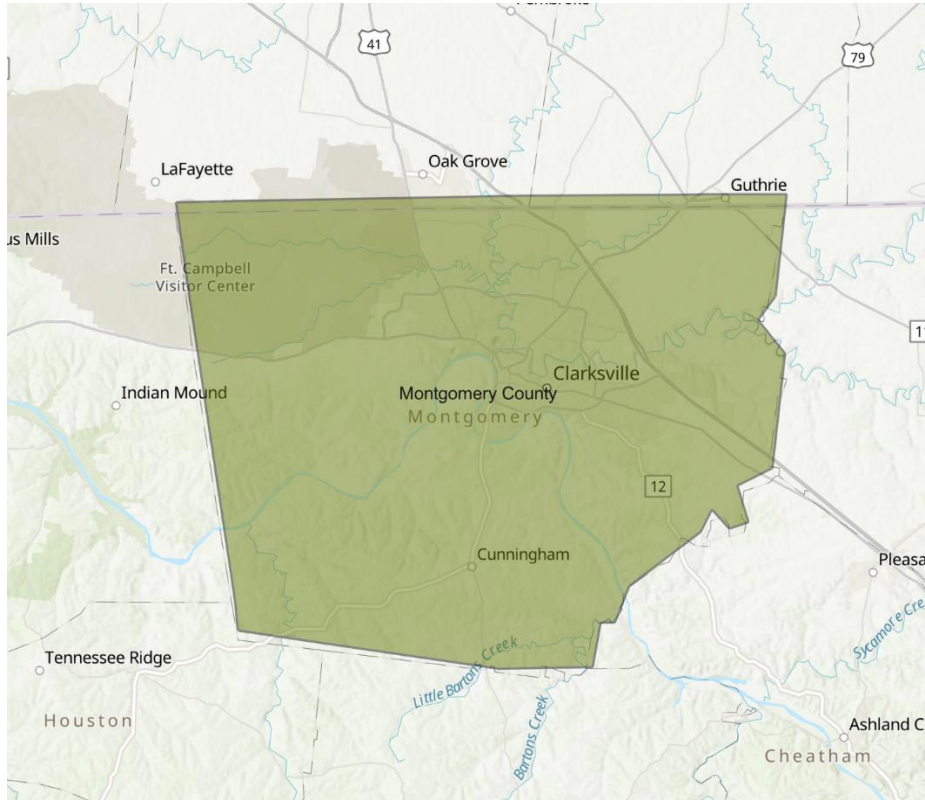


Figure 1- Community Definition Map, Source: TH-Clarksville, VMG Health

## II. EXECUTIVE SUMMARY

### A. Prioritized Community Health Needs

The overarching goals in conducting this Community Health Needs Assessment are to identify significant health needs of the community, prioritize those health needs, and identify potential resources available to address those health needs. To identify health needs for TH-Clarksville, a health priority is defined as a medical condition or factor that impacts the health of community members.

An exhaustive list of health needs was established based on an analysis of primary and secondary data. This list of needs was entered into a decision matrix to establish priorities. Ranked factors considered during this process include benchmarked secondary data, categorized coded primary data, information related to the burden, scope, severity, or urgency of the health need, the feasibility and effectiveness of intervening, the presence of health differences, and existing priorities of the Montgomery County Health Council<sup>1</sup>, the Montgomery County Health Department, and hospital leaders.

TH-Clarksville has identified key health priorities by integrating both Montgomery County-specific needs and a set of consolidated priority areas aligned with broader system and community health frameworks. The county-specific needs reflect localized data findings and community input unique to Montgomery County, while the consolidated needs group related issues into broader, strategic focus areas to support coordinated planning, resource alignment, and impact measurement. Together, this approach ensures that identified priorities are both locally relevant and strategically aligned, enabling the hospital and its partners to address immediate community health concerns while advancing long-term, system-level improvements across key domains such as health-related social needs, chronic conditions, access to care, and behavioral health.

	Montgomery County Specific Needs	Consolidated Needs
Prioritized Needs	Food Insecurity (particularly access and affordability); Walkability; Green Space	Health Related Social Needs
	Chronic Disease Screening (particularly breast cancer screening and other cancers); Diabetes; Cardiovascular Disease; Adult Obesity	Chronic Conditions and Preventative Care
	Primary Care Access	Access to Healthcare
	Mental Health and Substance Use (particularly Suicide and Alcohol Use)	Behavioral Health

<sup>1</sup> The Community Health Council is a community-led group that brings together local collaborators, public health experts, and social service providers to advance health priorities for the residents of Montgomery County, Tennessee. By bringing together partners from multiple sectors and representing the communities they serve, the Health Council is uniquely positioned to identify local health priorities and develop solutions.

## Access to Healthcare

Access to Healthcare was identified as a prioritized need with a specific focus on access to primary care and affordable in-home services for older adults. Access to healthcare encompasses the ability of individuals to obtain timely and affordable services that support prevention, chronic disease management, and overall quality of life.

When prompted to discuss the most pressing health concerns, community interviewees mentioned lack of specialty care, long wait times during appointments, and cited that parts of Montgomery County can be characterized as “health deserts.”—a geographic area where residents have inadequate access to essential health services. Additionally, interviewees emphasized that finances remain a significant barrier, with one stakeholder noting that some individuals are “afraid to even walk in the hospital’s doors because of the cost.” This perception of high out-of-pocket expenses or unexpected medical bills may discourage residents from seeking care early, even when services are available. Survey participants reinforced these findings, with responses indicating that appointment availability (54%) and affordability (20%) were both barriers to accessing care for residents.

Stakeholders also emphasized that strong community trust is foundational to effective healthcare delivery, with one stakeholder stating that “you cannot have exceptional healthcare without community trust.” Stakeholders further noted that trust is not assumed, but earned, emphasizing that it is incumbent upon healthcare organizations to actively build relationships with the community rather than operating under the assumption that residents have no alternative options for care.

Secondary data further underscore challenges related to primary care access in Montgomery County. The county is designated as a high-need geographic Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA), indicating persistent shortages in healthcare resources relative to community need. Consistent with these designations, County Health Rankings reports that the primary care population-to-physician ratio in Montgomery County is 2,477:1, substantially higher (worse) than the Tennessee state average of 1,437:1.

Community stakeholders praised Tennova Healthcare-Clarksville for conducting seminars and health screenings for the community and stated that the satellite emergency room (Tennova ER-Sango) seems to truly help alleviate overcrowding in the main emergency room.

Tennessee’s State Health Plan lists workforce planning for healthcare professionals as its 8<sup>th</sup> priority for the state.

*Healthy People 2030* identified Access to Health Services as a core national priority, emphasizing that timely and affordable access to primary care is essential for community health. The leading health indicators are:

- Adults who receive a colorectal screening based on most recent guidelines
- Increase the proportion of children, adolescents, and adults who use the oral healthcare system
- Increase the proportion of persons with medical insurance

## Behavioral Health

Behavioral health encompasses mental health conditions, substance use disorders, and emotional well-being, all of which have a profound impact on physical health, quality of life, and healthcare utilization. Stakeholders input underscored that unmet behavioral health needs contribute to emergency department utilization, hospitalizations, and involvement with the justice system. Most notably, Montgomery County's veteran population (19%) is more than twice the size of the state of Tennessee's veteran population (7.3%). This population represents a substantial segment of the community that has unique behavioral health challenges. Stakeholders expressed that, in addition to the general population's behavioral health needs, there's a significant need to address post-traumatic stress disorder (PTSD) among the veteran population.

Community stakeholders noted behavioral health as a top unmet health need and as Tennova-Clarksville's greatest opportunity to better serve the community. Additionally, over half (55.5%) of survey participants listed mental health as a serious health problem in the community. While a multitude of veteran services exist, stakeholders and community members identified that veterans often encounter barriers to accessing appropriate behavioral health services, including limited availability of specialized providers, long wait times, transportation challenges, and fragmented coordination between civilian healthcare systems and veteran-specific resources. While federal systems such as the Department of Veterans Affairs serve as critical access points for care, not all veterans are eligible for or enrolled in VA health services, and others may seek care within the civilian healthcare system, where military-informed behavioral health services may be limited.

Secondary data analysis further reinforced behavioral health as a priority need for Montgomery County, with several indicators demonstrating poorer outcomes compared to state benchmarks, including suicide mortality (particularly among White residents), alcohol-impaired driving deaths, and self-reported feelings of loneliness. Collectively, these indicators suggest underlying behavioral health stressors affecting individual well-being, community safety, and overall health outcomes.

Behavioral health is prioritized within Montgomery County Health Council's recent CHNA.

*Healthy People 2030* included multiple objectives specifically focused on reducing suicide rates and improving mental health outcomes. The leading health indicators are:

- Adolescents with major depressive episodes (MDEs) who receive treatment
- Adults engaging in binge drinking alcoholic beverages during the past 30 days
- Drug overdose deaths
- Suicide

## Chronic Conditions and Preventive Care

The Chronic Conditions and Preventive Care domain focuses on the prevention, early detection, and management of chronic disease, with particular emphasis on mammography screening rates, diabetes, heart disease, cancer, adult obesity, and sexually transmitted infections (STIs). Together, these conditions represent leading contributors to morbidity, mortality, and healthcare utilization within the community.

Diabetes and obesity emerged as common and interconnected themes among stakeholders. While access to clinical care was acknowledged as important, stakeholders consistently emphasized that health literacy gaps—particularly among vulnerable and underserved populations—pose a major barrier to effective chronic disease prevention and management. One stakeholder articulated this concern by proclaiming, *“We have to ask ourselves—are we saturating the most vulnerable populations with the health education and resources they need to make sure no one is left behind?”* This perspective underscores the importance of ensuring that health information, screening awareness, and self-management education reach populations most at risk for chronic disease.

Stakeholders also highlighted the need for more visible and accessible public health education efforts within the community. As one interviewee noted, there is a *“need for more public health education in the community—the health department needs to be seen more in the community providing education.”*

Community survey findings reinforced chronic disease as a significant concern in Montgomery County. Sixty-six percent (66%) of survey participants identified obesity as a top health problem in the community, followed by heart disease (44%), cancer (41%), and diabetes (30%). These results highlight widespread awareness of chronic conditions and reflect the perceived impact of preventable, long-term diseases on community health and quality of life.

Secondary data further reinforce chronic disease as a significant concern in Montgomery County. According to the Centers for Disease Control, prevalence of diabetes among adults in the county (13%) exceeds both the Tennessee average (12%) and the national rate (10%), indicating a higher local burden of this chronic condition. County Health Rankings’ 2025 data also showed that adult obesity rates were also elevated, with 42.6% of county residents classified as obese compared to 39.1% statewide, underscoring obesity as both a prevalent condition and a key risk factor for other chronic diseases. These findings, when considered alongside community and stakeholder concerns related to obesity, diabetes, and gaps in health literacy, highlight the need for improved preventive care, early intervention, and chronic disease management strategies—particularly for vulnerable and aging populations.

Tennessee's State Health Plan lists chronic conditions as its 4<sup>th</sup> priority and obesity as its number 1 priority for the state.

*Healthy People 2030* identified the prevention, early detection, and effective management of chronic conditions as essential to improving population health. The related leading health objectives are:

- Adults who meet current minimum guidelines for aerobic physical activity and muscle
- Adults who receive a colorectal cancer screening based on the most recent guidelines
- Adults with hypertension whose blood pressure is under control
- Children and adolescents with obesity
- Cigarette smoking in adults
- Consumption of calories from added sugars by persons aged 2 years and over
- Current use of any tobacco products among adolescents
- New cases of diagnosed diabetes in the population
- Persons who are vaccinated annually against seasonal influenza
- strengthening activity

## Health-Related Social Needs

Within this assessment, Health-related Social Needs are defined as community-level conditions that influence an individual's ability to achieve and maintain good health, with specific emphasis on food security, access to parks, and walkability. These factors shape daily behaviors, health outcomes, and quality of life by affecting nutrition, physical activity, social connection, and chronic disease risk.

Access to parks and recreational facilities arose as a top barrier to maintaining a healthy lifestyle. One stakeholder noted that individuals are *“not underserved by the doctors at the hospital, but by the many other community factors they need”* underscoring the reality that health outcomes are often dictated by daily environmental and social circumstances rather than medical care alone. Community stakeholders cited food security as a top barrier to maintaining a healthy lifestyle and linked food security to the high prevalence of obesity and diabetes amongst residents. Survey results revealed that 75% of participants view obesity as the top serious health concern in their community, underscoring the widespread recognition of weight-related health challenges among Montgomery County residents.

According to the Tennessee Department of Human Services, an estimated 16% of county residents have limited access to healthy food, nearly double the statewide rate of 8.9%, and 18% of children receive SNAP benefits compared to 23% statewide and 12% nationwide, indicating higher levels of economic and food access challenges among families locally and across the state. County Health Rankings also reports that access to parks is also substantially lower, with only 11% of Montgomery County residents having adequate park access, compared to 26% across Tennessee, limiting opportunities for physical activity and recreation.

Conclusively, stakeholder and community leader feedback suggested that obesity is not viewed solely as an individual lifestyle issue, but rather as a reflection of broader health-related social needs. When these needs are unmet, residents may face increased barriers to maintaining healthy diets, engaging in regular physical activity, and building social connections—all of which are essential for preventing chronic disease and supporting mental and emotional well-being.

Tennessee's State Health Plan lists transportation as its 6<sup>th</sup> priority for the state and Montgomery County's County Health Council's CHNA prioritizes walkability.

*Healthy People 2030* identified nutrition, physical activity, and the built environment as foundational drivers of population health and lists the following leading health indicators:

- Increase the proportion of adults who meet current minimum guidelines for aerobic physical activity and muscle-strengthening activity
- Reduce consumption of added sugars by people aged 2 years and over
- Reduce household food insecurity and hunger
- Reduce the proportion of children and adolescents with obesity

### III. SECONDARY DATA

#### A. Population Demographics

#### Population Growth by Age Group

The projected population growth for the community is 9.8% over the next five years. Significant population growth is expected for all age ranges, except populations ages 25-29 and ages 60-64 which will decline slightly (-1.9% and -1.2% respectively).

	Current Year Population	Five Year Projected Population
Montgomery County	245,297	269,431

Figure 2- Population Change by ZIP Code, 2024 – 2029, Source: Esri 2025

Age Group	Current Population	Five Year Population	% Change
Age 0-4	19,050	20,529	7.8%
Age 5-9	18,679	19,191	2.7%
Age 10-14	17,660	18,963	7.4%
Age 15-19	17,037	18,017	5.8%
Age 20-24	18,386	19,564	6.4%
Age 25-29	21,370	20,956	-1.9%
Age 30-34	21,850	22,314	2.1%
Age 35-39	18,649	22,562	21.0%
Age 40-44	16,315	18,980	16.3%
Age 45-49	13,303	16,371	23.1%
Age 50-54	12,891	13,431	4.2%
Age 55-59	11,587	12,738	9.9%
Age 60-64	11,724	11,585	-1.2%
Age 65-69	9,626	11,355	18.0%
Age 70-74	7,079	9,251	30.7%
Age 75-79	4,973	6,439	29.5%
Age 80-84	2,756	4,178	51.6%
Age 85+	2,362	3,007	27.3%
<b>Grand Total</b>	<b>245,297</b>	<b>269,431</b>	<b>9.8%</b>

Figure 3- Population Change by Age Group, Source: Esri 2025

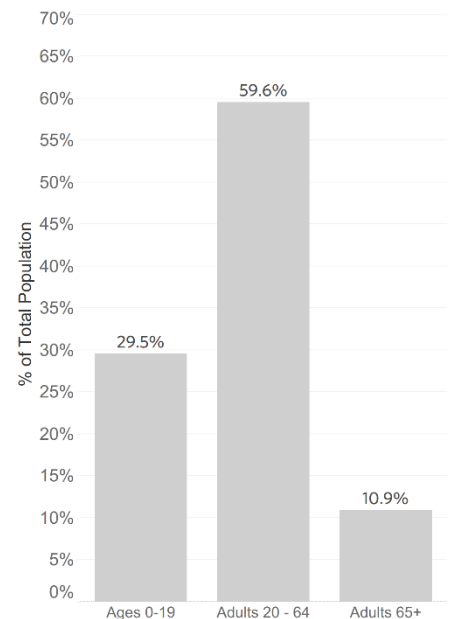


Figure 4- Population by Age Range, Esri 2025

## Population Growth by Race and Ethnicity

The most common race in TH-Clarksville’s community is white (60.92%) followed by Black (20.84%), and individuals of two or more races (10.82%). A fraction of the population (11.26%) identified as Hispanic while the majority of the population identified as non-Hispanic (88.74%).

	Current Population	Percent of Total
American Indian/Alaska Native	1,319	0.54%
Asian	6,146	2.51%
Black	51,120	20.84%
Other Race	9,599	3.91%
Pacific Islander	1,142	0.47%
Two or More Races	26,535	10.82%
White	149,439	60.92%
<b>Grand Total</b>	<b>245,297</b>	<b>100.00%</b>

Figure 3 - Population Change by Race/Ethnicity, Source: Esri 2025

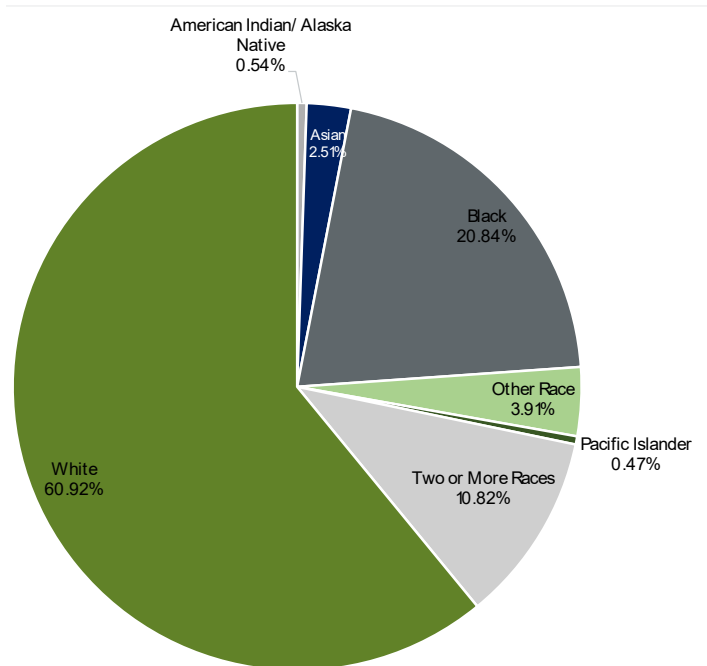


Figure 6- Population by Race, Source: Esri 2025

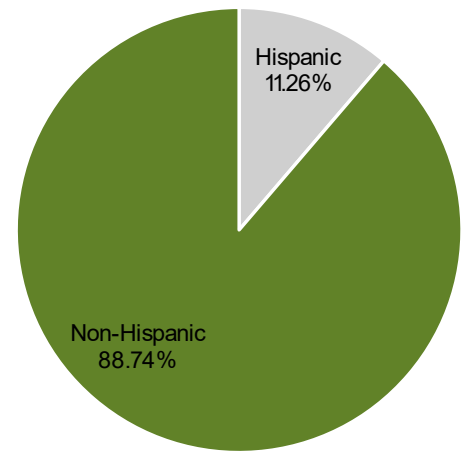


Figure 7- Population by Ethnicity, Esri 2025

## Veteran Population

According to the U.S. Census Bureau’s 2020-2024 American Community Survey estimates, 19.0% of Montgomery County residents were veterans, compared to only 7.3% of Tennessee residents and 6.2% of the U.S. population.

	Montgomery County	Tennessee	United States
Veteran	19.0%	7.3%	6.2%

Figure 5- Veteran Population, Source: Source: U.S. Census Bureau ACS 2020-2024

## Rural Population

According to County Health Rankings, 17.7% of Montgomery County residents were classified as rural, compared to 33.8% of Tennessee residents.

