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## 2012 Community Health Needs Assessment

# Princeton Community Hospital

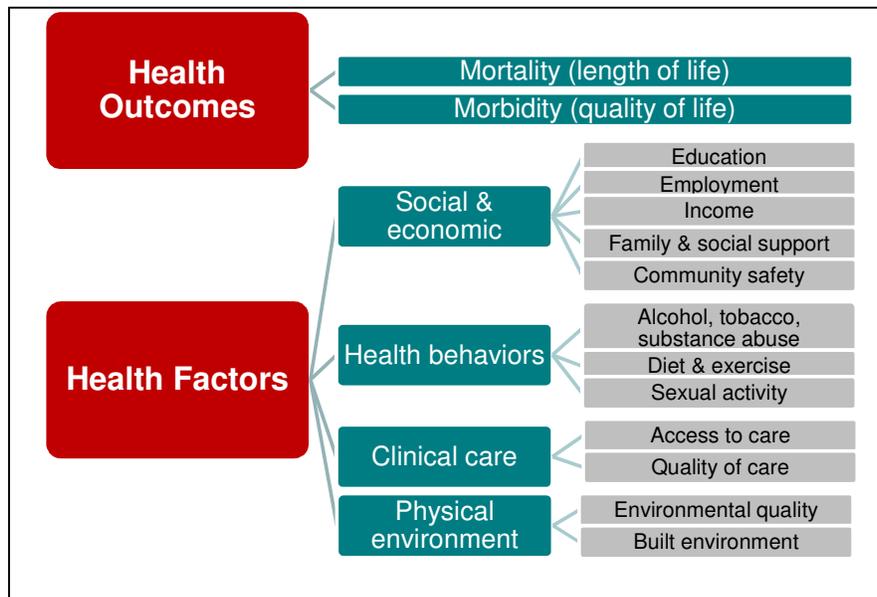
## 2012 Community Health Needs Assessment

Princeton Community Hospital (PCH), based in Princeton, West Virginia, undertook a community health needs assessment from June-December 2012. A task force of several community representatives and select hospital leadership members oversaw the process, with insight from additional community representatives obtained through individual interviews. Extensive primary and secondary data collection and analysis provided the quantitative foundation for the assessment. The 2008 Behavioral Health Risk Factor Surveillance Survey (BRFSS), an important tool measuring health behaviors and health outcomes, served as a key source of secondary data. This report summarizes the assessment results, and the key issues identified through the process.

The community health needs assessment followed a model, developed at the University of Wisconsin Population Health Institute, that looks at both cause and effect indicators of community health:

- Health Factors are causative factors to community health and include indicators of social/economic status, health behaviors, access to and quality of clinical care, and the physical environment.
- Health Outcomes look at morbidity and mortality rates, measuring the extent to which the Health Factors have affected community health.

The model is shown below.



### Community characteristics

Mercer County, located in the south central portion of West Virginia, bordering Virginia, is the primary service area for Princeton Community Hospital (PCH). County residents account for over 60% of the hospital’s volume, with little change over the years. Mercer County was the community assessed in the study. Many of the

community representatives interviewed serve individuals beyond Mercer County, and many of the challenges and issues identified are present beyond Mercer County, the County serves as a good indicator of area needs.

**Princeton Community Hospital Inpatient Origin**

Zip	County	2006	% of Total
24740	Mercer	3,755	43%
24701	Mercer	905	10%
24963	Monroe	222	3%
24712	Mercer	193	2%
24736	Mercer	182	2%
24605	Tazewell, VA	157	2%
24801	McDowell	142	2%
24747	Mercer	134	2%
24951	Monroe	133	2%
24733	Mercer	125	1%
25951	Summers	105	1%
25971	Mercer	95	1%
24731	Mercer	91	1%
24737	Mercer	91	1%
24918	Monroe	89	1%
25801	Raleigh	80	1%
All Other		2,170	25%

Mercer County has a population of 62,204 (2010 Census). Princeton and Bluefield are the largest towns, making up almost 30% of the County population. The population is slowly declining, decreasing 1.12% over the last 10 years as compared to a slight increase in the State, and almost 10% growth nationally. The population decline is most evident in Bluefield, which has decreased almost 9% over the last ten years. As with many rural communities, the younger population is the primary cause for the decline, as they often leave the community for better employment opportunities. As the population declines, it is also aging; the percentage of Mercer County residents over age 65 is considerably higher than both state and national averages. The aging population is a major contributor to a high demand for healthcare services in Mercer County.

