

**FOREWORD: SPECIAL ISSUE ON
PUBLIC HEALTH, HEALTHCARE POLICY,
FINANCING & ECONOMICS**

I am very pleased to introduce this first of two Special Issues on Public Health, Healthcare Policy, Financing & Economics for *The Public Administration & Financial Management, an Interactive Journal*. This Special Issue consists of five papers that address topics from different perspectives of interest to healthcare policy makers, academic researchers and practitioners. The symposium for this Special Issue was posted and advertised on a national scale. It was promoted at the Academy of Health annual meeting in Orlando, FL, June 2006, and also through the International Society for Research in Healthcare Financial Management (www.RHFM.org). All of the papers for the symposium were subjected to blind, peer-review and the authors revised the manuscripts in accordance with the Guest Editor's and reviewers' comments.

The first and leading paper in this issue, authored by **Peter J. Fos, Vafa Kamali and Miguel A. Zuniga**, sets the stage and addresses "Disparity in Death Rate Trends: Implications for Public Health Management" This study evaluated disparity in death rates in Mississippi over a 10-year period. Comparisons were made across several causes of death with respect to the influence of race, gender and geography, with the following results: Whites had a significantly higher death rate than Nonwhites; disparities existed across geographic areas of residence; Whites having higher deaths rates due to heart disease, malignant neoplasms, cerebrovascular disease, emphysema and pneumonia; Nonwhites had higher death rates for, diabetes mellitus, hypertension, infant mortality, neonatal mortality, and post-neonatal mortality. Study implications include (a) disparities have not changed over 10 years, (b) disparity

elimination strategies must be based on creative and new approaches, and (c) health policy initiatives must be developed to address the specificity of the influence of disparities on death rates.

The second paper, authored by **Hassan Younies, Belal Berham, and Chiehwen Ed Hsu** shifts the focus to Accounting Systems and their view of the Just in Time method to improve efficiency in Business and hospitals. When hospitals shifted to Just in Time, their inventory declined and their profitability improved.

The next paper, by **Nejat Anbarci and Mustafa Caglayan**, titled "Cadaveric VS. Live-Donor Kidney Transplants: Theoretical Foundations of Interaction between Institutions and Inequality" focuses on "cadaveric vs. live-donor kidney transplants." Noting that the World Health Assembly emphasizes voluntary donation, non-commercialization and a preference for cadavers over living donors, they theoretically investigate the factors that affect the ratio of cadaveric transplants to all transplants. This study finds that factors such as income inequality, rule of law and religion have significant effect on the ratio of cadaveric transplants to all transplants. Thus, improvement in income equality and in rule of law is very likely to increase the use of cadaveric kidney transplants. In addition, fighting religious beliefs against cadaveric kidney transplants too can lead to a higher ratio of cadaveric transplants to all transplants.

The fourth paper in this Special Issue is by **Mustafa Younis, Yusuf Celik, and Qwendlyn Prater**. It is titled "A Review of Implications of Informational Asymmetry and Principal-Agent Relationship," and addresses a review of financial theory with application to issues of asymmetric

information, health insurance and competition in US. They discuss provocative issues regarding health insurance firms that may seek to maximize profit by enrolling healthy populations in their plans. They conclude that asymmetric information is one of the areas of considerable interest to insurance firms, regulators and mathematicians alike. They further conclude that this area is in need of further empirical study, particularly involving the use of econometrics and mathematical models to better delineate methods of health insurance and profit maximization.

The fifth paper in this Symposium is authored by **Sezar Kisa, Adnan Kisa and Mustafa Younis**. It is titled “The Changing Role of Pharmacists: A Lessons from Turkey” and addresses a survey of pharmacists and their role in improving healthcare in Turkey. The survey found that the Pharmacists prefer to operate their own business and play a role in providing information to their customers and neighborhood, rather than to be viewed as simply dispensing medicines.

The sixth paper is authored by **D. Olga McDaniel, Chima Ihedigbo, Warren May, and Joesph Cameron** titled “Are Cytokine Gene Polymorphisms Associated with Hypertension? An African American Cohort Study” The authors looked at Hypertension as the number one public health disparity, particularly, in African American population. Our data indicated a close relationship between hypertension and molecular markers associated with inflammation. Elevated levels of pro-inflammatory cytokines as well as cytokine gene polymorphism were shown to be associated with elevated blood pressure. This indicates that inflammation might induce hypertension which is genetically determined, and it may serve as a predictor for hypertension.

The closing article is authored by **Adriana Campa, Dushyantha T Jayaweera, Carlin Rafie, Sabrina Sales, J. Bryan Page, Marianna K. Baum**. It is titled "When Access to Antiretroviral Treatment for All Is Not Enough". The authors followed a cohort of 144 HIV/drug users for six months in Miami, Florida to evaluate the effect of program incentives on compliance. Compliance with study visits in which active case management was used was 86% compared to 17.4% with routine self-directed healthcare ART monitoring visits. Only 29.8% of those receiving ART in this cohort achieved viral suppression (<400 copies/mL).

I trust the reader will find the papers in this Special Issue to be both interesting and provocative, and that they will provoke further research, case studies and demonstrations in the field of public health, healthcare policy, financing & economics.

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