	Montgomery County	Tennessee	United States
Rural	17.7%	33.8%	20.0%

Figure 6- Rural Population, Source: U.S. Census Bureau ACS 2020-2024

## Social Participation

According to County Health Rankings, a lower percentage of Montgomery County residents participated in voting compared to the state average. The county was also in line with national census participation rates.

	Montgomery County	Tennessee	United States
Census Participation	65.9%	-	65.2%
Voter Turnout	52.6%	60.1%	67.9%

Figure 7- Census and Voter Participation, U.S. Census Bureau ACS 2020-2024

## B. Community Health Indexes

Achieving population health and well-being is fundamentally a collective endeavor, molded by societal factors and health-related social needs rather than individual responsibility or goals attainable through clinical interventions alone.

This section provides an overview of key community health indices that offer a data-driven snapshot of the health status and health-related social needs in the defined community. These indices, which include Esri's Diversity Index, the CDC's Social Vulnerability Index (SVI), and HUD's Location Affordability Index, are essential for identifying existing health differences and areas of greatest need. By analyzing these data points from established public health sources, we can better understand the health challenges facing the community and strategically allocate resources to develop effective, targeted interventions.

### County Health Rankings' Population Health Scale

At its core, population health aims for optimal physical, mental, spiritual, and social well-being across the entire community. Each point on the scale below represents a county within Tennessee, with those experiencing the best population health towards the right in darker green colors and those with poorer population health in lighter, yellow colors to the left. According to the 2025 County Health Rankings, Montgomery County, TN ranked better than the average county in Tennessee for Population Health and Wellbeing, and nearly the same as the average county in the United States.

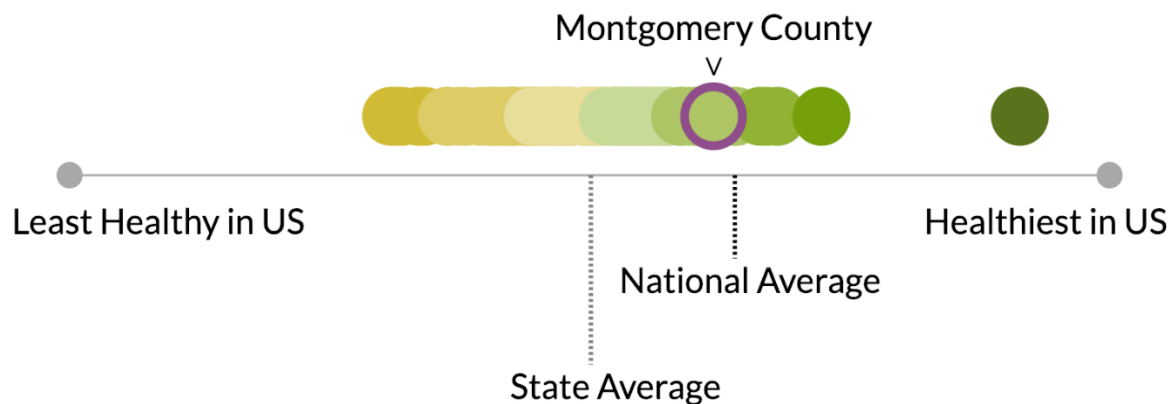


Figure 8- Population Health and Wellbeing Comparison, Source: County Health Rankings, 2025

## Esri Diversity Index

The Esri Diversity Index (EDI) provides a measure of racial and ethnic diversity, ranging from 0 to 100. An index score of 0 signifies maximum homogeneity, with all residents belonging to the same racial or ethnic group. As the index approaches 100, it indicates increasing diversity, with a score of 100 representing perfect evenness across all racial and ethnic groups. Thus, a higher Esri Diversity Index value suggests a greater chance that any two randomly selected individuals from the same location will identify with different racial or ethnic groups. The average EDI for all zip codes in Montgomery County was 46.1 and is expected to increase by 0.93 by 2028.

Zip Code	Current Diversity Index	2028 Projected Diversity Index
Clarksville	37042	73.0
Clarksville	37040	65.4
Fort Campbell	42223	71.2
Palmyra	37142	18.9
Woodlawn	37191	35.8
Southside	37171	31.5
Cunningham	37052	23.2
Clarksville	37043	49.9
<b>Average for Montgomery County</b>		<b>46.1</b>
		<b>47.03</b>

Figure 9- Esri Diversity Index (EDI) Table, Source: U.S. Esri Diversity Index 2023-2028

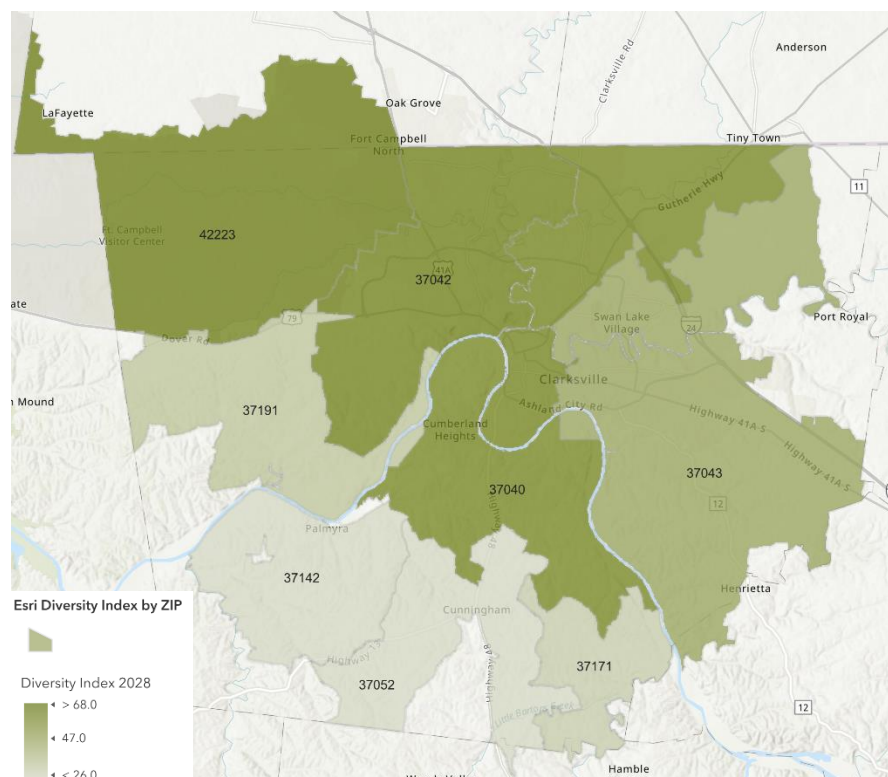


Figure 10- Map of Esri Diversity Index by ZIP Code, Source: U.S. Esri Diversity Index 2023-2028

## Social Vulnerability Index (SVI)

Social vulnerability describes the demographic and socioeconomic factors that increase the susceptibility of communities to the negative impacts of public health emergencies and other hazards causing disease and injury. The CDC/ATSDR Social Vulnerability Index (SVI) utilizes 16 U.S. Census Bureau variables from the American Community Survey (ACS) 5-year estimates, categorized into four themes: housing characteristics, housing type/transportation, racial and minority status, and socioeconomic status. These variables generate a single measure for identifying communities needing support before, during, or after disasters.

The SVI score ranges from 0 (lowest vulnerability) to 1 (highest vulnerability). Montgomery County had an average score of 0.60, indicating a moderate to high level of vulnerability.

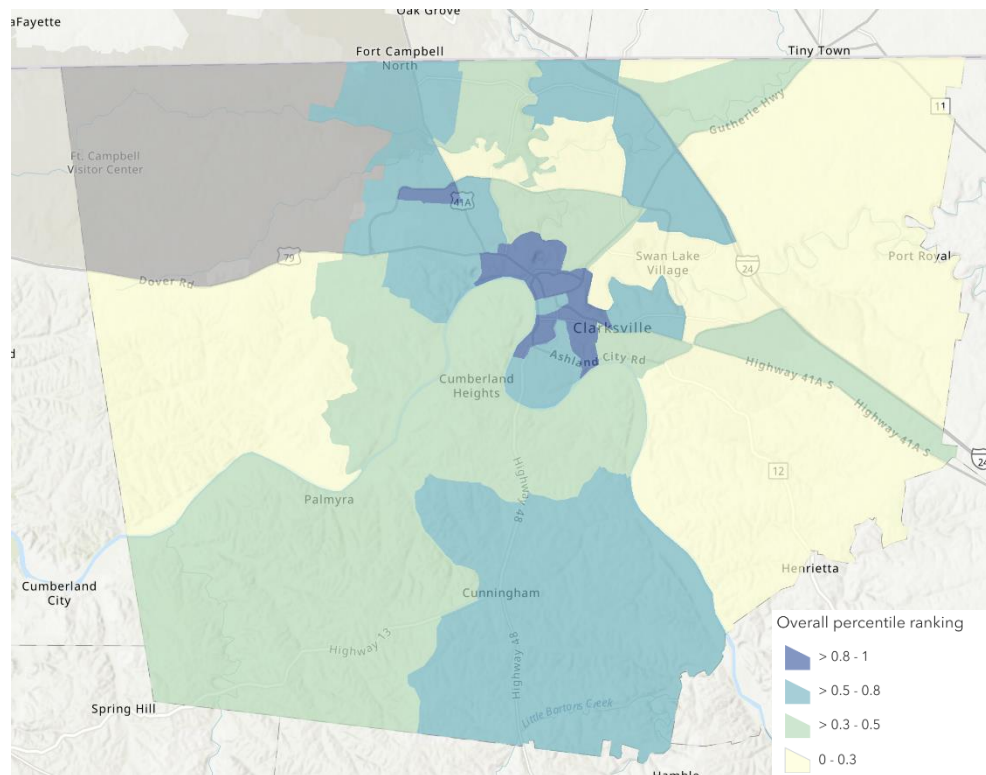


Figure 11- Social Vulnerability by Census Tract, Source: CDC/ATSDR 2025

## C. Access to Care

### Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designations that indicate healthcare provider shortages in primary care, dental health, or mental health. Shortages may be geographic-, population-, or facility-based:

- Geographic Area - a shortage of providers for the entire population within a defined geographic area.
- Population Groups - a shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farm workers, and other groups)

The following areas are characterized as Health Professional Shortage Areas (HPSAs) within the community:

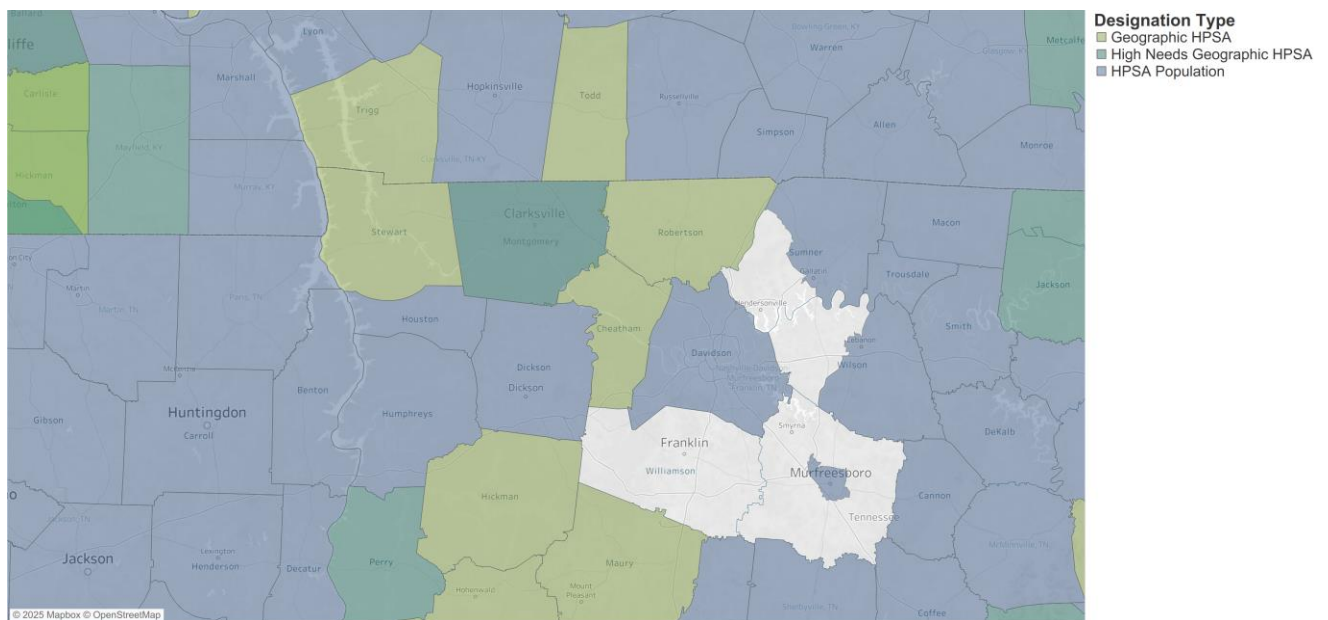


Figure 12- Health Professional Shortage Area (HPSA), Source: Health Resources and Services Administration 2025



## Provider Coverage

According to County Health Rankings, Montgomery County has higher (worse) population to provider ratios for primary care (2477:1), primary care providers who are not physicians (1100:1), and for dental care (2400:1), meaning that there is one provider available for the patient populations within each ratio.

	Montgomery County	Tennessee	United States
Ratio of population to primary care providers	2477:1	1437:1	1334:1
Ratio of population to primary care providers other than physicians	1100:1	541:1	714:1
Ratio of population to mental health providers	426:1	499:1	300:1
Ratio of population to dentists	2400:1	1779:1	1361:1

Figure 14- Ratio of Population to Primary Care, Mental Health, and Dental Providers, Source: County Health Rankings, 2025

## Health Insurance Coverage

According to the U.S. Census Bureau's 2020-2024 American Community Survey estimates, Montgomery County had a lower percentage of uninsured residents (9.4%) than TN residents (11.1% uninsured). Both children and adults within the county were more likely to be insured than the state averages.

	Montgomery County	Tennessee	United States
Uninsured	9.4%	11.1%	9.5%
Uninsured Children	5.2%	5.3%	5.1%
Uninsured Adults	11.3%	13.2%	11.2%

Figure 15- Health Insurance Coverage, Source: U.S. Census Bureau ACS 2020-2024

## Uninsured Population

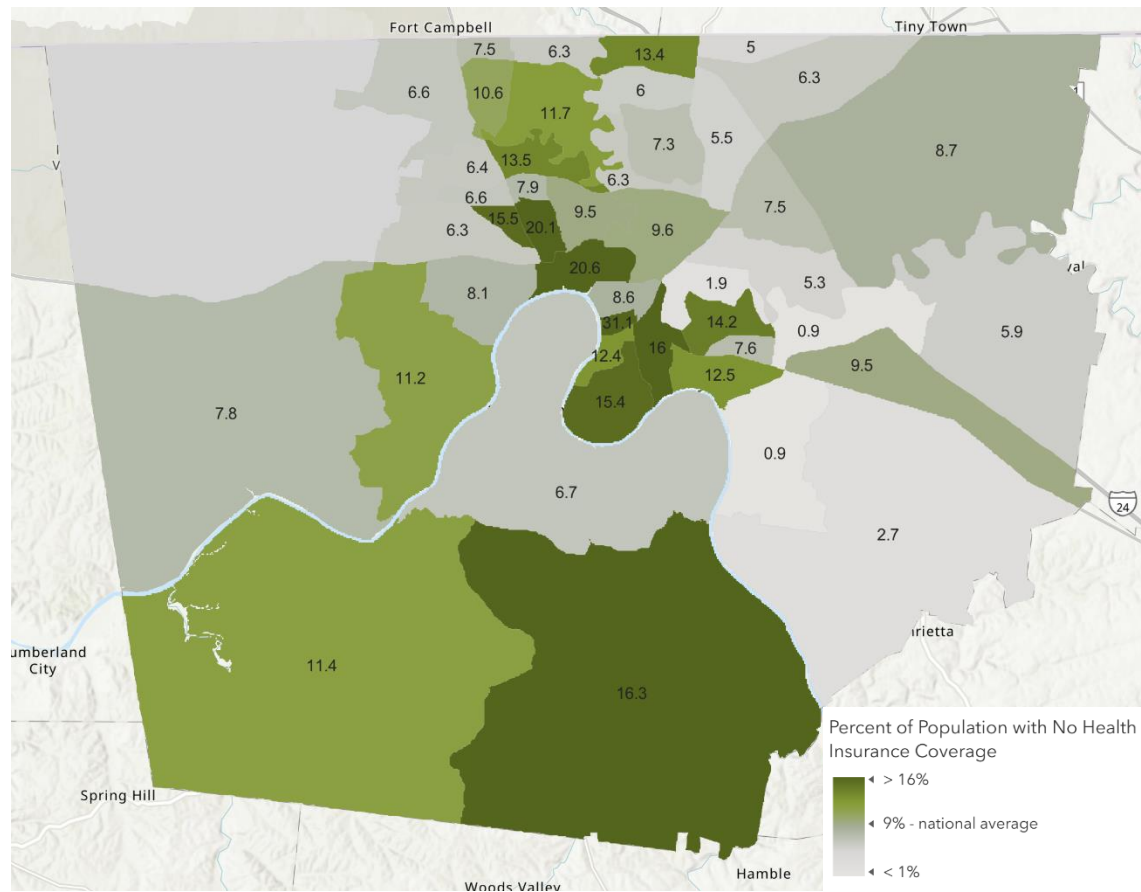


Figure 16- Uninsured Population by Census Tract, Source: U.S. Census Bureau ACS 2020-2024

## Medicare, Medicaid, and Veterans Insurance Coverage

According to the U.S. Census Bureau’s 2020-2024 American Community Survey estimates, Montgomery County residents were less likely to have health insurance through Medicare or Medicaid than the state’s average, however, a higher percentage of the county’s population (1.3%) was covered through Veterans Affairs (VA) health insurance than the state’s average (0.3%).

	Montgomery County	Tennessee	United States
Medicare coverage alone	3.1%	6.9%	6.4%
Medicaid coverage alone	11.4%	13.5%	15.0%
VA health coverage alone	1.3%	0.3%	3.0%

Figure 17- Medicaid Population by Census Tract, Source: U.S. Bureau ACS 2020-2024

# Computer and Internet Access

According to the U.S. Census Bureau’s 2020-2024 American Community Survey estimates, a greater percentage of households within Montgomery County had access to a computer or broadband internet than the state and national averages.

	Montgomery County	Tennessee	United States
Internet Access	93.6%	89.3%	91.1%
Computer Access	84.1%	75.6%	80.3%

Figure 4- Computer and Internet Access, Source: U.S. Census Bureau ACS 2020-2024

## D. Economic Stability

### Employment, Income, and Poverty

According to Healthy People 2030, nearly one in ten individuals live in poverty in the United States. Those with steady employment are less likely to live in poverty and are more likely to be healthy. Economic stability represents a key domain within the Healthy People framework.

Poverty thresholds are determined by family size, the number of children, and the age of the head of the household. A family’s income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and everyone in it are considered to live in poverty.

The Census Bureau estimates indicate that Montgomery County had a higher percentage of unemployed residents than the state’s average. The median household income for Montgomery County was higher than Tennessee’s average by nearly \$8,000/year.

The gender pay gap, at 0.84, indicates that women earn approximately 84 cents for every dollar earned by men, reflecting persistent income inequality. Additionally, the estimated living wage of \$43.56 underscores the relatively high cost of meeting basic needs in the community, which may place financial strain on households—particularly those with lower incomes or single earners.

