

Implementation Strategy Report

Vanderbilt Clarksville Hospital

formerly Tennova Healthcare - Clarksville

VANDERBILT HEALTH

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Introduction

Vanderbilt University Medical Center (VUMC), through its affiliated hospitals and clinics, collectively known as Vanderbilt Health (VH), is an academic health system headquartered in Nashville, Tennessee, serving patients across Middle Tennessee and the surrounding region. VH combines patient care, education, research, and community service across its hospitals, clinics, and affiliated networks.

On February 1, 2026, VH completed its acquisition of Tennova Healthcare-Clarksville, which now operates as Vanderbilt Clarksville Hospital (VCH). Located at 651 Dunlop Lane in Clarksville, VCH is a full-service acute care hospital with approximately 270 licensed beds. VCH provides emergency services, inpatient and outpatient medical and surgical care, obstetrics, cardiology, orthopedics, oncology, neurology, wound care, and diagnostic services, and has cared for patients and families in Clarksville and the surrounding area for more than 70 years, while also providing substantial uncompensated care and supporting local health initiatives. These services are particularly important for underrepresented populations such as residents with lower incomes, 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 uncompensated care, outreach initiatives, and partnerships with local organizations.

Purpose

The purpose of the Community Health Needs Assessment (CHNA) is to identify key health needs and assets in the community served through systematic, comprehensive data collection and analysis. This Implementation Strategy (IS) is VCH's response to the health needs identified in its 2026 CHNA. It describes how VCH, supported by the broader resources of VH, will address the community's prioritized needs, with particular attention to populations who experience barriers to accessing healthcare and social care resources.

Community Served

For the purposes of the 2026 CHNA and this IS, VCH defines its community as Montgomery County, Tennessee. Montgomery County has an estimated population of 245,297 residents, which is projected to grow 9.8% to 269,431 over the next five years. The county has a notably large veteran population: 19.0% of Montgomery County residents are veterans, compared to 7.3% of Tennessee residents.

Compliance and Written Comments

Under the Patient Protection and Affordable Care Act and Section 501(r)(3) of the Internal Revenue Code, non-profit hospital organizations such as VUMC are required to conduct a CHNA and adopt an accompanying IS at least once every three years. VCH's 2026 CHNA was conducted with the support of VMG Health, and this 2026 IS was adopted by the VUMC Board of Directors in November 2026.

The CHNA and IS reports are accessible to the public on VH's Community Health & Engagement website. Comments and feedback on the CHNA and IS are welcome through the following link: CHNA IS Feedback .

Identifying and Prioritizing Needs

The community process VCH used to prioritize health needs is described below and in more detail on page 7 of the 2026 CHNA. The 2026 CHNA combined primary and secondary data to develop a comprehensive picture of health in Montgomery County. Secondary data sources included Esri, County Health Rankings & Roadmaps, the U.S. Census Bureau, and the Centers for Disease Control and Prevention (CDC). Primary data were collected through interviews with six community leaders representing community health and public service organizations, medical professionals, and hospital leadership between January 1 and January 20, 2026. The Montgomery County Health Council and the Montgomery County Health Department also provided input.

An exhaustive list of health needs was developed from the primary and secondary data and entered into a decision matrix to establish priorities. Factors considered included benchmarked secondary data; categorized, coded primary data; the burden, scope, severity, or urgency of each need; the feasibility and effectiveness of intervening; the presence of differences in health outcomes; and the existing priorities of the Montgomery County Health Council, the Montgomery County Health Department, and hospital leaders. The resulting needs were then grouped thematically into four consolidated priority areas, shown below.

Montgomery County Needs Identified in the 2026 CHNA	Consolidated Prioritized Need
• Food insecurity (particularly access and affordability) • Walkability • Green space	**Health-Related Social Needs**
• Chronic disease screening (particularly breast cancer and other cancers) • Diabetes • Cardiovascular disease • Adult obesity	**Chronic Conditions and Preventive Care**
• Primary care access	**Access to Healthcare**
• Mental health and substance use (particularly suicide and alcohol use)	**Behavioral Health**

VCH considers the prioritized needs to be of equal importance and has not listed them in order of priority.

