

Chapter 1 : Serving the Underserved | Express Scripts

3, housing units in Brooklyn, Queens, Manhattan and the Bronx are owned, leased and managed by SUS. Another 1, housing units will go live by Without a home, there is no hope.

As an adjunct to that mission, the agency has developed initiatives to facilitate credit unions more effectively serving their memberships, especially those in underserved areas. The Federal Credit Union Act, governing this agency and federally insured credit unions expects this national system to meet " Use these instructions to find investment areas anywhere in the United States. Go to the CDFI site. This link opens the site in a new window so that you can still follow these instructions. You will need to assemble an application package to be sent to NCUA. Use this Sample Letter to NCUA as a guide and include the map and worksheet which you obtained by following the instructions in the previous section. You will also need to include a business plan in your application. This Guideline for a Business Plan will help you create a plan. If you need further assistance, contact the Office of Consumer Financial Protection. For a credit union to benefit from programs available from NCUA to financial institutions that serve the underserved, it must acquire a "low income designation" status. A low-income designated credit union is defined in Section The learning objectives of the following narrated presentation are to 1 outline the benefits of the low income credit union designation for all credit unions 2 define the term low income members based on new rule 3 explain the application process. This presentation is divided into modules to allow you to review the entire presentation or to access the most relevant topics for you. All the quiz questions are in True or False format. The second module discusses the benefits of receiving the LI designation and why you may want to pursue it. The third module discusses the definition of low income members. The fourth module explains the application process, grandfather provisions and appeal procedures implemented with the new rule. Finally, the fifth module contains resources and contact information. Its purpose is to create jobs and business opportunities in the most economically distressed areas of inner cities and the rural heartlands. The program is designed to provide tax incentives and performance grants and loans to create jobs and expand business opportunities. It also focuses on activities to support people looking for work, job training, childcare and transportation. This initiative is different from other similar efforts because the community itself determines through written or quantifiable goals how the money will be spent and what results of the activity will be.

Chapter 2 : Underserved | Definition of Underserved by Merriam-Webster

Serving the Underserved Under the leadership of NACo President Roy Charles Brooks, NACo is embarking on an initiative in and that focuses on the critical role counties play in breaking multi-generational cycles of poverty, especially with our children.

Carl Hernandez teaches constitutional litigation and professional skills courses at the J. He is also delegate The rhetoric of the Trump administration has brought a lot of attention to the topic of immigration and refugees. Their clinic is managed mainly by students and meets a great need in the Utah community which has a large immigrant population. Carl discusses how the clinic got started and how it provides access to justice to immigrants and refugees while also providing experience to the law students that keep it up and running. Reuben Clark Law School at BYU and has initiated and supervises clinical alliances with the Utah State Legislature, non-profit organizations, community-based organizations and economic development agencies. Welcome to the official ABA Law Student Podcast, where we talk about issues that affect law students and recent grads. From finals and graduation to the Bar exam and finding a job, this show is your trusted resource for the next big step. You are listening to the Legal Talk Network. In this monthly podcast we cover topics that are of interest to you, Law Students and Recent Graduates. We will be talking about a variety of issues from finals to the Bar exam and everything in between. We hope this show is a trusted resource for you and for all of our listeners. Today, we will be talking with Prof. How are you, Professor? Oh, thank you John, I am grateful for the opportunity to chat with you about this immigration clinic that we have recently opened here in Provo, Utah as part of the BYU Law School. So, if we could just get started, tell me a little bit about you, about your school, about your students, and then we will get a little more specifically to the clinic. Happy to do that. I am from the Central Valley of California. My grandparents are Mexican immigrants and they came to the Central Valley of California to work in the fields there. I was raised as a migrant farm worker where we picked olives and oranges and apples and other types of fruit and nuts in the Central Valley. And so I have a really deep connection and interest in helping those who are immigrants into this country to achieve their goals and to prosper. Hernandez, can you tell us what classes you teach and how your expertise and interest in the law have overlapped with this clinic? Yes, I teach Civil Rights Litigation course, a Section course that allows students to develop litigation skills related to civil rights actions. I also teach a Fundamental Lawyering Skills class that teaches students how to develop their fact investigation, their negotiation and their mediation skills, and then I run several of our clinics here at the Law School and oversee their operation. So, we are quite busy here, but most of those courses that I teach relate to experiences I had as a practitioner and the clinic experience is how we really relate to my upbringing and my passion for bringing legal services to the poor and the needy and the marginalized communities in our society, having been raised as a migrant farm worker and seeing some levels of injustice throughout my life, I really have a passion for helping students to engage in communities where they will see maybe and experience things that they have not experienced in their lives, their perspectives will change. And I want to reengage at some point in their careers, hopefully right from the beginning of their careers and keep this as a part of their professional identity that they are willing to give some of their time and their talents to assisting those that really are needy in our communities. And when you say that you have experienced some of these marginalized groups and the struggles that they face, can you give us an example, put a face or a story to what your clinic really does? Okay, I will tell you a story about my first bicycle. When I was a young child we had no bicycles and my grandfather saw us one day running up and down the street to try to catch a quick ride from a friend that happened to be fortunate to have a bicycle, and so, when I was about eight or nine-years-old, my grandfather brought our first bike home and I was so excited about getting this bicycle. It was stolen six months ago, and so the police officer loaded the bicycle in the trunk, put my brother and me into the police cruiser, which is the first time I had ever experienced that kind of a contact with the police. And so, they drove us home and brought the bicycle up to the front porch, knocked on the door, asked my mom to produce a receipt for the bicycle. And so, my grandfather produced a receipt where he had purchased this bicycle at a local police auction, where the state of the law at that time was that if

