2019
Diversity Summer Internship Program

Annual Poster Session
Feinstone Hall
July 31, 2019
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Established in 1995, the Diversity Summer Internship Program (DSIP), in the Bloomberg School of Public Health, provides a graduate level, independent research experience in biomedical and/or public health research to undergraduate students under the direct mentoring of established Johns Hopkins researchers. Opportunities are granted to students interested in careers in science and public health including those from underrepresented minority groups and economically disadvantaged backgrounds.

The 2019 DSIP cohort consisted of 16 undergraduates from diverse backgrounds. Over ten weeks, interns worked one-on-one with faculty and community preceptors on research projects in their fields of interest, attended public health awareness and professional development seminars, and a GRE workshop. The program provided interns with an academic experience similar to that of a first-year graduate student as they gained skills in preparing scientific abstracts, posters, oral presentations, and completing a research paper. In addition, interns had opportunities for personal growth and reflection as they attended peer-led leadership discussions and connected with current JHSPH graduate students. The culmination of the program included an opportunity to formally present their work before their peers and mentors, and a divisional poster session which afforded the interns multiple opportunities to display and describe their research projects. All of this year’s participants are eligible to receive a partial tuition scholarship upon matriculating into a qualified graduate program in the Bloomberg School of Public Health. We are fortunate to have awarded the scholarship to four former interns for the 2019-2020 academic year. We are also looking forward to awarding the scholarship to members of this cohort in the future.

This year’s booklet contains each intern’s summer research poster abstract and photo. The 2019 DSIP interns join their predecessors as future biomedical sciences and public health professionals.

We would like to thank our sponsors, faculty, staff, graduate students, community members, and interns who helped make this year’s program successful. We sincerely appreciate your contributions and look forward to working with you again next year.

Jessica Harrington, MPA
DSIP Program Manager
Director of Student Life Services
Throughout the United States, American Indian/Alaskan Native (AI/AN) populations disproportionately suffer from high rates of suicide and substance use. Historical Trauma in these communities has been found to be one root cause. Historical Trauma (HT) was defined by Maria Yellow Horse Brave Heart in 2000 as “cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences.” The Little Holy One project is for the caregivers of Dakota and Nakoda children, 3-5 years old living in Fort Peck Reservation. The goal is to address HT in participants (parents and caregivers) who have experienced at least one adverse childhood experience (ACE) so that they do not pass their trauma to their children. This will be measured by the future rates of suicide and substance use in their 3-5-year-old children. The program will consist of twelve lessons over the course of twelve weeks. These lessons will be evenly broken up into three components: parenting, mental health, and cultural. It is important to note that the parenting lessons will be adapted from an already existing program created by the Johns Hopkins Center for American Indian Health called Family Spirit.

Global attention to improving child well-being has increased; however, child well-being is a multi-faceted issue which encompasses the education, care, protection, health, and survival of children. While more attention and resources have been devoted to some issues of child well-being, such as child survival, other issues have not received as much attention or priority, such as early childhood development and child nutrition. This research project seeks to enhance our understanding of the factors shaping global attention to child nutrition. The project draws on an analytical policy framework that elucidates factors shaping global attention to health issues, including the nature of the issue, the political environment, and the actors involved in promoting the issue. Guided by this framework and a literature review of relevant peer-reviewed published scholarship, the analysis identifies several impediments to the prioritization of global child nutrition. From the analysis, three key challenges stand out: 1) The multi-sectoral nature of child nutrition, which complicates the implementation of nutrition programs, introduces challenges to consensus among proponents, and dissuades policy-makers from taking immediate action to advance this issue, 2) The lack of a specific nutrition strategy by major global health organizations and movements, which deters unified movement towards prioritizing this issue, and 3) The multiplicity of narratives on child nutrition with a lack of prioritization, which prevents a clear external framing of the issue among policymakers. Through identifying these challenges, the international nutrition community can select key areas for improvement to better strategize on how to build more priority for this issue. Moreover, this project raises awareness of the complexities as well as successes in efforts aimed at reducing issues of global child nutrition. Consequently, proponents of child nutrition will be provided with valuable insight to develop evidence-based strategies for the advancement of global child nutrition.

