

## Foreword

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I am very pleased to introduce this first of two Special Issues on Public Health, Healthcare Policy, and Financing & Economics for *Ageing International*. This Special Issue has articles covering topics in public health from Europe, Turkey & the Middle East, and the United States. Also this issue has articles related to the healthcare of special minorities in the USA. This Special Issue consists of 11 papers that address topics from different perspectives of interest to healthcare policy makers, academic researchers and practitioners. The Special Issue was posted and advertised on a national and international scale. It was also promoted at the Academy of Health annual meeting in Chicago, IL, June, 2009, the International society of Pharmoeconomics (ISPOR), Atlanta, GA, May, 2010 and Jena University School of Medicine, Jena, Germany. All of the papers for these special issues were subjected to blind peer review and the authors revised the manuscripts in accordance with the Guest Editor's and reviewers' comments. This issue's editorial board and anonymous reviewers were drawn from various parts of the world with expertise in the academia, private practice and the public and private sector which strengthen the quality of the articles accepted for this issue.

The Editor would like to thank Dr. Dana A. Forgione at the University of Texas at San Antonio for his support and also offer special thanks to the International Editorial Board of this issue for their service and comments. This issue would never see the light with out the support and patience I received from Professor Sue Levkov at Harvard Medical School and Professor Hongtu Chen at Partners HealthCare, in Boston, MA.

The first paper in this issue, authored by Frode F. Jacobsen & Tone Elin Mekki sets the stage and addresses "Health and the changing welfare state in Norway: A focus on municipal health care for elderly sick." This study aims to describe and discuss the healthcare system in Norway in a social, cultural and material context, with a main focus on the (the largely municipal) elderly care sector as part of a

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changing welfare state. The elderly care sector in Norway is extensive and mainly public, with only a small fraction being run by commercial firms or by voluntary organizations. As the Norwegian welfare state has been changing quite a lot during the latest two decades, the same holds true for the elderly care sector.

The second paper, titled “University Students’ Views and Practices of Ageism,” is authored by Duygu Yılmaz, Simge Zeyneloğlu, and Sezer Kisa. This article aims to identify young people’s views on ageism and their practices. In the present day, it is notable that the majority of those who discriminate against the elderly are young people. For this reason, these types of studies are important to understanding the younger generations’ views on ageism and will shed light on future practices aiming to equip them with positive attitudes and an egalitarian point of view towards ageism. This study suggests that healthcare policy makers should develop rational elderly care policies and these policies should focus on effectively resolving conflicts between generations.

The third paper, by Patrick Richard, Pierre Kébreau Alexandre, Mustafa Zeedan Younis & Anthony Lara, is another article focusing on the elderly and minority populations in the USA, titled “Racial and Ethnic Disparities in the Quality of Diabetes Care for the Elderly in a Nationally Representative Sample.” The paper found that elderly black patients with diabetes were less likely to receive appropriate quality of care as reported by patients, or eye examinations and more likely to receive a foot examination, compared to their white counterparts. Similarly, elderly Asian patients with diabetes were less likely to report receiving appropriate quality of care compared to their white counterparts.

The fourth paper, “Quality Measures for the U.S. Hospice System,” by Kelly Noe and Pamela C. Smith, examines proposed operational, labor, and clinical constructs of quality within the U.S. hospice system. The operational construct is developed based on how the organization is functioning, the labor construct on workforce performance and the clinical construct on measuring changes in the patient’s condition. Using Medicare Hospice Cost Report data, this study examines both for-profit and nonprofit hospice providers individually and collectively. The study results indicate that hospice quality significantly improved among both the entire sample and the for-profit and nonprofit samples individually.

The fifth paper by Paul J. Flaer, Mustafa Z Younis, Mohamed Al-Otabie and Maha Al-Hajeri entitled “Thinking Through Health Care Reform” discusses the trends and debates for the important and recent efforts to implement health care reform in the United States. The paper is a timely essay and would be of interest to the readers of the journal.

The sixth paper is titled “Age Disparities in Diagnosis of Prostate Cancer Between African Americans and Caucasians,” by Xinchun Zhou, Steven A. Bigler and Charles R. Pound. The authors used a retrospective study approach to analyze the associations of age and ethnicity with the onset, detection rate, and differentiation of prostate cancer. The results suggested that African American men had earlier onsets of PIN, ASAP, and prostate cancer by about 1.5 years, and earlier onset of metastatic prostate cancer by about 9 years, as compared to Caucasians. Increased age is also associated with elevation of serum PSA in prostate cancer patients in both races. However, neither age nor race was significantly associated with tumor grade.