you purchased a bicycle like this then it was a lawful purchase and you became the owner of the bicycle. But my grandfather, he taught me a couple of lessons; number one is that he had great deference to the authority of the police officer; and number two, he could see that this woman was distraught about this bicycle. So, both the officer and my grandfather agreed to give the bicycle back. So, I owned my first bicycle for about an hour at most, and so, it was of course devastating to me. Well, I came back to represent the city where this all occurred and had an opportunity to look at the law and research and change some of the laws related to these exact types of situations. So, for me that was my first experience with the law, I viewed this use of authority by the police officer, where he should have known the law right and understood that it was a lawful purchase, but I also learned a lesson from my grandfather, who is a humble immigrant, who taught me that they are hired laws that relate to these sorts of situations and that sometimes what the law requires is light-years below what we might require morally. Thank you so much for sharing that. So, tell me a little bit about what caused you to form the clinic? How did the need present itself? I appreciate the opportunity that we have to work with immigrants in this community. Utah really has a strong immigrant population. And so, we do have a really strong immigrant population base. We have about 9, DACA recipients here in the State and many of them are attending our great universities. We have a strong educational support for immigrants in this State. And so, we have both, a strong general immigrant population, but we also have a strong student immigrant population. So, we have that strong base of individuals who come from refugee backgrounds, but we also have a really, really strong population of students here at BYU that speak a second language. And so, it makes it possible that we can bring these students into these clinics and use their language skills and their lawyering skills that they are acquiring here in the law school to serve this immigrant population. I actually understood what you said. We have also opened a clinic out to other marginalized populations in our community including those who are socioeconomically disadvantaged, the homeless and others who are interested in accessing legal services for the problems and the issues that they may have as they are living here in this particular area of the country. So we are continuing to serve populations beyond the Spanish-speaking population in this area. So, we have several different types of clinics here at the law school and one of the clinics that we have is a government practice or government representation clinic. And, our students took on the task of analyzing and doing a comparative analysis of the Law Student Practice rules in the United States for all 50 states. For example, before the changes were made to the present Law Student Practice rule the State of Utah required a stipulation of all parties for a student to even participate in any aspect of representation of a client, which none of the other states had this type of onerous requirement for their law students. And so, the students took on the task of redrafting the rule and making presentations and preparing us to make a series of presentations before the Utah State Bar Commission and then ultimately to the Utah Supreme Court, which approved changes to the Law Student Practice rule in January of So, it was another student-led initiative and group of students that actually worked on revising the entire Law Student Practice rule for the State of Utah, helping to present before the Utah State Bar Commission and also the Utah Supreme Court. So, it really was a student-led initiative that got us going in the direction of opening more opportunities for students to practice in the State of Utah, but also, to provide access to justice for many of our marginalized citizens here in the State of Utah. Did you receive any resistance to wanting to start the clinic? Do you notice any difference between this generation and previous generations perhaps that you taught in their commitment to social justice? I do see a difference. I believe that many of the students that are coming to law school today recognize that there is questions about the value of legal education. I think we are all aware of that that there are many in our society today that feel that the legal education may not be a good investment. So, we have seen a downturn right in applications to law school, we have seen a downturn in a number of students that are going to law schools, but what we also see is that there is a significant commitment to social change coming from our students, and we view the Law degree as a leadership degree, one which will help our students to go out into society to not only become great advocates for their clients, but also to engage in leadership and all segments of our community in the private sector and the nonprofit sector, and in government. I think there are a number of articles out there nowadays that help us to understand how lawyers can help to create substantial change in society that benefits those constituents that they serve, and I have seen an increase in the number of students that are