End-stage renal disease (ESRD), which is characterized as the complete or near-complete failure of the kidneys’ abilities to function properly, has generated national efforts to alleviate the public health burden created by this life-threatening condition. Despite disproportionately higher rates of ESRD, racial and ethnic minorities are also less likely to receive kidney transplantation (The optimal treatment method). To address these disparities, faith-based alliances between healthcare organizations and religious communities are designed to carry out community-based education and advocacy programs targeted towards patient education and disease prevention. In order to attain a better understanding from religious leaders about important aspects in forming this alliance, a qualitative study that used in-depth interviews and employed a thematic analysis approach was conducted. The key themes addressed by religious leaders were: Trust, resource allocation, and community awareness. Our study findings suggest that when you incorporate the perspectives of religious community leaders, faith-based academic-community partnerships can help reduce disparities in kidney transplantation and increase kidney health knowledge.
Socioeconomic position (SEP) is a complex construct that describes an individual’s access to resources, which range from material items to education/employment opportunities, wealth, power/social status, access to service resources, among others (Oakes & Rossi, 2003). Several studies have confirmed the importance of an individual’s SEP in determining their health outcomes, and the potential use of area-level indicators of SEP for use as a proxy measure when individual-level data is not available (Krieger et al., 2002). The North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) is a multi-site collaboration designed to answer key questions related to AIDS and HIV care in the United States and Canada. One major limitation of the NA-ACCORD is the lack of individual-level SEP data; our study aims to fill this gap. We aim to associate four measures of ZIP code-level SEP (median household income, percentage of unemployed adults, educational attainment, and percent of individuals below the poverty line) with core demographic, risk, and HIV outcome measures in a select group of U.S. NA-ACCORD participants. NA-ACCORD members were divided by their residential ZIP codes into four geographical regions as defined by the U.S. Census (Region 0: Northeast, Region 1: Midwest, Region 2: Southeast, Region 3: West, and Region 9: Other). We observed an association between lower measures of SEP and lower viral suppression by geographic region, and a statistically significant correlation between poverty status and viral suppression across all U.S. census regions. Contrary to our expectations, we noted higher proportions of viral suppression in areas with higher proportions of males and individuals identifying as MSM; we believe this reflects the white affluent MSM that are in NA-ACCORD cohorts. Our study establishes a proxy for measuring SEP data within NA-ACCORD participants and establishes a mechanism for the systematic use of SEP data in future NA-ACCORD based studies.
Kayla Jones  
**Undergraduate Institution:** St. John’s University  
**Mentor(s):** Anne Palmer & Karen Basserab  
**Department:** Johns Hopkins CLF  
**Poster Title:** Working Towards a More Sustainable Food Future: Examining the Environmental Advocacy Efforts of Food Policy Councils

Environmental issues will have far-reaching impacts on the food system. However, there is a gap in research on these affects and how we can work to improve them. The aim of the current project is to identify and assess advocacy and community engagement activities within Food Policy Councils (FPCs) around natural resources and the environment which may include: climate change, soil quality, pesticide regulation, greenhouse gas emissions in food production, composting, etc. Findings indicate that although there are only 4% of FPCs that are currently focused in environmental issues, there are many ways that those FPCs are working towards solving the problem which include advocacy and community engagement activities. As multi-sector collaborative groups representing the voices of many people with different backgrounds, FPCs are well poised to address the complexity of natural resources and environmental issues. Additionally, food policy councils can help bridge the gap between food system changes and actions to address environmental issues. The goal of the study is to provide examples to FPCs and of ways they can use and create policy and engage their communities to find solutions to issues related to natural resources and the environment which impact climate change.

