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Guest Columnist

Author: Mike Nelson Last Updated: Sep 18, 2009 - 8:31:19 AM

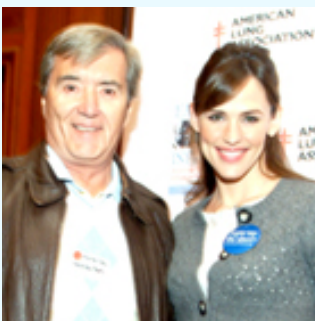
## The Green Gap

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By Mike Nelson  
Sep 18, 2009 - 8:25:33 AM

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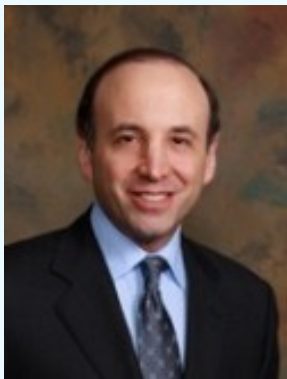


(HealthNewsDigest.com) - Schools have it; scores of office buildings have it; and even some airports and train stations have it. However, many healthcare centers do not. The "it" in this case refers to Green cleaning and although not all schools, office buildings, or large public facilities, such as airports, have transferred to Green cleaning, it is actually becoming the norm in many areas of the country. However, one key exception is healthcare. Many hospitals, clinics, and other medical facilities have taken few steps to "go Green," which can be defined as using products that have a reduced impact on the environment. There are two key reasons for this: - In many localities, the types of cleaners and disinfectants selected by healthcare facilities are regulated by laws; efficacy issues are the primary concern and not necessarily the products environmental impact. - Confusion as to what is a Green cleaning product. These are justifiable concerns, especially because healthcare facility managers are so concerned about the health and safety of their patients and staff. However, the following should help clarify these issues, provide a better understanding of what Green cleaning is all about, and help managers decide if or when they should begin adopting a Green cleaning system. Regulatory Issues As mentioned, hospitals and many other healthcare facilities are required to use specific disinfectants and other sanitizing and sterilization products, especially in certain areas of the facility. Further, the U.S. Environmental Protection Agency (EPA) currently does not allow a disinfectant to be labeled or marketed as Green in the United States, even though such products are recognized as Green in other parts of the world. Disinfectants can only be labeled EPA-Registered, indicating they have been tested and proven to be effective against a large spectrum of blood-borne/body fluid pathogens. However, just recently, the EPA has agreed to begin a pilot program to reevaluate the agency's position. Depending on the outcome of this reevaluation, the door could soon open for Green disinfectants. The issues surrounding traditional disinfectants are clear. Although disinfectants are effective at killing pathogens, these products can also be some of the most harmful cleaning chemicals to the environment, especially if used



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incorrectly. For instance, sodium hypochlorite (bleach) is very effective against blood-borne pathogens, but it can be extremely corrosive, is a known respiratory irritant, can damage many different types of surfaces where used, and, when mixed with other commonly used cleaning products, can produce a poisonous gas. While the EPA reconsiders its position, there are steps medical facilities can take to reduce their use of disinfectants, which will also reduce their impact on the environment. First and foremost, only use disinfectants where required by regulation. There is a tendency in some healthcare facilities to “overuse” disinfectants, even in non-treatment areas of the facility, such as public and office areas. Restricting their use to where required by law meets government regulations and helps minimize their impact on the environment. Identifying Green Cleaning Products It was not that long ago when some manufacturers “self declared” their products as Green. Some made claims based on the best scientific information of the day, while others viewed it as a marketing tool opportunity. When it was later discovered that some Green cleaning products were not environmentally responsible and did little to reduce cleaning’s impact on the environment, widespread confusion resulted and astute facility managers chose not to experiment with such products again. However, in the past five years, Green certification organizations, such as Green Seal® and EcoLogo™ (Environmental Choice Program) in North America, have developed honored and respected criteria to recognize Green products. Products are tested and evaluated by third party, independent organizations and the results are verified by the appropriate certification body. If the product passes this review, which includes not only verifying the environmental attributes of the product but its performance as well, the manufacturer is allowed to label and market the product “Green certified.” Further, certification is not open-ended. The certification organization may “audit” the manufacturer to ensure the product is continuously manufactured per certification criteria. Additionally, the criteria may be elevated as new technologies are introduced—what is Green today may not be considered environmentally preferable and worthy of certification a year or more into the future. The Role of the Distributor Incorporating Green cleaning is not always an easy process and it is very common for issues and challenges to arise. Working with a knowledgeable janitorial distributor has proven beneficial for facility managers incorporating Green cleaning. Many janitorial distributors are now members of buying groups that have training programs to help them understand Green cleaning and all that it entails. This knowledge is then transferred to the client and allows the distributor to be the customer’s guide through the Green cleaning process. It should also be realized that there really is no “end point” when it comes to Green cleaning. It is an ongoing process and with proper distributor guidance, medical facilities can become safer, healthier, and much more environmentally responsible. Mike Nelson is vice president of marketing for Pro-Link, a leading jansan (janitorial) marketing in buying group based in Canton, Mass. [www.prolinkhq.com](http://www.prolinkhq.com) Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. [HealthNewsDigest.com](http://HealthNewsDigest.com) We also create, produce and distribute tv/cable public service campaigns: [HealthyTelevisionProductions](http://HealthyTelevisionProductions)

