



State of South Carolina
Department on Aging

Henry McMaster
Governor

Connie D. Munn
Director

Alzheimer's Resource Coordination Center Advisory Council
Tuesday, September 2, 2025
Meeting Minutes

The Alzheimer's Resource Coordination Center Advisory Council met on Tuesday, September 2, 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
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
Ms. Kelly Cordell	SC Department of Social Services
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, 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 Medical University of SC - Dr. Andreana Benitez



State of South Carolina Department on Aging

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Call to Order

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

Approval of Minutes

Dr. English motioned to approve the June 2025 minutes, and Ms. Cordell seconded the approval. Minutes passed.

PREPARE Participant Registry

Dr. Benitez of MUSC spoke about the PREPARE Participant Registry Study, an MCI Registry under development. She shares that she is here representing the principal investigator for this study, Dr. Stephanie Aghamoosa. The registry is called PREPARE, which stands for Participant Registry for Prevention-Focused Aging/dementia Research. It is a research registry to encourage participants, particularly those diagnosed with Mild Cognitive Impairment, to engage with non-medication research studies. The hope is that by getting individuals to engage in research studies while their disease is still in the stage of MCI, before it progresses to dementia, it will help supplement the anti-amyloid therapies currently available but also allow for interventions for those who may not qualify for the new medications available. The registry has a four-step process: (1) participants would go to <http://www.bridge-lab.org/prepare> or call 843-608-1674 to learn more about the registry and complete an online survey; (2) research staff would then facilitate enrollment into the registry via telehealth; (3) enrolled participants are kept informed of new research happening in South Carolina, particularly non-medication based research; (4) enrolled participants are connected with research studies that they meet the criteria for. She shared that obtaining participants has proven to be difficult in some cases because MCI is a "boutique diagnosis," that many providers do not feel comfortable giving. Discussion was held on the PREPARE Registry's connection to the SC Alzheimer's Disease Research Center, and ways in which the ARCC may be able to help the PREPARE Registry obtain participants. Ms. Daniel was asked to share the SC Department on Aging Dementia Toolkit with Dr. Benitez, and Ms. Plair was asked to share the information on the DPH Take Brain Health to Heart campaign.

PCP Survey Results Update

Ms. Catoe and Ms. Ash shared the results of the PCP Survey. The survey was sent out last year, targeting PCPs in SC who diagnose and treat individuals living with ADRD. The aim was to assess current views on the treatment and diagnosis of dementia among these providers to guide future training and education for SC PCPs. The survey had 22 questions, a mix of multiple-choice, select-all-that-apply, Likert-scale, and free-response questions. The main question categories were practice demographics, current views of ADRD diagnosis and treatment, diagnosis process, treatment process, barriers to diagnosis and treatment, and ADRD education and training program interest. A total of 73 responses were received, 68 of which provided services to patients living with ADRD. Of the 68 who served those with dementia, the most common provider was an attending physician. The majority of respondents worked in hospitals or health systems, with other practice



State of South Carolina

Department on Aging

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settings more evenly spread out. There was a relatively even distribution across urban and rural areas, and 50 respondents worked in suburban areas. The majority of PCP respondents reported that ADRD patients made up 0-25% of their patient population. The comorbidities that PCPs found most challenging to co-manage with ADRD were behavioral conditions such as agitation and depression. 57% of PCPs provided telemedicine/telehealth services to patients with ADRD; with these services provided most commonly by attending physicians who worked in the private sector. The most common diagnosis tools used by PCPs were the Mini-Mental State Examination (MMSE), the Montreal Cognitive Assessment (MoCA), and the Mini-cog. 33% of providers said they used both the MMSE and the MoCA. The MMSE was most commonly used across most PCP types and practice settings, while the MoCA was most commonly used by attending physicians and resident physicians. Discussion was had about the differences between the MoCA and the MMSE, with the MMSE being described as broader and the MoCA being described as being more sensitive in identifying more subtle cognitive changes. ADRD patients were most commonly prescribed Acetylcholinesterase Inhibitors (Donepezil, Rivastigmine, and Galantamine) and NMDA Receptor Antagonists (Memantine). Patients were most commonly referred to home support services, followed by respite facilities. All providers commonly referred patients to respite except for nurse practitioners and those who worked in the VA, whereas home support services were referred to by all PCPs in all practice settings. Providers reported the most common barriers to their patients accessing services as being financial barriers and lack of awareness, followed by geographical barriers, lack of compliance, family declining services, and lack of time. PCPs reported most commonly referred their ADRD patients to a geriatrician, followed by a general neurologist. Resident physicians were most likely to refer patients to any specialist. 95.6% of respondents agreed that the initial evaluation and diagnosis of symptoms in patients was important, and 82.3% agreed that having training on early detection and diagnosis of ADRD for PCPs is important. 70.5% of respondents agreed that being involved in decision-making about medical services after referrals was important. 94.1% agreed that having advance care planning conversations with patients/families was important. 88.2% agreed that monitoring patients' ongoing care progress and management after diagnosis was important. Among all providers, lack of testing available, lack of time, lack of knowledge regarding support services, difficulties disclosing diagnosis, and racial/cultural barriers were listed as the top reasons for a late diagnosis of ADRD being given. Providers reported several barriers to being able to diagnose ADRD in their patients with 71% reporting that patients failing to disclose symptoms to their PCPs, followed by 57% reporting that patients/families think symptoms are indicative of normal aging. For clinical related barriers to diagnosis, 81% of respondents reported a lack of definitive biomarker tests, 75% reported limited treatment options, which limit reaching a diagnosis. 66% report ADRD symptoms first present as normal aging or another condition. Among PCP related barriers to diagnosis, most PCPs (81%) reported not feeling they had sufficient knowledge of available ADRD services/resources, followed by 72% who reporting struggling to identify when cognitive impairment is not due to normal aging or other conditions. 68% reported being concerned about the impact of an ADRD diagnosis on the patient, 68% reported being worried about the consequences of making an inaccurate diagnosis, and 52% reported not having adequate training to diagnosis ADRD. Setting-related barriers included long waitlists (84%), lack of support for PCPs (82%), insufficient time to assess for ADRD (74%), lack of available