Shinelle Kirk  
**Undergraduate Institution:** Univ. of Massachusetts Boston  
**Mentor(s):** Sabriya Linton, PhD & Renee Johnson, PhD  
**Department:** Mental Health  
**Poster Title:** Applying Concept Mapping To Generate Ideas for Urban Redevelopment in East Baltimore

In East Baltimore, residents face a myriad of sociodemographic barriers that prevent them from achieving positive health outcomes. This is also compounded by the disregard from city leaders that exclude them from contributing to redevelopment processes. The objective of our study is to describe how concept mapping was used to determine how residents think their community should be developed to improve their health through community-engaged and research partnerships. We aimed to do this through a CBPR approach that encouraged community engagement and participation. We utilized a concept mapping process which included various steps such as a focal statement development, brainstorming session and sorting and ranking session. These events resulted in a sum of ideas that can be mapped into a visual format. Researchers have not been granted permission to publish the data provided from the community, and thus will be decided on how results are shared based on feedback provided by the community. CBPR through the use of Concept Mapping can be an effective tool for research community partnerships. Further, it encourages active participation and motivates residents to contribute ideas for better health outcomes within their community.

Jalen Langie  
**Undergraduate Institution:** California State Univ. LA  
**Mentor(s):** Andy Pekosz, PhD & Alyssa McCoy  
**Department:** MMI  
**Poster Title:** Characterizing the Effects of Physiological Temperature on Viral Kinetics and Innate Immunity in Influenza A Infected A549 Cells

Influenza A, also known as the flu, is a respiratory virus that accounts for 250,000-500,000 deaths annually on a global scale. The virulence and severity of the virus can primarily be attributed to its high mutation rate, declining vaccine/medication efficacy, and imprecise infection models. The dire issue of Influenza has propelled the search to design new treatment methods that account for factors such as temperature and innate immunity. Preliminary research from the Pekosz lab suggests that temperature impacts viral replication and host immune response depending on the host cell. In studies conducted in human nasal epithelial cells (hNECs), or upper respiratory track, it was found that viral replication was higher at 37°C compared to 32°C. Genetic analysis revealed that host response was temperature dependent as well. When hNEC’s were examined, 704 and 298 genes were differentially expressed in 37°C and 32°C, respectively. Of the genes activated, immune response chemokines CXCR3, CXCL9, CXCL10, and CXCL11 were induced by Influenza A infection. In order to investigate temperature dependent mechanisms of Influenza A infection of the lower respiratory track, I conducted growth curves, Real-Time Polymerase Chain Reaction (RT-PCR) and Median Tissue Culture Infectious Dose (TCID50) assays in human lung carcinoma cells (A549 cells) to monitor immune response gene expression and viral titer.
To manage the health of older adults, methods must be fabricated to identify those at the highest risk of adverse outcomes. By identifying the risk associated with the deterioration of health, one can preemptively mitigate health deficiency in the future. Correspondingly, much science has developed around aging "phenotypes" in recent decades both as important measures of older adults in their own right and for their ability to forecast adverse outcomes like falls, institutionalization, hospitalization, and mortality.

My research aims to investigate the comparative effectiveness of phenotypic measures as potential identifiers of at-risk older adults of varying races. Potential identifiers will be measured by realizing effect modification. This refers to the stratification that occurs when an exposure has a different effect among different subgroups. This is important because currently, we see estimates according to the population reference bureau showing a geriatric trend expected to double from 46 million today to over 98 million by 2060.

To investigate effect modification on phenotypic associations with mortality by race at a community-based level by first analyzing both African-American and Caucasian strata then incorporating formal statistical tests to substantiate findings. This research will work toward understanding whether there is a stronger relationship for phenotypes being stronger predictors for different strata (African-American and Caucasian). Currently, in literature, it has been established that phenotypes predict adverse outcomes. My research aims to take this thesis a step further to 1.) predict mortality beyond select variables and 2.) understand the relationship between phenotype strength for different strata in the presence of possible confounders. To conceptually understand confounding principles on strata, I have built multi-level self-augmenting logistic regression models that work to realize the strength of the variables and 2.) understand the relationship between phenotype strength for different strata in the presence of possible confounders. The logistic regression models provided that there were, in fact, appreciable differences that can be examined in phenotypes’ association with adverse outcomes (mortality in the case of this research) however, these findings were not statistically significant indicated by the confounding variable(s).

