

10-5-043

Colorado Rural Health Care

GRANT PROGRAM



FINAL REPORT TEMPLATE

This form must be signed and returned with the Grant Report Narrative. Please complete and return this report by June 30, 2010. No further grant requests from your organization can be considered until this report has been completed and returned.

Name of organization reporting: Preventive Family Dental Hygiene, PC

Dates covered by this grant: from July 1, 2010 to June 30, 2011

Executive Director: Julie A Huddleston

Phone and Email: 719-346-7746 jhuddleston@centurytel.net

Contact person: (If different from Executive Director) _____

Title: President / Registered Dental Hygienist

Phone and Email: 719-346-7746 jhuddleston@centurytel.net

Mailing Address: P.O.Box 94

City/State/Zip: Burlington, CO 80807

Fax Number: 719-346-5360

Amount of Grant: \$48100.61

Purpose of Grant: Purchase a Digital Panoramic/Cephalometric Digital X-ray Unit and Gendex Vix Win Platium Digital Imaging Software, addressing our community needs and developing an infrastructure to collaborate with other oral and medical healthcare providers.

I hereby certify that the above and attached statements are true and accurate.

Signature of Executive Director or Authorized Board Officer

Date

I. NARRATIVE

A. Results/Outcomes

1. Please describe the progress made toward the stated goals and objectives related to this specific grant.

Proposed Dental Equipment ,software, computer and printer was purchased and installed, staff trained and competent on operations and began use on July 8, 2010.

2. What difference did this grant make in your community or neighborhood and for the population you are serving?

Improving oral health services through enhancing our infrastructure. Access to care and treatment has been improved. Patients save a 2 hour round trip for necessary x-rays. Client, Dental and Medical provider satisfaction, has been 100% positive and very well received. To date 61 total patients have utilized our new technology. Of the 61 patients, 21(29%) were covered by Medicaid or CHP or underserved.

3. Describe collaborations, if any, related to the work funded by this grant and how it impacted your efforts.

Within minutes, we can collaborate with any medical or dental provider via emailing images for rapid diagnosis in turn saving patients time and money.

B. Photographs and Testimonials

1. Please provide any photographs or testimonials that demonstrate the impact the project has had on the community.

Photos enclosed.

Verbal testimonials from all providers and clients have been 100% positive.

2. Please provide an example of a success story that demonstrates the benefit of the project to your community.

We had a Child Medicaid patient with extreme pain, referred to us from a dental office who does not accept Medicaid. With our new technology and rapid diagnosis, we were able to take care of this patient without having to travel. The mother was extremely grateful and has since brought her other two children for preventive primary care.

C. Future Plans

1. What are the plans for sustaining the impact of the use of these funds?

Preventive Family Dental Hygiene, PC will continue to provide preventive care and increase collaborative efforts with other dental and medical providers to improve the health of our patients. We are also able to retain an orthodontist and be more attractive to other primary dental providers for future.

- 2. What plans do you have to communicate your outcomes and lessons learned with others?
We will share with others at professional conferences and community events.
- 3. If you have identified areas where increased collaboration between organizations or sectors would lead to increased positive outcomes for your constituents, briefly describe your ideas.

Preventive Family Dental Hygiene, PC has increased collaborative efforts with other Dental Providers as well as patients and their parents via emailing images for consultations, in turn a better understanding of current conditions of the patient. The success of all dental treatment depends on the efforts and understanding of all parties involved.

D. Other Comments

- 1. Please share with us any recommendations you have for our grant making or reporting process.

Preventive Family Dental Hygiene, PC is very appreciative of the professional and expeditious help from Colorado Rural Health Center in making this grant process successful for our community. Thank you. I found the grant writing workshop very useful and plan to attend again this year. The hardest part for me was waiting for the results. Thank you again!

II. FINANCIALS

- 1. Please provide income and expenditure information compared to the approved budget for that project or program. If there are any major variances, please explain.

Invoices included for below expenditures



ray unit and the computer/printer.