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2023 to 2028

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



Developed by: The Division of Injury and Substance Abuse Prevention at SC DHEC; The South Carolina Department on Aging's Alzheimer's Resource Coordination Council and Center (ARCC) and The Weathers Group

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South Carolina
**DEPARTMENT
ON AGING**

**PRESENTED TO
SOUTH CAROLINA GENERAL ASSEMBLY**

**PRESENTED BY:
ALZHEIMER'S RESOURCE COORDINATION CENTER
SOUTH CAROLINA DEPARTMENT ON AGING**



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INTRODUCTION

Alzheimer's disease and related dementias represent a significant public health challenge in the United States, with prevalence rates rising steadily as the population ages. This trend is particularly pronounced in South Carolina, reflecting both the state's demographic composition and the broader national patterns of an aging society. Alzheimer's disease, the most common form of dementia, is a progressive neurological disorder characterized by cognitive decline, memory loss, and behavioral changes. Related dementias, which include vascular dementia, Lewy body dementia, and frontotemporal dementia, share similar cognitive and functional impairments, posing substantial burdens on individuals, families, and the healthcare system.

Recent data indicate that the prevalence of Alzheimer's disease and related dementias in South Carolina is among the highest in the nation [1]. As of the latest estimates from the Alzheimer's Association, more than 112,500 South Carolinians over the age of 65 living with Alzheimer's disease alone, a number projected to increase by more than 20% by 2025. This increase is driven by several factors, including an aging population, longer life expectancies, and improved diagnostic practices. The South Carolina Alzheimer's Disease Registry reports more than 122,699 individuals living with dementia in the state in 2021, the most recent year with comprehensive data [2].

The prevalence of Alzheimer's disease in South Carolina shows significant variation across different regions of the state. Rural areas, in particular, tend to have higher rates of dementia, partly due to older populations and limited access to healthcare services. Moreover, African American and Hispanic populations, which are at higher risk for Alzheimer's and other dementias, constitute a significant portion of South Carolina's demographic, further contributing to the state's elevated prevalence rates. Notably, Orangeburg County has been listed as having the 8th highest prevalence of Alzheimer's disease in the nation [1]. This alarming statistic underscores the urgent need for targeted interventions and support in this region.

Additionally, South Carolina's location within the "stroke belt"—a group of Southeastern states with exceptionally high stroke mortality rates—has significant implications for cognitive health. Strokes can lead to vascular dementia, which is the second most common form of dementia after Alzheimer's disease. The high incidence of stroke and cardiovascular disease within South Carolina may be a significant contributing factor to the state's elevated rates of dementia, further complicating the public health landscape.

The impact of Alzheimer's disease and related dementias on South Carolina is profound, affecting not only the individuals diagnosed but also their families, caregivers, and the broader community.

122,699

More than 122,699 South Carolinians are living with Alzheimer's disease or another form of dementia

8th in the Nation

South Carolina is ranked 8th in the nation for Alzheimer's disease mortality rates

Orangeburg County ranks 8th in the nation for counties with the highest prevalence of Alzheimer's

[1] Alzheimer's Association. 2024 Alzheimer's Disease Facts and Figures. Alzheimer's Dement 2024;20(5).

[2] University of South Carolina. (2024). 2023 Annual Report South Carolina Alzheimer's Disease Registry. Retrieved from: https://osa-sc.org/wp-content/uploads/2024/03/alzheimers_registry_report_2023.pdf

The economic burden of dementia is substantial, with costs associated with medical care, long-term care, and lost productivity. The 2023 Genworth "Cost of Care" Survey estimates the average nursing home cost for a private room in South Carolina is \$112,420 annually, while the median home health aide costs \$73,216 annually [3]. These costs for care far exceed the median annual income of most South Carolinians.

Most persons with ADRD are cared for at home by family members who provide care at a great cost to their own physical and emotional health as well as their financial status. Families or informal caregivers also pay for a considerable portion of this cost.

In 2020, the Medicaid cost of caring for people with ADRD in South Carolina was \$652 million [1]. This number is projected to increase by 25.4% to \$818 million by 2025. In 2023, Medicare spent \$29,657 per capita on people living with dementia in South Carolina.

