



2014-2018

Cheyenne County Public Health Improvement Plan

Cheyenne County, Colorado

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- Keefe Memorial Hospital
- Cheyenne Manor
- Cheyenne County Board of Commissioners
- Kit Carson R-1 School District
- Cheyenne Wells Re #5 School District
- Cheyenne Wells Fire Department
- Kit Carson Fire Department
- Cheyenne County Board of Health
- Cheyenne County Healthcare Coalition
- Cheyenne, Kiowa & Lincoln Early Childhood Connections
- Cheyenne County Sheriff's Office
- Cheyenne County Department of Social Services
- Cheyenne Wells Persistent Drunk Driving Prevention Youth Coalition
- Kit Carson Persistent Drunk Driving Prevention Youth Coalition
- Cheyenne County Clicks Passenger Safety Coalition

Executive Summary

Cheyenne County Public Health and our partners present this community based plan for improving the health of Cheyenne County residents. This Public Health Improvement Plan (PHIP) involved a one and a half year process and substantial input from a wide range of stakeholders across our county who participated in the process. Our plan will promote the community's vision, goals and objectives. It is our hope that this PHIP will be used by residents, community organizations, and leaders to facilitate positive and measurable change in Cheyenne County.

The process to create the PHIP started after Colorado passed the 2008 Public Health Reauthorization Act. This process involved gathering and presenting data, evaluating the current capacity of the public health system, and prioritizing action. It was undertaken in consideration of other community efforts working to improve the lives and health of Cheyenne County residents and visitors.

First, quantitative data about Cheyenne County health outcomes, compiled by the Colorado Department of Health and Environment (CDPHE) was shared with the community through organized community presentations. The next step was a random mail survey conducted by CDPHE to ask Cheyenne County residents a variety of questions concerning their personal health practices and concerns. In addition to developing and disseminating this survey, CDPHE also provided analysis of such. As a third step, Cheyenne County Public Health (CCPH) developed and conducted a Community Health Survey based on the findings of the state's random mail survey. This process allowed us to collect *qualitative data* from community members (all of Cheyenne County). This *qualitative data* was analyzed and ultimately prioritized which allowed us to determine which areas of health were perceived as presenting the greatest burden to our community and therefore deemed most important.

Once we completed gathering and analyzing data from the community, we moved on to the Capacity Assessment Phase of our process. Why a capacity assessment? The degree to which a public health system is able to achieve its community health goals is determined in large part by its capacity. A capacity assessment can help determine gaps in and/or duplication of core services within a public health system. Certainly this process helped us to better determine how and to what extent organizations within our community would be willing to contribute to our public health improvement plan (PHIP).

Our goal was to convene health care and community stakeholders together to develop a shared vision by being part of part of the prioritization process. This involved key stakeholders (representatives from organizations) prioritizing the list of issues. We endeavored to engage representation from as many local partners as possible who could provide shared leadership and vision and who could commit to ensuring focus to fulfilling our purpose.

Interestingly (and unfortunately) what we found is that there was limited resources (people who had or could commit to the time, interest, and expertise) toward fulfilling our purpose. Despite our

efforts, there was a limited number of organizations (individuals) who could commit to active participation in the process. Nevertheless, we did proceed with the process albeit CCPH mostly doing it alone.

Our staff spent much of late 2012 and most of 2013 examining local population health data, consulting health care leadership at the state level and heeding the opinions of Cheyenne County residents who had been involved in one or more of the processes. This led us to identify the following four priorities for community health improvement over the next five years:

Priority 1: Drug & Alcohol Abuse, especially in the underage population

Priority 2: Tobacco Use

Priority 3: Oral Health with Special Interest in the Pediatric Population

Priority 4: Generalized Healthier Living with special emphasis on Overweight and Obesity Prevention and Improved Nutrition

The following document outlines information relating specifically to Cheyenne County and the priority issues, and what the community will do to address these priorities. For each priority issue, goals, objectives and activities are detailed. We endeavored to select strategies and approaches based on their proven ability to impact change.

We hope that in the future we will be successful in gaining increased participation among community organizations. We say this because evidence shows that it takes the entire community as well as each individual to *make a difference* and create a healthy community in which Cheyenne County residents can live, learn and play. No single organization has the resources necessary to improve the significant issues outlined in this plan. The goal is to capitalize on available resources and coordinate efforts to increase the efficiency and effectiveness of our public and environmental health initiatives.



