

# Inequalities in ERS: A tricky balance

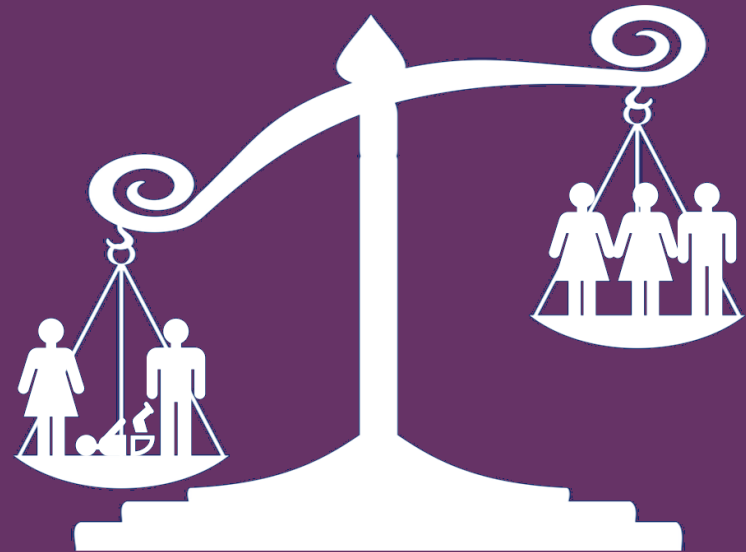
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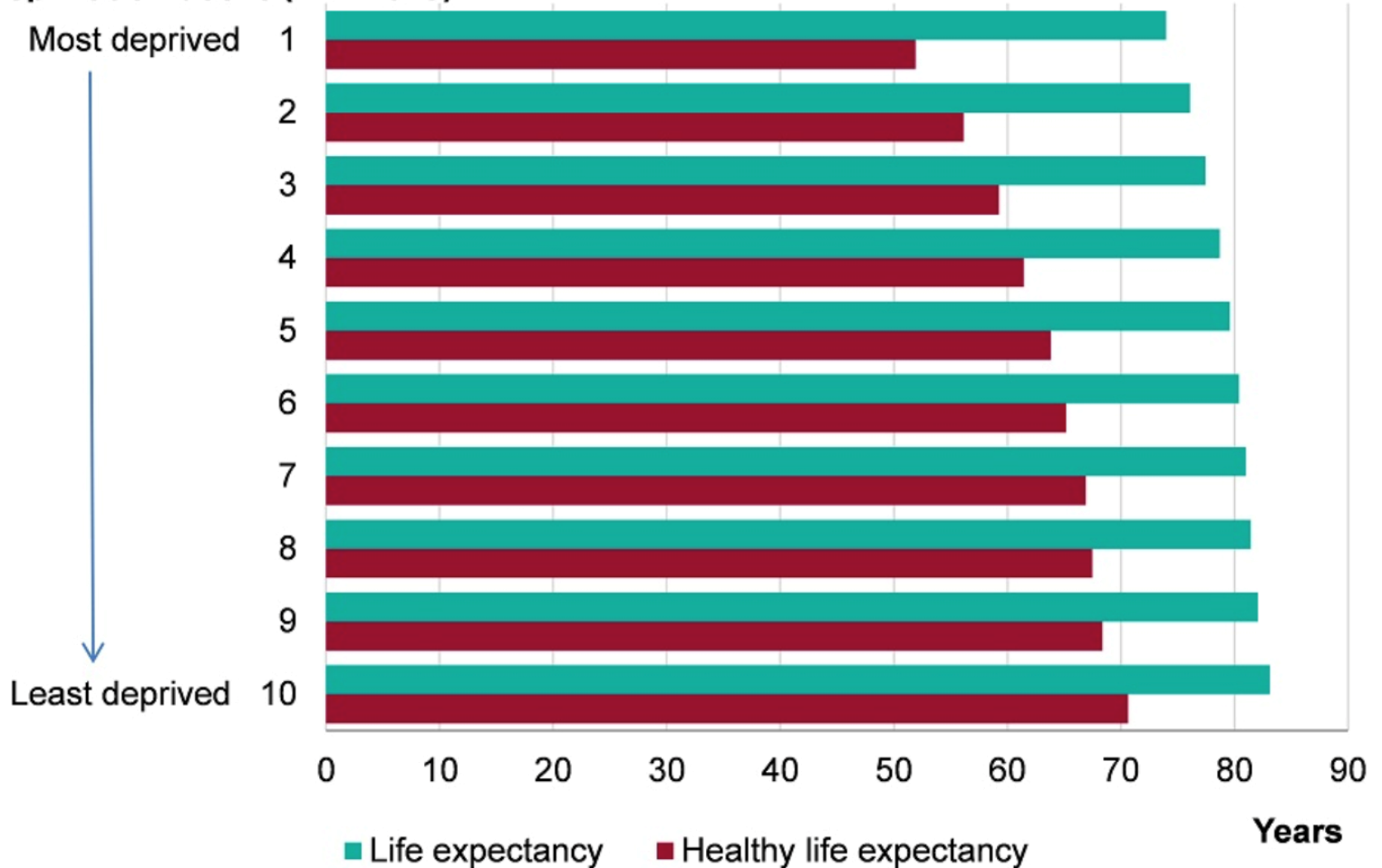
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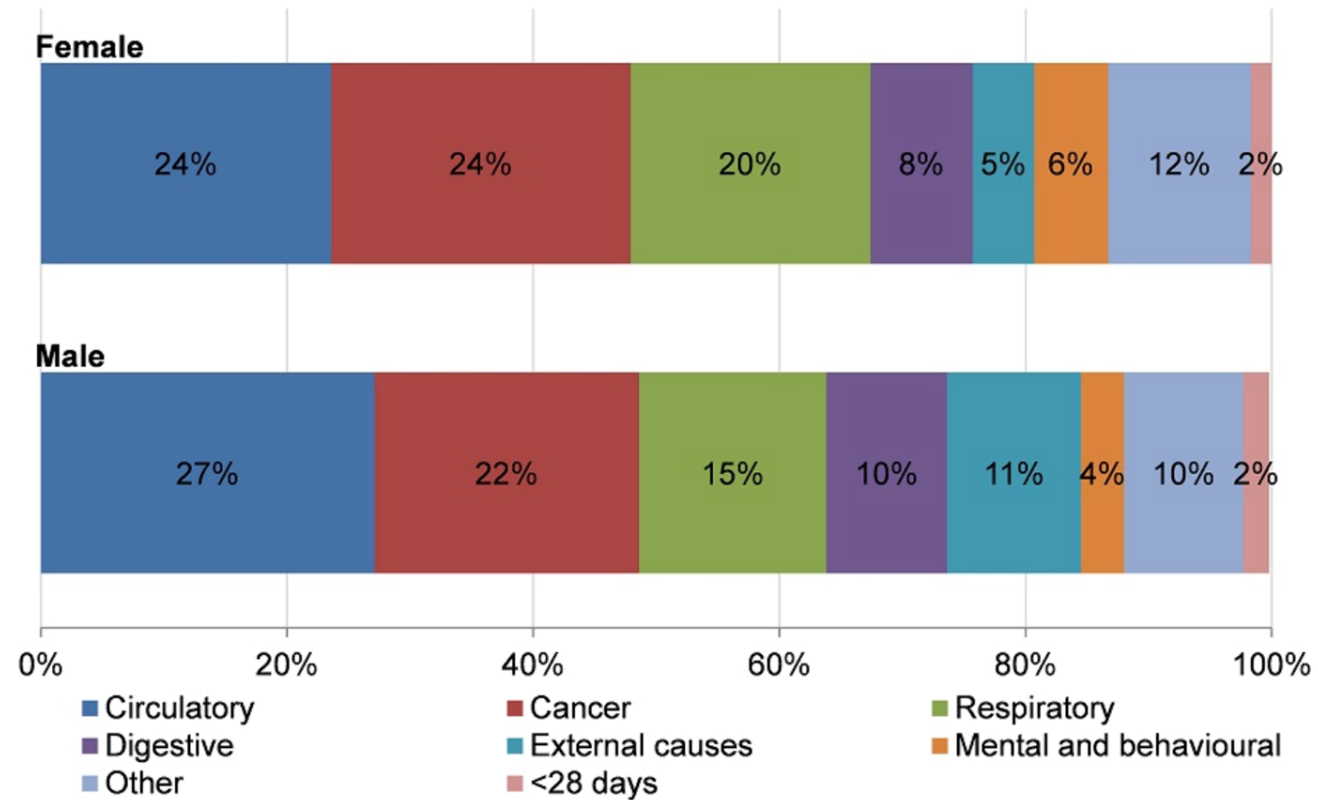
# Context and Aim

