

DECEMBER 6, 2018

CHOATE PUBLIC HEALTH



VOLUME 2 | ISSUE 2

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MIRROR, MIRROR ON THE WALL: TEENS' STRUGGLES WITH BODY IMAGE

By Mai Ly Hagan '21

Body image has a substantial impact on young people's lives. It is a component of self-esteem informed by one's physical characteristics. Body image is how people see themselves: what they believe about their appearance, how they feel about their body, and how they physically experience their body. Body image issues start in the teen years, and follow people through their lives. According to the Park Nicollet Melrose Center, 50% of Americans don't like the way they look.¹

Often, a negative body image can lead to anxiety, de-



Graphic by Elaine Zhang '21


pression, and eating disorders such as anorexia nervosa or bulimia. According to the National Eating Disorders Association, symptoms of eating disorders include skipping meals, discomfort around people while they eat, extreme mood swings, noticeable fluctuations in weight, dizziness, gastrointestinal complaints, and sleep problems.²

30% of teen boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, intentional vomiting, and the usage of laxatives.²

If you suspect you

More than 50% of teenage girls practice unhealthy eating habits.

or a loved one may have an eating disorder or a related disorder, contact a trusted adult or someone in the health center. If you would prefer to utilize third party resources, call 1-866-628-7494 for a 24/7 teen eating disorder hotline; you can also call 211 for immediate crisis intervention. Despite the expectations you are held to, your mental and physical health should be your first priority.



More than half of girls and 1/3 of boys as young as 6 to 8 feel their ideal body is thinner than their current body size.

Body image concerns start earlier than you think; even preschoolers learn that society judges people by how they look.

Ideas and habits formed young last a lifetime.

Start early

- Emphasize health not weight.
- Teach appreciation for all types of people.
- Focus on talents and strengths.

Common Sense Media

Sources

1. Gallivan H. Teens, Social Media And Body Image. Macmh.org. Published 2018.
2. NEDA. Statistics & Research on Eating Disorders. National Eating Disorders Association. Published 2018.

Q&A

WITH

SHANNON

SWEENEY '03



By Aarthi Katakam '21

Shannon Sweeney '03 is a Research Associate at Rutgers Robert Wood Johnson Medical School in the department of Community & Family Medicine Research. She holds a Master's degree in Public Health from Dartmouth and a doctorate from Rutgers University. She has taught public health and epidemiology courses at both at the undergraduate and graduate level, in addition to having worked in various community-based public health organizations. She is currently a research analyst for the public health initiative EvidenceNOW, working on a team called ESCALATES, which studies effective cardiovascular disease treatment and prevention.

CPH: Why did you choose to pursue a career in public health?

Sweeney: I chose to pursue a career in public health because it was a nice mesh of my interests. I get to ask interesting questions and do research that (hopefully) improves the quality of people's lives. I also get to teach students about the importance of prevention, risk factors, and disease, all of which can lead to policy decisions that create a healthier population.

CPH: What is the focus of your current research? How did you become curious about it, and what have you found?

Sweeney: I am currently a research analyst on an Agency for Healthcare Research and Quality funded initiative called Evidence-NOW. I am on the national evaluation team called ESCALATES, Evaluating System Change to Advance Learning and Take Evidence to Scale, which is studying which practice supports and quality improvement strategies are most effective across the seven funded regional cooperatives across the country representing about 1,500 practices participating in this initiative.

CPH: What type of data does ESCALATES collect, and why is it important to understand?

Sweeney: ESCALATES is collecting a variety of data from cost information and qualitative data through interviews and observations, survey data, and quantitative data through electronic medical records on how about 1,500 small (fewer than 10 clinician) primary care clinics are doing on cardiovascular disease prevention by looking at the ABC's of cardiovascular disease prevention (aspirin, blood pressure control, cholesterol, smoking cessation). Each of the funded seven regional Cooperatives (with about 200 practices each) has implemented quality improvement strategies to improve these metrics and we are examining the effectiveness of these strategies overtime to improve the care Americans receive at small primary care practices.

CPH: What findings have surprised you the most during your research, and what were you studying when this happened?

Sweeney: I am often surprised by the number of various methods that can be used to address any question more than I am

surprised by our findings. Coming up with different techniques and triangulations to find out answers to questions we have is one of the joys of research.

CPH: What was your favorite Choate memory?

Sweeney: I have so many fond Choate memories, it's hard to pick just one. I still see many of my Choate roommates regularly and I'm very fortunate for these lifelong friendships. However, I think hanging out in the senior section of the dining hall with friends until dinner was long over, having study hall "break" on the Hill House stairs, and being a prefect my senior year are among my favorites!

