



State of South Carolina
Department on Aging

Henry McMaster
Governor

Connie D. Munn
Director

Alzheimer's Resource Coordination Center Advisory Council
Tuesday, September 17, 2024
Meeting Minutes

The Alzheimer's Resource Coordination Center Advisory Council met Tuesday, September 17, 2024
at 10:00 am via Zoom.

This meeting is in compliance with the Freedom of Information Act's mandate that the public be notified when the public's business is being done and that furthermore, the public has been notified that this meeting is accessible to individuals with disabilities, and special accommodations can be arranged if requested in advance.

Present:

Ms. Megan Beyers	University of South Carolina
Mr. Andrew Boozer	SC Association of Council on Aging Directors
Dr. Jessica Broadway	VAMC, Charleston
Dr. Steve Carroll	Medical University of South Carolina
Ms. Dana Daniel	SC Department on Aging
Dr. Sara English	National Association of Social Workers, SC Chapter
Dr. Miriam Evans	South Carolina State University
Ms. Emma Kennedy	SC Department of Public Health
Mr. Joseph Meyers	American Association of Retired Persons, SC Chapter
Dr. Maggi Miller	South Carolina Alzheimer's Disease Registry
Dr. Cynthia Port	Coastal Carolina University
Ms. Kassie South	LeadingAge, South Carolina Chapter
Ms. Taylor Wilson	Alzheimer's Association, SC Chapter

Absent: Dr. Miroslav Cuturic, Dr. Melissa Gilliam, Dr. Scott Habakus, Ms. Mary Peck, Ms. Kelly Cordell, Dr. Nicole Davis, Ms. Denise Kish, Mr. Robert McBurney, Ms. Janae Stowe, Ms. Margaret Alewine

Guests:

MUSC/SCAN: Dr. Nick Milano, Tracey Waring
SC DPH - Ms. Emily Ash, Ms. Karilyn Tremblay, Ms. Jillian Catoe, Ms. Jessica Plair
SCDHHS – Mr. Russel Morrison (proxy for Ms. Alewine)



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Department on Aging

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CALL TO ORDER:

Ms. Wilson called the meeting to order at 10:02 a.m., read the FOI statement/Americans with Disabilities Compliance Pledge, and welcomed all council members and guests to the meeting.

APPROVAL OF MINUTES:

Dr. Carroll motioned to approve the March 2024 minutes, and Ms. Kennedy seconded the approval. Dr. Carroll motioned to approve the June 2024 minutes, and Dr. English seconded the approval.

Guiding and Improved Dementia Experience (GUIDE) Model/SC Alzheimer's Network (SCAN) Update

Dr. Milano reported that while working to get the MUSC program SCAN started last fall, Medicare announced the new GUIDE Model. GUIDE is a new payment model that improves the care received by patients living with dementia and ensures that they receive ongoing support and care from health systems. The payment model differs from the original "pay for service" model, where the provider receives payment at each visit, to a monthly payment. If a provider has a patient enrolled in GUIDE, the provider will receive a monthly payment from Medicare that varies based on how complicated the patient's care is. For an institution to qualify for GUIDE participation, the institution must have at least one clinician with expertise in dementia care and a care navigator. GUIDE Model sites must provide a comprehensive assessment and care plan, offer 24/7 patient care access, and provide ongoing monitoring and support, care coordination, respite, and caregiver education and support. All services provided do not have to be provided by the healthcare institution but can be done in partnership with other organizations. Dr. Milano is confident that they can use community partnerships to provide some of the required services, such as respite care.

When reviewing the GUIDE Model, the SCAN team recognized that the GUIDE requirements aligned with much of the work already being done by SCAN. However, they also recognized that SCAN was not designed to follow every patient with dementia but rather partner with primary care. MUSC decided to partner SCAN with the MUSC Geriatrics department. Patients will receive their initial diagnosis through SCAN, complicated patients/patients with atypical dementia will stay with neurology/SCAN, and patients who are more stable will be referred to geriatrics. Care navigators will be available for patients in both the SCAN and Geriatrics departments. This program will begin in July 2025.

Ms. South asked if there is a partnership between the GUIDE Model and retirement communities. Dr. Milano stated that any residents of retirement communities can enroll in GUIDE with providers who are at participating sites. He states that if these communities offer some of the required services, then they could be potential partners. Dr. Milano offered his email (milano@musc.edu) for Council Members to reach out regarding potential partnerships as they work to get the GUIDE program up and running at MUSC.



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Dementia Care Specialist Update

Ms. Daniel provided a brief update on the Dementia Care Specialist (DCS) program. The SC Department on Aging was awarded \$1.1 million of recurring funds for 10 DCSs throughout the state. This will allow the current DCS to continue with the program and hire nine additional DCSs. Each DCS will be placed in one of the ten regions. The additional nine DCSs will be rolled out in three phases: the first three DCSs will be onboarded by November 2024 for the Upper Savannah, Lower Savannah, and Pee Dee Regions; March 2025 will see DCSs onboarded for Catawba, Santee Lynches, and the Lowcountry regions; and the final three DCSs will be hired by August 2025 for the Trident, Appalachian, and Waccamaw Regions. The Department on Aging is looking to partner with local libraries to house the DCSs so that they are in a neutral, nonmedical, and easily accessible location. Ms. Wilson expressed excitement over the program's expansion and asked that the positions be shared with the ARCC Advisory Council Members when available so that they can share the openings to assist with filling the positions.

State Plan Implementation Update

Ms. Tremblay reviewed the implementation plan for the Statewide Plan to Address ADRD. She states that a vendor was hired to help review the state plan's 52 objectives. She also reviewed the proposed timeline for the implementation plan. The hope is that by October, more resources will be available and provided for ARCC subcommittees, and subcommittees will meet in November to review the resources and discuss implementation plans. The implementation plan aims to make the Statewide Plan actionable, sustainable, and focused. The 52 objectives of the state plan were reviewed to see how they may be linked with the appropriate subcommittee.

In the coming subcommittee meetings, DPH will help facilitate guiding questions for state plan implementation. Ms. Tremblay stressed that they are looking for shared goal alignment, available resources, and ways to make the objectives sustainable and effective. She asks that council members consider their role and their current subcommittee assignment to ensure that they are appropriately assigned and that they can carry out the duties for that subcommittee. They are also looking for champions to take the lead on different initiatives. Ms. Tremblay stated that DPH may be able to assist with some funding initiatives and subcontracting out mini-grants, but not much funding is available. She noted that the champion for each initiative will need to know how attainable/relevant the initiative is and what resources, including funding, will be needed to get it off the ground.

Ms. Wilson held a vote asking if ARCC members will attend subcommittee meetings in November, based on schedule allowance, to help with the implementation of the state plan. Each subcommittee will meet for 90 minutes. The motion passed. Scheduling polls will be sent out from DPH.



