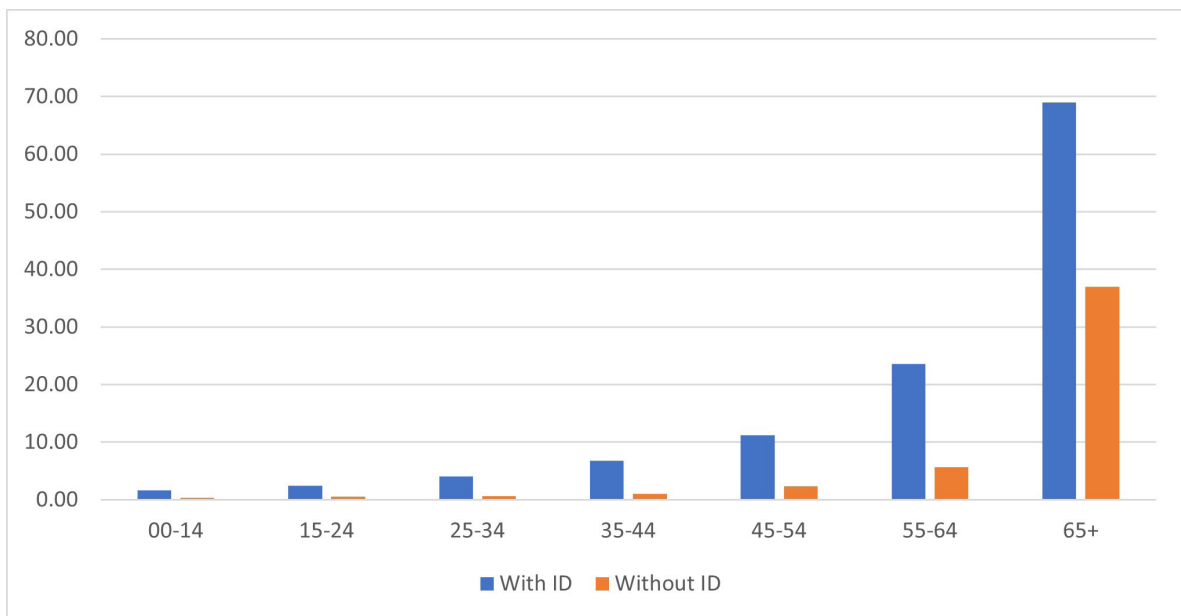


**Table 1:** Different levels of assumed effectiveness of annual health checks.

| Assumed effectiveness | Deaths avoided |                 |
|-----------------------|----------------|-----------------|
| 1%                    | 3              |                 |
| 5%                    | 15             |                 |
| 10%                   | 30             |                 |
| 14%                   | 42             | Plausible range |
| 20%                   | 60             |                 |
| 25%                   | 75             |                 |
| 30%                   | 90             |                 |
| 35%                   | 104            |                 |
| 40%                   | 120            |                 |
| 45%                   | 134            |                 |
| 50%                   | 149            |                 |

**Figure 1:** Rate of death for the general population and the intellectually disabled population.



**Table 2:** Costs and benefits of annual health checks.

| <b>Health check cost</b>   |                     |
|--|---------------------|
| One visit with practice nurse to run through, check and order tests          | \$60                |
| 60-minute patient co-payment for GP (per person) after test results returned | \$147               |
| Estimated increase in health costs due to use of health check (per person)   | \$70 <sup>8</sup>   |
| Total health check cost (per person)   | \$277               |
| Current intellectually disabled pop  | 47,000 <sup>1</sup> |
| Total cost of health check for cohort (annual)                               | \$13m               |
| <b>Benefit of annual health check—reduce PAH</b>                             |                     |
| Number of PWID who had a PAH in 2018   | 8,460 <sup>1</sup>  |
| Annual cost of PAH for this cohort   | \$63m               |
| Cost saved if PAH reduced by 26%*  | \$16.5m             |

GP = general practitioner; pop = population; PAH = potentially avoidable hospitalisations; PWID = person with intellectual disability.  
 \*The 26% reduction figure is based on the 26% fall in emergency department admissions for ambulatory care sensitive conditions for practices in the United Kingdom that had high health check participation.<sup>2</sup>

**Table 3:** Sensitivity analysis.

| <b>Assumption</b>  | <b>Total cost</b> | <b>Cost-benefit ratio</b> |
|--|-------------------|---------------------------|
| Total cost of health check without existing subsidies            | \$21.5m           | \$0.77                    |
| Total cost of health check if no nurse visit/two GP visits       | \$16.6m           | \$0.99                    |
| Total cost of health check if no increase in other medical costs | \$10.2m           | \$1.65                    |

GP = general practitioner.

**Table 4:** Cities with the highest numbers of intellectually disabled people.<sup>1</sup>

| <b>Region</b> | <b>Approximate pop</b> | <b>% of ID pop nationwide</b> |
|---------------|------------------------|-------------------------------|
| Auckland      | 10,300                 | 26.7%                         |
| Hamilton      | 1,824                  | 4.7%                          |
| Dunedin       | 1,398                  | 3.6%                          |
| Tauranga      | 1,218                  | 3.1%                          |

pop = population; ID = intellectually disabled.