Addressing Prioritized Needs

VCH will address the prioritized needs identified by the community using institutional and other resources, including staff time and financial support. Implementation strategies draw on VCH hospital leadership and staff as well as VH system resources, including VH's Office of Community Health and Engagement as well as faculty, trainees, and learners, while continuing to build collaborations with community partners across Montgomery County. The strategies in this IS are organized around four overarching areas of focus related to the prioritized needs:

- Reduce differences in health outcomes by addressing health-related social needs
- Prevent chronic conditions and enhance preventive care
- Increase access to quality healthcare
- Enhance delivery of and access to behavioral health services

While some identified community needs fall outside of direct hospital programming, VCH is committed to ensuring they are addressed. For example, enhancing walkability and green space depends on city planning, transit, and parks and other partners. VCH and collaborators at Vanderbilt Health such as the Office of Community Health and Engagement will help champion these projects by partnering with local government, community leaders, and the Montgomery County Health Council to build a healthier environment together.

Prioritized Needs Key

The color and icon shading at the top of each action plan table indicates which prioritized need(s) the strategy addresses.

	**Health-Related Social Needs**		**Chronic Conditions and Preventive Care**
	**Access to Healthcare**		**Behavioral Health**

Summary of Action Plans by Prioritized Need

Action Plan				
1. Workforce Development and Economic Opportunity	●			
2. Health Related Social Needs (HRSN) Support	●	●		
3. Improve Maternal and Infant Health Outcomes	●	●	●	
4. Nursing Career Advancement and Community Outreach	●		●	
5. Immersive Community Health Experiences for Learners	●	●	●	●
6. Enhance Community Engagement Infrastructure	●	●	●	
7. Community Partner CHNA Support	●	●	●	●
8. Health Council and Community Health Improvement Plan Support	●	●	●	●
9. CHNA Collaboration and Community Health Data Access	●	●	●	●
10. VCH Community Events and Resource Drives	●	●	●	
11. VCH Health Campaigns and Community Sponsorships	●	●	●	
12. Employee Preventive Care Access	●	●	●	
13. Cancer Prevention and Control: VICC Community Outreach	●	●	●	
14. Behavioral Health Consult Lines				●
15. Behavioral Health Collaborative Relationships	●			●
16. Psychiatric Assessment Services in the VCH Emergency Department			●	●

Implementation Strategy Action Plans

The following action plans describe the strategies VCH and VH will implement to address the prioritized needs of Montgomery County. Each plan identifies the strategy, its anticipated impact, the action steps that will be taken, and the metrics and milestones that will be used to track progress.

Action Plan 1: Workforce Development and Economic Opportunity






Strategy: Expand workforce development pathways and career advancement opportunities through education, training, apprenticeships, and community partnerships that strengthen the local workforce pipeline and support economic mobility

Anticipated Impact: Increase access to healthcare careers, strengthen workforce readiness, improve economic opportunity for community members, and support VH's long-term workforce needs

Action Steps:

- Continue to provide educational and financial support for workforce development programs, including Medical Assistant, Pharmacy Technician, Central Sterile Processing, Surgical Technology, and other high-demand healthcare careers
- Partner with local school systems, including Clarksville-Montgomery County School System, and other regional educational partners to increase student awareness of healthcare careers and create pathways into VH workforce programs
- Develop and expand apprenticeship, internship, and work-based learning opportunities that provide hands-on experience and career exploration
- Support internal career mobility by creating pathways for employees to advance into higher-skilled healthcare careers
- Collaborate with community organizations, workforce boards, and educational institutions to address workforce shortages and expand access to healthcare careers
- Continue to collaborate with HR to support and promote a financial literacy workshop available to all VH employees

Metrics & Milestones:

Number of students and community members engaged through school and community partnerships; Number of participants enrolled in workforce development programs; Program completion and certification attainment rates; Number of participants hired into VUMC positions; Internal mobility and career advancement outcomes for employees; Number of partnerships established or maintained with schools, workforce organizations, and community partners

Action Plan 2: Health Related Social Needs (HRSN) Support



Strategy: Support nutrition security and other HRSN efforts that align with CHNA priorities and engage community partners in planning and implementation