	Montgomery County	Tennessee	United States
Unemployment	4.4%	4.2%	4.6%
Median Household Income	\$ 79,730.00	\$ 71,997.00	\$ 81,604.00

Figure 18- Socioeconomic Indicators, Source: U.S. Census Bureau ACS 2020-2024

	Montgomery County	Tennessee	United States
Income Inequality	3.72	4.62	4.89
Gender Pay Gap	0.84	0.81	0.81
Living Wage	\$43.56	\$43.13	-

Figure 19- Economic Indicators, Source: County Health Rankings, 2025

## Median Household Income

The U.S. Census Bureau publishes estimates of median household income. Income levels varied by race and ethnicity, and Black and Hispanic populations in the community had lower income levels when compared to the median income for all races within the county.

	Montgomery County	Tennessee	United States
All races/ethnicities	\$74,701	\$67,651	\$77,719
AIAN	\$91,741	\$57,839	\$59,393
Asian	\$79,929	\$97,808	\$113,106
Black	\$62,502	\$49,163	\$53,444
Hispanic	\$63,503	\$61,180	\$68,890
White	\$78,548	\$71,897	\$84,745

Figure 20- Median Household Income by Race and Ethnicity, Source: County Health Rankings, 2025

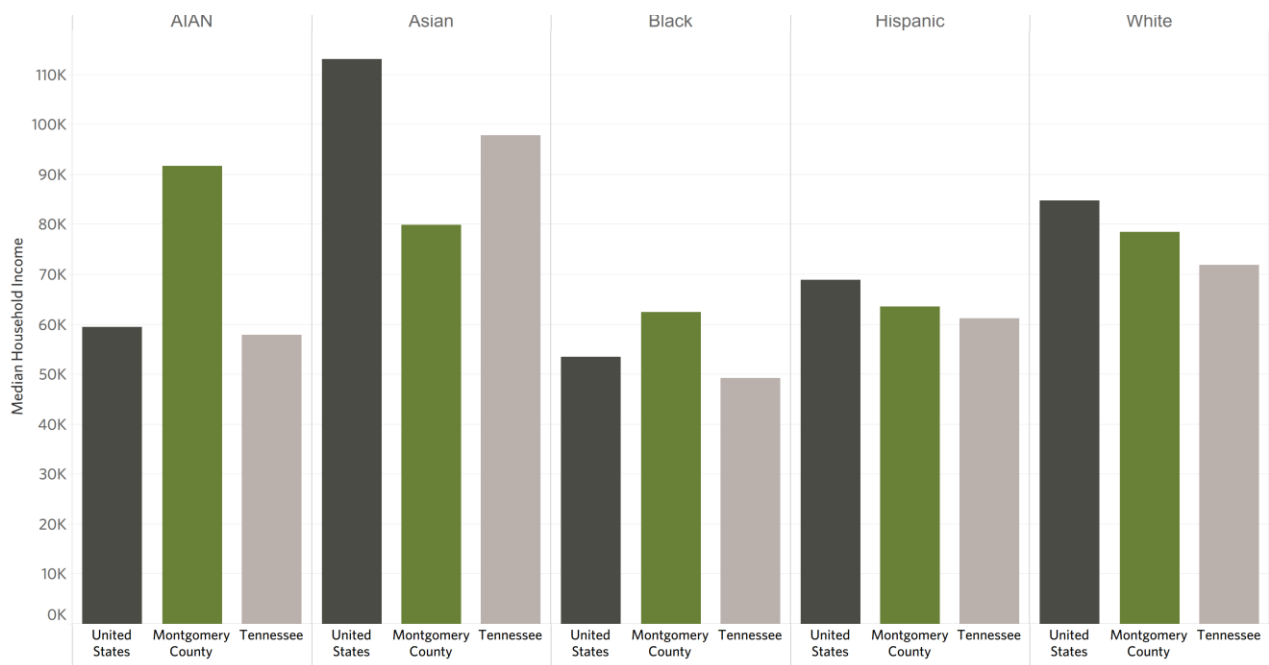


Figure 21- Median Household Income by Race and Ethnicity Bar Graph, Source: County Health Rankings, 2025

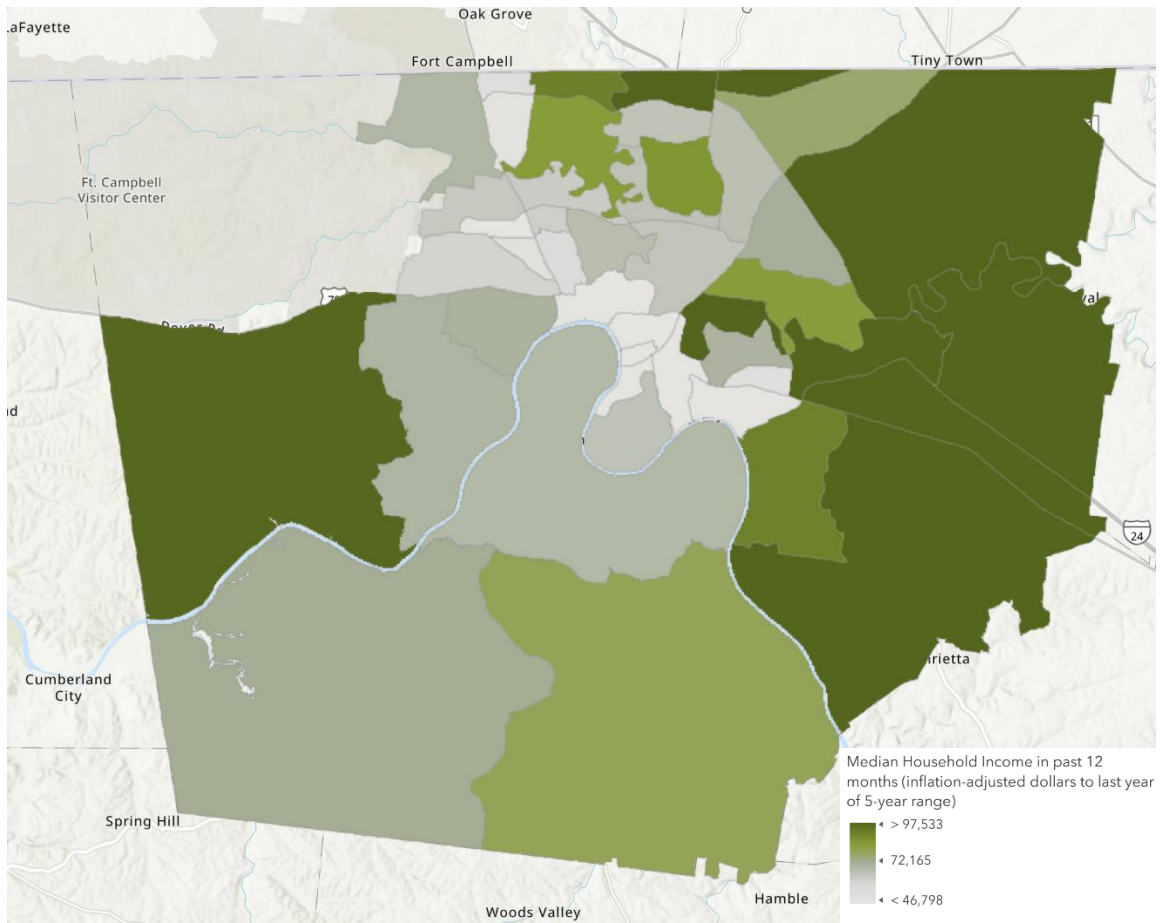


Figure 22- Median Household Income by Census Tract, Source: U.S. Census Bureau 2020-2024, Esri 2025

## ALICE Population

The United Way’s State of ALICE in Tennessee Report is a study that provides a comprehensive look at financial hardship in the state, going beyond the official federal poverty level. ALICE is an acronym for Asset Limited, Income Constrained, Employed. It refers to the population of people who are working and earning an income that is above the Federal Poverty Level (FPL). However, that income is not enough to afford basic household necessities in the county where they live.

Earning above the Federal Poverty Level but not enough to cover basic household needs, ALICE households are often invisible and underserved. They don’t qualify for much, if any, public assistance, leaving them with scarce resources to navigate rising costs in their neighborhoods, yet ALICE is the backbone of Tennessee as our teachers, childcare workers, retail staff, healthcare providers, and other essential roles that keep communities running.

Montgomery County had a higher portion of ALICE households and a lower (worse) portion of households who earn wages above the ALICE threshold compared to the state benchmarks, despite having poverty levels in line with state and national averages.

	Montgomery County	Tennessee	United States
ALICE Households	62.18%	29.77%	29.0%
Above ALICE Households	24.76%	56.3%	58.0%
Poverty Households	13.06%	13.91%	13.0%

Figure 23- United Way’s ALICE Report—The State of ALICE, Source: State of ALICE Report 2025

## Child Poverty & Community Connection

County Health Rankings reported that smaller percentages of Montgomery County’s youth residents were living in poverty compared to the state benchmark. Additionally, a similar portion of youth were disconnected from the community (not active in school or work) compared to Tennessee and U.S. benchmarks.

	Montgomery County	Tennessee	United States
Children Living Below Poverty Level	16.0%	19.0%	16.0%
Youth Not in School or Working	6.9%	6.5%	6.8%

Figure 24- Youth Socioeconomic Indicators, Source: County Health Rankings, 2025

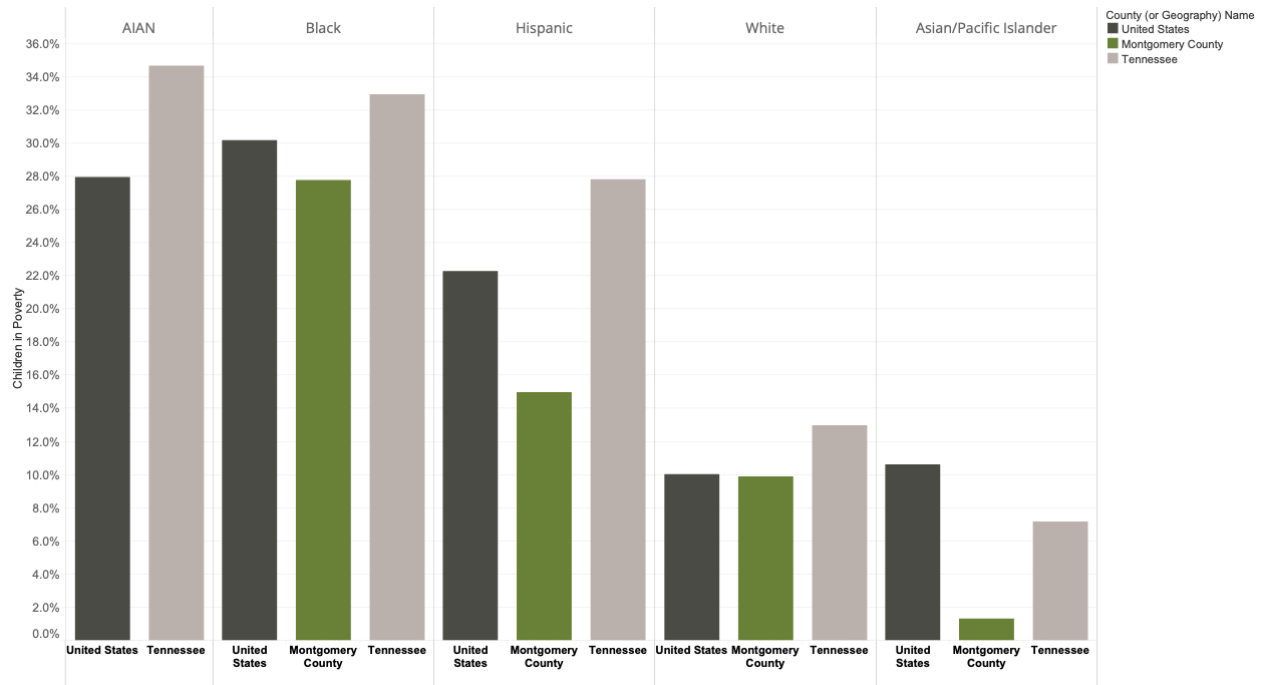


Figure 25 - Child Poverty by Race Bar Graph, County Health Rankings, 2025

## E. Housing

The U.S. Census Bureau’s 2020-2024 American Community Survey (ACS) estimates indicated that Montgomery County (61.9%) had a slightly lower percentage of homeownership than the state (66.9%) and national benchmarks (65.2%). The percentage of vacant houses in the county was much lower than the state and national averages.

On average, Montgomery County residents spent less of their income on rent and mortgage expenses, compared to the national averages. The portion of individuals spending 35% or more of their income on mortgage payments was the same within Montgomery County and Tennessee as a whole.

### Home Ownership and Housing Characteristics

	Montgomery County	Tennessee	United States
Homeownership	61.9%	66.9%	65.2%
Housing Vacancy	6.1%	10.2%	10.1%

Figure 26-Home Ownership and Housing Vacancy, Source: U.S. Census Bureau ACS 2020-2024, County Health Rankings 2025

### Housing Affordability

	Montgomery County	Tennessee	United States
35% or More of Income on Rent	35.8%	39.7%	41.9%
35% or More of Income on Mortgage	18.4%	18.4%	21.4%

Figure 27- Cost of Housing, Source: U.S. Census Bureau ACS 2020-2024

## Location Affordability Index

The Location Affordability Index (LAI), developed by the U.S. Department of Housing and Urban Development (HUD) and the Department of Transportation (DOT), is a tool that provides estimates of the combined cost of housing and transportation at a neighborhood level, expressed as a percentage of household income for median income families. It goes beyond the traditional 30% of income for housing rule by providing data on the combined costs of housing and transportation for various household types. The LAI incorporates data on a neighborhood's built environment, such as density, access to public transit, and proximity to jobs. This allows it to show how different community layouts influence a household's overall financial burden.

Across Montgomery County, the percentage of income spent on housing and transportation for a median income family ranged from 51.9% to 64.2%. Many neighborhoods LAI exceeded 64% of income spent on housing and transportation, indicated by dark green in the map below.

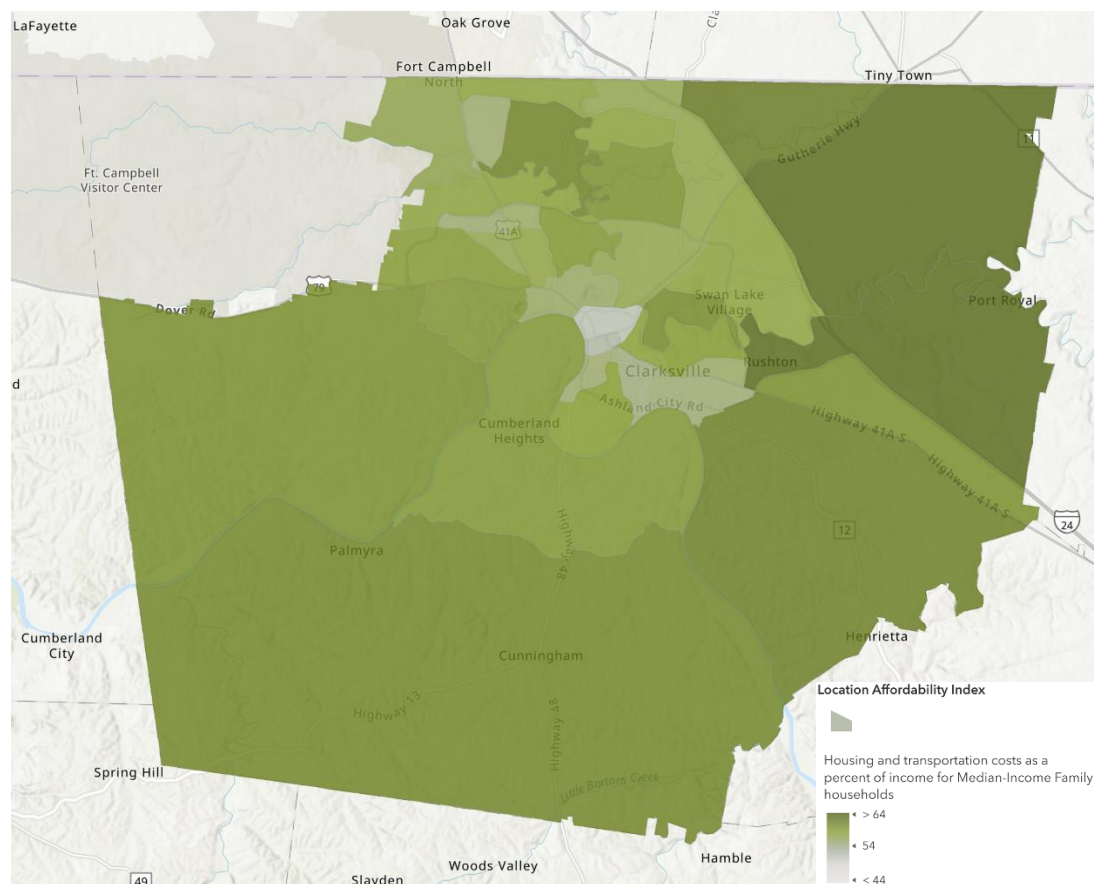


Figure 28- Location Affordability Index, Source: Department of Housing and Urban Development, 2024

## Homelessness

Point-in-Time (PIT) Count data show a slight decline in overall homelessness in Montgomery County, accompanied by a continued increase in unsheltered homelessness. A PIT count is a method of estimating the number of individuals experiencing homelessness on one designated night and is typically measured once a year. The total number of individuals experiencing homelessness decreased from 687 in 2024 to 664 in 2025 (-3.3%), following a peak of 771 individuals in 2023. However, the overall count and portion of unsheltered individuals increased from 2024 to 2025, increasing from 92 (13.4%) to 111 (16.7%).

	Count of Homeless Individuals	Sheltered	Unsheltered
2025	664	553	111
2024	687	595	92
2023	771	664	107
2022	570	531	39

Figure 29- Point-In-Time Homelessness Count 2025, Source: PIT and HUD Inventory Count, HUD Exchange, 2025

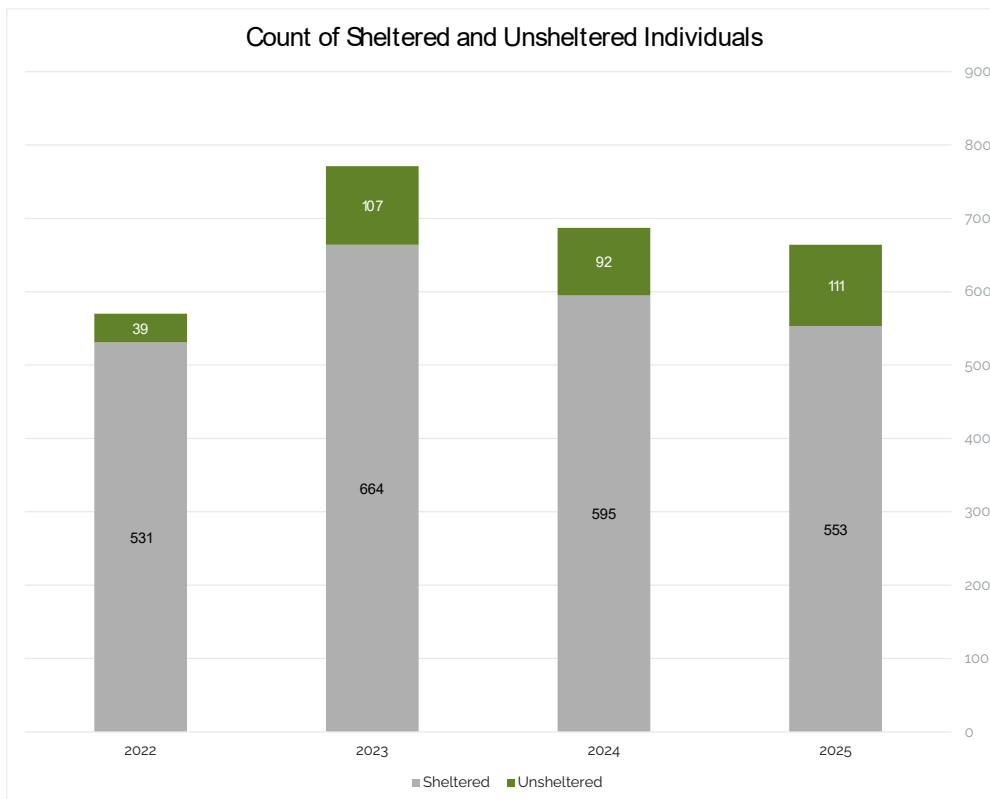


Figure 30 - Sheltered and Unsheltered Individuals, Source: Point-In-Time Homelessness Count 2025, Source: PIT and HUD Inventory Count, HUD Exchange, 2025

## F. Food Insecurity

### Food Insecurity and Access to Healthy Foods

County Health Rankings reports data from the U.S. Department of Agriculture’s Food Environment Atlas, which includes information on food insecurity, food deserts, and access to healthy foods. The food environment index is scored from 1 (worst) to 10 (best).