Understanding why the phenotypic reduction in some older adults leads to adverse outcomes, and not others, is a fundamental question in understanding the biological and physiological functions of the body. With a 65+ population expected to double from 46 million today to over 98 million by 2060, geriatric health will be an utmost concern in the United States for the foreseeable future. With an increased number of older adults, there will be a heightened need for care. The aging of the baby boom generation could fuel a 75 percent increase in the number of Americans ages 65 and older requiring nursing home care, to about 2.3 million in 2030 from 1.3 million in 2010. Demand for elder care will also be fueled by a steep rise in the number of Americans living with Alzheimer’s disease, which could nearly triple by 2050 to 14 million, from 5 million in 2013. All things considered; the future of geriatric health is one that is irresolute.

To investigate effect modification on phenotypic associations with mortality by race at a community-based level by first analyzing both African-American and Caucasian strata then incorporating formal statistical tests to substantiate findings. This research will work toward understanding whether there is a stronger relationship for phenotypes being stronger predictors for different strata (African-American and Caucasian). Currently, in literature, it has been established that phenotypes predict adverse outcomes. My research aims to take this thesis a step further to 1.) predict mortality beyond select variables and 2.) understand the relationship between phenotype strength for different strata in the presence of possible confounders. To conceptually understand confounding principles on strata, I have built multi-level self-augmenting logistic regression models that work to realize the strength of the confounding variable(s). The logistic regression models provided that there were, in fact, appreciable differences that can be examined in phenotypes’ association with adverse outcomes (mortality in the case of this research) however, these findings were not statistically significant indicated by the test of the interaction. The primary finding establishes that "geriatric vital signs" are effective for identifying at-risk African-American and Caucasian strata.
**Treasure Ramirez**  
**Mentor(s):** Roland Thorpe, PhD  
**Undergraduate Institution:** Baylor University  
**Department:** HBS/ CHDS  
**Poster Title:** Association between State Offices of Minority Health Prevention Programs and Preventative Service Use

Racial health disparities have long accounted for higher premature death rates, disease burden, and lower quality of healthcare among minority populations. The Office of Minority Health (OMH) improves the health of minorities through policies and programs that aim to reduce minority health disparities. State OMHs address health conditions such as diabetes, cancer, and obesity among minorities through chronic disease prevention programs. The objective of this study was to determine the association between State OMH preventative programs and program utilization by minority populations. Data for this project came from two data files: a 2015 Inventory of State OMH Preventative Programs by the Hopkins Center for Health Disparities Solutions and the 2014 Medical Expenditure Panel Survey (MEPS). There were 44 State OMHs that were identified as active with 37 of the active OMHs targeting chronic disease prevention. Approximately 25,000 respondents were identified from the MEPS and 15 measures of preventive service use were considered. Chi-square tests were used to examine proportional differences between outcome variables and race/ethnic groups. Linear probability models were calculated to determine the direction of the association between preventative service use and the presence of a State OMH prevention program. This study concludes there is not significant evidence pointing to a significant utilization of preventative services by minority populations due to the presence of a State OMH prevention program. These findings emphasize the importance for State OMHs to consider initiatives that will promote preventative services for racial and ethnic minority groups, particularly non-Hispanic Blacks. Moreover, these study results will allow for future development and implementation of effective State OMH preventative services.

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**Roberto Rojas**  
**Mentor(s):** Kristen Koehler, PhD & Misti Zamora  
**Undergraduate Institution:** Florida International Univ.  
**Department:** EHE  
**Poster Title:** Differences in Traffic Related Air Pollutant Concentrations as a Result of Proximity to Major Roads

Ingestion of traffic related air pollutants (TRAPs) has consistently been shown to lead to a number of health complications, ranging from irritation of respiratory tracts to a shortened lifespan. Major roads, like interstates and highways, usually have high amounts of vehicles and traffic utilizing them on a daily basis, leading to a higher amount of TRAPs being emitted from these major roads. In this study, data from four monitoring stations was analyzed from May to mid-June. The four sites were chosen based on their proximity to major roads to provide a sense as to how much of a role proximity to major roads plays in TRAP exposure. Fine particulate matter (PM2.5) and nitrogen dioxide (NO2) concentrations were both measured as parameters for TRAPs. An inner-city site, located in a street dense part of Baltimore, had the highest PM2.5 concentration per day and per week, as opposed to a site located near three major roads and entrances to these major roads. Plotting PM2.5 concentration against temperature also illustrated the influence that meteorology plays in determining air quality. NO2 trends also depicted the possible influence of morning commute on TRAP exposure.

