

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE CENTRE for PUBLIC HEALTH Equality impact assessment

PH56

Vitamin D: increasing supplement use among at-risk groups

NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be initiated during scoping for the guidance, revised after consultation and finalised before guidance is published. It will be signed off by NICE at the same time as the guidance, and published on the NICE website with the final guidance. The form is used to:

- record any equality issues raised in connection with the guidance by anybody involved
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guidance should advance equality of opportunity or foster good relations
- ensure that the guidance will not discriminate against any of the equality groups.

Table 1: NICE equality groups

Protected Characteristics
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race• Religion or belief• Sex and sexual orientation
Additional characteristics to be considered
<ul style="list-style-type: none">• Socioeconomic status <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variation associated with other geographical distinctions (for example, the North-South divide; urban versus rural).</p>
<ul style="list-style-type: none">• Other <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none">• Refugees and asylum seekers• Migrant worker• Look-after children• Homeless people.

Consultation document

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

An equality impact assessment was not carried out during the scoping process for this guideline. This was due to the introduction of a new process for equality impact assessment (EIA). The scoping stage for this guideline had already been completed when this new EIA process started.

2. Have any other potential equality issues been raised in the draft Guideline, and, if so, how has the Committee addressed these?

The following potential equality issues have been identified:

- Age

The focus of the guideline is on at risk groups who are advised to take a vitamin D supplement. These include:

- Infants and children aged under 5
- Older people

This equality group is therefore an at risk group.

The draft guideline makes a number of recommendations to promote the uptake of guidance to these age groups and prevent deficiency:

- Clarifying existing guidance, namely recommendations on vitamin D supplementation for children under 6 months of age and making it clear whether children aged 4 to 5 years require a vitamin D supplement. There is also a need to make it clear that older adults with an adequate calcium intake from a balanced diet require vitamin D supplementation, rather than a combined vitamin D and calcium supplement.
- Increase access to vitamin D supplements and allow Healthy Start vitamins to be more widely distributed and sold.
- Pharmacies and other outlets selling food supplements (such as supermarkets) should stock affordable vitamin D supplements

and promote them to at-risk groups.

- Ensure a consistent multiagency approach to increase use of vitamin D supplements, which includes targeting at risk groups and working with relevant community and voluntary groups.
- Local authorities should consider providing free supplements for at-risk groups.
- Local authorities should review current accessibility, availability and uptake of Healthy Start supplements and also consider offering free Healthy Start supplements to all children aged under 4 years.
- Ensure health and social care professionals recommend vitamin D supplements to this group by ensuring prompts on vitamin D are integrated into health and social care systems such as flu and other vaccine appointments, statutory health visitor appointments for infants and children, screening services and health checks. Developers of the personalised child health records should add specific questions about the use of vitamin D supplements.
- Raise awareness of the importance of vitamin D supplements among the local population and make use of local shops and businesses, community workers and groups, social establishments, nurseries and educational institutions, workplaces, places of worship and local health care establishments.

The Public Health Advisory Committee (PHAC) identified a number of gaps in the evidence which included:

- A lack of good quality intervention evidence to increase vitamin D supplementation among at-risk groups in England.

In the recommendations for research, PHAC recommended research questions which should be addressed. These included:

- How effective and cost effective are interventions to increase vitamin D awareness and uptake on a continuing basis among identified at-risk groups (in particular, people over 65, minority ethnic groups and people living in institutions)? What is the impact on health outcomes? Does effectiveness vary by age, gender, ethnic, socioeconomic or other specific population characteristics (such as depression or a disability)?
 - Disability

The focus of the guideline is on at risk groups who are advised to take a vitamin D

supplement. These include:

- People who have limited exposure to the sun

Depending on the nature of their disability, this equality group could be an at risk group.

The draft guideline makes a number of recommendations to promote the uptake of guidance to these groups and prevent deficiency:

- Clarify existing guidance and the wording of existing recommendations on vitamin D, namely clearly defining the terms 'housebound'.
- Increase access to vitamin D supplements.
- Pharmacies and other outlets selling food supplements (such as supermarkets) should stock affordable vitamin D supplements and promote them to at-risk groups.
- Co-ordinate local action to increase use of vitamin D supplements, which includes targeting at risk groups and working with relevant community and voluntary groups.
- Local authorities should consider providing free supplements for at-risk groups.
- Raise awareness of the importance of vitamin D supplements among the local population and make use of local shops and businesses, community workers and groups, social establishments, nurseries and educational institutions, workplaces, places of worship and local health care establishments.