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Agency Director

For more information or to become involved, contact Cheyenne County Public Health at 719.767.5616 or refer to the Cheyenne County Community Health Assessment Data at this site:



Cheyenne County
Community Health Ass

Cheyenne County Overview and Demographics

Cheyenne County is located on Colorado’s eastern plains along the Kansas border. We are a frontier county that spans 1,778.28 square miles with a total population of 1,874, averaging .9 persons per square mile, 42 percent of which live in the unincorporated areas. The County includes the cities of Cheyenne Wells and Kit Carson and the unincorporated town of Arapahoe.

The demographics of Cheyenne County residents and for the state of Colorado are shown in the Table 1 below.

Table 1. Demographic Distribution of Cheyenne County and Colorado, 2011			
		Cheyenne County	Colorado
<i>Gender</i>			
	Male	50.2%	50.3%
	Female	49.8%	49.7%
<i>Age (years)</i>			
	0-19	31.6%	30.2%
	20-44		35.1%
	45-64		26.6%
	65 and older	17.7%	17.7%
<i>Race & Ethnicity</i>			
	White, non-Hispanic	86.3%	86.3%
	White, Hispanic	11.2%	11.2%
	Black	0.4%	4.3%
	Asian/Pacific Islander	0.7%	3.0%
	American Indian/Native Alaskan	1.1%	1.6%

Ethnicity: 88.5% white, 9.4% Hispanic, 0.8% Native American, 0.7% Black, 0.7% Asian. Less than 1% of homes are “linguistically isolated”, compared to 4% in CO overall

Age: 1.2% less than 1yr, 17.1% 1-14yrs, 7.3% 15-19yrs, 26% 20-44yrs, 30.3% 45-64yrs, 18.1% 65+. Cheyenne County has a higher proportion of 65+ compared to the state (11.1%).

Education, Income and Employment

Education: Cheyenne County has a high school completion rate of 84.1%, which is slightly lower than the Colorado average of 89.7% but exceeds the Healthy People 2020 goal of 82.4% (Colorado Department of Education, 2011). 15.6% of Cheyenne County residents age 25 years and older have an associate's or bachelor's degree or higher, compared to a significantly higher percentage (36.3%) for the state as a whole. (U.S. Census Bureau QuickFacts 2007-2011). Specific break-out is as follows:

- 1.2% no schooling
- 10.9% some school but no HS diploma or equivalent
- 34.2% HS diploma/GED/equivalent
- 22.6% some college
- 26.6% Associates or Bachelors
- 4.6% Master, professional school or doctorate.

Cheyenne County had 0% dropout rate in 2009-10, compared to 3.1% in the state, and had a 92.9% HS completion rate compared to 75.9% in the state.

Income: The median household income in Cheyenne County is \$47,188 per year (U.S. Census Bureau, 2011) as compared to \$57,685 for the state. 9.0% of Cheyenne County residents live below poverty level, compared to 12.5% for all Coloradans (U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE). As of 2011, an estimated 22.2% of children under the age of 18 years in Cheyenne County were living below the federal poverty level (U.S. Census Bureau, 2011(SAIPE) Kids Count Data Center). This is higher than our neighboring counties to the north (Kit Carson) and the south (Kiowa) but the same as our neighboring county to the west (Lincoln). The unemployment rate in Cheyenne County is 3.9% (2013Homefacts.com), amazingly low as compared to the state as a whole.

A significantly lower percentage of households received food stamps in comparison to the state as a whole (3.5% vs 5.7%). Fewer households with children or elderly people received food stamps in Cheyenne County compared to the state (Children: 48.3% vs 60.3%, Elders: 10.3% vs 20.4%). Median household income is also significantly less than the state (47,188 vs 57,685).

Employment: Unemployment rates in Cheyenne County have remained consistently lower than state rates for the last 5 years. 3 biggest employment industries are agriculture/forestry/fishing/hunting/mining (25.3%), education services/healthcare/social assistance (19.6%), and retail trade (11.1%).