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**Justice Sanders**  
**Mentor(s):** Mario Catrugi, PhD & Haroldo Rodriguez  
**Undergraduate Institution:** Miami University  
**Department:** Pathology-SOM  
**Poster Title:** Citrullinated Antigens in the Pituitary Gland: New Targets of Autoimmune Hypophysitis?

Autoimmune hypophysitis is a rare inflammatory disorder in which the body's immune system attacks the pituitary gland. Since its official characterization in 1962, much remains to be elucidated regarding the disorder. Currently, the only definitive means to diagnose AH is via a biopsy of the pituitary, as auto-antigens have yet to be identified preventing the formulation of non-invasive diagnostic techniques. Our lab has been investigating the role of a post-translational modification, citrullination, in AH, due to its association with other autoimmune diseases. Recently, our lab discovered that the pituitary cells are hyper-citrullinated compared to the rest of the body, and these citrullinated cells are frequently the targets of human antibodies in AH. Furthermore, these cells are commonly undifferentiated cells, which was determined by the expression of INA, YAP, and TAZ. Also, the undifferentiated cells are non-hormone secreting. As current scientific technology does not permit for human primary pituitary cells to be grown in vitro, we attempt to create a rat cell model of this disorder. To complete this objective, we transfected the rat GH3 cells with siRNAs to block lats1 to revert their un-differentiated states. Once this was completed, we attempted to determine if the GH3 cells accurately modeled human primary pituitary cells using western blot and double immunofluorescent (DIF) against INA, pYAP, YAP, TAZ, and PAD4. Western Blot and DIF showed similar levels of expression for INA, pYAP, PAD4 for both the GH3 cells with lats1 blocked and the cells without lats1 blocked (NC). Additionally, there was not significant YAP expression in either group. TAZ expression appeared to be more significant in the GH3 cells with lats1 blocked, but this could not be substituted. Given the results of the experiment, we concluded that the siRNA transfected GH3 did not serve as an accurate model for human primary pituitary cells in AH.
In the state of Maryland cancer is the second leading cause of death, with colorectal cancer (CRC) ranking 2nd amongst cancers affecting both sexes. Among the leading cancer cites, cancers staged as regional at the time of diagnosis within the state of Maryland, CRC ranked first (33%) for cancers staged as regional at the time of diagnosis. Colonoscopy screening rates were determined using the Maryland Department of Health’s indicator-based information system (MD-IBIS) and incidence and mortality rates were determined using the CDCs state cancer profiles query system. Weighted averages of the three factors were calculated to find the excesses. These weighted averages were used to determine an “excess” number of CRC cases, and those numbers were then converted into percentages based on how much of the total excesses they constitute. A closer look at these percentages was made based on our four race-sex groups in order to determine if any group proved to be more vulnerable than the other. Disparities varied by county, race, and sex but were most prevalent in Baltimore City. Baltimore City accounted for 56% of the total excess mortalities and 33% of the total excess incidences despite having a screening rate (66.4%) close to that of the state of Maryland (66.6%). A closer look at Baltimore city showed Black Males ranked 2nd in excess incidences (24%) and 1st in excess mortality (67%). Finally, Black Males were our only sub-group within Baltimore City with screening rate lower than that of the state of Maryland (49.2%). Efforts to raise screening rates should be directed towards Black Males in Baltimore City. Further studies are encouraged in order to assess the psychosocial causes that deter Black Males from seeking CRC screening in order to avert preventable deaths.

As experts in nutrition, Registered Dietitian Nutritionists (RDNs) can provide valuable insights to conversations about food policies, such as those related to food access, food security, and school meals. Food policy councils (FPCs) are one space where these conversations are happening across the country. Many FPCs include RDNs among their members, though little is known about the value that RDNs bring, whether their participation influences the policy issues that FPCs focus on, and whether RDNs align their work with that of the Academy of Nutrition and Dietetics (AND). Semi-structured key informant interviews were conducted with five purposefully selected RDNs who are members of FPCs. Responses were grouped into major themes, and quotes from participants were included to reinforce the findings. This study helps illuminate skills RDNs can bring to FPCs through membership, including individualized nutrition, education and outreach, scientific knowledge, and public health awareness. Among the RDNs interviewed in this study, there was no relationship between membership and their advocacy decisions. FPCs should seek out RDNs to become part of their efforts to improve food system issues, especially if they are interested in areas of public health, food security, food access, food safety, and nutrition education.
Acknowledgements

Student Life Services is grateful to the dedicated Hopkins faculty, staff, graduate students, community mentors, internship participants, and DSIP committee members, and funding sponsors who cooperatively helped to make this year's Diversity Summer Internship Program successful, uniquely memorable, and educationally enriching.