The county’s rate of food insecurity (13.4%) was slightly lower than the state (14.0%) and closely aligns with the national rate (13.5%), suggesting comparable overall access to sufficient food. However, limited access to healthy foods is notably higher in the county (15.9%) than both Tennessee (8.9%) and the United States (6.1%), pointing to geographic or economic barriers to nutritious food options.

Despite these challenges, Montgomery County’s Food Environment Index score (6.9) exceeded the state benchmark (6.4), though it remained below the national score (7.4).

	Montgomery County	Tennessee	United States
Food Insecurity	13.4%	14.0%	13.5%
Limited Access to Healthy Foods	15.9%	8.9%	6.1%
Food Environment Index	6.9	6.4	7.4

Figure 31- Indicators of Access to Healthy Foods and Food Environment Index 0 (Worst)-10 (Best), Source: County Health Rankings, 2025

### Youth and Senior Access to Food

Participation in SNAP among children (18.2%) and WIC among infants and children (23.2%) was notably lower than both state (23.0% and 29.0%) and national benchmarks (31.8% and 53.0%), which may suggest barriers to enrollment or lower program uptake among eligible populations.

Among households receiving SNAP, Montgomery County had a lower proportion of households with adults aged 60 and older (27.2%) compared to the state (40.9%) and national levels (42.6%), indicating potential underutilization among older adults. In contrast, a higher share of SNAP households included children (33.3%) compared to Tennessee (28.5%) and the United States (28.5%), highlighting a greater reliance on nutrition assistance among families with children.

	Montgomery County	Tennessee	United States
Children Receiving SNAP	18.2%	23.1%	31.8%
Infants and Children Receiving WIC	23.2%	29.0%	53.0%

Figure 32- Youth Access to Food, Source: Tennessee Department of Human Services, Kids Count Data Center, 2025

	Montgomery County	Tennessee	United States
Households Receiving SNAP with Persons age 60+	27.2%	40.9%	42.6%
Households Receiving SNAP with Children	33.3%	28.5%	28.5%

Figure 33- Persons Receiving SNAP, Source: Tennessee Department of Human Services, Kids Count Data Center, 2025

## G. Education

The U.S. Census Bureau’s 2020-2024 American Community Survey estimates indicated that Montgomery County had a smaller proportion of residents with less than a high school education compared to the state benchmark. Montgomery County exceeded state and national benchmarks in the proportion of residents with some college experience (25.2%) and associate’s degrees (12.2%), suggesting a solid pipeline into postsecondary education. However, the share of residents with bachelor’s (19.8%) and graduate or professional degrees (10.3%) fell slightly below national levels, indicating gaps in higher education.

### Highest Level of Education Completed

	Montgomery County	Tennessee	United States
Less than 9th grade	1.5%	3.5%	4.6%
9th to 12th grade, no diploma	3.5%	6.0%	5.5%
High school degree or equivalent	27.5%	30.7%	25.7%
Some college, no degree	25.2%	19.5%	18.5%
Associate’s degree	12.2%	8.0%	8.8%
Bachelor’s degree	19.8%	20.0%	22.1%
Graduate or professional degree	10.3%	12.4%	14.7%

Figure 34- Highest Level of Education Completed by Persons 25 Years and Older, Source: U.S. Census Bureau ACS 2020-2024

## Population with a High School Diploma

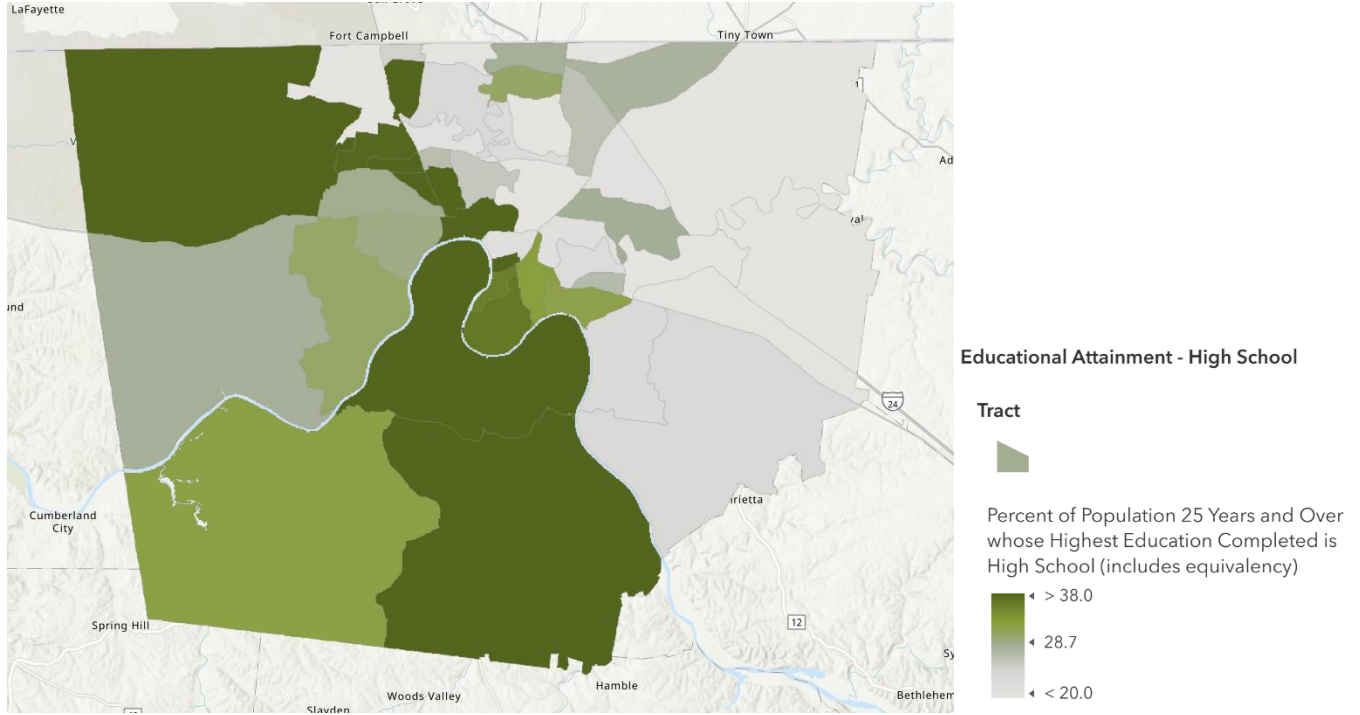


Figure 35- Population with a High School Diploma by Census Tract, Source: U.S. Census Bureau ACS 2020-2024, Esri 2025

## School Funding and Enrollment

The school funding adequacy measure reflects a deficit of -\$2,338.72 per pupil, indicating that funding levels fell short of what is considered necessary to meet educational needs. This gap may have implications for resource availability, staffing, and overall educational quality.

A large majority of students (84.4%) were enrolled in public schools, highlighting the central role of the public education system in serving the community.

	Montgomery County	Tennessee	United States
School Funding Adequacy <sup>1</sup>	-\$2,338.72	-\$999.01	\$1,411.08
Enrollment in Public Schools <sup>2</sup>	84.4%	79.8%	-

Figure 36- School Funding and Enrollment, Sources: 1) County Health Rankings, 2025; 2) Annie E. Casey Kids Count Data Center, Tennessee Dept. of Education, 2025

# Mathematics and English Proficiency

Student proficiency outcomes in Montgomery County indicated areas for academic improvement, particularly in foundational skills. Math proficiency was reported at 38.0%, suggesting that less than half of students were meeting expected performance standards in this critical subject area.

	Montgomery County	Tennessee
Math Proficiency	38.0%	40.20%
Reading Proficiency	39.3%	37.50%

Figure 37- Mathematics Proficiency Shown as Percent of Students in Level 3 or Above, Source: Annie E. Casey Kids Count Data Center, Tennessee Dept. of Education, 2025

## H. Transportation

### Transportation Indicators

According to the U.S. Census Bureau’s 2020-2024 American Community Survey estimates, a large majority of workers (79.61%) commute alone in a car, exceeding both the Tennessee benchmark (75.82%) and national rate (68.79%). Additionally, 11.42% of the population commutes more than 60 minutes to work, which is notably higher than both the state (7.11%) and national (8.57%) benchmarks.

	Montgomery County	Tennessee	United States
Percentage Commuting to Work Alone in a Car	79.61%	75.82%	68.79%
Population Commuting More than 60 Minutes, Percent	11.42%	7.11%	8.57%

Figure 38- Transportation Indicators, Source: U.S. Census Bureau ACS 2020-2024

### Walkability

The Environmental Protection Agency’s Walkability Index shows that walkable areas are centrally located around and north of Clarksville, TN, the major city within Montgomery County.

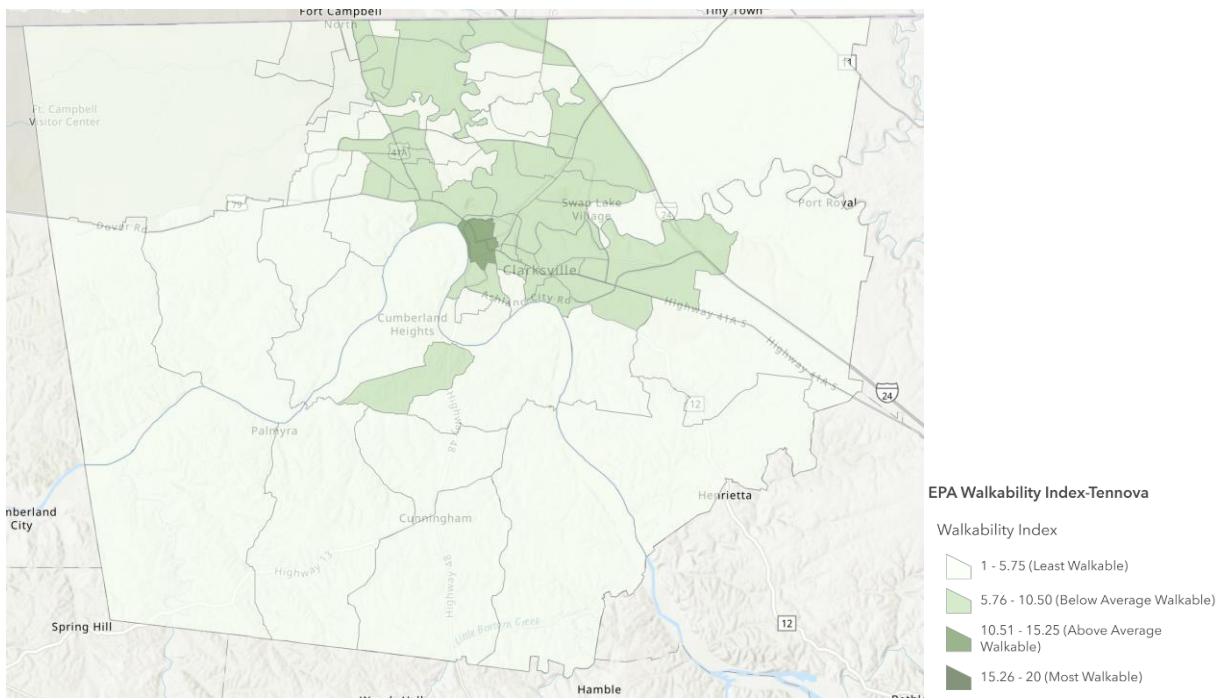


Figure 39- Walkability Index, Environmental Protection Agency 2023, Esri ArcGIS 2025

## I. Crime and Violence

According to the Tennessee Incident Based Reporting System (TIBRS), crime and safety indicators in Montgomery County reflect a mixed but generally moderate profile. The overall violent crime rate is 121.6, with a grade of “C,” indicating average performance relative to national benchmarks. Within violent crime categories, homicide, rape, and robbery are rated more favorably (A), suggesting comparatively lower rates, while aggravated assault receives a “C,” pointing to an area of concern within violent offenses.

Property crime indicators are generally stronger, with an overall grade of “A.” Larceny and motor vehicle theft both receive top ratings (A), while burglary is slightly lower (B), though still performing better than average.

### Crime Rates

		Montgomery County	United States
<b>Violent Crimes</b>	<b>C</b>	121.6	106.2
Homicide	A	0.3	0.5
Rape	A	2.2	3.5
Robbery	A	1.9	5.8
Aggravated Assault	C	20.9	22.3
<b>Property Crime</b>	<b>A</b>	101.9	163.6
Burglary	B	17.0	24.0
Larceny	A	73.6	116.4
Motor Vehicle Theft	A	11.3	22.2

Figure 41- Violent and Property Crime, Source: Tennessee Incident Based Reporting System (TIBRS), 2019-2024, rates per 100,000 population.

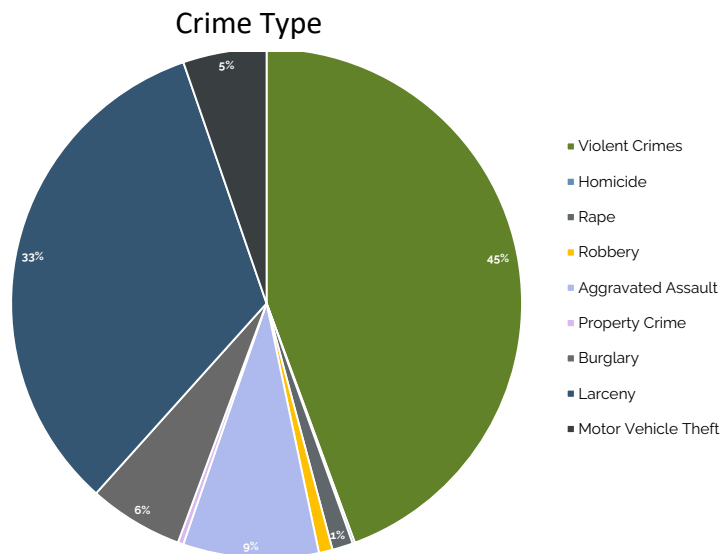


Figure 40- Crime Type by Percentage, Source: Tennessee Incident Based Reporting System (TIBRS), 2019-2024

## J. Environmental Risk Factors

### Exposures to Pollution or Toxic Substances

According to County Health Rankings, Montgomery County reports no drinking water violations, aligning with state performance and indicating strong water quality and regulatory compliance. Air quality, as measured by particulate matter (6.8), is slightly better than both the state (7.0) and national (7.3) levels, suggesting relatively cleaner air conditions.

Severe housing problems affect 12.0% of households, consistent with the state rate and lower than the national benchmark (15.0%).

	Montgomery County	Tennessee	United States
Drinking Water Violations	No	No	-
Air Pollution: Particulate Matter	6.8	7.0	7.3
Severe Housing Problems	12.0%	12.0%	15.0%

Figure 42- Environmental Risk Factors, Source: County Health Rankings 2025, air pollution displayed as average daily density of fine particulate matter in micrograms per cubic meter.

### Access to Green Spaces & Exercise Opportunities

Built environment and physical activity indicators in Montgomery County reflect both strengths and notable gaps. Access to exercise opportunities (71.5%) exceeds the state benchmark (67.9%), indicating that most residents have some level of access to places for physical activity. However, this remains below the national level (84.5%), suggesting room for improvement in expanding exercise opportunities.

Access to parks is significantly lower in Montgomery County (11.0%) compared to both Tennessee (26.0%) and the United States (50.9%), highlighting a key limitation in community infrastructure. Correspondingly, the rate of physical inactivity (27.3%) is higher than both the state (26.5%) and national (23.2%) levels, suggesting that limited access to parks and recreational spaces may be contributing to lower activity levels.

	Montgomery County	Tennessee	United States
Access to Exercise Opportunities	71.5%	67.9%	84.5%
Access to Parks	11.0%	26.0%	50.9%
Physical Inactivity	27.3%	26.5%	23.2%

Figure 43- Access to Recreation, Source: County Health Rankings, 2025.

## K. Mortality

County Health Rankings analyzes data from the Centers for Disease Control and Prevention and National Center for Health Statistics related to premature death. With a rate of 490 deaths among residents under age 75 per 100,000 population, Montgomery County performs somewhat better than the state rate (540) yet exceeds the United States benchmark (390).

	Montgomery County	Tennessee	United States
Premature Age-Adjusted Mortality	490	540	390

Figure 44- Mortality Indicator, Source: County Health Rankings, 2025.

## Life Expectancy

Life expectancy in Montgomery County varies across racial and ethnic groups, highlighting important health gaps. Overall life expectancy for all populations is 74.0 years, which is lower than the national average of 77.1 years. Additionally, differences emerge across groups, with Black residents experiencing a lower life expectancy (70.6 years) compared to White residents (74.2 years).

	Montgomery County	Tennessee	United States
All races/ethnicities	74.0	73.5	77.1
AIAN	-	119.1	71.8
Asian	85.1	85.5	86.0
Black	70.6	69.6	72.1
Hispanic	82.2	84.0	79.7
White	74.2	73.9	77.2
NHOPI	-	77.1	76.4

Figure 45- Life Expectancy by Race/ Ethnicity, Source: County Health Rankings, 2025.

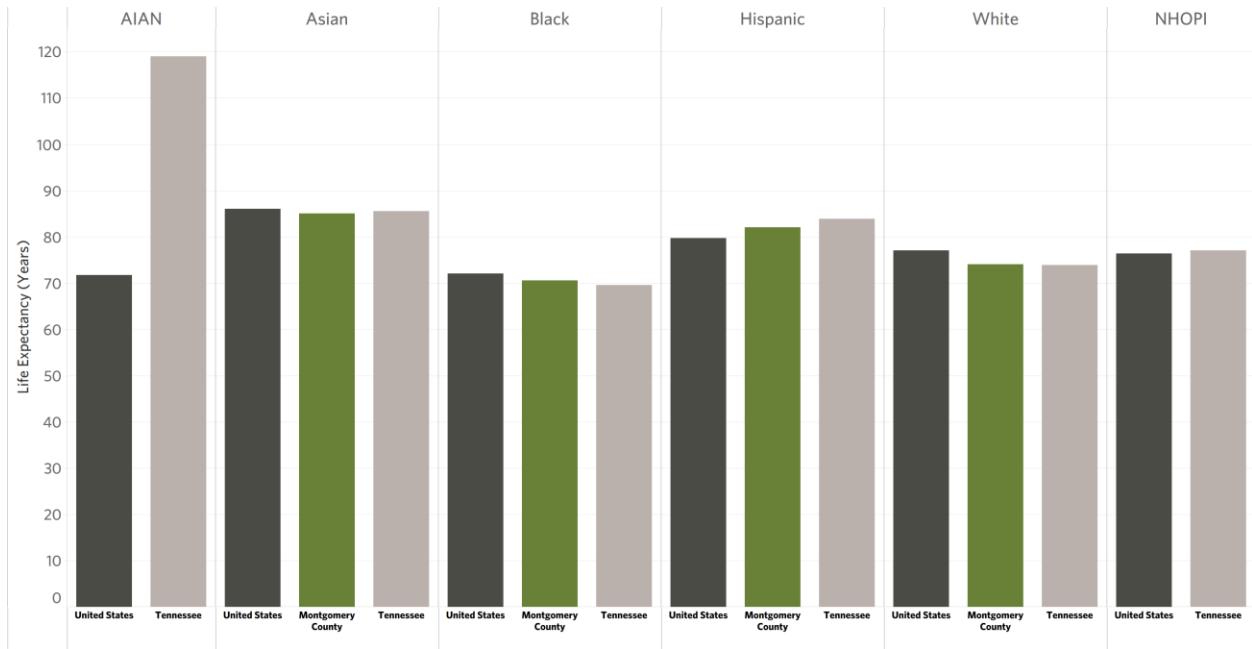


Figure 46- Life Expectancy by Race/ Ethnicity Bar Graph, Source: County Health Rankings, 2025.

