

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Behaviour change: technology-based interventions

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

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

In updating the scope, the protected characteristics identified under the Equalities Act of 2010 have been considered. As the focus of the guideline is on remotely delivered technology-based behaviour change interventions, the focus of this equality impact assessment is on equity of access to use of digital technologies and having the digital skills to enable people to benefit from such interventions.

Age:

The prevalence of common long-term and chronic health conditions increases significantly with age and there are also differences between age groups in health-related behaviours. For example, in Great Britain smoking is higher among younger adults. Around 20% of 16-34 year olds smoke, whereas less than 11% of adults aged 60 and over smoke. ([House of Commons Library Briefing paper: Statistics on smoking 2017](#)).

While technology-based interventions may help people change their health behaviours, there is variation in the use of digital technologies and digital skills by age group.

- **Use of digital technologies**

In 2018, 90% of adults in the UK had recently used the internet (in the last 3 months). However, over 8% adults in the UK had never used the internet. This equates to 4.5 million adults. Over half of these adults (2.6 million) were aged 75 years and over ([Internet users, UK - Office for National Statistics](#)

2018).

In 2017 in Great Britain, 78% of adults had used the internet away from home or work (using a mobile or smartphone, portable computer or other handheld device). While almost all adults aged 16 to 24 years (98%) had accessed the internet “on the go”, only 39% of those aged 65 years and over had done so. ([Internet Access- Households and Individuals: 2017](#), Office for National Statistics).

Among children aged 3-15 years, types of media used at home include mobile phones and the internet, with the highest usage in 12-15 age group ([Children and parents: media use and attitudes report](#), Ofcom 2016).

- **Digital skills**

The level of basic digital skill (including managing information, communicating, problem solving with online help) is highest among 15-24 year olds (97%) with adults aged 65 years and above demonstrating the lowest levels (49%) ([Basic digital skills UK Report 2017](#)).

Computer and internet literacy skills are lower among older adults compared with the general population. Since 2011, more adults aged 75 years and over have started using the internet, but they are not necessarily continuing to use it. For example, adults of this age group have consistently been the lowest users of the internet and in 2018 had the highest rate of lapsed internet use at 5.7% ([Internet users, UK - Office for National Statistics](#) 2018).

The types of activities also differ between the age groups. In Great Britain in 2013, 43% of all adults had used the Internet to find health information online, an increase from 2007 when only 18% used the Internet to access health information using websites such as NHS Direct. In 2013, use of the internet to seek health information was highest in adults aged 25-34 years (59%). However, only 21% of adults over 65 years used the internet to seek health related information. ([Internet Access - Households and Individuals: 2013](#), Office for National Statistics).

In Great Britain in 2017, 96% of adults aged 16-24 years used social networking sites compared to 21% of adults aged 65 years and above. ([Internet Access- Households and Individuals: 2017](#), Office for National Statistics). Amongst children aged 3-15 years, 72% of 12-15 year olds had a social media profile and research showed a trend towards increased use of group messaging services ([Children and parents: media use and attitudes report](#), Ofcom 2016).

Sex: In 2018, 91% of men and 89% of women in the UK were recent internet users ([Internet users, UK - Office for National Statistics](#) 2018), although men are significantly more likely than women to be competent in digital skills (84% vs 75%) ([Basic digital skills UK Report 2017](#)).

Disability: In 2016/17 in the UK, over 10 million people in the UK indicated having a type of disability. Types of impairment reported by people who are disabled include mobility (51%), hearing (15%), learning (14%) and vision (12%) ([Family Resources Survey: financial year 2016/17](#), Department of Work and Pensions 2018).

- **Use of digital technologies**

In 2018, there was little variation in internet use between adults aged 16 to 24 years with a disability and those without a disability, with 98% and 99% respectively, being recent internet users. However there was a disparity in internet use among adults aged 75 years and over, with 39% of those with a disability being recent internet users, compared with 49% who did not have a disability. Overall, the proportion of adults who were recent internet users was lower for those with a disability, compared with those without a disability. ([Internet users, UK - Office for National Statistics](#) 2018).