Student Life Services would like to acknowledge our Program Assistant, **Paul Delgado (DSIP 2017)**.

Student Life Services is especially grateful to the following organizations for their contributions in funding DSIP 2019:

**American Autoimmune Related Diseases, Inc. (AARDA)** is dedicated to the eradication of autoimmune diseases and the alleviation of suffering and the socioeconomic impact of autoimmunity through fostering and facilitating collaboration in the areas of education, public awareness, research, and patient services in an effective, ethical and efficient manner.

**The Johns Hopkins Bloomberg School of Public Health (JHSPH)** is dedicated to the education of a diverse group of research scientists and public health professionals, a process inseparably linked to the discovery and application of new knowledge, and through these activities, to the improvement of health and prevention of disease and disability around the world. DSIP receives support from the JHSPH Office of Student Affairs, and the Center for American Indian Health.

**The National Institute of Environmental Health Sciences’** mission is to reduce the burden of human illness and disability by understanding how the environment influences the development and progression of human disease. This year's EHS interns were sponsored by NIH Grant #1R25ES022865 as part of NIEHS Short-Term Educational Experiences in Research through Meghan Frost Davis, DVM, Assistant Professor, Environmental Health Engineering.

In addition to the sources above, many students were sponsored by various federal programs and awards from their home institutions. A complete list of names and sponsors are on the following page directly beneath each intern’s photo.

Thank you to our funding sponsors and everyone (faculty, alums, and students) who contributed to the success of DSIP 2019!
Tyra Andrews
Home Institution: The Johns Hopkins Univ.
Mentor(s): Teresa Brockie, PhD, RN & Anne Kenney
Department(s): SON and CAIH
Poster Title: Planning the Wa’ Kan ye’ zah Program with a Reservation in Montana: Building Cultural Curriculum to address Historical Trauma in Parents and Caregivers of Native Youth 3 – 5 Years Old
Sponsor: Center for American Indian Health

Amna Baloul
Home Institution: The College of William and Mary
Mentor(s): Yusra Shawar, PhD, MPH
Department(s): IH/CHH
Poster Title: Global Prioritization of Child Nutrition: A Policy Analysis of Challenges and Opportunities for its Advancement
Sponsor: JHSPH Office of Student Affairs

Maxwell Emmanuel
Home Institution: Rutgers University
Mentor(s): Tanjala Purnell, PhD, Jamilah Perkins & Morgan Johnson
Department(s): Surgery/ Center for Health Equity
Poster Title: The Faith-Based Alliance for Kidney Health Equity: A Novel Academic and Community-Based Partnership
Sponsor: JHSPH Office of Student Affairs

Emily Fitzgerald
Home Institution: Colorado College
Mentor(s): Kristen Koehler, PhD & Misti Zamora
Department(s): EHE
Poster Title: Air Pollution Differences between Two Socioeconomically Diverse Communities Within Baltimore City, Maryland
Sponsor: NIH Grant #1R25ES022865/Dr. Meghan Davis

Ronel Ghidey
Home Institution: Univ. of Missouri Columbia
Mentor(s): Kerri Althoff, PhD, MPH & Aruna Chandran
Department(s): Epi
Poster Title: Regional Comparisons of Socioeconomic Position and Core Health Characteristics Among a Select Population in the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD)
Sponsor: JHSPH Office of Student Affairs