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Guest Columnist

The Green Gap

By

Sep 18, 2009 - 8:25:33 AM



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Guest Columnist

Identity Health Care: How the Gender Gap in Medicine Is Making Us Sick

By

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(HealthNewsDigest.com) - As a woman surgeon for 26 years, I have witnessed the subtle—and not so subtle—differences in the way physician and patient identities intersect in our healthcare system. Physicians and patients alike bring their own realities, their own experiences, and their own unique points of view to every highly personal medical encounter—and these biases can literally be a matter of a healthy life or, in the worst case, an untimely death. For good reason there is growing concern about the very real gender gap in healthcare. On the macro level, it influences everything from the delivery of preventive care to the allocation of research funding to one's ability to purchase insurance. On the micro level, the gap shapes the one-on-one doctor/patient relationship, as evidenced by research showing that your gender and the gender of your physician may dictate how seriously you and your concerns are treated, which medical tests are ordered or what treatments are prescribed. This is much more than just a women's issue: it is a public health issue. Are some of the nation's best doctors being kept out or driven out simply because they are women? Are medical students more likely to pursue certain fields and specialties because of the guidance of their (more often male) mentors? Is the allocation of funds and intellectual resources being decided by an unrepresentative group? Will you be left without the ability to buy individual health insurance because you are a woman? Are you and your unborn child less likely to get good pre-natal care because ob-gyn—a “female field”—has been deemed less important when research and programmatic dollars are allocated? First let's take the gender gap as experienced by women physicians in leadership positions. In the last 25 years women have increased from 30% to 50% of medical school graduates, but a disproportionate number of the decision and policy makers continues to be men. In 2006, the most recent year for which there are statistics, the American Association of Medical Colleges (AAMC) reported that in the halls of medical academia, women comprised 35% of the clinical faculty, but in the higher ranks of associate and full professors, only 28% and 16% were women, respectively. Only 10% of clinical departmental chairs and only 12% of medical school deans were women. This disproportionate representation has enormous effects not only on the female medical student with career aspirations, but also on the choice of policy-making institutional leaders who are drawn largely from these upper ranks. A staggering 83% of the top positions on medical journal boards and national medical associations are filled by men, signifying a clear bias in the barriers for entry into this protected upper echelon. This leadership controls the research that is deemed worthy of publication and direct the agendas of organized medicine. It is also these organizations to which our lawmakers look for guidance. And consider your average woman doctor. More than 75% report facing systemic and often not-so-subtle but wholly enervating forms of discrimination. From pay inequity to limited access to promotions, blacklisting to sexual harassment, women rising up in the medical ranks can and will, at any given time, encounter barriers and discover doors of opportunity shut in their faces. When the group sampled is surgeons, this

number rises to as high as 90%. Additionally, according to a US Census Bureau report, after consideration of other variables such as specialty, number of hours worked and number of patients seen, women physicians earn only 63 cents for every dollar that men physicians earn. The report says that there is “no other profession in the US exhibiting greater salary disparities by sex.” What does the gender gap mean for the quality of care that you receive? Studies have revealed that women are often treated differently from men as patients by both men and women physicians. Women’s complaints are often dismissed or assigned a non-organic (emotional) cause. Diseases and conditions, such as angina, are under-recognized and undertreated in women. Apart from the treatment of individuals, also troubling is the disproportionate use of research dollars for male vs. female conditions. Consider the treatment of cancer in women. Thanks to public outcry and women’s own initiatives, breast cancer funding has dramatically increased. But other diseases, such as ovarian cancer, have not been accorded the same attention. Screening for this almost uniformly fatal and devastating disease has been deemed too costly, even in high risk populations and even when the disease is almost certainly lethal. Yet resources are allotted to prostate cancer screening and its expensive treatment, though the cancer is much less likely than ovarian to kill and though the overall cost burden to society is much higher than it would be for preventive ovarian cancer screening. All while medical experts know that ovarian cancer is more likely to be fatal—often for younger patients—than prostate cancer. The reality is that all Americans, not just women, are suffering for this poor use of our most important medical resources. So much so that it’s no longer a matter of if the gender gap in medicine directly affects you, but how? We can no longer squander our precious, limited and already too beleaguered healthcare resources. Internal reviews by every organization involved in the delivery of healthcare, from academic institutions, to hospitals to insurance companies must be completed to reveal the type and severity of the healthcare gender gap. Implementation of transparent hiring practices, salary adjustments, and promotions to academic and hospital leadership positions would go a long way to start to address this unhealthy situation. Linda Brodsky is a pediatric otolaryngologist. She currently lives and practices in Buffalo, NY. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. [HealthNewsDigest.com](http://HealthNewsDigest.com) We also create, produce and distribute tv/cable public service campaigns: [HealthyTelevisionProductions](http://HealthyTelevisionProductions)

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Guest Columnist

Pelvic Health 101

By

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## What You Need to Know About Your Pelvic Floor



(HealthNewsDigest.com) - Pregnancy, childbirth and strenuous exercise all place tremendous strain on a woman's body. Over the years, these stresses can weaken the natural support structure of the pelvis, causing the pelvic organs to shift or become herniated from their natural position. In fact, according to the National Institutes of Health (NIH), nearly one in four women in the U.S. suffer from some form of pelvic-floor disorder. Among the most common is pelvic organ prolapse or POP – a condition in which pelvic tissues are unable to support the uterus, rectum, bowel, urethra and/or bladder so that those organs slide, bulge or push against each other or protrude outside of the vagina. As a result, the prolapse can cause discomfort, especially after walking or standing for certain periods of time; urinary problems such as urgency and frequency to void; retention of urine; urinary incontinence (leakage); difficulty with bowel function; infections; low back pain or pelvic pain; and other serious medical conditions. Even though POP is treatable, many women suffer in silence as a result of their embarrassment and anxieties about the implications of the condition or because of myths such as the belief that prolapse is a normal part of aging. Becoming more informed helps women alleviate these fears and take a proactive approach to prolapse prevention and treatment. In return, women obtain a much-improved quality of life.