The seventh paper is by Fatma G. Huffman, Joan Vaccaro, Deva Gundupalli, Gustavo Zarini and Zisca Dixon, entitled “Acculturation and Diabetes Self-management of Cuban Americans: Is Age a Protective Factor?.” The study analyzed the relationships among diabetes self-management, diet, age and acculturation factors for Cuban Americans with Type-2 diabetes. Their results show notable differences in diabetes self-management practices and beliefs with respect to acculturation factors. Migration (more years of life in the United States) was positively associated with higher glycated hemoglobin-A1C (HbA1c), higher consumption of fat, smoking and higher body mass index (BMI)—a measure of obesity. Furthermore, this study indicated that older participants had better glycemic control (lower HbA1c and FPG) and were less likely to smoke. Since older participants had better control of their blood glucose, the results imply it would be beneficial for clinicians to design in participant-based interventions lead by focus groups with older Cuban Americans.

The eighth paper, authored by Kristina L. Guo and Richard J. Castillo, is titled “The U.S. Long Term Care System: Development and Expansion of Naturally Occurring Retirement Communities as an Innovative Model for Aging in Place.” The authors discussed naturally occurring retirement communities (NORCs) to promote the health and mental well being of older individuals through the collaborative efforts of formal and informal home and community-based services and support. The authors concluded that opportunities and challenges of NORCS exist and described the need for the development and expansion of additional NORC programs as an innovative and viable solution for older adults aging in place.

The ninth paper by Kelly Noe, Pamela C. Smith, and Mustafa Z. Younis is titled “Calls for Reform to the U.S. Hospice System.” This paper provides a discussion of the more than 30-year history of the hospice system in the U.S. The perspective of the hospice system has moved away from “where you go to die” to a system that provides viable long-term care at the end of life. Originally organized as nonprofit entities, hospice providers have expanded into the for-profit realm. The authors argue that significant reform of the system is necessary—including the development of standard quality measures and adjustments to the Medicare payment system to assist in containing rising global healthcare costs.

The 10th paper authored by Mustafa C. Karakus and Albert A. Okunade, title “Obesity, Depression, and Employment Related Outcomes among Workers near Retirement.” The authors used the U.S. Health and Retirement Study (HRS) database to investigate the likelihood for early retirement (prior to age 62) among older (ages 50–62) working-age adults suffering from both clinical depression and obesity. Panel multivariate probit regression model results, by gender, suggest that older adults with obesity and comorbid depression are significantly more likely to retire early compared with individuals without these co-occurring health conditions. Individuals with obesity plus depression are a distinct class regarding labor market participation decisions. Possible bidirectional association between obesity and depression would suggest that improved health insurance coverage and workplace health promotion can be cost-effective strategies for reducing early retirement.

The eleventh and closing paper by Sirin Ozkan, Yusuf Celik, and Mustafa Z. Younis, is titled “The Effect of Individual and Organizational Characteristics on the Level of Burnout: A Research on Physicians and Nurses.” The article used Structural

Equation Modeling (SEM) to estimate the effects of certain selected individual and organizational variables, such as conflict, burnout and ambiguity. The research concluded that working in surgical units, having less work experience and choosing the profession unwillingly, had significant and negative direct effects on the burnout level of the physicians and nurses in the sample of this study.

I trust that the reader will find the papers in this Special Issue to be both interesting and provocative, and that they will motivate further research, case studies and demonstrations in the field of Public Health.

I gratefully acknowledge valuable guidance and feedback provided by the Ad-Hoc Editorial Board and Dr. Sue Levkov, for her support in completing this symposium. The completion of this Special Issue would not have been possible without the many hours contributed by all of the anonymous reviewers who dedicated their time and expertise to help make this Special Issue a reality.

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**Dr. Younis** is tenured professor and international consultant for colleges and healthcare organizations in United States and other countries. Dr. Younis has authored and published more than 100 articles and abstracts in refereed journals, national and international conferences. An Editorial Board member / manuscript reviewer for several national and international journals including, Health Economics, Annals of Family Medicine, American Journal of Managed Care and the European Journal of Health Economics. Dr. Younis has served as a Guest Editor for several respected refereed research journals. He is also a reviewer of special grants for the US Department of Health & Human Services, the Department of Housing & Urban Development, and the Institute of International Education. Dr. Younis has administrative experience as Chair of the Department of Health Policy & Management at Florida International University where he led the accreditation efforts for the healthcare management program. He developed curriculum and taught courses for the bachelors, masters and doctoral level programs, including: Health Financial Management, Health Economics, Comparative International Health Systems, and Health Policy & Management.