- **Digital skills**

In 2015, of the 12.6 million of the UK population lacking basic digital skill, 49% were disabled ([Digital skills crisis](#), House of Commons 2016).

However, it is recognised that digital technologies that are accessible and inclusive may present an opportunity to address communication or interaction barriers that persons with disabilities face. Digital technologies allow multiple means of communications such as speech-to-text functionality to read a website, text messaging, or voice recognition to navigate devices which can offer persons with a visual, hearing, or mobility impairment opportunities to promote independence and participate in remote interactions ([Bridging the disability divide through digital technology](#), World Development Report 2016). For example, smartphones have been identified as a tool with the potential to improve daily life in people with disabilities ([Smartphones and people with disabilities: the power and the promise](#), Digital Skills and inclusion blog 2017).

Stakeholders attending a scoping workshop noted that specific consideration should be given to people with learning disabilities and to people with neuro-developmental disorders such as autism, because they felt there may be evidence on relevant interventions for these groups.

Race: In 2014 in the UK, there were comparatively small differences in Internet use between ethnic groups, with the lowest rate of use in people who indicated their ethnic group was Pakistani. ([Internet Access Quarterly Update: Q1 2014](#), Office for National Statistics).

No specific inequalities issues were identified relating to: pregnancy and maternity; religion or belief; sexual orientation; gender reassignment; or marriage and civil partnership.

Other factors

Socio-economic factors:

Many long-term conditions are more common in people from lower socio-economic groups. Among those in unskilled occupations, 52% have long-term conditions compared to 33% from professional occupations ([Long-term conditions and multi-morbidity](#), King's Fund). Some health-related behaviours such as smoking, alcohol consumption and drug use show socioeconomic gradients. ([Social and economic inequalities in diet and physical activity](#), Public Health England 2013). For example, smoking rates are almost three times higher among those on the lowest incomes compared to those on the highest income ([Tobacco control plan](#), Department of Health 2017).

While technology-based interventions may help people change their behaviours, people in disadvantaged socioeconomic groups have been identified as experiencing disproportionately low or inadequate health literacy. For example, unemployed adults are 5% more likely to lack basic digital skills than the national average, and 24% more likely to lack these skills than high earners ([UK digital strategy](#), Department for Digital, Culture, Media & Sports 2017)

In addition, use of and access to different technologies varies by social factors. In Great Britain in 2013, internet use was higher among those earning over £40,000 per annum than those earning less than £12,500 ([The Oxford Internet Surveys. Internet Use, Behaviour and Attitudes in Great Britain 2003-2015](#), Oxford Internet Institute).

Children aged 5-15 are no less likely to have access to, or use a mobile phone, or to have their own tablet or mobile phone, if living in households headed by those who are in semi-skilled or unskilled manual occupations, unemployed or in lowest grade occupations. However, they are less likely to have access to and to use a wide range of devices compared to children living in households headed by those with managerial or professional occupations. ([Children and parents: media use and attitudes report](#), Ofcom 2016).

Geographical location: There is a disparity of access to Internet use in the UK. For example, there are variations in the quality of access (such as slow broadband connectivity) between urban and rural areas. ([Access Denied](#), A Qualitative Study of Inadequate Broadband Access in Rural Britain. Oxford Internet Institute). This may also affect access to other digital platforms for example apps, if coverage by mobile phone providers is lower in rural areas compared to urban areas. In 2018, the London region had the highest proportion of recent internet users (93%) compared to other regions of the UK ([Internet users, UK - Office for National Statistics](#) 2018).

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The issues identified above will be:

- noted in the review protocols and any evidence relevant to these groups will be extracted
- highlighted to and discussed by the committee during development of recommendations.

Completed by Developer: Sarah Willett

Date: 06/06/2018

Approved by NICE quality assurance lead: Simon Ellis

Date: 25/06/2018