State of South Carolina
Department on Aging

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tools for diagnosis (53%), and lack of reimbursement for ADRD (49%). Respondents reported being most interested in receiving training on early detection and diagnosis, screening procedures, caregiver support services, and developing community partnerships. While most providers reported an interest in receiving future ADRD training, the type of training varied by practice setting: providers in hospital/health systems, FQHC, VA & the private sector preferred trainings that offered CMEs; hospital/health systems, FQHC, VA and community health centers were interested in virtual trainings/presentations; hospital/health systems, FQHC, and VA were interested in in-person trainings/presentations; hospital/health systems and VA interested in hosting conference on ADRD early detection and diagnosis topics; hospital/health system, FQHC and VA interested in PCP training platform created to house training and resources; and the private sector was interested in holding trainings/presentations at local community or senior centers. Ms. Wilson shared that one of the statutes of the ARCC is to provide education to medical providers across the state on ADRD, and that this survey was conducted to help meet that goal. Next steps from the ARCC and the Council should be how to use this information to target PCPs and get education on ADRD to them. Ms. Wilson suggested that one of the goals of the ARCC this year should be to do a presentation to the physicians' association and the nurses association with information from this survey to start a conversation about treating and diagnosing individuals with ADRD and how to better provide training and education.

Alzheimer's Association International Conference (AAIC) Update

Ms. Wilson shared that US Pointer topline reports came out. It should be that both the self-guided and independent models of lifestyle interventions for participants reduced the risk of MCI and early-stage dementia. All participants in the study had to have a direct family member who had a diagnosis of dementia to show a strong family link. The study showed that lifestyle interventions can change the trajectory of someone who is predisposed to having dementia. Dr. Carroll from MUSC presented an ISTAART presentation at AAIC.

SC Alzheimer's Disease Research Center Update

This discussion was postponed to the December 2025 meeting.

SC Alzheimer's Disease Registry Update

This discussion was postponed to the December 2025 meeting.

Implementation Plan Update/Subcommittee Meetings Update

Ms. Tremblay shared that the full draft of the 2025 Implementation Plan detailing subcommittee meetings and all work completed across the state, has been completed and is currently under review. The plan had been to consolidate the State Plan objectives from 53 to 35 objectives, but that did not work out. There were 77 tangible activities across the 53 objectives. These activities focused more on expanding, implementing, and presenting. The subcommittee meetings will focus on activities and areas that still need to be strategized for specific activities associated with Statewide objectives.



State of South Carolina
Department on Aging

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Adjournment/Closing

There being no other business, Ms. Wilson adjourned the meeting at 11:30 am.

Next Meeting:

Friday, December 5, 2025 via Zoom

Tuesday, March 3, 2026 via Zoom



State of South Carolina
Department on Aging

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Alzheimer's Resource Coordination Center Advisory Council
Friday, December 5, 2025
Meeting Minutes

The Alzheimer's Resource Coordination Center Advisory Council met on Friday, December 5, 2025,
at 10:00 am via Teams.