State of South Carolina
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Orangeburg Stakeholder Meeting Update

Ms. Wilson reviewed the results from the stakeholder meetings in Orangeburg. She stated that a 2023 study found that Orangeburg County has the 8th highest prevalence of Alzheimer's in the nation. She states that Orangeburg County has one hospital and one neurologist, and there are several areas where no doctors are available. The Alzheimer's Association went to Orangeburg County to host stakeholder meetings to try to determine what services were already being offered in the community and what services may be needed. They planned to host three caregiver forums but canceled one due to inclement weather. There is a plan to hold a healthcare provider listening session on September 24 to look at all healthcare providers in Orangeburg County who serve persons living with ADRD. Once all meetings are done, the plan is to bring all stakeholders back together and provide recommendations.

Ms. Wilson stated that services are being offered in the area, but no one is willing to engage in those services. She reports that there is a high incidence of stigma in Orangeburg County surrounding ADRD. At one of the listening sessions, one caregiver admitted to lying to their spouse with dementia to attend the session so as to avoid the person with dementia feeling embarrassment or shame. A pastor in Orangeburg County stated that he has a memory café every Thursday that offers free food, sitter services, and live music that he has had to cancel the last four months due to too little to no attendance. Three long-term care facilities tried to come together to host a monthly support group, but no one came. In North, SC the mayor and the county clerk were the only attendees, but 17 people did request that they be provided with the brochures. Many people in Orangeburg County are afraid of being deemed "crazy," losing their homes and losing custody of grandchildren, hindering them from publicly seeking assistance. There is poor education and understanding of ADRD in the community, and individuals avoid talking about a dementia diagnosis/needing assistance publicly to avoid shame/embarrassment.

Ms. Wilson stated that only two healthcare providers have registered for the healthcare forum despite a heavy advertisement push from the Alzheimer's Association in the newspaper, online, local news blasts, and cold calling medical provider offices. She states that the Orangeburg County community feels strongly that medical providers do not care about the dementia population and often, after giving a diagnosis, do not provide any referrals or follow-up assistance. Ms. Wilson states that there is a serious issue regarding attitudes, knowledge, and behaviors in Orangeburg. She states that a public awareness campaign is needed and is asking permission from the Alzheimer's Association to request one-time funds from the state legislature to run a campaign in Orangeburg County providing education about ADRD. The goal is to try to get into the communities with an alternative public education model where one event is promoted, such as a crafts fair to create fidget blankets for long-term care residents, and while there, attendees will be provided education about ADRD to try to reduce some of the stigma, bias, and shame that is associated with these diagnoses. Ms. Wilson states that she is currently in discussions with several researchers, including the Maya Angelou Center in North Carolina, to try to determine how to develop a campaign to help address these misconceptions and feelings of guilt/shame surrounding a diagnosis of ADRD.



State of South Carolina
Department on Aging

Henry McMaster
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Dr. Broadway addressed the lack of provider education in Orangeburg County surrounding ADRD. She suggested possibly seeing about a policy change requiring healthcare providers to have 1 CME each year surrounding dementia care. Dr. English agreed with the suggestion and added that she is working on a grant for CMS that deals with provider education. She also pointed out that many healthcare providers state that there is not enough time in the visits to provide the necessary counseling/education that this population needs, as they are required to complete visits in 15-minute increments. Ms. Wilson reported that policy change would be very difficult to accomplish in South Carolina as many people have very strong opinions about policy change and would push against it. She also mentioned the [CPT Code 99483](#), which allows for providers to bill for cognitive assessment and care planning services, among other resources. She states that educating providers about this billing code could be beneficial. She also noted that the mistrust those living in Orangeburg County have for their local healthcare community needs to be addressed, citing that many community members would rather drive 1.5 hours than go to their local hospital. Ms. Wilson noted this might be addressed through easily accessible education for medical providers in the Orangeburg County community and putting so much pressure that if providers were not a part of it, their patients would question them about it. Ms. Wilson states that many of the county's doctors are either older or "on loan" and will not be staying in the area. She reports that physician retention is poor in the area, so much of the education may need to go to the nursing staff and physician assistants, as they tend to stay in the area longer.

Ms. Kennedy stressed how important it is to address the stigma, even from a risk reduction perspective, and BOLD may be able to act as a contingency in the efforts to combat it. Ms. Wilson stated that she may ask for a letter of support from the ARCC to send to the state legislature, along with the request for funds to run a campaign in Orangeburg County to educate people about ADRD.

PCP Survey Update

Ms. Catoe reports that 71 responses have been received. The previous survey completed in 2022 had around 97 responses from providers. The goal is to reach at least 100 responses to be comparable. ARCC Council Members were encouraged to share the [PCP Survey](#) with any providers they may know, but at least with their own primary care provider, to get more respondents.

Alzheimer's Association International Conference (AAIC) Update

Ms. Wilson stated that the AAIC is the largest global convener of dementia researchers. 8,000 people from 101 countries attended in person this year, and about 5,000 attended virtually.

Dr. Carroll states that much of the AAIC focused on biomarkers. Researchers were looking at known biomarkers while also trying to find new biomarkers. He stated that a reason the biomarkers were so heavily looked at is that they may change/indicate a dementia diagnosis even before there is any clinical evidence of altered mental status, and the hope is that if treatment is rendered earlier, treatment will have a much larger impact and a greater chance of slowing disease progression. Genetics was another big focus at the



State of South Carolina
Department on Aging

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conference. Researchers were looking at risk genes for developing the different causes of dementia. There was also discussion about ongoing clinical trials.

Dr. Broadway stated she attended the AAIC virtually. She noted that the focus of this year's conference was largely on blood-based biomarkers. There was also discussion about the Anti-amyloid therapies that are currently being utilized, and how long they should be used for treatment. She also mentioned good presentations on radiologic findings of the difference between Amyloid-related imaging abnormalities (ARIA*) focusing on the difference in radiologic signatures between cerebral amyloid angiopathy (CAA) vs typical vascular changes one might expect to see comorbidly with Alzheimer's disease.

*ARIA = microhemorrhages and edema that can occur with the anti-amyloid therapies

Ms. Wilson shared [research press releases](#) from AAIC. The Alzheimer's Association is launching a new journal on the impacts of behavioral, social, and economic factors on health and dementia care in aging. Dr. Crystal Glover from the Rush ADRC in Chicago will run it. The journal will focus on equity, health equity, and dementia risk as well as methods for risk reduction.

Using blood tests to help diagnose ADRC was another key release that was made. Ms. Wilson states that right now, the only things that can be utilized to identify biomarkers that can confirm an Alzheimer's diagnosis are PET Scans and a spinal tap. Dr. Broadway stated that the issue with PET Scans is that the tracer needed for the scan is limited, must be flown in, and cannot be made in South Carolina. Dr. Carroll stated that the ADRC is currently trying to get a cyclotron, which is a particle accelerator that produces the radioactive component of the tracer used for PET imaging.