Process for Developing the Public Health Improvement Plan

This Cheyenne County Public Health Improvement Plan is the result of a community-wide health survey, capacity assessment and prioritization process that was led by the Cheyenne County Public Health Agency. It was developed in partnership with a variety of organizations that impact the public health of Cheyenne County residents. The process outlined in the 2009 Colorado Public Health Improvement Plan, the Public Health Act of 2008 and the Colorado Health Assessment and Planning System (CHAPS) remained our overarching guidelines.

When we began trying to piece together the results from our community health assessment, we had three tiers of data to pull from:

- The statistics compiled from the Colorado Health Indicators database,
- Information collected from the general public through our community health surveys;
- Discussion points that came out of the capacity assessments as well as some community key informant and stakeholder interviews

Our goal with this initial analysis was to sift through the volumes of data collected and identify those topics that rose to the surface in both the quantitative data from the health statistics, and qualitative data from community members and stakeholders. We first began with the quantitative data then factored in qualitative data, assessing common themes that were mentioned frequently. We chose four topics that were repeatedly mentioned, some of them very broad, others more specifically, they included:

- Substance Abuse
- Tobacco
- Oral Health
- Healthier Living

Prioritization Process

Public health priority areas were selected in partnership with our stakeholders. Data on the health and environment of Cheyenne County along with the analysis of the community health survey was shared with participants during the community presentations and facilitated discussions ensued to systematically determine which issues should have a more intense focus over the next five years. The following criteria were considered in selecting public health priority areas:

- Significance to public health
- Our ability to impact the issue as well as support and political will for change
- Our capacity to address the issue (as well as that of our stakeholders)
- If sufficient resources (funding, staff, expertise) were available or obtainable

Local Public Health System Capacity Assessment

Cheyenne County Public Health Department: 2013 Capacity Estimation

To support phase IV: Assess system capacity, the following brief report estimates Cheyenne County Public Health Department and partners' system capacity to deliver each of the seven Core Public Health Services (Code of Colorado Regulation: 6 CCR 1014-7; Table 1). Estimates described here were created by summarizing Cheyenne's 2012 Public and Environmental Health Annual Report Survey. This survey was designed through collaboration between Colorado Department of Public Health & Environment's Office of Planning and Partnerships and the Colorado Association of Local Public Health Officials and completed by Cheyenne in early 2013. It was completed by the Public Health Director and other division staff and is thus based upon their perceptions and estimations.

Table 1. Overview of Core Public Health Services

1	<p>Administration and Governance</p> <p><i>To establish and maintain the necessary programs, personnel, facilities, information technology, and other resources to deliver public health services throughout the agency's jurisdiction. This may be done in collaboration with community and regional partners.</i></p>
2	<p>Assessment, Planning, and Communication</p> <p><i>To use assessment and planning methodologies to identify, evaluate and understand community health problems, priority populations, and potential threats to the public's health and use this knowledge to determine what strategies are needed to engage partners and improve health.</i></p>
3	<p>Vital Records and Statistics</p> <p><i>To record and report vital events (e.g., births and deaths) in compliance with Colorado statutes, Board of Health Regulations, and Office of the State Registrar of Vital Statistics' policies.</i></p>
4	<p>Communicable Disease Prevention, Investigation and Control</p> <p><i>To track the incidence and distribution of disease in the population and prevent and control vaccine-preventable diseases, zoonotic, vector, air-borne, water-borne and food-borne illnesses, and other diseases that are transmitted person-to-person.</i></p>
5	<p>Prevention and Population Health Promotion</p> <p><i>To develop, implement, and evaluate strategies (policies and programs) to enhance and promote healthy living, quality of life and wellbeing while reducing the incidence of preventable (chronic and communicable) diseases, injuries, disabilities and other poor health outcomes across the life-span.</i></p>
6	<p>Environmental Health</p> <p><i>To protect and improve air, water, land, and food quality by identifying, investigating, and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment. These activities shall be consistent with applicable laws and regulations, and coordinated with local, state and federal agencies, industry, and the public.</i></p>
7	<p>Emergency Preparedness and Response</p> <p><i>To prepare and respond to emergencies with a public health or environmental health implication in coordination with local, state and federal agencies and public and private sector partners.</i></p>