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	Office of Intellectual and Developmental Disabilities
Dr. Jessica Broadway	VAMC, Charleston
Mr. Andrew Boozer	SC Association of Council on Aging Directors
Ms. Jennifer Brewton	SC Department on Aging
Dr. Steve Carroll	SC Home Care and Hospice Association
Ms. Dana Daniel	SC Department on Aging
Dr. Sara English	National Association of Social Workers, SC Chapter
Ms. Sara Johnson	SC Hospital Association
Ms. Emma Kennedy	SC Department of Public Health
Dr. Maggi Miller	South Carolina Alzheimer's Disease Registry
Ms. Kassie South	LeadingAgeSC
Ms. Janae Stowe	SC Association of Area Agencies on Aging
Ms. Taylor Wilson	Alzheimer's Association, SC Chapter
<u>Absent:</u>	Dr. Miroslav Cuturic, Ms. Megan Byers, Dr. Miriam Evans, Ms. Carla White, Dr. Scott Habakus, Ms. Kelly Cordell, Mr. Joseph Meyers, Dr. Cynthia Port, Dr. Jennifer Nicholson Hall
<u>Guests:</u>	SC Department of Public Health - Ms. Emily Ash, Ms. Karilyn Tremblay, Ms. Jillian Catoe SC Community Commission for Community Advancement and Engagement - Ms. Alicia Paige Medical University of SC - Ms. Amy Sheets, Ms. Elana Mae Vetrano Coastal Carolina University - Fredanna McGough



State of South Carolina
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Call to Order

Ms. Wilson called the meeting to order at 10:05 am, read the FOI statement/Americans with Disabilities Compliance Pledge, and welcomed all council members and guests.

Approval of Minutes

Dr. English moved to approve the September 2025 minutes, and Dr. Carroll seconded. Minutes passed.

Implementation Plan Update

Ms. Tremblay provided an update on the implementation of the South Carolina Alzheimer's State Plan, which is supported by the BOLD Public Health Grant. Ms. Tremblay explained that implementation activities continue to be tracked across all objectives of the statewide plan and that many of these updates were reflected in the South Carolina Department on Aging's 2025 Annual Report.

Ms. Tremblay noted that subcommittee meetings were held in August 2025 and that another round of subcommittee meetings is planned for late January or February 2026. She described ongoing efforts to refine implementation tracking methods, including the continued use of an Excel-based tracker and the possible use of surveys to collect updates from partners. Members were encouraged to share any recent developments related to data, policy, education, advocacy, and caregiving initiatives so they could be incorporated into future reporting.

Several members provided updates on their respective initiatives. Ms. Brewton reported that eight Dementia Care Specialists are currently in place statewide. Recruitment is underway for the Trident region, with hopes to have a specialist in place by early 2026, and efforts continue to fill the position in the Waccamaw region. She highlighted the extensive education, care consultations, and partnership-building work being conducted by the specialists.

Ms. South shared that LeadingAge has partnered with the Alzheimer's Association to host a full-day educational event in Columbia. The event will focus on training caregivers and staff within continuing care retirement communities (CCRCs) and expanding facilitator capacity for support groups.

Ms. Benson described several internal initiatives within the Office of Intellectual and Developmental Disabilities, including the establishment of quarterly dementia-focused meetings with stakeholders. She reported that the Dementia Toolkit has been distributed statewide to providers, case managers, and residential staff. Plans are underway to offer dementia-related training to residential providers in 2026, and efforts are ongoing to support the No Wrong Door policy by educating eligibility and screening staff.

Dr. McGough from Coastal Carolina University reported renewed campus discussions around developing dementia-related programming for both practitioners and caregivers. She explained that the university is



State of South Carolina Department on Aging

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exploring multidisciplinary involvement, including theater, art, public health, psychology, and sociology, with the goal of offering community-based training and engagement opportunities beginning as early as summer 2026.

Mr. Boozer shared that the Office of Rural Health will host an Aging in Rural Communities conference on December 16, 2025, at which dementia toolkits will be presented. Additional updates included manuscript submissions and academic contributions shared by Dr. Margaret Miller.

Caregiver Needs Assessment Update

Ms. Daniel provided an update on the statewide Caregiver Needs Assessment, which recently closed with approximately 253 responses. She explained that the assessment was developed to evaluate the needs of caregivers of individuals living with dementia in South Carolina, as well as caregivers more broadly, with a particular emphasis on awareness of respite services. The survey was administered virtually and distributed through partner networks and social media channels.

Ms. Daniel noted that data review and analysis are currently underway and that a more comprehensive summary will be presented at a future ARCC or subcommittee meeting. Jennifer Brewton added that the assessment was conducted in partnership with the South Carolina Respite Coalition and includes distinct components for dementia caregivers and non-dementia caregivers. Representatives from DPH, including epidemiologists Ms. Catoe and Ms. Ash, offered analytic support to assist with data review.

