Wesfarmers Health

Wesfarmers Health: Australia's Health Index 2025

A snapshot of Australia's overall health, focusing on cardiometabolic risk factors at a national, state and federal electorate level.

Contents

Data is from the period of 1 July 2024 to 30 June 2025 and is limited to individuals aged 16 and older.

Welcome to the Wesfarmers Health: Australia's Health Index 2025

Emily Amos
Managing Director
Wesfarmers Health

Now in its second year, the *Wesfarmers Health: Australia's Health Index 2025* provides the most comprehensive picture of Australia's cardiometabolic health.

Drawing on 3.6 million health checks completed by 2.4 million Australians through our SiSU Health Stations, the Index remains the nation's largest real-time health survey. For the first time, the report includes data on vaping and e-cigarettes, along with data from expanded sources, such as Wesfarmers Health's wholesaler business, Australian Pharmaceutical Industries Pty Ltd (API), which delivers medication to 6,000 community pharmacies across Australia.

SiSU Health Station checks are free, self-guided and available at 530 locations across the country, including nearly 360 Priceline Pharmacies. They take as little as five minutes to complete and measure risk factors such as body mass index (BMI), blood pressure, body fat, diabetes risk and smoking and vaping status.

Importantly, these health checks reduce barriers to preventive health awareness, helping Australians better understand and manage their health. To date, the stations have prompted more than 854,000 recommendations to consult a GP, including 153,000 in the past year alone.

This year's Index shows that Australia's overall health score has improved — the strongest shift we've seen since the beginning of the COVID pandemic. Yet the persistence of cardiometabolic risk factors underlines the challenges ahead. As an example, 1 in 4 Australians (26.6%) now has obesity, with this even higher among Australian men, at 3 in 10 (29%).

The rise of GLP-1 diabetes medicines has highlighted how strongly metabolic risks drive heart disease, heart attacks and strokes. A major global study in Cell Metabolism[1] confirmed that these risks are now the leading cause of coronary heart disease worldwide, showing the urgent need for earlier and more effective prevention.

For policymakers, this Index offers valuable insight into where in Australia the risks are most concentrated, and where action can make the greatest difference; particularly when it comes to risk factors such as obesity, a precursor to insulin resistance, pre-diabetes and diabetes, as well as cardiovascular risks (high blood pressure, inflammation and lipids disorders).

Using machine-measured health metrics, a geographic lens and the capacity to provide predictive 'over-the-horizon' views of cardiometabolic health, the Index offers important insight and pre-emptive signals at state and federal electorate levels, including pockets of elevated risk associated with specific demographics.

What is Cardiometabolic disease?

Cardiovascular disease (heart attack and stroke) and metabolic disease (obesity and type 2 diabetes) are common, preventable and related chronic diseases. Together, they are referred to as cardiometabolic disease.

Cardiometabolic diseases are among the leading causes of death in Australia, accounting for more than twice the number of deaths caused by cancer. Known cardiometabolic risk factors include obesity, smoking, high blood pressure and diabetes, all of which are measured in this Index.[2]

At Wesfarmers Health, we continue to play our part by expanding access to preventive health services, delivering on our mission to make health, beauty and wellness experiences simpler, more affordable and easier to access.

We recently launched Australia's first menopause training program for Priceline Pharmacy pharmacists and pharmacy assistants, in partnership with Jean Hailes for Women's Health.

Alongside the Jean Hailes partnership, upcoming updates to our SiSU Health Stations will help address the hormonal changes of perimenopause and menopause that heighten cardiovascular risk in women.

Through the Sisterhood Foundation, we are also proud to support Her Heart, an organisation focused on improving outcomes for women's cardiovascular health.

Major public health challenges demand bold thinking and strong collaboration. With this vision in mind, I welcome you to the 2025 Wesfarmers Health Index.

Health Experts

To bring this data to life, this report includes insights and commentary from leading cardiologists and health practitioners.

Prof. Jason C Kovacic

Director and CEO of the Victor Chang Cardiac Research Institute;
Chair and Professor of Medicine at UNSW Sydney;
Adjunct Professor at The University of Western Australia

Jason Kovacic has authored numerous scientific and clinical papers on heart and vascular disease and serves on global committees, including prior roles for the United States Government's National Institute of Health. Jason completed a PhD in cardiovascular medicine at the Victor Chang Cardiac Research Institute, and is a Fellow of the American College of Cardiology and President of the Australian Cardiovascular Alliance.

Prof. Alta Schutte

SHARP Professor of Cardiovascular Medicine, UNSW Sydney;
Global Co-Director of the Cardiovascular Program, The George Institute;
Co-Chair, National Hypertension Taskforce

Alta Schutte is a SHARP Professor and Principal Theme Lead of Cardiac, Vascular and Metabolic Medicine at the University of New South Wales. She is also Global Co-Director of the Cardiovascular Programme at The George Institute for Global Health, and Co-Chair of the National Hypertension Taskforce of Australia.

Associate Prof. Karam Kostner

Director of Cardiology, Mater Hospital Brisbane

Karam Kostner is an Associate Professor of Medicine at the University of Queensland and Director of Cardiology at Mater Public and Private Hospitals in Brisbane. As a cardiologist and an experienced lipidologist, he oversees a large public and private lipid clinic. Karam is a director of Cholesterol Care Australia, a specialist cholesterol clinic and research facility in Brisbane, and a senior cardiologist with mobile healthcare service, Heart of Australia.

Associate Prof. Christopher Pearce

Adjunct Associate Professor at Monash University and Macquarie University

Christopher Pearce is a leading researcher in the use of data and digital health. A rural generalist with broad clinical experience, he has guided government policy and the clinical design of My Health Record. Through his role chairing the Australian College of Rural and Remote Medicine's (ACRRM) digital health committee, Christopher has a specific interest in the potential benefits of digital health to rural communities.

Adam McLeod

General Manager, SiSU Health Group

Adam McLeod is driving SiSU Health's mission to improve cardiometabolic health through accessible preventive care. With a clinical background as a Registered Nurse and CEO of the Aurora General Practice Research Institute and Outcome Health, Adam brings additional technology and research experience to SiSU Health. Adam's work ensures that millions of people can measure, track and improve their health.

Amy Jones

Pharmacist, Wesfarmers Health

An accomplished primary healthcare professional and pharmacy industry expert, Amy has more than a decade of experience, including as National Health Services Manager and Head of Digital Health Services at Wesfarmers Health. Amy has contributed to myriad advisory committees and projects aimed at improving the wellbeing of Australians, as well as co-authoring research published in *The Australian Journal of Rural Health*. Amy has a Masters of Pharmacy from the University of Western Australia.

Key Findings

Key Findings: National

Australia's 2025 Index score: 107

The *Wesfarmers Health: Australia's Health Index 2025* is a comprehensive assessment of the public health landscape, capturing de-identified data on Australians aged 16 and over and their key cardiometabolic risk factors: obesity, high blood pressure, daily smoking and diabetes.

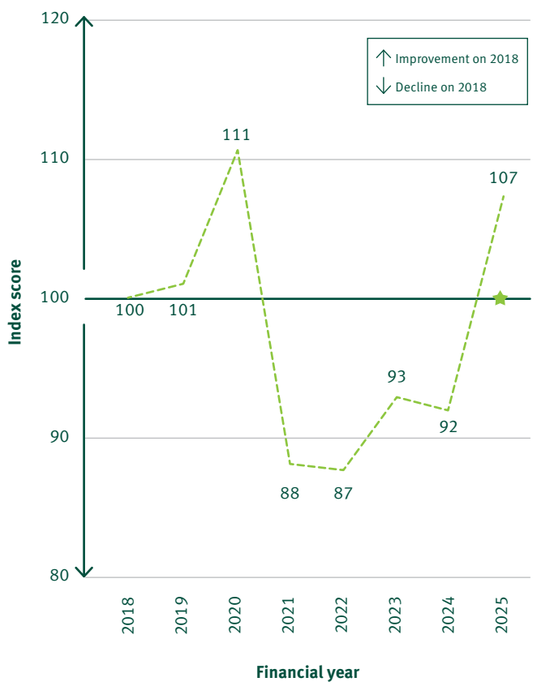
Any one of these risk factors could lead to an adverse health outcome or be life-threatening, and 43% of Australians have at least one risk factor. But it's the combination of multiple cardiometabolic risk factors that poses particular risks for cardiovascular disease and increased mortality.

The Index score tracks the changes in the multiple risk factors rate against a 2018, pre-COVID baseline of 100. The percentage of the population with two or more of these risk factors forms the overall Index score.

The most common co-occurrence of risk factors is obesity and high blood pressure, which affects 1 in 12 Australians.

Australia's 2025 Index score is 107, compared to 92 last year, which represents a marked fall in the rate of multiple risk factors in the Australian population. This overall improvement is driven by the continuation of strong downward trajectories in daily smoking rates and high blood pressure observed in recent years.

Australia's Index score over time



Updates to blood pressure measurements

SiSU Health has changed the way blood pressure measurements are taken. Previously, users could re-measure their blood pressure, but weren't actively prompted to even if their initial reading was high. In 2025, users who recorded high blood pressure (over 140/90 mmHg) were prompted to test again during the same health check. The second measurement is typically lower than the first, which may be elevated due to exertion or discomfort, and is used as the final result. So, users who previously recorded high blood pressure may now be recording results below this threshold, lowering the overall numbers.

This more precise methodology resulted in 2025's Index score of 107. To provide a like-for-like comparison with previous years, the score was also calculated using the original single-reading method. This score is 100 (see ★ on graph, above), which is still significantly better than last year's score of 92.

Health risk factors measured

These risk factors increase the likelihood of cardiovascular diseases.[3]

Obesity: Body Mass Index (BMI) greater than or equal to 30kg/m².*

High blood pressure: Systolic blood pressure greater than or equal to 140mmHg, or diastolic blood pressure greater than or equal to 90mmHg.**

Diabetes: Self-reported diagnosis of diabetes (type 1 or 2).

Daily smoking: Self-reported use of cigarettes at least once per day.

AUSDRISK: A tool that estimates how likely an individual is to develop type 2 diabetes within 5 years.†

Daily vaping: Self-reported use of vapes or e-cigarettes at least once per day.‡

2025 prevalence of health risk factors in Australians aged 16 and older

(Based on user's last check on a SiSU Health Station and compared to the 2024 Index figure)

27% of Australians have obesity
Up from 26%
Total sample size: 327,998

26% of Australians have high blood pressure§
Down from 29%
Based on users' second test at the same health check
Total sample size: 320,143

6% of Australians have diabetes
No change
Total sample size: 319,141

11% of Australians are daily smokers
Down from 13%
Total sample size: 320,387

35% of Australians have a high AUSDRISK score (12+), some of whom may go on to develop diabetes
Down from 36%
Total sample size: 260,929

7% of Australians use vapes or e-cigarettes daily
2025 was the first year vaping data was collected
Total sample size: 200,411

***Why Body Mass Index (BMI)?**
Body Mass Index (BMI) is weight in kilograms, divided by height in metres, squared. A BMI that exceeds 30kg/m² denotes obesity. While this may not accurately represent an individual user's body composition or overall health, BMI and obesity are widely used and are strong indicators of global population health. Additionally, the Australian Institute of Health and Welfare (AIHW) continues to use BMI as a key health measure.

** This comprises the estimated number of users who have both uncontrolled and controlled (i.e. though medication) high blood pressure.

† While AUSDRISK helps forecast future diabetes rates and health outcomes, it does not contribute to the overall Index score.

‡ Because daily vaping is a relatively new behaviour and not enough is known about it, it's considered a health marker, and doesn't contribute to the Index score.

§ Reported use of blood pressure medication or recorded a blood pressure exceeding 140/90. National estimates are derived from SiSU Health Station checks and weighted across each user's latest responses provided within the 2025 financial year.

Key Findings: National

Our 6 key findings

1. Despite the strongest health gains since the COVID pandemic, more than **1 in 9 (12%) Australians live with multiple risk factors for heart disease.**
2. **Obesity is increasing**, especially among men, with **3 in 10 (3.2 million)** affected.
3. **872,000 Australians** will likely develop **type 2 diabetes** in the next 5 years.
4. Almost **3 in 5 (58%) Australians haven't had their blood pressure tested** in the past **12 months.**
5. **2 in 3 (66%)** Australians who vape also smoke cigarettes, indicating that **vaping isn't replacing smoking — people are doing both**.
6. Nearly **1 in 6 young Australians (aged 16–19) now vape every day.**

1 Despite the strongest health gains since the COVID pandemic, more than 1 in 9 (12%) Australians live with multiple risk factors for heart disease

This year's Index highlights how closely linked metabolic and cardiovascular risk factors are — and the need for prevention strategies that are ongoing, scalable and connected.

While some risk factors have improved since the 2024 Index, others have worsened, and many remain worryingly high.

To make real progress, we must better understand how these risks develop, overlap and influence each other — and act earlier, using smarter, personalised, digitally enabled prevention tools.

