



South Carolina
**DEPARTMENT
ON AGING**

2026 Annual Report

Update on the Status of the Statewide Plan to
Address Alzheimer's Disease and Related Dementias
July 1, 2025 - June 30, 2026

**South Carolina Statewide Plan to
Address Alzheimer's Disease &
Related Dementias (ADRD)**

Prepared by:

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Prepared for:

Governor of South Carolina

South Carolina General Assembly



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Introduction

Photo Source: South Carolina Department on Aging



Alzheimer's disease and related dementias (ADRD) continue to represent a significant and growing public health concern in South Carolina and throughout the United States. These progressive conditions can affect memory, reasoning, communication, behavior, and the ability to perform daily activities, often resulting in long-term needs for medical care, supportive services, care coordination, and assistance from family members and other caregivers. In 2026, an estimated 7.4 million Americans age 65 and older were living with Alzheimer's dementia. Without medical advances that prevent or effectively treat the disease, that number is projected to reach 13.8 million by 2060. The national cost of caring for people with Alzheimer's disease and other dementias is estimated at \$409 billion in 2026.¹

South Carolina's growing older adult population increases the urgency of preparing for the effects of ADRD. According to the U.S. Census Bureau, South Carolina's population reached 5,570,274 residents as of July 1, 2025, an increase of 8.8% from the 2020 population estimate base. Adults age 65 and older accounted for 21.1% of the state's population, compared with 20.6% who were younger than age 18.² These demographic trends have important implications for healthcare capacity, the direct-care workforce, family caregiving, transportation, housing, long-term services and supports, and the availability of dementia-capable community programs.

South Carolina Alzheimer's Disease Registry data demonstrate ADRD's statewide impact. The Registry maintained information on 125,538 South Carolinians living with a diagnosed form of ADRD in 2022, the most recent year of complete Registry data published in its 2024 annual report. Approximately 11% of South Carolinians age 65 and older and 55% of those age 85 and older had a recorded ADRD diagnosis. Among identified cases, 61% were women, 73% had Alzheimer's disease, 9% had vascular dementia, and 16% had dementia associated with another medical condition.³

The Registry also identified meaningful differences in AD RD prevalence among South Carolina communities and demographic groups. County prevalence rates among residents age 50 and older ranged from approximately 3.1% to 7%. Among adults age 65 and older, African American South Carolinians were 32% more likely to have a recorded AD RD diagnosis than non-Hispanic White South Carolinians.³ These findings underscore the need to address geographic, racial, socioeconomic, and service-access disparities in dementia policy and program development.

The effects of AD RD extend well beyond those who receive a diagnosis. In South Carolina, an estimated 229,000 family members and friends provide unpaid care to people living with dementia. Collectively, these caregivers provide approximately 377 million hours of care each year, valued at an estimated \$7 billion.¹ Unpaid caregivers frequently assist with personal care, household activities, transportation, medication management, healthcare coordination, supervision, and decision-making. Their contributions are essential to the state's long-term care system and demonstrate the need for respite care, caregiver education, support groups, financial assistance, and accessible community services.

Early recognition of cognitive changes is also an important component of South Carolina's public health response. According to 2022 Behavioral Risk Factor Surveillance System data, approximately one in nine South Carolina adults age 45 and older reported subjective cognitive decline, defined as worsening memory problems during the previous year. Among those reporting subjective cognitive decline, 85% had at least one chronic health condition, and fewer than half had discussed their symptoms with a healthcare professional.⁴ Although subjective cognitive decline is not the same as a dementia diagnosis, these findings underscore the importance of public awareness, brain health education, earlier conversations with healthcare professionals about cognitive concerns, and timely access to appropriate evaluation.

Recognizing these needs, South Carolina law has directed the Alzheimer's Resource Coordination Center (ARCC) to coordinate research, program development, planning, education, and service-delivery initiatives; identify gaps in the statewide system; recommend public policy; convene the Advisory Council; maintain the Statewide Plan; and submit an annual report to the Governor and General Assembly by September 30 regarding progress toward fulfilling the Plan.⁵

This report summarizes SFY 2026 progress toward implementing the South Carolina Statewide Plan to Address Alzheimer's Disease and Related Dementias. Findings reflect initiatives and updates presented to the ARCC Advisory Council during meetings in September and December 2025 and March and June 2026. The report highlights statewide accomplishments, partnerships, emerging initiatives, continuing challenges, and opportunities to strengthen support for South Carolinians living with dementia and their families and caregivers.