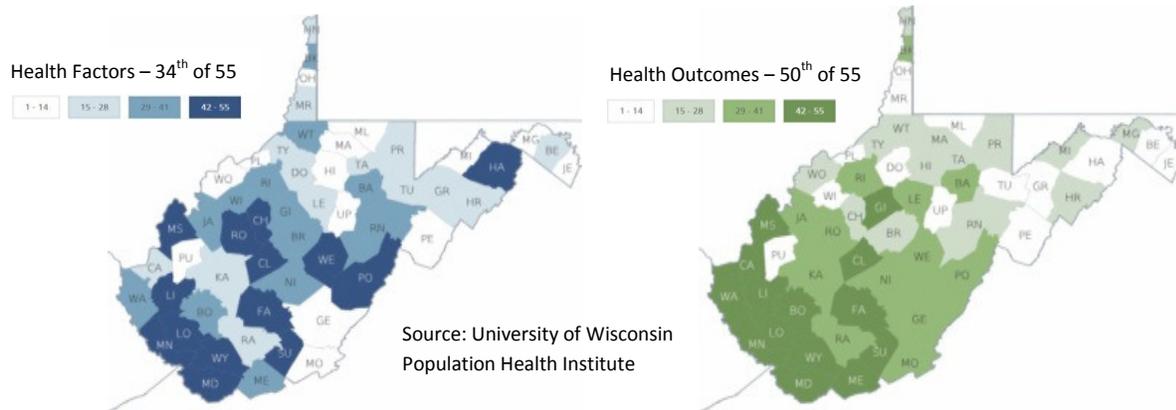
**Mercer County Population**

U.S. Census 2010	Mercer County	Princeton	Bluefield	West Virginia	United States
Population	62,264	6,432	10,477	1,855,364	311,591,917
Percent Change 10 yrs	-1.10%	1.30%	-8.80%	2.50%	9.70%
Population under 18	20.50%	19.40%	20.80%	20.90%	24.00%
Population over 65	18.00%	20.70%	19.20%	16.00%	13.00%

Mercer County Census Statistics

A ranking of 50th out of 55 WV counties in health outcomes (morbidity and mortality), is a telling indicator of the challenges facing the County. Mercer County ranks in the bottom third in both health factors and health outcomes among all 55 West Virginia counties.

## West Virginia County Health Rankings



### Health Factors

Health factors include variables that have the most significant effect on community health. They include socio-economic status, the physical environment, access to and quality of clinical care, and health behaviors.

The community representatives interviewed indicated that socio-economic issues are some of the most significant issues affecting the health of Mercer County residents. Almost one quarter (22.8%) of Mercer County residents live in poverty compared to 17% statewide and 13.8% across the country. Almost one third of children live in poverty, and/or single-parent households. Community representatives also noted that a lack of social support systems for vulnerable families creates even more challenges.

Percent of Adults Reporting	Mercer County	National Benchmark	West Virginia
Unemployment	8.40%	5.40%	9.10%
Children in poverty	31%	13%	26%
Inadequate social support	20%	14%	19%
Children in single-parent households	31%	20%	29%
Violent crime rate (per 100,000 people)	406	73	288

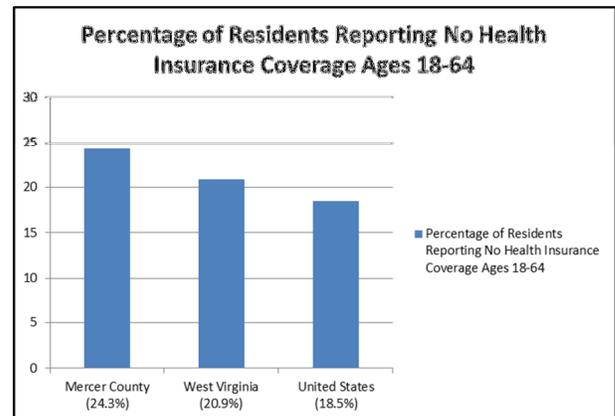
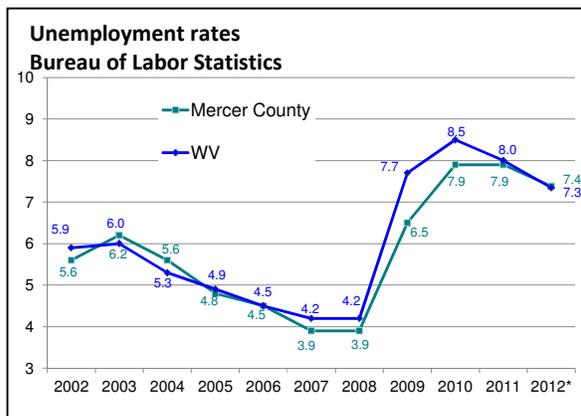
BRFSS 2008

The 2010 US Census found that County education levels are lower than the state, creating a more unskilled labor force that drives lower paying jobs; Median Household Income and Per Capita Incomes are considerably below state and national levels.

