

THE TICKER

NEWS ABOUT RV-CHC: CARING FOR THE HEART OF OUR COMMUNITY

**ROWAN-VIRTUA
COMMUNITY
HEALTH CENTER**

SPRING 2026 EDITION

ROWAN-VIRTUA
School of Osteopathic Medicine
**COMMUNITY
HEALTH CENTER**

OPEN
SATURDAYS
9AM - 12PM



OUR VISION:

Osteopathic Medical
Students Providing
Comprehensive Health
Care for Those in Need.

OUR MISSION:

The Mission of the Rowan-Virtua Community Health Center is to promote community health initiatives in order to provide, free, quality comprehensive primary care services and health education to the underserved communities surrounding Rowan-Virtua SOM while educating medical students in performing clinical exams, fostering cultural competency, and allowing for inter-professional communication and humanism in medicine.

LISTENING AS SERVICE:

Learning Community Care Through Rowan Community Health Center (RCHC)

written by Nirali Trivedi, OMS-IV

From volunteering once each semester at the Rowan Community Health Center (RCHC) during my preclinical years to now serving patients during clinical rotations, I have learned that when people seek medical care, especially in free and community clinic settings, their hopes are often simple: do not harm me, help me heal, and treat me with respect. While modern medicine has made remarkable advances in diagnostics and treatment, these expectations remind us that healing is not defined by test results alone. True care begins when patients feel heard, valued, and understood. As a third-year medical student, I have come to realize that one of the most powerful tools we bring into the exam room is not a prescription pad or a stethoscope. It is our ability to listen.

In community care, communication is more than an exchange of information. It is the foundation of trust. Many patients who seek care at free clinics carry histories of limited access, stigma, or prior experiences of being dismissed by the healthcare system. For some, a clinic visit can feel intimidating or unsafe. In these moments, how we speak, listen, and respond can determine whether a patient feels empowered to engage in their care or retreats further into silence. While medical training often emphasizes efficiency, my experiences in community service have taught me the importance of slowing down and creating space for patients to share their stories.

This lesson was reinforced during a rotation in chronic pain management at the Maryville Addiction Rehabilitation Center in South Jersey. I arrived feeling anxious and underprepared, worried that my inexperience would limit my ability to support residents navigating addiction and recovery. Instead, the experience became one of the most formative moments of my training. One patient, Rysa (alias), was nearing completion of a 90-day detox program for alcohol and opioid use disorder and preparing for discharge to a sober living home. She entered her discharge readiness visit with cautious optimism layered with visible anxiety.

When my fellow student and I introduced ourselves and shared our pronouns, Rysa's posture softened. In that brief interaction, I

witnessed how small gestures of respect can foster safety and connection. She shared her excitement about beginning hormone replacement therapy as part of her gender transition. While her pride was evident, so was her fear. With gentle encouragement, she opened up about a deep emotional wound. Her father, a well-known member of her community, had disowned her after her transition, severing their relationship, dismissing her identity and pushing her to the trap of severe substance use disorder.

As discharge approached, Rysa realized that her fear was not about sobriety or readiness, but about stepping into a world where she felt rejected and unseen. By listening without interruption, validating her experiences, and reframing her story toward resilience and self-worth, we were able to shift the focus from fear to possibility. With the support of the facility counselor, we discussed resources for building community, navigating family conflict, and strengthening her support system. Before leaving, Rysa thanked us not for solving her problems, but for creating a space where she felt respected and understood. That moment reaffirmed for me that healing often begins long before any treatment plan is implemented.

One of the most important lessons I have learned through community service and clinical training is to listen for what patients may struggle to say aloud. A pause, a tear, or a subtle change in tone can reveal just as much as words. In free clinic settings, these unspoken signals are especially meaningful, as patients may hesitate to share vulnerabilities shaped by fear, cultural barriers, or past trauma. When we take the time to notice and respond to these cues, we invite patients into true partnership with their care.

In an increasingly fast-paced health care system, free clinics remind us of medicine's core purpose, service. This year of clerkship and community engagement has taught me that listening is not a passive act. It is an act of care. By honoring patients' stories, we take an essential step toward healing not only individuals, but the communities we serve.

TIPS FOR TICK SEASON IN SOUTH JERSEY: Risks, Recognition, and Prevention

written by Justin Le, OMS-1

As warmer weather approaches, it's the perfect time to get outside, go hiking, and enjoy nature! But with the return of warm weather also comes the start of tick season—and with it, a rise in tick-borne diseases.