References

¹Alzheimer's Association. 2026 Alzheimer's Disease Facts and Figures. Chicago, IL: Alzheimer's Association; 2026. Available at: <https://www.alz.org/alzheimers-dementia/facts-figures>

²U.S. Census Bureau. QuickFacts: South Carolina. Population and demographic estimates, July 1, 2025. Available at: <https://www.census.gov/quickfacts/fact/table/SC/PST045225>

³South Carolina Alzheimer's Disease Registry. 2024 Annual Report South Carolina Alzheimer's Disease Registry. Columbia, SC: University of South Carolina, Office for the Study of Aging; 2025. Available at: <https://osa-sc.org/programs/alzheimers-disease-registry>

⁴Centers for Disease Control and Prevention. South Carolina Subjective Cognitive Decline: 2022 Behavioral Risk Factor Surveillance System. Available at: <https://www.cdc.gov/healthy-aging-data/media/infographics/2022/pdfs/scd/South-Carolina-Subjective-Cognitive-Decline-2022.pdf>

⁵South Carolina Code of Laws, Title 44, Chapter 36, §§ 44-36-310 through 44-36-330.

Mission

To catalyze statewide collaboration to promote a comprehensive approach to risk reduction, early detection, and diagnosis, high-quality dementia services, and a coordinated and equitable continuum of care across South Carolina for Alzheimer's disease and related dementias.

Vision

All people in South Carolina have the opportunity to live the highest quality of life throughout their lifecourse.

State Plan Values

Dignity is the core of what we do.	We respect and support the health and wellbeing of the whole person throughout their life, regardless of diagnosis or progression of disease.
Integrity is foundational to all our work.	In order to ensure our efforts to address ADRD do no harm and maintain the highest ethical standards, we are committed to continually learning, protecting vulnerable populations, and reducing barriers to education and resources.
Intentionality guides our approaches and practices.	We engage in our work with intentionality, recognizing that systemic inequities exist and significantly impact access to information about risk reduction, early detection, and barriers to quality care and support.
Community is essential to our success.	We build trust and collaborate with a wide range of partners, including researchers, providers, and local organizations, to ensure that all community members have access to the education, services, care, and resources they need to achieve the highest quality of life possible.
Information is critical to the development of data-driven programs, policies, and procedures.	We must be transparent with our partners and share information freely. Equitable access to information is key to risk reduction and other health promotion efforts. Information from stakeholders, statistics, research, and current data allow us to align with best practices, develop culturally relevant programming for caregivers, care partners, health care systems, and persons diagnosed with and at risk for ADRD.

Strategic Priority Areas

The statewide plan outlines five strategic priorities, each with its own corresponding goals and actionable tasks:



Education - Healthcare and Community

Improve knowledge, understanding, and awareness of ADRD by educating and empowering South Carolinians, including every person engaged in the continuum of care.



Advocacy & Policy Making

Support policy and advocacy efforts that improve the health and well-being of all people in South Carolina.



Access & Connection to Care

Improve the quality of ADRD care and ensure all people in South Carolina are able to access the resources, healthcare, and support they need for reducing the risk of all other issues related to ADRD.



Caregiver Support

Improve, expand, and develop multidimensional support and health promotion programs for professional and family caregivers and care partners.



Data & Resources

Improve access to, coordination, and use of ADRD data and resources statewide.

SFY 2026 SNAPSHOT

Advancing Dementia Care, Support, and Brain Health Across South Carolina

During SFY 2026, South Carolina continued to strengthen its statewide response to Alzheimer's disease and related dementias through expanded services, new clinical and research infrastructure, caregiver supports, community investment, education, and cross-sector collaboration.



Education - Healthcare and Community

Dementia Education Expanded Statewide

South Carolina expanded its dementia education offerings through the Dementia Care Specialist (DCS) Program and risk-reduction outreach for Take Brain Health to Heart.



Advocacy & Policy Making

Caregiver and Dementia Advocacy Elevated

Respite Awareness Day and the Alzheimer's Association State House Advocacy Day helped elevate the needs of people living with dementia and family caregivers with policymakers.



Access & Connection to Care

Access to Dementia Care Expanded

South Carolina strengthened access to dementia care through continued expansion of the USC Brain Health Network and advancement of MUSC SCAN and the GUIDE Model.



Caregiver Support

Family Caregiver Support Strengthened

South Carolina launched TrualtaSC, providing family caregivers statewide with no-cost, 24/7 access to caregiver education, practical training, support groups, and resources through a statewide license supporting up to 100,000 users.



Data & Resources

Research, Data, and Brain Health Infrastructure Advanced

Dementia research, data, and brain-health infrastructure advanced through the Alzheimer's Disease Registry, the Statewide Aging and Alzheimer's Disease Research Symposium, continued SC-ADRC development, and the opening of the USC Brain Health Center.