U.S. Census 2010	Mercer County	Princeton	Bluefield	West Virginia	United States
High School Graduates (25+)	79.10%	83.00%	90.10%	81.90%	85.00%
Bachelors Degree + (25+)	16.40%	14.80%	24.20%	17.30%	27.90%
Percent Below Poverty	22.80%	21.90%	27.10%	17.40%	13.80%
Median Household Income	\$32,131	\$26,705	\$31,371	\$38,380	\$51,914
Per Capita Income	\$18,431	\$17,139	\$21,201	\$21,202	\$27,334

Source: NCHS Vital Statistics Reporting System, 2001-2005. U.S. comparisons are for 2005 only. As reported by U.S. Department of Health & Human Services, "Community Health Status Indicators" <http://communityhealth.hhs.gov> accessed 11/6/2012.

Mining has always been the primary industry in the area, but as companies have downsized or closed in recent years, new industry has not closed the gap. While there appears to be some improvement, unemployment rates continue to be well over pre-recession levels. Another effect of unemployment is the percentage of residents without health insurance - almost one quarter of the County population 18-64 are uninsured, well above the 21% uninsured statewide and 18% nationally.



## Physical Environment

As with much of West Virginia, the Mercer County area offers a vast array of outdoor recreational activities if residents choose to take advantage of them. Formal recreational facilities are also available, and PCH operates one of the area fitness and wellness facilities. The greatest environmental challenges to County residents are the availability and accessibility of healthy food, coupled with a greater reliance on fast food. This is a major contributor to the area obesity levels, one of the biggest issues identified in focus groups conducted by the County Health Department.

Measure	Mercer County	West Virginia	U.S. Benchmark*
% of Restaurants that are "Fast Food"	45%	52%	25%
Access to Healthy Foods: % of population who are low-income and >10 miles from grocery store	1%	12%	0%
Recreational facilities per 100,000 population	11	8	16
Air pollution – "particulate matter" days	0	2	0
Air pollution – "ozone" days	0	3	0

West Virginia has historically run below US averages in water- and sewage-related public health measures. Though the U.S. Census no longer tracks these measures, representatives from the Mercer County Health Department confirmed that access to public water and sewer remains an issue for County residents.

1990 Water Source and Sewage Disposal  
(% Housing Units)

	<b>Mercer County</b>	<b>West Virginia</b>	<b>U.S.</b>
<i><b>Water Source:</b></i>			
Public System	73.0%	72.1%	84.2%
Drilled Well	20.1%	21.3%	13.2%
Dug Well	1.8%	2.3%	1.6%
Other	5.1%	4.4%	1.0%
<i><b>Sewage Disposal:</b></i>			
Public Sewer	65.5%	54.8%	74.8%
Septic Tank	30.5%	40.8%	24.1%
Other	4.0%	4.4%	1.1%

1990 Historical Census of Housing Tables

The alternatives to public systems – mainly drilled well and individual septic systems – can be causes of health problems themselves, with greater levels of water contamination (E.coli, Salmonella), and mosquito infestation (West Nile and La Crosse encephalitis).

## Clinical Care

Two full-service hospitals serve the County and surrounding region – Princeton Community Hospital and Bluefield Regional Medical Center. Both hospitals provide a full continuum of emergency/express care, inpatient and outpatient medical and surgical services. Behavioral health services are provided through a partnership between Princeton Community Hospital and Diamond Healthcare, a private behavioral health company.

In addition to acute inpatient and outpatient care, Princeton Community Hospital operates a cancer treatment center, and both hospitals offer community education classes including CPR, childbirth and infant care; most classes are free or minimal charge. Support groups are also available for residents dealing with cancer, diabetes, Alzheimer’s, substance abuse and other more chronic health issues. Bluefield Regional Medical Center serves as a teaching facility for osteopathic medicine.

Additional resources that target the County’s more vulnerable populations include:

- Mercer County Health Department offers public health nursing, environmental health services, immunizations, family planning and health screenings. The department is government funded, and demand consistently exceeds resource availability.
- The Bluestone Health Center provides primary and select specialty care for individuals and families with limited or no insurance. The Center is a federally qualified health center, and is a vital resource for the community.

- Appalachian Teen Challenge is a residential facility for troubled and vulnerable adolescents. The Mercer County facility serves adolescents from outside the County, and refers County residents to facilities in other communities.
- WIC/SNP is a federally funded program providing nutritional counseling and food vouchers (for healthy foods) targeting women and children.
- Abel Crisis Pregnancy Center is a faith-based program offering pregnancy testing, abstinence based education and counseling, education regarding options upon pregnancy, and some assistance with supplies for new mothers.
- Southern Highlands Rehabilitation Center offers crisis, outpatient, and residential substance abuse treatment; the residential treatment program has limited capacity however. The Center partners with West Virginia University to provide a Suboxone clinic for those fighting opiate addiction. The demand for the Suboxone clinic is far greater than what the Center can provide, yet other communities have been resistant to bringing the service to their areas.

