

Community, Connection, and a Needle Exchange, in Camden

Student Interns: Karla (Reid) Reid, Cooper Medical School of Rowan University, Scholarly Concentration in Medical Humanities and Narrative Medicine – MD candidate 2026

Academic Preceptors: Dr. Mara Gordon, MD, Cooper Medical School of Rowan University & Dr. Anthony L. Rostain, MD, MA, Cooper Medical School of Rowan University

Community Preceptors: Joye Rozier, BSN, CSN, MPH, Chief Program Officer of Camden AHEC

COMMUNITY PARTNER

Camden AHEC works every day to assist disadvantaged people in the navigation of complicated healthcare and insurance systems, empowering them to take control and responsibility for a healthy future. Camden AHEC meets people where they are and uses a holistic approach to recognize the impact lifestyle, environment, economic status, and access to care has on health. Camden AHEC provides services to youth, families, and seniors. Health education services are provided onsite, on the Camden AHEC mobile van, and at various community sites throughout the area. The services reach over 10,000 individuals a year and range from rapid HIV and STI testing

ahec

HEALT

IMPORTANT TO Y

Camden AHEC's vision is "healthy futures for all people." Read more at camden-ahec.org

1-2 X A YEAR

BACKGROUND/CONTEXT

New Jersey

2019 98,628 treatment

programs

(per NJSAM)

2021 7/1/2021 prevalence

rate of HIV is 397.2

per 100,000 (nj.gov)

CDC reports 35207

homelessness on

any given night

(USNews)

admissions to

substance abuse

2018

2020

Camden County United States 3,694,000 PWID, representing 1.46% of the US population, according to the Residents identified The CDC reports that 7% of newly primary drug as heroin diagnosed HIV cases occur due to (45% of those exposure via a used needle. surveyed). aidsvu.org reports in male transmission 29% identified as

as well as treatment and syringe access to community wellness programming.

categories, IV drug use responsible for PWID 8.1%; in female transmission 29% dropped out or quit treatment categories, IV drug use was 18% had no health responsible for 19.4% of cases. insurance at discharge, 5% of

homeless Dec 31; 1860 known .3% of People 12+ had used heroin in cases of HIV the past year; .4% when only

patients identified as

considering adults age 26 + (samhsa.gov) 6/30/2021 384 per 100,000 is the prevalence for those living with HIV in the US Camden has 3680 total cases of known

Out of the total population, 331,893,745 are living with HIV individuals living with 24% report that

HIV, at a prevalence injection drug use was rate of 448.5 per the route of 1,000 transmission (nj.gov) | **2022** | Jan; 8752 people experiencing

Department of Housing and Urban Development counted around 582,000 homeless

TEAM EXPERIENCE

NO TOOTHBRUSH

NO MOUTHWASH?