Additional SFY 2026 Highlights

9 of 10 Regions Staffed

Dementia Care Specialist Program

By June 2026, nine of South Carolina's 10 Regional Dementia Care Specialist positions were filled.

629 Long-Term Care Facilities

Surveyed for Memory Care Study

DPH's statewide memory care study received 137 facility responses and produced recommendations on staffing, training, and workforce capacity.

1 of 5 State Units on Aging Selected

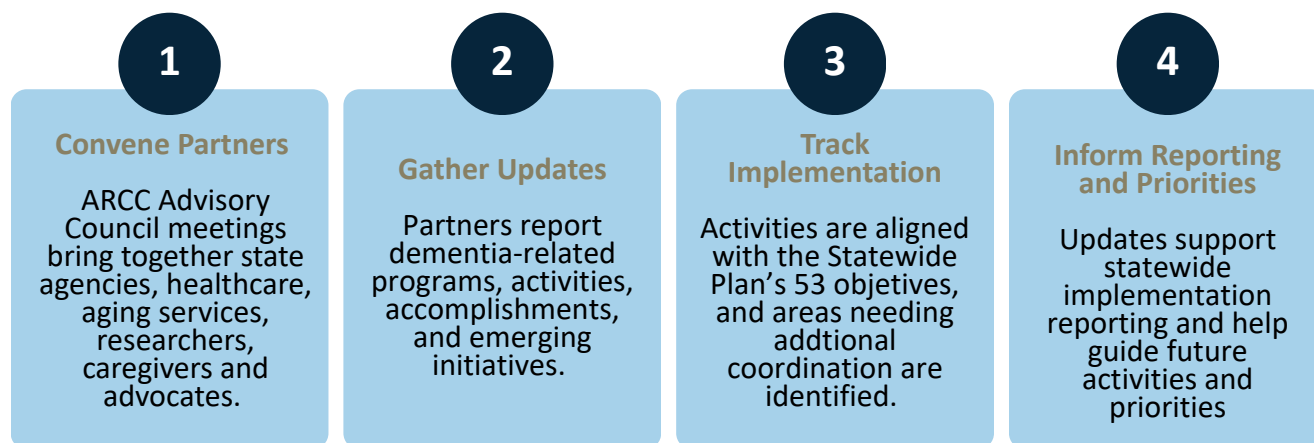
National Strategy to Support Family Caregivers

SCDOA was one of five state units on aging selected nationally to receive federal funding to advance implementation of the National Strategy to Support Family Caregivers and strengthen statewide caregiver services.

Highlights are detailed in the strategic-priority sections that follow.

Statewide Plan Progress

How State Plan Progress is Tracked



During State Fiscal Year 2026 (SFY 2026), the ARCC Advisory Council continued to serve as the statewide stakeholder coalition supporting the implementation of the 2023-2028 South Carolina Statewide Plan to Address Alzheimer's Disease and Related Dementias. The Council held four full meetings, bringing together representatives from state agencies, healthcare systems, academia, aging and long-term care organizations, advocacy organizations, research institutions, and family caregivers.

The South Carolina Department of Public Health (DPH) continued to support Statewide Plan implementation through the Centers for Disease Control and Prevention (CDC)'s Building Our Largest Dementia (BOLD) Infrastructure Grant. Implementation activities were tracked across the Plan's objectives, and partners were asked throughout the year to provide updates related to data, policy, education, advocacy, caregiving, and other initiatives.

At the beginning of SFY 2026, partners identified 77 activities across the Statewide Plan's 53 objectives, reflecting dementia-related programs and initiatives underway throughout the state.

South Carolina also received its 2025 Healthy Brain Initiative state report, which documented activity across all nine outcome categories included in the national framework. Activities included education, policy development, workforce training, and service delivery. DPH also continued efforts to connect dementia initiatives with broader priorities in the State Health Improvement Plan.

ARCC Advisory Council members identify emerging initiatives, accomplishments, and activities aligned with Statewide Plan objectives. These updates strengthen statewide implementation tracking, inform annual reporting, and help identify priorities for continued action.

SFY 2026 Statewide Plan Activities



Education - Healthcare and Community

Improve knowledge, understanding, and awareness of ADRD by educating and empowering South Carolinians, including every person engaged in the continuum of care.

Primary Care Provider Needs Identified

DPH completed and disseminated findings from a statewide primary care provider survey designed to guide future ADRD education and training. The results documented significant system-level barriers to timely detection and diagnosis: 84% of respondents agreed that waitlists were too long, 82% reported insufficient support for primary care physicians, 74% reported insufficient time to assess patients for ADRD, 53% cited a lack of available diagnostic tools, and 49% cited inadequate reimbursement. Interest in additional training was high, particularly for early detection, diagnosis, and screening procedures, caregiver support and resources, and community partnerships.