Recap from DSC Summit in Washington, DC

Ms. Brewton and Ms. Daniel shared highlights from the Dementia Specialist Summit hosted by the Alzheimer's Association in Washington, DC. Both speakers emphasized the value of engaging with peers from other states and noted that South Carolina was frequently recognized as a strong example of effective collaboration across agencies and partners.

Key themes from the summit included the growing importance of primary care providers in dementia risk reduction, early detection, and diagnosis, as well as emerging research on biomarkers and blood-based testing. Presenters also discussed the need for person-centered communication and enhanced training for clinicians. The summit reinforced the importance of collaboration between aging services, public health agencies, and research institutions.

U.S. Pointer Presentation and Discussion

Ms. Wilson provided a detailed overview of the U.S. POINTER Study, a two-year clinical trial examining whether structured lifestyle interventions can reduce dementia risk and improve brain health. The study focused on nutrition, physical activity, cognitive engagement, and health monitoring, comparing outcomes between a structured intervention group and a self-guided group.



State of South Carolina Department on Aging

Henry McMaster
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Connie D. Munn
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Ms. Wilson explained that study findings demonstrated improved cognition and delayed brain aging, with the structured intervention group showing the greatest benefit. Participants also reported improvements in mood, social engagement, sleep quality, and overall health. She noted that the Alzheimer's Association has committed an additional \$40 million to continue the study and follow participants over a longer period. The results were discussed in the context of their implications for senior centers, long-term care settings, workforce development, and structured healthy aging programs.

SC Alzheimer's Disease Research Center Update

Dr. Carroll provided an update on the South Carolina Alzheimer's Disease Research Center. He reported that the ADRC application was submitted on September 25, 2025, and has since been assigned to a study section following delays related to the federal government shutdown. Dr. Carroll also announced plans to launch a public-facing podcast in January 2026.

Additional updates included several related grant submissions currently under review, the publication of a special issue of the American Journal of Pathology focused on neurodegenerative diseases, and ongoing biomarker research collaborations. Dr. Carroll also highlighted efforts to expand veteran participation in ALZ-NET, with Charleston serving as an initial recruitment site.

SC Alzheimer's Disease Registry Update

Dr. Miller presented an update on the South Carolina Alzheimer's Disease Registry. She reported that 12 new data requests were received in 2025 and that the registry published five peer-reviewed manuscripts during the year, marking a record level of productivity. Research topics included dementia among individuals living with HIV, causes of death, regional differences in dementia incidence, team science approaches, and overlapping patterns between dementia and COVID-19.

Dr. Miller noted that receipt of new registry data has been delayed due to reauthorization and data governance requirements with external data sources. As a result, the annual report and county-level fact sheets will be delayed until final approvals are received. Chair Wilson reiterated the ARCC's role as the Registry Advisory Council and discussed pending legislation that would strengthen long-term protection and funding for the registry through a dedicated line item.

Call for Nominees

Ms. Wilson announced that elections for the ARCC executive committee will take place in March 2026. Council members were asked to submit their nominees for chair, vice-chair, and secretary to Ms. Dana Daniel at ddaniel@aging.sc.gov by the end of February 2026.



State of South Carolina
Department on Aging

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Other Business:

Ilana Vetrano, MSW, and Amy Sheets, RN, from MUSC presented an overview of the GUIDE Model, a Medicare-funded dementia care navigation program. They explained that the program provides comprehensive, patient-centered care coordination at no cost to participants and their caregivers. Services include initial medical assessments, care planning, ongoing navigation support, and access to respite benefits of up to \$2,500 annually for eligible participants. The presenters shared early observations indicating that many caregivers struggle to secure in-home respite services, particularly in rural areas, due to workforce shortages. Ms. Wilson facilitated a discussion on how these findings align with broader statewide conversations about infrastructure and workforce development. Opportunities for closer coordination with Dementia Care Specialists and other community partners were identified.

Ms. Wilson recognized Andrew Boozer and Janae Stowe for their leadership in disseminating the Brain Health Toolkit and supporting senior centers statewide. Members were encouraged to consider volunteering with local senior centers during the holiday season, especially when volunteer capacity may be reduced.

Ms. Wilson closed by expressing appreciation for the Council's continued collaboration and commitment to improving the lives of South Carolinians living with dementia and their caregivers. She acknowledged the significant progress made to date while emphasizing the importance of continued innovation and partnership.

Adjournment/Closing

There being no other business, Ms. Wilson adjourned the meeting at 11:28 pm.

Next Meeting:

Tuesday, March 3, 2026 via Microsoft Teams

June 2026 – in-person meeting, TBD



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Alzheimer's Resource Coordination Center Advisory Council
Tuesday, March 3, 2026
Meeting Minutes

The Alzheimer's Resource Coordination Center Advisory Council met on Tuesday, March 3, 2026,
at 10:00 am via Microsoft Teams.