Anticipated Impact: Connect patients and families to ongoing food and other HRSN resources; Improve collaboration across VH and the community; Improve health outcomes

Action Steps:

- Continue expanding access to nutrition and HRSN support at VH facilities
- Build workforce capacity to address HRSN through interdisciplinary collaboration, volunteer engagement, and learner education
- Develop and sustain partnerships with community organizations
- Evaluate program impact and support continuous improvement and sustainability

Metrics & Milestones:

Action 1 Metrics: Number of patients and families receiving assistance for HRSN annually

Action 2 Metrics: Number of learners, volunteers, and staff participating; Implementation of standardized training and onboarding processes; Annual evaluation of learner and volunteer engagement

Action 3 Metrics: Number of active community partnerships supporting HRSN efforts; Number of collaborative initiatives implemented with community partners; Annual partner engagement assessment

Action 4 Metrics: Annual program evaluation completed; External funding secured and/or maintained; Annual impact report shared with stakeholders

Action Plan 3: Improve Maternal and Infant Health Outcomes



Strategy: Continue to partner with VH Women's Health to support improving birthing experiences and maternal and infant health outcomes for all expectant mothers

Anticipated Impact: Improved delivery of care during and after childbirth at VCH; Improved maternal and infant health outcomes

Action Steps:

- Build capacity to better support patients who desire doula services for labor support
- Improve the birth experience and maternal and infant health outcomes by providing personalized care that values each patient's autonomy and decision-making
- Explore strategies to improve inpatient HCAHPS survey feedback from obstetric patients
- Identify and address differences in birth outcomes by monitoring key obstetric quality indicators
- Improve inpatient and outpatient childbirth education
- Provide a platform for women to share their positive birth experiences and community organizations to share resources for a positive birth experience

Metrics & Milestones:

Improved Telehealth utilization for patient care and patient education; Expanded options for group prenatal education; Internal “Doula Best Practice” document developed; Joint Commission obstetric outcome dashboard

Action Plan 4: Nursing Career Advancement and Community Outreach



Strategy: Increase availability of resources, education, and training for career advancement for all VCH employees

Anticipated Impact: Positively impact the number of nursing candidates and improve the retention rates for nurses; Expand economic opportunity for employees

Action Steps:

- Establish partnerships with Schools of Nursing within the northwest Tennessee region to provide mentorship, encourage an inclusive workforce environment, and foster nursing student professional education
- Through a community outreach subcommittee, partner with community organizations to provide nurse-led health education sessions to older adults on recommended health screenings and available health resources in the community
- Provide community mentorship and healthcare career fairs to an identified community high school
- Establish and support partnerships, discussions, and relationship building sessions focused on students' needs
- Create a collaborative forum where senior nursing students present their capstone projects to healthcare leaders and employees, promoting knowledge sharing, professional networking, and constructive feedback to enhance student learning and workforce development
- Develop and maintain partnerships with community schools and other organizations to expand recruitment efforts
- Develop and implement a career ladder for non-exempt positions

Metrics & Milestones:

Students reached through community outreach; Improvements in nursing recruitment and retention; Career paths developed

Action Plan 5: Immersive Community Health Experiences for Learners



Strategy: Partner with VUSM learners and community-based organizations focused on policy to address upstream factors that impact health outcomes

Anticipated Impact: Create opportunities for all populations to achieve optimal health through advocacy; Expand medical and public health student knowledge through immersive experiences; Increase access to healthcare

Action Steps:

- Provide funds to community organizations to offer community health immersive experiences to VUSM MD and MPH students through the Lefkowitz Fund, exposing students to advocacy and policy efforts that advance community health
- Partner with VUSM student-run group Social Mission Committee to connect students to additional community experiences and opportunities
- Provide meaningful community health applied learning experiences for graduate level MPH students through a graduate assistantship program

Metrics & Milestones:

Number of grants awarded to community organizations; Number of students involved

Action Plan 6: Enhance Community Engagement Infrastructure



Strategy: Improve institutional community engagement practices and increase readiness for faculty, staff, and learners to engage communities VH serves