Even with the two acute care hospitals serving the area, preventable hospital stays for Medicare enrollees is twice the national benchmark. Inpatient use rates are consistently 25% or more over national averages - 150 hospital discharges per 1,000 population in Mercer vs. 120/1,000 nationally. The high use rates are due to many variables, including the high prevalence of chronic disease and the delay in care many have due to a lack of insurance and/or difficulty finding a primary care provider.

Measure	Mercer County	West Virginia	U.S. Benchmark*
Uninsured Population (<65yrs)	19%	17%	11%
Population/Primary Care Physician	1,712	1,217	631
Preventable Hospital Stays (per 1000 Medicare enrollees)	95	101	49
Mammography Scanning	61%	62%	74%

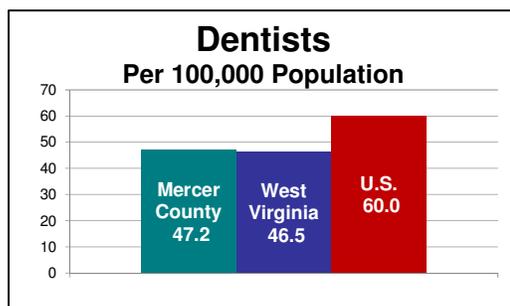
\*BRFSS - More than one-fifth of all age adults also do not have a specific personal doctor or health care provider (21.7% in 2007 and 22.0% in 2008).

There is an ongoing need for physicians, particularly primary care, to serve Mercer County residents. This unmet need contributes to high demand on the emergency rooms at both hospitals; without access to primary care, residents often use the emergency rooms. Attracting physicians and other healthcare providers, however, is difficult, as the high numbers of uninsured in the community create an unfavorable payment environment. A physician needs assessment conducted in 2009 has served as the framework for PCH's recruitment efforts for the past few years. The assessment found the following primary care shortages:

Specialty	Current FTE Supply	Additional FTEs Needed
<b>Primary Care</b>		
General/Family Medicine	44.4	5.50
Internal Medicine	16.8	28.00
Geriatric Medicine	0.5	0.50
Adult Primary Care Subtotal	61.7	34.00
Adolescent Medicine	0.0	0.20
Pediatrics	9.8	11.30
<b>Primary Care Subtotal</b>	<b>71.5</b>	<b>45.50</b>

Both hospitals have made physician recruitment a high priority, but physician supply does not yet meet demands as evidenced by the continued difficulty gaining access to primary care, especially for those un- or underinsured.

Dental care is also difficult to find, particularly for low-income families; several dentists accept Medicaid and/or a sliding fee scale, but there are not enough to meet the demand. Poor dental hygiene, especially in children, was a concern cited in both individual interviews and the focus groups conducted by the Health Department. The Wade Center is one of a few programs offering dental hygiene (to children) as part of their service mix.



NCHS: 2007 Community Health Status Indicators

### Health Behaviors

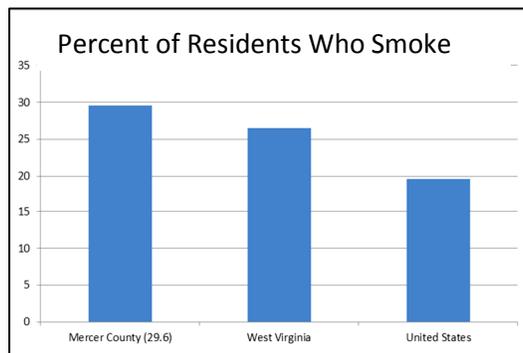
Consistent with many poor and rural communities, Mercer County residents have many unhealthy behaviors that drive higher morbidity and mortality. Obesity was identified by most community representatives as one of the top issues affecting the health of Mercer County residents. West Virginia is the third most obese state in the nation with over 30% of adults reportedly obese, and Mercer County is consistent with the State. As mentioned, the limited availability and accessibility of healthy foods and the easy access to fast foods contributes to these high obesity levels. Residents also report that they do not get much exercise, another contributor to obesity.

### Unhealthy Behaviors

Percent of Adults Reporting	Mercer County	National Benchmark	West Virginia
Adult smoking	27%	14%	26%
Adult obesity	34%	25%	33%
Physical inactivity	35%	21%	33%
Excessive drinking	6%	8%	10%
Motor vehicle crash death rate	22	12	22
Sexually transmitted infections	283	84	199
Teen birth rate	64	22	46

