Community Health Welcomes New Faculty Member
Madina Agénor

Melanie Ramirez ’19

The Community Health Department was delighted to have Professor Agénor join us in Fall 2018 following her work at Harvard University. Here is a recent interview by one of our students.

Can you give a brief description of your educational and professional background?

I’m a social epidemiologist, so I study how social factors, including social inequalities, influence people’s health. When I was in undergrad, I studied biology as a premedical student. Then in college, I discovered Community Health and started taking classes on the social determinants of health. I was also a Gender Studies major and that led me to focus on gender, sexuality, and intersections with race and class. And then as a graduate student at Columbia, I began looking at how social factors influence sexual and reproductive health among women and LGBTQ populations. That’s the short version of how I got to where I am now.

What influenced you to focus on the topics you are currently studying?

I started being interested in health issues as a child. I’m half-Haitian, and I lived in Haiti for several years and saw some of the health challenges that people were experiencing as a result of social inequalities. I didn’t have the language to describe these issues as a 5-year-old, but I did witness people being sick and suffering around me. Fast forward to my college years, I started looking into biology. My sophomore year, I took a microbiology class, and it had a section on public health, and I realized that it encapsulated my interests in the health of groups and populations and how social factors influence population health. Then I studied abroad in Costa Rica and worked with a women’s health and rights organization there. Up until then, I mostly studied the biological aspects of health and was interested in women’s health issues linked to women’s biology. Through working with the Costa Rican women’s health and rights organization, Mujeres Unidas en Salud y Desarrollo, I got introduced to broader women’s health topics like intimate partner violence and HIV/AIDS, and it broadened my understanding of what “counted” as women’s health. I had the opportunity to do HIV workshops with women and really learned about their day-to-day lives and issues they faced, like access to resources, barriers to transportation, and how they negotiated gender in their families. I realized that the social determinants of health were where the action was in terms of women’s health.
Student Group Highlight:

Public Health Society

*Jack Ohringer’20*

Tufts Public Health Society is the only pre-professional public health organization on campus. We organize regular events, speakers and excursions! We are best known for our: Healthy Week (in the spring), Masters in Public Health (MPH) trips, and mentorship program... just to name a few. The Tufts Public Health Society is the student organization on the Tufts Medford campus dedicated to students interested in Public Health. Whether students are looking to prepare for graduate Public Health programs or simply looking for a space to discuss current health policy issues and or current events in Public Health, Tufts Public Health Society serves to provide a professional atmosphere for anyone who is interested.

This school year we have already begun working with Ian Wong and the Health Promotions office to work on stress and health programming on campus. We collaborated with him to host the KORU Mindfulness Meditation series and have helped promote multiple public health campaigns on campus, including the upcoming Great American Smokeout. In the near future, we will also be working with his office to create an anti-vaping initiative on-campus.

An exciting event highlight from this semester so far was co-hosting Dr. Rachel Adatto alongside the Jonathan M. Tisch College of Civic Life, the Tufts Film and Media Studies Department and Tufts Friends of Israel. Dr. Rachel Adatto is a former member of the Knesset (Israeli Parliament), a gynecologist and senior physician, and an accomplished lawyer. During her public service she sat on several committees focusing on ethics, public health, women’s health, minority rights, and environmental protection. Her talk most notably covered the infamous 2012 “Photoshop Law” in Israel that she was the lead sponsor of. The law banned underweight models and included far-reaching provisions mandating disclaimers for doctored advertisements. The bill received wide attention and praise in Israel and around the world, raising questions about the issue of body image and the contours of law.

This semester has gotten off to a great start! On November 2nd we hosted our annual trip to the Tufts MPH program, followed by the Great American Smokeout on November 5th. We also co-hosted an event on November 14th called “Transcending Boundaries to Save Lives” alongside the Jonathan M. Tisch College of Civic Life, Tufts TIMMY Global Health, and Tufts Friends of Israel. At this event, the US Young Leadership director for the organization Saving a Child’s Heart shared stories about the second-ever pediatric cardiac surgeon from Tanzania and of two lives the organization has saved (one child from Myanmar, who found the organization through Facebook, and the group’s first child from Fiji).
Most lawyers are familiar with President Abraham Lincoln’s words: “He who represents himself has a fool for a client.” The interpretation I’ve always heard – as the son of a criminal defense lawyer – is that being so engrossed in a situation can blind you to its realities, making it difficult to achieve the best possible outcome.

This concept is obviously detrimental in criminal trials, but I recently understood it in a pretty unorthodox context when I went into anaphylaxis during my time working as a research assistant at the Food Allergy Outcomes Research Program with Dr. Ruchi Gupta at Northwestern University in Chicago.