Ticks are small arachnids that transmit more diseases than any other arthropod in the United States. Common infections include Lyme disease, Rocky Mountain spotted fever, ehrlichiosis, and anaplasmosis. As future physicians, it's critical that we understand the risk factors, how to recognize ticks and tick-borne illness, and how to educate others on staying safe, especially in high-prevalence areas like ours.

Where Ticks Live and How They Feed

Ticks are most commonly found in wooded areas, overgrown fields, tall grasses, and dense brush. But they're not just in the wilderness, they can show up in backyards, parks, and anywhere there's vegetation. The main way ticks find a host is through a behavior called "questing." They climb up blades of grass or brush and extend their front legs, waiting to grab onto a passing animal or human.

Ticks don't usually bite right away. They'll crawl around until they find a warm, moist area—like behind the ears, in the armpits, along the waistline, or behind the knees—before attaching and feeding. In addition, ticks feed slowly, and their bite is often painless, so it's easy to miss. But early removal is key. For example, *Ixodes scapularis*, the deer tick that carries Lyme disease, generally needs to be attached for at least 24 hours to transmit the infection. The longer it stays, the greater the risk.

Recognizing a Tick

ETicks vary in size and appearance depending on their species and whether they've fed. Unfed ticks are flat and oval-shaped, ranging from reddish-brown to black. After feeding, they swell up and take on a grayish or bluish color. Some species have distinct markings—like the Lone Star tick, which has a small white dot on its back.

After being outside, it's important to do a full-body tick check. Pay close attention to:

- Scalp and hairline, armpits, groin, and behind knees
- Around waistband, socks, and collars
- Web spaces between fingers and toes
- Pets should be checked too



If you find a tick, don't panic. Use fine-tipped tweezers to grasp the tick as close to the skin as possible, then pull straight up with steady pressure. Don't twist or crush it. Clean the area with soap and water or antiseptic, and save the tick in a bag or container if you want to have it identified later.

Signs of Tick-Borne Illness

Many tick-borne diseases start with vague symptoms that can be easily missed. Be on the lookout for fevers, headaches, rashes, or swollen lymph nodes. It is also a good idea to pay attention to the specific rashes that you can get – the classic "bull's-eye" rash, or erythema migrans, and small pink spots on the wrists or ankles that spread toward the trunk.

If you've had a tick bite—or even just outdoor exposure—and develop any of these symptoms within three to 30 days, it's important to seek medical attention. Most tick-borne illnesses are treated effectively with doxycycline when caught early.

Prevention Tips

The best way to avoid tick-borne illness is to avoid getting bitten. Here are some simple, effective ways to protect yourself:

- Wear protective clothing: long sleeves, long pants tucked into socks, and light-colored clothing to help you spot ticks more easily.
- Use insect repellent: products containing DEET are effective on exposed skin. Clothing can also be pre-treated with permethrin.
- Avoid high-risk areas: stay in the center of trails and avoid tall grass or brushy edges.

You can also make your home environment less tick-friendly by keeping grass trimmed, removing leaf litter, and creating a barrier between your yard and wooded areas.

Final thoughts...

Ticks may be tiny, but they carry big risks. The good news is that with the right knowledge and habits, most tick bites—and the diseases they carry—are preventable. Whether you're out on a trail, in your backyard, or heading to a patient's bedside, staying tick-aware helps keep you and your community safe.

PLANETARY HEALTH: Where Climate Change Meets Healthcare

written by Hope Beyer, OMS-II

We've known for a long time that our health isn't just about our genetics. It's shaped by where we live, how much money we make, and what resources are available to us. These are known as social determinants of health and offer great insight into holistic individualized care. In the last several years, health care providers have begun to acknowledge how climate change impacts human health. This field is known as planetary health, which is a critical social determinant that has the ability to impact everyone. In fact, the World Health Organization (WHO) has declared climate change the single largest global health concern for modern physicians.

New Jersey is Feeling the Heat

Climate change is not just a problem for future generations; it is actively happening in New Jersey now. Since 1900, the annual temperature in the Garden State has risen 4 degrees, nearly double the global average and more than any other Northeastern state. In 2024, New Jersey experienced 56 days with daily temperature highs of over 90 degrees. Excessive heat in urban centers like Camden exacerbate chronic cardiovascular and renal conditions, increasing emergency room visits and hospital stays. While all are exposed to these effects of climate change, research shows that they disproportionately impact vulnerable populations, especially children

and elderly folks. In the same vein, climate change acts as a threat multiplier in minority communities and low-income patients, often hitting these populations earlier and harder, further widening the gap of health inequity.