Ashley James
Home Institution: University of Richmond
Mentor(s): Darcy Milburn & Natalie Wood Wright
Department(s): Johns Hopkins CLF
Poster Title: Soil to Solid Waste: A Landscape Analysis of Secondary Food System Curricula
Sponsor: NIH Grant #1R25ES022865/Dr. Meghan Davis
**Kayla Jones**  
**Home Institution:** St. John's University  
**Mentor(s):** Anne Palmer & Karen Basserab  
**Department(s):** Johns Hopkins CLF  
**Poster Title:** Working Towards a More Sustainable Food Future: Examining the Environmental Advocacy Efforts of Food Policy Councils  
**Sponsor:** NIH Grant #1R25ES022865/Dr. Meghan Davis

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**Luke Matthews**  
**Home Institution:** Univ. of Maryland, Baltimore County  
**Mentor(s):** Karen Bandeen Roche, PhD  
**Department(s):** Biostats  
**Poster Title:** How Strongly is Phenotypic- Associated Reduction in Mortality Risk Modified by Race in Older Women  
**Sponsor:** JHSPH Office of Student Affairs

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**Shinelle Kirk**  
**Home Institution:** Univ. of Massachusetts Boston  
**Mentor(s):** Sabriya Linton, PhD & Renee Johnson, PhD  
**Department(s):** MH  
**Poster Title:** Applying Concept Mapping To Generate Ideas for Urban Redevelopment in East Baltimore  
**Sponsor:** JHSPH Office of Student Affairs

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**Jalen Langie**  
**Home Institution:** California State University LA  
**Mentor(s):** Andy Pekosz, PhD & Alyssa McCoy  
**Department(s):** MMI  
**Poster Title:** Characterizing the Effects of Physiological Temperature on Viral Kinetics and Innate Immunity in Influenza A Infected A549 Cells  
**Sponsor:** California State University LA MARC Program

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**Ashley Parra**  
**Home Institution:** Wellesley College  
**Mentor(s):** Beth Marshall, DrPh  
**Department(s):** PRFH- Center for Adolescent Health  
**Poster Title:**  
**Sponsor:** JHSPH Office of Student Affairs

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**Treasure Ramirez**  
**Home Institution:** Baylor University  
**Mentor(s):** Roland Thorpe, PhD  
**Department(s):** HBS/ CHDS  
**Poster Title:** Association between State Offices of Minority Health Prevention Programs and Preventative Service Use  
**Sponsor:** JHSPH Office of Student Affairs
Roberto Rojas  
**Home Institution:** Florida International Univ.  
**Mentor(s):** Kristen Koehler, PhD & Misti Zamora  
**Department(s):** EHE  
**Poster Title:** Differences in Traffic Related Air Pollutant Concentrations as a Result of Proximity to Major Roads  
**Sponsor:** NIH Grant #1R25ES022865/Dr. Meghan Davis

Justice Sanders  
**Home Institution:** Miami University  
**Mentor(s):** Mario Catrugeli, PhD & Haroldo Rodriguez-Chevez  
**Department(s):** Pathology-SOM  
**Poster Title:** Citrullinated Antigens in the Pituitary Gland: New Targets of Autoimmune Hypophysitis?  
**Sponsor:** American Autoimmune Related Diseases Association, Inc

Jean-Hus Theodore  
**Home Institution:** New York City College of Technology  
**Mentor(s):** Norma Kanarek, PhD  
**Department(s):** EHE/SOM Oncology  
**Poster Title:** What programmatic steps can be taken to further the decline of Colorectal Cancer (CRC) in Maryland?  
**Sponsor:** NIH Grant #1R25ES022865/Dr. Meghan Davis

Jennifer White  
**Home Institution:** California State University-Northridge  
**Mentor(s):** Anne Palmer & Karen Basserab  
**Department(s):** Johns Hopkins CLF  
**Poster Title:** Registered Dietitian Nutritionists in Food Councils: A Key Informant Study  
**Sponsor:** California State Univ Northridge BUILD PODER
2019 DSIP Application Review

Committee Members

Betty Addison
Senior Director
Student Life Services

Dr. Barbara Detrick
Professor
SOM, Pathology & Immunology

Dr. Meghan Frost Davis
Assistant Professor
Environmental Health and Engineering

Jessica Harrington
Program Director

Shekeitha Jeffries
Assistant Director

Dr. Roland Thorpe
Associate Professor
Health, Behavior and Society