Cheyenne County Public Health Capacity Estimation Summary

Core Public Health Services							
	Administration and Governance	Assessment, Planning and Communication	Vital Records and Statistics	Communicable Disease Prevention, Investigation and Control	Prevention and Population Health Promotion	Environmental Health	Emergency Preparedness and Response
Personnel and FTE*			3 personnel; 0.10 FTE	3 personnel; 0.25 FTE	3 personnel; 0.05 FTE		
Perceived Capacity		Moderate	Basic	<ul style="list-style-type: none"> Basic capacity in disease transmission prevention Moderate in disease reporting and investigation and transmission prevention and education High capacity in immunizations 	<ul style="list-style-type: none"> Clear need for increase in chronic disease prevention and education Basic in maternal and child health and injury prevention 	<ul style="list-style-type: none"> Clear need for increase in sanitation of institutional facilities, air-borne threats, land use planning and development and other EH threats Basic in food safety and solid and hazardous waste Moderate in zoonotic and vector-borne threats 	Moderate to high
Other	Agreement with Cheyenne County Social Services to provide child welfare services has improved budget and allowed retention of a second nurse position.	No dedicated FTE			Loss of funding for chronic disease prevention and education WIC, well-child clinics include regularly-scheduled well-child screenings, immunization services and assistance scheduling necessary follow-up appointments	New contract with Kit Carson County Health & Human Services to provide limited environmental health services	Stable funding and continual building of capacity; dedicated part-time staff and good consultative oversight from CDPHE

*Full Time Equivalent

The following table represents the perceptions of CCPH nursing staff with regard ranking the *Priority Issues* using the following scale with 1 being high and 5 being low.

	Capacity	Importance
Priority Issue 1 – Drug & Alcohol Abuse	1	1
Priority Issue 2 – Tobacco Use	1	1
Priority Issue 3 – Oral Health	1	1
Priority Issue 4 – Healthier Living	5	1

Goals and Strategies for Improving Community Health

The following action plans detail the initial steps that will be taken by Cheyenne County Public Health and its partners over the next 5 years in each of the chosen priority areas. Implementation of the strategies listed in the action plan will require the continued effort by staff as well as involvement of community stakeholders in order to be successful. Further identification and implementation of strategies will require ongoing partnerships to address each priority area and set measurable goals.

Priority 1: Drug & Alcohol Abuse, especially in the underage population

CCPH will address underage alcohol use and drinking and driving through a comprehensive alcohol education program for youth, providing alcohol-free activities, and a social marketing campaign to address social norms surrounding the issue.

Drug & Alcohol Abuse, especially in the underage population

STRATEGY: *CCPH will address underage alcohol use and drinking and driving through:*

- 1. A comprehensive alcohol education program for youth**
- 2. Provision of alcohol-free activities**
- 3. Design and implement a social marketing campaign to address social norms surrounding the issue**

For Strategy #1, we will measure:

- Number of students reached**
- Number of merchants reached**
- Number of parents reached**

For Strategy #2, we will measure:

- Number of alternative activities offered**
- Number of alternative activity attendees**

For Strategy #3, we will measure:

- Number of businesses/outlets targeted**
- Brochures developed and dispersed**
- Newsprint articles published**

Drug & Alcohol Abuse, especially in the underage population

Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible
Decrease the numbers of adolescents (age 13 to 18 years) who report drinking and driving in the last 30 days by 5%	By December 30, 2014 CCPH will increase the overall awareness of health dangers associated with juvenile alcohol use within the community of Cheyenne County by publishing three articles in local newspaper and holding two community events to share analysis of <i>Healthy Kids Colorado</i> Survey.	Research, write and submit articles for local newspaper	CCPH
		Plan and hold community event to share analysis of <i>Healthy Kids Colorado</i> Survey	CCPH
Progress Updates			
enter date)	(briefly describe accomplishments to date)		

Priority 2: Tobacco Use

Tobacco use remains the leading cause of preventable death in Colorado and is a major driver of healthcare costs. Tobacco use kills 4,300 Coloradans each year – more than alcohol or other drug use, suicide, homicide, motor vehicle accidents, fires and AIDS combined. Smoking trends today determine death and disease trends tomorrow.