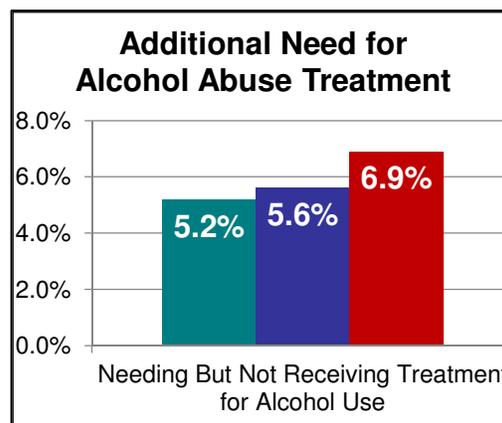
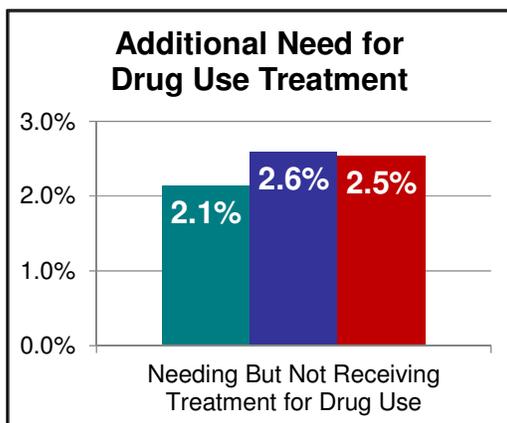
BRFSS 2008, Motor vehicle crash deaths per 100,000 pop. Chlamydia rate per 100,000 pop. Teen births = the number of births per 1,000 female pop, ages 15-19. Source, National Center for Health Statistics.

More than one-fourth of West Virginia adults (26.9% in 2007 and 26.5% in 2008) smoke every day or some days, the second highest in the nation in 2008; an even higher percentage of Mercer County residents smoke. The prevalence of smoking has remained relatively stable over the past five years and was highest among younger individuals and those with less education and lower annual household incomes.



BRFSS 2008

Drug and alcohol abuse is another frequently cited community health concern; drug/alcohol abuse rates are high and rising. Many teens still in school are “weekend” users of alcohol and prescription drugs. Most child abuse is thought to be drug-related, and pregnant women who are abusing drugs deliver babies needing detox. Abuse of prescription drugs is increasing as is synthetic cocaine and heroin use.



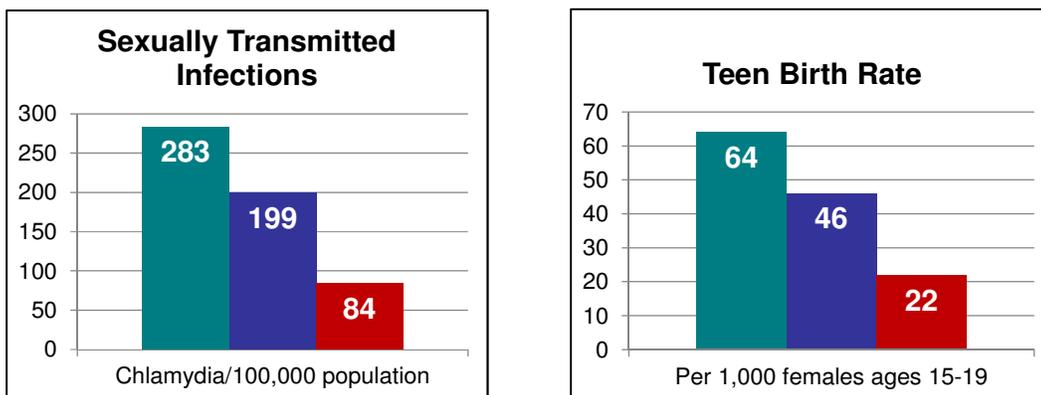
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008, 2009, and 2010 (Revised March 2012)



There are limited substance abuse resources available in the community. Interviewees noted that many of the smaller communities across the county are “in denial” as to the depth and breadth of the problem, and do not support program development. West Virginia University runs the Suboxone program for opiate addiction but it has not been able to expand due to community resistance.

Mercer County has a very high rate of both teen births and sexually transmitted diseases. Research has shown that girls living in lower socio-economic circumstances are more likely than their wealthier peers to become pregnant. Anthropologists and social workers explain that teens experiencing “despair” are more likely to turn to motherhood as a way to find meaning in a world where they see few other options. Health clinics are not allowed in all Mercer County schools, and sex education is limited to abstinence. The Suboxone program

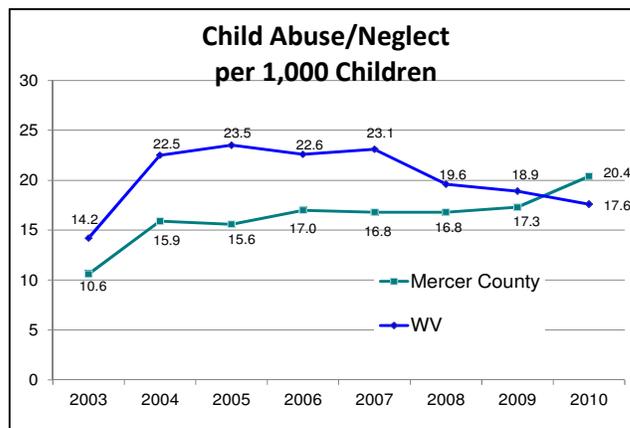
mentioned above cannot accommodate pregnant substance abusers, placing the babies, and mothers, at greater risk.