Family members and friends provide the majority of care for individuals with Alzheimer's disease and related dementias. In South Carolina, over 219,000 caregivers provided an estimated 361 million hours of unpaid care in 2023, valued at approximately \$5.5 billion [1]. The physical, emotional, and financial toll on caregivers is immense, often leading to caregiver burnout, health issues, and financial strain.

The healthcare system in South Carolina faces significant pressure due to the high prevalence of dementia. Hospitals, nursing homes, and assisted living facilities are increasingly tasked with providing specialized care for dementia patients, which requires significant resources and training. Additionally, primary care physicians and other healthcare providers must be equipped to diagnose and manage dementia, necessitating ongoing education and support.



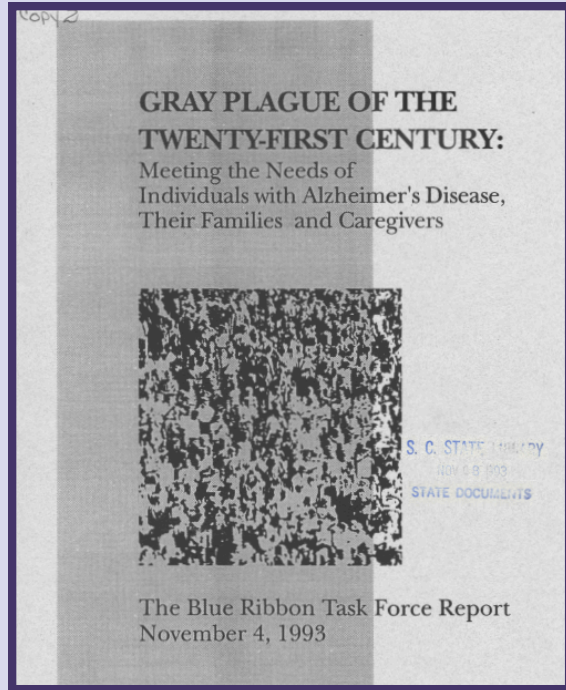
Beyond the direct economic and healthcare impacts, dementia also affects the social fabric of communities. Individuals with dementia and their families may experience social isolation, stigma, and a diminished quality of life. Community programs and support services, such as adult day care centers, respite care, and support groups, play a crucial role in alleviating some of these burdens, but they are often underfunded and inaccessible to those in rural areas.

Understanding the prevalence and impact of Alzheimer's disease and related dementias in South Carolina is crucial for developing effective public health strategies, resource allocation, and support systems for affected individuals and their caregivers. This report on the progress of the 2023-2028 Statewide Plan to Address Alzheimer's Disease and Related Dementia in South Carolina provides an overview of the initiatives and achievements over the last year and outlines future priorities to enhance support and care for individuals with ADRD and their caregivers. Through collaborative efforts among state agencies, healthcare providers, non-profits, community organizations, and policymakers, South Carolina is committed to advancing the fight against Alzheimer's disease and related dementias, ensuring a better quality of life for all of its residents.

[3] Genworth Financial. (2023). Genworth Cost of Care Survey. Retrieved from: <https://www.genworth.com/aging-and-you/finances/cost-of-care>

History of Alzheimer’s State Plans in South Carolina

On April 22, 1993, Governor Carroll A. Campbell, Jr. signed Act 195 of the General Assembly, creating the Blue-Ribbon Task Force. The Task Force was created to study the planning, coordination, and delivery of services for individuals with Alzheimer’s disease, their families, and caregivers. Their work resulted in the submission of the first South Carolina state plan to address Alzheimer’s disease and related disorders: "Gray Plague of the Twenty-first Century: Meeting the Needs of Individuals with Alzheimer’s Disease, Their Families and Caregivers."



From the goals of the recommendations made by the Blue Ribbon Task Force, legislation was written and enacted. This legislation created the Alzheimer’s Disease and Related Disorders Resource Coordination Center (ARCC), provided for the development of a grant program to assist communities and other entities in addressing problems related to Alzheimer’s disease and related dementias, created an advisory council for the ARCC comprised of representatives forming a multidisciplinary approach to addressing dementia, and established the Special Care Disclosure Act, which states that facilities that provide information distinguishing Alzheimer’s care from other levels of care.