Ms. Wilson also discussed sessions she sat in at AAIC, which included how to manage impairment of the senses (hearing loss, vision) in persons living with dementia, improving dementia outcomes in minority populations, and the relationship between chronic comorbidities and dementia. She stressed that the research from the AAIC focuses not only on diagnosis and prevention but also on how to reach the people most affected by these diseases and how to keep a quality-of-life measure for people with dementia.

Alzheimer's Disease Research Center (ADRC) Update

Dr. Carroll confirmed that the ADRC application was submitted. A study session has not been scheduled yet, but the ADRC team has been working with a consultant to review the application for any improvements that may need to be made. The consultant is Dr. Zaven Khachaturian, who created the concept of ADRCs during his time at NIH. After reviewing the application, the consultants stated that they have not found any "fatal flaws" and that if the application is denied, it will likely be for minor details. As they wait for NIH review, they have been developing the ADRC infrastructure that the NIH requires. Much of the core equipment, including the instrumentation needed for biomarker testing, is already in place. They are also digging more into genetics.



State of South Carolina
Department on Aging

Henry McMaster
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The first publications by the ADRC institutions (MUSC, USC, Clemson) have been accepted and are coming out. Dr. Carroll states that the next steps for the ADRC are to contact senior leadership at each institution to see what these universities can offer to help support/move the ADRC forward.

Alzheimer's Disease Registry Update

Dr. Miller stated that they have received the final source for registry data and hope to have the county-level fact sheets and the next iteration of the SC Alzheimer's Disease Registry Report out by the end of the year.

Dr. Miller also reports that they are continuing to work on utilizing data garnered through the registry for research purposes. They recently published a paper in partnership with MUSC focusing on the longevity within the SC Alzheimer's Disease Registry. They are also in the process of publishing additional papers, including two that focus on the veteran population and mortality and incidence rates.

Ms. Wilson asked if an executive summary could be shared as the papers were written so that fact sheets could be created to share with the legislature and other stakeholders. She mentioned that the information on the veteran population may be particularly helpful as there is a Veteran and Family Affairs subcommittee within the SC Senate, and the veteran population is one of the focuses of the SC ADRC. She stressed the need to figure out how to utilize these papers outside of the field of research to work on the deliverables of the state plan.

Adjournment/Closing

There being no other business, Ms. Wilson adjourned the meeting at 11:46.

Next Meeting:

Tuesday, December 10, 2024, at 10:00 am

Respectfully submitted,

Dana M. Daniel, LMSW



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Alzheimer's Resource Coordination Center Advisory Council
Tuesday, December 10, 2024
Meeting Minutes

The Alzheimer's Resource Coordination Center Advisory Council met Tuesday, December 10, 2024
at 10:00 am via Zoom.

This meeting is in compliance with the Freedom of Information Act's mandate that the public be notified when the public's business is being done and that furthermore, the public has been notified that this meeting is accessible to individuals with disabilities, and special accommodations can be arranged if requested in advance.

Present:

Ms. Margaret Alewine	SC Department of Health and Human Services
Ms. Megan Beyers	University of South Carolina
Mr. Andrew Boozer	SC Association of Council on Aging Directors
Ms. Jennifer Brewton	SC Department on Aging
Dr. Jessica Broadway	VAMC, Charleston
Dr. Miroslav Cuturic	SC Department of Mental Health
Ms. Dana Daniel	SC Department on Aging
Ms. Emma Kennedy	SC Department of Public Health
Mr. Robert McBurney	SC Department of Disabilities and Special Needs
Mr. Joseph Meyers	American Association of Retired Persons, SC Chapter
Dr. Cynthia Port	Coastal Carolina University
Ms. Kassie South	LeadingAge, South Carolina Chapter
Ms. Jane Stowe	SC Association of Area Agencies on Aging
Ms. Taylor Wilson	Alzheimer's Association, SC Chapter

Absent: Dr. Steve Carroll, Dr. Melissa Gilliam, Dr. Scott Habakus, Ms. Mary Peck, Ms. Kelly Cordell, Dr. Nicole Davis, Ms. Denise Kish, Dr. Maggi Miller, Dr. Sara English, Dr. Miriam Evans

Guests:

SC Commission for Minority Affairs: Ms. Alicia Paige, Ms. Nicole Moran
SC DPH: Ms. Emily Ash, Ms. Karilyn Tremblay, Ms. Jillian Catoe, Ms. Jessica Plair
SC DOA: Ms. Tori Anderson
Other guests: Ms. Susan Bill (Magnolia Memory Care), Lisa Firmender



State of South Carolina
Department on Aging

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CALL TO ORDER:

Ms. Wilson called the meeting to order at 10:02 a.m., read the FOI statement/Americans with Disabilities Compliance Pledge, and welcomed all council members and guests to the meeting.

APPROVAL OF MINUTES:

Ms. Kennedy motioned to approve the September 2024 minutes, and Dr. Broadway seconded the approval. Minutes approved.

ARCC Caregiver Needs Assessment

Ms. Daniel provided information on the ARCC Caregiver Needs Assessment project. In 2000, the ARCC conducted a Caregiver Services Needs Assessment project to assess the needs of caregivers of persons with Alzheimer's disease and dementia. Focus groups were conducted at Alzheimer's Association support group meetings to develop a list of the needs of caregivers. Seven focus groups were conducted in the Anderson area (Easley [3], Anderson [2], Seneca [1], Abbeville [1]), two in the Columbia area, and one in Charleston. There were 87 respondents. The majority of respondents identified as Caucasian women. 50% of respondents identified the need for education and information on dementia as their greatest need when caring for a loved one with dementia. 1/3 stated that respite was needed to be successful as caregivers. 25% reported that additional support was needed in the form of support groups, financial assistance, and assistance from other family members to be successful caregivers of persons living with dementia. The needs assessment also contacted 95 agencies to do a phone interview about the services offered. 74 responded. The agencies contacted were the AAAs, Councils on Aging, Community Mental Health Centers, Regional Community Long-Term Care Offices, and the regional Alzheimer's Association offices. All agencies reported either offering the needed services reported by caregivers or referring out for the services if they did not offer them. The assessment has been updated and placed into a virtual format for distribution in hopes of reaching a larger and more diverse group of caregiver respondents. Ms. Daniel asked for assistance with reviewing the survey and then, once finalized, assistance with distribution when the time comes.

Ms. Wilson suggested that Ms. Daniel and Ms. Byers connect to see if the Office for the Study of Aging may be able to provide an epidemiologist or student to review the data from the assessment once it is completed. It was suggested that the survey be shortened from 28 questions to encourage more respondents. Dr. Broadway and Ms. Catoe offered to review the assessment and provide feedback. Ms. Wilson asked that once the caregiver needs assessment is ready, that it be shared with all Council Members for assistance with dissemination. She also requested that verbiage be provided for dissemination to avoid respondent bias. Ms. Stowe offered to disseminate the survey through the AAA network. The survey link was shared in the chat.