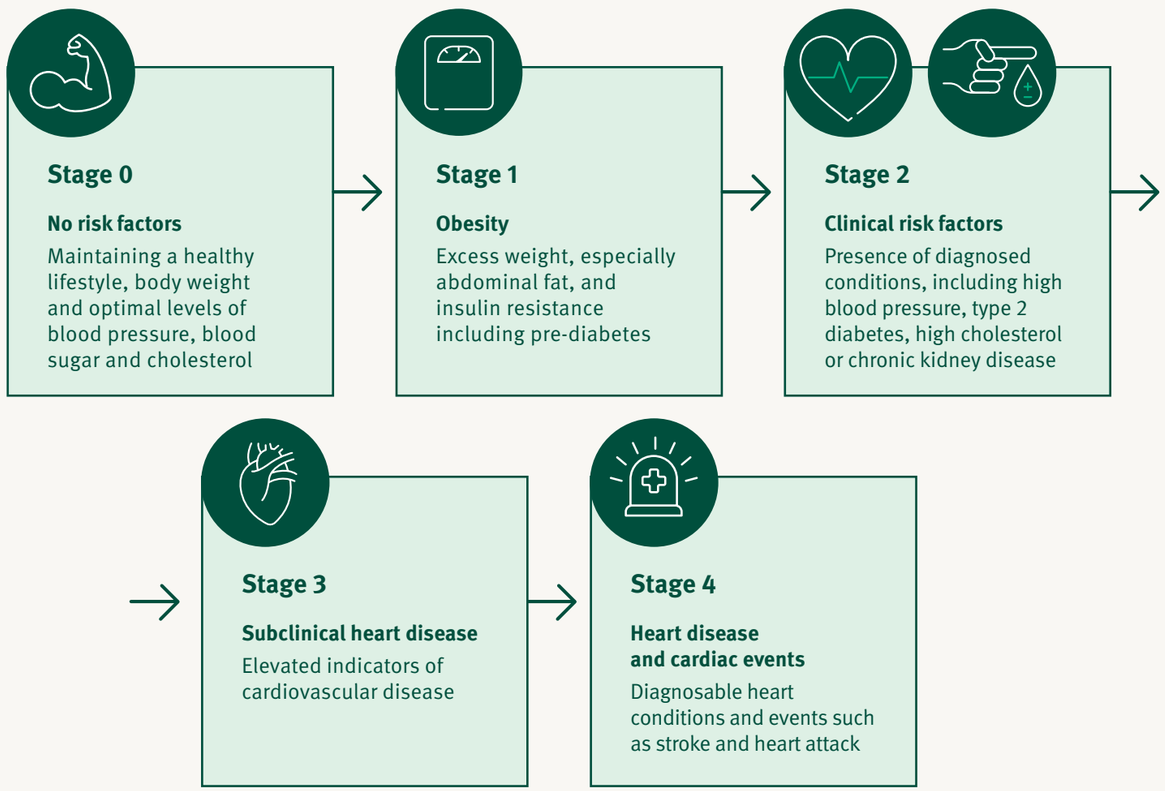
Without this shift, we risk continuing with approaches that are delayed, disconnected and ultimately unsustainable for our health system and future generations.

Excess weight is often the starting point, which can lead to diabetes and high blood pressure, and eventually to serious heart conditions such as stroke and heart attack. Recent GLP-1 trials and other studies have strengthened the evidence linking midlife excess weight and metabolic issues with poor heart health later in life.

In this report, we look at the Australian population across four key risk factors — obesity, diabetes, high blood pressure and smoking — along with vaping and AUSDRISK (the likelihood of developing type 2 diabetes).

By tackling these risks early through screening and prevention in Stage 0 (below), we can reduce the number of Australians who go on to develop the life-threatening stages of cardiometabolic disease.

Stages of cardiometabolic disease



Key Findings: National

2 Obesity is increasing, especially among men, with 3 in 10 (3.2 million) affected

In 2023, 27% of Australian men had obesity (a BMI of 30 or higher), which rose to 28% in 2024.

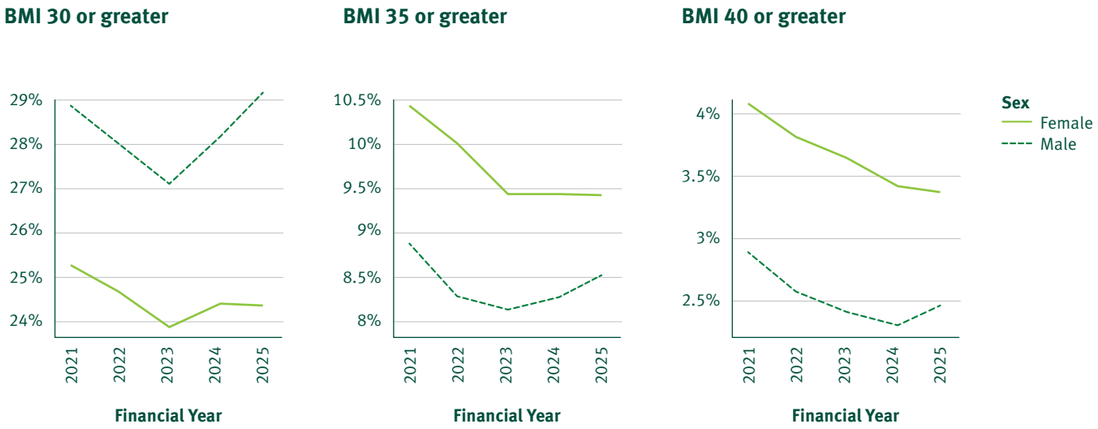
In 2025, this increased again to 29%, which equates to 3 in 10 men, or about 3.2 million.

This highlights an urgent need for public-health strategies to lower obesity prevalence in men, including healthy lifestyle education and tailored interventions, that will in turn reduce chronic disease and the strain on the healthcare system.

While a greater percentage of men have obesity overall, more women fall into the higher BMI ranges (35+ and 40+). Three in 100 women have a BMI of 40 or greater. Unlike men, obesity rates in women have stayed steady in the past year.

3 in 10 Australian men now have a BMI of 30+

Changes in rates of obesity over time, by sex



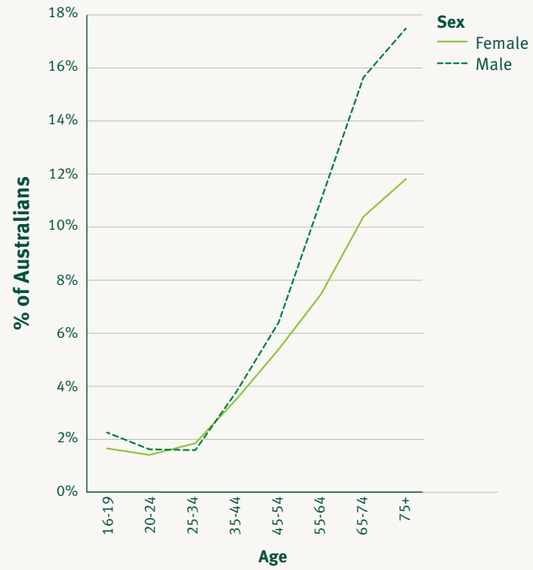
3 872,000 Australians will likely develop type 2 diabetes in the next 5 years

The Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) is a risk instrument that estimates how likely an individual is to develop diabetes. One in 3 people who receive a very high AUSDRISK score of 20 or above are predicted to develop type 2 diabetes within 5 years.

It's anticipated that 7.9% of Australian men who don't currently have diabetes will have it by 2030, which equates to 513,000 men.

This projection is based on Australians' aggregated AUSDRISK scores, which predict individual risk of developing diabetes, rather than a diabetes diagnosis (which may lag the development of the condition significantly).

Self-reported diabetes rates by age and sex



4 Almost 3 in 5 (58%) Australians haven't had their blood pressure tested in the past 12 months

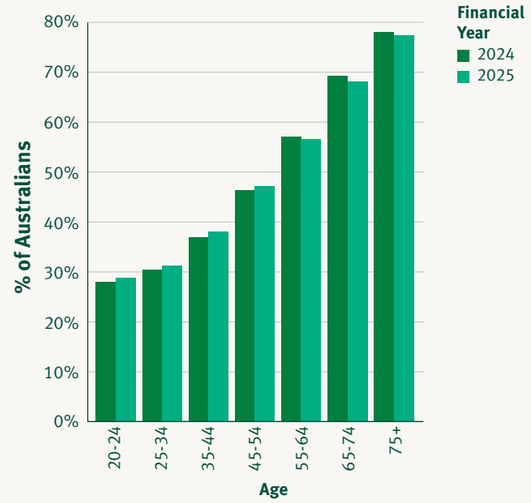
Detecting high blood pressure early is critical. Often called a 'silent killer' because it can be asymptomatic, many Australians are unaware that consistent high blood pressure (hypertension) puts them at increased risk of cardiovascular disease, including heart attack and stroke.[4]

One in 4 Australians (26%) has high blood pressure (exceeding 140/90)*, yet many aren't getting tested regularly.

Before a blood pressure measurement is taken, the SiSU Health Station asks the user if they've checked their blood pressure in the past 12 months. Only 37% of Australians aged 35-44 had their blood pressure checked in the past 12 months, but 42.7% have blood pressure higher than the optimal range (greater than 120/80).

Concerningly, the number of people aged 55 and over who had their blood pressure checked in the past 12 months has decreased since 2024, as well.

Had their blood pressure measured within the past 12 months



*This includes those who report being diagnosed with high blood pressure or are taking blood pressure medication.

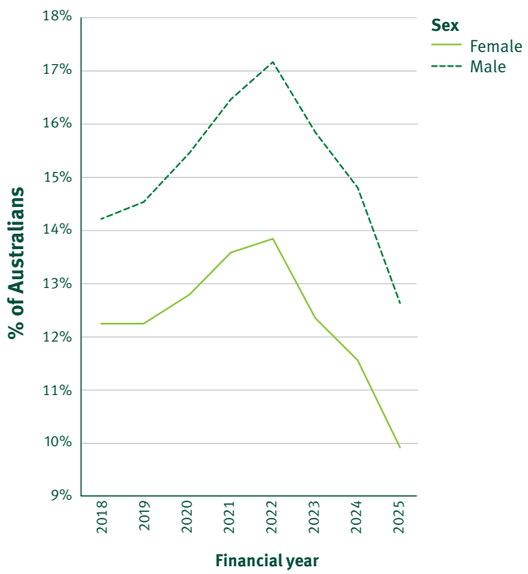
Key Findings: National

5 2 in 3 (66%) Australians who vape daily also smoke cigarettes daily

Smoking rates in Australia have dropped to 11.2% — a positive sign after the pandemic-driven spike of 15.4% in 2022. Since this spike, daily smoking has fallen by at least a percentage point each year.

Interestingly, Index data suggests that vaping isn't replacing cigarettes. Instead, most vapers are doing both. Two in 3 Australians who vape also smoke (66%).

Smoking rates over time

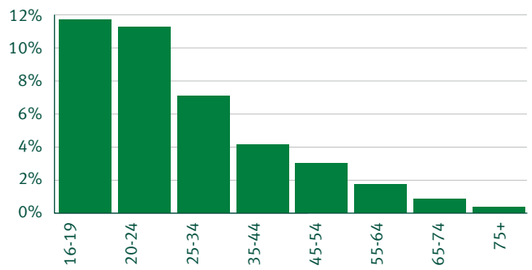


6 1 in 6 (16%) young Australians (aged 16–19) now vape every day

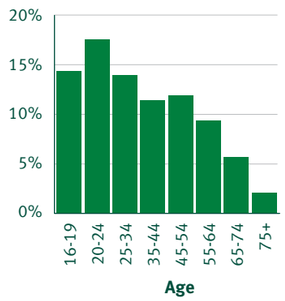
Almost 16% of teenagers aged 16-19 vape daily, making them the biggest cohort of e-cigarette users — and the second-largest group of traditional cigarette smokers. This is also the only age group in which more women than men smoke, whether vapes or cigarettes.

Co-incidence of daily smoking and vaping

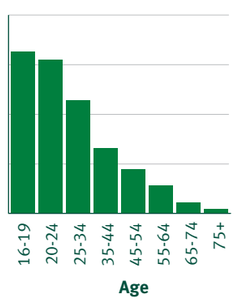
Smokes and vapes



Daily smoker



Daily vaper



Social Determinants of Health

The World Health Organization (WHO) describes the social determinants of health (SDoH) as the non-medical factors that influence health outcomes. The list of determinants is long and includes key factors such as an individual's income, education, employment status and access to affordable health services.

Metabolic risk factors are strongly associated with economic disadvantage.

SiSU Health Station users' postcodes were classified by their level of socio-economic disadvantage using the Socio-Economic Indexes for Areas (SEIFA).

When comparing the 20% most disadvantaged and the 20% most advantaged areas, people in disadvantaged areas have significantly higher rates of chronic disease:

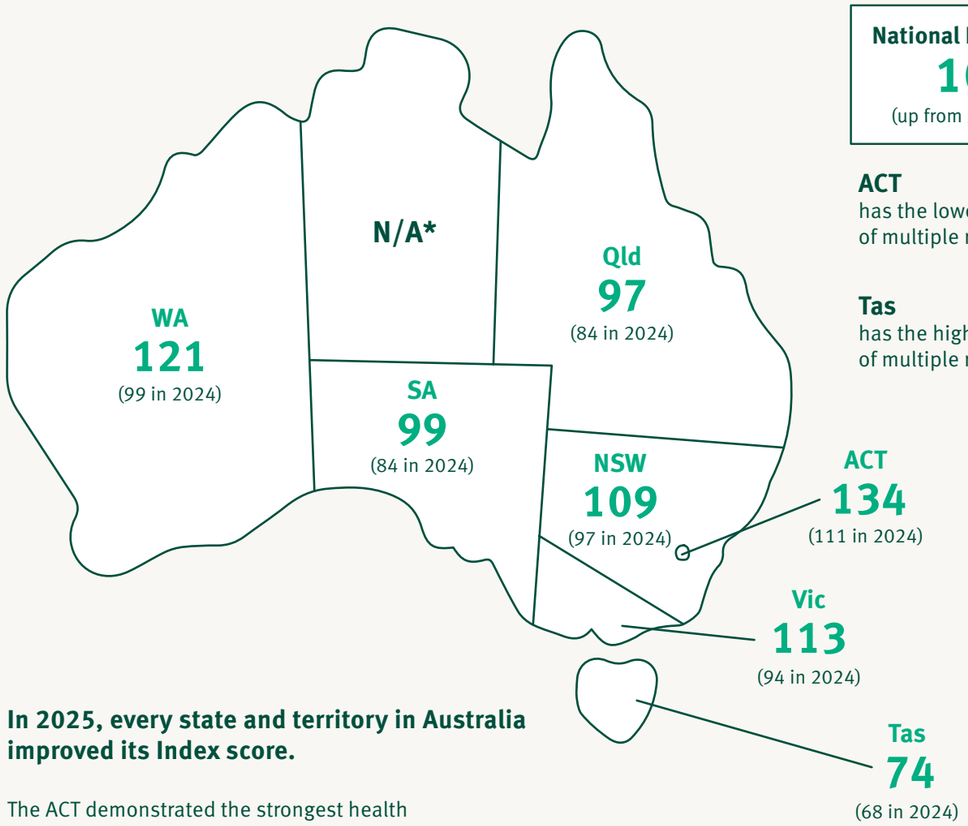
- The rate of obesity is 35% in the most disadvantaged areas, compared to 19% in the most advantaged areas.
- The rate of diabetes is double, at 8% in disadvantaged areas versus 4% in advantaged areas.