Conquering the Specter of Alzheimer’s Disease in South Carolina



The Purple Ribbon Alzheimer’s Task Force

March 1, 2009



Fifteen years later, resolution S.1333 was adopted by the General Assembly on June 3, 2008, requesting that the Lt. Governor’s Office on Aging (now the South Carolina Department on Aging) convene a body to study “the current and future impact of Alzheimer’s disease in South Carolina and to assess the resources for and the needs of persons with Alzheimer’s and related disorders (ADRD) so as to develop a state strategy to address this health issue.” This led to the creation of the Purple-Ribbon Task Force, who, on March 1, 2009, submitted the second South Carolina state plan to address Alzheimer’s disease and related disorders: “Conquering the Specter of Alzheimer’s Disease in South Carolina.”

In the 2009 report, the Purple Ribbon Task Force provided 20 recommendations to be enacted over a 10-year period. These recommendations helped to create the Endangered Person Notification Center (EPNS), which was signed into law in 2010 and used to provide statewide information regarding a missing person who has cognitive impairment, including Alzheimer’s disease and related dementia. The recommendations also helped to support the creation of the MUSC Brain Bank, housed within the Carroll A. Campbell, Jr Neuropathology Laboratory, to enhance the study of neurological disorders and conditions.

The Current Alzheimer’s State Plan

In the fall of 2021, the South Carolina Department of Health and Economic Control’s (SC DHEC, now the South Carolina Department of Public Health) Department of Injury and Substance Use Prevention was one of 18 states awarded funding from the Center for Disease Control’s (CDC) Building Our Largest Dementia (BOLD) Infrastructure Act to convene a statewide dementia coalition to develop or update a strategic plan to address Alzheimer’s disease and related disorders. SC DHEC partnered with the South Carolina Department on Aging to utilize the Alzheimer’s Resource Coordination Center Advisory Council to act as the statewide dementia stakeholder group for the development of the statewide strategic plan to address Alzheimer’s disease and related dementias.

In March of 2023, fourteen years after the recommendations presented by the Purple-Ribbon Task Force, the 2023-2028 South Carolina Statewide Plan to Address Alzheimer’s Disease and Related Dementias was released, detailing a five-year strategic plan to combat ADRD in the state and support those impacted. Furthermore, SB0569 was passed by the South Carolina state legislature and signed into law by Governor Henry McMaster on May 19, 2024, requiring the South Carolina Alzheimer’s Resource Coordination Center Advisory Council to maintain and update the Statewide Plan every five years and submit an annual report to the governor and general assembly on the progress towards fulfilling the state plan.

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

Strategic Priorities

Education - Healthcare Providers and Community	Goal 1: Improve knowledge, understanding, and awareness of ADRD by educating and empowering all South Carolinians, including every person engaged in the continuum of care.
Advocacy & Policy Making	Goal 2: Support policy and advocacy efforts that improve the health and well-being of all people in South Carolina.
Access & Connection to Care	Goal 3: 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 and all other issues related to ADRD.
Caregiver Support	Goal 4: Improve, expand, and develop multidimensional support and health promotion programs for professional and family caregivers and care partners.
Data & Resources	Goal 5: Improve access to, coordination, and use of ADRD data and resources statewide.

The purpose of the South Carolina Statewide Plan to Address Alzheimer’s Disease and Related Dementias is to ensure all people in South Carolina have the opportunity to live the highest quality of life. The mission is 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. The Statewide Plan acts as a blueprint for how healthcare systems, long-term care providers, state agencies, community partners, and people and families impacted by dementia will continue to address the growing crisis of Alzheimer’s disease and related dementia throughout South Carolina. The statewide plan is the first step of a detailed process that requires continued collaboration among stakeholders, additional resources, and dedicated oversight for coordination, implementation, and monitoring of progress.

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 life course.

State Plan Values

<p>Dignity - is the core of what we do.</p>	<p>We respect and support the health and well-being of the whole person throughout their life course, regardless of diagnosis or progression of disease.</p>
<p>Integrity – is foundational to all our work.</p>	<p>In order to ensure our efforts to address ADRD do no harm and maintain the highest or ethical standards, we are committed to continually learning, protecting vulnerable populations, and reducing barriers to education and resources.</p>
<p>Equity – guides our approaches and practices.</p>	<p>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.</p>
<p>Community – is essential to our success.</p>	<p>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.</p>
<p>Information – is critical to the development of data-driven programs, policies, and procedures.</p>	<p>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.</p>

STRATEGIC PLAN PROGRESS

Goal 1: Improve knowledge, understanding, and awareness of ADRD by educating and empowering all South Carolinians, including every person engaged in the continuum of care

Primary Prevention 1: Increase awareness of existing resources and educational opportunities for all South Carolina citizens currently available through ARCC member organizations, especially the SC Department on Aging, the Department of Health and Human Services, the SC Department of Health and Environmental Control, academic institutions, and others.