interested, for example, in our immigration courses. Our clinic is full. We have got people on the waiting list that want to engage in serving the poor and like I have mentioned previously other marginalized communities in our area here. Do you think this clinic makes law students that participate more marketable? They are also doing the drafting petitions and other documents and creating letters and demand letters and other types of legal documents and following the process all the way through to completion. Number one, that they are able to exercise some of the most important and what I would call fundamental lawyering skills that are required of someone in the profession. And number two, that they are willing to serve populations that I think would be of interest to those that are both working in the private sector as well as the government sector, that are providing these services to these populations and therefore would be able to provide meaningful representation, whether from a pro bono standpoint or otherwise once they enter into these firms and these other agencies. So it shows a commitment to, one, actual practice and number two, a commitment to pro bono service. I am curious how this compares to your law school experience. What would you as a law student think about these opportunities and these changes perhaps since you were in law school; since I understand that you went to school at BYU as well? I would have said hallelujah had they provided us these types of experiences when I was in law school. So I think my recollection of coming out of law school and going into the actual practice of law was the partner coming into my office and laying a green file on my desk, which kind of dates me, right. So put a file on my desk and says you are going to be in court on Tuesday and so I had never had an actual trial experience, I had never had any sort of appearance before a real court, nor had I dealt with a real client before that assignment was given to me. I mean they are able to hit the ground running when they are going into the actual practice of law. So I think that I would have just been overjoyed by having the similar experience while I was a law student. I have certainly heard about files printed on paper rather than the computer. So tell me, does this satisfy a requirement for the law school? The only requirement that we have is the standard ABA requirement that students take at least six credit hours of professional skills type courses during their law school experience, which can include, as you know, simulation courses, could include externships and these types of clinics that we have been talking about. So how do you maintain a clinic like this that is student-led, so naturally there might be an ebb and flow as some students are more interested and then they graduate and you get new students in, how do you project this clinic out into the future? We are in that process now for petitions, for example, we have got asylum cases that have been prepared by these students that we are about ready to file and certainly those students, though they have prepared the application through completion, they are not going to be able to become part of the follow-up to those cases, if any, because they will have moved on right into the last semester of law school or some that will just move on to their third year of law school. And so the contingencies that we have there is we have already got a full class for next semester and we are going to start to transition these cases to other students who will be in the class next semester and then we will maintain this clinic throughout the summer and students will be able to serve as research assistants and as externs in the clinic as well. So it will be a year-round clinic where we have complete transition of cases from one semester to another and from the semester throughout the summer. And clients realize at the beginning, because our engagement letter helps them to understand that there will be a transition of student representatives during the semesters, and so the clients are fully aware of this and I think they are just grateful for the help that they receive. So we are able to give them some level of comfort that they will continue to receive the service they need from the clinic. In thinking of the future, how do you adapt to the ever-changing nature of immigration law and policy, especially as it has become even more charged under the Trump administration with both rhetoric and policy? I think education is so important for our community. Those that are engaged in providing immigrant services and making sure that we are educating our community about potential changes in policies, potential opportunities to receive change of status in their current immigrant situations. So I think education is really important. Because BYU Law School is such a well-known institution, not just locally but really internationally, I think our opportunities to educate our constituents and those that are likely to receive our services is really critical and important. So as we partner with our sponsoring institution and other members of our community, both here and nationally, we will be able to ensure that we are on top of the changes, both policy and legally, to provide this information to our

