FROM GOOD TO GREAT: THE BENEFITS OF COMMUNITY ENGAGEMENT

A TOOL FOR REENGINEERING THE UNIVERSITY
BENEFITS

Advances two building blocks
- Inspired and engaged faculty and staff
- External support of University aspirations

Leads to a better understanding of local community needs as we reengineer the University

Builds trust (ideally)
BEHAVIORAL HEALTH/SUBSTANCE ABUSE

• Partnerships with District Attorney’s Office, law enforcement,
• Chamber of Commerce, city, county
• Behavioral Health Needs Assessment
• Membership On Behavioral Health Task Force in Bernalillo and Sandoval Counties
• Realignment of clinical resources
  ▪ New Adolescent Opioid Treatment Track
  ▪ Partnership with APD Crisis Intervention Team
• Opioid Prevention and Treatment Initiatives
  ▪ HOPE Initiative, partnership with US Attorney’s Office, Bernalillo County, law enforcement, DEA (both HSC and main campus partners involved)
  ▪ Project ECHO grant
  ▪ Research Team dedicated to opioid prevention and treatment

▪ Challenges: Resources (financial as well as human); community perceptions of mental illness and substance abuse (shifting); partnerships around competing interests; perception that health care system can fix all social ills
▪ Lessons Learned: Power in partnerships and levering resources; engaging media as a partner is key, the public will listen and respond if message is properly framed; greatest strength of UNM is its expertise
ECONOMIC DEVELOPMENT

Healthy Neighborhoods

- Procurement campus-wide is included
- Partnership between UNM, APS, CNM, Presbyterian Hospital, First Choice and City of Albuquerque. Albuquerque Community Foundation is fiscal agent.
- Goal to foster place-based economic growth
- Major Initial Projects are Project Hire and Operation Carrot
- Challenges: Funding, phasing in additional organizations, complexity of organizations.
- Lessons Learned: Challenging initiative but we have moved faster than other cities due to our organization; vast need for local hiring and local procurement in our community.
CHILD WELL-BEING

Partnership with School of Law on Kellogg Grant for Medical-Legal Alliance

Institute on Justice and Resiliency Initiatives

- Focus on adverse childhood events (ACEs)
- Various partnerships around juvenile justice and child abuse

Partnership with Bernalillo County on addressing ACES that increase risk for child maltreatment

Development of Child Maltreatment Center built around teams that currently diagnose and treat child sexual and physician abuse (Para los Ninos and CART team)

Challenges: Coordinating amongst the various clinical groups addressing child well-being and child abuse; stiff competition for few sources of funding; lack of desire to fund treatment and diagnosis programs; differing community perceptions on what constitutes child abuse and how it should be addressed.

Lessons Learned: Internal communication and coordination is key; crafting the right message about an issue directly correlates with a program’s viability; faculty’s expertise is critical to community
ACCESS TO HEALTH CARE

• Seeking input from advocacy groups on financial assistance
• Creating partnerships to increase community knowledge of processes and procedures
• Balancing competing interest amongst different advocacy groups
• Building trust

Challenges: Building trust, balancing community desires against financial realities, managing competing ideologies

Lessons Learned: early transparency builds trust; engage with communities where they are; respond to needs of low-income community proactively.
COMMON CHALLENGES AND SOLUTIONS

• Community Engagement issues are delicate, everyone has an opinion
  • UNM needs to to strike a balance based on evidence

• Scarcity of resources: (time and money) Cannot contribute financially, but can lend expertise.
  • Partnerships build trust and increase capacity

• Health care, like education, often expected to fix myriad of social ills
  • Partnership and focus on areas of expertise, as well as building community capacity help with this

• Staying focused on core educational, research and clinical service mission during lean times
  • Again, partnership and coordination internally.