Health Care Systems Cannot Keep Up

Beyond impacting our health and wellbeing, climate change also threatens our health care system. Increased need for our system during times of climate crisis multiplies stress on our already strained systems. During extreme heat in NJ over summer 2024, emergency room visits skyrocketed, reaching 537 per 100,000 individuals, well above the regional average of 254. Additionally, as rising sea levels begin to destroy livable coastlines and extreme weather renders areas of the US uninhabitable, climate migrants will emerge with unique physical and mental health needs. As we begin to see "once a lifetime" weather events every decade, it is clear our system is not equipped to deal with the effects of a warming planet.

The Health Care Paradox

The oath of a physician is to do no harm. As the impacts of climate change on our health and our health care system have been highlighted, I would be remiss if I did not mention the impact of our health care system on the environment.

Currently, the United States health care system produces 8.5 percent of the nation's carbon emissions. To put that in perspective, if the US health care system were its own country, it would be the fifth largest polluter on Earth.

The New Way Forward

Although climate change is a serious threat to our health and health care system, there are many reasons to be optimistic about the future. Planetary health researchers, physicians, and advocates exist in many hospital and education systems. Some universities hold positions for sustainability deans that champion climate education for future physicians. On the systemic fronts, many hospital systems have transitioned to solar or wind energy sources and are divesting from climate depleting assets.

Here at Rowan-Virta School of Osteopathic Medicine, a team of student doctors have established a chapter of Medical Students for a Sustainable Future and are actively advocating for climate change education, advocacy, and quality improvement. If you are interested in joining us, let's connect at beyrh73@rowan.edu.

BRINGING CARE TO THE FIELDS: Mobile Health Outreach for Migrant Seasonal Farmworkers in New Jersey

written by Sonya Homami, OMS-II

Every growing season (July–September), approximately 8,000–11,000 migrant seasonal farmworkers (MSFWs) travel to New Jersey to harvest key crops, sustaining the state's \$1 billion agricultural industry. Despite their importance, MSFWs endure conditions that place them among the most marginalized in the state. MSFWs often work 10-hour days, six days a week in temperatures reaching 120°F, sharply increasing the risk of heat-related illness. Pesticide exposure raises the likelihood of respiratory disease and cancer, and piece-rate pay discourages breaks. These hazards are compounded by substandard housing, with many workers living in crowded labor camps that may lack heat, air conditioning, or reliable running water. Geographic isolation, limited transportation, long workdays, and fear of deportation restrict access to health care, allowing preventable conditions to worsen.

These barriers make it essential to bring health care directly to MSFWs. In October, I worked with the Migrant Health Initiative and Migrant Health Collaborative of South Jersey, which conduct mobile outreach at farms across the region, providing counseling, screenings, ultrasound evaluations, and hygiene supplies.

Our mobile clinic was set up just outside a labor camp—an uneven patch of grass scattered with cans and lines of wire hung with drying clothes. I assisted with blood pressure screenings for young, Spanish-speaking workers. After each reading, we offered logs and educational materials in Spanish, though it soon became clear that limited literacy reduced their usefulness.

One worker, a man in his early fifties, left a lasting impression. He sat calmly as I measured his blood pressure, his clothes carrying the scent of pine and his hands thick with calluses that made glucose testing difficult. He shared that he had been diagnosed with tuberculosis years earlier in Mexico but had never received treatment, and he asked if we could help.

The limits of our care were painfully clear. We could document his history, offer referrals, and hope he might one day reach specialized care. For MSFWs, poverty, limited transportation, long workdays, fear of deportation, language barriers, and low health literacy make follow-up care unlikely. These realities help explain why many workers hesitate to seek healthcare—sometimes, not knowing feels safer than receiving a diagnosis they cannot afford to treat.

Despite these limitations, mobile outreach remains essential. These programs serve as a critical bridge for an otherwise isolated population, offering immediate interventions such as musculoskeletal treatment, hygiene supplies, and health education. These challenges also underscore the human stakes of this work.

As the daughter of immigrants, this work carries personal meaning. My mother immigrated to the United States after being incarcerated at sixteen in Iran for advocating for women's rights. While my experience differs from that of migrant farm workers, my family's history has shaped my understanding of migration as an act of resilience, reflected in the workers I met.