Tobacco Use			
<p>STRATEGY: CCPH will reduce the burden of tobacco use on the citizens of Cheyenne County by: Implementation of evidence based strategies for tobacco cessation and reduction of secondhand smoke (SHS) exposure</p>			
<p>We will measure:</p> <ul style="list-style-type: none"> • Number of employers contacted • Number of self-help materials distributed • Number of staff trained • Media developed and published 			
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible
Reduce the percentage of Cheyenne County individuals who currently smoke to 12%	By December 30, 2014 CCPH will implement evidence-based strategies in an effort to promote tobacco cessation and reduce SHS exposure reduction in two businesses.	Contact a minimum of (5) employers to promote Freedom From Smoking (FFSCP) classes to its employees	CCPH
		Provide continuous support and resources (i.e. QuitLine materials) to employers, to ensure the efficacy and sustainability of the groups' tobacco cessation efforts.	CCPH

		Provide self-help materials to be distributed (i.e. Quit Kits & Brochures)	CCPH
		Increase amount of staff trained in Baby and Me tobacco Free	CCPH
		Develop media promotion re: tobacco awareness	CCPH
		Promote public awareness of established programs	CCPH
Progress Updates			
enter date)	(briefly describe accomplishments to date)		
(enter date)	(briefly describe accomplishments to date)		

Priority 3: Oral Health

Children’s oral health is one of the top priorities for the nation – and Colorado. Colorado’s governor has designed children’s oral health as one of the state’s 10 Winnable Battles over the next five years. Oral disease may unnecessarily impact a child’s performance in school, speech development, nutrition, self-esteem, and sleep.

Oral Health			
STRATEGY: Improve the Oral Health of children ages 3 to 8 in Cheyenne County by: Implementation of Oral Health Educational Program & Provision of School-Based Oral Health Services to include Oral Health Exams, Fluoride Application and Sealants			
We will measure:			
<ul style="list-style-type: none"> • Number of kids served in school based oral health program • Number of kids who receive fluoride application • Number of kids who receive sealants 			
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible
Improve the oral health of children age 3-8 in Cheyenne County by providing education	By December 30, 2014, conduct oral health educational sessions for 50 parents/guardians of pre-	Develop oral health curriculum addressing such issues as tooth brushing and flossing, water fluoridation and fluoride treatments, dental sealants	CCPH
		Schedule dental health education sessions in two schools	CCPH

surrounding the impact of oral health on the child's general health as well as provision of limited preventative oral health services	school and K-2 students	Conduct programs	CCPH
		Promote free screenings and prophylaxis at each educational session	CCPH
		Obtain permission for prophylaxis from parents at education sessions	CCPH
	By December 30, 2014, conduct limited oral health preventative services for children 3-8 in 2 schools	Contact participating schools and schedule oral health screenings	CCPH
		Obtain permission and schedule children for screening and prophylaxis appointments	CCPH
		Conduct screenings and refer children with identified disease to local dental providers	CCPH
		Follow up with parents of children who have been referred to determine if services have been provided	CCPH
Progress Updates			
enter date)	(briefly describe accomplishments to date)		
(enter date)	(briefly describe accomplishments to date)		

Priority 4: Generalized Healthier Living

Despite Colorado’s ranking as one of the leanest states in the nation, more than half of Colorado adults are overweight or obese. The proportion of Colorado adults who are obese more than doubled during the past 15 years, from 10.3 percent in 1996 to 21.4 percent in 2010. Obesity also threatens the health of future generations. Colorado ranks 29th among states in childhood obesity (ages 10-17 years). One of every eight children ages 2-14 in Colorado is obese.

Obesity increases a person’s risk for several serious illnesses: heart disease, type 2 diabetes, high blood pressure, high cholesterol, stroke and some types of cancer. As a result, health care for conditions related to obesity costs Coloradans more than \$1.6 billion each year. Children who are overweight are more likely to become obese adults, compared to normal-weight children.

