

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Behaviour change: digital and mobile-health (m-health) interventions

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The committee were aware that groups may be affected differently by digital and mobile health interventions, and that providers should also be aware of these effects. However, they wanted suitable interventions to be considered based on individual circumstances and preferences primarily, and not on the groups to which they belong.

Socioeconomic status

The committee discussed testimony from experts that described lower initial engagement with services in people with lower socioeconomic status, but one of the experts had found similar ongoing retention rates across socioeconomic groups. It is particularly important to engage with lower socioeconomic groups because smoking and alcohol use is higher than in other groups. However, there was little evidence identified for these groups concerning effectiveness or retention. Therefore, the committee made a research recommendation to investigate engagement in these groups. In addition, the committee decided to make a research recommendation to assess the effectiveness of and adherence to digital interventions in low socioeconomic populations for behaviour change across all the behaviours featured in this guideline.

Some technologies are expensive and may not be accessible to all groups. The committee also wanted to make sure that interventions are widely accessible and made a recommendation relating to early work with stakeholders and also to consider the operating system, hardware and data usage of the intervention.

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Age

The committee discussed expert testimony that said older people engage with digital interventions as well as other age groups.

The committee noted that different age groups may respond better to different components, digital platforms or sources of information. However, there is no evidence on how the different groups would respond, specific recommendations could not be made on this.

People who are older may not be as digitally literate. The committee were aware of a difference in digital literacy in certain groups. Therefore, they made a recommendation to remind users about internet safety and security, in case users were not aware of the potential risks.

Chronic conditions

There was no evidence identified for those with chronic conditions for reducing alcohol consumption, changing unsafe sexual behaviour and stopping smoking. Little evidence was identified in populations with chronic conditions in the diet and physical activity review. Therefore, a research recommendation was written for digital and mobile health interventions considering underserved people, which may include people with chronic conditions.

Disability

Some people with disabilities may be likely to not be as digitally literate. The committee were aware of a difference in digital literacy in certain groups. Therefore, they made a recommendation to remind users about internet safety and security.

Though digital interventions may be useful to those with disabilities, changing from face-to-face interventions to interventions that are accessed remotely, such as digital and mobile health interventions, may increase isolation in people with disabilities.

No data were identified for the following:

- people with learning disabilities, hearing, vision and mobility impairments
- people with neurodevelopmental disorders
- people with cancer
- sex
- race

However, the committee were mindful of the potential issues relating to disability that were identified during scoping and took these into consideration when developing

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

recommendations.

The committee made recommendations to ensure ease of access when developing, commissioning or advising interventions, which considers sensory impairment, a learning disability or a language restriction.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

Mental health conditions

The committee also noted that no evidence was found for people with mental health conditions across all review questions. A research recommendation was made to assess the effectiveness and cost effectiveness of digital and mobile health interventions underserved groups, which will include people with mental health conditions.

People who are underserved

The committee noted that none of the studies included populations that may be considered hard to reach or underserved. A research recommendation was made for engaging underserved groups so evidence of effectiveness can be collected for these groups. The committee discussed that there may be stigma associated with sexual health or reluctance to engage with sexual health services. However, the committee further discussed that digital interventions may be an option for some populations as they are more discreet.

Age (<18 years)

Expert testimony described that some interventions promoting safe sex contain explicit content that is illegal to show to under 18s. These interventions are effective at promoting condom use but cannot be accessed by this group. The recommendations say that suitable interventions should be advised for each person.

Disordered eating

People with eating disorders and people at risk of developing eating disorders may be harmed by accessing digital and mobile weight loss and physical activity interventions. The committee made a recommendation to not recommend interventions that track weight loss progress to people at risk of developing or

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

reverting to disordered eating.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee discussion and rationale and impact sections detail discussions that the committee had about equality issues.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

Some digital and mobile health interventions may be more difficult to access for people who are not digitally literate or who do not have access to the internet. The recommendations note consideration of equality of access.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No evidence was identified for the effectiveness or possible adverse effects of digital and mobile health interventions in people with disabilities.

Recommendations the committee made said that relevant populations should be included in early development, which for many interventions would include people with disabilities. This may help identify potential harms and adverse effects of the intervention as a consequence of the disability. The recommendations also note that commissioners should address local needs when choosing an intervention, which would include the needs of local people with disabilities.

The recommendations written by the committee say that providers should consider the capability of the person using the intervention and this should mean that interventions are only advised if the person can safely achieve its goals. This should mitigate against potential adverse effects from the intervention on people with disabilities.

The committee discussed that digital and mobile health interventions may also provide some opportunities for accessing support with behaviour change that may be difficult for some with disabilities to otherwise access.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The committee made clear recommendations to develop digital and mobile interventions accessible to all. The recommendations say that commissioners should consider interventions that apply to the needs of their local population, for example interventions should be provided in different languages or should be accessible to people with hearing or visual impairments.

Even though the committee made recommendations to think about access for all, the committee wanted to make a research recommendation for more targeted research for people with chronic conditions. They also made a recommendation to develop interventions with input from the target population (see EIA question 3.5).

The committee were aware that limiting explicit sexual content to over 18s may mean that an effective component of an intervention will not be accessible to under 18s. They also said that other, appropriate content should be made available.

Regarding advising people who are at risk of disordered eating to use interventions that do not contain weight or food consumption, they were aware of interventions that do not contain these components.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

Completed by Developer: Sarah Willett

Date: 21/01/2020

Approved by NICE quality assurance lead: Simon Ellis

Date: 23/01/2020