## Leading Causes of Death

According to the Centers for Disease Control and Prevention, leading causes of mortality in Montgomery County reflect a pattern consistent with both chronic disease burden and emerging behavioral health concerns. Conditions such as heart disease, cancer (malignant neoplasms), and unintentional injuries remain among the top drivers of mortality.

Notably, intentional self-harm (suicide) is reported at 20.4 per 100,000 population compared to the state's rate of 17.6, highlighting a significant behavioral health concern.

	Montgomery County	Tennessee	United States
Diseases of heart	138.4	255.3	206.1
Malignant neoplasms	136.4	20.9	182.8
Accidents (unintentional injuries)	68.5	87.7	61.2
COVID-19	40.7	61.4	50.6
Cerebrovascular diseases	38.9	52.9	47.8
Chronic lower respiratory diseases	48.6	64.2	45.6
Alzheimer disease	29.7	55.3	36.8
Diabetes mellitus	28.0	35.4	28.9
Nephritis, nephrotic syndrome and nephrosis	8.1	16.8	16.3
Chronic liver disease and cirrhosis	13.4	18.4	15.2
Influenza and pneumonia	12.5	20.1	14.9
Intentional self-harm (suicide)	20.4	17.6	14.5
Septicemia	8.4	13.5	12.3
Essential hypertension and hypertensive renal disease	-	13.9	12.2
Parkinson disease	7.9	13.0	11.5

Figure 47- Age-Adjusted Death Rates per 100,000 Population, Source: CDC Wonder, Multiple Causes of Death 2018-2024.

## L. Cancer

### Cancer Risk Factors and Screening Rates

Cancer screening rates for Medicare beneficiaries in Montgomery County fall below both state and national benchmarks. Mammography screening is reported at 36%, compared to 44% at both the state and national levels. Similarly, prostate cancer screening (18%) is lower than Tennessee (26%), and cervical cancer screening (3.0%) trails the state benchmark (5.0%).

	Montgomery County	Tennessee	United States
Mammography Screening <sup>1</sup>	36%	44%	44%
Prostate Cancer Screening <sup>2</sup>	18%	26%	
Cervical Cancer Screening (Pap Smear) <sup>2</sup>	3.0%	5.0%	

Figure 48- Cancer Screening, Source: 1) County Health Rankings, 2025; 2) Centers for Medicare and Medicaid, Mapping Medicare Disparities Tool, 2024 Medicare data unavailable at the national level.

### Cancer Incidence

Cancer incidence rates, per 100,000 population, in Montgomery County are generally higher than both state and national benchmarks across several major cancer types, indicating an elevated disease burden. Overall cancer incidence (173.9) also exceeds Tennessee (166.3) and the United States (146.0).

Lung cancer remains the most common site (45.7), with rates higher than both state and national levels, followed by prostate (21.9) and breast cancer (20.9), which are generally in line with or slightly above benchmarks. Notably, colon and rectum (17.5) and pancreatic cancer (15.0) rates are higher than both state and national averages, highlighting areas of particular concern. Some cancer types, such as ovarian and brain cancers, are slightly lower or comparable to benchmarks.

	Montgomery County	Tennessee	United States
All Cancer Sites	173.9	166.3	146.0
Lung and bronchus	45.7	44.1	32.4
Prostate	21.9	19.6	19.0
Breast	20.9	21.7	19.3
Colon and rectum	17.5	14.7	12.9
Pancreas	15.0	11.4	11.2
Ovarian	5.7	6.3	6.0
Brain	4.2	4.7	4.4
Stomach	3.4	2.4	2.7
Cervical	*	2.6	2.2

Figure 49- Age-Adjusted Cancer Incidence Rates, rates per 100,000 population, Source: National Cancer Institute 2019-23, Rates per 100,000.

## Cancer Mortality by Race and Ethnicity for All Cancer Sites

Cancer mortality in Montgomery County varies by race and ethnicity, highlighting significant differences in outcomes. Black non-Hispanic residents experience the highest mortality rate per 100,000 population (190.2), exceeding both the county average and state benchmark (179.2), indicating a disproportionate burden. White non-Hispanic residents (176.4) also have elevated mortality compared to the national level (151.3).

In contrast, Asian/Pacific Islander (138.9) and Hispanic populations (100.8) have lower mortality rates relative to other groups, though Hispanic rates remain higher than the state benchmark (77.1).

	Montgomery County	Tennessee	United States
White Non-Hispanic	176.4	167.9	151.3
Black Non-Hispanic	190.2	179.2	168.6
American-Indian/ Native American	-	43.2	127.4
Asian/ Pacific Islander	138.9	91.0	93.0
Hispanic (Any Race)	100.8	77.1	106.8

Figure 50- All Cancer Site Mortality Rates by Race and Ethnicity, Source: National Cancer Institute 2019-23, rates per 100,000 population.

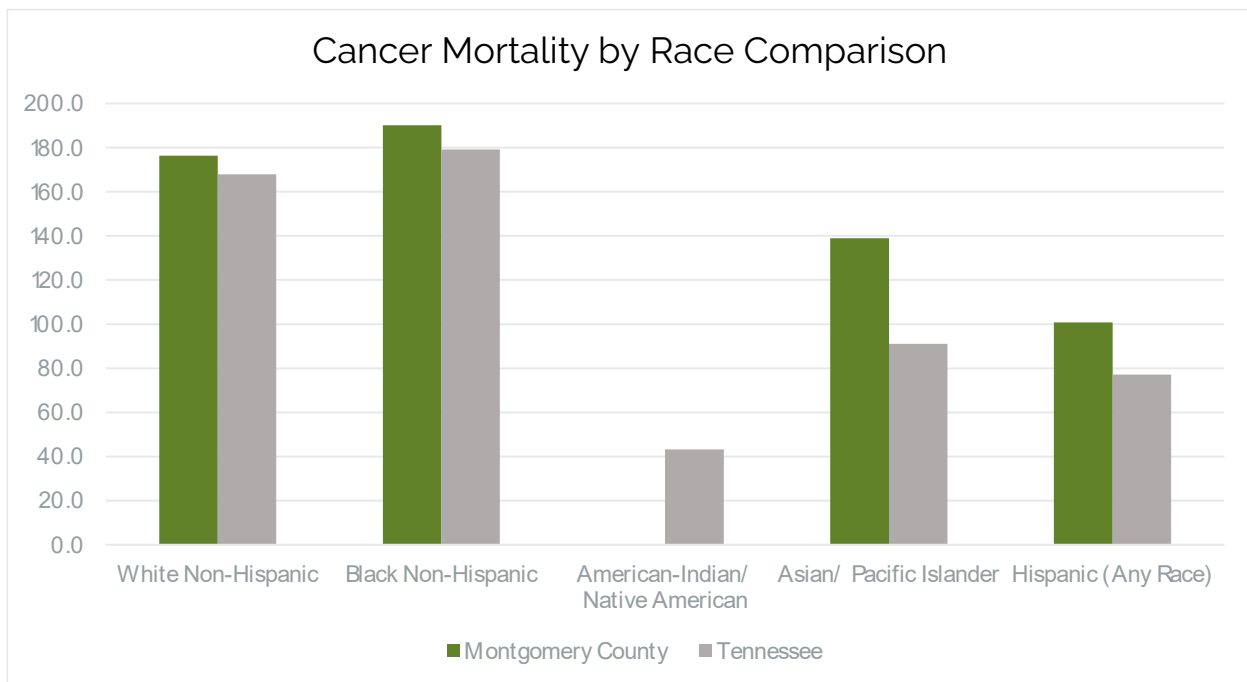


Figure 51- All Cancer Site Mortality Rates by Race and Ethnicity, rates per 100,000 population. Source: National Cancer Institute 2019-23.

## M. Heart Disease

### Heart Disease Mortality by Race

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for all heart disease per 100,000 population was lower than the state benchmark but remains higher than the national rate, with an overall mortality rate of 383 compared to 421 in Tennessee and 326 nationally.

Differences by race and ethnicity are evident. Black non-Hispanic residents experience the highest heart disease mortality rate (442), followed by White non-Hispanic residents (399), both exceeded the national benchmark. In contrast, Hispanic (180) and Asian (147) populations have notably lower mortality rates.

	Montgomery County	Tennessee	United States
All Heart Disease, All Races/Ethnicities	383	421	326
Black (Non-Hispanic)	442	474	419
White (Non-Hispanic)	399	427	339
Hispanic	180	152	222
Asian	147	156	163
More than one race	65	421	142

Figure 52- Age-Adjusted All Heart Disease Death Rate by Race per 100,000 Population, Source: CDC, 2021-2023

### Heart Disease Mortality by Gender

Males in Montgomery County experienced a substantially higher mortality rate (492) compared to females (304), and both genders exceeded the national benchmarks for heart disease death rates.

	Montgomery County	Tennessee	United States
All Heart Disease, Male	492	528	412.8
All Heart Disease, Female	304	331	253.5

Figure 53- Age-Adjusted Heart Attack by Gender per 100,000 adults, Source: CDC, 2021-2023

## Stroke Mortality

Stroke mortality, measured per 100,000 adults in Montgomery County, exceeded both state and national benchmarks overall and across several racial and ethnic groups. The overall stroke mortality rate was 103, compared to 88 in Tennessee and 78 nationally from 2021 to 2023.

Substantial differences are evident by race and ethnicity. Black non-Hispanic residents experienced the highest mortality rate (126), exceeding both the state (123) and national (112) benchmarks. White non-Hispanic residents also had elevated mortality (100) compared to Tennessee (85) and the United States (75). Asian residents (107) and individuals of more than one race (103) showed particularly high rates relative to national benchmarks, though smaller population sizes may influence these figures. Hispanic residents had a lower rate (66) than the county average but still exceeded the state benchmark (43).

	Montgomery County	Tennessee	United States
All Heart Disease, All Races/Ethnicities	103	88	78
Black (Non-Hispanic)	126	123	112
White (Non-Hispanic)	100	85	75
Hispanic	66	43	69
Asian	107	62	59
More than one race	103	-	37

Figure 54- Age-Adjusted Stroke Mortality per 100,000 adults, Source: CDC, 2021-2023

## N. Other Chronic Diseases & Risk Factors

### Diabetes

Diabetes prevalence in Montgomery County exceeded both state and national benchmarks, indicating a notable chronic disease burden within the community. An estimated 13.0% of adults had been diagnosed with diabetes, compared to 12.5% in Tennessee and 10.0% nationally.

	Montgomery County	Tennessee	United States
Adults with diagnosed diabetes	13.0%	12.5%	10.0%

Figure 55- Diabetes Indicators, Age-Adjusted Diabetes Prevalence per 100,000 adults, Source: CDC, 2021-2023

### Overweight and Obesity

County Health Rankings’ most recent data reports that more than one-quarter of Montgomery County residents (27.3%) were physically inactive, which may contribute to a range of adverse health outcomes, including obesity, heart disease, and diabetes. Adult obesity was particularly concerning, affecting 42.6% of the population.

	Montgomery County	Tennessee	United States
Physical Inactivity	27.3%	26.5%	23.2%
Adult Obesity	42.6%	39.1%	33.5%

Figure 56- Obesity Indicators, County Health Rankings, 2025

## O. Behavioral Health

### Mental Health Status and Complications for Adults

Residents reported an average of 6.2 poor mental health days per month, slightly better than Tennessee (6.3), but higher than the national benchmark (5.1). Similarly, frequent mental distress affected 20.2% of adults, slightly below the state rate (21.3%) but above the national rate (16.3%).

Feelings of loneliness were notable, affecting 35.9% of residents—higher than both Tennessee (34.3%) and the United States (33.0%). This may point to social isolation as an important contributing factor to broader mental health challenges in the community.

	Montgomery County	Tennessee	United States
Poor Mental Health Days	6.2	6.3	5.1
Frequent Mental Distress	20.20%	21.30%	16.30%
Feelings of Loneliness	35.90%	34.30%	33.00%

Figure 57- Mental Health Status and Complications for Adults, Source: County Health Rankings, 2025

### Complications for Children

The prevalence of child abuse reports in the county was 3.70%, which is lower than Tennessee's rate of 4.40%. Similarly, the rate of substantiated child abuse cases was 2.6, compared to 3.6 statewide rate per 1,000 youth ages 18 and under.

	Montgomery County	Tennessee
Child Abuse Reports	3.70%	4.40%
Child Abuse (Substantiated Cases)	2.6	3.6

Figure 58- Child Safety Indicators, rates per 1,000 youth age 18 and under, Source: Annie E. Casey Kids Count Data Center, 2024

### Insufficient Sleep

Insufficient sleep is linked to chronic disease and behavioral health outcomes. According to County Health Rankings, in Montgomery County, 44.6% of adults reported inadequate sleep, compared to the state (39.8%) and national average (36.8%).

	Montgomery County	Tennessee	United States
Insufficient Sleep	44.6%	39.8%	36.8%

Figure 59- Insufficient Sleep, Source: County Health Rankings 2025

## Suicide Rates by Race and Ethnicity

Suicide rates in Montgomery County exceeded both state and national benchmarks across the overall population and several racial and ethnic groups, indicating a significant behavioral health concern. The most recent overall suicide rate for all races and ethnicities is 20.71, compared to 16.93 in Tennessee and 13.99 nationally.

White residents experienced the highest reported suicide rate (24.06), which also exceeded both the state (19.57) and national benchmark (17.52) for White populations. Hispanic residents also experienced elevated suicide rates (16.77), more than double the state (8.29) and national (7.64) levels. Black residents (13.71) had lower suicide rates than White residents but still exceed both the state (8.57) and national (8.04) benchmarks for Black populations.

	Montgomery County	Tennessee	United States
All races/ethnicities	20.71	16.93	13.99
AIAN	-	11.61	24.77
Asian	-	8.33	6.68
Black	13.71	8.57	8.04
Hispanic	16.77	8.29	7.64
White	24.06	19.57	17.52
NHOPI	-	-	13.12

Figure 60- Suicide Rates per 100,000 Population by Race/ Ethnicity, Source: County Health Rankings, 2025. Dashes indicate data not reported due to small sample size.

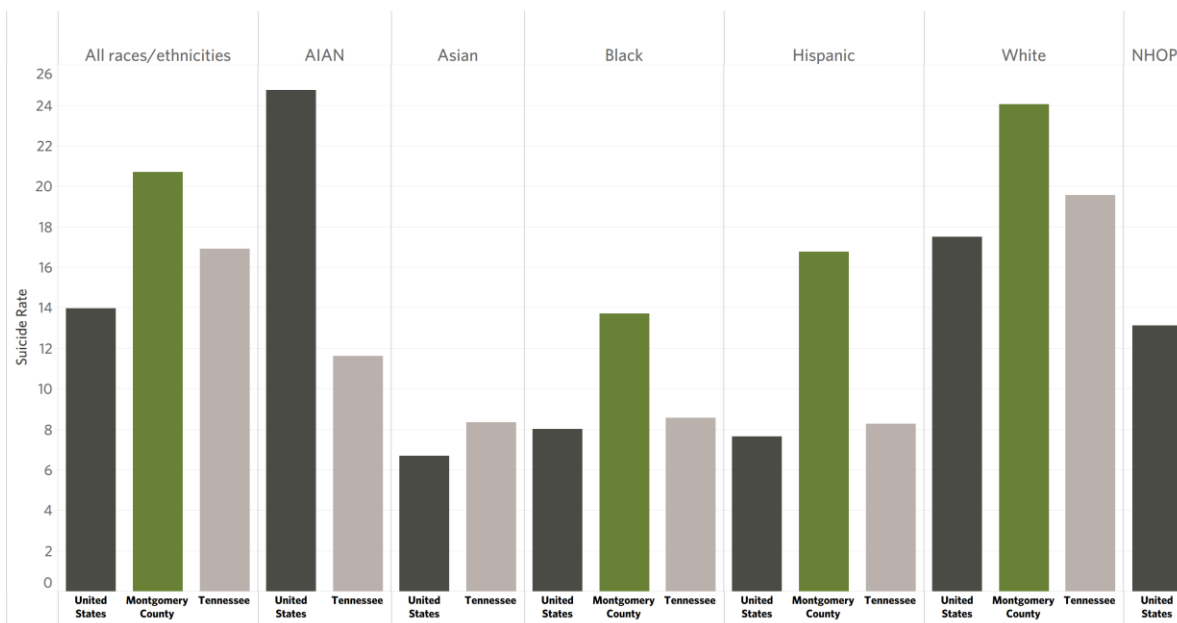


Figure 61- Suicide Rates per 100,000 Population by Race/ Ethnicity, Source: County Health Rankings, 2025

## Tobacco Use and Exposure

At 18.4%, the county had a better adult smoking rate than the state rate of 19.2%, but exceeded the United States benchmark of 13.2%, indicating that tobacco use remains a notable public health concern.

	Montgomery County	Tennessee	United States
Adult Smoking	18.4%	19.2%	13.2%

Figure 62- Tobacco Use and Exposure, Source: County Health Rankings, 2025.

## Alcohol Use

The rate of excessive drinking (18.4%) was slightly lower than the Tennessee benchmark (19.2%) but remained substantially higher than the national rate (13.2%). More concerning, alcohol-impaired driving deaths in Montgomery County (35.9%) were significantly higher than both the state (24.6%) and national (26.1%) benchmarks, indicating elevated risk associated with impaired driving behaviors and potentially limited prevention or enforcement efforts.

	Montgomery County	Tennessee	United States
Excessive Drinking	17.7%	18.1%	19.4%
Alcohol-Impaired Driving Deaths	35.9%	24.6%	26.1%

Figure 63- Alcohol Use, Source: County Health Rankings, 2025

## Opioid Prescribing

The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control provides estimates of the number of opioid prescriptions dispensed per person, per year. Opioid dispensing rate in Montgomery County (35.4 prescriptions per 100 residents) was lower than both the state and national benchmarks, suggesting comparatively reduced access to or prescribing of prescription opioids in the community.

	Montgomery County	Tennessee	United States
Opioid Dispensing Rates	35.4	58.6	37.5

Figure 64- Opioid Prescribing Rate per 100 Population, Source: CDC Overdose Prevention, County Dispensing Rates 2019-2024

## P. Maternal and Child Health

### Birth Outcomes and Risk Factors

The county’s percentage of mothers receiving adequate prenatal care (60.6%) was lower than the Tennessee benchmark (73.9%), suggesting potential barriers to timely or consistent maternal and women’s health care. During the same time frame, Montgomery County performed better than the state overall for mothers who smoked during pregnancy (6.7%), and the rate of low-birth-weight births (8.5%).

	Montgomery County	Tennessee
Received Adequate Prenatal Care	60.6%	73.9%
Smoked During Pregnancy	6.7%	9.1%
Low Birth Weight	8.5%	9.0%

Figure 65- Maternal and Child Health Indicators, Source: County Health Rankings, 2025

### Maternal Vulnerability

The Maternal Vulnerability Index (MVI) is a county-level, national-scale tool that identifies where and why mothers in the U.S. are vulnerable to poor health outcomes. The MVI assigns a relative vulnerability score (0=least, 100=most) based on 43 indicators across six key themes: Reproductive Healthcare, Physical Health, Mental Health & Substance Abuse, General Healthcare, Socioeconomic Determinants, and Physical Environment. The MVI indicates that Montgomery County faces a high level of maternal health risk relative to the broader population. With a score of 76, the county exceeded the regional benchmark for the southern United States (60), though it performed better than the state of Tennessee (86).