84%

agreed waitlists
were too long

82%

reported
insufficient support
for PCPs

74%

insufficient time to
assess for ADRD

Dementia Care Specialist Education Expanded

The SCDOA Dementia Care Specialist (DCS) Program continued to expand community and workforce education. During SFY 2026, the DCS Program recorded 11,053 contacts with direct care workers, family members, and people with suspected or diagnosed dementia through education programs, community outreach, and one-on-one care consultations.

Given rising demand and limited staff capacity, SCDOA began exploring a learning management system to expand access and training capacity. By June 2026, DCS education also included brain-health messaging that emphasized the connection between cardiovascular and cognitive health.

Dementia Toolkit Recognized and Distributed

The SCDOA Dementia Toolkit received a Notable State Document Award from the South Carolina State Library. Developed over approximately two years with input from professionals, people living with dementia, and family caregivers, the toolkit helps individuals and families navigate a dementia diagnosis and connect with services. It was also distributed through state and community partners, including providers and case managers serving people with intellectual and developmental disabilities. In SFY 2026, approximately 3,000 hard copies of the Dementia Toolkit were distributed statewide. This figure does not include online access to the Toolkit.

Dementia Dialogues® Expanded Dementia Education

Dementia Dialogues® is a five-session dementia education program managed by the University of South Carolina’s Office for the Study of Aging (OSA). The program increases knowledge and understanding of dementia among community members and professionals. During SFY 2026, it continued to provide dementia education in South Carolina while maintaining a broader national network.

During SFY 2026, Dementia Dialogues® registered 894 participants across 49 training events in five states. Of these events, 42 were held in person and seven virtually. South Carolina hosted five in-person events during the reporting period. Training also occurred in Oklahoma, South Dakota, Utah, and Virginia, demonstrating the program’s national reach.

SFY 2026 Dementia Dialogues® Measures

Total registered participants	894
Total training events	49
In-person events	42
Virtual events	7
States with training events	5
South Carolina training events	5

Community Health Worker Dementia Training Positioned for Expansion

Building on a successful 2023 virtual cohort that trained 240 participants, SC State secured additional funding in June 2026 to continue and expand its Community Health Worker Training Program. Phase II is scheduled to begin in fall 2026 and will further strengthen the capacity of community health workers to support dementia education, outreach, and connections to community resources.

Dementia Workforce Education Expanded in Long-Term Care Settings

LeadingAge expanded dementia education for clinical and non-clinical staff during SFY 2026. By June 2026, participating staff completed a four-month Best Friends Approach training program designed to strengthen interactions with and support for residents experiencing cognitive change. A six-module Dementia Education Series developed by the Alzheimer’s Association was also established as an annual training requirement.

In April 2026, LeadingAge partnered with the Alzheimer’s Association to host a full-day Dementia Seminar for caregivers and staff from continuing care retirement communities. The event focused on dementia education and building capacity to facilitate support groups and was attended by 85 participants.

Lifestyle Intervention Research Shared with ARCC Partners

In December 2025, the Alzheimer’s Association presented findings from the two-year U.S. POINTER clinical trial to the ARCC Advisory Council. The presentation highlighted evidence related to structured lifestyle interventions, including nutrition and physical activity, and their potential cognitive benefits. The discussion provided ARCC partners with information to consider when developing scalable brain-health, senior-care, and workforce-development strategies.

Take Brain Health to Heart: Expanding Dementia Risk Reduction Education

South Carolina has identified 17 counties with higher rates of both chronic disease and ADRD. Findings from the U.S. POINTER study support the potential cognitive benefits of addressing modifiable lifestyle factors, including physical activity and nutrition. DPH continued its Take Brain Health to Heart initiative, promoting links between heart and brain health and offering practical strategies to reduce the risk of cognitive decline. Media outreach targeted adults ages 35–65 in the 17 identified counties. The campaign launched in May 2026 and continued through July 2026. Complete campaign results and engagement metrics will be reported in SFY 2027.

Brain Health Education Integrated Into Senior Center Programming

DPH partnered with the South Carolina Association of Area Agencies on Aging and the South Carolina Association of Council on Aging Directors to examine statewide senior center programming and develop a practical brain-health education resource. After analyzing more than 800 senior center activities and identifying ways those activities could support brain health, DPH developed the Brain Health Activities for South Carolina Senior Center Directors toolkit. The resource is designed to help senior centers integrate risk-reduction and brain-health messaging into programs already familiar to older adults.