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. Jessica Benson	SC Department of Behavioral Health and Developmental Disabilities, Office of Intellectual and Developmental Disabilities
Mr. Andrew Boozer	SC Association of Council on Aging Directors
Ms. Jennifer Brewton	SC Department on Aging
Dr. Jessica Broadway	VAMC, Charleston SC
Ms. Megan Byers	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
Dr. Jennifer Nicholson-Hall	Clemson University
Ms. Emma Kennedy	SC Department of Public Health
Dr. Cynthia Port	Coastal Carolina University
Ms. Kassie South	LeadingAge SC
Ms. Janae Stowe	SC Association of Area Agencies on Aging
Ms. Carla White	SC Home Care and Hospice Association
<u>Absent:</u>	Dr. Steve Carroll, Dr. Miroslav Cuturic, Ms. Kelly Cordell, Ms. Sara Johnson, Dr. Maggi Miller
<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. Tori Anderson, Ms. Shaneka Brown, Ms. Cameron Harrison, Ms. Amy Rushing, Ms. Stephanie Yelder SC Department of Health and Human Services - Ms. Brenda Rankin (for Ms. Alewine) Presbyterian Communities of SC - Ms. Amy Laughlin Other Guests: Ms. Betsy Goodale



State of South Carolina
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Call to Order

Ms. Stowe 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. Evans motioned to approve the December 2025 minutes, and Ms. South seconded the approval. Minutes passed.

Implementation Plan and ARCC Subcommittees Update

Ms. Tremblay provided an update on the implementation plan and related initiatives. She reported that the Building Our Largest Dementia (BOLD) Infrastructure grant had received continued funding as of January 29. As part of the grant renewal process, the program will submit a progress report, performance narrative, evaluation materials, and success stories by April 7. Ms. Tremblay noted that the BOLD grant year runs from September 30 through September 29.

She described participation in a new learning collaborative focused on strengthening community–clinical linkages. This initiative, facilitated by the National Association of Chronic Disease Directors in partnership with the Alzheimer’s Association, aims to connect public health, healthcare systems, and community organizations. The collaborative will explore topics such as dementia screening practices in federally qualified health centers and the role of community health workers in supporting individuals with cognitive impairment. Monthly meetings will take place through November.

She also shared that South Carolina recently received its 2025 Healthy Brain Initiative state report, which compares state activities to national public health strategies related to dementia. According to Ms. Tremblay, South Carolina demonstrated activity across all nine outcome categories in the framework, reflecting strong statewide engagement in areas such as education, policy development, workforce training, and service delivery. The report will be shared with ARCC members.

Ms. Tremblay discussed ongoing efforts to align dementia initiatives with the State Health Improvement Plan, particularly the section addressing chronic health conditions. She emphasized that connecting dementia-related work to broader statewide health priorities can help draw the attention of state leadership and strengthen program impact.

Ms. Tremblay announced the development of a new media campaign focused on brain health. The campaign, scheduled to launch in June and July, will include billboards, social media outreach, and other online materials. Its goal is to reach adults aged 35 to 65 with the message that maintaining physical health also supports brain health. The campaign will initially target seventeen counties identified through analysis of Alzheimer’s prevalence and chronic health indicators such as physical inactivity and diabetes.



State of South Carolina Department on Aging

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SC Department on Aging Dementia Care Specialist Program Update

Ms. Brewton provided an update on the Department on Aging's Dementia Care Specialist (DCS) program. She announced that the Dementia Toolkit developed through the program had received a notable state document award from the South Carolina Library System. The toolkit was developed over about 2 years with input from professionals, individuals living with dementia, and family caregivers. Brewton explained that the resource is designed to guide individuals and families through navigating a dementia diagnosis and connecting with available services. Updated versions of the toolkit will be printed and distributed soon.

Ms. Brewton introduced the dementia care specialists and highlighted the program's statewide reach. Progress includes hiring staff and building a team focused on community education, care consultations, and outreach.

The DCS program focuses on helping individuals understand dementia, locate appropriate services, and access support networks. DCS work within community settings such as libraries, rural health offices, and YMCA facilities to maintain accessibility and visibility. Ms. Brewton explained that the program is not intended to provide full case management but rather to help individuals navigate the complex system of available resources and connect them with appropriate support.

She also noted that one region, Waccamaw, still requires office space before a dementia care specialist position can be filled. SCDOA is actively seeking a community-based location within that region to house the position once a suitable site is identified. Additionally, the position for the Trident region has recently closed for applications, and interviews are expected to begin soon.

Ms. Brewton concluded by emphasizing that dementia care specialists play a critical role in supporting the statewide dementia plan by providing education, strengthening community partnerships, and expanding the availability of supportive programs for individuals living with dementia and their caregivers.