State of South Carolina
Department on Aging

Henry McMaster
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ARCC Grants Update

Ms. Daniel provided an update on the ARCC Grant Cycle. She stated that a total of 10 Grantees, five second-year grantees, and five first-year grantees have been awarded ARCC grants for FY25. Second-year grantees each received \$10,000. First-year grantees received funds between \$20,000 and \$50,000 to be expended over a two-year period. Ms. Daniel mentioned that the grant applications for FY26 are currently scheduled to open on February 10, 2025. She requested volunteers to assist with application review and selection once applications close in April 2025. Ms. South, Ms. Byers, Ms. Kennedy, Ms. Alewine, and Dr. Broadway volunteered as reviewers. It was requested that anyone else who would like to volunteer as a reviewer reach out to Dana Daniel at ddaniel@aging.sc.gov. Ms. Wilson requested that once applications open, the Notice of Funding Opportunity be shared with the Council so that they may also assist with promoting the grants.

State Plan Implementation Update

Ms. Tremblay thanked everyone for attending the Subcommittee meetings as the implementation plan is being worked on. She stated that the BOLD team will present on the Implementation Plan at the March 2025 Advisory Council meeting. Discussion was held about possibly combining subcommittee meetings to encourage discussion and promote work that is currently being done. Ms. Kennedy made a motion for Subcommittee meetings to be held in January 2025. Dr. Cuturic seconded the motion. Ms. Plair will send out a doodlepoll to schedule the meetings. Ms. Tremblay also shared that the update on the State Plan that is completed by the SC Department on Aging is currently on the Department on Aging website and shared a link to the document in the chat. Ms. Wilson stated that the update would be shared with the Council when minutes are sent out.

SC Alzheimer's Disease Registry Update

Ms. Byers provided an update on the SC Alzheimer's Disease Registry. She states that the data has been updated, and the report is currently in the hands of the graphic designer. It is hoped that the report will be released in early 2025. She also stated that the registry numbers have been sent to the Alzheimer's Association so that the county-level fact sheets can be created. Ms. Wilson stated that the fact sheets will likely be released in January 2025.

Alzheimer's Disease Research Center Designation Update

Ms. Wilson shared that the South Carolina Alzheimer's Disease Research Center did not receive NIH funding this application cycle. She stated that MUSC, USC, and Clemson University will each provide funds for the ADRC as they continue to work on research projects, build out the different focuses of the Center, and work toward NIH designation.

Ralph Johnson VA Dementia Clinical Coordinating Care Center

Ms. Wilson stated that the Ralph Johnson VA Dementia Clinical Coordinating Care Center may want to partner with the SC Department on Aging and the Dementia Care Specialist program to ensure that DCSs who



State of South Carolina
Department on Aging

Henry McMaster
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Connie D. Munn
Director

encounter veterans are able to refer them to the center for services. Ms. Wilson shared that during a meeting with the VA Dementia Clinical Coordinating Care Center team, she learned that 1/10 South Carolinians are veterans. Dr. Broadway shared that the VA is implementing a Rapid Access Memory Screening for Veterans who have cognitive changes/concerns. Veterans will be assessed by primary care before being referred to Dr. Broadway for a formal diagnosis and treatment plan.

SC Cognitive Connection Ministry

Ms. Anderson shared that the SC Department on Aging and the United Methodist Church are working together to create what is meant to be an ecumenical program aimed at dementia-friendly programs. She stressed the importance of having dementia-friendly church services so that those living with dementia can still practice their faith. Ms. Anderson shared that representatives from the United Methodist Church, Rev. Bryan Pigford and Bishop Ken Carder, and she have been able to host workshops in Charleston, Greenville, and West Columbia with faith-based groups providing education on Alzheimer's disease and related dementia and how churches and faith-based communities can support persons living with dementia and their families through dementia-friendly services, memory cafes, respite programs, and other needed services. Additional presentations will be held in Surfside Beach, SC, on January 15, 2025, and in Orangeburg, SC, on March 19, 2025.

Ms. Anderson shared that the UMC has started a dementia-friendly service held on the third Thursday of each month in Columbia, SC, a caregiver support group in Marion, and a new adult day program in Rock Hill, SC, as a result of these presentations.

Special Projects

Ms. Wilson provided a brief recap of the results of the listening sessions held in Orangeburg County that were discussed at the September ARCC Advisory Council Meeting. She further mentioned that the Alzheimer's Association will be piloting a program that will hopefully assist with combatting the high levels of stigma in the region.

Adjournment/Closing

There being no other business, Ms. Wilson adjourned the meeting at 11:38 am.

Next Meeting:

Tuesday, March 4, 2025 at 10:00 am (virtual)

Tuesday, June 17, 2025 at 11:00 am (in-person at the SC Department on Aging in Columbia, SC)

Respectfully submitted,

Dana M. Daniel, LMSW



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Alzheimer’s Resource Coordination Center Advisory Council
Tuesday, March 4, 2025
10:00 AM – 12:00 PM
Meeting Minutes

The Alzheimer’s Resource Coordination Center Advisory Council met Tuesday, March 4, 2025 at 10:00 am via Zoom.

This meeting was in compliance with the Freedom of Information Act’s mandate that the public be notified when the public’s business is being done and that furthermore, the public has been notified that this meeting is accessible to individuals with disabilities, and special accommodations can be arranged if requested in advance.

<u>Present:</u>	
Ms. Margaret Alewine	SC Department of Health and Human Services
Mr. Andrew Boozer	SC Association of Council on Aging Directors
Dr. Jessica Broadway	VAMC, Charleston
Ms. Jennifer Brewton	SC Department on Aging
Dr. Miroslav Cuturic	SC Department of Mental Health
Dr. Steve Carroll	Medical University of South Carolina
Ms. Dana Daniel	SC Department on Aging
Dr. Sara English	National Association of Social Workers, SC Chapter
Dr. Miriam Evans	South Carolina State University
Ms. Emma Kennedy	SC Department of Public Health
Mr. Joseph Meyers	American Association of Retired Persons, SC Chapter
Dr. Maggi Miller	South Carolina Alzheimer’s Disease Registry
Dr. Cynthia Port	Coastal Carolina University
Ms. Kassie South	LeadingAge, South Carolina Chapter
Ms. Janae Stowe	SC Association of Area Agencies on Aging
Ms. Taylor Wilson	Alzheimer’s Association, SC Chapter
<u>Absent:</u>	Ms. Megan Byers, Dr. Steve Carroll, Dr. Scott Habakus, Ms. Kelly Cordell, Dr. Nicole Davis
<u>Special Guests:</u> (Caregivers/Persons Living with Dementia)	Ms. Janet Long, Mr. Chris Long, Ms. Kimaya Brown, Mr. Doug Wall, Ms. Claudia Wall, Ms. Patty Younts
<u>Guests:</u>	SC DPH - Ms. Karilyn Tremblay, Ms. Jillian Catoe, Ms. Jessica Plair



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Call to Order

Ms. Wilson called the meeting to order at 10:01 am, read the FOI statement/Americans with Disabilities Compliance Pledge, and welcomed all council members and guests to the meeting.