While there is a clear pattern of associations found in this Index, many of the determinants of health are complex. Across both advantaged and disadvantaged populations there are opportunities for promoting positive health outcomes.

Electorate Health Index 2025 by average SEIFA score

Key Findings: States and Territories

State and Territory Index scores



National Index score
107
(up from 92 in 2024)

ACT
has the lowest prevalence of multiple risk factors

Tas
has the highest prevalence of multiple risk factors

In 2025, every state and territory in Australia improved its Index score.

The ACT demonstrated the strongest health improvements in 2025, increasing by 23 points — from 111 in 2024 to 134 this year. It also surpassed WA as having the lowest obesity rate in the country.

Tasmania recorded the smallest improvements, though still progressing, with a 6-point increase over the past year (from 68 to 74). Tasmania no longer has the highest daily smoking rate; Queensland now has more smokers than any other state or territory.

Notably, WA surpassed Victoria this year as having the lowest diabetes rate.

Looking at the variations between states and territories allows policymakers to identify opportunities for targeted public-health initiatives.

**The Northern Territory (NT) is excluded from this Index due to insufficient and non-representative data. With few SiSU Health Stations in the region, the data collected does not accurately reflect the health outcomes of the broader NT population.*

Health risk factor	AU	NSW	Vic	Qld	WA	SA	Tas	ACT	NT*
Obesity	**26.6%** ↑	26% ↑	25.6% ↑	28.6% I	25.5% ↑	28.6% ↑	31.1% ↓	24.6% ↑	N/A
High blood pressure	**26.0%** ↓	26.5% ↓	25.7% ↓	26.0% ↓	24.5% ↓	26.8% ↓	32.2% ↑	23.9% ↓	N/A
Diabetes	**6.0%** ↑	6.6% ↑	5.5% ↓	6.1% ↑	5.1% ↓	5.9% I	5.2% ↓	5.3% ↓	N/A
Daily smoking	**11.2%** ↓	11.2% ↓	10.2% ↓	13.3% ↓	11.1% ↓	9.7% ↓	13.1% ↓	8.3% ↓	N/A
High AUSDRISK (12+)	**34.8%** ↓	36.0% ↓	33.5% ↓	35.3% ↓	33.4% ↑	35.9% ↓	37.6% ↓	31.2% ↓	N/A
Daily vaping	**6.9%**	7.0%	6.4%	8.2%	7.5%	4.5%	5.7%	5.5%	N/A

↑ Increase from 2024 ↓ Decrease from 2024 I Same as 2024

Obesity

Lowest
ACT

Highest
Tas

High blood pressure

Lowest
ACT

Highest
Tas

Diabetes

Lowest
WA

Highest
NSW

Daily smoking

Lowest
ACT

Highest
Qld

AUSDRISK

Lowest
ACT

Highest
Tas

Daily vaping

Lowest
SA

Highest
Qld

Key Findings: Across Australia

Australia's health outcomes can vary dramatically between federal electorates, which can provide a clearer and more in-depth understanding of the nation's public health landscape — and the way forward.

This section breaks down the key findings across electorates, offering insights into how regions compare on critical health risk factors. Comparing major health risk factors — high blood pressure, obesity, diabetes and daily smoking and vaping — across all electorates to the national average presents a significant opportunity to identify areas that excel or lag in public health.

Socio-economic factors, as measured by SEIFA, can affect these outcomes. Electorates with lower socio-economic status often face challenges such as limited healthcare access and lower health literacy, leading to poorer health results. Whereas electorates with higher socio-economic status benefit from better access to resources and healthier lifestyles.

Each electorate is also assigned an Index score, making it easy to compare to the national average (107).

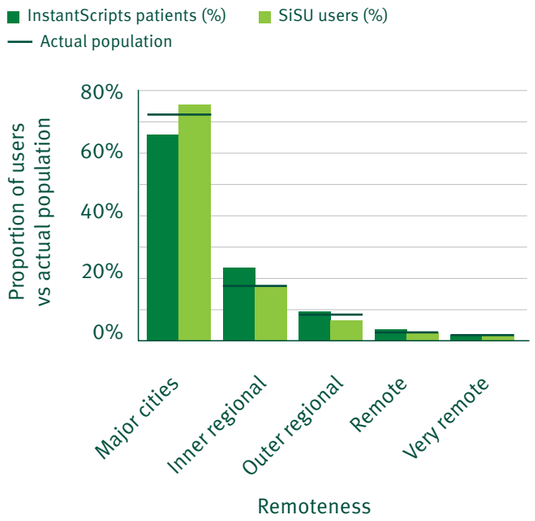
Socio-economic differences

- **Smoking and vaping.** Smoking rates show a distinct difference between the most and least disadvantaged areas (16.3% vs 7.4%) while vaping rates are relatively similar (8.6% vs 5.3%).
- **Obesity.** Women in the least disadvantaged areas are half as likely to have obesity compared to those in the most disadvantaged areas — but are the most likely socio-economic group to be underweight.

Regional and urban Australia

- **Obesity** is more prevalent outside major cities, with more than 1 in 3 people in regional areas having obesity, compared to 1 in 4 in city areas.
- **Daily smoking** rates are higher in non-city areas, with 13% of inner-regional Australians and 14.3% of outer-regional Australians smoking daily, compared to 10.2% in cities.
- **Blood pressure** is a challenge for regional Australians, with just over 30% recording high blood pressure, compared to 24% across the cities.

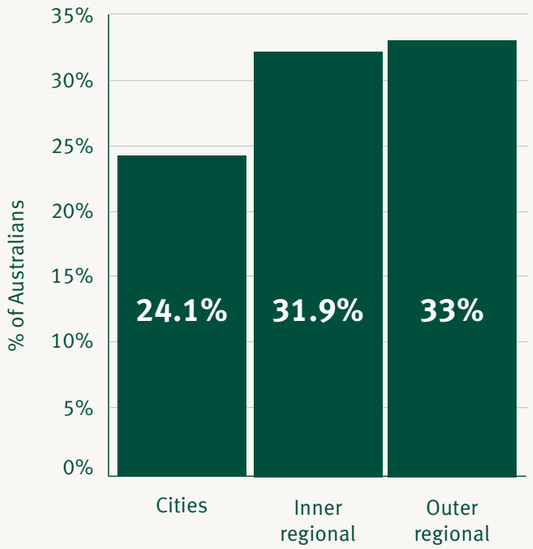
Distribution of users against population, by remoteness



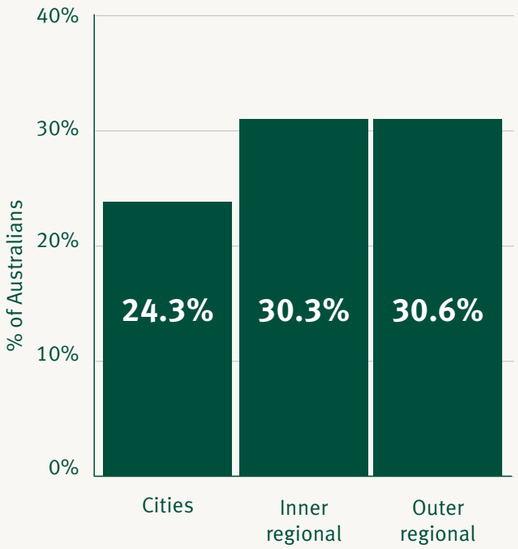
Interestingly, data from Wesfarmers Health's teleheath service InstantScripts shows that one-third of its patients live in regional areas, while comprising just 26% of the population.

Regional health disparities

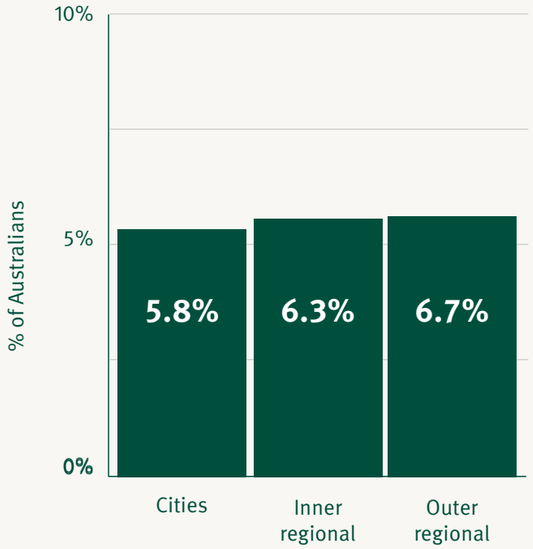
Obesity



High blood pressure



Diabetes



Daily smoking

For the period of this analysis, SiSU Health Stations generated statistically relevant volumes of health risk data for 145 of 150 Australian electorates (93.3%). With the ongoing expansion of this national network, it's expected all electorates will be covered in coming years.

Risk rates are calculated using the user's last health check and their self-reported residential postcode, which is then linked to an electorate. It's important to note that some electorates' borders have changed since 2024.

Remoteness Areas divide Australia into five classes of remoteness, which are characterised by a measure of relative geographic access to services; further information is available at abs.gov.au.

Key Findings: Federal Electorate

Focus on Tasmania

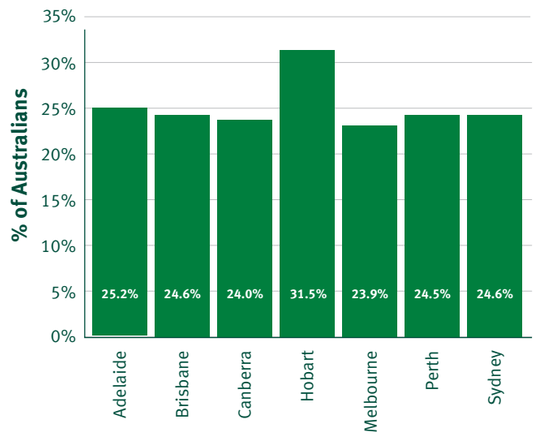
Hobart is more at risk than other Australian capital cities when it comes to cardiovascular risk factors.

Hobart has significantly higher rates of measured high blood pressure than other capital cities. This may be partially attributable to colder temperatures, which have a demonstrable impact on blood pressure.[5]

The Apple Isle capital also has a higher obesity rate (28.6%) than other cities, with Brisbane following closely behind by 0.2 percentage points. Tasmania has, however, reduced its obesity level in the past year.

A greater proportion of people smoke daily in Hobart than in other capitals at 13%, which exceeds the national rate of 11%.

High blood pressure rate by city



The 10 most and least at-risk electorates across each health marker

Obesity

Lowest rate:
1. Wentworth (NSW)
2. Kooyong (Vic)
3. Melbourne (Vic)
4. Sydney (NSW)
5. Bradfield (NSW)
6. Warringah (NSW)
7. Macnamara (Vic)
8. Curtin (WA)
9. Kingsford Smith (NSW)
10. Chisholm (Vic)

Highest rate:
1. Blair (Qld)
2. Flynn (Qld)
3. Spence (SA)
4. Longman (Qld)
5. Gippsland (Vic)
6. Lindsay (NSW)
7. Barker (SA)
8. Lyons (Tas)
9. Farrer (NSW)
10. Indi (Vic)

High blood pressure

Lowest rate:
1. Griffith (Qld)
2. Sydney (NSW)
3. Melbourne (Vic)
4. Brisbane (Qld)
5. Wentworth (NSW)
6. Macnamara (Vic)
7. Bradfield (NSW)
8. Parramatta (NSW)
9. Kooyong (Vic)
10. Bennelong (NSW)

Highest rate:
1. Mallee (Vic)
2. Monash (Vic)
3. Gippsland (Vic)
4. Groom (Qld)
5. Gilmore (NSW)
6. Lyons (Tas)
7. Barker (SA)
8. Franklin (Tas)
9. Nicholls (Vic)
10. Farrer (NSW)

Diabetes

Lowest rate:
1. Curtin (WA)
2. Brisbane (Qld)
3. O’Connor (WA)
4. Melbourne (Vic)
5. Canberra (ACT)
6. Griffith (Qld)
7. Warringah (NSW)
8. Goldstein (Vic)
9. Sydney (NSW)
10. Cooper (Vic)

Highest rate:
1. Macarthur (NSW)
2. Chifley (NSW)
3. McMahon (NSW)
4. Spence (SA)
5. Greenway (NSW)
6. Fowler (NSW)
7. Blaxland (NSW)
8. Holt (Vic)
9. Grey (SA)
10. Lalor (Vic)

Daily smoking

Lowest rate:
1. Jagajaga (Vic)
2. Kooyong (Vic)
3. Mitchell (Vic)
4. Bradfield (NSW)
5. Berowra (NSW)
6. Warringah (NSW)
7. Chisholm (Vic)
8. Goldstein (Vic)
9. Hotham (Vic)
10. Menzies (Vic)

Highest rate:
1. Blair (Qld)
2. Capricornia (Qld)
3. Kennedy (Qld)
4. Hinkler (Qld)
5. Flynn (Qld)
6. Werriwa (NSW)
7. Parkes (NSW)
8. Calwell (Vic)
9. Longman (Qld)
10. Rankin (Qld)

AUSDRISK Score 12+

Lowest rate:
1. Melbourne (Vic)
2. Griffith (Qld)
3. Macnamara (Vic)
4. Sydney (NSW)
5. Wentworth (NSW)
6. Brisbane (Qld)
7. Ryan (Qld)
8. Wills (Vic)
9. Grayndler (NSW)
10. Warringah (NSW)

Highest rate:
1. Hinkler (Qld)
2. Wide Bay (Qld)
3. Grey (SA)
4. Lyne (NSW)
5. Chifley (NSW)
6. Gippsland (Vic)
7. Mallee (Vic)
8. Maranoa (Qld)
9. Dobell (NSW)
10. Barker (SA)

Daily vaping

Lowest rate:
1. Boothby (SA)
2. Jagajaga (Vic)
3. Goldstein (Vic)
4. Indi (Vic)
5. Bradfield (NSW)
6. Hindmarsh (SA)
7. Hotham (Vic)
8. Menzies (Vic)
9. Chisholm (Vic)
10. Adelaide (SA)

Highest rate:
1. Calwell (Vic)
2. Brand (WA)
3. Canning (WA)
4. Lindsay (NSW)
5. Blair (Qld)
6. Petrie (Qld)
7. Longman (Qld)
8. Chifley (NSW)
9. Forde (Qld)
10. Rankin (Qld)

Key Findings: Federal Electorate

The most and least at-risk electorates across each of the four health risk factors in each state and territory

This electorate data highlights those that stand out as the most and least at-risk in terms of the four key cardiometabolic risk factors: high blood pressure, obesity, daily smoking and diabetes, both at national and state levels.