Anticipated Impact: Stronger partnerships with community organizations; Increased trustworthiness among patients and communities served; Improved health outcomes

Action Steps:

- Assess readiness for projects and initiatives to engage the community
- Re-design the community engagement resources hub and support communities of practice around community engagement
- Continue to support mutually beneficial partnerships with organizations and community leaders
- Facilitate connecting community partners to resources for community events such as health fairs, education, and screening opportunities
- Offer education, training, and consultations to support faculty and learners conducting community-engaged research projects

Metrics & Milestones:

Number and quality of community partnerships; Improved understanding of readiness to engage communities; Number of trainings and educational offerings

Action Plan 7: Community Partner CHNA Support



Strategy: Provide mini-grants to community partners addressing CHNA prioritized needs and identify opportunities for building community partner capacity while strengthening partnerships between the clinical enterprise and community organizations that improve patient, employee and community health

Anticipated Impact: Build partnerships to advance community health; Improved health outcomes

Action Steps:

- Provide support to community and faith-based organizations, neighborhood associations, community health centers, and service providers to supplement specific programmatic or capacity needs that align with CHNA priorities
- Provide technical assistance, grant writing, strategic, and data support for CHNA-aligned opportunities for community organizations and health councils within Montgomery County
- Explore collaborating and sharing opportunities for training and networking with previous and current funded partners

Metrics & Milestones:

Number of organizations receiving grants; Number of training and networking opportunities shared; Grantee progress towards improving health access and opportunity discussed in 6-month and 12-month reports

Action Plan 8: Health Council and Community Health Improvement Plan Support



Strategy: Address prioritized health needs and support community health improvement plans (CHIPs) in Montgomery County through partnerships with the local county health council, health department, community organizations, and others

Anticipated Impact: Improved health outcomes; Stronger community partnerships and collaborations; Enhanced multi-sector community engagement in addressing community health

Action Steps:

- Provide strategic support to the Montgomery County Health Council through CHIP report development and finalization, participation in workgroups, and providing technical, strategic, and data support
- Partner with community organizations and coalitions that address health priorities of VCH and the health council

Metrics & Milestones:

Number of partnerships developed; Number of meetings attended; Number of collaborations and connections made between VH and the community to advance health needs; Completed Montgomery County Health Council CHIP

Action Plan 9: CHNA Collaboration and Community Health Data Access



Strategy: Develop CHNAs and CHIPs collaboratively with health departments, health systems, and community partners; implement a dissemination strategy for the CHNA and raise awareness about the Healthy Communities Institute (HCI) data platform

Anticipated Impact: Enhanced use of data by community partners to monitor CHIP progress improve health outcomes; Stronger community partnerships and collaborations; Enhanced multi-sector engagement to address community health

Action Steps:

- Explore a collaborative CHNA process for the Montgomery County Health Department, health council, and other community partners to improve community health
- Use a multipronged dissemination strategy to share the CHNA report and the HCI data platform across Montgomery County
- Provide tailored support to community partners to use data and evidence-based strategies to advance community health needs
- Explore creating a Montgomery County-specific community dashboard on the HCI data platform to reflect community health priorities, data indicators, and action steps

Metrics & Milestones:

Streamlined CHNA process and enhanced coordination; CHNA and data dissemination strategy development; Partner utilization of HCI; Increased use of promising/evidence-based strategies to address prioritized community health needs

Action Plan 10: VCH Community Events and Resource Drives



Strategy: Continue to collaborate with internal and community partners to provide essential resources to Montgomery County residents through hosting and participating in community events

Anticipated Impact: Increased access to care and resources; Improved health outcomes; Foster stronger community partnerships

Action Steps:

- Expand food and canned good drive efforts by leveraging existing partnerships with community organizations like Urban Ministries and Manna Café Ministries, as well as creating new community partnerships
- Host annual events such as Angel Tree and Socktober to gather clothing items to provide to community members
- Participate in local events like National Night Out hosted by the Clarksville Police Department or the annual safety fair hosted by United Way to amplify available community resources and services
- Continue to coordinate a recurring weekly pickup of surplus food from VCH for delivery to Loaves & Fishes, a local community organization addressing food insecurity

Metrics & Milestones:

Number of community events; Number of community partnerships; Number of community members served

Action Plan 11: VCH Health Campaigns and Community Sponsorships



Strategy: Continue to coordinate VCH-wide health campaigns, manage community sponsorship opportunities, and organize other initiatives to improve access to health care resources and services

Anticipated Impact: Increased access to health care and health education resources; Improved health outcomes; Foster stronger community partnerships

Action Steps:

- Collaborate with organizations such as the Delta Sigma Theta Alumnae Chapter to sponsor health fairs to deliver essential health care resources directly to community members
- Implement annual VCH-wide health campaigns on various topics, including heart health and women's health, to provide important resources and essential wellness information
- Identify community organizations addressing local health needs for VCH's annual community donations using funds raised through the VCH Wishing Well Gift Shop
- Continue to operate a VolunTeen Summer Program and CTE Work-Based Learning Partnership to provide local youth with the opportunity to gain meaningful exposure to healthcare careers and hospital operations
- Continue to coordinate a Pet Therapy Program to promote mental well-being among both patients and staff

Metrics & Milestones:

Number of sponsorships; Funds distributed to community partners; Number of VCH and community members involved

Action Plan 12: Employee Preventive Care Access



Strategy: Improve preventive care and access for VH employees and explore opportunities for partnerships in the Nashville region

Anticipated Impact: Increase wellness visits for VH employees in service roles; Improve health outcomes

Action Steps:

- Analyze employee completion of annual care visit data
- Interview and engage managers of employees with lower completion rates of annual primary care visits
- Pilot an initiative to schedule annual care visits for employees at orientation and test other strategies to increase access to preventive care for all employees

Metrics & Milestones:

Development of a process to increase access and implementation of a pilot program

Action Plan 13: Cancer Prevention and Control: VICC Community Outreach



Strategy: Promote the implementation and dissemination of evidence-based cancer prevention, control, and care in the community through Vanderbilt-Ingram Cancer Center's (VICC) Office of Community Outreach & Engagement

Anticipated Impact: Enhance public and community education on cancer prevention, risk reduction, and early detection, while working to reduce the cancer burden and address differences in health outcomes through trusted community partnerships, including regional health councils; Foster stronger relationships with patients, community stakeholders, and health councils; Community-informed research priorities, cancer control strategies, and care initiatives

Action Steps:

- Deliver comprehensive educational services, including events, materials, newsletters, and more, to ensure our communities have access to essential cancer information and resources
- Support community partners in their efforts to promote cancer awareness, support advocacy efforts, and advance research initiatives
- Broaden access to quality cancer screening and diagnostic care to patients in rural and underserved communities to help improve cancer outcomes
- Leverage VICC's advisory councils in bidirectional communication to ensure the community's input into efforts to effectively address the unique needs of the VICC catchment area

Metrics & Milestones:

Number of individuals reached; Number of individuals navigated into screening, reaching varied geographic areas and populations in activities; Number of community partners; Dollars contributed; Increased engagement with advisory councils

Action Plan 14: Behavioral Health Consult Lines






Strategy: Utilize Vanderbilt Behavioral Health's (VBH) Pediatric and Adult Behavioral Health Consult Programs in conjunction with Vanderbilt Health Affiliated Network (VHAN) to continue to provide real-time expert consultation to assist providers regarding mental health diagnosis, interventions, and recommendations as needed for their patients

Anticipated Impact: Improved patient access and outcomes allowing for more integrated care with community partners while also assisting in addressing the shortage of behavioral healthcare providers and reducing ED utilization

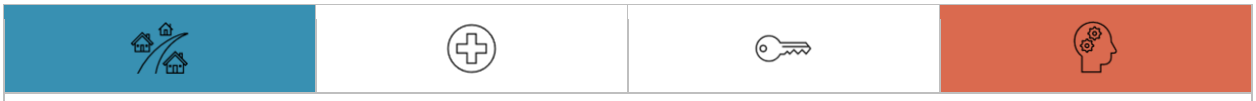
Action Steps:

- Continue to provide consultation and support specific to behavioral health services and assist in the determination of appropriate LOC
- Continue to refine the consult process and provide information on various evidence-based treatment strategies
- Continue to provide timely referral information

