

Mount Sinai Leads the Way With Comprehensive Care for Older Adults With HIV

With the advancement of medical treatments, adults with HIV are living longer. The National Institutes of Health estimates that by 2030, approximately 70 percent of those with HIV in the United States will be over age 50—roughly half a million people.

To meet the needs of this growing, aging HIV population, Mount Sinai's Brookdale Department of Geriatrics and Palliative Medicine has partnered with Mount Sinai's Institute for Advanced Medicine to create a program to deliver comprehensive care for older adults with HIV. This program uses a collaborative team approach to address the many needs of older adults in this cohort. The team includes a geriatrician, registered nurse, pharmacist, social worker, and community health worker (CHW), who serves as the patient's advocate, coordinator, and educator.

The program, launched in 2020, has resulted in increased patient satisfaction and a decrease in missed appointments, which ultimately leads to improved patient health outcomes. Based on its success, Mount Sinai rolled out the program to other institutions nationwide on December 1, World AIDS Day.

"What makes this project so effective is the involvement of a community health worker, which serves as the backbone of the program," says **Fred Ko, MD**,



Associate Professor, Geriatrics and Palliative Medicine. "By including a CHW on our team, we enable our patients to gain access to all the services Mount Sinai provides. And, importantly, CHWs build a relationship with patients, who now have a reliable, caring professional to help them navigate the system."

CHWs help patients make appointments, provide scheduling reminders, support patients during program visits, administer some geriatric screening and assessment tools, help them manage their medications, conduct outreach and referral support, and offer culturally appropriate education around the principles of aging. They also help arrange transportation to appointments, provide referral information, and coordinate appointments with other specialists, as needed.

Patients receive referrals to the program for a variety of reasons, including cognitive concerns, mobility difficulties, and complex medication needs (typically five or more prescriptions), as well as care goals, advance directives, and health care proxies.

Older adults with HIV tend to have more complex needs, including more medical conditions and psychosocial challenges—such as elevated rates of depression, anxiety, loneliness, and social isolation—compared to older adults without HIV. They may also struggle more with food and housing insecurity than most of their peers.

The Comprehensive Care for Older Adults With HIV program receives funding from the Keith Haring Foundation and the U.S. Health Resources and Services Administration (HRSA).

National Palliative Care Research Center Transforms the Science of Palliative Care



NPCRC-funded researchers at the annual Kathleen M. Foley Palliative Care Retreat and Research Symposiums in La Jolla, California (2018), and Banff, Alberta, Canada (2025).

Over the past two decades, palliative care has moved from the margins of medicine to one of its fastest growing and most needed disciplines. The National Palliative Care Research Center (NPCRC) has been one of the central forces driving the field's exponential growth by building the evidence base, scientific workforce, and national research infrastructure that palliative care needed to stand alongside other major medical specialties.

In the early 1990s and early 2000s, clinicians routinely witnessed profound suffering—whether during the AIDS crisis, in emergency departments, or in the care of older adults with advanced illness—but lacked the training and evidence to respond. Pain, depression, demoralization, and difficult decisions were widespread, yet no specialty claimed responsibility for the whole person. **R. Sean Morrison, MD**, saw that gap and recognized that without rigorous research, palliative care would

remain underdeveloped, undervalued, and structurally invisible.

With support from the Kornfeld Foundation, Dr. Morrison and the Brookdale Department of Geriatrics and Palliative Medicine established NPCRC in 2005. NPCRC, which resides within the Brookdale Department's Patty and Jay Baker Palliative Care Center, was created to build a scientific workforce capable of creating the evidence base needed to legitimize palliative care in organized medicine.

Since then, NPCRC became one of the most influential drivers of palliative care's national expansion. It has launched the careers of 121 investigators across 47 institutions and 23 states. More than 90 percent of scholars went on to secure more than \$500 million in subsequent federal and foundation grants, expanding the field's size, reach, and academic footprint. NPCRC reshaped the field by ensuring

its scholars would succeed. It provided mentorship and training so the probability of their success became remarkably high. Just as important, NPCRC created the community that held the field together as it grew. The Kathleen M. Foley Palliative Care Retreat and Research Symposium Retreat became the annual gathering place for early-stage and senior investigators from multiple disciplines. The retreats drew more than 1,200 participants across 18 annual meetings. Researchers who once felt isolated found a professional home, a scientific network, and a shared purpose. Many credit NPCRC with sustaining their careers during the toughest moments—grant rejections, nighttime revisions, and the steep climb toward National Institutes of Health (NIH) funding.

NPCRC also drove national visibility and legitimacy for the field. It helped shape the focus of NIH and the Patient-Centered Outcomes Research Institute, supported

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R. Sean Morrison, MD

federal legislation, influenced National Quality Forum initiatives, and stimulated the creation of the first national

palliative care research meeting. These efforts positioned palliative care not as a niche service, but as a scientifically grounded specialty essential to high-quality care.