By recognising the areas with lower risks and those requiring more focused attention, we gain a clearer understanding of the diverse health landscape across the country, helping to identify where targeted interventions could be most beneficial.

National

Healthiest: **Bradfield (NSW)**
Index Score: 316 SEIFA: 10/10
Most at-risk: **Barker (SA)**
Index Score: 55 SEIFA: 2/10

New South Wales

Healthiest: **Bradfield**
Index Score: 316 SEIFA: 10/10
Most at-risk: **Dobell**
Index Score: 64 SEIFA: 4/10

Victoria

Healthiest: **Melbourne**
Index Score: 248 SEIFA: 7/10
Most at-risk: **Mallee**
Index Score: 56 SEIFA: 2/10

Queensland

Healthiest: **Griffith**
Index Score: 234 SEIFA: 9/10
Most at-risk: **Blair**
Index Score: 58 SEIFA: 2/10

Western Australia

Healthiest: **Curtin**
Index Score: 265 SEIFA: 10/10
Most at-risk: **O'Connor**
Index Score: 87 SEIFA: 3/10

Tasmania

Healthiest: **Clark**
Index Score: 86 SEIFA: 5/10
Most at-risk: **Lyons**
Index Score: 64 SEIFA: 2/10

South Australia

Healthiest: **Boothby**
Index Score: 166 SEIFA: 8/10
Most at-risk: **Barker**
Index Score: 55 SEIFA: 2/10

Australian Capital Territory

Healthiest: **Canberra**
Index Score: 163 SEIFA: 10/10
Most at-risk: **Bean***
Index Score: 105 SEIFA: 9/10

Most improved

Index scores can vary a lot from year to year. In 2024, Blair (Qld), was the most at-risk electorate at a national level with a score of 46, but this year improved by 12 points with a score of 58.

Curtin (WA), an electorate comprising Perth's western suburbs, improved its score dramatically, from 150 to 265 — an improvement of 115 points.

For SEIFA scores, areas are categorised into 10 deciles (10 groups) according to disadvantage, with 10/10 denoting the least disadvantaged areas and 1/10 denoting the most disadvantaged areas.

*Bean is deemed 'most at-risk' for the ACT with an Index Score of 105 and a SEIFA score of 9/10; however, it's being compared to just 2 other electorates in the ACT, with similarly low-risk scores: Fenner (131 and 9/10) and Canberra (163 and 10/10).

Key Findings:
Tale of Two Electorates

Health outcomes vary across Australia with socio-demographic factors such as income, education, access to services and the prevalent living and working conditions. Two contrasting Sydney electorates, Blaxland and Bradfield, offer a side-by-side example of health inequity in Australia.

Bradfield, which includes the suburbs of Willoughby and Wahroonga, contains some of Australia's most advantaged neighbourhoods. Blaxland is a disadvantaged electorate in Sydney's west. With a large migrant population, most Australians in **Blaxland** speak a language other than English at home.

In Blaxland, residents are 3 times likelier to smoke, 2.3 times likelier to vape, 1.9 times likelier to have obesity or diabetes and 1.3 times likelier to have high blood pressure than those in Bradfield. According to the Socio-Economic Indexes for Areas (SEIFA), Blaxland is in the top 10% most disadvantaged electorates in Australia. Bradfield is in the top 10% least disadvantaged.

The data is concerning, given that the median age in Blaxland is just 33. However, tailored health initiatives in these suburbs could yield significant results for the 55-60% of the Blaxland population who are yet to reach the crucial midlife years.

Bradfield

Index score
316

Population
169,182
Total sample size: 3,071

Blaxland

Index score
86

Population
188,607
Total sample size: 4,081

Bradfield

Percent male
48.3%

Percent female
51.7%

Median age
41

SIEFA
10/10

People per household
2.8

Bachelors degree or above
52.7%

Households where non-English language is used
43.1%

Unemployment rate
4.4%

Median weekly income (personal)
$1062

Obesity rate
13.7%

High blood pressure
23.2%

Diabetes rate
4.8%

Daily smoker rate
5.2%

High AUSDRISK
30.6%

Daily vaper rate
3.6%

Blaxland

Percent male
51.2%

Percent female
48.8%

Median age
33

SIEFA
1/10

People per household
3.2

Bachelors degree or above
20.4%

Households where non-English language is used
77.1%

Unemployment rate
9.2%

Median weekly income (personal)
$556

Obesity rate
26%

High blood pressure
24.6%

Diabetes rate
9.4%

Daily smoker rate
15.7%

High AUSDRISK
36.7%

Daily vaper rate
8.4%

Source: Australian Bureau of Statistics

Health Challenges

Obesity

Obesity has taken over from high blood pressure as the most common cardiometabolic risk factor.

According to the Index data, more than 1 in 4 Australians has obesity, which has serious implications for the wellbeing of the nation and the burden of disease. Obesity is associated with 30 life-threatening conditions, including several types of cancer, cardiovascular diseases, musculoskeletal conditions, type 2 diabetes, chronic kidney disease and asthma.[6]

Index data reveals that more than 3 in 5 Australians are overweight (BMI of 25 or greater) or have obesity. For men, it's 7 in 10. This is alarming, given that overweight and obesity contributed to around 10% of deaths in Australia in 2018, according to the Australian Institute of Health and Welfare.[7]

The role of GLP-1s

Before the advent of glucagon-like peptide-1 receptor agonist (GLP-1) medicines, such as semaglutide (marketed as Ozempic and Wegovy), the rapid rise in obesity and diabetes felt almost impossible to turn around. In Australia, GLP-1s are currently only approved for treating diabetes, but they're often prescribed 'off-label' for weight loss.[8]

Lifestyle changes remain effective, but shifting behaviour across the population has proven challenging. With this new class of medicines entering the market, there's real potential to see rates of obesity, diabetes and related cardiometabolic risks start to decline.

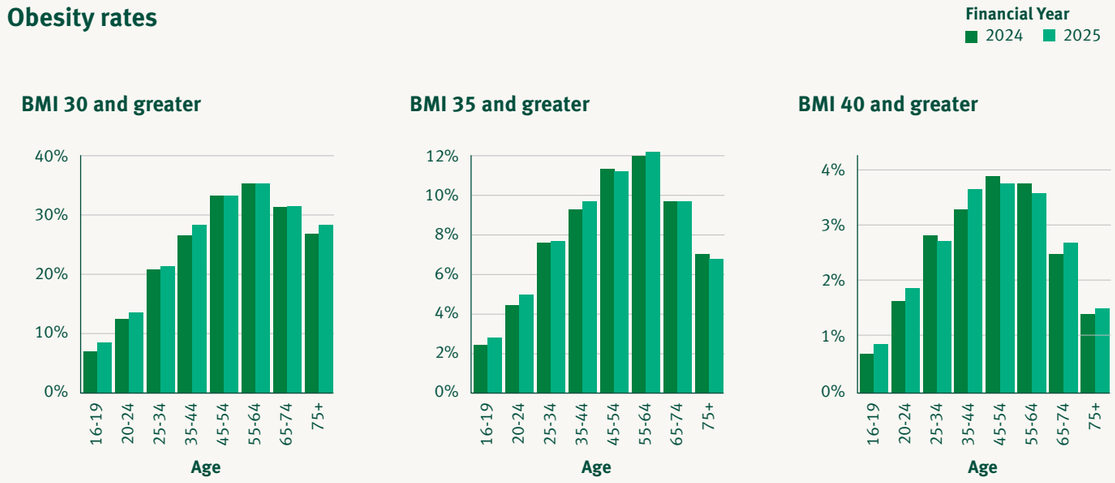
GLP-1s are not yet listed on the Pharmaceutical Benefits Scheme (PBS) for obesity treatment,[9] but usage is climbing fast. Wholesale data from Wesfarmers Health's Australian Pharmaceutical Industries Pty Ltd (API) shows demand for GLP-1s for both weight loss and diabetes has surged by more than 50% in the past two years. It's still too early to see an impact on national obesity rates, but if a turnaround occurs, this Index will be among the first to track it.

1 in 4
Australians has obesity

"While there is some positive news in this year's Index, the rise in obesity, particularly among men, is troubling. It is now recognised that metabolic risk factors like obesity can lead to coronary heart disease. Unless we apply a more holistic, cross-disciplinary approach, which seeks to tackle cardiometabolic disease upstream at its source, more Australian lives will be unnecessarily lost."

Prof. Jason C Kovacic
Director and CEO of the Victor Chang Cardiac Research Institute;
Chair and Professor of Medicine at UNSW Sydney;
Adjunct Professor at The University of Western Australia

Obesity rates



Diabetes

55%

of type 2 diabetes disease burden is attributable to overweight and obesity[10]

Diabetes is a major public health challenge in Australia, with almost 1.9 million Australians affected by the disease — 5.2% of women and 6.8% of men — according to Index data. Unlike other risk factors, diabetes rates between sexes do not converge in older age.

On average, more than 300 people are diagnosed with diabetes every day, according to Diabetes Australia.[11]

The overwhelming majority of these cases are type 2 diabetes, which may be prevented or delayed in 58% of cases.

A person can have type 2 diabetes and not know it at first, because it can be asymptomatic.

People with diabetes are in danger of developing heart disease, stroke, high blood pressure, circulation problems, lower limb amputations, nerve damage and damage to the kidneys and eyes.[12]

Relationship between obesity, diet and diabetes

The link between obesity, diet and the development of some cases of type 2 diabetes is well established.

The risk of type 2 diabetes is increased by factors including extra weight carried around the waist.[13]

This is particularly concerning given that 26.6% of Australians have obesity, creating a substantial at-risk population for developing diabetes.

Additionally, diets high in processed foods, sugars and unhealthy fats contribute to the rising prevalence of diabetes.

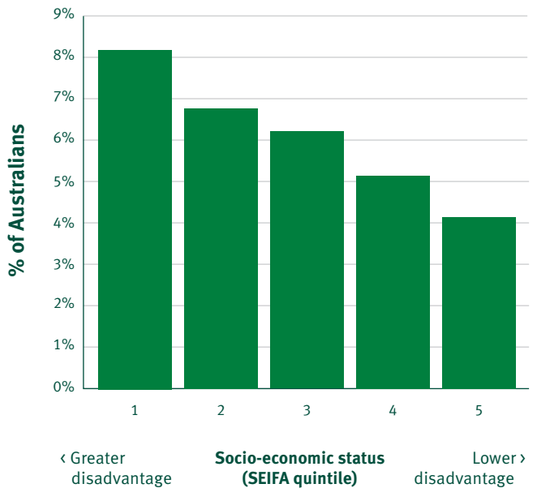
Public health initiatives focusing on weight management, healthier eating habits and regular physical activity are crucial in preventing and managing diabetes.