Metrics & Milestones:

Number of consults completed; VHAN provider satisfaction survey

Action Plan 15: Behavioral Health Collaborative Relationships



Strategy: Utilize existing collaborative relationships with health and mental health organizations across Tennessee and the region to best serve VH's patients and communities with mental health needs. VBH leadership will continue to serve on various boards for organizations, including but not limited to: Mental Health America of the Mid-South, Tennessee Voices, NAMI Davidson County, and Park Center, as well as serving on other community task forces and coalitions to provide education and enhanced access to care

Anticipated Impact: Foster collaboration with key mental health organizations; Provide patient, family, provider, and general community education; Enhance access and outreach for individuals and stakeholders throughout the community

Action Steps:

- Continue to collaborate with organizations such as the National Alliance on Mental Illness (NAMI) through event sponsorships and support of the annual NAMI Walk, as well as providing monthly support groups and education series for the public
- Grow presence on key community boards/advisory councils to further influence policy and potentially the development of additional community-based services
- Explore new relationships as deemed appropriate based on patient and organizational needs
- Educate community stakeholders regarding our expanded and enhanced older adult/geriatric inpatient services
- Continue to work collaboratively with Centerstone and Youth Villages as it relates specifically to the Clarksville area

Metrics & Milestones:

Number of boards, task forces, advisory councils, committees, etc., on which VBH has a strategic presence; Number of patients served in the various outpatient programs; Number of patients served in the child, adolescent, adult, and geriatric inpatient programs; Number of patients served in neuromodulation services

Action Plan 16: Psychiatric Assessment Services in the VCH Emergency Department

Strategy: Utilize Vanderbilt Psychiatric Hospital's Assessment Specialists who offer 24-hour assessment and placement services for patients with immediate behavioral health care needs			
Anticipated Impact: Immediate assessment and disposition of adult and pediatric behavioral health patients in VCH Emergency Department			
Action Steps: • Continue to provide a full psychiatric evaluation for all behavioral health patients in Vanderbilt Clarksville Hospital's Emergency Department • Continue to coordinate referrals from the adult and pediatric emergency rooms to behavioral health entities, including Vanderbilt Psychiatric Hospital • Continue to expand Telehealth services at Vanderbilt Clarksville Hospital to assess behavioral health patients in the ED			
Metrics & Milestones: Number of total assessments provided; Number of VCH patients placed at VPH; Number of VCH patients placed at outside behavioral health entities			

Anticipated Impact and Evaluation

VH's Office of Community Health and Engagement will evaluate progress on this IS using the anticipated impact and the metrics and milestones identified in each action plan. Action plan leads will report progress on a regular basis, and outcomes will be reviewed to identify successes, barriers, and opportunities to adjust strategies during the three-year implementation period.

In addition to set program-level metrics, VH will monitor community-level indicators related to the prioritized needs for Montgomery County using publicly available data and other relevant sources, including indicators available through the Healthy Communities Institute (HCI) data platform. Where data allow, results will be examined for the populations most affected by differences in health outcomes. Progress will be documented and summarized in the impact evaluation section of VCH's next CHNA.

Index of Acronyms

CDC	Centers for Disease Control and Prevention
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CTE	Career and Technical Education
ED	Emergency Department
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCI	Healthy Communities Institute
HR	Human Resources
HRSN	Health Related Social Needs
IS	Implementation Strategy
LOC	Level of Care
MD	Doctor of Medicine
Monroe Carell	Monroe Carell Jr. Children's Hospital at Vanderbilt
MPH	Master of Public Health
NAMI	National Alliance on Mental Illness
NSTF	Nutrition Security Task Force
OHO	One Hundred Oaks
VBH	Vanderbilt Behavioral Health
VCH	Vanderbilt Clarksville Hospital
VH	Vanderbilt Health
VHAN	Vanderbilt Health Affiliated Network
VICC	Vanderbilt-Ingram Cancer Center
VPH	Vanderbilt Psychiatric Hospital
VU	Vanderbilt University
VUMC	Vanderbilt University Medical Center
VUSM	Vanderbilt University School of Medicine