SC Alzheimer's Disease Research Center Update

This discussion was postponed to the June 2026 meeting.

SC Alzheimer's Disease Registry Update

Ms. Megan Byers provided an update on the Alzheimer's Disease Registry report. She explained that the release of the report has been delayed due to difficulties obtaining updated data. The team is expecting to receive the necessary information soon, although the exact timeline remains uncertain. Once the data is received and analyzed, the updated report will be released as quickly as possible.

Ms. Byers also noted that the team is redesigning the report format to make it shorter and easier to read by reducing repetitive content and focusing on key findings. In addition, the registry team is working to obtain data on social isolation and loneliness from another source. While that information will not be included in the



State of South Carolina
Department on Aging

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upcoming report, it may be incorporated into future editions to explore the relationship between social isolation and dementia trends in South Carolina.

ARCC Executive Committee Vote

Ms. Daniel facilitated the election of the ARCC Executive Committee.

Ms. Kassie South was nominated for the position of Chair, and, with no additional nominations, the council voted unanimously in her favor.

Dr. Miriam Evans was nominated for the position of Vice Chair. After confirming that there were no other nominees, the council voted unanimously to approve her appointment.

Ms. Janae Stowe was nominated to serve as Secretary. With no additional nominations offered, members voted unanimously to appoint her to the position.

The newly elected Executive Committee will therefore consist of Kassie South as Chair, Dr. Miriam Evans as Vice Chair, and Janae Stowe as Secretary, with two-year terms beginning July 1, 2026.

Call for Volunteers for ARCC Grant Reviewers

Ms. Daniel announced that the ARCC grant application cycle opened in February and will close on April 10. The council is seeking volunteers to review grant applications to ensure that funding is directed toward the most effective and innovative programs supporting individuals living with dementia. Reviewers will receive the applications by April 20 and will have until May 22 to complete their evaluations.

Several members volunteered to serve as reviewers, including Dr. Jessica Broadway, Dr. Miriam Evans, Ms. Kassie South, Ms. Janae Stowe, and Dr. Sara English. Ms. Daniel expressed appreciation for their participation and requested that any additional volunteers email her at ddaniel@aging.sc.gov.

Discussion/Questions

Ms. Brewton reminded members that the June ARCC meeting will be held in person at the South Carolina Department on Aging in Columbia. Due to state agency policies, lunch may not be provided this year, and attendees may need to bring their own meal unless arrangements change prior to the meeting. She also emphasized the importance of including individuals living with dementia in the council's work and encouraged members to identify individuals who may be interested in participating in ARCC activities or discussions.

Dr. Cynthia Port shared information about a report titled *Living with Dementia: Learning from Cultural Narratives of Aging Societies*, published through the Hastings Center's Bioethics for Aging Societies program. She noted that the publication explores how cultural narratives and metaphors about dementia shape public perception and may influence the experiences of individuals living with the condition.



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Ms. Stowe also shared information about the 2026 statewide needs assessment being conducted by the Area Agencies on Aging. The survey aims to gather input on the needs of older adults and caregivers throughout South Carolina. The results will inform the development of four-year area plans and guide program planning and resource allocation.

Adjournment/Closing

There being no other business, Ms. Stowe adjourned the meeting at 10:44 am.

Next Meeting:

In Person on Tuesday, June 16, 2026 at the SC Department on Aging



State of South Carolina
Department on Aging

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Connie D. Munn
Director

Alzheimer's Resource Coordination Center Advisory Council
Tuesday, June 16, 2026
Meeting Minutes

The Alzheimer's Resource Coordination Center Advisory Council met on Tuesday, June 16, 2026,
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.

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Ms. Megan Byers	University of South Carolina
Dr. Miroslav Cuturic	Office of Mental Health
Ms. Dana Daniel	SC Department on Aging
Mr. Hank Davis	Alzheimer's Association, SC Chapter
Dr. Miriam Evans	South Carolina State University
Ms. Betsy Goodale	SC Legal Services, Family Caregiver
Ms. Sara Johnson	SC Hospital Association
Ms. Emma Kennedy	SC Department of Public Health
Mr. Joseph Meyers	AARP
Dr. Cynthia Port	Coastal Carolina University
Mr. Ryan Principe	FTI Consulting, Family Caregiver
Ms. Kassie South	LeadingAge SC
Ms. Carla White	SC Home Care and Hospice Association
Absent:	Ms. Margaret Alewine, Mr. Andrew Boozer, Dr. Steve Carroll, Ms. Kelly Cordell, Dr. Sara English, Ms. Jennifer Hall, Dr. Maggi Miller, Ms. Janae Stowe
Guests:	SC Department of Public Health - Ms. Emily Ash, Ms. Karilyn Tremblay, Ms. Jillian Catoe, Ms. Jessica Plair SC Department on Aging - Ms. Tori Anderson SC Department of Health and Human Services - Ms. Lisa Ragland (for Ms. Alewine) SC Department of Social Services - Ms. Brandi Nerud (for Ms. Cordell)