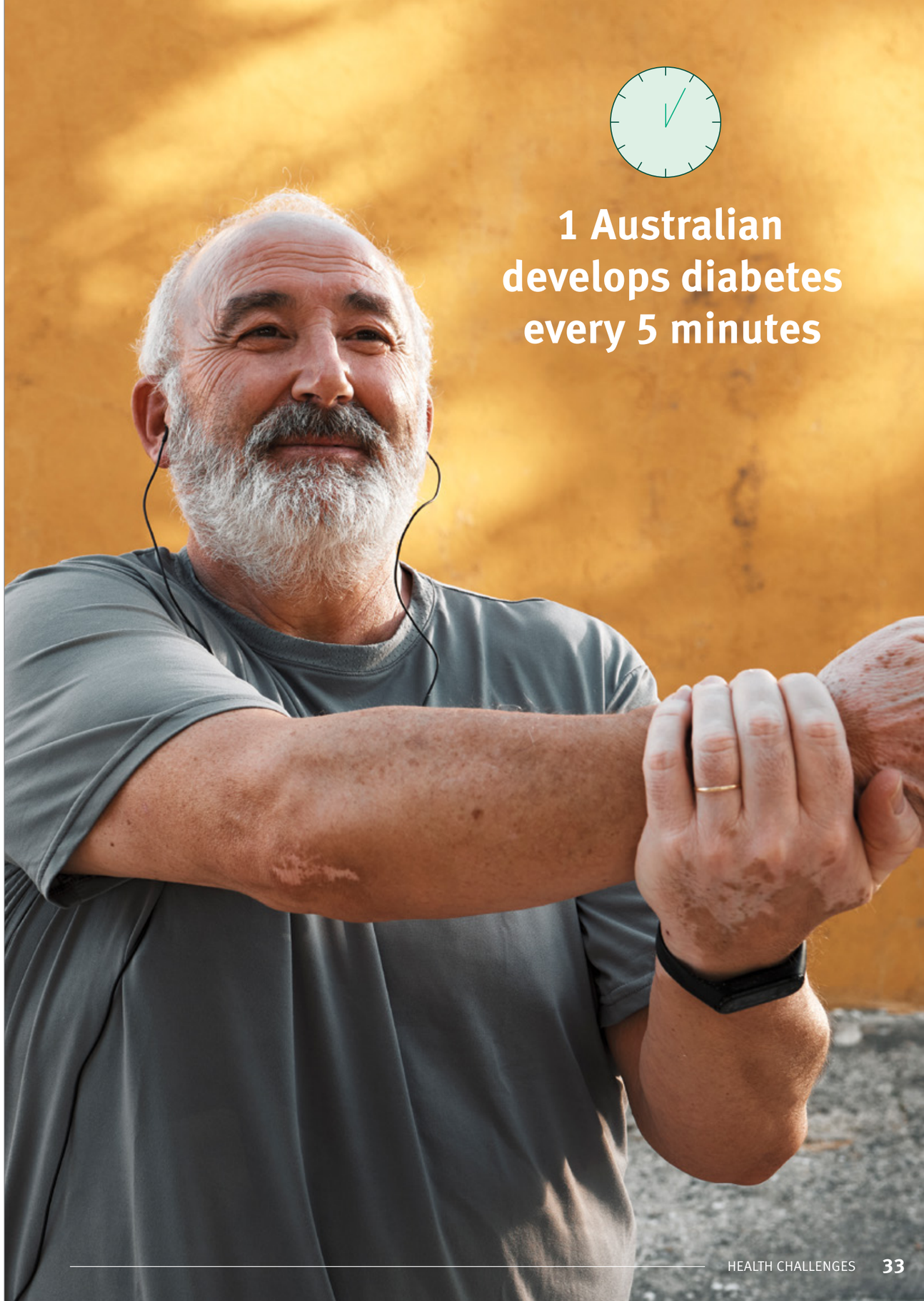
Socio-economic disparities

There is a strong link between socio-economic status and diabetes prevalence. The rate of diabetes in the most disadvantaged communities is 8%, compared to just 4% in the least disadvantaged communities.

However, the most stark improvements in diabetes rates between 2022 and 2025 were seen in the most disadvantaged areas. Less disadvantaged areas — although starting at a lower base — saw little change.

Trends in diabetes by socio-economic disadvantage 2025





AUSDRISK

872,000 Australians are likely to develop type 2 diabetes by 2030.

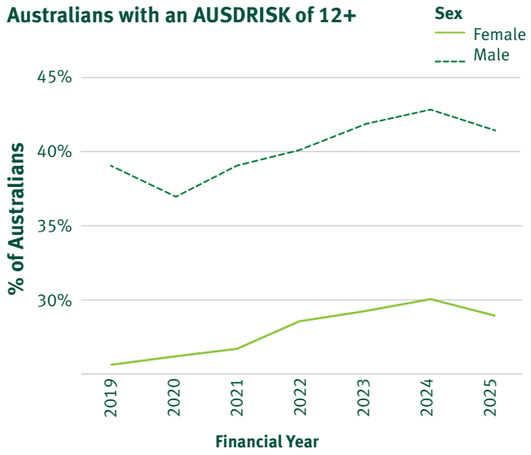
AUSDRISK is an Australian Government-endorsed tool that assesses type 2 diabetes risk, calibrated against the Australian population. Developed by the Baker Institute, the questionnaire asks participants about their age, ethnicity, family history of diabetes, fruit and vegetable intake, waist circumference and more.[14]

During this reporting period, AUSDRISK assessments were completed by more than 260,000 SiSU Health Station users who don't currently have diabetes; providing what is likely the largest source of AUSDRISK results in the general population and directly producing our national estimate of 872,000 new diabetes cases over the next 5 years.

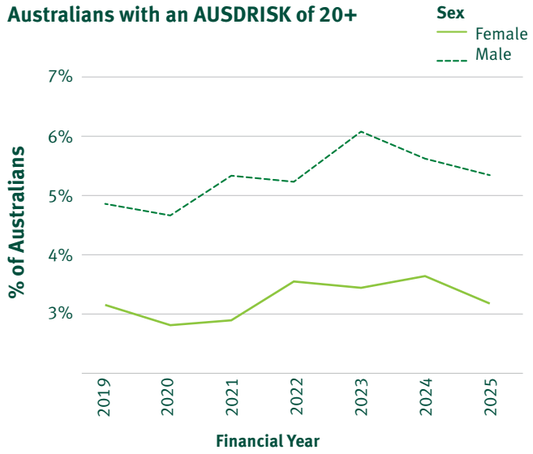
AUSDRISK sorts 5-year diabetes risk into categories, with the top 3 categories considered high risk:

- For scores of 12-15, approximately 1 person in every 14 will develop diabetes.
- For scores of 16-19, approximately 1 person in every 7 will develop diabetes.
- For scores of 20 and above, approximately 1 person in every 3 will develop diabetes.

Australians with an AUSDRISK of 12+



Australians with an AUSDRISK of 20+



"There are 1.3 million Australians living with type 2 diabetes and another 500,000 undiagnosed. Knowing your numbers could be the difference between early detection and a life-threatening complication like a heart attack or stroke."

Justine Cain
Group CEO, Diabetes Australia

Priceline Pharmacist Mel Gannon with Justine Cain, Group CEO Diabetes Australia and a patient having a SiSU Health Check

High Blood Pressure

High blood pressure (hypertension) impacts 26% of Australians — around 5.7 million people aged 16 years and over.*

Men are more likely to have high blood pressure, at 29%, versus 23% of women. The danger is that many don't know they have it.

High blood pressure is often symptomless, and over time, if left untreated, it can silently damage blood vessels and organs, dramatically increasing the risk of heart attack and stroke. This damage builds up: elevated systolic blood pressure continues to be the leading risk factor for all-cause and cardiovascular deaths in Australia.[15]

In Australia, high blood pressure is responsible for:

- 43% of coronary heart disease
- 41% of strokes
- 38% of chronic kidney disease
- 32% of atrial fibrillation and flutter[16]

With early detection, treatment and lifestyle changes — high blood pressure is closely linked to stress and poor diet — much of this damage can be prevented.

Blood pressure demographics

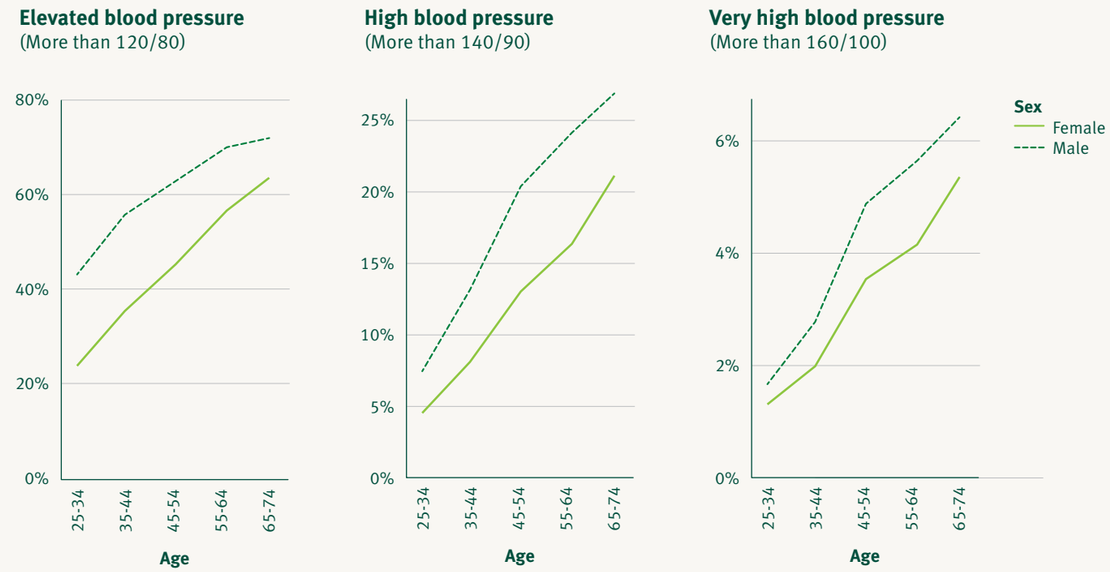
The risk of high blood pressure increases with age, so it's important for Australians to measure their blood pressure routinely as they get older. Among those aged 55-64, 39.8% have high blood pressure (controlled or uncontrolled), as well as 53.8% of those aged 65-74, and 67.6% of those aged 75 and over.

Despite the risk, Index data showed that 1 in 3 Australians aged 65-74 had not had their blood pressure measured within the last 12 months.

High blood pressure is more common in more disadvantaged areas. However, lack of blood pressure awareness cuts across every socio-economic stratum of Australia. In both the most and least disadvantaged areas, a majority had not had their blood pressure measured within the past 12 months.

High blood pressure rates have been falling in every age group since 2022.

How blood pressure increased with age



Bringing the pressure down

The proportion of SiSU Health Station users with elevated blood pressure increased greatly over the COVID pandemic, but has since begun to normalise to pre-COVID levels.

This year, 48.9% of Australians have higher-than-optimal blood pressure (exceeding 120/80), down from 50.5% in 2024.

The overall high blood pressure rate (greater than 140/90) for 2025 is 26% — down from 28.6% in 2024.

"High blood pressure, or hypertension, is the leading risk factor for death in Australia, resulting in more than 25,000 deaths each year from heart attack, stroke, kidney disease and more. We need to significantly improve detection and screening, since half of Australians with high blood pressure are not even aware of it. Now, more than ever, it is critical that we double down on proven strategies to detect and screen for high blood pressure."

Prof. Alta Schutte
SHARP Professor of Cardiovascular Medicine, UNSW Sydney;
Global Co-Director of the Cardiovascular Program, The George Institute;
Co-Chair, National Hypertension Taskforce

*This includes people with controlled blood pressure (i.e. through medication and lifestyle), those with uncontrolled high blood pressure (i.e. high despite treatment) and those who are unaware of their high blood pressure, or it's not being managed.

Smoking and Vaping

While smoking rates in Australia have fallen steeply since 2022 — among all age groups and sexes — tobacco use is still one of Australia's biggest health threats.

More than 1 in 10 Australians aged 16 and over smoke cigarettes every day, even though it causes a wide range of cancers and drives heart disease and stroke. Tobacco use is the second leading risk factor for the overall burden of disease in Australia, responsible for 7.6% of total illness and injury in 2024.[17]

Worryingly, cigarette smoking is more popular among young Australians than any other cohort. Seventeen percent of those aged 20-24 smoke daily, with men (20%) more likely to smoke cigarettes than women (15%).

Conversely, Index data shows that the fall in smoking rates is most pronounced in middle-aged brackets, with 45-54-year-olds down by 5.3 percentage points since 2022.

7% **of Australians vape daily**

At the same time, vaping has emerged as a serious new health challenge, compounding the problem. More than 12% of all Australians use either cigarettes or vapes, with almost 20% of 20-24-year-olds using cigarettes or vapes. Among this age group, co-occurrence is prevalent: 11% use both vapes and cigarettes every day.

Traditional cigarettes are still more popular than vapes among every cohort except 16-19-year-olds — the biggest consumers of e-cigarettes.

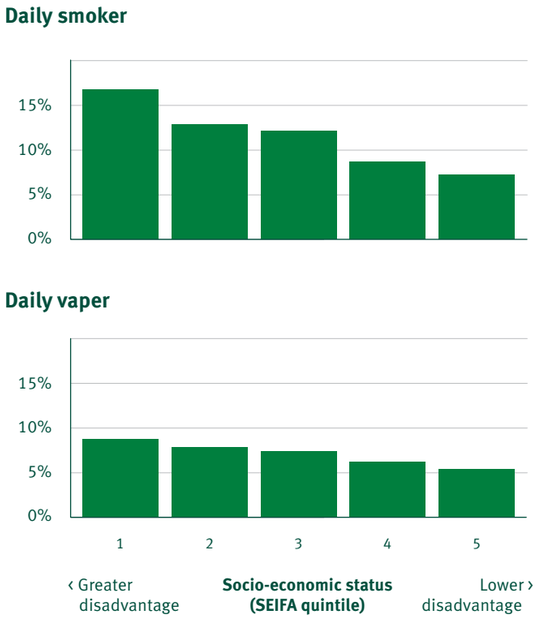
Both smoking and vaping are tied to disadvantage. People in the lowest socio-economic areas are more likely to smoke daily, compared to those in the highest.

E-cigarettes for smoking cessation

E-cigarettes containing nicotine have been used as a quitting aid since the mid-2000s.[18] A 2025 Cochrane review of 90 studies found they can be more effective than traditional nicotine replacement therapy (NRT) in helping people quit for six months or longer.[19]

In response to rising misuse, Australia tightened regulation in 2024. Since July 2024, all vaping products — whether containing nicotine or not — can only legally be supplied through pharmacies to support smoking cessation. From October 2024, adults 18 and over can access therapeutic vapes with lower doses of nicotine (20mg/mL or less) directly from pharmacies, where clinically appropriate, without a prescription.[20]

Daily smokers and vapers by socio-economic disadvantage 2025



Daily smokers and vapers, 2025

Women's Health

Health impacts of perimenopause and menopause

A surprising number of Australians are unaware of perimenopause symptoms and the health impacts of menopause, such as the increase in heart disease risk.

One in 6 (17%) can't name a single perimenopause symptom, according to research from Priceline Pharmacy conducted by YouGov.[21]

Perimenopause and menopause can trigger disruptive symptoms, including hot flushes and night sweats, mental health changes, brain fog, exhaustion and urogenital issues (affecting urinary or reproductive organs).

