

## AuSCR Data Access approved projects

<b>Title</b>	Estimating productivity impacts and health burden on stroke survivors and their informal carers
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<b>AuSCR role</b>	Recruitment
<b>Approved</b>	24 <sup>th</sup> June 2025
<b>Status</b>	In progress

**Summary** The lifetime costs associated with strokes that occurred in 2023 was estimated to be over \$15 billion, approximately \$350,000 per person. Of this, \$5.5 billion was due to health care costs, \$3.3 billion in costs related to unpaid care and \$6.3 billion in lost productivity costs. The costs of lost productivity typically include absenteeism (being absent from work due to illness), presenteeism (decreased productivity while at work), and early retirement or workforce drop-out for patients and informal carers. In addition, estimated costs of lost productivity can include changes to household productivity (e.g. cooking, cleaning, caring, shopping, gardening, and other tasks in the house) and time spent with leisure activities. However, contemporary data from Australia that can be used to estimate these types of costs are limited.

In this study, we aim to obtain data to inform the estimated costs of productivity losses and long-term health impacts ( $\geq 6$  months) after stroke on patients and their informal carers.

These data will be used to:

- Estimate costs of lost productivity for both people with stroke and their informal carers.
- Estimate costs related to informal care after stroke.
- Assess the impact of stroke on the well-being of participants and their informal carers

Methodology:

A cross-sectional survey will be conducted, with a standardised questionnaire sent by post or administered by telephone if it is the participant's preference.

Study population: Adult participants in the AuSCR who were admitted to hospital with a stroke between 2018 and 2023 and willing to participate in further research when contacted at 90-180 days by the AuSCR. If applicable, the participant's informal carer will also be invited to participate. Those residing in residential aged care will be excluded.

Data collection: Standardised questions from validated questionnaires developed in high income countries will be administered: one for participants; and the other for informal carers (if applicable). These include questions about employment, household productivity, and leisure time, quality of life and their health outcome after stroke. Patient's productivity losses will be estimated by using information on lost work hours (absenteeism) reported by participants, and standard earnings and hours worked reported by the Australian Bureau of Statistics. A similar approach will be used to value decreased productivity at work (presenteeism) and early retirement. Costs related to household production, informal care and leisure time will be estimated with hours valued using standard rates.