- The South Carolina Department on Aging Dementia Care Specialist developed an educational webinar, Dementia 101: The Basics, reaching 455 participants in FY24. Additionally, she saw a need for further community education and developed a bimonthly webinar, Dementia 201: Positive Interactions, which launched in March 2024 and has reached 145 participants. She has also conducted 28 community presentations on Alzheimer's disease and related dementia, reaching 1,476 individuals in FY24.
- The South Carolina Department of Social Services provided dementia training for communicating/interacting with persons living with dementia to Adult Protective Services (APS) staff.
- The South Carolina Department of Health and Human Services continues to fund the South Carolina Alzheimer's Disease Registry, housed within USC's Arnold School of Public Health's Office for the Study of Aging. Started in 1988, the SC Alzheimer's Registry is the oldest and most comprehensive dementia registry in the nation.

Primary Prevention 2: Promote the development of standardized, evidence-informed, dementia-specific training for individuals in the medical, health, and social services fields, including all first responders (i.e. law enforcement, emergency management technicians (EMTs), and social workers). This will require collaboration with statewide healthcare education entities to ensure dementia-specific training is available, appropriate, and required for licensure or certification.

- The Alzheimer's Association has partnered with the SC Criminal Justice Academy to develop a training module that is available to all South Carolina law enforcement officers through ACADIS.
- The SC Dementia Care Specialist and Dementia Coordinator presented Dementia Dialogues to members of the South Carolina Assisted Living Association, providing basics on ADRD to facility administrators and stressing the need for all facility staff to receive training on caring for and interacting with persons living with dementia.

Secondary Prevention 1: Collaborate with statewide public health efforts such as the State Health Assessment and State Health Improvement Plan and ensure the inclusion and prioritization of risk reduction, early detection, and quality of care for ADRD in statewide public health efforts and funding.

- South Carolina Department on Aging staff, including the Caregiver and Alzheimer's Resource Division Manager and the Dementia Coordinator, began serving on subcommittees for the South Carolina State Health Improvement Plan to ensure that the needs of older adults and persons living with dementia are considered when determining healthcare priorities for the state.
- SC DHEC (now SC DPH) applied for and received further BOLD funding for 2023-2028 to assist in the implementation of the Statewide Plan to Address ADRD. The SC DPH BOLD team contracted with a consultant to develop a plan for implementation.

Goal 2: Support policy and advocacy efforts that improve the health and wellbeing of all people in South Carolina.

Secondary Prevention 2: Support and champion the implementation of statewide primary care provider training and education for early detection, diagnosis, and diagnosis disclosure for care planning.

- The BOLD team within the SC Department of Public Health's Department of Injury and Substance Use Prevention developed a Primary Care Provider Survey designed to help prioritize the diagnosis and treatment of ADRD. PCP priority areas are education and training to support ADRD, early detection of ADRD, perceived ADRD patient barriers, the impact of physician-led ADRD care, health systems, and equity, and enhancing tools for the future. PCP survey dissemination began July 2024.

Tertiary Prevention 7: Advocate for the expansion and continued funding of programs that provide support to informal caregivers and care partners of individuals living with dementia.

- On March 6, 2024, the Alzheimer's Association participated in South Carolina's annual Advocacy Day, where staff and volunteer advocates met with the South Carolina state legislature to advocate for the expansion of the South Carolina Dementia Care Specialist Program.
- The South Carolina Department on Aging was awarded \$1.1 million in recurring funds in the state budget to expand the Dementia Care Specialist Program from one DCS to ten statewide to support families facing dementia and provide local support, resources, and information on state and federal programs.

Goal 3: 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 risk and all other issues related to ADRD.

Primary Prevention 2: Increase awareness about ADRD and promote preventative and risk-reducing activities at the community level across the state.

- Coastal Carolina University presented to the ARCC Advisory Council on March 22, 2024 regarding their efforts to provide education on Alzheimer's disease and related dementia. They have currently partnered with the National Council of Certified Dementia Practitioners (NCCDP) to provide a seminar on ADRD that is available to the public. They have also partnered with the Osher Lifelong Learning Institute (OLLI), which offers educational opportunities for staying mentally and socially active; they are building in education surrounding dementia care sessions.
- The Alzheimer's Association hosted stakeholder meetings and listening sessions in Orangeburg County, SC in an effort to begin steps to develop a plan to address the high incidence of ADRD in that region of the state, which has been identified as having the 8th highest prevalence of Alzheimer's in the nation.

Tertiary Prevention 3: Champion the development of memory treatment centers with expertise across the state that involves inter-institutional coordination, with each center responsible for providing care across their region, including the use of telehealth.

- The South Carolina Brain Health Network, housed within the University of South Carolina, began seeing patients. Key staff from the SC Brain Health Network presented to the ARCC Advisory Council on June 18, 2024, outlining the construction of the brain health center and the creation of a network in collaboration with health systems and primary care providers to enhance access to brain health services. They are actively developing a workforce, including Community Health Workers, Speech Language Pathologists, Nurse Practitioners, and Physician Associates, to provide specialized support and connect patients and caregivers to community resources.
- The Medical University of South Carolina (MUSC) has provided pilot funding for the South Carolina Alzheimer's Network (SCAN), emphasizing the significance of providing early and accurate diagnosis for patients with cognitive concerns, personalized care plans managed by primary care physicians, and cognitive specialists, access to newly approved dementia medications, and participation in clinical trials. SCAN intends to strongly focus on telehealth initiatives to extend its reach to patients statewide.
- Three sites in South Carolina were identified as a Guiding an Improved Dementia Experience (GUIDE) Model site for CMS. GUIDE is a new payment model from Medicare that improves the care received by patients living with dementia and ensures that they receive ongoing support and care from health systems. The sites are MUSC, Care ConnectMD in Mt. Pleasant, SC, and Carolina Community Care, Inc in Rock Hill, SC. The three sites are scheduled to begin seeing patients utilizing the GUIDE Model beginning July 2025.

Goal 4: Improve, expand, and develop multidimensional support and health promotion programs for professional and family caregivers and care partners.

Primary Prevention 2: Develop programs and work with partner organizations to improve and expand resources for caregivers and care partners that will reduce stress, improve coping, and improve overall health.

- The SC Department on Aging Dementia Care Specialist partnered with the South Carolina United Methodist Church's Cognitive Connection Ministries to provide education to help mobilize and educate churches and individuals about ministry with people living with dementia. The goal of the program is to help churches take the next steps toward a ministry for people living with dementia so that they can continue to practice their spiritual and religious beliefs. While the United Methodist Church started this program, it is meant to be ecumenical and the hope is that the program will expand to other denominations.

Tertiary Prevention 1: Provide access to all necessary resources and information needed to optimize care, support, and crisis management, including emotional support for caregivers.

- Through the Family Caregiver Support Program, the ten Regional Area Agencies on Aging awarded respite care vouchers to 727 caregivers of persons living with Alzheimer's disease or another form of dementia, allowing for assistance with in-home care, overnight care, and participation in Adult Day Care Services for persons living with dementia. They also provided 89 care consultations with caregivers of persons living with dementia, provided 17 support groups with a focus on dementia, and provided 30 community presentations on dementia.
- In Fiscal Year 2024, the Alzheimer's Resource Coordination Center awarded grants to 18 organizations to provide respite care programs, educational programs, and innovative programs for persons living with dementia, their families, caregivers, and communities in 27 counties across the state. Services provided included support groups for caregivers of persons living with dementia, educational programs for the public about ADRD, and a walking program for persons living with dementia, which allows caregiver respite while also promoting healthy activities for the person living with dementia. Grantees reported that 126 families received 10,389 hours of respite care, 230 individuals participated in 52 support group meetings, 4,192 individuals participated in 2,609 hours of education, and 298 people were serviced by innovative programming.

Goal 5: Improve access to, coordination, and use of ADRD data and resources statewide.

Primary Prevention 1: Use research, data collection, and analysis to inform policy and programming.

- Alzheimer's Association County Fact Sheets, in collaboration with the SC Alzheimer's Disease Registry was disseminated to SC law makers, state agencies and the public.

Tertiary Prevention 1: Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving.