These symptoms reflect underlying hormonal changes that can have serious long-term health impacts. Oestrogen has a protective effect, moderating vital cardiometabolic functions, such as lipid metabolism, glucose metabolism and body fat distribution, where it preferentially stores fat to subcutaneous areas around the hips and thighs.

When oestrogen falls, this fat moves upwards to central (visceral) areas, where it poses a greater cardiometabolic risk. In combination with oestrogen receptors dampening glucose output in the liver, women's risk profiles begin to converge with men's. High blood pressure and diabetes rates increase significantly during menopause, as does the rate of cardiovascular events. Diabetes rates, however, start to diverge in the 35-54 age bracket and the gap between men and women continues to widen into older age.

Obesity for women tends also to peak in the 55-64 age group, with 31% having a BMI of 30 or greater.

All of the above accelerates women along the stages of cardiometabolic disease. But much of this risk, as well as perimenopausal symptoms,[22] can be mitigated with treatment, including Menopausal Hormone Therapy (MHT), previously known as Hormone Replacement Therapy. Recent API prescription data for MHT shows a 20% year-on-year increase for key MHTs: oestrogen; progesterone; and paired oestrogen and progesterone.

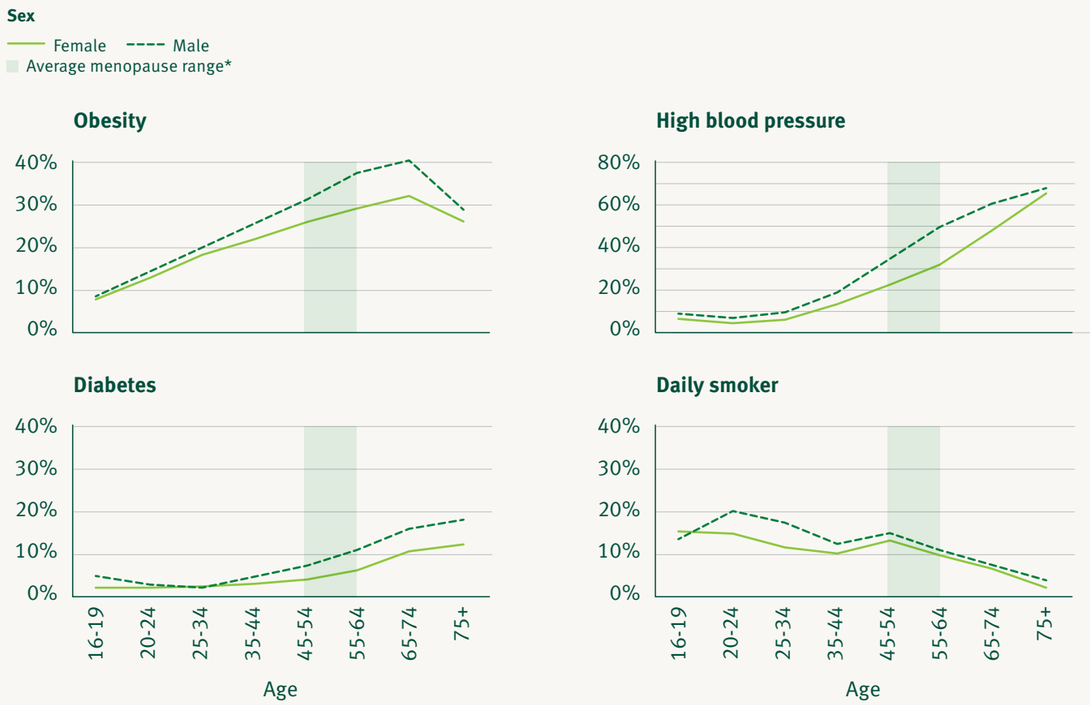
Perimenopause is a critical time for women to assess their risk factors and make necessary lifestyle changes. In addition to utilising SiSU Health Stations, Wesfarmers Health is partnering with women's health organisations, such as Jean Hailes for Women's Health and Her Heart, to continue to promote cardiometabolic screening among this cohort.

Perimenopause versus menopause: what's the difference?

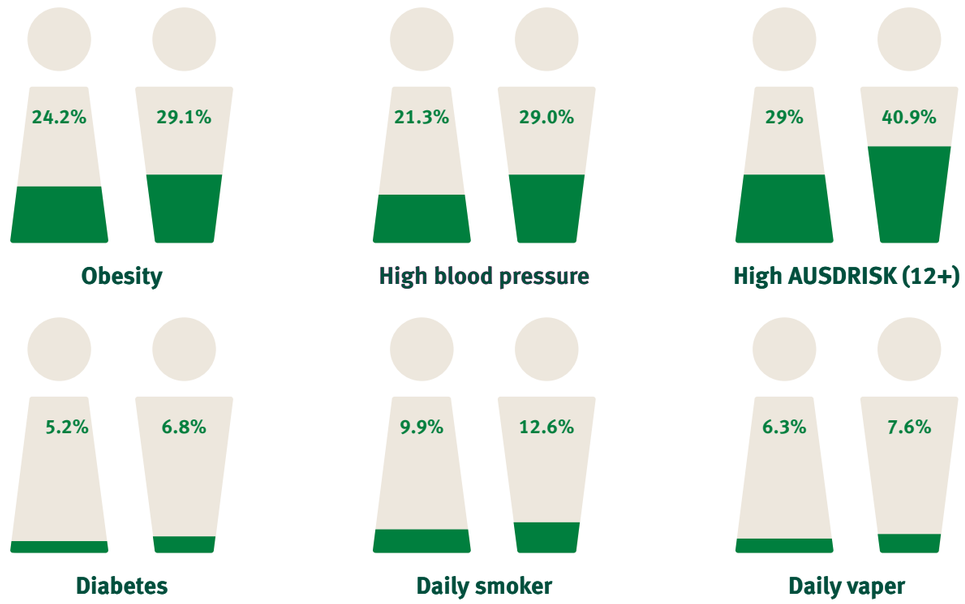
Perimenopause, the phase leading up to menopause, is characterised by sharply fluctuating and falling oestrogen, alongside the end of a woman's fertility. Menopause occurs when a woman hasn't had a menstrual period for 12 consecutive months.[23]

Risk factors by age and sex

The gap in risk factor prevalence narrows with age, particularly after menopause



Risk factors by sex 2025



In a health check, SiSU Health Stations record both sex recorded at birth and identified gender. Estimates in this report should not be taken as representative for users who do not identify as their sex assigned at birth, since this proportion of users is very small.

*On average women experience menopause between 45 and 60[24]

Building a Healthier Tomorrow

Building a Healthier Tomorrow

Preventive health measures

Regular health checks are key to identifying risk factors like high blood pressure before they escalate.

SiSU Health Stations make this easy, offering free, accessible health checks across Australia.

Each SiSU Health Station check includes measurements of BMI, blood pressure, heart rate, body fat and AUSDRISK, as well as recording the user's diabetes status, smoking and/or vaping usage. Based on the results, users may also be given health tips and recommendations to see a GP.

We believe that one of the most effective ways to raise cardiometabolic health literacy and support better self-care is through free, personalised health measurement.

Repeat visits have the biggest impact. When an individual uses a Health Station routinely and tracks their progress, they're better able to spot potential issues early, see a GP if necessary and make small lifestyle tweaks that are measurable and seen in the SiSU Health app.

> "Pharmacies are one of the most accessible healthcare touchpoints in Australia. Early intervention saves lives, and it all starts with knowing your numbers."
>
> **Amy Jones**
> Pharmacist, Wesfarmers Health

153,000

GP recommendations on SiSU Health Stations in the past year

While optimising the nudges that foster a 'health check habit' is an ongoing focus for SiSU Health, nearly 20% of all users undertook multiple health checks on SiSU Health Stations in FY25. This cohort numbered 78,700 people and accounted for 43% of all checks undertaken, at an average of 3.2 checks in the year.

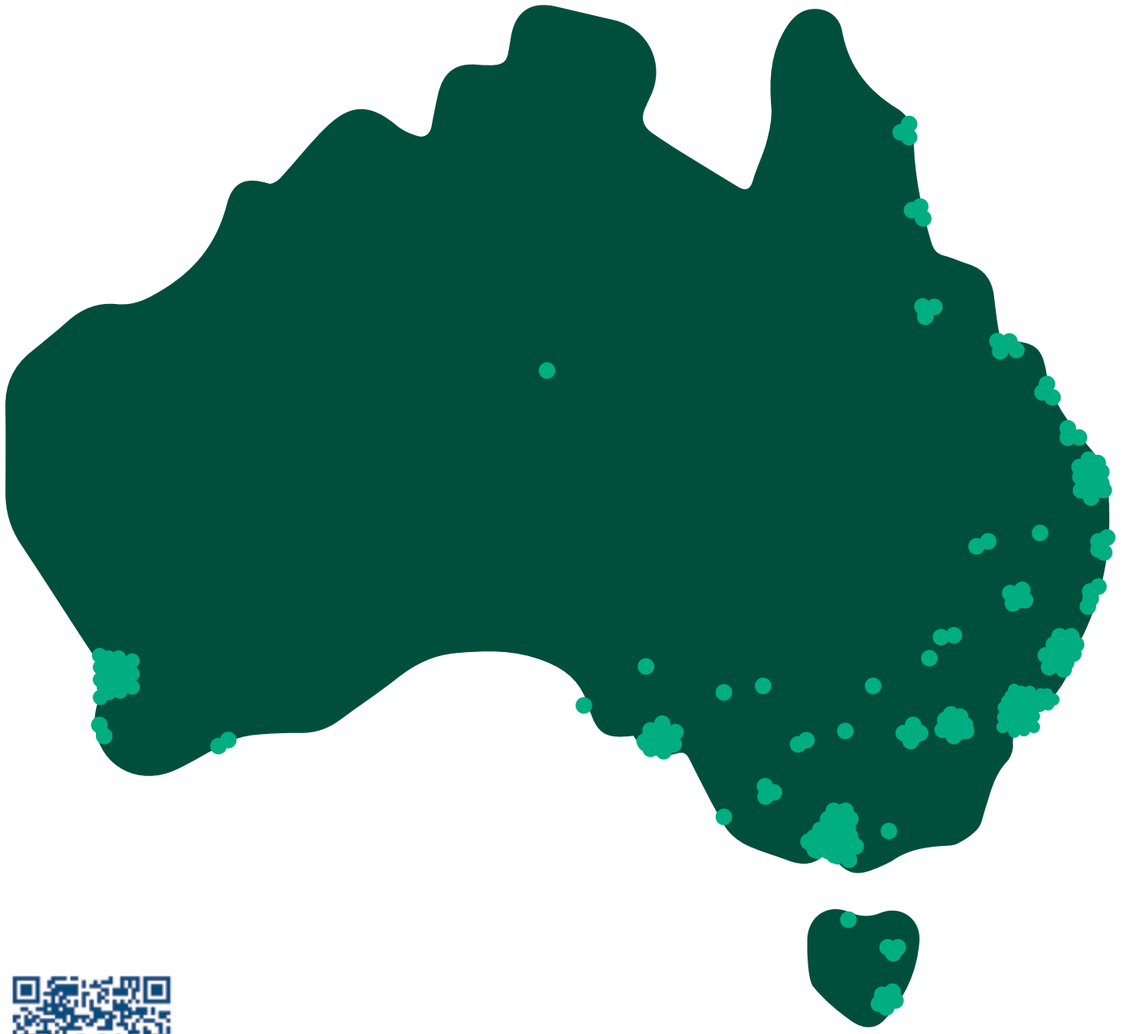
Since data has been collected from SiSU Health Station checks, there have been more than 854,000 GP recommendations made, with almost 153,000 of these in the last year alone, which demonstrates how effective and wide-reaching this initiative is.

Additionally, one of the key differentiators of SiSU Health's national network of health stations is its ability to measure an individual's change in health profile over time. This data demonstrates longitudinal health impact.

As well as Priceline Pharmacy, SiSU Health also partners with Australia's leading cardiometabolic health researchers and universities, including the Shop-to-Stop Hypertension study in 30 Bunnings stores in New South Wales with The George Institute and UNSW (led by Professor Alta Schutte).

SiSU Health also provided health checks at 345 workplaces across Australia for FY25, providing more than 75,000 health checks to 55,000 employees across 22 industry groups, helping employers bridge the health gap with their workforce and fostering a culture of wellness.

SiSU Health Station locations



Scan here for the full SiSU Health Station location list

CASE STUDY

Bunnings and SiSU Health: bringing preventive health to the community

SiSU Health has partnered with Bunnings to deliver free preventive health screening programs for customers and team members, focused on detecting risk factors for cardiovascular disease and type 2 diabetes using the AUSDRISK diabetes risk assessment tool.

In collaboration with The George Institute for Global Health and the UNSW, SiSU Health Stations were installed in 30 Bunnings stores as part of the Shop-to-Stop Hypertension Study. Health checks were also conducted at national Bunnings trade shows and Bunnings support offices.

A primary goal of this study is to test new settings to increase measurement and awareness of high blood pressure, the leading risk factor for all-cause and cardiovascular deaths in Australia. It leverages high foot traffic in a popular retail store, making access to health checks more convenient for customers who may not otherwise seek health services.

Males accounted for 58% of the participants, which is important given they're more at risk of obesity, high blood pressure and diabetes. Additionally, 1 in 4 customers returned for a subsequent check.

The average age of subjects was 41.5 years, a pivotal time for any Australian to take charge of their health and improve outcomes as they enter midlife.

By embedding free health checks into everyday settings, we've uncovered hidden health risks, encouraged people with risk factors to see their GPs and inspired healthier choices. This partnership shows how retail can play a powerful role in shaping a healthier Australia.