Approval of Minutes

Dr. Cuturic motioned to approve the December 2024 minutes, and Mr. Meyers seconded the approval.

Impacts from Caregiver

Individuals living with dementia and their family caregivers shared stories and experiences about receiving a diagnosis and accessing services. Ms. Younts shared that her husband, Howard, was diagnosed with Posterior Cortical Atrophy (PCA) at the age of 60 in 2012. She states that after the diagnosis, she and Mr. Younts received no resources or information on the next steps. She expressed the impact that the disease had on her as a caregiver and on Mr. Younts as the individual living with dementia. She also described the two-year search for assistance and resources for both herself and her husband. In 2014, they attended a Walk to End Alzheimer's event and were connected to resources and support through the Alzheimer's Association. She reports that the following year, they created their own Walk team, which started with two members and has steadily grown each year, now comprising 20-25 team members. She expressed hope about the new infusion drugs to treat Alzheimer's disease, stating that although Mr. Howard is unable to use the treatment as he passed in 2021, their niece, who was recently diagnosed with Alzheimer's disease at the age of 66, will soon begin treatment with Kisunla (Donanemab).

Mr. and Mrs. Long shared their story as well. Mr. Long shared that he was diagnosed with Alzheimer's disease in December 2022. At diagnosis, he was told that he had 4-8 years. He expressed a desire to continue to live a full life to support his family and be there for his children and grandchildren. He is currently receiving Leqembi (Lecanemab) infusion treatments at MUSC, which he feels have been helpful in delaying the progression. He expressed gratefulness for the treatments and research being done to slow, if not cure, Alzheimer's disease. He also thanked the members of the ARCC for the work being done. Mrs. Long states that he was the first person at MUSC and in South Carolina to receive Leqembi. She states that it took some time and several misdiagnoses before they were given a diagnosis of Alzheimer's disease. He was diagnosed by a neuropsychologist who told him his diagnosis without Mrs. Long in the room, and no referrals or resources were provided. Mrs. Long found a neurologist at MUSC herself through research and had to call daily to for an appointment so as not to have to wait several months to be seen. Mrs. Long expressed gratitude for the neurologist that they see as he was a big advocate for Mr. Long starting on Leqembi, and she feels that it has been extremely beneficial in helping him maintain his quality of life and independence and helping to slow the progression. She expressed the need for an advocate or someone, post-diagnosis, who can support individuals and get them connected to resources as they initially felt very alone and lost after receiving the diagnosis of early-onset Alzheimer's.



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Mr. and Mrs. Wall also shared their story. Mr. Wall shared that Mrs. Wall was diagnosed at the age of 53 with early-onset Alzheimer's disease while working as a surgical nurse. While the news was shocking for the family, they felt they were a little prepared because her mother was diagnosed with Alzheimer's 10 years prior, and they helped to care for her until she passed in 2020. Nearly 6 months later, Mrs. Wall received her diagnosis. It was 6 months before they told their family her diagnosis due to major life events, and this time allowed them to do their own research. They were able to see 7 different neurologists in 3 different states. Mrs. Wall had genetic testing. She was one of the first to receive clinical trials of Aduhelm (Aducanumab) and felt that it was helpful, but she did experience the brain swelling that can be associated with the new infusion drugs, so she had to stop and is not a candidate for Donanemab or Lecanemab. He reports that post-diagnosis, they moved from Illinois to South Carolina and have made several lifestyle changes to keep Ms. Claudia as independent as possible. He emphasizes the importance of focusing on what she is still able to do as opposed to what she cannot, as the positive outweighs the negative. He expressed gratitude for the support and assistance they've received since moving to South Carolina.

Ms. Brown shared that she was a caregiver for her grandmother who lived with Alzheimer's disease. She originally moved to South Carolina from New York to attend Charleston Southern University. She originally planned to return to New York post-graduation but remained in South Carolina to assist with caring for her grandmother who was diagnosed with Alzheimer's disease. She reports that over the course of 4 years, her grandmother went from being a loving and vibrant "Southern Bell" to someone who had difficulty with memory and began forgetting important dates and information, and needing assistance with completing everyday tasks, to someone who needed assistance with all activities of daily living. She states that they didn't have much education or information on Alzheimer's, and did not receive much assistance from her grandmother's physician who recommended medications and "keeping an eye" on her grandmother. They did attempt to place her grandmother in a nursing home, but she did not receive adequate care so they brought her back home. About 3 years into the diagnosis, they were able to get respite assistance through the Alzheimer's Association. Her grandmother passed in 2017 and it was learned that she had Vascular dementia. Ms. Brown went on to discuss how Alzheimer's and dementia has impacted other individuals in life including other relatives and family friends. In 2020, Ms. Brown became an advocate for Alzheimer's disease which she believes has helped her to share resources and information with loved ones, as well as helps reduce feelings of isolation and helps make the community and government aware of what is going on in the day-to-day lives of persons living with dementia and their caregivers.

Ms. Wilson thanked the guest speakers for sharing their stories and experiences of navigating a diagnosis of dementia as care partners and individuals living with dementia. She stressed to the ARCC council members the importance of the statewide plan to be able to provide assistance and services to the six speakers and others across the state who are living with a diagnosis of dementia or caring for someone with dementia.



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Department on Aging

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Explanation of Implementation Plan

Ms. Tremblay presented on the current status of the implementation plan for the Statewide Plan to Address Alzheimer's Disease and Related Dementias. She requested that ARCC Council Members think about the messages heard from special guests and how the Statewide Plan can be utilized to address many of the needs identified in their stories. She emphasized the importance of the passion, purpose, and impact among Council members and within the Statewide Plan. She asked that Council members think of motivation to participate in this work and help identify any partnerships that have arisen in work being done. She stressed that the work being done does not have to be large activities; it can be small steps that, when built up, make for a big change. She states that the goals of the Statewide Plan are very big and general, and the DPH has broken them down into smaller activities to reach those goals. Certain agencies have been identified as Champions for specific goals and activities.