I’ve struggled with food allergies all my life. I spend my day with two auto-injectors, forever asking if there are tree nuts or chickpeas or sesame in anything I eat. I was lucky to grow up with a strong parental support system that allowed me to go about my childhood virtually worry free – mainly because my mom worried enough for the both of us. She even made sure that I met with the campus dietitian at Tufts University when I started college to talk about food on campus, so that I could feel safe when eating in dining halls.

Despite all of (or possibly because of) what my mom has done for me, I have been disturbingly careless when it comes to my allergies. As an Emergency Medical Technician (EMT), I am well aware of the dangers of the multi-system allergic reaction known as anaphylaxis. Regardless, I still feel invincible – just like all my other 19-year-old counterparts – when it comes to the impact my allergies have in my life. It is in part this teenage naiveté (or less euphemistically, ignorance) that led to my most recent attack.

The story of that day is well-known in the allergy world: I had thought I read the ingredients on a package of kale chips, but ended up eating a kale chip that included cashews (one of my allergens). My throat began to tingle almost immediately, so I ran out and bought Benadryl. Back in my office, I threw up (a lot) and felt my throat closing tighter and tighter. By the time my supervisor convinced me to go to the hospital emergency department (about 15 minutes later), I was barely able to breathe. It was one of my worst reactions ever – requiring the equivalent of three epinephrine auto-injectors and three courses of albuterol, to open up the airways in my lungs. I was ultimately admitted to the hospital.

The nuances of this story, however, are less simple. My first mistake: I hadn’t told Dr. Gupta that I had food allergies. I didn’t think it was appropriate or relevant to my ability to do the work requested of me in the lab. This only added to the embarrassment I felt during my reaction, and it made me more inclined to downplay my reaction when it occurred. This also had the potential to create a situation during which epinephrine would be further delayed if I had lost my ability to advocate for myself (e.g. tell her I was going into anaphylactic shock), endangering myself even more.

My second mistake: I delayed using my epinephrine auto-injector. Typically, the device should be used at the first sign of a severe reaction, but being so well versed in allergic reactions from the perspective of an academic and provider made it difficult for me to recognize the severity of my reaction and respond accordingly. I should have known I needed epinephrine not as an EMT, but as a self-aware person with allergies. Finally, I forgot to follow the tenet of living with severe allergies: always carry your epinephrine auto-injector.

I was very lucky that I worked so close to an emergency department, and I was even luckier that I was with people who understood food allergies. I can assure you that I now always carry my auto-injectors, and that I will try to be more aware of what my body needs. It’s a hard practice – balancing food allergies with a strong work ethic and disdain for being a burden on anyone – but it is something I need to develop. I need to have an internal frame-shift from encumbrance to acceptance of my condition that occasionally requires my full attention and trust in others, so that I survive.

I can’t help but think how I’ve developed my current, skewed understanding of my allergies. Is it that my mom always carried my auto-injector for me and I didn’t need to worry? Is it the
Greetings from a 2018 alum:

Brian Leung '18 Warm greetings from California! I spent the summer job hunting for positions in public health and biology. Primarily I was looking at jobs for clinical research within 30 miles of San Jose because of the limited transportation options I have without a car. I found a full-time position as a pre-med intern at a private ophthalmology office. I've been working closely with the Dr. Gloria Wu, who is trained as retina surgeon. She also taught at Tufts Med in the early 2000s.

I've been learning a lot about all sorts of tasks, disparities and healthcare issues. I do medical scribe work when I'm in the patient room with Dr. Wu. Other times, I'm also helping the receptionist with organizing patient charts and making follow-up visit appointments. I've been trained to run a few tests on patients like taking photos of patients' retina and assessing their visual field. Dr. Wu also explains some of the procedures, random knowledge about conditions, and how to work with patients to me and the other interns.

In addition, the position also has a research component where we conduct surveys and research on different health topics. The current project I'm working on is understanding patient knowledge about various health topics like hypertension or diabetes and seeing if there's a disparity between different ethnicities. We're also trying to see if we can incorporate new technology into managing these diseases through phone apps. We're planning to submit an abstract to the Endocrine Society by next month!

With this experience, I feel more motivated to apply for medical school. I'm starting on studying for next year's MCAT. Hopefully, I'll be able to apply within 2 years.