The Public Health Advisory Committee (PHAC) identified a number of gaps in the evidence which included:

- A lack of good quality intervention evidence to increase vitamin D supplementation among at-risk groups in England.
- A lack of evidence on whether the following affect the effectiveness of interventions to increase vitamin D supplement use among at-risk groups: sexual orientation, disability, religion, place of residence, occupation, education, socioeconomic position or a sense of community (or 'social capital').

In the recommendations for research, PHAC recommended research questions which should be addressed. These included:

- How effective and cost effective are interventions to increase vitamin D awareness and uptake on a continuing basis among identified at-risk groups (in particular, people over 65, minority ethnic groups and people living in

institutions)? What is the impact on health outcomes? Does effectiveness vary by age, gender, ethnic, socioeconomic or other specific population characteristics (such as depression or a disability)?

- Gender reassignment

No.

- Pregnancy and maternity

The focus of the guideline is on at risk groups who are advised to take a vitamin D supplement. These include:

- Pregnant and breastfeeding women

This equity group is therefore an at risk group.

The draft guideline makes a number of recommendations to promote the uptake of guidance to groups and prevent deficiency:

- Increase access to vitamin D supplements and allow Healthy Start vitamins to be more widely distributed and sold.
- Pharmacies and other outlets selling food supplements (such as supermarkets) should stock affordable vitamin D supplements and promote them to at-risk groups.
- Co-ordinate local action to increase use of vitamin D supplements, which includes targeting at risk groups and working with relevant community and voluntary groups.
- Local authorities should consider providing free supplements for at-risk groups.
- Local authorities should review current accessibility, availability and uptake of Healthy Start supplements and also consider offering free Healthy Start supplements to all pregnant and breastfeeding women.
- Ensure health and social care professionals recommend vitamin D supplements to this group by adding specific questions about the use of vitamin D supplements to handheld maternity notes.
- Raise awareness of the importance of vitamin D supplements among the local population and make use of local shops and businesses, community workers and groups, social establishments, nurseries and educational institutions, workplaces, places of worship and local health care establishments.

The Public Health Advisory Committee (PHAC) identified a number of gaps in the

evidence which included:

- A lack of good quality intervention evidence to increase vitamin D supplementation among at-risk groups in England.
- A lack of evidence on whether the following affect the effectiveness of interventions to increase vitamin D supplement use among at-risk groups: sexual orientation, disability, religion, place of residence, occupation, education, socioeconomic position or a sense of community (or 'social capital').

In the recommendations for research, PHAC recommended research questions which should be addressed. These included:

- How effective and cost effective are interventions to increase vitamin D awareness and uptake on a continuing basis among identified at-risk groups (in particular, people over 65, minority ethnic groups and people living in institutions)? What is the impact on health outcomes? Does effectiveness vary by age, gender, ethnic, socioeconomic or other specific population characteristics (such as depression or a disability)?
 - Race

The focus of the guideline is on at risk groups who are advised to take a vitamin D supplement. These include:

- People with darker skin because their bodies are not able to make as much vitamin D. For example, people of African, African–Caribbean and South Asian origin.

This equity group is therefore an at risk group.

The draft guideline makes a number of recommendations to promote the uptake of guidance to these groups and prevent deficiency:

- Increase access to vitamin D supplements and allow Healthy Start vitamins to be more widely distributed and sold.
- Pharmacies and other outlets selling food supplements (such as supermarkets) should stock affordable vitamin D supplements and promote them to at-risk groups.
- Co-ordinate local action to increase use of vitamin D supplements, which includes targeting at risk groups, working with relevant community and voluntary groups and ensuring action is culturally appropriate.
- Local authorities should consider providing free supplements for at-risk groups.
- Raise awareness of the importance of vitamin D supplements among the local population and make use of local shops and

businesses, community workers and groups, social establishments, nurseries and educational institutions, workplaces, places of worship and local health care establishments. Information should also be culturally appropriate.

The Public Health Advisory Committee (PHAC) identified a number of gaps in the evidence which included:

- A lack of good quality intervention evidence to increase vitamin D supplementation among at-risk groups in England.
- A lack of evidence on whether the following affect the effectiveness of interventions to increase vitamin D supplement use among at-risk groups: sexual orientation, disability, religion, place of residence, occupation, education, socioeconomic position or a sense of community (or 'social capital').