**What Causes POP?** Common causes of prolapse are childbirth, aging, physical labor and menopause, all of which are natural events in a woman's life cycle. Additionally, health conditions such as tobacco abuse, chronic coughing, autoimmune disorders, pelvic surgeries and obesity add to the risk profile of the woman. Women who have had a vaginal birth are at a greater risk for POP than women who have had cesarean section deliveries. POP can also be caused by less common disorders such as spinal-cord injuries, muscular dystrophy and multiple sclerosis. These diseases cause the pelvic muscles to weaken due to inactivity or restricted movement. Genetic predisposition may also occur, although it is rare. This includes genetic collagen deficiencies, where the absence of a natural protein prevents tissues from remaining elastic. Additionally, pelvic surgery such as hysterectomy may contribute.

**What Symptoms Might I Encounter?** Many women will not notice any symptoms of prolapse. For those who do, lower backache or sensations of pulling and stretching in the pelvis and groin area can accompany the early stages of the condition. Once prolapse is more advanced, the most common and bothersome symptom is the bulging of the prolapsed organ into the vagina. It may not be sore, but it is uncomfortable. There may be a feeling of pressure, as though the vagina were falling out. Some women feel the frequent and/or urgent need to urinate as well, or experience constipation, pain or straining during bowel movements. Vaginal spotting or bleeding may occur, and sex can become painful. In severe prolapse, the pelvic organs can actually bulge outside of the vagina. The exposed tissue can become irritated, raw and

infected. Severe prolapse can also cause urinary incontinence. What Treatment Options Are Available for Women Today? Treatment depends on the extent of the prolapse and other variables, including a woman's age (younger patients tend to be more active and put additional strain on their pelvic floor support) her plans for bearing children, and whether or not she has previously undergone therapy for prolapse repair. Prolapse most commonly affects older women who have had children. If their condition is severe, pelvic reconstructive surgery is the best treatment option to restore quality of life. Although pelvic floor reconstruction does not impact the patient's ability to get pregnant, younger women who are planning to have children may want to delay surgery, as childbirth will sometimes cause the prolapse to recur. For these women, nonsurgical treatments such as exercises to strengthen the pelvic floor (Kegel exercises, for example) and pessaries, small plastic or silicone devices that are inserted into the vagina to support the pelvic organs – may be a better treatment option. Kegel exercises strengthen the pelvic floor, which can help support the organs in the pelvic region and relieve pressure from prolapse. To perform these exercises, women should squeeze their pelvic muscles as if they were trying to stop the flow of urine. Hold the contraction and count to 10, then relax and repeat, aiming for three sets of 10 each day or as often as possible. A pessary is a small device, similar to a diaphragm, that is inserted into the vagina to support the prolapsed organs. Pessaries come in many different shapes and sizes, and, if it's decided that it is the best treatment option, the physician will help fit patients with the correct size and shape as well as instruct them on how to remove, clean and reinsert it on a regular schedule. The cleaning schedule will be determined by the type of prolapse and specific brand of pessary. While these alternatives don't cure prolapse, they may reduce the symptoms and the need for immediate surgery. Likewise, medications such as estrogen therapy or hormonal replacement therapies will not cure or reverse prolapse, but they may reduce existing symptoms by helping to preserve or strengthen the tissues of the pelvis. Surgical prolapse repair is designed to reposition and then secure the pelvic organs. There are minimally invasive operations that can be performed through the vagina, depending on the type of prolapse. The procedure can take 30 minutes to two hours, depending on the degree of prolapse and number of prolapsed sites. Patients can be hospitalized based on the procedure performed, typically for a single overnight stay. These procedures have proven success in correcting prolapse and, each year, approximately 200,000 prolapse surgeries are performed. Historically, pelvic floor procedures have involved using plastic or synthetic repairs as an alternative to plication procedures tarnished with poor long term success rates, significant sexual dysfunction and pelvic organ dysfunction. However, the human body often does not respond well to synthetic, non-natural devices, which may cause foreign body reactions. In some cases, the synthetic mesh fails to secure the prolapsed organs or causes complications such as inflammation or erosion of surrounding tissues. The mesh can also become exposed in the vagina as a result of foreign body reaction or local tissue reaction to the synthetic mesh used to reinforce the weakened tissue. The FDA has received approximately 1,000 reports to date of such complications, linked specifically to the use of synthetic material in prolapse repair. In light of this evidence, some surgeons may recommend a natural biologic material that communicates with the body, signaling the patient's surrounding tissue to remodel and repair itself. When the biologic material is placed on a wound or broken tissue, the human body uses it as a scaffold or guide for the patient's own tissue to remodel and repair itself. When the graft is placed within the pelvic floor, the graft signals the body and cells gradually begin to enter and use the scaffold to form new tissues. This action supports the healing process by attracting cells and nutrients to the area. Over time, the scaffold is replaced by the patient's own tissue. Once the healing process is complete, the biologic graft is undetectable, providing a durable repair. The biological material remodels