As future physicians, we are uniquely positioned to shape health care delivery and cultural attitudes. Expanding involvement in initiatives like the Migrant Health Initiative and Migrant Health Collaborative of South Jersey is a vital step toward advancing advocacy, awareness, and equity for migrants.

THE POWER OF PETS IN MEDICAL SCHOOL

written by Emily Hackett OMS-II and Wynn Bastianelli OMS-II

Medical school is widely recognized as a challenging path. Medical students face intense academic pressure and frequent exposure to stress. Additionally, studies have shown that medical students not only experience higher rates of emotional distress and depression than their peers, but that they also face barriers to accessing care including stigma, time constraints, and concerns about professional consequences. As conversations around mental health grow, many medical students are finding support in an unexpected place - their beloved pets!

Research continually supports the positive effects of pet companionship on well-being. Companion animals are associated with reduced stress and decreased loneliness. For example, petting an animal has been shown to lower cortisol, a hormone associated with stress, and increase oxytocin, a hormone associated with bonding, relaxation, and stress regulation. These moments may be particularly meaningful in the high-pressure environment of medical school, where chronic stress can impair emotional regulation and increase burnout risk.

Beyond emotional support, caring for a pet introduces routine into daily life. Taking care of a pet provides structure outside of academic demands, which may help foster a sense of purpose and stability. Pets also encourage brief, restorative breaks during periods of intense studying, supporting mindfulness. While pets cannot replace professional mental health care, they can serve as a meaningful addition.

So, what does pet ownership look like in medical school? As student pet owners ourselves, we reflect on our experiences in the interviews below.

Wynn's Perspective: Medical School and Cats

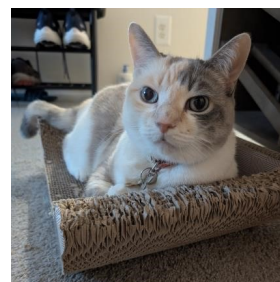
What kind of pet do you have, and what year of medical school are you in?

"I have a cat! A muted calico, and I am in my second year of medical school"

What is your favorite part of having a pet?

"I love having a little study buddy.

She often sits next to me when I am studying at home."



Wynn Bastianelli, OMS-2, pictured with her cat Nutmeg



During stressful periods in medical school, how has your pet affected your mental health?

"Having a pet helps my mental health. It is fulfilling to know I am taking good care of a little animal who needed a home! I like that I am not home alone if my human is not there! And overall, seeing my pet is a good reminder to just take a breath. The cat is never working or studying, so she is always available for a cuddle break."

What's one challenge of having a pet in medical school that surprised you?

"My cat does not like to travel or to be left home alone too long, so I do feel a little guilty when I have to go away."

Emily's Perspective: Medical School and Life with a Dog

What kind of pet do you have, and what year of medical school are you in?

"I have a Pembroke Welsh Corgi named Obi, and I am a second-year medical student."

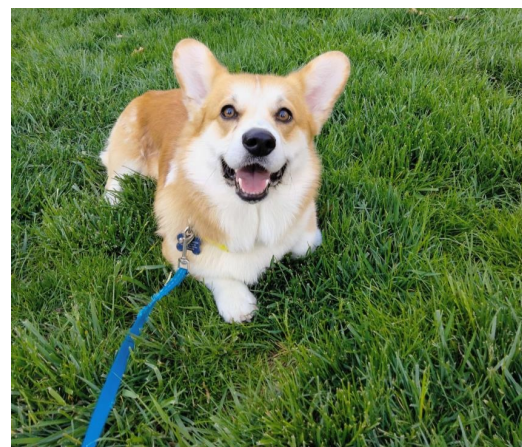
During stressful periods in medical school, how has having a dog affected your mental health?

"Spending time with my dog has helped lower my stress levels. Being outside and active with him is grounding, and he also brings a sense of light-heartedness to my day. Even during stressful periods, he makes me laugh and helps me reset mentally."

Would you recommend having a dog during medical school? Why or why not?

"I would recommend having a dog if you have family or a partner who can help with care during longer days. With the right support system, the benefits are absolutely worth it."

Medical school is tough, but sometimes it's the little things that make the biggest difference. For many of us, our pets are a huge part of that, bringing laughs, routine, and a reminder to pause and enjoy the present, even on the busiest days.



Emily Hackett's (OMS-2) Pembroke Welsh Corgi, Obi

HEPATITIS B IN THE ASIAN AMERICAN PACIFIC ISLANDER (AAPI) COMMUNITY

written by Victor Liao, OMS-I

Hepatitis B Virus (HBV) is a liver infection transmitted through bodily fluids such as blood, semen, and vaginal secretions. Symptoms may include fatigue, loss of appetite, dark urine, and yellowing of the eyes. If left untreated, HBV can become a chronic, asymptomatic infection, leading to liver scarring, liver cancer, liver failure, and premature death.

Certain risk factors increase the likelihood of HBV infection, including unprotected sex, sharing needles or syringes, and transmission from an infected mother at birth. Due to the silent nature of HBV, it is possible for patients to be exposed to HBV and unaware of their chronic infection, which can last from months to years. Alarmingly, certain demographic groups are disproportionately affected by HBV. According to the US Department of Health and Human Services, the Asian American and Pacific Islander (AAPI) community account for 58 percent of all Americans living with chronic hepatitis B, despite only accounting for six percent of the total US population. Prevalence of HBV for non-Hispanic Asians was 31 times the prevalence for non-Hispanic whites. The AAPI community also faces a higher mortality rate from HBV (2.1 per 100,000) compared to non-Hispanic whites (0.27 per 100,000). These disparities underscore the urgent need for increased awareness, advocacy, and education.



The disproportionate rate of HBV infections in the AAPI community can be attributed to cultural factors, which include language barriers, low socioeconomic status, lack of health insurance, and cultural skepticism of Western medicine. For many Asian Americans, limited English proficiency can prevent them from seeking care or undergoing screenings. To address this, community organizations have launched HBV vaccination and screening campaigns in predominantly non-English-speaking areas, such as Chinatown. Organizations may also utilize physicians and/or medical interpreters who speak the patient's native language, thus increasing education and encouraging participation in HBV prevention efforts.

Raising awareness and improving patient education are critical to combating HBV in the AAPI community. It is important for AAPI patients to understand that there is a safe and effective vaccine that has been available since 1982. For patients with a positive HBV

screening, a daily antiviral pill can prevent further disease progression and decrease the risk of liver cancer. Although HBV disproportionately affects AAPIs, ongoing advocacy and education can help close this health disparity and improve outcomes for this vulnerable population.

SMOOTHIES FOR THE WIN: HEALTHY SKIN AND HEALTHY INSIDES

written by Yasemin Galiboglu OMS-III

Green smoothies can be a miracle for your skin, energy and overall body health! My favorite green to use is kale. I love adding bananas to help balance the slight bitter taste of kale. The other fruits I use are mangoes, blueberries, and strawberries but really any fruit you love can work. I also love adding walnuts and chia seeds to my smoothies because of the omega-3 and fiber. For a liquid base, you can use milk, water or coconut water for extra hydration, especially if you are making this smoothie in the winter.

A small tidbit about the health benefits and why I love my green smoothies is that the antioxidants and omega-3 support anti-inflammation. While research hasn't shown exactly why omega-3 can affect inflammatory processes positively, it is no secret that inflammation can cause chronic disease and is a big contributor in skin related issues. The vitamins also give different benefits such as collagen support, eye health, bone health and skin elasticity and a boost to your immune system. If you want clearer skin, more energy and a kick to your day, pick what you like and blend away!

Ingredients:

1 cup of kale
¼ cup of fruit
1 banana
3 or 4 walnuts
A quarter teaspoon of chia seeds
1 spoon of yogurt (if wanted)
1 cup of water (if using coconut water or milk you can adjust or balance it out with water)

Estimated time with prep: 5 mins



A quick study snack or a fun meal for the evening: Cucumber sushi!

Sometimes we want a quick study snack or a fun but filling meal for the evening, which is why I love cucumber sushi - a simple yet healthy meal!

I used larger cucumbers, hollowed out the insides and stuffed them with rice along with an inner filling of chickpeas, avocado, sweet peppers, walnuts and yogurt on top. This filling added to the flavor and kept the rice on the lighter side!

Some tips:

You want to make sure to not cut both ends of the cucumbers so there's a closed end to apply pressure as you stuff them.

Make sure the rice cools down and don't stir it too much after it is cooked so it can stick and be more suitable for a sushi dish.

Ingredients:

1 ½ cups of rice cooked
1 avocado
1 cup of chickpeas
5 sweet peppers, diced
4 walnuts

Estimated time with prep: 45 minutes