constituents, those that we are surveying, and then we will follow-through with making sure that those that are in our clinic, those students are well-trained to address those issues. I did want to add one thing. I really believe that the law students that we are training in this generation are exceptional and I think we need to have more confidence in their abilities to perform services that are really, really needed in our society today. These legal services that students are able to provide are filling, I think, a significant gap that is unaddressed in our nation today and so I am really grateful that we have students that are both interested and capable in providing these types of services. So I think we need to recognize that we have just got a really qualified group of students that are in law schools today, at all law schools throughout the country and mobilizing these students to provide these continuing services, to keep up-to-date with policies and with changes in the law will be of great benefit to those that we intend to serve. On behalf of law students across the country, we thank you for those kind words. You are a welcome.

Chapter 3 : Serving the Underserved: BYU's Immigration Clinic - Legal Talk Network

An imbalance between rich and poor is the oldest and most fatal ailment of all republics. Plutarch Working with the medically underserved is not for everyone. It can be difficult to gain the perspective necessary to understanding the vicious cycle of indigence and social injustice. Many socially.

Cambodia is a country of 15 million people with a pre-history dating back to BC. In the 12th century, Cambodia had the largest empire in Southeast Asia, with its seat at the world-famous city of Angkor. However, it faced tragedy in recent times; from until , mass genocide by the Khmer Rouge regime resulted in the death of around a quarter of the population. The government arrested, tortured and executed supposed enemies of the regime, specifically professionals and intellectuals. In practice, this included anyone with an education, foreign language skills and even people who required glasses – the regime inferred that these people spent too much time reading. There are only 32 ophthalmologists – 23 with surgical training – to serve the whole population, making it one of the most underserved countries in the world. As a result, there are , completely blind Cambodians, a figure that rises by 10, each year despite 90 percent of cases being either treatable or preventable. Cataract – a highly treatable condition in the West – is the single leading cause of blindness, with a current backlog of approximately , Cambodians who require cataract operations. Other leading causes of blindness include pterygium, corneal scarring and glaucoma. To provide and develop sustainable eyecare services for the people of Cambodia. KSF has a two-pronged approach to tackling this issue. First, it runs weeklong missions at a central facility in Phnom Penh, performing free cataract and pterygium operations. Second, it trains local Cambodian ophthalmologists through theater sessions, labs and lectures. For the next year, KSF has a specific agenda – to undertake 18 weeks of charitable ophthalmic missions with the help of internationally recruited surgeons from the UK, Germany, Italy, Austria, Singapore and India. The first mission ran for seven days in April Here, we share the story! Mission logistics The first mission was delivered at the Preah Ang Duong hospital in Phnom Penh, and involved a team of 11 healthcare professionals from the UK consultants, fellows, senior ophthalmology trainees, an anesthetist, a senior optometrist and junior doctors. The first day was spent setting up the facility with the required equipment; through generous donations from a number of ophthalmic companies, four phacoemulsification machines, 2, IOLs, viscoelastics, medications and a whole host of other equipment were flown to Phnom Penh. The medical student volunteers spoke fluent Khmer and English and were vital to the successful running of the mission. Each day of the mission, these patients were collected from their rural province by coach a different province each day and brought to the Preah Ang Duong hospital; the journeys were often long and patients had often set out far in advance before reaching the community bus stop. On arrival at the hospital, information on medical history and visual acuity measurements were collected before the patients were assessed clinically through slit lamp examination. If indicated, the patient was offered same day surgery – a big decision to make in the space of minutes. If patients had a condition that the team did not have the facility to treat, they were either told to return to a certain mission where the team would consist of that specialty or referred to local specialist services. Once the patients from the provinces had been assessed, the clinic opened up to the local citizens of Phnom Penh. In the theater, scrub nurses from the hospital and further volunteers assisted, while local Cambodian ophthalmology trainees observed. As many patients presented with mature cataracts, senior surgeons performed the majority of operations. Surgeons had access to a full range of foldable, PMMA and anterior chamber lenses, as well as iris hooks, tension rings and vision blue. Small incision cataract surgery SICS – a small-incision form of extracapsular cataract extraction – was employed for certain patients. The procedure is particularly useful in resource-poor settings because it results in a self-sealing, sutureless wound. In pterygium procedures, autologous blood was employed as a sealant for the conjunctival autografts, which was again advantageous as sutures or fibrin sealants were not required. Postoperatively, the patients from the provinces slept in the hospital overnight before receiving a one-day postoperative check-in clinic. Patients were also followed up 4–6 weeks after surgery. Throughout the week, senior ophthalmology trainees delivered lectures and a dry lab, which was well received by Cambodian

