Addressing and implementing a health equity resource distribution lens in Chicago

Lakethia Patterson, M.S.[1], Roman Buenrostro [1], Ashley Brown[1]
1. AIDS Foundation of Chicago

AIDS FOUNDATION CHICAGO

LEARNING OBJECTIVES

- Understanding the need for differential resource distribution based on health disparities.
- Understand the formula for implementation of a health equity framework.
- Understanding the lessons learned and next steps in fully implementing and supporting a health equity framework.

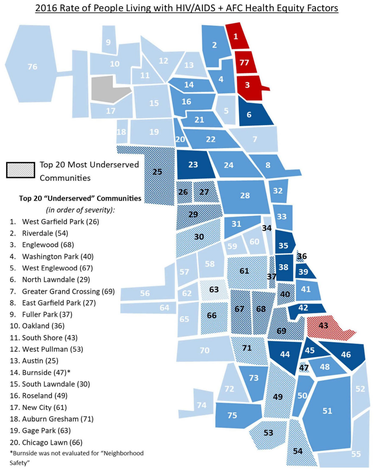
INTRODUCTION

HIV impacts communities and population groups differently, funders have struggled to place resources where the need is greatest. The AIDS Foundation of Chicago (AFC) has funded coordinated Ryan White services for over 30 years and has grappled with how to implement a health equity formula that shifts resources to geographic areas most impacted by health disparities. In 2019, AFC convened a funding process that incorporated elements of health equity into the decision making process.

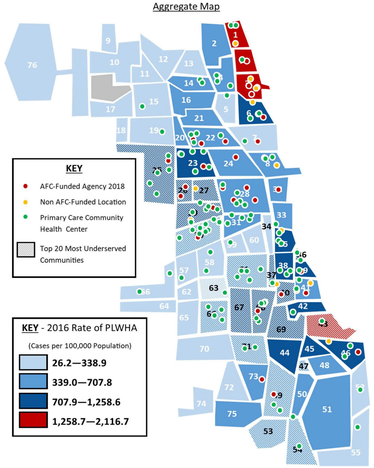
METHODS

During the summer of 2019, AFC began creating a formula that would incorporate health disparities and social determinants of health into a ranking of geographic areas in our Eligible Metropolitan Area. The elements included but were not limited to heart disease death rate, diabetes death rate, homicide rate, safety rating, income, and education completion. Several other factors were included and this created a score for each community in Chicago. Areas were then ranked based on this score and a point system was assigned based on this ranking. In September 2019, AFC released an RFP for Ryan White funds and this resource distribution process included three criteria: scores from a community review panel process, scores from past performance where applicable, and scores for health equity based on our community neighborhood ranking. AFC will share this process, the strengths and weaknesses of our formulas and hypotheses. We will also identify next steps to maintain an equitable distribution of funds in our area.

2016 Rate of People Living with HIV/AIDS + AFC Health Equity Factors



Aggregate Map



RESULTS

Agencies that were in resource gaps or high need areas of Chicago got an advantage over agencies that didn't have the same social economics factors like crime, disease, unemployment rates and household poverty were favorable in the application process. Agencies that have funding, capacity and resources did not automatically get the grant and it made smaller agencies who didn't have resources, capacity and funding rank higher.

CONCLUSION

60% of agencies funded during this grant cycle are located in Chicago areas that are high need. AFC has reached out to newly funded agencies to assess technical assistance and capacity needs including training and supervisory support. We expect these efforts will assist agencies in their service efforts. Looking at the future AFC anticipates implementing health equity into all of its future funding opportunities, while this effort may not have been exact it allowed us to begin to shift resources based on criteria other than written applications and brings the real world environment in to the grant making process.

CONTACT

Lakethia Patterson, LPatterson@aidschicago.org