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	Magnolia Memory Care - Ms. Susan Bill, Ms. Monica Boyd Vantage Point - Ms. Genia Blackwell, Ms. Danielle Mason University of South Carolina - Anna Chupak
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Call to Order

Ms. Daniel called the meeting to order at 11:03 am, read the FOI statement/Americans with Disabilities Compliance Pledge, and welcomed all council members and guests. Ms. Brewton reviewed emergency procedures, including evacuation routes and tornado shelter procedures.

Approval of Minutes

Ms. South motioned to approve the March 2026 minutes, and Dr. Broadway seconded the approval. Minutes were approved.

SC Department on Aging Dementia Care Specialists Program Update

Ms. Brewton provided an update on the Department on Aging's Dementia Care Specialist (DCS) program. She shared that nine of the ten DCS positions have been filled. The final DCS position is in the Waccamaw region. An office location has been secured, and the posting for this position will open within the next few weeks. She stressed that the DCS program is intended to provide community education and care consultation rather than case management. She shared that the education component has expanded to include a presentation on brain health, highlighting that what's good for your heart is good for your brain, in addition to the presentations already being delivered on dementia.

SC Department on Aging and Trualta Update

Ms. Brewton shared that the SC Department on Aging Family Caregiver Support Program has partnered with Trualta to provide Trualta to South Carolina caregivers at no cost. Trualta is a web-based platform for family caregivers. The program is funded by the National Strategy to Support Family Caregivers and aims to ensure family caregivers have access to caregiver training, support groups, and other resources. South Carolina purchased a statewide license with capacity for up to 100,000 users.

ARCC Grants Update

Ms. Daniel provided an update on the ARCC Grants Program. The application period ran from February 9 to April 10. A total of 17 applications were submitted, and 11 met the minimum requirements (all required supplemental documents were submitted with the application) to advance to the formal review process with the selection committee. Three new grantees were awarded, all providing forms of respite care. One additional applicant remains on a waitlist pending available funds after fiscal year 2026 closes. Three ongoing grantees will receive second-year funding. In total, six programs will be funded in fiscal year 27, serving 16 counties with respite care, caregiver training, support groups, innovative programming, and care coordination. Questions were raised and answered regarding funding sources, award amounts (typically \$20,000–\$50,000 over two years), and the



State of South Carolina Department on Aging

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reapplication process. She thanked Ms. Stowe, Dr. Evans, and Dr. English for their assistance with the grant selection.

Magnolia Memory Care Presentation

Ms. Bill and Ms. Boyd from Magnolia Memory Care presented on their work in Lancaster County. Ms. Bill introduced herself as the CEO of Magnolia Memory Care and her intern, Ms. Boyd. They presented on the Magnolia Center for Brain Health pilot in Lancaster County, which aims to demonstrate (1) that a coordinated community hub can ease navigation of dementia diagnoses, (2) that structured therapeutic programming improves engagement and quality of life, (3) that caregiver education and support reduce stress, (4) that integrating reimbursable in-home occupational therapy aids sustainability, and (5) that involving university interns builds future capacity.

The model was developed based on community feedback from their established Memory Matinees program and listening sessions highlighting rural challenges, transportation barriers, stigma (particularly in African American communities), and delayed diagnoses. The program operates three days a week with therapeutic programming (Minds Matter), caregiver support groups, education led by occupational therapists, cognitive testing support, and student involvement. Early data shows reduced caregiver stress, and the model emphasizes trust-building, especially with faith leaders and community partners. Key partners include the First United Methodist Church, Lancaster Council on Aging, neurologist Dr. Cheryl Myers, Winthrop University, and others. Funding comes from ARCC, the South Carolina Physicians Charity, the Heirs Foundation, Medicare billing for occupational therapy, grants, and donations. The presentation included a video link featuring caregiver voices. Attendees praised the energy, passion, and community impact of the work. Questions addressed the program scale (currently ~6 regular participants, aiming for 8–10) and the timeline (a soft launch was held in January).

How Cultural Narratives Shape Public Perceptions of Dementia

Dr. Port shared insights from the collection *Living with Dementia: Learning from Cultural Narratives of Aging Societies* (Hastings Center). Drawing on humanities perspectives, she discussed dominant cultural narratives around dementia, such as apocalyptic "tsunami" or "time bomb" metaphors, the "long goodbye," and portrayals of people with dementia as "empty" or "gone." These narratives influence funding priorities, social engagement, and policy, often prioritizing prevention and cure over ongoing engagement and quality of life.

