

Costing statement

Body mass index and waist circumference thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups

Published: June 2013

<http://guidance.nice.org.uk/PH46>

1 Introduction

- 1.1 This costing statement considers the cost implications of implementing the recommendations made in [Body mass index and waist circumference thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups](#) (NICE public health guidance 46).
- 1.2 The guidance extends recommendations made in [Preventing type 2 diabetes: risk identification and interventions for individuals at high risk](#) (NICE public health guidance 38). Specifically, it recommends extending the lower thresholds for BMI recommended for Asian groups as a trigger for action to prevent type 2 diabetes to black African and African-Caribbean groups.
- 1.3 This costing statement is, therefore, an extension of the [costing report](#) for NICE's guidance on Preventing type 2 diabetes: risk identification and interventions for individuals at high risk (public health guidance 38), to include the black African and African-Caribbean groups aged 25 – 39.
- 1.4 A costing statement has been produced for this guidance because it is considered that implementing the recommendations will not have a significant resource impact.
- 1.5 We encourage organisations to evaluate their own practices against our recommendations and assess the potential local costs. Some of these are discussed in this statement.

2 Background

- 2.1 In the UK, people of black African and African-Caribbean origin are 3 times more likely to have type 2 diabetes than the white

population (DH 2001). In addition, they are more at risk of stroke (National Obesity Observatory 2011).

- 2.2 Type 2 diabetes affects people of African-Caribbean and black African origin up to a decade or more earlier than white Europeans. People from these groups also tend to progress from impaired glucose tolerance to diabetes much more quickly (more than twice the rate of white populations) (Webb et al. 2011).
- 2.3 There are around 200,000 people aged 25–39 of African-Caribbean and black African origin in England with a body mass index (BMI) over 23 and therefore classified as at increased risk of type 2 diabetes. The number of people affected locally and the associated cost impact will depend on local demographics which vary widely in England. For example, the proportion of the population in London who are aged 25–39 and of African-Caribbean and black African origin is 3.1%, compared to 0.2% in the South East (Office for National Statistics, 2011).

3 Recommendations with potential resource impact

3.1 *Preventing type 2 diabetes among people aged 25–39 of African-Caribbean and black African origin*

3.1.1 Recommendation 1 has the most significant resource impact in the guidance on [Body mass index and waist circumference thresholds for intervening to prevent ill health among black and other minority ethnic groups](#):

- Follow NICE recommendations 1–18 in [Preventing type 2 diabetes: risk identification and interventions for individuals at high risk](#) (public health guidance 38). This includes using the lower thresholds for BMI advocated in Asian (South Asian and

Chinese) populations for black African and African-Caribbean populations to trigger action to prevent type 2 diabetes.

- 3.1.2 Implementing the guidance may lead to increased costs due to identification of people at increased risk of type 2 diabetes, additional blood tests, and an increase in the number of people receiving a brief intervention or an intensive lifestyle-change programme.
- 3.1.3 Implementing the guidance should however, result in the following benefits and savings:
- A reduction or delay in the number of people from black African and African-Caribbean groups progressing to type 2 diabetes.
 - Earlier diagnosis and management of type 2 diabetes among these groups leading to a reduction or delay in the development of complications.
 - Increased awareness among these groups of the risks of developing type 2 diabetes and the implications of living with the condition.
 - In addition, earlier diagnosis may lead to better management of type 2 diabetes and a reduction in the associated costs.

4 Conclusion

It is considered that implementing the recommendations will not have a significant resource impact and there may be cost saving benefits in the long term. Organisations are advised to assess the local resource implications of this guidance which will vary depending on local demographics.

5 References

National Obesity Observatory (2011) Obesity and ethnicity. Oxford: National Obesity Observatory

Office for National Statistics, 2011, [2011 Census Data on Nomis](#)

Costing statement: Body mass index and waist circumference thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups (June 2013)

Webb DR, Gray LJ, Khunti K et al. (2011) Contrasting cardiovascular risk profiles and prescribed cardio-protective therapies in newly-diagnosed type 2 diabetes identified through screening and standard practice. *Diabetes Research and Clinical Practice* 91: 280–5

About this costing statement

This costing statement is an implementation tool that accompanies NICE's guidance: [Body mass index and waist circumference thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups](#) (NICE public health guidance 46).

Issue date: June 2013

This statement is written in the following context

This statement represents NICE's view. It was arrived at after careful consideration of the available data and through consulting professionals. It should be read in conjunction with NICE's guidance. The statement focuses on those areas that may have an impact on resource utilisation.

The cost and activity assessments are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

Implementation of the guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

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