

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HealthTech Programme

Digital technologies to support asthma self- management

Equality impact assessment – Scoping

The impact on equality has been assessed during this assessment according to the principles of the [NICE Equality scheme](#).

1. Have any potential equality issues been identified during the scoping process (scoping workshop discussion), and, if so, what are they?

Gender and age: Male sex is a risk factor for asthma in pre-pubertal children or childhood. Female sex is a risk factor for the persistence of asthma in the transition from childhood to adulthood and women may experience more severe symptoms and higher rates of hospitalisations. The prevalence of asthma increases as age increases and asthma management strategies are tailored for different age groups. The digital technologies also differ by the populations they are intended for. Some are designed specifically for children, adolescents, or adults.

Geographical health disparity and socioeconomic status: People from deprived areas are three times more likely to have asthma, have significantly worse outcomes and are more likely to be hospitalised than people from wealthier areas. They may have greater exposure to environmental triggers such as poor air quality, poor housing, and higher rates of smoking. People in these areas may face challenges with health literacy, which could make it more difficult for them to effectively self-manage their asthma.

Digital access: Digital technologies may improve asthma care by offering an alternative support format to in person appointments for those with mobility issues, poor transport access and geographical barriers. Regular access to a device with internet access is needed to use the technologies, but some people may not have access to appropriate equipment or internet. Some people may also prefer to use non-digital methods because of low health literacy or they may be less comfortable or skilled at using digital technologies. Additional support and resources may therefore be needed for people who are unfamiliar with digital technologies or people who do not have access to smart devices or the internet. The NHS England RightCare asthma toolkit

highlights that self-management support should be equitable and accessible to people with varying levels of health literacy.

Ethnicity: In the UK, people of South Asian origin experience excess morbidity and three times higher hospitalisation rates compared with the White British population. South Asian children are more likely to have uncontrolled symptoms and hospital admissions with acute asthma compared with White British children.

People's ethnic, religious, and cultural background may affect their views of digital technologies for supported self-management. The NHS RightCare asthma toolkit highlights that self-management support should be culturally appropriate and available in different languages. Including accessible language and culturally relevant content helps reduce health inequalities and promotes access for all.

Sexual orientation and gender reassignment: LGBTQ+ individuals may experience higher rates of asthma diagnosis and poorer health outcomes compared to heterosexual people. Lung function tests (like peak flow and FEV₁) may use sex-based reference values that risk misrepresenting results for transgender individuals.

Disability: Some individuals with asthma may be covered by the Equality Act 2010 if their condition has had a substantial adverse impact on normal day to day activities for over 12 months or is likely to do so.

People with a visual, hearing, or cognitive impairment, problems with manual dexterity, a learning disability, mental health difficulties, those with language and communication difficulties (including people who cannot read English or understand health related information) or people with neurodivergent conditions may need additional support to use digital programmes for self-management.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?

The potential equality issues will be considered by the committee during decision making. The committee could consider the indicated age ranges of digital technologies, availability of different languages, digital accessibility features and any other support for people who may find it more difficult to use digital self-help technologies when they are making recommendations.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

During the scoping workshop and assessment subgroup meeting clinical experts highlighted that there is emerging evidence that LGBTQ+ individuals may experience higher rates of asthma diagnosis and poorer health outcomes. It was also noted that some lung function tests may use sex-based reference values which could under or overestimate lung function in transgender people.

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?

No additional stakeholders related to potential equality issues have been identified during the scoping process.

Approved by Associate Director: Lizzy Latimer

Date: 20/08/2025