Due date is 12 months after signature on Grant Acknowledgment Form

Grant Report Form

The Joanna Foundation

Section 1. Organizational Information

Organization Name: Edisto Indian Free Clinic

Mailing Address: 1125 Ridge Road

City: RIDGEVILLE State: SC Zip: 29472-7846

Authorized Officer for this Grant: Dr. John Creel

Individual's Email Address: revdoc@lowcountry.com

Individual's Title: Executive Director

Individual's Phone Number: (843) 871-2126

Have the grant funds been fully expended? Yes (●) No ( )

If "No," stop here and contact The Joanna Foundation for consultation.

Section 2. Grant Summary

Start Date *(date on p.1 - mm/dd/yyyy)*: 01/01/2024

Grant Amount: $ 5,000

Project Title: Free Clinic

Overall Purpose *(select one)*

- Operating support [✔]
- Administrative/technical support [ ]
- Seed money/startup funds [ ]
- Specific project/program [ ] *(insert title or one sentence summary below)*
- Matching funds [ ]
- Capital campaign [ ]
- Facilities/equipment [ ]

Were major changes made to the project after the grant was received? Yes ( ) No (●)

If "Yes," please explain why and summarize the changes as part of your Summary of Impact.

Section 3. Summary of Impact

Separately, using software of your choice, write a concise summary of how the grant helped achieve the objective of the request. For example, you may mention activities to date, progress toward milestones, participation by volunteers, partners or audience members, and/or significant achievements. You may use metrics to show change or anecdotal examples to illustrate impact. You may use bullets or lists. Describe the difference that The Joanna Foundation grant made to your organization in this time frame. We recommend one page of text or less. You may add items that showcase your work, such as a photo, graphic, chart, media article, testimonial, or link to a short video.

When you are satisfied with your draft, save your Summary of Impact in pdf format, attach any additions, insert your material after this page, and submit the combined file (consisting of this 2-pg form + your materials) as a single pdf file.

In 2024, the clinic served 365 patients with 862 visits. 147 of those patients were new.

The patients served are a population who don't receive regular preventive care and are at high risk. The EIFC provides this care and follow up and improves outcomes for those with common medical issues including hypertension and diabetes. Last year the clinic served 365 patients with 862 total visits. The EIFC prevented 302 Emergency Room visits in 2024 (35% of ER visits could be clinic visits), for an estimated savings of **$664,400** to the community (2022 US Healthcare study, Average ER visit = $2200). Demonstrating the benefits EIFC provides to the community, **in 2024 61% of hypertensive patients were successful in decreasing their blood pressure.**

Patient Profile

Year	Number patients total	% with Hypertension	% with Diabetes	% with COPD	% Use tobacco	% obese	% receiving MH services
2024	365	49%	25%	3%	35%	64%	23%

County	Colleton	Dorchester	Charleston, Berkeley, Beaufort, Hampton, Orangeburg, Sumter, Greenwood
	58%	31%	2% or less each

This clinic serves one of the more diverse populations in the state, as represented below:

Patient Race	Caucasian	American Indian/Eskimo	African American	Hispanic	Asian
2024	47%	22%	22%	6%	2%