She states there are 53 measures in the Statewide Plan and 12 Primary Champions have been identified. During subcommittee meetings, 127 strategies were identified and 232 measures mentioned. She states that some of the strategies have already been completed, but several others still need to be explored further. Ms. Tremblay stated that she and Ms. Plair have created an organized Work Plan and have come up with measures to identify the different ways that show that progress is being made. The Work Plan/Implementation Plan is ready to be sent out. She states that identified Champions can be changed if needed. She states that feedback is needed from Council members to ensure that appropriate Champions have been identified and that all activities toward meeting the goals of the Statewide Plan are included.

Ms. Wilson emphasized that while the Statewide Plan is currently funded by the SC Department of Public Health and is included in state statute for the SC Department on Aging, it also encompasses all state agencies connected to dementia patients within the statute. All state agencies and key stakeholders listed in the ARCC Statute contribute to the Statewide Plan to Address ADRD. She notes that although the goals of the Statewide Plan may seem vague, this vagueness fosters success by allowing for a broader range of activities to achieve the Statewide Plan's objectives. She mentioned the importance of Council Members added their activities to the Implementation Plan to avoid holes in the Plan which could impact CDC funding further down the line.

Ms. Tremblay requested a vote for the continuation of the subcommittee meetings, potentially on a 6-month basis. Ms. Wilson stated that a vote for the continuation of subcommittee meetings will be held at the June meeting.

Implementation Plan Success Highlight! – Brain Booster Toolkit for Senior Centers

Ms. Tremblay presented the Brain Booster Toolkit for Senior Centers. She reports that Mr. Boozer and Ms. Stowe mentioned the activity calendars for the participants at a previous subcommittee meeting. A "health brain" icon was suggested to be added to the calendars to indicate which activities promote brain health. Over



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800 activities were identified. DPH will map out the activities to create a Brain Boosting Guide and a tip sheet to help promote brain health activities statewide.

South Carolina Alzheimer's Disease Registry Update

Dr. Miller provided an update on the South Carolina Alzheimer's Disease Registry. She states that the last round of edits for the annual report has been sent to the graphic designer, so they are looking to release the report in 2-3 weeks. The data and maps were provided to the Alzheimer's Association, SC Chapter for the County Level Fact Sheets, which are currently available on the Alzheimer's Association's website at <https://www.alz.org/sc/about/alzheimer-s-in-south-carolina>. The SC AD Registry is also involved with several different journal articles through partnerships with USC, MUSC, and Clemson University. Recently submitted a publication to Frontiers in Neurology, the Neuroepidemiology section, looking at the incidence in ADRD by public health regions. It was found that there is a significantly higher incidence of ADRD in the Pee Dee, with individuals in that region diagnosed younger than in other regions of the state. It was also found that vascular and mixed dementias were more common in the Upstate region of South Carolina compared to other regions among those 65 and older. More articles will be published, and Dr. Miller states that she will provide a list to the Council so that members can be aware of the research being done with the Registry.

Over 10,000 Veterans have also been identified through death certificates. This information is being used for mapping throughout the state. Ms. Wilson stated that this is important as South Carolina is a military state with a lot of different military installations and several VA Hospitals, as well as the first designated National Center for Dementia Clinical Research Coordination at the Ralph Johnson VA Center in Charleston.

New Business

Ms. Brewton provided an update on the Dementia Care Specialist (DCS) program expansion. She stated that since the last meeting the first DCS of the expansion, the second DCS for the state, was hired in the Pee Dee Region, Amy Rushing. Ms. Rushing has been in the role since January 17. Interviews are currently being held for a DCS in the Catawba Region (Union, York, Lancaster, and Chester Counties). She states that next, the SC Dept. on Aging is hoping to hire a DCS in the Lower Savannah Region (Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg Counties).

Adjournment/Closing

There being no other business, Ms. Wilson adjourned the meeting at 11:37 am and encouraged ARCC Advisory Council members to spend 30 minutes on the Implementation Plan to input the work that they and their organizations are doing.

Next Meeting:

Tuesday, June 17, 2025, at 11:00 am in-person at the South Carolina Department on Aging in Columbia, SC



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Alzheimer’s Resource Coordination Center Advisory Council
Tuesday, June 17, 2025
Meeting Minutes

The Alzheimer’s Resource Coordination Center Advisory Council met Tuesday, June 17, 2025 at 11:00 am at the South Carolina Department on Aging.

This meeting was in compliance with the Freedom of Information Act’s mandate that the public be notified when the public’s business is being done and that furthermore, the public has been notified that this meeting is accessible to individuals with disabilities, and special accommodations can be arranged if requested in advance.

<u>Present:</u>	
Ms. Margaret Alewine	SC Department of Health and Human Services
Ms. Jessica Benson	SC Department of Behavioral Health and Developmental Disabilities, Office of Intellectual and Developmental Disabilities
Dr. Jessica Broadway	VAMC, Charleston
Ms. Jennifer Brewton	SC Department on Aging
Dr. Miroslav Cuturic	SC Department of Behavioral Health and Developmental Disabilities, Office of Mental Health
Ms. Dana Daniel	SC Department on Aging
Dr. Sara English	National Association of Social Workers, SC Chapter
Dr. Miriam Evans	South Carolina State University
Dr. Jennifer Nicholson Hall	Clemson University
Ms. Sarah Johnson	SC Hospital Association
Ms. Emma Kennedy	SC Department of Public Health
Ms. Megan Byers	South Carolina Alzheimer’s Disease Registry
Ms. Janae Stowe	SC Association of Area Agencies on Aging
Ms. Carla White	SC Home Care and Hospice Association
Ms. Taylor Wilson	Alzheimer’s Association, SC Chapter
<u>Absent:</u>	Mr. Andrew Boozer, Dr. Maggi Miller, Dr. Steve Carroll, Dr. Scott Habakus, Ms. Kelly Cordell, Mr. Joseph Meyers, Dr. Cynthia Port, Ms. Kassie South
<u>Guests:</u>	SC Department of Public Health - Ms. Emily Ash, Ms. Karilyn Tremblay, Ms. Jillian Catoe, Ms. Jessica Plair SC Department on Aging - Ms. Kennedy Ayers, Ms. Amy Rushing, Ms. Sophia Paul, Ms. Melissa Dalton Coastal Carolina University - Fredanna McGough (for Dr. Cynthia Port)



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	SC Department of Social Services - Brandi Nerud (for Ms. Kelly Cordell)
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Pre-Meeting Video

Ms. Wilson shared a short, two-minute video from the 2025 Alzheimer’s Impact Movement (AIM) Advocacy Forum, where South Carolina advocate Jules Lemonds was awarded the 2025 Emerging Advocate award.

Call to Order

Ms. Wilson called the meeting to order at 11:13 am, read the FOI statement/Americans with Disabilities Compliance Pledge, and welcomed all council members and guests to the meeting.

Approval of Minutes

Dr. Cuturic motioned to approve the March 2025 minutes, and Ms. Kennedy seconded the approval. Dr. English third. Minutes passed.