into vascularized host tissue, allowing the body's own defense mechanisms to reach and respond to infection. As a result, the use of biologic grafts to treat pelvic organ prolapse and urinary incontinence has been gathering increased interest and acceptance in the medical community. What Can I Do to Help Prevent Pelvic Organ Prolapse? There are several steps women can take to keep their pelvic floor muscles strong and their pelvic organs in position: Eat high-fiber foods to prevent constipation and reduce straining Cut down on caffeine, which, as a diuretic and bladder stimulant, causes frequent or urgent urination and subsequent straining to void. Maintain a healthy weight. Do pelvic-floor (Kegel) exercises every day to tighten and strengthen pelvic muscles. Avoid activities that stress pelvic muscles, such as heavy lifting, jumping or standing too long. Consider enrolling in a tobacco cessation program. Be aware of exercise programs that place large stress on the pelvic muscles, such as abdominal crunches, repetitive pounding or certain weight-bearing exercises. Medical treatments for conditions that can weaken tissue, such as diabetes. Manish P. Patel, M.D., specializes in female reconstructive surgery and is the medical director of the Carolina Continence Center, Piedmont Urology Associates in, Charlotte, North Carolina. Dr. Patel received his undergraduate degree at Rutgers University. He then received his M.D. at Wright State University School of Medicine, where he graduated first in his class. His urology residency was completed at the University of North Carolina at Chapel Hill. Subsequently, he took additional training in female pelvic health and reconstructive surgery and is now considered a leading investigator and consultant in female pelvic reconstruction and urinary incontinence. Dr. Patel routinely trains physicians nationally on surgical treatment for women and has published several articles in peer-reviewed journals. Currently he is involved in three national study protocols. Dr. Patel performed one of the first Robotic Reconstructive female surgeries in the country. His main interests include incontinence, pelvic organ prolapse (bladder, rectum, uterus, or bowels "falling down or out"), neurourology, penile reconstruction, and male and female urinary disorders. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7.

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Guest Columnist

Dental Distress Syndrome

By

Sep 15, 2009 - 6:07:10 PM

## Proper Dental Muscles Alignment is the Key



(HealthNewsDigest.com) - In a study done by Dr. Koichi Miura, M.D., monkeys had the height of their back teeth reduced on one side of their mouth (equivalent to 30-40 years of use). The loss of height had incredible effects on their dexterity and standard of life. They lost the use of the arm on that side, and were unable to climb or swing from trees. However, when the height of the back teeth was restored, the monkeys' normal functioning returned. Is it really plausible to hypothesize that your teeth can have this much of an effect on your entire body? Dr. Miura then became more advantageous and performed tests on human subjects. Starting in 1986 with over 100,000 subjects to date, Dr. Miura tested over 100 different medical parameters - 75 of the 100 medical parameters improved by 75% after one month with the wearing of a night time 10 mm high posterior template and a smaller 5 mm high template for day time and chewing. Therefore one could say that yes, your teeth have a significant impact on health and well-being. I like to describe this phenomenon Faulty proprioception feedback to the brain or Dental Distress Syndrome. Occurring when the lower jaw (mandible) is locked behind an under-developed premaxilla (upper front teeth). The cause of it is something that we all must face. Aging. As you age, your teeth are worn down and can also be caused by pulling teeth rather than fixing them. When the front teeth hit too soon, it activates or increases the signal to the sympathetic nervous system and decreases the signal to the parasympathetic nervous system. Remember the overview of embryology previously discussed. The four upper front teeth are extensions of the brain and spinal cord and have a major affect on the sympathetic nervous system. The increase in the sympathetic nervous system and a corresponding decrease in the parasympathetic nervous system that results from the front teeth hitting together too soon can result in the following: increased body activity, increased stress, increased blood pressure, increased heart and breathing rate and decreased glandular, stomach and intestinal function. The body becomes more acidic and, stress and disease are present. If the missing back teeth are replaced, or if the height of the existing back teeth is corrected and put on the proper plane, the sympathetic and parasympathetic nervous system will have a good chance of remaining in balance. A balanced autonomic nervous system equals lack of disease. There are two temporary solutions to this problem I would recommend. Low-Level Laser Therapy The quickest way of eliminating faulty proprioceptive feedback to the brain and reprogramming the brain is with low-level laser therapy. A simple technique is to place a one inch piece of Popsicle stick between the back teeth and apply mode one low level lasers on proprioceptive points. Proprioceptive Guides Proprioceptive guides are devices that fit over the lower back teeth, providing a raised platform that places the jaw in proper X-Y alignment with the skull. Increasing the height of the lower back teeth with the proprioceptive guide activates the parasympathetic nervous system and lessens or balances the

sympathetic nervous system. Proprioceptive guides come in two different types. In order to permanently correct the problem you must go to a dentist for cosmetic dentistry. Dentists who currently perform this very procedure can be found at [leadingdentists.com](http://leadingdentists.com), and further information about proprioception and low level laser therapy visit [www.laserhealinglight.com](http://www.laserhealinglight.com) About the Author Dr Lytle has taught Biology, was an accredited Cosmetic and Laser Dentist, and practiced clinical nutrition and dentistry. Currently he is a consultant for doctors and lay people in low-level laser therapy and proprioceptive feedback to the brain. He is the author of Healing Light and Low Level Laser Users Manual. Dr Lytle is conducting Healing Light seminars for professionals and lay people all across the country. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. [HealthNewsDigest.com](http://HealthNewsDigest.com) We also create, produce and distribute tv/cable public service campaigns: [HealthyTelevisionProductions](http://HealthyTelevisionProductions)

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Guest Columnist

Cut Your Engine in School Zones

By

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## Create a Healthier Environment for Children by Reducing Vehicle Idling