	Montgomery County	Tennessee
Maternal Vulnerability Index	76	86

Figure 66- US Maternal Vulnerability, Source: Surgo, Maternal Vulnerability Index (MVI), 2026

## Teen Births

According to County Health Rankings, Teen birth rates in Montgomery County are slightly higher than the Tennessee benchmark, indicating a modest area of concern in adolescent reproductive health. At 23 births per 1,000 females ages 15–19, the county exceeds the state rate of 22.

	Montgomery County	Tennessee	United States
Teen Births	23	22	15

Figure 67- Teen Birth rate, per 1,000 female population—Age 15-19, Source: County Health Ranking 2025

## Infant Mortality by Race/Ethnicity

Infant mortality in Montgomery County (6.33) was lower than the state benchmark (6.82) but remained higher than the national rate (5.63 per 1,000 live births).

Black infants experienced a significantly higher mortality rate (10.87), nearly double that of White infants (4.81), exceeding the county average but below the national benchmark (11.26). White infant mortality was lower than the state rate (5.51) but slightly above the national level (4.44).

	Montgomery County	Tennessee	United States
All races/ethnicities	6.33	6.82	5.63
AIAN	-	-	8.06
Asian	-	2.72	2.83
Black	10.87	11.80	11.26
Hispanic	-	5.90	5.12
White	4.81	5.51	4.44
NHOPI	-	-	7.62
Two or more races	-	10.57	8.68

Figure 68- Infant Mortality, Source: County Health Rankings, 2025. Dash indicates data suppressed for underrepresented populations.

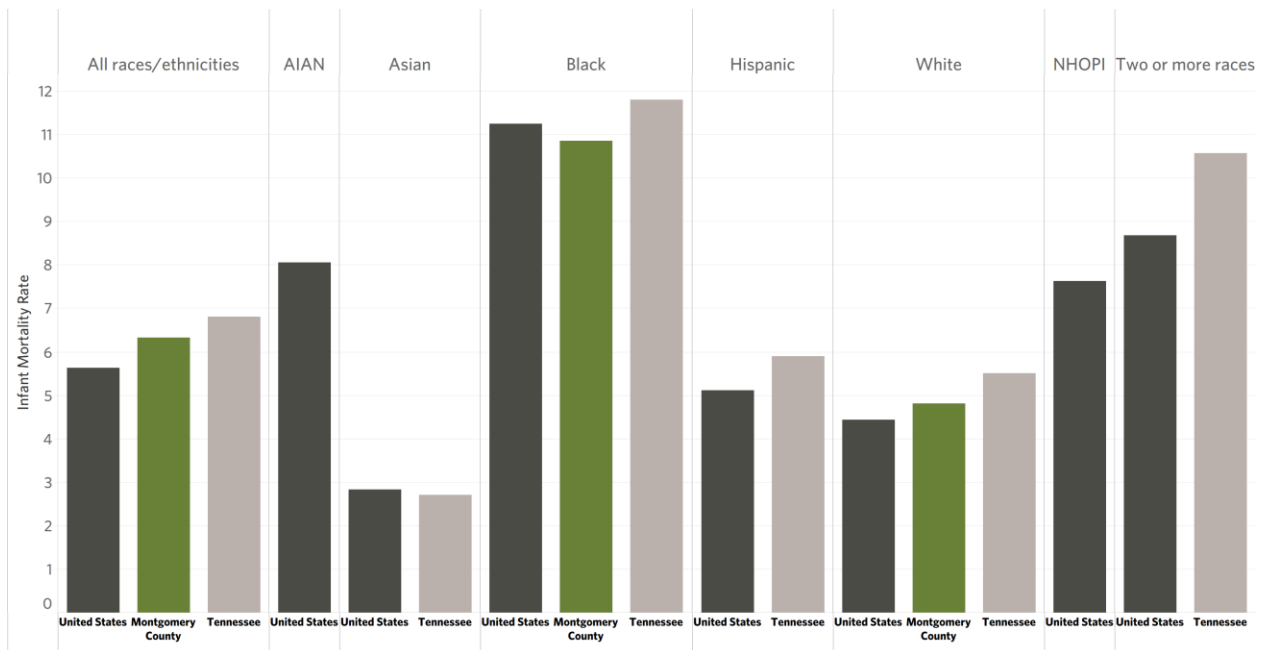


Figure 69- Infant Mortality Bar Graph, Source: County Health Rankings, 2025. Dash indicates data suppressed for underrepresented populations.

## Child Mortality by Race/Ethnicity

Child mortality in Montgomery County was lower than the state benchmark but higher than the national rate overall, with a rate of 63.47 compared to 65.68 in Tennessee and 51.57 deaths among residents under age 20 per 100,000 population across the nation.

Significant differences by race and ethnicity were evident. Black children experienced the highest mortality rate (103.01), substantially exceeding both the county average and national benchmark (102.39), highlighting a critical area of health differences. In contrast, White (50.27) and Hispanic (49.47) populations have lower mortality rates than the county average.

	Montgomery County	Tennessee	United States
All races/ethnicities	63.47	65.68	51.57
AIAN	-	-	87.77
Asian	-	25.44	27.12
Black	103.01	116.31	102.39
Hispanic	49.47	64.39	44.88
White	50.27	53.64	43.68
NHOPI	-	-	81.91

Figure 70- Child Mortality, Source: County Health Rankings, 2025. Data suppressed for underrepresented populations.

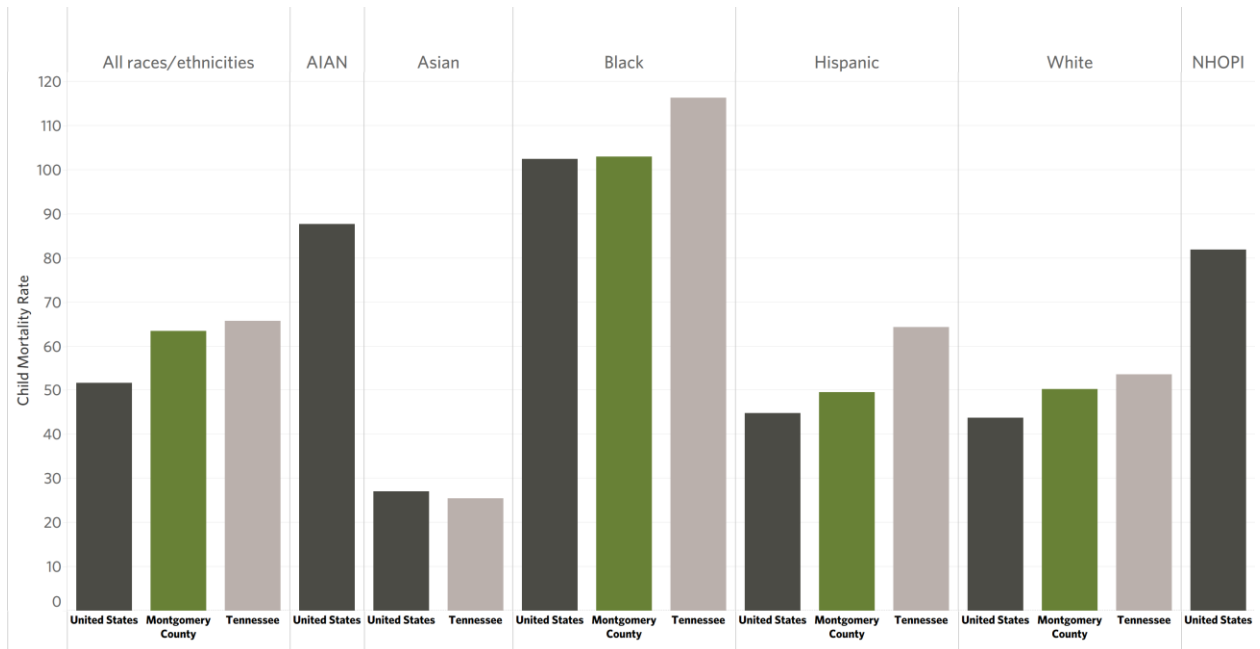


Figure 71- Child Mortality Bar Graph, Source: County Health Rankings, 2025. Data suppressed for underrepresented populations.

## Q. Sexually Transmitted Infections

### Chlamydia Infections

According to the Centers for Disease Control and Prevention, Montgomery County had significantly higher STI (chlamydia and gonorrhea) rates than state and national rates. The county's prevalence rate for HIV/AIDS was lower than the Tennessee and United States benchmarks during the same time period.

	Montgomery County	Tennessee	United States
Chlamydia Infections	796.7	517.4	492.2

Figure 72- Chlamydia Infections, rate per 100,000 population, Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023

### Gonorrhea Infections

	Montgomery County	Tennessee	United States
Gonorrhea Infections	245.5	186.4	179.0

Figure 73- Gonorrhea Infections, rate per 100,000 population, Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023

### HIV/AIDS

	Montgomery County	Tennessee	United States
HIV/AIDS	226.5	324.2	386.6

Figure 74- HIV/AIDS Infection, rate per 100,000 population, Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023

## R. Morbidity & Disability

### Preventable Hospitalizations

According to County Health Rankings, preventable hospitalizations in Montgomery County exceeded benchmarks. At 3,000 hospital stays per 100,000 persons, Montgomery County was higher than Tennessee (2,828) and the United States (2,666).

Racial and ethnic differences were also evident. White residents experienced the highest rate of preventable hospitalizations (3,003), followed closely by Black residents (2,953), both exceeding state and national benchmarks for their respective populations. Hispanic residents had a substantially lower rate (1,340) compared to the county average and both state (2,370) and national (2,758) benchmarks. Asian/Pacific Islander residents report the lowest rate (911), also below state and national levels.

	Montgomery County	Tennessee	United States
All races/ethnicities	3,000	2,828	2,666
AIAN	–	415	4,000
Black	2,953	3,922	4,268
Hispanic	1,340	2,370	2,758
White	3,003	2,710	2,529
Asian/Pacific Islander	911	1,442	1,576

Figure 75- Preventable Hospitalizations, rate per 100,000 population, Source: County Health Rankings, 2025

### Disability

According to the U.S. Census Bureau’s 2020-2024 American Community Survey estimates, disability prevalence in Montgomery County was generally comparable to state and national benchmarks across several disability types. Overall, 14.9% of the population reports a disability, aligning with the state rate but exceeding the national average (13.3%). The county also demonstrated higher rates of cognitive difficulty and independent living difficulty.

	Montgomery County	Tennessee	United States
Population with a disability	14.9%	14.9%	13.3%
Population with a hearing difficulty	3.8%	4.2%	3.6%
Population with a vision difficulty	3.0%	3.0%	2.5%
Population with a cognitive difficulty	7.3%	6.2%	6.6%
Population with an ambulatory difficulty	6.3%	7.8%	6.7%
Population with a self-care difficulty	2.2%	2.7%	2.6%
Population with an independent living difficulty	6.1%	6.6%	5.9%

Figure 76- Disability Prevalence Rates, Source: U.S. Census Bureau ACS 2020-2024.

## S. Other Assessments and Health Improvement Plans

Planning Document	Purpose	Key Health-Related Themes	Relevance to CHNA
<b>Tennessee State Health Improvement Plan (SHIP) 2024–2026</b>	Provides Tennessee’s overarching framework for population health improvement across public health, healthcare, and cross-sector partners	Food and nutrition security; chronic disease prevention and management; behavioral health; transportation access and safety; cancer screening; oral health; healthcare workforce capacity; community wellness	Establishes statewide priorities and evidence-based strategies that inform local CHNA priority alignment and implementation planning
<b>Tennessee County CHA Cohort Report – 2023</b>	Evaluates experiences, priorities, and challenges of counties completing a Community Health Assessment in 2023	Mental health and substance misuse; healthcare access; obesity and physical activity; transportation; housing; challenges engaging underserved populations; limited capacity to address complex social drivers of health	Provides comparative regional context and highlights common rural and fast-growing county challenges relevant to Montgomery County’s assessment process
<b>Montgomery County Comprehensive Safety Action Plan (CSAP), 2023</b>	Identifies roadway safety risks and strategies to reduce fatalities and serious injuries through a Vision Zero approach	Transportation safety; pedestrian and cyclist injury risk; inequitable access to safe infrastructure; built environment conditions; lighting, sidewalks, and bike infrastructure; transportation access for vulnerable populations	Demonstrates how transportation safety and the built environment directly affect injury prevention, physical activity, and access to care in Montgomery County
<b>Austin Peay State University Strategic Plan – (Pillar 4: Community Experience)</b>	Strengthens APSU’s role as a community partner through engagement, service learning, and collaboration	Community partnerships; service learning; workforce and student engagement; support for military-connected populations; civic involvement	Identifies APSU as a key community asset to support cross-sector collaboration, health education, workforce development, and implementation of CHNA strategies

## **IV. PRIMARY DATA**

### **A. Primary Data Methodology**

The community leader interview and survey data is qualitative and should be interpreted as reflecting the values and perceptions of participants. This portion of the CHNA process is designed to gather input from people who represent the broad interest of the community served by TH-Clarksville, as well as individuals providing input who have special knowledge or expertise in public health. It is intended to add depth and richness to the quantitative data collected.

#### **Community Leader Interview Methodology**

Six interviews were conducted from January 1 through January 20, 2026. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview. A list of organizations and individuals participating in interviews can be found in Appendix C, and the complete list of interview questions and responses can be found in Appendix D.

#### **Community Health Survey Methodology**

The survey was promoted to local community organizations, elected officials, and key community leaders who were asked to share the survey broadly. Additionally, Tennova marketed and solicited responses through its email listing, social media, and flyer postings which included a scannable QR code to easily access the online survey. The survey questions were methodically developed and customized to gain insight on individuals' perception of their health, the community's health, access to care, social issues, and demographics. The full list of survey questions is available in Appendix E.

# B. Community Health Survey Summary

## Survey Respondent Home ZIP Code

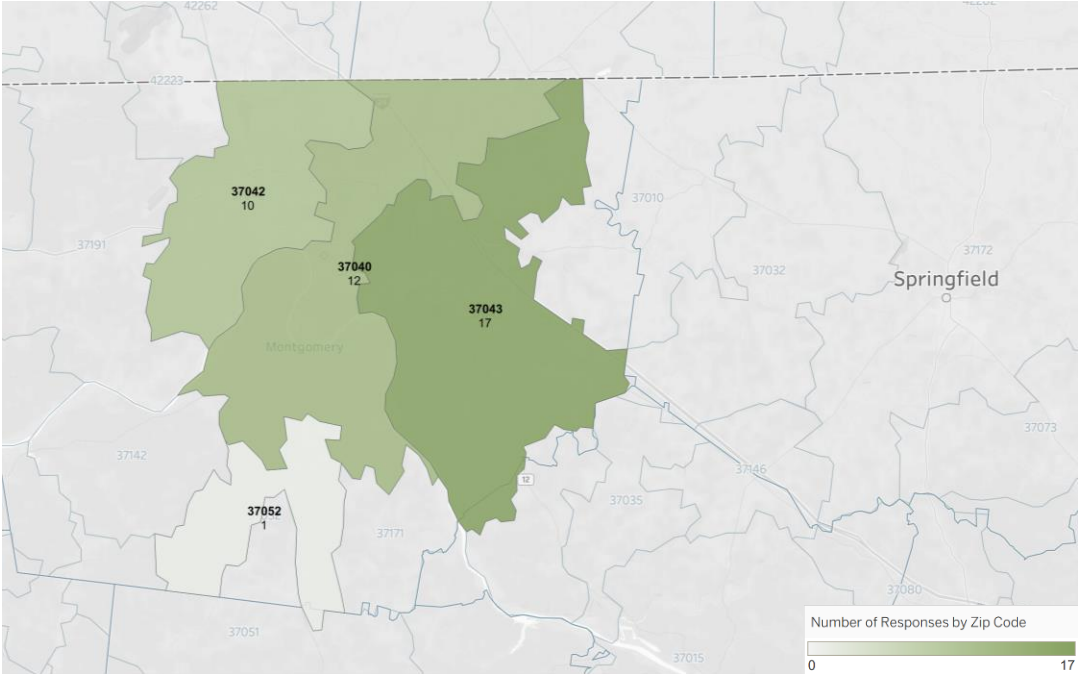


Figure 78- Number of responses received by zip code, Community Survey.

## Gender, Age, and Race Survey Demographics

The community health survey collected demographic information from 41 survey participants. The self-reported demographics showed that over 90% of participants were women and 7.32% were male. Over 85% of respondents were white, 9.85% were Black, and the remaining 4.9% identified as “more than one race.” A vast majority of participants were in the age range of 45-64 (54%), followed by 29% in the range of 18-44, and 17% representing participants age 65 and older.

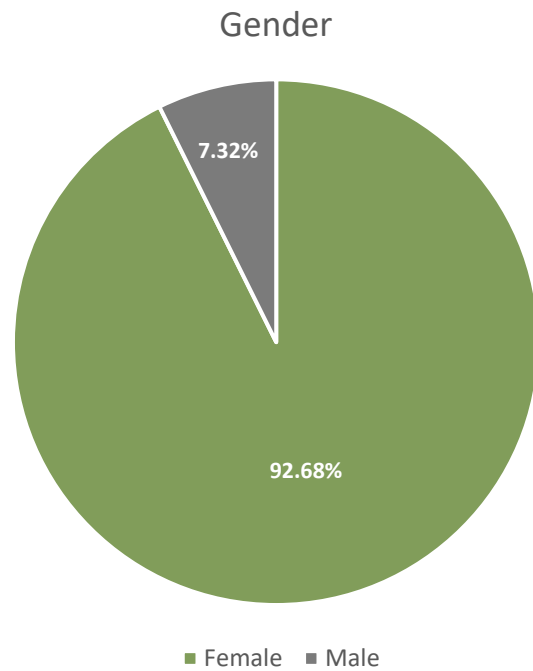


Figure 83- Gender Demographics, Community Survey

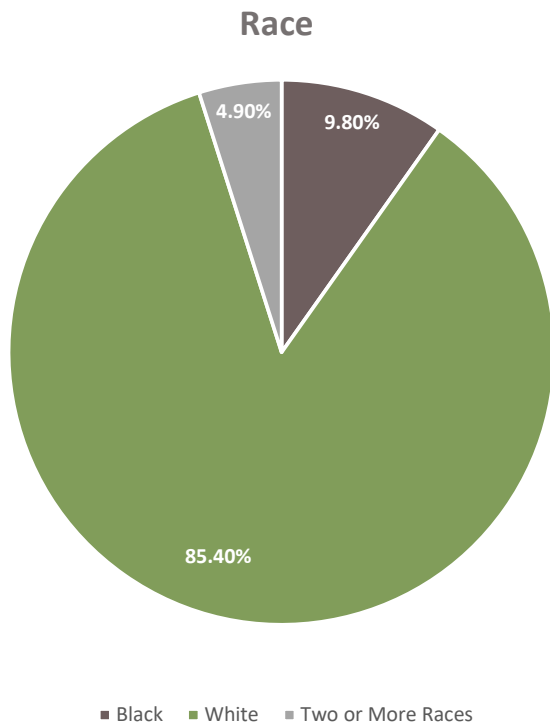


Figure 79- Racial Demographics, Community Survey.

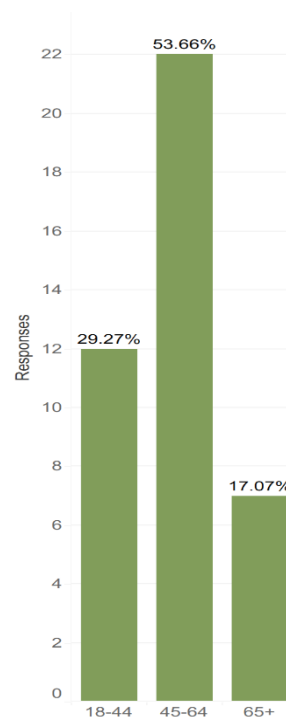


Figure 85- Age Demographics, Community Survey.