ARCC Grants Update

Ms. Daniel provided a brief update on the ARCC Grants Program. Fourteen applications were received for the upcoming fiscal year (FY26). With reviews from Dr. Broadway, Ms. South, Ms. Byers, and Ms. Wilson, the ARCC was able to award three first-year grantees in addition to the five grantees who will be going into their second year of funding in FY26. One grantee is on the waitlist pending review of available funds once FY25 has closed. The eight grantees currently approved for funding will provide services in thirteen counties. Services include respite care, caregiver training and education, support groups, innovative programs, and care coordination.

Dementia Care Specialist update

Ms. Brewton provided a brief update on the expansion of the Dementia Care Specialist (DCS) program. She shared that the goal of the DCS program is to provide education about Alzheimer’s disease and other causes of dementia to, not just those living with dementia and their care partners, but also the community as a whole so that people understand what dementia is, how to prevent it, and possibly how to recognize it others. There will be a lot of community outreach and helping to find and connect with community resources. She reviewed the SC Department on Aging’s (SCDOA) 10 regional areas, which mimic the regions of the state’s Area Agencies on Aging. The SCDOA originally planned to have the Dementia Care Specialists placed in libraries, and library placement has been found with Union County Library, Kershaw County Library, Hartsville County Library, and Jasper/Hampton Library. Placement was found with a Greenwood YMCA Satellite Office in the Upper Savannah Region and the Orangeburg Family Resource Center in the Lower Savannah Region. The SCDOA is still seeking placement in the Appalachian (Oconee, Pickens, Greenville, Anderson, Spartanburg, and Cherokee counties), Waccamaw (Williamsburg, Georgetown, and Horry Counties), and Trident (Berkeley, Charleston, and Dorchester Counties) regions. The four current Dementia Care Specialists were on the call virtually and introduced themselves to the Council: Ms. Tori Anderson (Central Midlands region), Ms. Amy Rushing (Pee



State of South Carolina
Department on Aging

Henry McMaster
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Dee Region), Ms. Sophia Paul (Lower Savannah Region), and Ms. Melissa Dalton (Catawba Region). The job posting for the Santee Lynches region in Kershaw County has been posted.

Implementation Plan Update

Ms. Tremblay introduced the BOLD team at DPH and presented on the current status of the Implementation Plan. She states that so far, 147 activities and 114 comments have been identified in the implementation of the SC Statewide Plan to Address Alzheimer’s Disease and Related Dementia. A discussion was held about possibly simplifying/consolidating the objectives identified in the Statewide Plan from 53 to possibly 35, as some of the activities and objectives do seem to overlap across goals, and a review of Dementia State Plans for other states reveal that other states do not have as many objectives as South Carolina.

Ms. Wilson emphasized that the Statewide Plan is unfunded, so it is crucial to consider what ARCC members can accomplish within their own organizations and how to integrate activities into existing work being done across the state. She states that consolidating objectives and making them broader will enable activities currently being undertaken to be more readily incorporated into the State Plan.

Ms. Tremblay states that, upon reviewing the activities, comments, and deadlines mentioned in the action plan, the implementation of the Statewide Plan is approximately 55-65% complete (see attached document “June 2025 ADRD Implementation Plan Progress”). A discussion began about measures for goals that lacked activities or a designated champion (see attached document “June 2025 IP Questions”):

- Goal 5.P1 – Activity: Promote Research from SC (see Alzheimer’s Disease Research Center Update and Alzheimer’s Disease Registry Update)
 - o Ms. Byers reports that data is presented to the public regularly through the Dementia Dialogues program and that she participates in presentations when able.
 - o Ms. Brewton and Ms. Anderson are scheduled to present on the DCS program and the utilization of technology to get Dementia 101/201 out to a broader audience at the SC Thrive Conference in September
 - o Dr. English presented at two professional conferences, three workshops, and has one upcoming presentation
 - o [SC County Factsheets](#) utilize data from the SC Alzheimer’s Disease Registry, are made available on the Alzheimer’s Association, SC Chapter website, and are shared with state legislators annually. Ms. Wilson states that she can obtain information on how often the fact sheets have been accessed
 - o Ms. Wilson posed the question of how to improve the promotion of this research. Is the SC Alzheimer’s Disease Registry Annual Report and County Fact Sheets being shared in newsletters and on organizational social media? Are links included on resource pages, is there cross-posting?



State of South Carolina
Department on Aging

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- Goal 4.P2 – Activity: Make a comprehensive list of support groups and virtual support groups for specialized dementia
 - o Discussed getting in contact with the [AFTD](#), [LBDA](#), [Parkinson’s Foundation](#), and other groups to get information on specialized support groups.
 - o Alzheimer’s Association has [support groups](#) that support all causes of dementia, but they are not specialized.
 - o Discussion was had about seeing if this list of support groups, once compiled, could be kept on the GetCareSC website.
 - o Dr. Cuturic asked if Huntington’s Disease falls within the “related dementia” category according to the CDC, as there are three Huntington’s Disease support groups being offered with the Huntington’s Disease Center of Excellence. Ms. Tremblay states she will look into it and get back to him.
- Goal 4.P2 – Activity: List of support groups and caregiver resources from ARCC members and external stakeholders.
 - o AAAs, Alzheimer’s Association, Dementia Toolkit (pg. 38),
- Goal 4.S1 – Activity: Identify all early-stage support groups offered across the state, including memory cafés and innovative strategies (i.e. golf with early-stage dementia patients with golf students)
 - o Ms. Byers mentioned that Let’s Walk is a program that would fit into this category.
 - o Other ARCC Grantee programs may fall into this category as well.
 - o It was discussed that the Dementia Care Specialists would look into memory care and other early-stage offerings.
 - o Clemson University Institute for Engaged Aging used to have a congregate meal site for persons in the early stages of dementia and their caregivers. It is unclear if this program is still happening. Dr. Hall states that she will check on the status of that.
 - o Ms. Wilson shared that Mr. Matthew Tyler at Coastal Carolina University is looking into starting a golfing program for persons living in the early stages of dementia
- Goal 4.T4 – Activity: What work and progress has the AARP done on this issue? No Wrong Door was a big priority for them.
 - o Ms. Brewton shared that the SC Department on Aging previously had a No Wrong Door Grant through the ACL. It is unclear if AARP was involved with that initiative. SCDOA applied for funding again, but was not approved, however efforts are still being made to create a No Wrong Door system for the state.
 - o Ms. Brewton shared that Mr. Adam Paige was recently brought on with the SCDOA and will assist with this initiative. Work is currently being done to reactivate the stakeholder group. The idea of the program is that there will be a “warm handoff” for clients who call looking for specific services, even if they call the wrong agency.