(HealthNewsDigest.com) - As summer comes to an end, cars and buses across the country are resuming the daily routine of transporting kids to and from school. And with numerous vehicles idling for long periods of time in drop-off and pick-up lines at schools, parents and bus drivers are unknowingly exposing school children to harmful emissions that could affect their health. Recent studies have shown that children, in particular, are at an increased risk of serious health conditions from harmful vehicle emissions. According to The Clean Air Campaign, excessive vehicle idling exposes children to unhealthy amounts of exhaust filled with particle pollution. In addition, children breathe 50 percent more air per pound than adults and, because of their height, are often closer to tailpipes, making the risks for throat, respiratory and eye problems substantially greater. The Earth Day Network and The Clean Air Campaign, with the help of a \$350,000 grant from The UPS Foundation, have launched a national program to reduce harmful emissions at schools by minimizing vehicle idling. The “No-Idling Campaign” aims to reduce excessive vehicle emissions to promote healthy lung development in school students, protect the environment and save fuel. Schools all over the country have adopted the “No-Idling Campaign” and are working to educate their communities about the benefits of an “idle-free” zone. Cutting Engines Equals Healthier Kids Vehicle exhaust can be harmful to anyone’s health, but because children’s lungs develop throughout their school years, they are even more susceptible to these dangerous toxins. Children suffering from asthma are most at risk from vehicle exhaust. According to the National School Boards Association, asthma accounts for more missed school days than any other chronic condition. Pollutants from car exhaust are known to cause asthma attacks and other respiratory problems. In fact, recent scientific research has found that vehicle exhaust affects kids with asthma even when the levels fall within current U.S. Environmental Protection Agency (EPA) guidelines. Having asthma can affect a child’s overall health and is exacerbated by a smoggy school environment. The easiest way to help curb harmful emissions is by turning off your engine when waiting in the drop-off or pick-up lines at school. By shutting your vehicle down, you can not only improve children’s health but also reduce your fuel consumption, lower carbon emissions and extend the life of your vehicle. A study by the EPA has shown that one hour of idling can burn a gallon of gasoline and release almost 20 pounds of carbon into the atmosphere. Engine Idling Myths Information about engine idling can be vague, and drivers are often unaware of how idling affects their vehicles and the health of those around them. Here are a few common myths about engine performance and corresponding facts from the California Energy Commission’s Consumer Energy Center: Myth: Idling uses less gas than restarting your car because of the fuel consumed when firing the engine. Fact: If you’re going to be idling for more than 30 seconds, it is more

fuel efficient to turn your engine off. In fact, idling for 30 seconds or more uses more fuel than restarting your engine, and idling for 10 minutes a day wastes an average of 24.5 gallons of gas a year. Myth: Cars need to be “warmed up” before driving to maximize efficiency and performance. Fact: Driving, not idling, is the most effective way to warm up your vehicle, even in cold weather. With today’s modern engines, you need no more than 30 seconds of idling on winter days before driving away. Myth: Idling is good for your engine. Fact: Excessive idling can actually damage engine components, including cylinders, spark plugs, and exhaust systems. Idling can lead to the build-up of fuel residues on cylinder walls that can damage engine components and increase fuel consumption. Vehicle Idling Awareness Educating the public about the health and environmental risks of vehicle idling will increase awareness and accountability for generations to come. The “No-Idling Campaign” provides toolkits on the Earth Day Network’s Web site ([www.earthday.net](http://www.earthday.net)) for schools to use in educating their communities about reduced-idling procedures. The campaign focuses on K-12 schools across the country, providing solutions for administrators and teachers and educational materials for bus drivers and parents. We all have the opportunity to improve children’s health and help the environment by reducing our vehicle emissions. Some states are even implementing legislative efforts that ban vehicles from extended idling, including counties in Texas, California, New York and Illinois. The solution is simple to remember – turn off your engine if you’re going to be sitting or parked in your vehicle for more than 30 seconds. You’ll improve the lives of those around you, help preserve the environment for future generations, and save some money along the way. Mike Walker is Southeast Region Automotive Manager at UPS, the world’s largest package delivery company and a leading supply chain services provider. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. [HealthNewsDigest.com](http://HealthNewsDigest.com) We also create, produce and distribute tv/cable public service campaigns: [HealthyTelevisionProductions](http://HealthyTelevisionProductions)

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Guest Columnist

The Healthcare Formula

By

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(HealthNewsDigest.com) - Through all the sound bites and complex terminology and calculations, healthcare expenditures really just boil down to one simple formula:  $\text{Costs} = \text{Price} \times \text{Utilization}$ . Viewing healthcare expenditures through this formula is actually quite simple. In order to decrease costs, one must decrease prices or utilization, or shift costs to others. It's really that simple. Unfortunately, when you break down all the healthcare reform proposals it becomes clear that many do not add up. The current healthcare reform is being framed by the question "How do we permanently bring down costs and make quality, affordable healthcare available to every American?" The answer being shouted back is that "We can do this by keeping what works, fixing what doesn't, and demanding quality care and greater value for our dollar." Of course the devil is in the details and it is here that things don't quite add up. It is argued that much of the cost of healthcare reform will come from savings within the system. These savings are believed to come from improved care which will result in a reduction in hospitalizations, duplicative testing, and medical errors. Additionally, what has been positioned as inappropriate payments will be reduced or eliminated, while new revenue sources are developed. Some of these additional steps include ending current overpayments to private insurance companies, insisting on better prices for prescriptions, and new premiums paid by those currently uninsured. Our current reimbursement system provides incentives where the more tests and services are conducted, the more money is paid. To tackle this situation in a way that would reduce costs through reductions in utilization, the reimbursement system would be repositioned based on bundled payments and payments based on health outcomes. So, the first in a series of structural reforms is based on a change in the reimbursement system. The second structural reform is aimed at improvements to the quality of medical information making its way to doctors and patients. This is based on the fact that less than one percent of our healthcare spending goes to examining what treatments are most effective. And even when that information finds its way into journals, it can take up to 17 years to find its way to an exam room or operating table. On the price side of the equation there is a move toward having the Medicare Payment Advisory Commission (MedPAC) determine reimbursements in a thoughtful way tied to patient outcomes instead of relying on yearly negotiations about the Sustainable Growth Rate formula, which is based on politics and the state of the federal budget in any given year. Unfortunately if things don't add up, such that the anticipated savings aren't there and the costs exceed expectations, the result could be unprecedented tax hikes, overwhelming deficits, and drastic cuts in our federal and state budgets. Also not mentioned is the possibility of a reduction in services either directly through tight utilization control or as a result of providers leaving the system making access for needed services difficult. The devil is in the details, so as the details roll out, one needs to apply them to the healthcare formulary of  $\text{Costs} = \text{Price} \times \text{Utilization}$  to see how things work out...it may reveal some surprises. Richard G. Stefanacci, DO, MGH, MBA, AGSF, CMD Dr. Richard G. Stefanacci is the

