



Icahn
School of
Medicine at
**Mount
Sinai**

*Arnhold Institute
for Global Health*

GLOBAL HEALTH AND U.S. POLICY: Priorities for the Next Administration

November 2016



About the Arnhold Institute for Global Health

The Arnhold Institute for Global Health at the Icahn School of Medicine, Mount Sinai Health System, seeks to improve the health of people and the communities they live in, both in the U.S. and abroad. The Arnhold Institute serves as a global arm of the Mount Sinai Health System, leading research on the design of more equitable and effective care models that are disseminated through digital products, training systems and input on policy design.

For more information, visit arnholdinstitute.org and follow us on Twitter: @ArnholdInst.

About the Icahn School of Medicine at Mount Sinai

The Icahn School of Medicine at Mount Sinai is an international leader in medical and scientific training, biomedical research, and patient care. It is the medical school for the Mount Sinai Health System, an integrated health care system which includes seven hospitals and an expanding ambulatory network serving approximately 4 million patients per year.

The School has more than 1,800 students in MD, PhD, and Master's programs and post-doctoral fellowships; more than 5,600 faculty members; over 2,000 residents and fellows; and 23 clinical and research institutes and 34 academic departments. It is ranked among the highest in the nation in National Institutes of Health funding per principal investigator. The School was the first medical school in the country to create a progressive admissions approach for students who seek early assurance of admission through the FlexMed program.

The Graduate School of Biomedical Science trains PhD and MD/PhD students, and offers master's-level programs in areas such as genetic counseling, clinical research, biomedical sciences, and public health, and an online master's degree in health care delivery leadership. The seamless connections between our medical school, graduate school, and hospital campuses provide an extraordinary environment for translating scientific discoveries into clinical treatments.

For more information, visit <http://icahn.mssm.edu> or find the Icahn School of Medicine at Mount Sinai on Facebook, Twitter, YouTube, and LinkedIn.

Essential U.S. Strategies for Global Health Challenges

Bringing Global Solutions to Local Context:

Joining forces with global communities against common challenges

Because the health epidemics that threaten American lives are not contained within U.S. borders, it is imperative that the U.S. take action to support resilient communities both at home and abroad. There is great potential for a rich exchange of knowledge between the U.S. and global communities facing common threats and creating and seeking innovative solutions, often in resource-limited environments that mirror the conditions of some of this country's most neglected neighborhoods. Many of these common challenges are captured in the United Nations' 2030 Agenda for Sustainable Development.¹ Global communities have much to learn from the experience of others, as interventions can be transported and adapted to fit the specific constraints of different local contexts. The U.S. should pursue an agenda of partnerships with communities around the world, based on the mutual exchange of lessons learned in tackling common challenges for building healthy places.²

Proactively Addressing Global Threats to Public Health:

Managing communicable and non-communicable diseases –and preventing the next global health disaster

The U.S. and countries around the world also face a growing burden of non-communicable diseases, notably diabetes and heart disease,³ while always preparing to address the threat of communicable diseases. Both communicable and non-communicable epidemics highlight gaps in the ability of communities to prevent, identify, and address emerging threats.^{4,5} Individual neighborhoods, and the U.S. as a whole, are made vulnerable to these threats by a systematic lack of investment, infrastructure, and social capital. Continued support should be given to key agencies, notably USAID, that work toward outcomes-oriented goals and developing basic infrastructures in global settings.

Ensuring Equitable Access to and Affordability of the Right Clinical Care:

Developing and deploying innovative care models to reduce waste and match people with the right care

Even as the center of care is globally shifting to the community, all individuals must be able to get the right clinical care when they need it, regardless of socioeconomic factors such as race, gender, sexual orientation, education, and income. Achieving the right fit of individuals to types of care not only improves health outcomes, but is essential to curbing unsustainable growth in healthcare spending.⁶ Doing so requires expanding the settings where people can receive care outside the

walls of hospitals and clinics. For example, the Arnhold Institute is engaged in discussions of the utilization of information and communications technologies to improve access to care in Ghana, including telemedicine and improved access to medical records. These same technologies could be deployed to improve access for marginalized populations in the U.S.

Educating the Healthcare Workforce of the Future: *Preparing the next generation of medical leaders to operate in a changing healthcare landscape*

It is no longer sufficient for medical education to focus solely on clinical care. The next generation of physicians must also have basic understanding of the pathways through which psychosocial factors influence health, and understand the role of the physician within the full network of clinical and non-clinical care providers.⁷ Trainees should have opportunities to engage with the work of crafting healthcare systems, both domestically and abroad, in order to achieve a sense of the unique responsibilities, opportunities, and limitations inherent in the role of the physician. This is supported by a continued commitment to building the diversity of the healthcare workforce which can only happen through improved support for international students and trainees, and opportunities for U.S.-based trainees to work internationally.

¹ Transforming Our World: the 2030 Agenda for Sustainable Development. Geneva: United Nations General Assembly. 2015 October. <https://sustainabledevelopment.un.org/post2015/transformingourworld>

² Global Challenges, Local Actors: The Global Goals and USAID's In-Country Private Sector Partners. Washington, DC: United States Agency for International Development. 2016 March. Available at <https://www.usaid.gov/GlobalDevLab/documents/local-private-sector-partnerships-report>

³ The U.S. Government and Global Non-Communicable Disease Efforts. Henry J. Kaiser Family Foundation. 2016 August. <http://kff.org/global-health-policy/fact-sheet/the-u-s-government-and-global-non-communicable-diseases/>

⁴ Persons, T. Emerging Infectious Diseases: Preliminary Observations on the Zika Virus Outbreak. Washington, DC: United States Government Accountability Office. 2016 March. <http://www.gao.gov/assets/680/675541.pdf>

⁵ Rudd RA, Aleshire N, Zibbell JE, Matthew Gladden R. Increases in drug and opioid overdose deaths—United States, 2000–2014. *American Journal of Transplantation*. 2016 Apr 1;16(4):1323-7.

⁶ Reducing Inappropriate Emergency Department Use Requires Coordination with Primary Care. Princeton: Robert Wood Johnson Foundation. 2013 Sept. <http://www.rwjf.org/en/library/research/2013/09/quality-field-notes--reducing-inappropriate-emergency-department.html>

⁷ Aligning Medical Education with the Nation's Health Priorities: Innovations in Physician Training in Behavioral and Social Sciences. Content last reviewed July 2015. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/education/curriculum-tools/population-health/satterfield.html>