State of South Carolina
Department on Aging

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Director

- The hope is that the work will be continued through Mr. Paige and the work of the South Carolina Long-Term Care Council, which is legislated and will hopefully be reinstated in collaboration with the [SOCIAL Aging](#) coalition.
- Ms. Wilson asked that the SCDOA be made champion for this activity and it be changed to: SCDOA is working to evolve the GetCareSC website to be a No Wrong Door system for older adults in South Carolina through partnerships with other state agencies.
- Goal 3. T3 – Activity: USC Office for the Study of Aging “Dementia Dialogues” is going through the process of becoming certified as evidence-based.
 - Ms. Byers shared that this effort was not approved by the ACL because it does not meet the ACL’s research standards despite the breadth of available data because there is no control group. A team at the Office for the Study of Aging is currently working to determine a way to create a pilot program specific to Dementia Dialogues that would have a control group so that they can apply for designation as an evidence-based program again at a later date.
 - An in-depth content review is currently being done for Dementia Dialogues to ensure that all of the information is up to date.
 - Also looking to have Dementia Dialogues approved for a national joint accreditation for medical providers to receive CEUs for the program.
- Goal 3.T3 – Activity: Identify and review at least five (5) programs that provide quality care and assistance in navigating services for populations with limited access to healthcare resources.
 - AAA/Senior Center Evidence-Based prevention programs. Ms. Wilson asked that a list of these programs be shared to be included in the implementation plan.
- Goal 2.T1 – What other materials related to dementia, Alzheimer’s, mild cognitive impairment, neuro services, diagnostic services, etc. have been distributed to legislature?
 - ARCC Annual Report, Annual Update on the Progress of the Statewide Plan to Address ADRD, SC Dementia County Fact Sheets, SC Alzheimer’s Disease Registry Report, SC Alzheimer’s Disease Respite Report
- Goal 2.T4 – Activity: Attend meetings with different agencies to assess policies of payers, employers, hospitals, and other healthcare systems and identify those policies that may create barriers to education and healthcare access
 - Alzheimer’s Association has recently sat on 10 meetings with different payer agencies. SC Healthcare Administrator’s Continuing Education Council.
 - Ms. Alewine shared that in addition to the Medicaid Advisory Council, HHS is implementing a Beneficiary Advisory Council as part of HHS’s most recent regulations. The first meeting will likely be in July in partnership with Family Connections. This new advisory council will help feed information to Medicaid Advisory Council.
 - Ms. Wilson shared that there is a push for the Alzheimer’s Association to advocate for all early detection, diagnosis and treatment is covered under the state’s employee healthcare plan. She



State of South Carolina
Department on Aging

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states that this will be one of her policy priorities in either 2026 or 2027, depending on when South Carolina is selected.

- The Alzheimer's Association is doing health systems presentations to every health system in the state.
- Goal 2.T5 – Activity: USC Brain Health Network to receive Dementia 101 and 201 training from SCDOA.
 - This is currently happening.
- Goal 2.T5 – Activity: Sharing Dementia Training options for healthcare staff through Alzheimer's Association Health System work
 - This is currently happening. Ms. Wilson will share a list of all healthcare systems meetings.
- Goal 2.T5 – Activity: Work with technical college systems on dementia capable training for CHW, Speech Language Pathologists, CNAs, Nursing
 - Ms. Wilson suggested bringing the technical college system into the ARCC
 - Ms. Byers shared that many CNAs, social workers, and other admins are trained regularly in dementia dialogues. She will attempt to get the number of professionals who received dementia dialogues training and share it.
 - Ms. Stowe shared that she sits on the Central Carolina Community College Health and Human Service Committee who has Dementia Dialogues included in their curriculum. Ms. Stowe to speak with another member of the committee for assistance with obtaining a list from the Technical College Association to see if a list can be provided of dementia training being offered in technical schools across the state.
- Goal 2.T5 – Activity: Flagship colleges provide dementia in the curriculum for all healthcare and social work classes
 - Ms. Wilson states that this will likely be a year-three activity
 - Ms. Byers shared that USC does have a graduate certificate in gerontology through the Office for the Study of Aging which provides includes information on dementia. She has also been contacted about possibly developing a bachelor-level certificate as well.
- Goal 1.P2 –
 - The Alzheimer's Association has created training for the Criminal Justice Academy (CJA) that has been viewed by 8,000+ people. Ms. Wilson will share the exact number. The Alzheimer's Association is also helping them to develop their own dementia curriculum to be taught at the CJA meaning that every cadet who completes the program will have dementia de-escalation training.
 - The Alzheimer's Association is also working with SC EMS and SC Fire Association to create similar curricula.

SC Alzheimer's Disease Research Center Update

Ms. Wilson shared that Dr. Carroll has been accepted to present research in an [ISTARRT](#) at the [AAIC](#) conference in Toronto in July 2025. The SC ADRC did not receive NIH funding in the previous application but



State of South Carolina
Department on Aging

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will reapply in September 2025. 4 white papers have been written in partnership between the ADRC institutions (USC, MUSC, Clemson) and the SC Alzheimer's Disease Registry, with two currently in review.

SC Alzheimer's Disease Registry Update

Ms. Byers reports that the SC Alzheimer's Disease Registry as participated in 4 white paper publications, with two currently under review. The Annual Report for the SC Alzheimer's Disease Registry was finalized and is on the OSA website. The Registry is currently involved with research on Opioid Use, CJD, the Veteran population, and the Medicare population. Registration for the 2025 Statewide Alzheimer's Disease and Aging Research Symposium is currently open and is accepting abstracts. The symposium will be held October 9-10, 2025 in Columbia, SC.

ARCC Advisory Council Votes

1. ARCC Bylaws Update

An update to the ARCC Bylaws was presented to the council for approval. Proposed updates were shared via email prior to the meeting for review. A discussion was had about the proposed changes. These changes will be the first update to the Bylaws since 2007. They bring the Bylaws more in line with current state legislature, ensure that the listed State Agencies and organizations are properly named, define the role of the Dementia Coordinator, expected attendance of members, and designees. Dr. Cuturic made the motion to approve the update. Ms. Kennedy seconded. The Bylaws updates were approved, effective June 17, 2025. A copy of the updated Bylaws was shared with ARCC Advisory Council Members and posted to the ARCC webpage.

2. ARCC Annual Report Date Change

The ARCC Annual Report to the legislature does not have a due date in statute, but is typically submitted in the spring. It is requested to change the due date to September 30 to better align with the state fiscal year and the Annual Update on the Status of the progress toward fulfilling the Statewide Plan to Address ADRD. Ms. Kennedy made the motion to add September 30th as the due date for the ARCC Annual Report. Dr. Cuturic seconded the motion. The motion passed.

Adjournment/Closing

There being no other business, Ms. Wilson adjourned the meeting at 12:58 pm.

Next Meeting:

September 2025 – TBD

A poll will be sent out to schedule upcoming ARCC Advisory Council meetings.