■ Mercer County   ■ West Virginia   ■ U.S. Benchmark\*

Source: University of Wisconsin Population Health Institute, "County Health Rankings & Roadmaps". Infection data from CDC (2009); Teen births from National Center for Health Statistics (2002-2008).

The economic stresses, lower educational levels, and high number of teen pregnancies all contribute to rising child abuse/neglect rates in Mercer County, rising despite a drop across the State.



Source: The Annie E. Casey Foundation, "KIDS COUNT" data center at [datacenter.kidscount.org](http://datacenter.kidscount.org). Accessed 11/7/2012.

## Health Outcomes

The 2008 BRFSS survey found that one in five Mercer County residents reported poor or fair health and the percentage reporting poor mental health days was twice the national benchmark.

### Long Term Averages – Morbidity and Mortality (2002-2008)

Morbidity Measure	Mercer County	West Virginia	U.S. Benchmark*
% of adults reporting poor or fair health	25%	22%	10%
# of Poor Physical Health Days (in last 30 days)	5.6	4.9	2.6
# of Poor Mental health Days (in last 30 days)	4.6	4.5	2.3
Low Birth Weight (% of live births)	12.3%	9.3%	6.0%

BRFSS 2008

Mercer County has some of the highest morbidity rates and chronic disease prevalence in the State and is well over US benchmarks/averages. The high prevalence of chronic disease, coupled with the number of uninsured, increases demands on the hospitals and health department as the healthcare safety net.

The high level of obesity drives higher rates of hypertension and diabetes both statewide and locally. Nearly 12% of the County and State population has diabetes, as compared to a national average between 8 and 9%. (US Dept. Health and Human Services).

### Prevalence of Chronic Medical Conditions

Conditions	Mercer County	WV	U.S
High Cholesterol	42.6%	39.8%	33.6%
Arthritis	36.5%	34.2%	27.1%
Hypertension	35.5%	32.8%	25.8%
History of Heart Attack, Angina, or Stroke	15.8%	13.5%	8.5%
Diabetes	12.5%	11.2%	8.1%
Current Asthma	10.2%	9.3%	8.2%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), 2008

High cholesterol and hypertension are ‘silent’ diseases that may go undiagnosed and treated until an acute episode occurs (e.g., heart attack, stroke). Given the difficulty area residents have accessing primary care, one could argue that the reported prevalence is lower than actual.

Behavioral health issues are a challenge across the County; self-reported mental health problems are higher in Mercer County than nationally. The previously mentioned partnership between Princeton Community Hospital and Diamond Healthcare has significantly expanded access to mental health services in the County.

### Incidence of Mental Illness Age 18+

Mental Illness Within Past Year	Region	West Virginia	U.S.
Any Mental Illness	22.6%	22.5%	19.9%
At Least One Major Depressive Episode	7.4%	7.6%	6.6%
Serious Mental Illness	5.8%	5.9%	4.7%

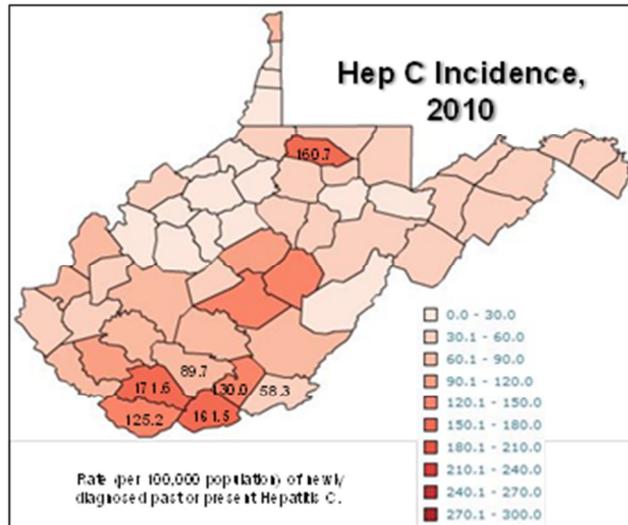
Source: SAMHSA, National Survey on Drug Use and Health, 2008, 2009, and 2010.

The high rate of teen pregnancies, drug abuse, and lower general health all contribute to greater numbers of at risk births – low birth weight and premature births – in Mercer County.

Birth Measures, 2001-2005	Mercer County %	United States %
Low Birth Weight (<2500 g)	11.2	8.2
Very Low Birth Weight (<1500 g)	1.7	1.5
Premature Births (<37 weeks)	16.0	12.7
Births to Women under 18	4.7	3.4
Births to Women 40-54	0.7	2.7
Births to Unmarried Women	37.0	36.9
No Care in First Trimester	24.4	16.1

NCHS 2001-2005 Vital Statistics. US comparison for 2006 only.