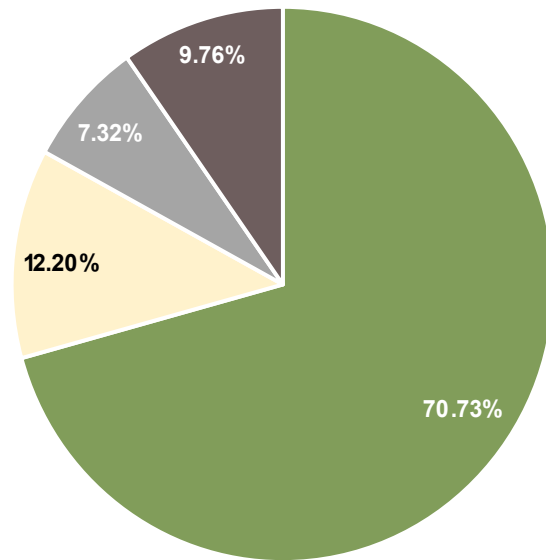
## Insurance, Employment, & Income

A great majority (70.7%) of respondents were employed full-time, while 12.2% were employed part-time and the remaining participants were either full-time students (7.3%) or retired (9.8%).

The majority of participants also had private insurance (82.9%), while nearly 15% were insured through Medicare and 2% selected “I don’t know”.

Participants’ household incomes varied greatly, with 39.03% earning \$15,000- \$99,000 and more than half (58.54%) of participants earning over \$100,000.

### Employment



■ Employed full-time ■ Employed part-time ■ Full-time student ■ Retired

Figure 86 - Employment Status, Community Survey.

### Health Insurance

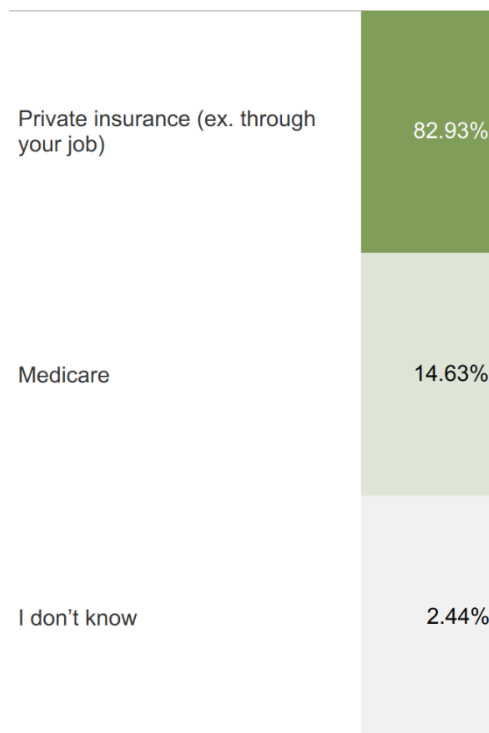


Figure 80- Insurance Type, Community Survey.

### Household Income

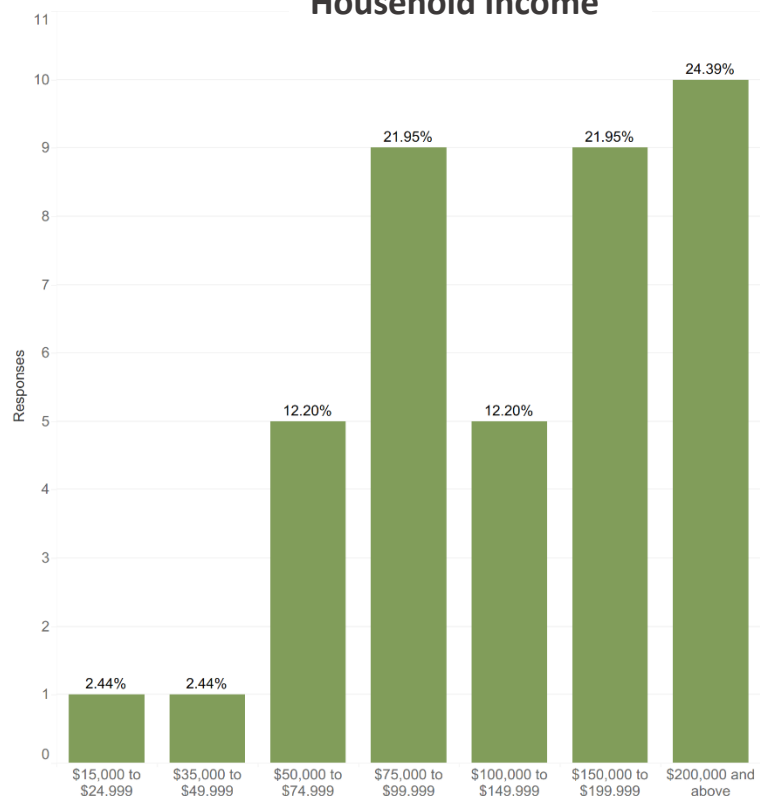


Figure 88- Household Income, Community Survey.

## Community Access to Care

When asked about barriers to seeking care, the community voice overwhelmingly expressed that appointment availability serves as a major barrier (54%), followed by no barriers (22%), and lack of health insurance/ cost of healthcare 20%).

Most participants had received a checkup within the past year (73%), while approximately 15% had a checkup within the past two years.

When asked about ability to seek care when needed, 54% of participants indicated that they are always able to seek care, 39% selected sometimes, and 7% indicated they are rarely able to seek care.

## Last Check Up

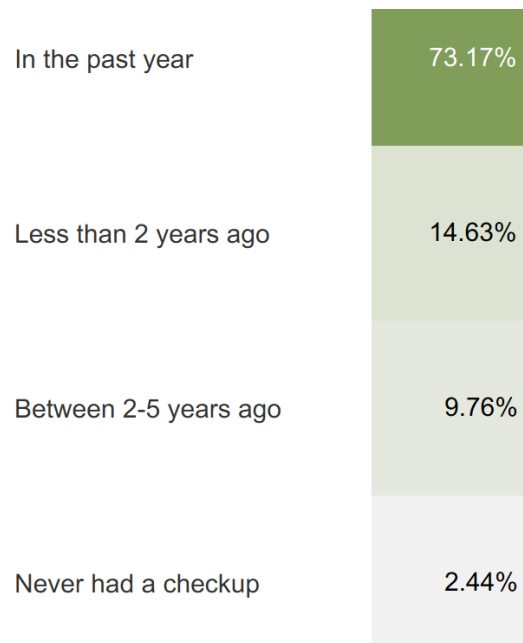


Figure 81- Time since last check up, Community Survey.

## Barriers to Seeing a Provider When Sick

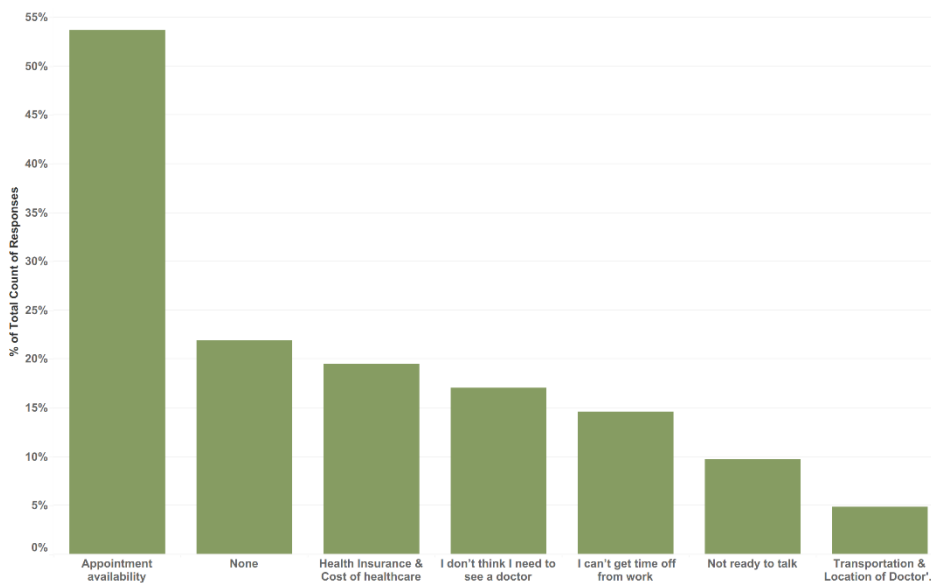


Figure 90- Barriers to Accessing Care, Community Survey.

## Able to Seek Care

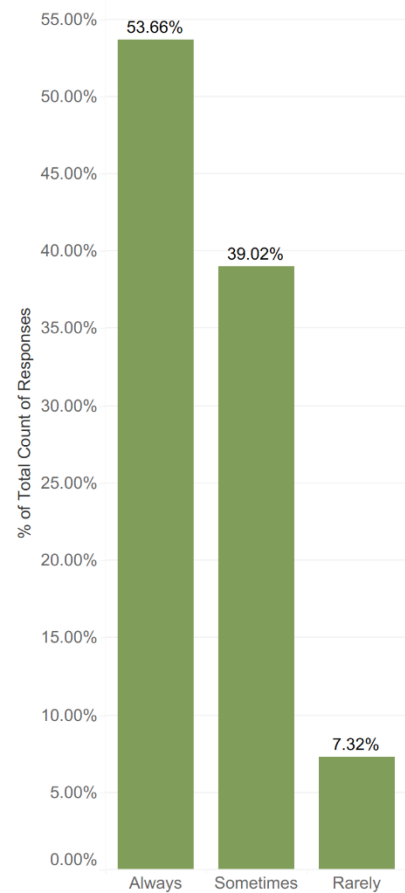


Figure 91- Ability to seek care, Community Survey.

## Community Health

When asked to rate the overall health of the community, 61% of respondents selected 'fair', 24% selected 'good', and 15% selected 'poor'.

Community members identified obesity, mental health, heart disease and stroke, cancer, diabetes, substance abuse/addiction, and suicide as the most serious health problems within the community. Out of these seven top concerns, four of the concerns can be categorized as chronic illnesses and the other three can be characterized as behavioral health needs, highlighting two critical areas of need identified by the community.

### Community Health Rating

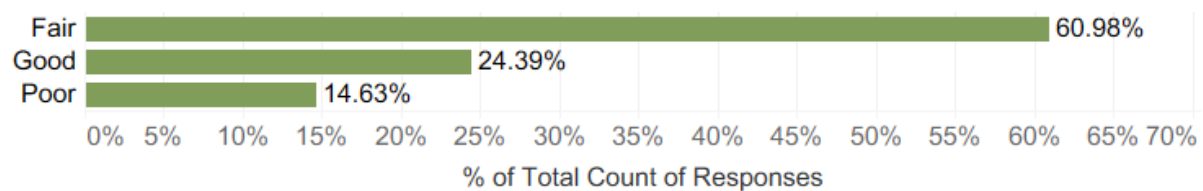


Figure 92- Rating of Community Health, Community Survey.

### Serious Health Problems

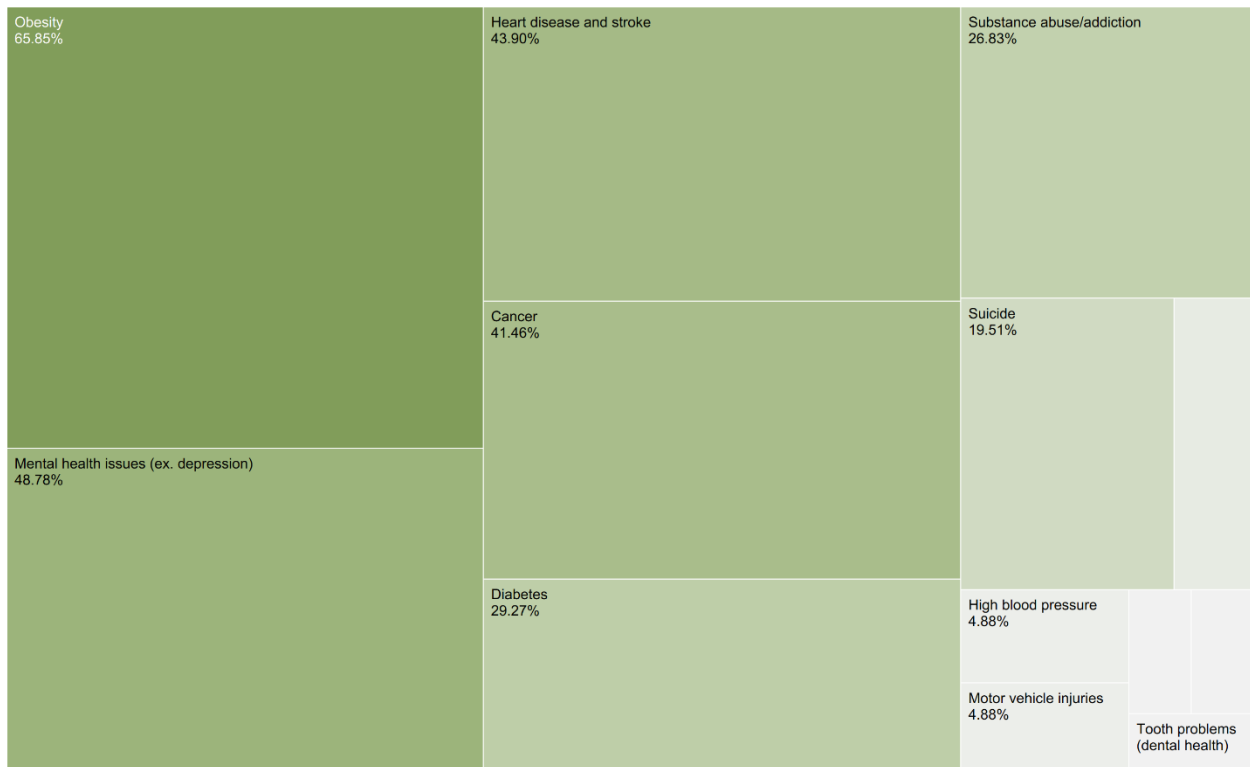


Figure 93- Serious Health Problems, Community Health Survey.

## Social Issues

Survey participants were asked to indicate which social issues were most present within their community. Over half of the survey participants (58.5%) selected “poverty” as a major social concern, followed closely by “homelessness” (31.7%), and “no health insurance” (26.83%). These top concerns were followed closely by healthy food, housing, free or affordable health screenings, crime, and racism and discrimination.

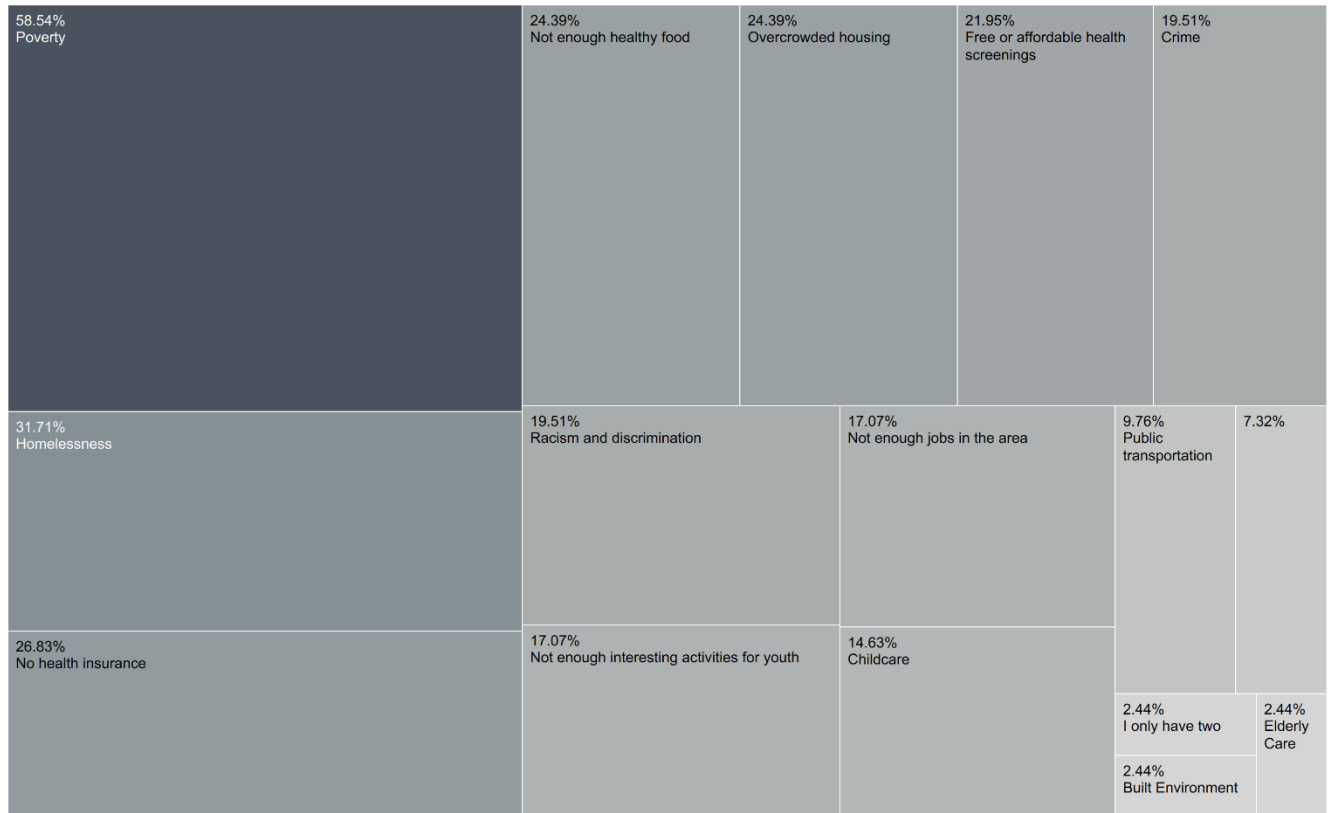


Figure 82- Community Social Issues, Community Survey.

## Personal Health

The majority of respondents (73%) indicated not missing a single day of work or school due to sickness within the previous three months, while 22% indicated missing 1-5 days. The remaining 5% of survey participants missed 6-10 days.

Most participants received health information directly from health professionals (87%), followed by the internet (43.9%), a hospital (31.7%), a workplace (26.7%), and from family and friends (26.8%).

### Days of Missed Work or School

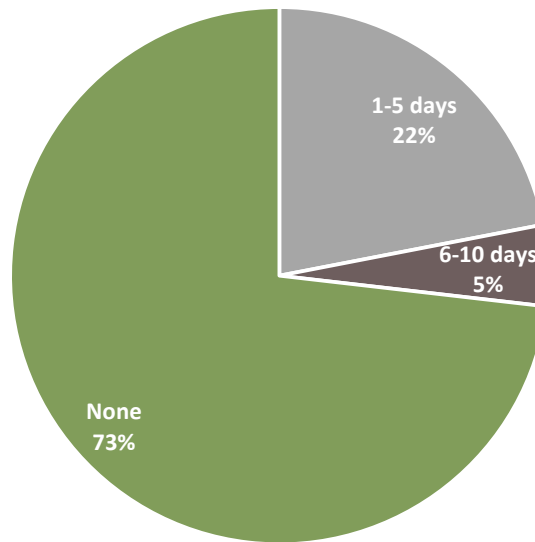


Figure 95- Days of Missed Work or School, Community Survey.

### Sources for Health Information

Doctors, nurses, and pharmacists	87.80%
Internet (websites)	43.90%
Hospital	31.71%
Your place of work	26.83%
Family and friends	26.83%
Books	17.07%
Social media	12.20%
The health department	9.76%
School or college	9.76%
Health fairs	9.76%
Other	7.32%
Newspapers or magazines	7.32%
Local government	4.88%

Figure 83- Sources for Health Information, Community Survey.