executive director of the Institute for Geriatric Studies at Mayes College of Healthcare Business & Policy at University of the Sciences in Philadelphia. As an internist/geriatrician, Dr. Stefanacci has a longstanding interest and commitment to geriatric health, particularly the frail elderly and long-term care. He is a former Centers for Medicare & Medicaid Health Policy Scholar and continues to practice geriatric medicine through NewCourtland Elder Services and participates in Medicare and Medicaid policy development. Dr. Stefanacci's regular speaking topics include Medicare reform issues, disease management, long-term care, and geriatric healthcare systems. He received his BA in economics at Boston College, his medical degree and MGH from AT Still University, and his MBA from Keller. In addition, Dr. Stefanacci is a fellow of both the American Geriatric Society and College of Physicians of Philadelphia. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. [HealthNewsDigest.com](http://HealthNewsDigest.com) We also create, produce and distribute tv/cable public service campaigns: [HealthyTelevisionProductions](http://HealthyTelevisionProductions)

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Guest Columnist

Busting 5 Myths About Organ Transplants

By

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(HealthNewsDigest.com) - People often ask about the role of wealth and influence in obtaining a transplant organ. When Steve Jobs, cofounder of Apple, received a liver transplant recently, the issue returned to the spotlight. Didn't he seem to jump to the top of the organ transplant waiting list overnight? What reason could be given, other than wealth or influence? The issue dates to the days of Mickey Mantle, the Yankee slugger accused of receiving favoritism when he needed a liver transplant. But the reality is more complex than the myth. In reality, no amount of money, power, or influence can get you "moved up" on the official organ waiting list. Steve Jobs could not pay to get moved up the list. But he could take advantage of the differences between the rules that govern liver transplants and the rules that govern kidney transplants. With livers, medical necessity is a critical factor. With kidneys, which account for over 2/3 of all transplants, it's all about your time spent waiting on the list. What's more, Steve Jobs could take advantage of his wealth to pursue opportunities not available to others. Knowing the waiting lists vary by region, he could afford to travel to parts of the country where the lists are shortest. He could afford to ignore the limits of the typical health insurance policy and sign up for a transplant at multiple hospitals. And he could afford to get on his private jet and fly to the hospital on a moment's notice when an organ became available. It's important to recognize the differences between the myths and the realities when it comes to organ transplants. Over 100,000 Americans are currently waiting on the lists for life-saving organs. About 18 die each day—that's twice the number lost in 9/11, every year. So let's compare 5 common myths with their 5 realities: **MYTH # 1:** You can move up on the organ waiting list through money, power, or influence. **REALITY # 1:** The system itself is neutral to those factors, though it is true that the wealthier a person is, the more options become available—just like any other situation under our present health care system. The deep divide between rich and poor is an everyday phenomenon, though it most often gets attention when someone with celebrity is involved. **MYTH # 2:** Organ transplantation is against religious principles. **REALITY # 2:** Quite the contrary. Every major religion, Western and Eastern, with the exception of the Shinto, endorses organ transplantation as a means of saving lives. In 1991, Pope John Paul II stated: "The Catholic church would promote the fact that there is a need for organ donors and that Christians should accept this as a challenge to their generosity and fraternal love so long as ethical principles are followed." So, too, every major branch of Judaism accepts it. Ironically, Iran has become the first nation to have a fully legalized and regulated live kidney market. **MYTH # 3:** Your family has the right to override your decision to donate your organs on death. **REALITY # 3:** The Revised Uniform Anatomical Gift Act, enacted in all fifty States though with some variations, makes it clear that your family does not have the legal right to override your decision—if properly expressed with an organ donor card or otherwise—to donate your organs on death. In practice, however, many doctors continue to seek the approval of the immediate family before harvesting the organs of their loved ones. **MYTH # 4:** It is dangerous to donate

a kidney. REALITY # 4: In fact most people need only one kidney to lead normal lives. The former head coach of the Denver Broncos has lived most of his life with one. Rates of death or serious complications among live kidney donors in the U.S. are extremely low. These days a donor's kidney can usually be removed with laparoscopic surgery, through the belly button, leaving virtually no scarring. MYTH # 5: The world is moving toward legalizing the purchase and sale of organs. REALITY # 5: Almost all countries have criminalized the buying and selling of human transplant organs and the trend is toward greater enforcement in Third World nations where illicit organ markets have thrived. Places like Iran, where kidney sales are legal and regulated, and the Philippines, where they are allowed and largely unregulated, are the exceptions. Debunking myths like these is one step toward getting those 100,000 Americans their life-saving organs. Getting more people to donate is the next. Legislation has been introduced in Congress to allow the States more leeway in experimenting with programs that would give tax, health insurance, or other incentives to organ donors. Reform in the system is badly needed and measures like these could save many lives. HARLAN ABRAHAMS is a lawyer, writer, and educator. Formerly a tenured professor of constitutional and administrative law, he is a frequent lecturer on public policy. He lives in Denver, Colorado. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7.