Hepatitis B and C is a major concern to County health providers. According to health officials, Mercer County ranks 3<sup>rd</sup> in the nation for the number of hepatitis C infections (second highest rate in WV), and has the most per-capita Hepatitis B cases. National estimates suggest only 20% of these cases are symptomatic and 25-30% are diagnosed, increasing the individual’s risk for chronic liver and other diseases later on. The incidence and prevalence of hepatitis connects directly with County drug abuse.

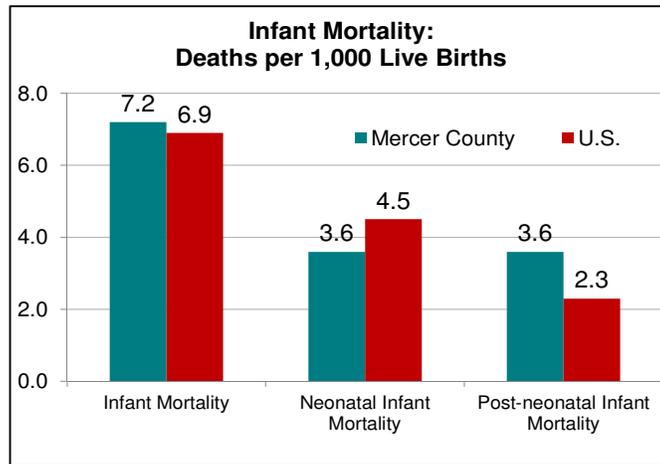


With the exception of unintentional injuries, Mercer County mortality rates are consistently over national averages.

Causes of Death	Mercer County	United States
Coronary Heart Disease	174.3	154.0
Lung Cancer	59.2	52.6
Stroke	54.6	47.0
Unintentional Injury	36.1	39.1
Breast Cancer (Female)	27.7	24.1
Motor Vehicle Injuries	21.2	14.6
Suicide	20.3	10.9
Colon Cancer	20.0	17.5
Homicide	9.3	6.1

Source: NCHS Vital Statistics, 2001-2005. U.S. comparisons are for 2005 only.

Infant mortality statistics suggest that good hospital-level care exists (lower neonatal mortality), with the greatest risk of mortality in Mercer County occurring in the post neonate period, when the babies are no longer under professional care. The increasing rate of child abuse/neglect contributes to these mortality rates. Interviewees indicated that a lack of social support systems for parents, particularly teen parents is a contributing factor to the high post-neonatal infant mortality rates.

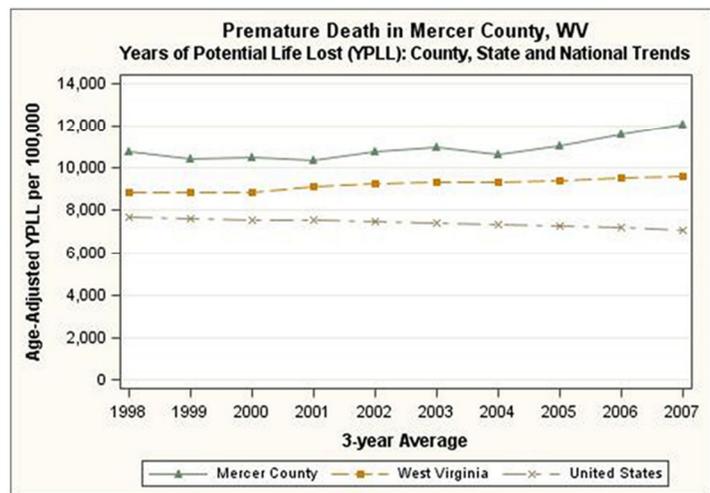


Source: NCHS Vital Statistics, 2001-2005. U.S. comparisons are for 2005 only.

The County’s health challenges have resulted in an increase in years of potential life lost (YPLL), despite a decrease nationally. YPLL measures deaths before age 75 per 100,000.

YPLL before Age 75 per 100,000 population	
Mercer County	12,077
West Virginia	9,587
U.S. Benchmark*	5,466

Source: NCHS Vital Statistics Reporting System, 2001-2005. U.S. comparisons are for 2005 only. As reported by U.S. Department of Health & Human Services, “Community Health Status Indicators” <http://communityhealth.hhs.gov> accessed 11/6/2012.



### Community Key Informant Interviews

As noted earlier, key community representatives were interviewed, adding considerable perspective on needs, contributing factors, and ideas/opportunities to address some of the unmet needs. The appendix lists the community members who participated in the needs assessment process.

The data analyses discussions incorporated many of the perspectives gained in the interviews. Additional insights are summarized below.

- Substance Abuse is a stand-alone issue itself and also a contributing factor to teen pregnancies, child abuse/neglect, Hepatitis B and C, and sexually transmitted disease.
  - Particular concerns were the rising abuse of prescription drugs and the number of newborns requiring detox.
  - Weekend substance abusers – children who use alcohol/drugs on the weekends but not during the school week – is another issue as these children often have more trouble in school. This problem is

more difficult to address because the behaviors happen on weekends and the school is unable to monitor it.

