Chandra L. Ford, Ph.D., M.P.H., M.L.I.S.

Chandra Ford is currently an Assistant Professor of Community Health Sciences at the University of California at Los Angeles. Previously a postdoctoral fellow in the Kellogg Health Scholars Program at Columbia University, her expertise is in quantifying the effects of racial and other social inequities on HIV/AIDS disparities. “I am passionate about this research because of my family’s longstanding commitment to social justice, community-building and civil rights,” she explains. “I see my research as part of this work; part of a movement to explain and eliminate the root causes of health inequities.”

Ford’s formal training includes a bachelors degree in nutrition from Penn State University, masters’ degrees in health services administration and in library and information sciences from the University of Pittsburgh, and a doctorate in public health from the University of North Carolina. “I believe having had a diverse academic background strengthens my research and facilitates interdisciplinary collaboration. It’s why participation in the multidisciplinary track of the Kellogg program suited me perfectly,” she says. “In addition, the program introduced me to organizations that helped ensure the relevance of my research to communities and policymakers.”

Research and Results

Ford’s research suggests that racial inequities in the broader society contribute to health disparities, sometimes in unexpected ways. For example, she found that among African Americans with high risk of HIV transmission, most believe racism is pervasive in society. However, this belief was not a barrier to their seeking and obtaining HIV testing. Indeed, after controlling for other relevant factors, the African Americans in the study who perceived racism more were far more proactive than others in getting tested.

Ford has published her research findings in peer-reviewed journals, including the American Journal of Public Health, AIDS Education and Prevention, Journal of the National Medical Association, and Sexually Transmitted Diseases. One article in the Annals of Epidemiology examined the relevance of widely held assumptions regarding black sexuality and the “Down Low” phenomenon -- hidden homosexual contacts among men with an otherwise heterosexual lifestyle. Ford and her colleagues concluded that despite widespread assumptions to the contrary, existing epidemiologic data provide little evidence that the “Down Low” explains high rates of HIV infection among blacks.

During her fellowship, Ford worked to improve the conceptualization and measurement of several racism-related factors, developing a framework to guide health disparities researchers. “As with any area of study,” she explains, “the rigorous study of racism and health requires methodological approaches uniquely suited to the subject matter.”

Policy Implications

Ford’s research has practical policy implications for HIV diagnosis and prevention. “Even though HIV education, testing and treatment are widely available,
HIV prevalence remains high,” she notes. “So improved outreach to high-risk populations is important.” One answer may lie in the providers patients see when they first obtain care. In preliminary research conducted in North Carolina, Ford found that among African Americans seeking diagnosis of sexually transmitted diseases (e.g., gonorrhea), those seen by black clinicians were three times as likely as those seen by non-black clinicians to have an HIV test during their visit. Together with other findings, Ford believes these data suggest the need to continue “pipeline” programs that train minority clinicians to serve minority communities.

She is also concerned about the most effective allocation of HIV/AIDS resources. In September 2006, the federal Centers for Disease Control and Prevention revised their screening policies, calling for routine HIV screening of all adults seeking medical care in any clinical setting. “This new policy expands HIV testing among lower risk segments of the general population, many of whom already receive some form of medical care,” Ford explains. “But the expanded testing might occur at the expense of those who are both harder to reach and more likely to have undiagnosed HIV. In particular, if finite public health resources are shifted away from outreach for high-risk populations in order to expand testing in the general population, undiagnosed HIV infection may increase among the hard to reach groups. It is essential to monitor both resource allocation and disease surveillance to ensure that this does not happen.”

Another HIV policy issue pertains to timely renewal of and sufficient funding for AIDS drug assistance programs such as the Ryan White Care Act. “Many people with HIV are unable to pay for the medications that help reduce AIDS mortality,” Ford notes. According to the federal Health Resources and Services Administration, HIV/AIDS drugs cost approximately $12,000 per person annually, with additional expenses for the treatment of opportunistic infections. Some low-income patients have reported waiting more than a year for assistance because of inadequate funding. “We know that HIV care is most cost-effective when patients begin treatment early,” says Ford. “Adequate and timely funding is crucial to good prognoses.”

Ford is not the first researcher to show that racial inequities are associated with disparities in disease prevalence, access to care or health outcomes. But her scientific approach to studying the complex relationships between racial inequities and HIV/AIDS provides the kind of concrete evidence that can be especially useful to policy makers. “Despite the challenges inherent in this area of research, I remain very enthusiastic about it,” she says. “I will continue studying racial mechanisms in HIV/AIDS disparities and I hope to work with policy makers and community-based organizations as I move this program of research forward.”

To learn more about Chandra L. Ford, Ph.D., and her work, contact her at clford@ucla.edu and/or consult the following publications:


