

# Indicator development programme: equality and health inequalities assessment (EHIA)

## IND2023-158 Weight management: advice for people living with overweight (18 to 39 years)

The considerations and potential impact on equality and health inequalities have been considered throughout the indicator development, process according to the principles of the NICE equality policy and those outlined in [Indicators process guide](#).

### STAGE 1. Consultation

- 1.1 What approaches have been used to identify potential equality and health inequalities issues during indicator development?

Review of existing EIA/EHIA on the guideline topic.

Consultation with IAC committee.

- 1.2 What potential equality and health inequalities issues have been identified during indicator development?

Race: People of South Asian descent (defined as people of Pakistani, Bangladeshi and Indian origin) living in England tend to have a higher percentage of body fat at a given BMI compared to the general population. People of South Asian descent are also more likely to have more features of the metabolic syndrome (for example, higher triglycerides and lower high-density lipoproteins in females and higher serum glucose in males) at a given BMI. Likewise, compared to white European populations, people from black, Asian and other minority ethnic groups are at equivalent risk of type 2 diabetes but at lower BMI levels.

- 1.3 How have the committee's considerations of equality and health inequalities issues identified in 1.2 been reflected in the indicator?

The indicator wording has been adapted to reflect the requirement to use lower BMI thresholds for people with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African–Caribbean background when measuring for those conditions, as stated in the source guideline.

- 1.4 Could any indicators potentially increase inequalities?

No.

- 1.5 Based on the equality and health inequalities issues identified in 1.2 do you have representation from relevant stakeholder groups for the indicator consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included

There are a large number of stakeholders for this topic, including those that represent and advocate for people who experience health related inequalities, however there haven't been any specific groups added to the stakeholder list based on this issue.

- 1.6 Has it been proposed to exclude any population groups from coverage by the indicator? If yes, could these exclusions further impact on people affected by any equality and health inequalities issues identified?

This indicator does not have any exclusions.

- 1.7 What questions will you ask at the stakeholder consultation about the impact of the indicator on equality and health inequalities?

The following 2 questions will be asked at stakeholder consultation:

Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief,

and sexual orientation)? If so, please state whether this is adverse or positive and for which group.

If you think any either of these indicators may have an adverse impact in different groups in the community, can you suggest how the indicator might be delivered differently to different groups to reduce health inequalities?

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