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

Socioeconomic disadvantage is a known social determinant associated with increased mortality after stroke. Material deprivation is associated with increased health care costs and poor outcomes after stroke.

Population-based cohort study

Mean per person health care cost increased with material deprivation:

- Least deprived: $50,602 (SD = $55,582)
- Most deprived: $56,292 (SD = $59,721)

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

- Least deprived: 7% lower hazard of death
- Most deprived: 7% higher hazard of death

Admission to long-term care was higher in the most deprived quintile than in the least deprived:

- Least deprived
- Most deprived: AHR = 1.07 (95% CI = 1.02–1.12)
- Most deprived: AHR = 1.09 (95% CI = 1.05–1.13)
- Most deprived: AHR = 1.33 (95% CI = 1.24–1.43)

Neighborhood-level material deprivation is a measure of socioeconomic status. Some elements used to compute a material deprivation index include the proportion of population:

- Aged ≥20 years without a high school diploma
- Aged ≥15 years and unemployed
- Considered low-income

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