59,417

individuals checked at Bunnings

Key findings

Most of the participants had not measured their blood pressure in the previous year, and more than half (51.2%) had at least one metabolic or cardiovascular risk factor (including daily smoking):

- 1 in 7 recorded high blood pressure
- 1 in 3 had obesity (BMI of greater than 30)
- 1 in 3 were at 'high risk' of developing diabetes (with an AUSDRISK of 12 or higher)

One in 3 participants were prompted by the SiSU Health Station to see their GP, and more than 8,500 engaged with their results after their health check via the SiSU app. This shows that a quick check in a non-clinical, low-stress environment can have lasting positive effects on an individual's health journey.

CASE STUDY

The Shane Warne Legacy: health checks at major sporting events

The Shane Warne Legacy was established in 2023 after the cricket legend passed away from a heart attack in March 2022, aged just 52.

To continue Shane's philanthropic endeavours, his family and friends established the Shane Warne Legacy to preserve his memory with initiatives to help improve the lives of many Australians.

It aims to highlight the importance of regular and accessible health checks, particularly for high-risk demographics like men.

As part of the initiative, sporting fans are invited to do a free five-minute health check at major sporting events. With over 300,000 Shane Warne Legacy health checks delivered since launch, this model is emerging as a transformative approach to preventive health. By embedding checks into sporting and community events, healthcare is reaching Australians who might otherwise remain unaware of their cardiometabolic risk factors, or go undiagnosed.

It proves the value of helping people discover their health metrics where they live their lives.

SiSU Health is proud to partner with Shane Warne Legacy, their founding partner Latrobe Health, health partner Diabetes Australia and Novo Nordisk to offer free Shane Warne Legacy Health Checks.

By bringing health checks to major sporting events, the Shane Warne Legacy program is helping those at greatest risk:

- Reaching the unreachable: sporting events draw huge crowds, particularly men, who visit their GP less frequently than women.[25]
- Closing the men's health gap: with the majority of participants male, the program tackles one of the hardest challenges in preventive care.
- Real-time impact: hundreds of urgent cases have been identified on the spot, with thousands more motivated to take action.
- Lasting change: high GP follow-up rates and lifestyle improvements show benefits well beyond game day.

"Losing Shane so suddenly to a heart attack was a devastating reminder that high blood pressure and other silent health risks often go unnoticed. Many people wait until they feel unwell — but sometimes, there's no warning. Thanks to our founding partner, Latrobe Health Services and our health partner, Diabetes Australia, these checks are available for free and without an appointment. Over 300,000 Australians have already taken the Shane Warne Legacy Health Check — a quick, simple step to continue Shane's legacy of helping others."

Helen Nolan
CEO, The Shane Warne Legacy

"As founding partner of the Shane Warne Legacy, we're incredibly proud to see the impact this is having on the health of Australians. It's an innovative partnership with SiSU Health and we're thrilled to be part of it."

Ian Whitehead
CEO Latrobe Health Services

300,000

Shane Warne Legacy Health Checks delivered since launch

CASE STUDY

The 2024 MCG Boxing Day Cricket Test: the largest health screening event in Australian history

Between 26 and 29 December 2024, more than 13,000 cricket fans completed the free Shane Warne Legacy Health Check at the MCG Boxing Day Test between Australia and India.

This partnership between Shane Warne Legacy, SiSU Health, the Victorian Government, Cricket Australia and supporting health organisations delivered the country's largest ever preventive health screening event.

The program honoured Shane Warne's legacy by driving men, in particular, to take action when it comes to their health, with 77% of participants being male.

Key findings

- More than 15% of participants measured high blood pressure, and 57% had not had their blood pressure checked in the previous year.
- 1 in 8 participants had elevated HbA1c,* a sign of higher diabetes risk.
- 1 in 4 participants had obesity (a BMI of greater than 30).
- Urgent recommendations to see a GP were given to 115 participants, and 68% of all participants followed up with their GP after the event.[26]
- Users were followed up by a series of surveys post their check. One in 4 participants began or adjusted their medications following the health check, while 23% had further monitoring for blood pressure or blood sugar.[26]

13,056
individuals checked

"High blood pressure is a silent killer, often showing no symptoms. Sadly, sometimes there is no second chance. These checks are truly helping more people take charge of their health, and it's a chance to honour Shane's memory by giving back and making a difference. Just like he always strived to do. We are beyond proud to bring awareness to so many."

Helen Nolan
CEO Shane Warne Legacy

*HbA1c is a blood test used to help diagnose type 2 diabetes and monitor blood sugar levels in people with diabetes. Source: healthdirect

CASE STUDY

Thousands of football fans screened at AFL Gather Round in South Australia

Thanks to free Shane Warne Legacy Health Checks, over 9,000 Australians were empowered to improve their health at the AFL Gather Round between 10 and 13 April 2025. AFL Gather Round attracts thousands of fans to nine football games involving all 18 teams across various locations in South Australia.

Delivered in partnership with the South Australian Government, SiSU Health and Flinders University, the campaign helped participants at five football venues understand their key metabolic and cardiovascular risk factors. Those with risk factors were encouraged to consult their GP.

Key findings

- Almost 1 in 3 of those surveyed reported they weren't currently seeing a GP for these risks — showing the checks uncovered a critical gap in care.
- 34% of participants were advised to follow up with their GP, and more than half of these (56%) had already seen, or had booked to see, their GP within three weeks of the event. Of those who saw a GP, 78% required clinical action.
- Users were followed up by a series of surveys post their check; 62% of participants had made or planned lifestyle changes after their health check, with 91% of changes focused on diet and physical activity.[27]

9,126

health checks

"GPs are the cornerstone of primary care in Australia, with 80% of the population seeing one every year. GPs also have the largest burden of cardiovascular care. General practice is central to early intervention and preventive medicine, and can be powerfully supported by accessible screening platforms operating in the community."

Associate Prof. Christopher Pearce
Adjunct Associate Professor at
Monash University and Macquarie University

CASE STUDY

Point-of-Care Screening: reaching at-risk Australians

Since the last report, SiSU Health has conducted nearly 10,000 pharmacist and nurse-administered point-of-care blood tests across 5,125 individuals. Using a single drop of blood, these tests provide results within approximately six minutes, measuring either HbA1C (average blood sugar over 3 months) or a cholesterol profile, including HDL (“good” cholesterol), LDL (“bad” cholesterol), triglycerides and total cholesterol.

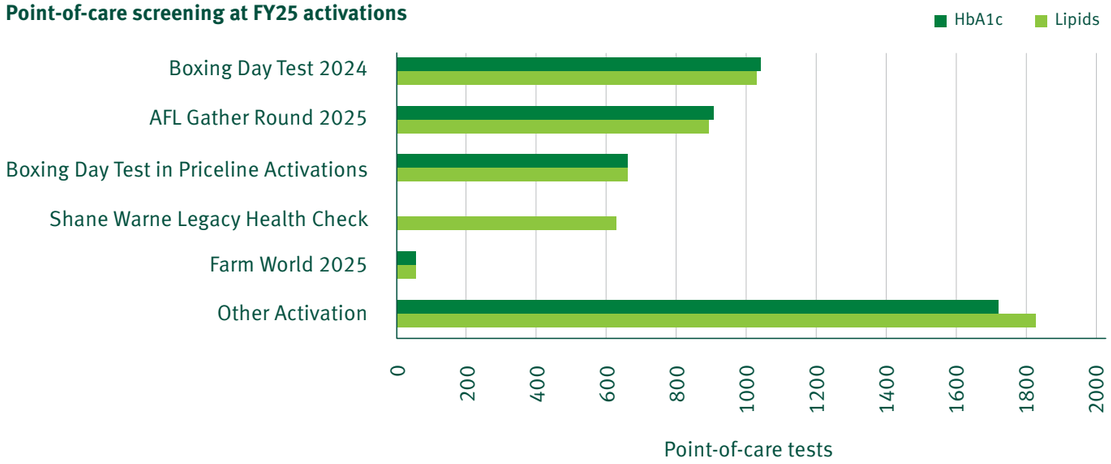
Tests were provided free of charge at major public events such as the 2024 Boxing Day Test and 2025 AFL Gather Round, helping to bring preventive health services directly to the public. Other activations were conducted in regional and at-risk communities, including at Farm World, to reach Australians who often face barriers to accessing routine health checks.

By using the stations to triage adverse health indicators, for more targeted point-of-care testing selection this model ensures that limited nursing and pharmacist resources are directed where they’re needed. When detected early, both high blood sugar and high cholesterol can usually be managed through lifestyle changes or medications, reducing the risk of serious illness over time.

Beyond service delivery, this testing model also produces valuable population-level insights. At the 2024 Boxing Day test, Australia played India, drawing large India-supporting crowds from both Australia and overseas. Australians born in South Asia are known to be at a much higher risk of diabetes.[28] This was reflected in the SiSU point-of-care data, where users provided their country of birth as part of the Health Station check.

These patterns mirror broader health inequalities across Australia. Cardiometabolic risk factors are around twice as common in the most disadvantaged areas compared to more affluent ones. By bringing free and accessible screening into these communities, SiSU Health and partners, such as telehealth service InstantScripts, are helping to reduce the gap — targeting resources where they can have the most impact.

Point-of-care screening at FY25 activations



CASE STUDY

Priceline Pharmacy Health Initiatives

Priceline Pharmacy has proudly integrated SiSU Health Stations into stores for more than a decade. It's an invaluable service for customers and a trusted health resource in the community.

Health check results can be logged in the SiSU Health App for easy health tracking over time, while customers can share insights with their pharmacist or GP. By monitoring their numbers, customers are empowered to take charge of their own health.

Over the past year:

425,317

Total number of SiSU Health Station checks across the Priceline Pharmacy network

9/10

Net Promoter Score (NPS)

Demonstrating a highly positive user experience

Priceline Pharmacy health initiatives

Since the last report, Priceline Pharmacy has implemented targeted preventive health, education and support initiatives, including:

Anything Menopause: An Australian-first program in partnership with Jean Hailes for Women's Health, focused on providing expert menopause training for pharmacists and pharmacy assistants across Priceline Pharmacy's 470+ store network. Beyond the Jean Hailes partnership, women can also access tailored product recommendations, free health checks and an online education hub through Priceline Pharmacy, as well as GP-led consultations via InstantScripts for personalised and repeat menopause care. In addition, the SiSU Health Station experience has being updated with a specific menopause journey to address the increased cardiovascular risk at this life stage.

National Diabetes Week: From 13 to 19 July 2025, Diabetes Australia partnered with Priceline Pharmacy to promote SiSU Health checks, achieving 9,072 checks in one week — up 16% from the prior week, and 17.9% higher than the six-week average. It was the 7th highest performing week for health checks in FY25. The strongest uptake was from adults aged 45 and older, the key risk group for type 2 diabetes.

Of those checks, many are repeat users, who use SiSU Health Stations to monitor and track their health. Repeat users have achieved positive health outcomes, including:

19,587kg
Combined weight lost

954
Moved from a high BP to normal or optimal

360
Lowered their BMI from ›30

541
Moved out of the high body fat range

552
Stopped smoking

"It's so important that women feel prepared, not scared, about menopause. Access to evidence-based health information is essential for empowering women to thrive in menopause and beyond. Jean Hailes has led menopause education in Australia for more than 30 years, and our partnership with Priceline Pharmacy will ensure this information reaches millions more women as they enter and navigate menopause."

Dr Sarah White
CEO Jean Hailes for Women's Health

About SiSU Health Stations

SiSU Health is part of Wesfarmers Health. SiSU Health Stations are Class IIa Medical Devices and registered on the Australian Register of Therapeutic Goods (ARTG 317543). These medical devices enable individuals to undertake a free, self-service health check in as little as five minutes.

Where are they located?
SiSU Health Stations are found in 530 locations across Australia, including in nearly 360 Priceline Pharmacy stores. They also feature at events such as AFL Gather Round and the MCG Boxing Day Test.

How do they work?
SiSU Health Stations guide users, aged 16 and above, through a quick and easy health check, measuring key health metrics. The process is automated and requires no appointment, making it a convenient option for health monitoring.

What do they measure?
SiSU Health Stations measure blood pressure, heart rate, body fat percentage, height, BMI, weight, daily smoking and vaping status (note: vaping tracked from December 2024) and diabetes risk using the AUSDRISK diabetes risk tool.

How does SiSU Health data differ from other data?
One of the key differentiators of the SiSU Health platform and national network of health stations is the ability to offer a 'real time' view of data, and therefore population health impacts of new policies, broad infrastructure or communicable diseases. SiSU Health data also measures an individual's change in health profile over time, indicating longitudinal health impact. This is done by calculating the net change in an individual's health risk profile (last check minus first check) and then aggregate these net individual measures to calculate the net overall impact for each cardiometabolic health risk measured in a given period of time, for a given cohort. In calculating this net impact, data from shared accounts and pregnant women is removed, and a range of other time-based filters are applied to calculate longitudinal health impact as accurately as possible.

What happens after a check?
After completing a health check, users receive a link to the secure SiSU portal or app to view their results in an easy-to-read dashboard. The app provides personalised recommendations to improve health and may suggest a consultation with a pharmacist or GP if any results fall outside the normal range.

How often should users do health checks?
It is recommended to complete at least three health checks within the first couple of months, as certain measurements like blood pressure can fluctuate due to factors such as time of day, caffeine intake or stress levels. These initial checks help establish a more accurate baseline for what is 'normal' for each individual. After that, using the health station regularly — ideally six times per year — can help track progress, encourage healthy habits, and identify any potential risk factors that may require further attention.

How accurate is the data?
SiSU Health Stations are classified as Class IIa Medical Devices, ensuring a high standard of accuracy in the measurements they provide. The data collected is based on machine measurements, which are supplemented by user-reported lifestyle information to create a comprehensive health profile.

How many checks have been completed?
In Australia, 3.6 million health checks have been undertaken since 2018. Data in this report draws on those 3.6 million health checks provided to more than 2 million people. In the last year (1 July 2024 to 30 June 2025), there were 577,477 checks by 416,205 unique individuals.

"SiSU Health Stations break down barriers to better health by offering free, accessible check-ups for everyone. No appointments, no judgment—just a safe, inclusive space, no matter your background, age, gender or physical ability."

Adam McLeod
General Manager, SiSU Health Group

How many health checks have been done in each state and territory?
SiSU Health Stations have been used extensively across Australian states and territories, with the following number of checks in each state and territory last year (1 July 2024 to 30 June 2025):

- New South Wales 230,795
- Victoria 139,620
- Queensland 104,764
- Western Australia 44,367
- South Australia 36,513
- Australian Capital Territory 10,765
- Tasmania 9,519

What is the sex breakdown?
Of the Australian health checks conducted in the past year (1 July 2024 to 30 June 2025), 48.6% were performed by women and 51.4% were by men. Since inception, the sex health-check breakdown for Australia is 52% women and 48% men. Users have the option to choose 'other' as their gender. Users who select this option make up approx 0.3% of all users.

How secure and safe is the data?
User data collected during a health check on the SiSU Health Station is encrypted in transit to secure cloud servers located in Australia, where it is also encrypted at rest. No data resides on the health station itself. SiSU Health also maintains ISO certifications for Information Security (ISO 27001:2013) and Quality Management (ISO 13485:2016).

SiSU HEALTH

About Wesfarmers Health

Formed as a division of Wesfarmers in March 2022, with the acquisition of one of Australia's leading health and beauty companies, Australian Pharmaceutical Industries Pty Ltd (API), Wesfarmers Health employs more than 2,700 team members.

Here are the key assets of Wesfarmers Health.

Priceline and Priceline Pharmacy

Priceline Pharmacy is a pharmacy, health and beauty store. Priceline's first store opened in 1982 at Highpoint Shopping Centre, Victoria, and today there are more than 470 Priceline and Priceline Pharmacy stores nationally. Priceline's Sister Club has more than 9.5 million members, making it one of Australia's largest health and beauty loyalty programs.

SiSU Health

SiSU Health provides Health Stations, which are registered on the Australian Register of Therapeutic Goods (ARTG 317543). These medical devices enable individuals to undertake a free, self-service health check, in as little as five minutes. There are more than 530 stations located across Australia with the majority available at Priceline Pharmacy. SiSU Health partners with the Shane Warne Legacy and state governments to bring these Health Checks to community events such as the Boxing Day Test at the MCG and AFL Gather Round in Adelaide.

Australian Pharmaceutical Industries Pty Ltd

Beginning in 1910, API has grown to be one of Australia's leading wholesale distributors of pharmaceutical goods. With locations in all Australian states, API services more than 6,000 pharmacies around the country, ensuring all Australians receive their medication within 24 hours.

Pharmacy 4 Less

Built on a foundation of professional expertise and personal service, Pharmacy 4 Less has been meeting customers' health care needs since 2007. The Pharmacy 4 Less group supports 53 franchised community pharmacies under the 'Pharmacy 4 Less' brand, and 12 franchised community pharmacies under the 'Your Chemist Shop' brand, with the majority of stores located in Victoria and New South Wales.

InstantScripts

Founded in Melbourne in 2018, InstantScripts has helped more than 2 million Australians access high-quality healthcare from home, 24/7, via a large team of experienced Australian-registered doctors. InstantScripts services include prescriptions for everyday medications, medical certificates, blood test requests and general-health consultations, as well as discussions about specialised conditions such as weight loss, menopause and mental health.

Soul Pattinson Chemist

Soul Pattinson Chemist has been providing pharmacy services, professional care and value for money to the community through pharmacies located across Australia for over 130 years. With more than 35 stores nationwide in regional and metropolitan locations, Soul Pattinson Chemist continues to be a trusted brand for many Australians, providing expert care and advice for the whole family.

Pharmacist Advice

Pharmacist Advice is a banner for smaller pharmacies that concentrates on providing professional service and advice. It is a niche offering where pharmacists focus on counselling patients on specific medication needs. With more than 60 stores nationally, Pharmacist Advice aims to help customers understand more about their medicine so they can achieve better health faster.

Club Premium

Club Premium is API's exclusive club for independent pharmacies, offering a suite of flexible programs, tools and services. Club Premium was created to help independent pharmacies meet industry pressures head-on and run a successful, profitable business in the retail pharmacy landscape. Exclusive member benefits help pharmacies improve their day-to-day performance and overall retail services, drive sales and increase foot traffic.

MediAesthetics

The MediAesthetics business unit comprises SILK Laser Clinics, Australian Skin Clinics, Clear Skincare and The Cosmetic Clinic brands. This is a leading network of wholly owned joint ventures, and franchised specialist beauty clinics across Australia and New Zealand.

These brands provide a comprehensive range of non-surgical aesthetic services and proprietary cosmeceutical skincare products. These include non-invasive cosmetic aesthetics, laser hair removal, advanced skin treatments, body contouring and related skincare solutions, all delivered using state-of-the-art medical devices at accessible prices.

The Sisterhood Foundation

The Sisterhood Foundation has been proudly supporting Australian women and their families for over 13 years, raising almost $11 million in that time. The Sisterhood Foundation's purpose is to hear, acknowledge and address the unique health issues impacting Australian women and girls. Its mission is to build capability in frontline charities and deliver programs that create positive health outcomes in the lives of women and girls. The Foundation is the official charity for all Wesfarmers Health businesses.

Methodology

Estimates in this document were primarily produced from measurements and responses supplied by SiSU Health Station users, which were then weighted against the Australian population.

Weighted modelling methodology

This report draws on scores and estimates relating to the 2025 financial year, with 577,477 health checks across 416,205 Australians. The SiSU Health Station is a Class IIa Medical Device that provides machine measurement of user height, weight, blood pressure and body composition, in addition to providing assessment and screening surveys, such as the AUSDRISK diabetes risk assessment tool.

This report uses anonymised, aggregated responses from users of the SiSU Health Stations. Estimates for the 2025 financial year have been derived from the measurements and responses provided by authenticated SiSU Health Station users between 1 July 2024 and 30 June 2025. Only the latest valid response or measurement is included for each user when a user has multiple observations of a given metric within this period. The following groups have been excluded from these estimates:

- Users who have only participated in the context of large sporting events, such as the 2024 Boxing Day Test
- Users who had not provided a date of birth, sex or postcode
- SiSU Health employees
- Users with a gender identity that differs from their sex assigned at birth, which make up a very small number of users

To produce national estimates of each rate, users were normalised against the Australian population, by age, sex and geographic location, collected from each user at the postcode level.

This was achieved via post-stratification, whereby survey weights for each user are determined by enumerating all Australians with the same sex, 10-year age bracket and postcode, against the 2021 Australian Census.

Survey weights have been trimmed to control for volatility. Estimates derived from the responses of fewer than 1,000 unique individuals have not been included in this report. Weights for prior financial years reference contemporaneous population estimates from preceding census periods.

The Wesfarmers Health Index Score

The Wesfarmers Health Index Score is derived from the rate of Australians with one or fewer risk factors in the population (the complement of the rate of multiple risks), and set to a baseline of 100 against the level of this rate in 2018. This proportion is then transformed into odds and can be interpreted as the relative odds of having one or fewer risk factors compared to 2018. A score of 90, for example, denotes an odds ratio of 0.9 for having one or zero risk factors compared to 2018.

Count of unique, authenticated SiSU users included in the estimation of each metric, FY25

		Obesity	Blood pressure	Diabetes status	Smoking status	High AUSDRISK	Vaping status	All four risk factors
	All users	327,907	320,061	319,068	320,313	260,877	200,369	283,787
Sex	**Female**	160,523	155,747	157,219	157,856	128,997	98,127	136,645
	Male	167,384	164,314	161,849	162,457	131,880	102,242	147,142
Age	**16-19**	24,416	21,004	22,199	22,293	17,958	13,880	18,575
	20-24	41,478	37,754	38,465	38,649	31,041	22,517	33,833
	25-34	84,848	81,253	81,569	81,914	67,185	50,642	73,303
	35-44	64,546	64,007	63,773	64,005	53,558	40,188	57,422
	45-54	46,632	47,213	46,811	46,941	39,365	29,941	42,343
	55-64	35,895	37,077	36,253	36,370	29,449	23,473	32,344
	65-74	21,844	22,867	21,863	21,954	16,599	14,405	19,194
	75+	8,248	8,886	8,135	8,187	5,722	5,323	6,773
State or Territory	**ACT**	5,950	5,961	5,891	5,917	4,795	3,817	5,219
	NSW	133,285	129,331	128,608	129,156	104,465	81,095	114,280
	Qld	58,952	57,436	57,996	58,257	46,562	36,890	50,304
	SA	17,522	17,294	17,236	17,289	14,150	10,406	15,495
	Tas	5,931	5,840	5,842	5,863	4,939	3,269	5,288
	Vic	79,721	78,108	77,607	77,851	64,524	48,956	69,932
	WA	25,685	25,247	25,040	25,128	20,739	15,405	22,516
City	**Adelaide**	14,936	14,699	14,664	14,709	12,111	8,776	13,223
	Brisbane	31,553	30,762	31,031	31,171	24,941	19,598	27,061
	Canberra	6,298	6,316	6,247	6,278	5,076	4,046	5,521
	Hobart	3,128	3,083	3,074	3,086	2,572	1,667	2,782
	Melbourne	62,702	60,968	60,614	60,802	50,385	37,850	54,691
	Perth	23,219	22,878	22,655	22,739	18,761	13,974	20,392
	Sydney	95,859	92,433	92,004	92,415	74,298	59,297	81,611
SEIFA Quintile	**1**	47,583	46,242	45,855	46,070	36,359	27,950	40,090
	2	61,081	59,443	59,179	59,394	47,950	36,187	52,336
	3	72,733	70,726	70,585	70,881	57,781	44,360	62,880
	4	71,243	69,952	69,795	70,064	57,333	44,412	62,234
	5	75,267	73,698	73,654	73,904	61,454	47,460	66,247
Remoteness Area (by user postcode)	**Cities**	245,255	23,8184	237,508	238,454	194,140	150,807	211,546
	Inner Regional	59,671	59,226	58,906	59,125	48,179	35,803	52,323
	Outer Regional	19,413	19,160	19,132	19,200	15,697	11,611	16,885

* Estimates for the Northern Territory and for users older than 85 years old have not been included in this report.

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Glossary

Terms	Definition
Remoteness Area	Areas defined by the Australian Statistical Geography (ASGS) that divide Australia into five (5) classes of relative geographic remoteness. These are Major Cities of Australia, Inner Regional Australia, Outer Regional Australia, Remote Australia and Very Remote Australia. Check volumes were not sufficient to derive consistent estimates for Australia's remote areas.
SEIFA	Created by the Australian Bureau of Statistics (ABS), the Socio-Economic Indexes for Areas (SEIFA) combines Census data, such as income, education, employment, occupation, housing and family structure, to summarise the socio-economic characteristics of an area. Each area receives a SEIFA score indicating how relatively advantaged or disadvantaged that area is compared with other areas.
COVID-19 pandemic	The widespread social changes and impacts to the Australian population, economy and healthcare system between April 2020 September 2021 brought by the COVID pandemic. In particular, home-based lockdowns and physical distancing protocols profoundly impacted pre-existing human activity and lifestyle patterns (e.g. social, physical, consumption — food, alcohol, cigarettes etc.)
Sex and gender	Users provide both their sex at birth and identified gender. Estimates produced as a part of this report are relevant only for users whose gender identity corresponds to their sex. Sex at birth is exclusively used in metabolic and cardiovascular risk instruments such as the AUSDRISK.
Cardiometabolic disease	Cardiovascular disease (heart attack and stroke) and metabolic disease (obesity and type 2 diabetes) are common, preventable and related chronic diseases. Together, they are cardiometabolic disease. Cardiometabolic diseases are the leading cause of death in Australia, accounting for more than twice the number of deaths caused by cancer.
Cardiometabolic Risk Factor	Treatable or preventable conditions that raise the risk of cardiometabolic diseases. In this report, the rates of the following four risk factors are considered: diabetes, daily smoking, obesity and high blood pressure.
Diabetes	Health Station users report a diagnosis of diabetes mellitus (type 1 or 2).
Daily smoking	Health Station users report if they smoke cigarettes or other tobacco products on a daily basis.
Daily vaping	Health Station users report if they use vapes or e-cigarettes on a daily basis. Data collected from December 2024.
Obesity	Body Mass Index higher than 30kg/m^2 (BMI ≥30)
High blood pressure	Blood pressure that is measured as higher than 140mmHg systolic or 90mmHg diastolic. Blood pressure that consistently exceeds this threshold may result in a diagnosis of hypertension.
Hypertension	A prior diagnosis of consistent high blood pressure. The estimated rate of overall hypertension in this report is derived from Health Station users who either record high blood pressure, or who report being on blood pressure medication.
Hypertension control	A person who has a prior diagnosis of hypertension but does not record high blood pressure has controlled hypertension.
Body Mass Index (BMI)	An indication of excess weight, calculated on a user's measured weight over a user's measured height, squared. While Body Mass Index may require additional contextualisation in the interpretation of individual health, it remains a reliable and widespread health metric.

Disclaimers

Inherent Limitations

This report has been prepared as outlined in the sections titled “Key Findings” and “Methodology”. The findings in this report are generated primarily from the fully de-identified data of individuals who have undertaken a digital health check using a SiSU health station. Any projection to the wider Australian community is subject to the level of bias in the method of sample selection. No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the individuals consulted as part of the process. Australian Pharmaceutical Industries Pty Ltd and SiSU Wellness Pty Ltd are under no obligation in any circumstance to update, correct or revise this report, in either oral or written form, for events occurring after the report has been issued in final form. The findings in this report have been formed on the above basis. To the extent permitted by law, none of Australian Pharmaceutical Industries Pty Ltd, SiSU Wellness Pty Ltd, their related bodies corporate and the respective officers, employees, agents and advisers accept responsibility or liability, including without limitation for any loss, claim, damages, costs or expenses arising out of, or in connection with, the information in this report.

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