trainees. The immense gratitude from those seen both in the clinic and post-operatively was unforgettable; as the team left the hospital at the end of each day, the theater doors opened to a sea of smiling, eye-patched patients affectionately waving goodbye. In practice, the theater did not run at full capacity during this first mission – of six operating tables only four were used – but it is hoped that more surgeries could be performed in future missions. Young woman with bilateral cataracts, Cushingoid features and diastolic blood pressure of mmHg. Unforgettable clinical cases As well as the unforgettable memories of gratitude, we also encountered several unusual – and unforgettable – cases during this mission. For example, a three-month-old baby was brought to the hospital with her mother, who was concerned because the child had not been opening their eyes. Unbeknownst to the mother, the child had been born with bilateral anophthalmia, so the team had to explain that the child would never see. There were also a few cases where patients had severe pathology but could not be treated because management was outside the teams remit. One such case was a young woman who presented with bilateral cataracts, diastolic blood pressure of mmHg and Cushingoid features Figure 1. It was surmised that she might be suffering from congenital adrenal hyperplasia, and she was referred to local services. One gentleman presented with unilateral exophthalmos secondary to a brain tumor Figure 2 ; presumably he was unable to afford treatment. Another gentleman was brought to the hospital with pathology highly suspicious of thyroid eye disease. KSF has managed to refer these patients to local services for treatment. A gentleman with unilateral exophthalmos secondary to a brain tumor. In some cases, the proposed outcome was unattainable; for example, an year old girl was identified in the provinces with a unilateral cataract. During cataract extraction, a Toxocara scar and tractional retinal detachment were discovered Figure 3. The team explained to the patient and her family that her sight would always remain poor despite intervention – they were extremely grateful to the team despite the bad news. Young girl with cataract, Toxocara scar and retinal detachment. The future of Cambodian eyecare The first mission was a success. But what does the future hold? This complex, the first of its kind in Cambodia, will consist of a school of optometry and act as the center for postgraduate ophthalmology training, as well as the location of future KSF missions. KSF is also working to develop international fellowship opportunities for Cambodian ophthalmologists. One day, we hope that the country can become self-reliant in the provision of high quality, safe and effective eyecare. The authors would like to acknowledge and thank the following for their hard work and dedication in making this mission a success: KSF plans to continue running missions and relies on the help of volunteers. If you would like to volunteer please email founder khmersight. For surgical volunteers, please email sunil.

Chapter 4 : Inspirational Story Serving the Underserved | calendrierdelascience.com

Serving the Underserved NCUA is primarily focused on ensuring the safety and soundness of the credit union system. As an adjunct to that mission, the agency has.

Chapter 5 : Serving The Underserved | Appalachian College of Pharmacy

I sense that both have found that serving the underserved can generate personal rewards while allowing for a more reasonable work-life balance. That's a win-win for the community and the doctor. Cory Michael is a radiologist.

Chapter 6 : Underserved Populations Struggle with Poverty, Disparities in Health Care

Serving God, Serving others Many people don't understand how important serving is. I have found that at some schools, serving is important and is required to graduate. Service is the action of helping or doing work for someone.

Chapter 7 : Serving the Underserved - The Ophthalmologist

In Haiti, the first school of optometry in the impoverished country's history is slated to open this fall, offering the hope of

access to eye care to millions of people. In New Jersey, hundreds of college students are serving as volunteer community health workers to connect vulnerable people to.

Chapter 8 : Serving the Underserved

Serving our Local Community Giving back to the community is the very foundation of Appalachian College of Pharmacy (ACP). We strive to serve the underserved people of our region.