### Health Services Received

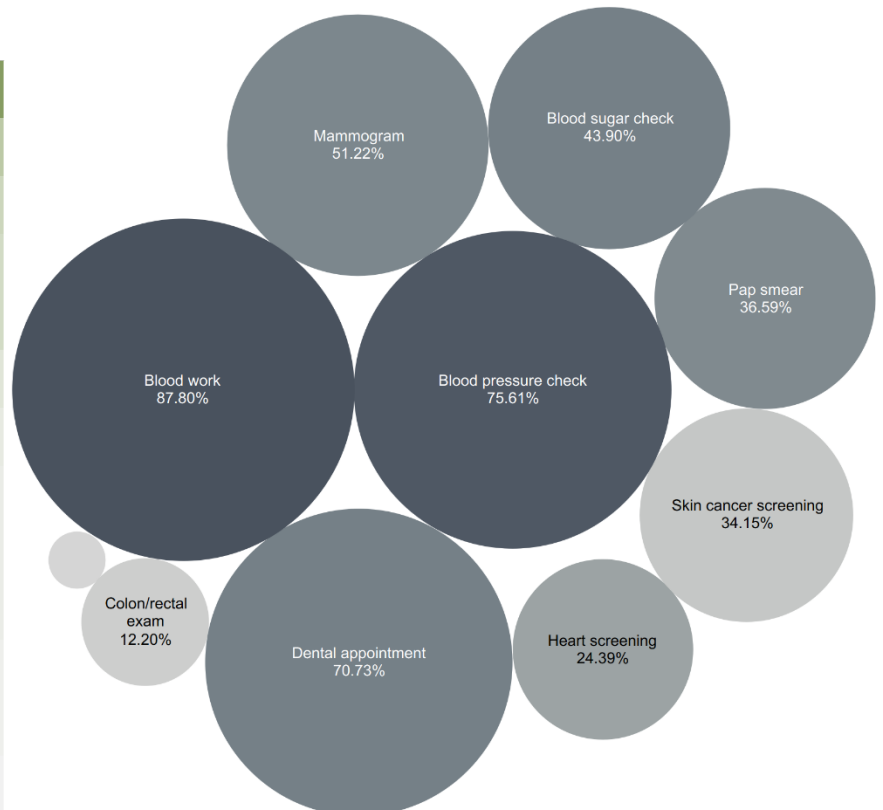


Figure 97- Health Services Received, Community Survey.

## C. Community Leader Interview Summary

### Community Leader Interview Key Themes

Topic	Emerging Themes
<b>Strengths &amp; Assets</b>	<ul style="list-style-type: none"> <li>Community Leadership</li> <li>Economy</li> <li>Education</li> <li>Long-standing hospital</li> <li>Military Base</li> </ul>
<b>Concerns</b>	<ul style="list-style-type: none"> <li>Appointment Wait Times</li> <li>Provider Supply</li> </ul>
<b>Barriers</b>	<ul style="list-style-type: none"> <li>Finances &amp; Poverty</li> <li>Food Insecurity</li> <li>Parks &amp; Built Environment</li> </ul>
<b>Health Resources</b>	<ul style="list-style-type: none"> <li>Access to Care</li> <li>Address Social Determinants of Health</li> <li>Patient Advocacy</li> </ul>
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>Aging Population</li> <li>Behavioral Health</li> <li>Community Partnerships</li> <li>Community Trust</li> <li>Patient Advocacy</li> </ul>

Figure 77 - Key Themes from Community Leader Interviews

As a fast-growing community that still retains the feel of a close-knit town, Montgomery County community leaders were eager to highlight the strengths and assets that shape the lifestyles of residents. Participants expressed a strong sense of pride in the community’s assets, particularly the local economy, the presence of Fort Campbell Military Base, and the engaged community leadership. Education was cited as a key strength, with stakeholders emphasizing the role of Austin Peay State University in workforce development and community engagement. Tennova Healthcare – Clarksville was repeatedly identified as a long-standing hospital with deep roots in the community, recognized for its sustained presence and outreach initiatives.

When prompted to discuss the most pressing health concerns facing the community, access to care arose as a common theme. Interviewees noted that portions of Montgomery County function as healthcare deserts, with limited access to primary care and preventive services. Stakeholders highlighted the need for additional satellite clinics in underserved areas and called

for regular, monthly free screening opportunities to promote early detection and preventive care. Long wait times for appointments and limited availability of specialty care were frequently cited as barriers, contributing to delays in care and frustration among residents.

One stakeholder summarized this challenge by noting that residents often face the difficult question, ***“Is it worth it for me to take a chance with local healthcare, or should I drive to Nashville?”*** This dilemma reflects concerns related to access, specialty care availability, perceived quality, and patient confidence in local healthcare options.

When discussing barriers to remaining healthy, stakeholders emphasized the impact of health-related social needs. Food insecurity was frequently cited as a significant concern, along with limitations related to parks and the built environment, which reduce opportunities for physical activity and contribute to obesity and chronic disease. Health literacy emerged as a recurring and cross-cutting theme, particularly for vulnerable and underserved populations.

Stakeholders questioned whether existing education and outreach efforts are reaching those most in need, with one participant asking, ***“We have to ask ourselves, are we saturating the most vulnerable populations with the health education and resources they need to make sure no one is left behind?”***

Interviewees emphasized that chronic disease prevention and management require targeted, culturally responsive, and accessible education.

Additional barriers raised during interviews included provider supply shortages, transportation challenges, poverty, and other social factors that limit individuals’ ability to access care consistently, adhere to treatment, and engage in preventive health behaviors. These challenges were viewed as interconnected and were thought to contribute to broader differences in health outcomes across the community.

Behavioral health was consistently identified as both a top unmet health need and one of Tennova’s greatest opportunities for impact. Stakeholders expressed concern about limited access to behavioral health services for the general population, as well as for the county’s large veteran population, which faces unique mental health needs (namely PTSD). Participants noted that expanding behavioral health services could significantly improve community well-being and reduce strain on emergency services.

Stakeholders offered several solutions to address these challenges, emphasizing the importance of partnering and collaborating with the community, expanding access to care by building clinics in healthcare deserts, and prioritizing efforts to establish and strengthen trust between the hospital and the community.

Trust and patient experience were emphasized as foundational to improving access and engagement. One stakeholder articulated a desire for a stronger patient-centered approach, stating, ***“Providing exceptional healthcare services is a non-negotiable standard. That means that we move heaven and earth to provide exceptional care for each and every patient. This is a fair goal.”***

While identifying opportunities for improvement, stakeholders also acknowledged positive efforts currently underway. Participants praised Tennova’s satellite emergency room, health seminars, and health screening initiatives, noting that these programs serve as meaningful steps toward improving access, education, and community engagement, with potential for further expansion.

Overall, stakeholder interviews underscored that health in Montgomery County is influenced by a combination of access, affordability, social needs, education, and trust. Stakeholders consistently conveyed that meaningful progress would require building on existing strengths while adopting a comprehensive, community-engaged approach that improves access to care, enhances health literacy, expands services in underserved areas, and fosters strong, trusting relationships between the healthcare system and the community.

## V. COMMUNITY RESOURCES

### A. Community Resources Related to CHNA Priorities

#### Healthcare Providers and Clinical Services

- Area Agency on Aging & Disability (AAAD)
- Centerstone
- Clarksville Cancer Center
- Clarksville Manor Nursing Center
- Compass Family Health Clinic
- Family Care Center – Clarksville
- Matthew Walker Comprehensive Health Center-Clarksville
- Primary Care Practices and Federally Designated Clinics
- SAPRING Meadows Health & Rehabilitation Center
- Tennova Satellite Emergency Room
- Unity Psychiatric Care- Clarksville

#### Military and Veteran Services

- Blanchfield Army Community Hospital (Fort Campbell)
- Fort Campbell Army Installation
- Fort Campbell Soldier and Family Assistance Programs
- Military Family Support Organizations
- Stephen A. Cohen Military Clinic at Centerstone
- Transition Assistance and Veteran Employment Programs
- Veteran Service Organizations (VFW, American Legion, DAV)

#### Behavioral Health (Mental Health & Substance Use) Services

- 988 Suicide & Crisis Lifeline (Statewide)
- Centerstone (Harriett Cohn Center)
- Health Connect America- Clarksville
- Mental Health Cooperative – Clarksville
- Montgomery County Crisis Stabilization Unit (CSU)
- Novus Behavioral Health

#### Health-Related Social Needs

##### Public Health and Government Agencies

- City of Clarksville Government
- Montgomery County Health Department
- Montgomery County Parks and Recreation Department
- Tennessee Department of Health – Northeast Region

##### Education and Youth-Serving Organizations

- Austin Peay State University
- Boys & Girls Club of Clarksville
- Ft. Campbell Education Center
- Head Start and Early Childhood Programs

- Montgomery County School System
- North Central Institute
- Youth Mentoring and After-School Programs

### **Food Access and Basic Needs Support**

- Clarksville Area Urban Ministries (CAUM)
- Community Soup Kitchens
- Faith-based Food Distribution Programs
- Loaves and Fishes Food Pantry
- Manna Café Ministries
- Meals on Wheels
- Montgomery County Food Bank / Food Pantries
- SNAP Outreach and Enrollment Assistance Program

### **Housing, Transportation, and Social Services**

- Clarksville Transit System (CTS)
- Domestic Violence and Family Support Organizations
- Homeless Shelters and Transitional Housing Programs
- Local Housing Authorities
- United Way of Greater Nashville (serving Northern Middle TN)
- Utility and Rental Assistance Programs
- Veteran Transportation Services

### **Parks, Recreation, and Built Environment**

- City of Clarksville Parks and Recreation
- Clarksville Greenway
- Community Recreation Centers (Burt-Cobb, Crow & Kleeman)
- Montgomery County Parks and Recreation
- Rotary Park & Wade Bourne Nature Center

## VI. IMPACT EVALUATION

### A. Actions Taken Since Previous CHNA

TH-Clarksville's previous Implementation Strategy outlined a plan for addressing the following priorities:

1. Charitable Donations
2. Health Equity
3. Heart Health
4. Mental Health and Wellness
5. Poor or Fair Health Days

The descriptions below detail the initiatives, strategies, and partners who collaborated to address each health priority.

#### Charitable Donations

##### Initiatives and Resources Allocated

- Provided charitable donations and programmatic support to organizations addressing health, wellness, and social needs
- Supported prescription assistance, youth grief programming, food access, and basic-needs services

##### Collaborations and Partnerships

- Clarksville Area Urban Ministries
- Loaves and Fishes
- Camp Willow Creek
- Community prescription assistance programs

#### Health Equity

##### Initiatives and Resources Allocated

- Advanced health equity by providing health education and access to screening and preventive information
- Participated as sole sponsor of the Delta Sigma Theta Alumnae Chapter Community Health Fair (2024)
- Sponsored and supported the Community Health Fair in both 2024 and 2025
- Provided education on nutrition, chronic disease prevention, heart health, diabetes, and healthy lifestyles
- Participated in National Night Out events to distribute health resources and information
- Focused on improving access to care and information within underserved populations, including the African American community

## Health Equity, continued

### Collaborations and Partnerships

- Delta Sigma Theta Alumnae Chapter
- Austin Peay State University
- United Way
- Clarksville Police Department (CPD)
- Public Housing Authority

## Heart Health

### Initiatives and Resources Allocated

- Promoted heart-healthy living and cardiovascular disease prevention through community education
- Implemented Hands-Only CPR training initiatives throughout Montgomery County
- Trained more than 5,000 residents in Hands-Only CPR to improve emergency response readiness
- Conducted ongoing heart-health awareness activities during the CHNA cycle

### Collaborations and Partnerships

- Community-based outreach events and training sessions supported by local volunteers and organizations

## Mental Health and Wellness

### Initiatives and Resources Allocated

- Implemented Camp Willow Creek, a grief camp for children and teens experiencing the loss of a family member within the past three years
- Camp provided at no cost to participants, serving more than 60 children annually
- Program addressed emotional well-being, coping strategies, and peer support for youth
- Staffing and program support provided by hospital volunteers

### Collaborations and Partnerships

- Tennova Clarksville Auxiliary
- Community volunteers supporting program delivery

## Poor or Fair Health Days

### Initiatives and Resources Allocated

- Addressed health-related social needs by supporting food, clothing, and basic-needs access
- Implemented community collection and donation initiatives, including:
  - Jars of Love Peanut Butter Drive, including collection of 3,527 jars for summer school lunch programs
  - Socktober, donating over 1,200 pairs of socks to individuals experiencing homelessness
  - Winter clothing drives for vulnerable residents
  - Soup kitchen and food distribution support
  - Holiday assistance programs such as Angel Tree and Operation Toy Soldier
- Focused efforts on residents reporting poor or fair health and households experiencing economic hardship

### Collaborations and Partnerships

- Clarksville Area Urban Ministries
- Manna Café Ministries
- Salvation Army
- Loaves and Fishes
- Old Firehouse Day Shelter
- YAIPak (summer school nutrition support)

## B. Comments Received on Previous CHNA

TH-Clarksville collaborated with Montgomery County on its previous CHNA. No written comments were received.

## VII. APPENDICES

### APPENDIX A - References

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## **APPENDIX B - VMG Health Qualifications**

VMG Health, Inc. is an ingenious healthcare services firm that employs revolutionary innovation and impeccable advisory services to tackle strategic, valuation, and compliance challenges. With nearly two decades of experience, VMG Health has partnered with large healthcare systems, academic medical centers, and community hospitals to successfully navigate through an array of complex issues.

The Strategic Services Department at VMG Health possesses extensive public health, geographic information system (GIS), and data visualization expertise and utilizes the latest technologies to deliver a range of exceptional services including community health needs assessments (CHNA), implementation strategies, and community benefit consulting. Strategic analysts at VMG Health also conduct combined CHNA and physician workforce assessments and develop analyses to inform primary care plans, Certificate of Need applications, internal business plans, and fairness opinions.

As experts in community benefit reporting, VMG Health's consultants take great care in documenting the adherence to the Treasury and IRS requirements in addition to state-specific requirements for the CHNA and Implementation Strategy. Moreover, the community benefit team continuously refines its methodology to stay ahead of the curve and adapt to emerging community health needs.

For more information about VMG Health and to schedule a discovery call, please visit <http://vmghealth.com> or e-mail [strategic-cg@vmghealth.com](mailto:strategic-cg@vmghealth.com).

## APPENDIX C - Organizations Providing Input

The following individuals and organizations provided feedback during community leader interviews:

Organization	Title	Population(s) Represented
Tennova Medical Group	Vascular Surgeon	Chronic disease population
Traditions First Bank	Member of Board of Directors	Community-at-large
Montgomery County Health Department	Health Dept. Director; National Association of County Health Officials (NACCHO) Board of Directors	Public health expert Medically underserved, low-income, and minority populations
Tennova Healthcare-Clarksville	Board of Directors; Community Advocate	Organizations serving medically underserved, low-income, and minority populations
Local Government	(Retired) Manager	Local government

Figure 84- Organizations Providing Input via Community Leader Interviews and Supplemental Interviews

## APPENDIX D - Interview Question Guide and Data

### Community Leader Interview Question Guide

The following community-focused questions were used as the basis for discussion:

1. What are some strengths (or assets) of your community?
2. What are the most pressing health concerns facing your community?
3. What barriers make it hard for community members to remain healthy?
4. Which health resources do you feel are most needed within your community?
5. Have you observed specific unmet health needs or health disparities of vulnerable populations in your community?
6. If you could create a solution or expand a current program to improve the health of your community, what would it be?
7. What are Tennova Clarksville's greatest opportunities for growth?
8. Which opportunities for partnership or collaboration should Tennova explore?
9. Are there any unique health needs or emerging health needs in your community that we have not discussed? This is also the time to mention any additional comments or concerns.
10. Would you like to share any health-related programs or initiatives, services, grants, or events that your organization is involved in?

## APPENDIX E - Community Health Survey Questions

1. Are you 18 years of age or older?       Yes       No
  
2. Which type of health insurance do you have?
  - Medicare
  - Medicaid
  - Private insurance (ex. through your job)
  - I do not have health insurance
  - I don't know
  
3. Do you have a smart phone?
  - Yes       No
  
4. How would you rate your health in general (most days)?
  - Very good     Good       Fair       Poor     I don't know
  
5. Thinking about your community, how would you rate the overall health of community members?
  - Very good     Good       Fair       Poor       I don't know
  
6. Over the last 3 months (90 days), how many days have you missed work or other activities (ex. church, school) because you were sick or not feeling well?
  - None
  - 1-5 days
  - 6-10 days
  - 11-15 days
  - 16-20 days
  - More than 30 days
  
7. When you are sick or need health care, are you able to visit the doctor?
  - Always       Sometimes       Rarely       Never
  
8. Is there anything that makes it hard for you to see a doctor when you are sick? (Choose all that apply)
  - It is too expensive
  - I don't think I need to see a doctor
  - I don't have health insurance
  - I am not ready to talk about my health problem(s)
  - I do not have transportation
  - The doctor is too far away
  - My culture or religious beliefs
  - I can't find a doctor who accepts my insurance
  - I can't get time off from work
  - No available appointments
  - Other \_\_\_\_\_

9. When was your last physical exam (checkup, well visit) with a doctor?

- In the past year
- Less than 2 years ago
- Between 2-5 years ago
- More than 5 years ago
- I have never had a checkup or physical exam with my doctor

10. Have you had any of the following health services in the past year? (Choose all that apply)

- Heart screening
- Dental appointment
- Blood work
- Skin cancer screening
- Blood sugar check
- Blood pressure check
- Mammogram (breast cancer screening – for females)
- Pap smear (cervical cancer screening – for females)
- Colon/rectal exam
- Prostate exam (for males)

11. Which of the following do you consider serious health problems in your community? (Choose three)

- Alzheimer's Disease
- Cancer
- Tooth problems (dental health)
- Obesity
- Heart disease and stroke
- Suicide
- Diabetes
- Injuries
- Infectious diseases (ex. flu virus, hepatitis, tuberculosis)
- Mental health issues (ex. depression)
- Motor vehicle injuries
- High blood pressure
- Prenatal and infant health (ex. babies born underweight)
- Breathing problems (ex. asthma, COPD)
- Sexually transmitted diseases
- Violence
- Child abuse or neglect
- Substance abuse/addiction
- Other \_\_\_\_\_

12. Which of the following do you consider serious social problems in your community? (Choose three)
- Poverty (low income)
  - Not enough jobs in the area
  - Overcrowded housing
  - Homelessness
  - Not enough education (ex. high school dropouts)
  - Racism and discrimination
  - No health insurance
  - Not enough interesting activities for youth
  - Crime
  - Not enough healthy food
  - Not enough childcare options
  - Public transportation
  - Not enough free or affordable health screenings (ex. tests for cancer or infectious diseases)
  - Other \_\_\_\_\_
13. Which of the following do you consider important parts of a healthy, thriving community? (Choose all that apply)
- Safe worksites
  - Affordable housing
  - Good schools
  - Access to healthy foods
  - Diversity
  - Parks and recreation

## Demographics

14. Your home zip code:

15. Age:  18-44  45-64  65+

16. Gender

Gender: Male  Female

17. Race/ Ethnicity (Choose all that apply)

- White
- Black/African American
- Hispanic
- Asian/Pacific Islander
- American Indian & Alaska Native
- Other

18. Household income last year

- Under \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999

\$200,000 and above

I don't know

19. Which of the following best describes your employment status?

- Employed full-time
- Employed part-time
- Full-time student
- Retired

- Unemployed
- Homemaker
- Other \_\_\_\_\_

20. Where do you go for information about health and wellness? Check all that apply.

- Doctors, nurses, and pharmacists in my community
- Local government
- Family and friends
- Newspapers or magazines
- Television or radio
- Books
- Social media (Facebook, Twitter, Instagram)

- Internet (websites)
- Hospital
- Church
- School or college
- Health fairs
- The health department
- Your place of work
- Other \_\_\_\_\_

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