

Income Changes Experienced by Rural Hoosiers with HIV/AIDS: A Preliminary View

Preliminary evaluation of a rural sample of HIV and AIDS patients is presented. Statistically significant changes in household income, personal income, and personal assets were noted.

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Background

Human Immunodeficiency Virus (HIV) and its last stage, acquired immune deficiency syndrome (AIDS), is a chronic illness with catastrophic financial implications for consumers, businesses, and government. Since AIDS was identified in 1983, research has enabled employers and medical care providers to estimate their financial risks when caring for employees or patients. Consumers (patients and their nucleus of support) have little similar information. Both baseline and comparable data are needed to guide health, financial, legal and education professionals and the HIV infected persons that they assist in coping financially with this catastrophic illness. Similarly, a broader base of information would enable policy makers to determine government benefit levels for chronically ill persons including HIV-infected persons. State based data for such decisions becomes more important as federally mandated programs revert to the states. The purpose of the poster session was to examine the changes in income experienced by rural Hoosier HIV/AIDS patients.

Methodology

Data were collected between January and April 1994 from residents of rural counties with populations of less than 25,000. Clients of the Indiana Community AIDS Action Network (ICAAAN) living in such counties were randomly selected and asked via post card to participate in the study. One hundred thirty-two surveys were mailed. Forty-eight usable responses were received and analyzed. Specific research questions for the poster presentation were:

1. Do rural Hoosier patients experience changes in income level as a result of HIV/AIDS infection?
2. What is the relationship between income, assets, and debts for persons and their household impacted by HIV/AIDS?

Findings and Conclusions

The sample of rural Hoosier HIV+ (37.5%) and AIDS (62.5%) adult patients can be described as male (89.5%), Caucasian (87.8%), and young (83.4% between ages of 18 and 39). Rural Hoosier patients sampled experienced significant changes in household income (Mean = -\$7,717; $p \geq .05$), personal income (Mean = -\$10,111; $p \geq .05$), and personal assets (mean = -\$9,801; $p \geq .05$). Change in household income pre- to post-infection was significantly related to changes in personal income, household assets, and personal assets. Change in personal income pre- to post-infection was significantly related to changes in personal assets and personal debt. Change in household assets was significantly related to change in personal assets, personal debt, and household debt. Change in personal assets was significantly related to changes in personal and household debt. Change in personal debt was significantly related to change in household debt.

Further research needs to occur to determine if these Rural Hoosiers used assets to pay debts or whether bankruptcy was involved in the reduction of debt and assets. The relationships of other variables, particularly changes in residence (urban to rural nonfarm or rural small town) or household makeup (staying with partner or moving in with family of origin), to the financial variables should be evaluated to determine the exact nature of the relationships between changes in assets and debts.

Endnote

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