* USE SALT

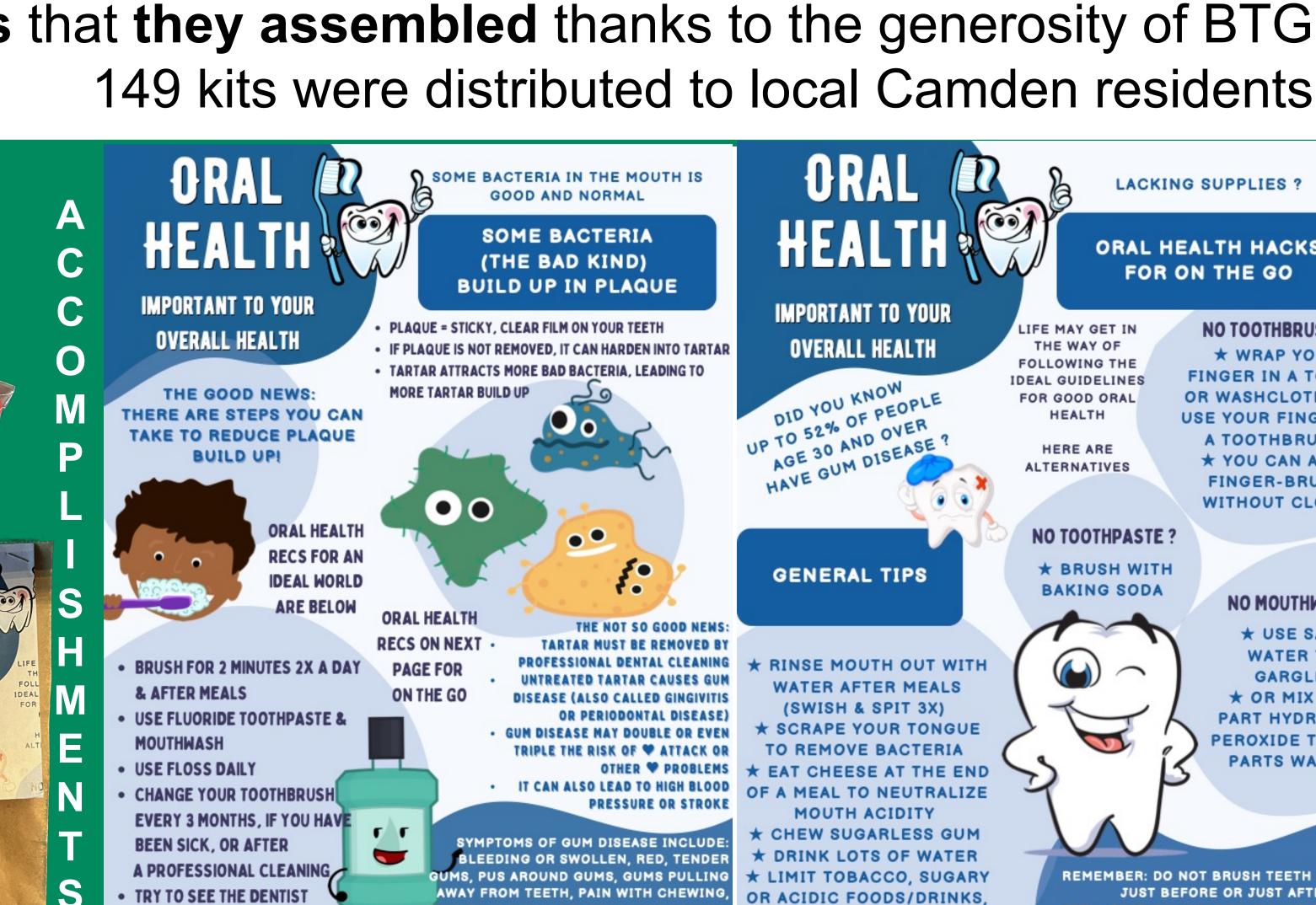
WATER TO

GARGLE

* OR MIX ONE

Reid assisted at the Syringe Access Program mobile site twice a week every week of the BTG internship.

Their main projects included sourcing photos of STI-associated dermatologic symptoms on ethnically diverse skin for our future educational presentations, incorporating their research into commonly held misconceptions regarding STIs into an interactive, informative trivia game, and an instructional/ educational oral hygiene handout to accompany the dental kits that they assembled thanks to the generosity of BTG. 149 kits were distributed to local Camden residents.



TOGETHER OR HOW DENTURES FIT SOURCES INCLUDE: COLGATE, THE CDC, AND THE CLEVELAND CLINIC

The BTG CHIP experience enhanced Reid's professional and personal developme--nt. The weekly didactics sessions encouraged questioning of not only the status quo, but also questioning of one's own thought processes and potential impli--cit biases. The component program meetings and experience at the community site furthered this end. Reid gained insight into the Camden community, the inner workings of an NPO, and themself: "BTG provides a lot of opportunities for reflection, and the really galvanizing, and gratifying experience of getting to work in the community. Every day I was at the site, I was reminded why I chose to pursue medicine and how much working in the community – being the hands that help with anything, being the person to smile and strike up a conversation with anyone – not only matters to me, but refreshes me. Through my experience in this program, I found the answer to a question that had been bothering me for years: my grandmother, who is not a fan of tattoos, and happened to spot one on my ankle, asked how having a tattoo would make me a better doctor. When I was at one of Camden AHEC's mobile sites, a member of the team and I struck up a conversation about tattoos, and where the most painful locations for a tattoo are, etc. A client joined the discussion. The three of us joked together, the client received services and then left. I realized in that moment that being tattooed had opened the door for connection – connection with someone who might otherwise look at me and think that they had nothing in common with me – and be less likely to want to talk with me, or be candid with me, or trust me. Connection fosters the ability to partner with someone in working toward their goals, whether health outcomes or something else. Connection is such a fundamental cornerstone of care, good care, and also connection and kindness are so at the core of what I personally care about. There are many ways to connect, of course. And if the reason a person in an underserved demographic, who is statistically less likely to seek healthcare due to stigma, connects with me is through being tattooed, then my tattoo will make me a doctor better suited to serving the population I aim to serve." REFLECTION

HEALTH