In the recommendations for research, PHAC recommended research questions which should be addressed. These included:

- How effective and cost effective are interventions to increase vitamin D awareness and uptake on a continuing basis among identified at-risk groups (in particular, people over 65, minority ethnic groups and people living in institutions)? What is the impact on health outcomes? Does effectiveness vary by age, gender, ethnic, socioeconomic or other specific population characteristics (such as depression or a disability)?
 - Religion or belief

The draft guideline recommends increased access to vitamin D supplements. These supplements should be safe, acceptable and are halal.

- Sex and sexual orientation

No.

- Socioeconomic status

The draft guideline has carefully considered the role of the Healthy Start scheme in providing vitamin D to at-risk groups. Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. All recommendations in relation to Healthy Start will therefore apply to low income groups.

Other

Other equity groups are:

- Refugees and asylum seekers
- Migrant workers

Refugees, asylum seekers and migrant workers may be from populations with darker skin and therefore could be an at-risk group. However under the current arrangements for the Healthy Start scheme, asylum seekers are not eligible to receive Healthy Start supplements.

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

No. The draft guideline aims to increase supplement use among at-risk groups to prevent vitamin D deficiency.

4. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access identified in question 3, or otherwise fulfil NICE's obligation to promote equality?

Not applicable.

5. Have the Committee's considerations of equality issues been described in the consultation document, and, if so, where?

The draft guideline outlines that the recommendations should be implemented in light of duties set out in the [Equality Act 2010](#).

3. Final Public Health Guideline document

1. Have any potential equality issues raised in section 2 been addressed by the Committee and if so, how?

The PHAC will consider all the equity issues raised and make necessary amendments to the guideline to ensure these are addressed.

2. Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?

Stakeholders raised a number of potential equity issues. These include:

- The draft guideline recommends a campaign to raise awareness of the importance of vitamin D and emphasise the importance of a daily supplement for identified at-risk groups. However a stakeholder responded that “there is a real danger that campaigns are more likely to reach well-educated people and thereby increase inequalities”.
- The draft guideline recommends promoting vitamin D to groups at higher risk in settings such as places of worship. A stakeholder commented that this may be “inappropriate” and “could super-saturate and irritate people”. However this comment was not reflected in responses from other stakeholders.
- The term “ethnic minority” was considered not applicable in this context and should instead refer to people with darker skin. Ethnic minority can include white-skinned people such as eastern Europeans.
- It was suggested that campaign material should be “picture-based” or simple English as vitamin D deficiency often affects those with English as a second language. The translation of resources to other languages was also recommended.
- It was suggested by one stakeholder that disabled children and young people could be given as an example of those requiring vitamin D supplements due to low or no exposure to sunlight (in addition to the current

example of housebound people). “Disabled children and young people have reduced exposure to sunlight through more limited access to outdoor activities, physical disabilities that restrict outdoor activity and a reduced family income that also restricts outdoor activities as well as opportunities for holidays in sunnier climates. Children and young people with disabilities are at increased risk of bone disease, especially osteoporosis, and given their more limited exposure to sunlight, it is important to highlight this group for receiving vitamin D supplements to try to prevent bone disease”.

- Clarification was sought for the term ‘older people’.
- It was suggested that vitamin D supplements be kosher and suitable for the Orthodox Jewish community.
- Improved access to Healthy Start vitamins was raised with numerous suggestions to improve update made. This has socio economic implications and in particular will have a positive impact on low income groups.

3. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access any recommended services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, the recommendations have been amended in response to stakeholder comments to increase supplement use among at-risk groups.

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE’s obligations to promote equality?

The following revisions have been made to the final guideline in response to equity issues raised by stakeholders:

- References to ‘ethnic minority groups’ have been replaced with ‘people with

darker skin’.

- Recommendation one was amended to ensure that vitamin D supplements were suitable to those on a kosher diet.
- Strengthened recommendations about access to Healthy Start vitamins.
- More clearly define ‘older people’ (with reference to SACN report).

5. Have the Committee’s considerations of equality issues been described in the final Public Health Guidance document, and, if so, where?

Yes, the Guideline has the following paragraph in the Status of the Guideline section:

The recommendations should be read in conjunction with existing NICE guidance unless explicitly stated otherwise. They should be implemented in light of duties set out in the [Equality Act 2010](#).

Approved by Centre or Programme Director:

Date: [xx/xx/year]