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Guest Columnist

How the Nursing Shortage Affects YOU

By

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Tips on how to help yourself, and our nurses



(HealthNewsDigest.com) - Even as the healthcare reform debate ebbs and flows, you may not be thinking very much about the nursing shortage, and how it could possibly affect you. But we are all potential consumers of healthcare, likely to end up in a hospital at some point, for one reason or another. When this happens, will a registered nurse be there for us to the full extent that we need them? Or will that nurse be overworked and overwhelmed, due to the nursing shortage and resulting nurse to patient ratios? Consumers need to

know: Ø America's hospitals are experiencing a critical nursing shortage, which is worsening exponentially. Ø Department of Health and Human Services statistics predict we will have 1.2 million RN vacancies by 2014. Ø Our population is aging, and will require additional, and more complex, medical care. Ø Our nurses are aging as well - and retiring - and there are not enough educators left to train new nurses. In fact, tens of thousands of potential nursing students are turned away from US nursing school programs annually, for this reason. How many potential medical complications, or even "just" extra days of costly hospital care, could be avoided if hospitals increased their staff of trained and experienced RNs? Nurses need to be a part of any conversation about healthcare reform. In the meantime; however, the following are some tips that we can all keep in mind to empower ourselves - and our hard-working nurses - in future healthcare situations. Ø How do I get specific information about nursing vacancies in my state? Most states record details of state-wide nursing vacancy rates, but most are for previous - not current - years and it is admittedly hard for patients to find this. Online research engines are a good start. Ø I'm about to enter a hospital for a planned elective procedure, or just interested in getting information about the reputation of my local hospital, in case of emergency. Where do I look and what do I ask? One place to start is the hospital's Web site. You can and should also ask primary care physician about waiting list times, infection rates (which should be published by your state's Department of Health), and annual reports, which are typically available on the hospital's website. Finally, a hospital will usually advertise its credentials, such as JCAHO accreditation, magnet status, and any particular rankings in specialties such as orthopedics, cardiac, and oncology. Ø Where can I find out information about nurse-to-patient ratios at particular hospitals? The best way is to ask the hospital directly. There are also hospital ranking lists available online that are published every year. One example is US News and Consumer Reports. Ø Are there questions patients or family members can ask when they are onsite at a hospital, to gauge the staffing situation there? Definitely. "Will I have the same nurse taking care of me each day?" "Is there an assigned nurse or will I have different staff for each day/shift?" "Who do I go to if I have any issues with the care my family member is receiving?" "Are there lots of temporary staff or will I be cared for by permanent staff?" And "Is there a charge nurse that I can speak

to should there be an issue regarding my level of care?" Ø How can I help ease the nursing shortage at my hospital? Is there a person that I can contact to request that the hospital hire more nurses? Yes, you can write to the Chief Nurse Executive/Chief Nursing Officer, as this will go directly to their office and will be made an action item. Additionally, each Hospital will have a Non Executive Board and their role will be to ensure the needs of the patient population are met. They meet regularly and are often open to the public. A letter to the non-execs is always good as it ensures that the topic has to be debated openly. Finally, hospitals usually have a Patient Affairs/Guest Relations department that deals with patient issues/complaints, which is a good starting point for you as well. Ø I feel so helpless. Is there anything I can do to help change the overall situation? Yes, you can contact your Representatives in Congress and mention the W Visa, Nurse Relief Act, which is due to go before the Senate in September. This would allow for an additional 20,000 nurse-specific Visas per annum with a view to dealing with the shortage. Mick Whitley is President of HCL International, a global healthcare consulting firm based in New York. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. [HealthNewsDigest.com](http://HealthNewsDigest.com) We also create, produce and distribute tv/cable public service campaigns: [HealthyTelevisionProductions](http://HealthyTelevisionProductions)

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Guest Columnist

Health Care Reform that Dramatically Cuts Costs and Improves Care: Stop Thinking Insurance

By

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(HealthNewsDigest.com) - While most Americans favor health care reform, the majority are now against proposed plans that expand the government role in providing health care. The public is not only skeptical of the promise of improved access and delivery, but also very suspicious about claims of cost reduction through the elimination of waste. Historically, health care programs end up costing five to ten times their original estimates. For instance, Hawaii tried a system with a public option intended to cover more individuals; the program was dropped within seven months as costs spiraled out of control. Other states have had similar experiences. A major problem with the current insurance model is that it does not

work for services used on a routine basis. Insurance is designed to work for services that are unexpected and is a very poor and ineffective method of delivery for routine, expected services. With such a system, costs skyrocket and care is poor. With the current insurance model the only cost containment is denial of service by the insurer. Patients with insurance pay a premium, so rightfully they want to get as much as they can for their money. Similarly, doctors seek as much treatment as they can from the insurance company, being naturally drawn to procedures that are paid the most by the insurers. Thus, to contain costs insurance companies must deny treatment. Medical decisions are influenced more by what the insurance company will likely pay for than what is medically appropriate. Routine medical treatments are routinely denied payment or require “prior authorizations” from doctors, meaning they must fill out multiple forms to prove their patient needs a particular treatment. As a result, costs rise and care declines. Doctors start to realize what the insurance company will pay for, which is usually high price procedures and specialty services. Over time this results in huge amounts of unnecessary costs and an overabundance of specialists (lack of primary care physicians). Care further declines because physicians find that they can make much more money by spending little time with patients. Doctors are no longer doctors but rather now serve as intermediaries between the insurance company and patients. The system needs to change so that it empowers patients and physicians to work together to provide the most appropriate treatment in the most cost-effective manner. Medical savings accounts – with negotiated rates to prevent overcharging – would be a step in the right direction. An even more significant change would be converting to payment on a cash basis. We have found that, almost without exception, laboratories, doctors, and other services will happily take 70% less if paid in cash at the time of service. They have found that their costs are increased by that much if they have to bill insurance companies and incur other expenses – plus the risk of denial – in an effort to obtain payment which, if approved, generally arrives 30 to 300 days after initial billing. For instance, we have contracts with the major laboratories at 70% less than what they bill insurance companies. CT scans and MRIs, usually billed \$2500 to \$3000 to insurers, are contracted at a rate of \$300; colonoscopies that doctors bill at \$1500 are done for \$400. The cost savings are not in the care but rather the system. Most patients with “good”