## Deprivation decile (IMD 2015)



# Context and Aim

Percentage of gap in life expectancy between the most and least deprived quintile



Source: PHE Segment tool: England PDF

- Major challenge of health inequalities.
- Many of our interventions exacerbate these.
  - Including attempts to mitigate the issues.
- Aim – to understand inequalities in ERS and to identify where good practice might be located.

- 23,782 individuals, across 14 referral schemes.
- Modelled using a multilevel Bayesian inference approach.
- Dummy proxies constructed to model key barriers:
  - Mental health referral pathways
  - Obesity classification
  - Leisure time

## 1. Oversampling across schemes



## 2. Increased **completion** odds::



## 3. Decreased **completion** odds:





## 4. Increased **effectiveness** odds:



# Implications for Policy and Practice

- Caution exercised when scaling up ERS.
- Need for alternative and complementary service models for those with poorer health and social indices.
- ERS could be more efficiently delivered using triaging
  - to signpost to enhanced services,
  - and/or tailor services based on need.



# Community-based exercise prescription: exploring inequalities in engagement and outcomes using the National Referral Database.

Public registration ▾

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## Study Information



### Title

*Provide the working title of your study. It may be the same title that you submit for publication of your final manuscript, but it is not a requirement.*

Community-based exercise prescription: exploring inequalities in engagement and outcomes using the National Referral Database.

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### Description

*Please give a brief description of your study, including some background, the purpose of the study, or broad research questions. (optional)*

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### Description

No description

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