Dr. Port highlighted historical shifts in perceptions of memory loss, challenges with concepts like dignity, dependence/independence, and narrative coherence in illness stories. She referenced specific articles on technology, caregiver perspectives, and creative engagement approaches (e.g., theater work by Anne Basting). The presentation encouraged counter-narratives that value people living with dementia and promote meaningful interaction. Attendees appreciated the nuanced perspective and its relevance to frontline work, noting the complexity of individual experiences beyond standardized approaches.



State of South Carolina

Department on Aging

Henry McMaster
Governor

Connie D. Munn
Director

Implementation Plan Breakout Session

The BOLD Team and DPH hosted a breakout session for the 2026 ADRD Implementation Plan. Ms. Tremblay provided context on the BOLD grant (finishing year 3 of 5) and the annual implementation plan report. Members worked in groups to complete a worksheet identifying initiatives that align with the Statewide Plan to Address Alzheimer's Disease and Related Dementia. Groups discussed current/emerging activities, successes, new partnerships, and alignment with the state plan objectives. Reported back to the larger group included:

- Ms. Brewton highlighted the continued expansion of Dementia 201: Positive Interactions by the DCS program. Training has been provided to Department of Mental Health staff, home health agencies, family caregivers, and numerous community organizations. Due to increasing demand and limited staff capacity, the SCDOA is researching a learning management system to improve accessibility and scalability.
- Dr. Broadway reported substantial progress in improving access to dementia evaluation and treatment services. The Charleston VA has successfully implemented a Rapid Access Memory Program embedded within primary care clinics. Through this model, primary care providers can quickly refer patients for brief neuropsychological assessments, allowing individuals to receive evaluations and results within days rather than waiting weeks or months. Patients identified with memory disorders are subsequently referred to memory disorder specialists for timely treatment and follow-up. She noted that this model has significantly improved early identification of dementia and reduced delays in care.
- Dr. Broadway also discussed emerging research and innovative care delivery models currently under development. One proposed initiative involves implementing a streamlined pathway for patients referred to memory disorder programs, incorporating telehealth evaluations, blood-based biomarker screening, cognitive testing, and patient education before specialty appointments. This approach is intended to improve efficiency and expand access to emerging amyloid therapies. She further reported ongoing participation in several research studies, including a promising study focused on Lewy body dementia, a condition for which few treatment options currently exist. Given veterans' increased risk for Lewy body and Parkinsonian disorders related to Agent Orange exposure, the importance of expanding research in this area was emphasized. Additional updates included the Charleston VA becoming the first VA facility to participate in the Alzheimer's Association's AlzNet registry. She also expressed interest in expanding partnerships with VFW organizations to expand outreach, education, memory screening opportunities, and awareness among veterans who may not otherwise seek evaluation.
- Ms. South reported that the Presbyterian Communities of South Carolina developed the nation's first dementia-focused Montessori program, created entirely from the ground up, and has subsequently expanded this care approach throughout the state. In partnership with the Alzheimer's Association, every Presbyterian community now has a trained Alzheimer's support group facilitator, enabling support services to be offered both to residents and to members of surrounding communities. She also discussed integrating new technologies to promote personalized memory experiences and strengthen connections between residents and family members. Ms. South also mentioned ongoing collaborations with the Medical University of South Carolina and Clemson University's Department of Architecture to



State of South Carolina
Department on Aging

Henry McMaster
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develop Alzheimer's village models in South Carolina, building on successful examples already operating elsewhere in the country.

- Dr. Cuturic reported on services for individuals living with Huntington's Disease. He described the longstanding multidisciplinary Huntington's Disease Clinic, which has operated for more than two decades and provides coordinated care involving neurology, psychiatry, speech therapy, physical therapy, nutrition, social work, and genetic counseling. He noted that Huntington's disease presents unique challenges due to its hereditary nature, early onset, and combination of cognitive, psychiatric, and movement-related symptoms. The clinic has achieved designation as a Center of Excellence through national Huntington's disease organizations and participates in multiple international research networks and observational studies. Research activities continue to expand through participation in clinical trials, translational research initiatives, and collaborations focused on Parkinson's disease and other neurodegenerative conditions. Looking ahead, Dr. Cuturic expressed interest in the potential for establishing a dedicated institute for Huntington's disease and applying lessons learned from this model to the development of multidisciplinary Alzheimer's care programs.

Worksheets were collected by the DPH staff for the implementation report, with options for follow-up submissions after the meeting.

Adjournment and Closing

There being no other business, Ms. Daniel adjourned the meeting at 1:06 pm.

Next Meeting:

TBD – pending results of scheduling poll