CPH: How do you think Choate shaped your interests/pursuits?

Sweeney: Choate gave me a very good well-rounded base of knowledge and a joy of learning, and these skills and attributes allowed me to get into a wonderful college, Colgate University, which I loved. I found the beginning of college, while other new freshman were struggling, not

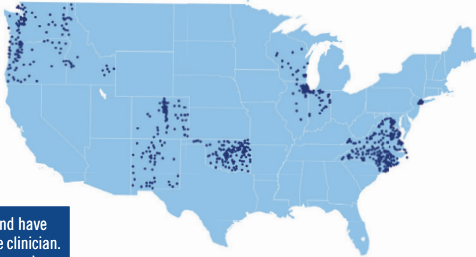
particularly challenging since I had been away from home at Choate and learned how to study, work hard, and balance extracurriculars. This allowed me to start succeeding at Colgate right away and pursue a variety of courses and interests and eventually double major, which led me to public health.

CPH: What advice would you like to give to students who might be interested in pursuing a career in public health?

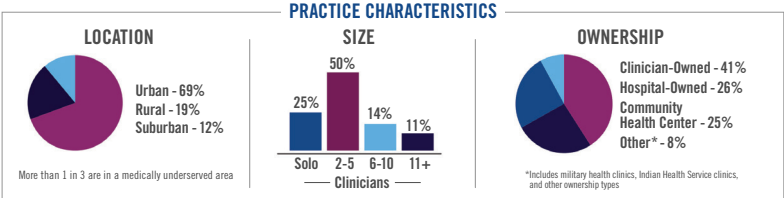
Sweeney: Public health is a very broad field with lots of different subfields and areas. I think students interested in public health should reach out to alumni, like myself, to find out more about the various aspects. I think they should take some math and English classes, because many of the core competencies in public health are math and writing based, along with critical thinking. Most importantly, for any field, students who are interested should learn as much as they can, in as many ways that they can, and pursue their passions.

AHRQ's EvidenceNOW: A Snapshot of Participating Primary Care Practices

The seven EvidenceNOW regional cooperatives are working with more than 1,500 small- and medium-sized primary care practices to improve heart health. Demographic data show the range of diversity among the practices across a variety of characteristics. Cooperatives and the practices are working together to incorporate evidence into primary care and to help millions of people across America live healthier lives.



The 1,500 practices are located across 12 States and have an average panel size of 1,400 patients per full-time clinician. Across these practices, 99% use electronic health records.



Data from Shannon's initiative, EvidenceNOW



Shannon with her husband Tyson, dog Clementine and daughter Etta.

BOTTLED AIR: BUSINESS OPPORTUNITY OR REMEDY TO AIR POLLUTION?

By Sunny Sun '20



Graphic by Nico Decker '20

For the inexpensive price of \$32, an 8 L bottle of fresh Canadian mountain air is now accessible to everyone. A Canadian company, Vitality Air, recently launched “canned air” with no intentions of the product becoming a business favorite in areas of severe air pollution. Chief Executive Moses Lam believes that Asia has become a major market due to worsening air quality conditions in several countries. The idea of transporting clean air from the idyllic mountains and countryside is innovative, but whether or not this practice provides direct health benefits remains questionable.

The idea of transporting clean air from the idyllic mountains and countryside is innovative, but whether or not this practice provides direct health benefits remains questionable.

With about 160 inhalations in one bottle, the canned air can only guarantee a three-minute break from toxic gases, particulate matters, and volatile organic compounds (VOCs). As a director at the Canadian Respiratory Research

Network noted, “This is unlikely to provide any health benefits. Clean air bottles is a gimmick, a waste of money.”¹

These products all have the purpose of minimizing the effects of air pollution, which is extremely beneficial for customers in polluted regions such as China.

Bottled air is not the only the attempted solution to curb severe air pollution. The “Air Shield” is a baby stroller, which circulates filtered air to create a “microclimate” within the stroller. These products all have the purpose of minimizing the effects of air pollution, which is extremely beneficial for customers in polluted regions such as China. Although the health benefits from bottled air or an air circulating system may be scarce, people are still willing to purchase these products with the hope of breathing the rarity of fresh air.

Sources

1. Barhat V. The Entrepreneur Making Money out of Thin Air. BBC. Published 2017.

COVER GRAPHIC BY JACQUELINE ZOU '20