- In September 2023, Clemson University, the Medical University of South Carolina, and the University of South Carolina announced that they would partner to seek national designation as an NIH Alzheimer's Disease Research Center (ADRC). Funding was provided by state legislation to help support this effort. The application for national designation was submitted on June 14, 2024. While working on the application, the ADRC identified five research modalities: Health Services Research, Cognitive Neurobiology and Immunology, Neurodegenerative Epidemiology, Insilico Artificial Intelligence and Machine Learning Models, and Vascular Biology and Cognition. They have also been working to recruit participants and establish a Caregiver Registry.
- The South Carolina Department of Veteran Affairs was designated as a National Institute for Brain Health. Housed within the Ralph H. Johnson VA Health Care Center in Charleston, SC, the National Institute for Brain Health will serve as the coordinating center for research with the U.S. Department of Veteran Affairs. The institute will work to conduct early-stage patient identification and ensure access to clinical trials and resources.
- The South Carolina Alzheimer's Disease Registry has been working on several projects, including one looking at the incidence of ADRD within the veteran population, one defining the extent to which cardiovascular disease plays a role in the death of those with dementia, and a project looking at the incidence of dementia in different regions of the state, divided into different demographic groups and years.
- In October 2023, the Greenwood Genetic Center was granted a one-time \$2 million allocation from the South Carolina state budget for the Carroll A. Campbell, Jr. Alzheimer's Initiative. This initiative is a collaborative effort involving the Greenwood Genetic Center, MitoSense, and the US Veteran's Administration, with the aim of evaluating a potential therapy for Alzheimer's disease focused on enhancing energy production in brain cells.

Tertiary Prevention 4: Encourage statewide data collection entities and research intuitions to analyze and report on the impact of COVID-19 on people impacted by ADRD, including families, caregivers, and care partners.

- The SC Alzheimer's Disease Registry Annual Report focused on data from 2020 and 2021. In both years, COVID-19 was the second highest cause of death among registry cases aged 65 and older, after Alzheimer's disease. Data gathered from these years also showed a decline in cases for 2020, but the numbers returned to normal for 2021, indicating that the decline in diagnosis was related to individuals going to doctor's appointments less often.
- The South Carolina Department of Public Health participates in the Behavioral Risk Factor Surveillance System (BRFFS). BRFFS is the world's largest health survey system and utilizes random telephone surveys to track health risks, behaviors, and preventative health practices in the United States.

LOOKING TO THE FUTURE

In the coming year, progress will continue on the SC Statewide Plan to Address ADRD. Existing programs will be expanded, and new initiatives will be launched to maintain momentum.

- In the coming year, the SC DOA will work to expand the program to better serve persons living with dementia, their families, caregivers and communities. The program will bring on nine additional DCSs across the state in three phases, starting in the regions most in need of dementia services and support.
- The Alzheimer's Resource Coordination Center Advisory Council subcommittees each met one time during the 2024 fiscal year. In FY 2025 the subcommittees will meet at least quarterly to ensure continued monitoring and mobility of state plan implementation.
- Take Brain Health to Heart, an awareness campaign created in partnership with the SC DHEC (now SC DPH), the Alzheimer's Association, the American Heart Association, and Eat Smart, Move More SC (now Wholespire) that focuses on risk reduction will be reinvigorated and connections can be made with other awareness campaigns across the state.
- The Primary Care Provider survey will continue to be distributed to providers across the state and data gained will be utilized to help develop policy and programs to assist PCPs in the diagnosis and treatment of persons living with dementia.
- The Dementia Care Specialist will provide training and education to the staff and volunteers of the Long-Term Care Ombudsman program to ensure that they are better able to interact and communicate with persons living with Alzheimer's disease and other forms of dementia so they can better advocate for the rights of these residents.
- Information gathered from the stakeholder meetings in Orangeburg County will be utilized to create a plan to address the high incidence of ADRD in that region.
- The ARCC aims to fill the vacant seats on the ARCC Advisory Council and engage other relevant stakeholders and community members to assist with the implementation of the statewide plan.
- MUSC's SCAN program and geriatrics department will partner together as a CMS GUIDE Model program site to ensure that South Carolina patients receive an accurate and timely diagnosis of ADRD, and that patients and families receive the appropriate education, support, and care necessary to navigate a dementia diagnosis.

ALZHEIMER'S RESOURCE COORDINATION CENTER ADVISORY COUNCIL MEMBERS

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