- Many interviewees mentioned the challenges of obesity – both adult and childhood. Individuals indicated this was largely due to 1) the limited availability of healthy food and 2) the fast food lifestyles of many County residents. Some community services try to encourage healthier lifestyles – the West Virginia University operates a cardiac risk reduction program in collaboration with area schools, and the Wade Center provides supportive services, including nutrition to needy children and families. These services, however, do not have enough resources to make the substantial changes in lifestyle needed across the County to address the problem fully.
- Teen pregnancies were a concern expressed by many of those interviewed. Those working with pregnant teens indicated that many come from poor and uneducated families and think pregnancy will help fill a void in their lives. The schools teach abstinence only and some questioned the efficacy of this, yet the school system has not approved anything more (e.g., distribute condoms or other birth control products).
  - Interviewees also stated that the school system has not allowed health clinics in schools (at least 3 surrounding counties have these clinics), and have not allowed home schooling to teen mothers who do not have a medical reason to be at home. Some of these teen moms must miss school if they have no means of child-care and may not graduate from high school, thus furthering the cycle of poverty.
- Many community representatives discussed concerns over child abuse and neglect. Most of the area's children removed from families (through Child Protective Services) are removed for sexual abuse. Much of the area's child abuse is drug related; it was reported that 50% of abused children come from drug related families.
  - School programs exist for bullying, safety and abuse prevention. Several interviewees noted that area kids have less respect, manners and concern for others, often due to less and/or poor parenting.
  - Evidence of child neglect is seen the number of children in schools and related programs with head lice, who are consistently hungry, and lack general cleanliness.
- As seen in the data assessment, access to dental care is difficult for those with limited or without insurance. As a result, families often wait until teeth need major work before seeing a dentist. In some cases, schools and health workers are the ones to identify dental issues, especially in children.
- All agreed that physician availability and accessibility is an issue; some interviewees noted that not enough physicians focus on public health. This approach does not help address some of the health behavior and lifestyle issues facing Mercer County residents.

Perspectives on those factors causing some of the more pressing health and related issues emphasized the poor economy and an uneducated public. Additional thoughts included poor parenting, broken homes, and a lack of male role models. Many thought economic development could have a significant effect on many of these issues.

County residents could benefit from a central link to connect them with needed services; many residents and even program leaders are not aware of the services that are available in the area. A central link could foster greater collaboration among community services, optimizing the limited resources available.

## **Key Issues & Priorities**

The steering committee and PCH management team reviewed the assessment findings to identify and get consensus on the key issues facing county residents and the priorities for addressing those issues. The discussions identified the following key issues:

- Access to care/coverage
- Chronic disease – obesity, heart disease, diabetes
- Substance abuse
- Hepatitis B & C
- Teen pregnancy
- Child abuse/neglect
- Suicide

The Hospital selected four of these issues to address in FY 2014. Criteria used in determining these issues included the magnitude and severity of the need, the resources currently addressing the need, the potential for PCH to make a measurable impact, and the general capacity of PCH to respond successfully to the issue. The Hospital's strategies for addressing these health issues is provided in a separate document – "Princeton Community Hospital - CHNA Implementation Plan".

## APPENDIX

### Interviewed Community Representatives

✓ *Denotes steering committee member*

- ✓ Craig Hammond – Bluefield Union Mission
- ✓ Dr. Jerry Beasley – Retired President, Concord University
- ✓ Dr. (Pastor) Scott Bryan – Pastor of Crossroads Church and Professor at Bluefield College
- ✓ Dr. (Pastor) Ray Hurt – Pastor of Princeton Church of God
- ✓ Cathy Michels – Director of the Princeton Salvation Army
- ✓ Eric Lester – Director of the We Can Program through West Virginia Department of Health and Human Resources (DHHR) and the West Virginia Children’s Home Society
- ✓ Jeff Graham – Director of Mercer Charitable Clinic
- ✓ Linda Hutchens - Bluestone Clinic
- ✓ Mercer County Health Department - Melody Rickman, Director
  - Susan Kadar – Sanitarian
  - Judy Bolton – Nurse
  - Doris Irwin – Nurse, Sanitarian
  - Carl Cardin – Nurse, Food Services, Sanitarian
- ✓ Wayne Griffith - Princeton Community Hospital
- ✓ Rick Puckett - Princeton Community Hospital
- ✓ Tammy Neal - Child Protective Services of Mercer County
- George Sitler - Chief Assistant Prosecuting Attorney, Mercer County
- Tina Borich and Sonnee Stanley - Southern Highlands Rehabilitation Center
- Dwaine Harwick - Abel Crisis Center
- Rick Ball - Mercer County Board of Education
- Mary Bourne - The Wade Center