



**Wesfarmers
Health**

Wesfarmers Health: Australia's Health Index

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



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



Emily Amos
Managing Director,
Wesfarmers Health

I'm proud to introduce the inaugural Wesfarmers Health: Australia's Health Index, a new source of valuable insights about the cardiometabolic health of Australians.

Drawing upon de-identified data from 3 million free digital health checks provided to more than 2 million individuals through our SiSU Health Stations, the Index introduces significant innovation and value to the fields of real-world data and population health intelligence.

The health dataset generated by this unique source differentiates itself by its significant scale, machine-measurement, locational settings, and capacity to provide a broad range of analytical views which include real-time, cross-sectional, longitudinal and predictive or 'over-the-horizon' views of population health.

Found in almost 500 locations across Australia including 388 Priceline and Priceline Pharmacy stores, SiSU Health Stations are medical-grade, TGA-approved devices that measure key health risk factors like blood pressure, heart rate, body mass index (BMI) and diabetes risk.

A SiSU Health check takes as little as five minutes. It is self-guided and most importantly free — helping reduce the barriers to health literacy for all Australians.

This supports our mission to make health, beauty and wellness experiences simpler, more affordable and easier to access.

While this Index focuses on data collected between 2018 - 2024, SiSU Health Stations have been active since 2014 and in this time have delivered over 5.5 million free health checks.

These checks have initiated more than 565,000 recommendations to consult a GP, with almost 102,000 of these occurring in the last year alone — highlighting the growing impact and reach of this digital health station network.

The findings of this Index highlight critical health challenges, particularly in the areas of high blood pressure, obesity, diabetes and smoking. These issues are widespread and multi-faceted, affecting millions of Australians and placing a significant burden on individuals, communities and the healthcare system.

Our aim with this Index is not only to highlight these challenges, but also be part of the solution. We believe that accessible and actionable health data is key to driving positive change across our nation, and this new source of real-world, population-driven data can augment existing sources to support more effective public health support and resource allocation.

Over time we will build out the Index to include more comprehensive datasets, ensuring the Index remains a relevant and timely source of information for policy makers, healthcare professionals and the general public as we look to build a healthier future, together.

Emily Amos

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 cardiometabolic disease.

Cardiometabolic diseases are the leading cause of death in Australia, accounting for more than twice the number of deaths caused by cancer. Known cardiometabolic risk factors include obesity, smoking, hypertension and diabetes, all of which are measured in this Index.



Health Experts

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



Prof. Jason C Kovacic

Director and CEO, Victor Chang Cardiac Research Institute Chair and Professor at University of NSW and University of Western Australia

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



Prof. Alta Schutte

Professor and Principal Theme Lead of Cardiac, Vascular and Metabolic Medicine, UNSW Co-Chair, National Hypertension Taskforce of Australia

Alta Schutte PhD FESC FRSAF ISHF is a SHARP Professor and Principal Theme Lead of Cardiac, Vascular and Metabolic Medicine in the Faculty of Medicine and Health at University of New South Wales Sydney, Australia; and Professorial Fellow at the George Institute for Global Health. She is the Co-Chair of the National Hypertension Taskforce of Australia.



Associate Prof. Karam Kostner

Director 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 one of the most experienced lipidologists in Australia, he oversees a large public and private lipid clinic. He is also a director of Cholesterol Care Australia, a specialist cholesterol clinic and research facility in Brisbane, and a senior cardiologist with mobile healthcare company, Heart of Australia.



Noel Duncan (PhD)

Founder, SiSU Health

Noel Duncan (PhD) is an expert in health and fitness. Previously the Head of Fitness and Nutrition for Richmond and Collingwood AFL clubs and Cricket Victoria, Noel founded SiSU Health in 2013. Under his leadership, SiSU Health has been recognised for its innovative approach to corporate health and wellbeing, exemplified by its large domestic footprint, international expansion and partnerships with many leading corporations.