SMART Objectives	Action Steps (Activities)	Organization Responsible
	<ul style="list-style-type: none"> • Diligently watch for funding opportunities • Explore funding opportunities that arise • Explore nutritional education and activity programs that could be implemented in the schools • Survey community members to ascertain thoughts and feelings surrounding nutrition, access to nutritional foods, and barriers to exercising • Initiate discussion with local community hospital and medical providers to support efforts and promotion of education 	Organization Responsible CCPH
(briefly describe accomplishments to date)		
(briefly describe accomplishments to date)		

Monitoring and Evaluation

Cheyenne County Public Health is committed to making Cheyenne County the healthiest county it can possibly be. Key steps to achieving this goal will include implementation of effective public health programs. There are a lot of worthy concepts that never achieve their potential impact because they lack one or another of the essential components for success, to include adequate funding, effective partnerships with public and private organizations; and political commitment to obtain resources and support for action.

Monitoring and evaluation for our plan will be dependent upon the above. In addition, it and shall occur as detailed in the project plans for each of the priority areas. At semi-annual intervals, each priority area shall be assessed for achievement of objectives, emerging needs, and areas of continued improvement and/or expansion. As new data emerges, this data will be analyzed as part of that annual review.

Emerging health needs may require the re-alignment of resources. Adaptability will be necessary to ensure positive impact on the health of Cheyenne County residents. In the fifth year of this five-year plan, Cheyenne County will conduct a comprehensive community health assessment, to ensure that new areas of need are identified and considered for prioritization in the subsequent five-year plan.

Coordination with the Colorado Department of Public Health and Environment and other Public Health System partners

It is intended that this local public health improvement plan, along with other local PHIPs across the state, will inform the next statewide planning process for the purposes of:

- Increasing the efficiency and effectiveness of the public health system statewide;
- Identifying gaps and the need for greater resource allocation to support core public health service provision;
- Informing statewide goals and priorities for improvement; and
- Informing the state health agency in order to support and promote local public health

Financial resources available to meet identified public health needs and to meet requirements for the provision of core public health services

Cheyenne County Public Health will continually seek ways to develop and sustain funding sources for core public health services and innovative programming. The advent of the Affordable Care Act and mandated coverage of *preventive services* may also provide for some sustainable funding; certainly one of those being immunization services, of which CCPH will continue to build expertise in billing.

Additionally, our agency will endeavor to explore other services that may improve the overall health and wellbeing of the citizens of Cheyenne County. As a means of developing sustainability, CCPH aims to align our future prevention, outreach, education, and care coordination services with current payment reform activities. Certainly the challenge before us is to work within the requirements of a myriad of

state and federal programs and find permissible and practical ways to create sustainable programs that can best serve the needs of individuals of Cheyenne County.

We are keenly aware that *Prevention* can play a vital role in improving the value of healthcare. We are, therefore enthusiastic towards the pursuit of *clinically appropriate methods of program and service integration*. To that end, our agency has applied for and received funding from the Colorado Division of Behavioral Health for our *Cheyenne County Persistent Drunk Driving Prevention Program*. In addition we are partners (along with nine other Northeastern Colorado Counties) in a Colorado Trust Convening Colorado grant, *Smiles Across the Plains* in an effort to improve oral health for all residents of NE Colorado. These two grants are both aligned with our PHIP goals and objectives.

Sources of funding and total funding brought in as revenue from January 1, 2012 - December 31, 2012	
State Local Planning and Support (HCP & State Nurse)	\$21,580
County Sources	72,000
City/Other Local Sources	0
State Sources – including fed pass through (Core IZ & A-35, PDD, EPR, MRC, ECOG, DOT)	100,529
Federal Sources (Direct)	0
Private Foundations/Donations (NACCHO & Caring For CO)	10,000
Medicaid/Medicare (Medicaid only in 2012 but will normally include Medicare as well)	1,649
Patient Personal Fees	6,528
Private Health Insurance (Did not bill private insurance in 2012 but do now)	0
Non-clinical Fees and Fines (Vital Records)	2,788
Other (Homemaker Donation, Contractual Revenue with DSS & School Districts)	54,732
Total Funding	\$100,529

Conclusions

We at Cheyenne County Public Health are keenly aware that there are challenges before us. We are also keenly aware that some public health programs do not achieve their potential impact while others succeed in improving health outcomes. Certainly, limited and unstable funding, lack of means to improve performance, workforce limitations and insufficient political commitment can all cause public health programs to fail.

Implementation can succeed and be sustained if organizations effectively, systematically and passionately address their goals and objectives. We will embark upon this five-year process realistic yet enthusiastic towards our challenges!