In October 2025, NPCRC closed its doors, having completed its mission. In partnership with the Patient Quality of Life Coalition, NPCRC secured federal appropriations to create an NIH-funded program to replace NPCRC's work.

The new ASCENT (Advancing the Science of Palliative Care Research Across the Lifespan) consortium is a five-year \$64 million NIH initiative that will be led by Melissa Aldridge, PhD, MBA, Professor and Vice Chair of Research at the Brookdale Department, and four other palliative care scientists from the University of Colorado Denver, New York University, Duke University, and the Children's Hospital of Philadelphia.

"Thanks to our advocacy efforts and the support of NIH, we will continue NPCRC's important work through ASCENT, including the training and development of a new generation of scientists nationwide," says Dr. Morrison, the Ellen and Howard C. Katz Chair of the Brookdale Department. "Through research, we've been able to show how and why palliative care makes a difference—and that's how we change systems and improve patient care."

Stephen Schwartz, Philanthropist Who Transformed Geriatrics and Palliative Care, Dies at 90

Stephen Schwartz, who as President of the Brookdale Foundation for more than four decades reshaped how older adults, people with serious illness, and their caregivers are supported across the United States, died peacefully on September 22 in Naples, Florida. He was 90.

As head of the Brookdale Foundation, Mr. Schwartz directed philanthropic investments that helped establish the Brookdale Department of Geriatrics and Palliative Medicine at the Mount Sinai Health System, now the nation's largest and one of the most influential programs of its kind. His vision and funding spurred innovations in clinical care, education, and research, laying the groundwork for advances that have touched millions of lives.

"It is no exaggeration to say that Stephen Schwartz revolutionized how we provide care and how we experience aging and serious illness in this country. He will be greatly missed," says R. Sean Morrison, MD, the Ellen and Howard C. Katz Chair of the Brookdale Department.

Mr. Schwartz was deeply involved in civic and cultural life. He served on the Mount Sinai Health System's Board of Trustees and held long-standing roles with the NCH Healthcare System in Naples, Florida. He was a steadfast supporter of Artis—Naples, The Baker Museum, and a trustee of the Baker Senior Center. He was widely admired for his integrity, wisdom, visionary philanthropy, and wry sense of humor.

He is survived by his wife, Lety Schwartz; his daughter, Karen Hart; four grandchildren; and a great-granddaughter. Another daughter, Rebecca Shaffer, predeceased him.



KUDOS: Special Faculty Awards and Achievements

Allison J. Applebaum, PhD, was awarded a National Cancer Institute grant to assist 200 cancer centers nationwide develop caregiver support programs.

Allison J. Applebaum, PhD, was also appointed the Gerald J. and Dorothy R. Friedman Chair in Palliative Care at the Icahn School of Medicine at Mount Sinai.

Robert M. Arnold, MD, was appointed the Catherine Gaisman Chair of Medical Ethics at the Icahn School of Medicine at Mount Sinai.

Peter Gliatto, MD, received the 2025 House Call Physician of the Year Award from the American Academy of Home Care Medicine.

Noelle Marie Javier, MD, was accepted as a fellow in the American Geriatrics Society.

Alinda Kung, MD, was awarded a National Institutes of Aging grant to study out-of-pocket spending and burdensome care for older adults with serious illness.

Natalie Sohn, MD, was selected as a 2025 Mount Sinai Alumni Leadership Award recipient.

Siobhan Sundel, DNP, GNP-BC, ANP, was awarded the Nurse Practitioner Lifetime Achievement Award from the Mount Sinai Health System.

Mount Sinai's Pepper Center Grant Renewal

Fuels Next Chapter in Aging and Palliative Care Research

With the recent renewal of its Claude D. Pepper Older Americans Independence Center (Pepper Center) grant, the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai will build on 16 years of pioneering work to improve the quality of life and independence of older adults living with serious illness.

Mount Sinai's entry into the Pepper Center program in 2009 united geriatrics and palliative medicine—an innovation that inspired more than 40 academic medical centers nationwide to follow suit. Since then, the Brookdale Department's Pepper Center has launched a new field of research in geriatric palliative care and trained dozens of scientists dedicated to meeting the complex needs of older adults and their caregivers.



During the previous five-year cycle, the Pepper Center supported 24 pilot projects that led to 164 scientific publications and more than \$16 million in new research funding. Projects explored topics such as opioid prescribing in older adults; the role of paid caregivers, and disparities in access to high-quality care. The Pepper Center also played a vital role in New York City's

COVID-19 response, developing a toolkit that was downloaded more than 350,000 times.

Looking ahead, the renewed grant will focus on reducing health care disparities and nurturing the next generation of researchers. "We're fully committed to building on our track record of pioneering research and training in geriatrics and palliative care," says R. Sean Morrison, MD, the Ellen and Howard C. Katz Chair of the Brookdale Department.



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