Photo Source: South Carolina Department on Aging



Advocacy & Policy Making

Support policy and advocacy efforts that improve the health and well-being of all people in South Carolina

Statewide Memory Care Study Completed for the General Assembly

DPH completed a statewide memory care study required by Proviso 31.48 of the FY 2025-2026 Appropriations Act. DPH surveyed all 629 licensed community residential care facilities and nursing homes in South Carolina. A total of 137 facilities responded, including 114 community residential care facilities and 23 nursing homes. Of responding facilities, 80% reported providing or offering care for people with Alzheimer's disease or another dementia, representing approximately 3,177 residents or patients.

629
facilities surveyed

137
responses received

80%
providing or offering
dementia care

The report provided three primary recommendations to the General Assembly: increase minimum staffing ratios; require enhanced memory-care training; and strengthen resources and infrastructure for the long-term care workforce. The study provides legislators with statewide facility input and a data-informed foundation for considering future memory-care policy and workforce actions.



Photo Source: Alzheimer's Association, South Carolina Chapter

Caregiver and Dementia Advocacy Elevated

Respite Awareness Day was held at the State House on February 11, 2026, to educate legislators and the public about the importance of respite and the challenges faced by family caregivers.

On March 4, 2026, the Alzheimer's Association South Carolina Chapter held its annual State House Advocacy Day in Columbia. Advocates from across the state engaged with legislators and received updates on policy issues affecting people living with Alzheimer's disease and related dementias and their family caregivers. The event provided an opportunity for individuals with lived experience, caregivers, advocates, and community partners to communicate dementia-related priorities directly to state policymakers.



Access & Connection to Care

Improve the quality of ADRD care and ensure all people in South Carolina are able to access the resources, healthcare, and support they need for reducing the risk of all other issues related to ADRD.

Regional Dementia Care Specialist Coverage Expanded

By June 2026, nine of South Carolina's ten regional Dementia Care Specialist positions were filled. The final vacancy remained in the Waccamaw region, where office space had been secured, and recruitment efforts were underway. The DCS Program provides community education, care consultation, service navigation, outreach, and connections to local resources.

USC Brain Health Network Expanded to Seven Clinics

USC opened its seventh Brain Health Network Clinic in Orangeburg in October 2025. The network was created to improve access to timely cognitive care, especially in rural and medically underserved communities. Its team-based model supports cognitive screening and evaluation, education, family support, care navigation, and connections to specialty services. The seven SFY 2026 clinic locations included Columbia, Darlington, Lexington, Seneca, Sumter, Winnsboro, and Orangeburg.

USC Brain Health Center Completed

The USC Brain Health Center was completed in March 2026, representing a major clinical and research asset for the state. The 65,000-square-foot facility brings together clinical services, advanced imaging, infusion therapy, rehabilitation, and research. It includes 16 exam, testing, and treatment rooms, South Carolina's only 7-Tesla MRI dedicated to patient care, and a wide-bore 3-Tesla MRI.