<<Alums! Please let us know what you are up to. We would love to hear from you!>>

ch@tufts.edu
For my Community Health Internship, I worked at Boston Children’s Hospital in the Primary Care Center. The Primary Care Center is a large, urban academic pediatric site with over 15,000 patients. I had the opportunity to be a team-member on an education initiative called “The 4-Month-Old Fever Education Ring and Kit.” The primary aim of this project was to provide parent education with the goal of diminishing utilization of the emergency department for low acuity visits, and encouraging parents to call the on-call nurse for minor illnesses. As part of the assignment, I put together instructional materials and “how to guides” for parents to assist them in at-home management of minor illnesses. The materials are assembled with a “ring” that keeps the kit together and is easy to store at home. The education resources range from how to take a rectal temperature, to vaccine schedules, to dosages for Tylenol. Accompanied with the ring of information, is a Fever Kit which includes a rectal thermometer, bulb syringe, saline solution, and other items for low acuity illnesses. At the four-month old Well Child-Check, a trained nurse, who has been onboarded onto the project, provides a one-on-one educational consult with the parent. During this session, the nurse demonstrates how to use the various supplies in the kit, and the parents are encouraged to ask questions. This fever education is conducted at both Martha Elliot and at the Boston site. My next project will be to evaluate the kits and assess if there is a decrease in Emergency Department visits to date, and perhaps an increase in calls to the on-call nurse from parents who received the kit and the accompanying four-month education session.
I came back to the U.S. and finished college and decided that I wanted to explore the social determinants of health. But didn’t know if I was more interested in research or policy. So, I did an anti-poverty and anti-hunger fellowship that had both components—for the first half I did research and in the second half I worked on policy issues. One of the issues I encountered during my policy placement was that I couldn’t find a lot of the data I needed for the topics that I was looking at. I was amazed by how much information was missing regarding the health of marginalized populations and felt that we really needed to do more on that front. I went on to get my Master of Public Health (MPH) in Sociomedical Sciences at Columbia and did the research track there. It was there that I got to deepen my study of sexual and reproductive health topics as well as gender, sexuality, and health. In particular, I got very interested in the sexual health of queer women, specifically HIV prevention among queer women. I didn’t see this issue addressed in any of the literature or courses I was taking and ended up doing the majority of my projects during my MPH around that topic. At the same time, I was doing work around the reproductive rights of poor women enrolled in the federal cash assistance program. I then went into my doctoral program at Harvard with a strong interest in gender and sexuality and sexual and reproductive health and started layering on issues of racial discrimination and immigrant status, looking at how all of these factors intersect and simultaneously influence women’s sexual and reproductive health. This led me to the work I do now, which focuses on how sexual orientation, gender identity, race/ethnicity, and nativity status intersect and influence the sexual and reproductive health of women of color, queer women and girls, and trans people, including LGBTQ people of color.

I know you’re the director at the SHARE lab. Can you describe the work at the SHARE lab and the opportunities currently available for undergraduate students?

SHARE Lab stands for Sexual Health and Reproductive Experiences Lab, and the focus of the Lab is to look at how social inequalities influence sexual and reproductive health. I am currently wrapping up a project examining sexual health care among queer young adult women and another focusing on reproductive health care among young adult transmasculine individuals. I’m also launching two new projects—one around HIV and STI testing among transmasculine young people of color and another looking at how state health policies and provider-level factors influence sexual orientation and racial/ethnic disparities in HPV vaccination among young adult women. I partner with a lot of students ranging from undergrads to doctoral students to complete these projects. There are a lot of opportunities in the Lab to analyze qualitative data, help with focus groups and interviews, and analyze quantitative survey data. There are also opportunities to help with literature reviews and with the writing of manuscripts to disseminate the research findings. I collaborate with other faculty members at various institutions around the country to get this work done. I encourage any Tufts students interested in this work to get in touch with me about the Lab!

What courses will you be teaching at Tufts?

I currently lead the Community Health Innovation Lecture Series. In the next few years, I will teach courses on reproductive justice in the United States and reproductive health and rights in the Global South. So stay tuned for that! In the meantime, students can sign up to meet with me during my office hours.
mindset that surrounds food allergies in our society? A sense of invincibility? Does one need to have a serious reaction to start taking their allergies seriously? I wish I had the answer, but I sadly do not. For now, though, I am just going to hope this post-reaction hyper-awareness persists.

**Update:** Justin worked with researchers at University of Southern California Keck School of Medicine, Northwestern University Feinberg School of Medicine and Children’s Hospital of Philadelphia to publish an article that is featured in the American College of Allergy, Asthma and Immunology. The article is called “Epinephrine auto-injector carriage and use practices among US children, adolescents and adults”.

Here is the link to the article. Congratulations Justin!


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The Public Health Society aims to continue to grow and flourish alongside the amazing public health programming on Tufts campus. If you are interested in keeping in touch with our organization or connecting with us you can:

- email us at tuftspublichealthsociety@gmail.com
- like us on Facebook (Tufts Public Health Society)
- check out our website [https://tufhs0.wixsite.com/tphs](https://tufhs0.wixsite.com/tphs)

**Members of Tufts Public Health Society including the following Community Health students:** Alina McIntyre ’19, Jon Berger ’19, and CH alum Ana Manriquez ’18

**Current CH Seniors,**
Rohini Loke and Carina Vargas-Nunez talk with prospective CH students about the major.
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Community Health Class of 2018

In May 2018, Community Health honored 60 graduating seniors at Senior Event held in Cohen Auditorium.