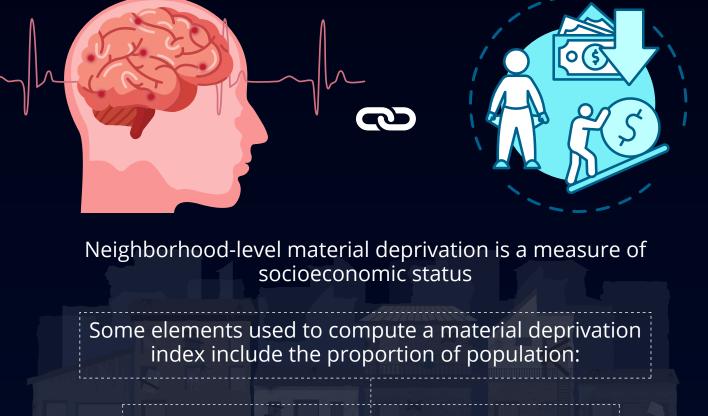
## **Material Deprivation and its** Impact on Health Care Costs and Outcomes after Stroke

**Population-based cohort study** 5-level neighborhood material deprivation index Administrative Direct health care costs incurred by data from the public payer in the first year 90.289 patients with stroke Admission to long-term care Mortality Mean per person health care 1 year cost increased with material deprivation Most deprived Mortality AHR = 1.07 \$56,292 (SD = \$59,721) (95% CI = 1.02 - 1.12)Least \$50,602 deprived (SD = \$55,582)7% higher hazard of death Least Most Admission to deprived deprived long-term care was higher in the most Material deprivation deprived quintile than auintile in the least deprived auintile Material deprivation is associated with increased

Socioeconomic disadvantage is a known social determinant associated with increased mortality after stroke



Aged  $\geq 20$  years without a high school diploma

Considered low-income

Aged ≥15 years and unemployed

### **Study question**

What is the impact of material deprivation on health care costs and clinical outcomes after stroke?

doi:10.1212/WNL.000000000012676 Copyright © 2021 American Academy of Neurology



Estimation of adjusted hazard ratio (AHR)

### Higher mortality was observed in the most deprived quintile than in the least deprived





# health care costs and poor outcomes after stroke

Neuro