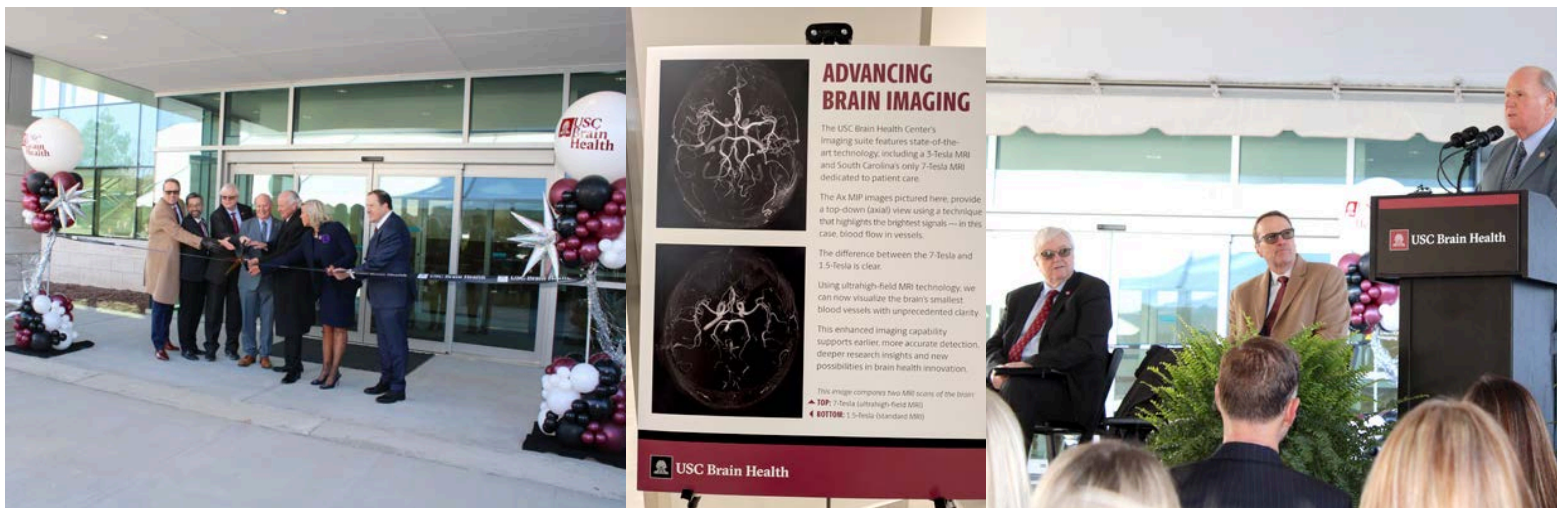


Photo Source: South Carolina Department on Aging

MUSC SCAN and GUIDE Expanded Dementia Care Access

MUSC continued developing the South Carolina Alzheimer's Network (SCAN), a statewide model that connects primary care physicians with dementia specialists. SCAN uses an eConsult platform and multidisciplinary expertise in cognitive neurology, neuropsychology, psychiatry, neuroradiology, and infusion therapy to support timely diagnosis and personalized treatment. Through SCAN, MUSC became the only South Carolina health system selected to participate in Medicare's GUIDE model, expanding care coordination, navigation, caregiver support, and telemedicine access statewide.

Eligibility and Screening Staff Training Initiated

As of June 2026, the Office of Intellectual Developmental Disabilities (OIDD) had initiated targeted training for eligibility and screening staff to strengthen access and service navigation for individuals living with Alzheimer's disease and related dementias. The training is intended to help staff recognize dementia-related needs and support more seamless connections to appropriate services and resources.

Community-Clinical Linkage Development Advanced

In May 2026, DPH participated in the Building Our Largest Dementia Learning Action Institute to strengthen the foundation for community-clinical linkages in South Carolina. Through the initiative, DPH began work with the National Association of Chronic Disease Directors through three technical-assistance partnerships focused on developing strategies to better connect healthcare and community-based dementia resources.

Community-Based Access Expanded Through ARCC Grants

Seven ARCC grants operated during the SFY 2026 grant period, July 1, 2025 through June 30, 2026, providing dementia-related services across 11 counties. Grantees provided 74.5 hours of respite to six families, held 100 support group meetings serving 245 participants, delivered 5,401 hours of dementia education reaching 1,608 people, and served 86 clients through three innovative programs.

Rapid Memory Evaluation Reduced Delays for Veterans

The Charleston VA implemented a Rapid Access Memory Program embedded in primary care. The model allows primary care providers to quickly refer veterans for brief neuropsychological assessment, with evaluations and results available within days rather than weeks or months. Patients identified with memory disorders can then be referred to specialty care for treatment and follow-up.



Caregiver Support

Improve, expand, and develop multidimensional support and health promotion programs for professional and family caregivers and care partners.

South Carolina Selected for National Family Caregiver Strategy Funding

In December 2025, the South Carolina Department on Aging was one of five state units on aging nationally selected by the Administration for Community Living to receive funding to advance implementation of the National Strategy to Support Family Caregivers. The two-year cooperative agreements provide a total budget of up to \$435,000 per state and are designed to strengthen awareness, partnerships, services and supports, financial and workplace security, and the use of data and evidence to support family caregivers.

TrualtaSC Launched Statewide

Using funding provided in part through the National Strategy initiative, SCDOA's Family Caregiver Support Program partnered with Trualta to make web-based caregiver education and support available at no cost to South Carolina family caregivers. The statewide license supports up to 100,000 users. Caregivers can access articles, lessons, videos, support groups, webinars, classes, and other resources online at any time. As of June 30, 2026, 646 caregivers registered for TrualtaSC, including 301 users who reported caring for someone living with Alzheimer's disease or a related dementia (ADRD). Among dementia caregivers, the three most accessed resources were Dementia Essentials, Dementia Caregiver Checklist, and Dementia Safety & Injury Prevention.

Caregiver Needs Assessment Produced New Evidence

SCDOA's Caregiver and Alzheimer's Resource Division, the ARCC, and the South Carolina Respite Coalition conducted the 2025 Respite and Dementia Caregiver Community Needs Assessment. The survey was available from August 1 through November 14, 2025. After eligibility and data-quality review, 236 responses were included in the final analysis; 166 respondents (70.3%) were caring for someone with Alzheimer's disease or another form of dementia.

57.9%

ranked taking a break from caregiving as most important

62.1%

could not take enough breaks

44.7%

had never received respite

64.5%

felt stressed or overwhelmed frequently or nearly always

Cost and provider availability remained major barriers. Among respondents who reported how respite was funded, 50.5% paid out of pocket. Among those with respite experience, 55.8% reported that transportation was not included. Dementia caregivers also reported substantial strain: 64.5% felt stressed or overwhelmed frequently or nearly always, and 59.1% frequently or nearly always had difficulty balancing caregiving with work, family responsibilities, or self-care. These findings provide a measurable foundation for future respite, education, navigation, workforce, and financial-support strategies.



Data & Resources

Improve access to, coordination, and use of ADRD data and resources statewide.

New Public Health Data Produced

DPH released and disseminated a new Subjective Cognitive Decline and Dementia Caregiver infographic using South Carolina Behavioral Risk Factor Surveillance System (BRFSS) data. Across the 2015, 2019, and 2022 BRFSS cycles, an average of 11.6% of South Carolina respondents age 45 and older were classified as having subjective cognitive decline. In 2021, 24.8% of BRFSS respondents were caregivers; 22.3% of those caregivers reported caring for someone with Alzheimer's disease, dementia, or another cognitive impairment, and 28.2% of ADRD caregivers provided 40 or more hours of care per week. DPH identified implementation of the BRFSS cognitive-decline and caregiving modules and use of surveillance data for program and policy decisions as core BOLD strategies.

11.6%

of respondents age 45 and older were classified as having subjective cognitive decline

24.8%

of respondents reported being caregivers

22.3%

of caregivers reported caring for someone with ADRD

28.2%

of ADRD caregivers provided 40 or more hours of care each week.

South Carolina Alzheimer's Disease Registry Expanded Research Support

In SFY 2026, the South Carolina Alzheimer's Disease Registry received 19 new data requests and contributed to five peer-reviewed publications. Additionally, four manuscripts were submitted to peer-reviewed journals and are currently under review. Registry staff delivered six presentations at local and national conferences, where they discussed the history, operational framework, and management of the South Carolina Alzheimer's Disease Registry. They also provided consultation to four states developing ADRD registries.

Statewide Research Collaborative Expanded

The 2025 Statewide Aging and Alzheimer's Disease Research Symposium, held October 9-10, 2025, drew 240 registered participants from across South Carolina. The meeting featured research and community-engagement work related to brain health, early detection and treatment, caregiver science, and population-level approaches to ADRD.

USC's Scholars in Health and Alzheimer's Research Engagement (SHARE) initiative continued building the ADRD research workforce. The inaugural 2025-2026 scholar cohort included three faculty projects focused on social drivers of medication adherence and ADRD outcomes, the experiences of caregivers in rural South Carolina, and structural and social determinants of ADRD among people living with HIV.

In January 2026, Clemson University's Institute for Engaged Aging and the developing South Carolina Alzheimer's Disease Research Center awarded six grants across Clemson to support Alzheimer's disease and related dementias research. These awards further strengthened cross-institutional ADRD research collaboration among Clemson, MUSC, USC, clinical partners, and community stakeholders.

SC-ADRC and Clinical Research Infrastructure Advanced

The South Carolina Alzheimer's Disease Research Center application was submitted on September 25, 2025, and remained under federal review during SFY 2026. While national designation remained pending, partners continued biomarker research, grant development, public engagement, and collaborative infrastructure building. The USC Brain Health Center expanded state research capacity through advanced imaging, while the Charleston VA became the first VA facility to participate in the Alzheimer's Association's ALZ-NET registry.

Upcoming Initiatives

In SFY 2027, implementation of the South Carolina Statewide Plan to Address Alzheimer's Disease and Related Dementias will continue through expanded partnerships, education, research, caregiver support, and opportunities for lived-experience input. Planned strategic activities include:

Education and Workforce Development

- Expand access to Dementia 201: Positive Interactions by creating an online, self-paced option through a learning management system, while continuing to offer instructor-led training for both community and professional audiences.
- Utilize findings from the Primary Care Provider Survey to inform professional dementia education, focusing on early detection and diagnosis, cognitive screening, caregiver support, community resources, and fostering stronger connections between healthcare providers and community services.
- Pursue professional continuing education accreditation for Dementia Dialogues®. USC's Office for the Study of Aging (OSA) plans to submit an Intent to Apply for Joint Accreditation by October 1, 2026. The approximately 13-month process could provide nationally recognized continuing education opportunities for physicians, pharmacists, nurses, social workers, and other eligible professionals.
- Review the outcomes from the "Take Brain Health to Heart" media campaign conducted between May and July 2026. DPH will provide a report detailing the campaign's process, methods, and available metrics. Results will be reported in SFY 2027 and used to assess the campaign's reach and engagement and inform future brain-health outreach and risk-reduction strategies.
- Launch Phase II of the Community Health Worker Training Program in fall 2026 using additional funding secured by SC State University in June 2026. Building on the 2023 virtual cohort that trained 240 participants, Phase II will expand training designed to strengthen community-based dementia knowledge, outreach, and connections to services.

Research, Evaluation, and Access

- Continue exploring innovative dementia-care pathways, including telehealth, cognitive assessment, emerging biomarkers, and other approaches to reduce delays between referral, evaluation, and specialty treatment. Partners will also continue exploring outreach strategies for veterans and other populations that may face barriers to evaluation.
- Release the South Carolina Alzheimer's Disease Registry's next annual report and updated county-level fact sheets featuring 2023 Registry data to support statewide and local planning, research, policy development, and dementia-related programs and services.
- Launch the Dementia Dialogues® Evidence-Based Pilot Project in late 2026, pending funding and USC IRB approval. OSA, the Center for Applied Research and Evaluation (CARE), and the Alzheimer's Association South Carolina Chapter will conduct the six-month evaluation, with support from select Certified Instructors, including some SCDOA Dementia Care Specialists. Findings are expected to support a peer-reviewed publication and a future Administration for Community Living application for evidence-based program recognition.
- Advance community-clinical linkages through DPH's technical assistance partnerships established through the Building Our Largest Dementia Learning Action Institute and the National Association of Chronic Disease Directors. The work will support development of stronger connections between healthcare providers, community organizations, and dementia-related services and resources.
- Advance the Charleston VA Lewy body dementia study, expanding research on a condition with limited treatment options and relevance to veteran populations, including veterans who may be at increased risk for Lewy body and parkinsonian disorders associated with Agent Orange exposure.

Caregiver and Community Engagement and Social Connection

- Develop an implementation framework based on findings from the 2025 Respite and Dementia Caregiver Community Needs Assessment, identifying priority strategies, responsible partners, baseline measures, and indicators for tracking improvements in respite access, caregiver education, service navigation, and caregiver support.
- Strengthen participation of people living with dementia and family caregivers in Statewide Plan implementation by establishing defined opportunities for people living with dementia and family caregivers to inform ARCC meetings, workgroups, program development, and implementation planning.
- Develop a statewide inventory of higher education opportunities for adults age 50 and older through USC's OSA and South Carolina's Operation to Confront Social Isolation and Loneliness (SOCIAL) coalition. Following statewide review and analysis, available opportunities will be catalogued for potential integration into GetCareSC to improve awareness of educational and social engagement opportunities for older adults.
- Pilot social isolation and loneliness screening in rural communities through a partnership between the OSA and the South Carolina Office of Rural Health. The initiative will implement a screening tool in selected rural communities and healthcare settings to identify social-connection needs and guide referrals and supports.



Photo Source: South Carolina Department on Aging

Conclusion

SFY 2026 demonstrated substantial progress in implementing the 2023–2028 South Carolina Statewide Plan to Address Alzheimer’s Disease and Related Dementias. Progress spanned the dementia continuum, from brain-health promotion and professional education to diagnosis, treatment, caregiver support, community services, research, and statewide planning.

Major advances included expansion of the Dementia Care Specialist Program and USC Brain Health Network; completion of the USC Brain Health Center; advancement of MUSC SCAN and GUIDE; implementation of the Charleston VA Rapid Access Memory Program; launch of TrualtaSC; investment in seven community-based ARCC grant programs; expanded risk-reduction and advocacy efforts; and continued growth in South Carolina’s dementia research and data infrastructure.

These accomplishments reflect the collaborative nature of Statewide Plan implementation. Continued progress will depend on sustained coordination among state agencies, aging and healthcare systems, researchers, community organizations, advocacy partners, long-term care providers, people living with dementia, and family caregivers.

Priorities remain, particularly rural and underserved access, respite availability, workforce capacity, timely diagnosis, caregiver support, service navigation, provider education, and cross-system coordination. The partnerships and infrastructure strengthened during SFY 2026 provide a foundation for continued progress toward a more accessible, coordinated, and dementia-capable system of care.



Photo Source: South Carolina Department on Aging

Acknowledgments

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