insurance are relieved when their insurance pays 50-70% of the bill. They are of course surprised to find, however, that their co-pay is usually more than the cash price would have been for the service. An example is patient SC who visited our office. Extensive lab work was done (21 tests). The lab billed the insurance \$1800 and the insurance paid \$1200; the patient was billed a \$600 co-pay. The cash price would have been less than \$400. What is the solution? It is to expand medical saving accounts. But in doing so, the government must require that all doctors, laboratories, hospitals and other services post their rates, and cash must be the least expensive rate. With these entities competing against one another, costs will plummet and quality will improve. You ask what about those who cannot pay out of pocket. Instead of an employer paying, say, \$500/month to a third party payer, \$400 per month goes into the medical saving account and \$100 towards catastrophic care insurance. Most of the money rolls over each month to be potentially used in the future, but some can be returned to the patient. This is a big incentive to keep costs low. With all the money saved on routine and semi-emergent care, better insurance can be provided for those most in need. Under this model, physicians would be able to provide the best medical care possible at the most cost-effective price. KENT HOLTORF, M.D. Kent Holtorf, M.D. is the founder of The Holtorf Medical Group ([www.holtorfmed.com](http://www.holtorfmed.com)) and an expert in natural bioidentical hormone replacement and optimization for women and men, endocrinology, thyroid dysfunction (difficult thyroid cases), fatigue syndromes, adrenal insufficiency, growth hormone replacement, chronic fatigue syndrome, fibromyalgia, chronic infections and multiple endocrine dysfunction. Dr. Holtorf is diplomate and a board examiner for American Board of Anti-Aging Medicine (ABAAM). As a board examiner, Dr. Holtorf is responsible for administering the oral portion of the board exam and evaluating the physicians' responses to determine if their knowledge base in endocrinology and natural hormones is high enough to receive board certification in this field. Dr. Holtorf received his doctorate of medicine from St. Louis University with residency training at UCLA. He has personally trained physicians across the country in the use of bioidentical hormones, hypothyroidism, complex endocrine dysfunction and innovative treatments of chronic fatigue syndrome, fibromyalgia and chronic infectious diseases, including Lyme disease. He was the founding medical director and developed the protocols for Fibromyalgia and Fatigue Centers and other centers across the country. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7.

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Guest Columnist

New Federal Laws Making Products Safer for Kids, Parents

By

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(HealthNewsDigest.com) - This fall, it should be a little safer for parents to shop for back-to-school products and holiday gifts for the children – thanks to new federal laws and regulations. The recently enacted Consumer Product Safety Improvement Act, or CPSIA, puts tougher obligations on anyone who makes, imports, distributes or sells consumer products, particularly those designed for children. The new law, which carries stiff penalties for violations, is by far the most sweeping consumer protection update since the U.S. Consumer Product Safety Commission, or CPSC, was created nearly four decades ago. The new regulations apply across the board to all children's products used in the home, in schools or during recreation – so everything now on store shelves, from children's shoes and teething rings to baseball bats, books and bicycles, must now comply with the new standards. Consumers can expect to find products: With product tracking labels. Wonder where that stuffed animal was made? Now you'll be able to know as manufacturers and importers must label their goods so that a consumer can see who made the product, where and when and other pertinent details. That comply with new mandatory toy safety standards. The new CPSIA strengthens testing and labeling requirements for choking hazards, batteries, toxic substances and other common problems. With lower lead content levels. As part of a three-year phase-down of lead content, the CPSIA dramatically reduced allowable lead levels in children's products. Without phthalates. A chemical used to make plastics more flexible and durable, phthalates have been linked to numerous health issues – but consumers will no longer find them in most toys or childcare items. That have met third-party testing standards. The CPSIA mandates that all manufacturers and importers must test and verify – using independent, third-party labs – that their products meet certain consumer product safety standards. With appropriate warnings in advertising. If a product poses a choking hazard for children under 3, manufacturers and retailers must take the additional step of issuing warnings in their print and Internet advertising. The new law places substantially higher fines on consumer product companies that violate the Act. Each violation could cost anywhere from \$8,000 to \$100,000 to a maximum penalty of \$15 million – a nearly eight-fold increase over previous fines. With the new regulations already in place, consumers should find better and safer products on store shelves this fall. About the author: Christopher J. Predko is a partner at Warner Norcross & Judd LLP, an AmLaw 200 firm and one of the largest in Michigan. He chairs the firm's Consumer Product Safety Group. [www.wnj.com](http://www.wnj.com) Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. [HealthNewsDigest.com](http://HealthNewsDigest.com) We also create, produce and distribute tv/cable public service campaigns: [HealthyTelevisionProductions](http://HealthyTelevisionProductions)