Amy Jones

Pharmacist, Wesfarmers Health

Amy Jones is an accomplished primary healthcare professional and pharmacy industry expert, with over a decade of experience in the healthcare sector including as National Health Services Manager and Head of Digital Health Services at Wesfarmers Health. She is an active key opinion leader, contributing to various advisory committees and projects aimed at improving the wellbeing of Australians. She is also a co-author of "Pop-up screening nested within routine community activities unmask an addressed cardiovascular risk: A pilot study (Gippsland Healthy Heart Study)", published in *The Australian Journal of Rural Health*. Her educational background includes a Masters of Pharmacy from the University of Western Australia.



Key Findings

Key Findings: National

Australia's 2024 Index score: 92

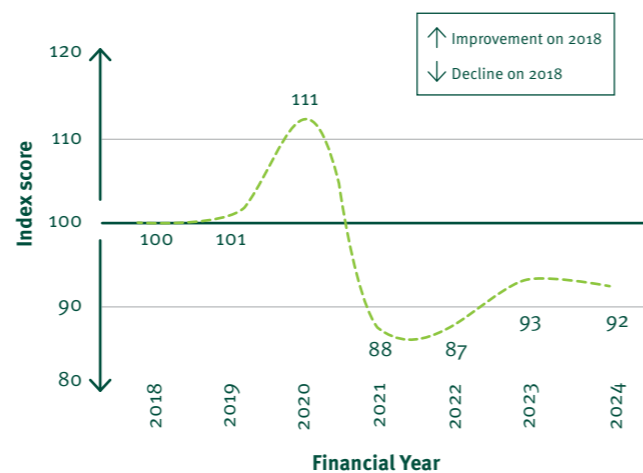
The Index provides a comprehensive assessment of Australia's public health landscape for men and women aged 16 and over, capturing metrics for key cardiometabolic risk factors such as obesity, high blood pressure, daily smoking and diabetes.

The Index score tracks the changes in the multiple risk factor rate against a 2018, pre-COVID baseline of 100. The percentage of the population with two or more of the risk factors forms the overall Index score. The current score of 92 indicates the odds of having two or more health risk factors are 8% higher than they were in 2018. The Index score will continue to track Australia's recovery back to pre-COVID levels.

From 2018 - 2024, the Index score has risen as high as 111 in 2020 and fallen to as low as 87 in 2022 — charting the cardiometabolic health impacts seen before, during and post COVID.

The 2024 score of 92 highlights that health metrics have not yet returned to a pre-COVID level.

The full methodology is outlined on page 58.



Our 6 key findings

- 1** Nearly 1 in 2 Australians has an elevated risk of heart disease
- 2** Nearly 3 in 5 Australians don't get their blood pressure checked regularly
- 3** Young people have the highest daily smoking rates
- 4** Health debt from the COVID pandemic remains significant
- 5** Nearly 1 million Australians are at extreme risk of a heart attack or stroke
- 6** Men are at greatest risk of heart disease and stroke

Health risk factors measured

These risk factors increase the likelihood of cardiovascular diseases

- Obesity:** Body Mass Index (BMI)* greater than or equal to 30 kg/m².
- High blood pressure:** Systolic blood pressure greater than or equal to 140mmHg, or diastolic blood pressure greater than or equal to 90mmHg.
- Diabetes:** User self reports in SiSU Health check that they have a diagnosis of diabetes.
- Daily smoking:** User self reports in SiSU Health check that they smoke at least once per day. Vaping data will be captured and reported in next year's Index.

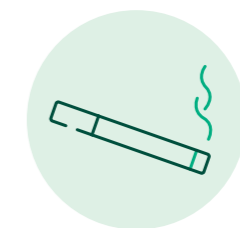
2024 prevalence of health risk factors in Australians aged 16 and older**

(Based on user's last check on SiSU Health Station)



26%
of Australians
have obesity

Total sample size: 287, 117



13%
of Australians
are daily smokers

Total sample size: 288,625



29%
of Australians have
high blood pressure**

Total sample size: 289,472



6%
of Australians
have diabetes

Total sample size: 287, 457

This comprises 17.3% of Australians who were measured having high blood pressure, and 11.3% of Australians who were successfully controlling their blood pressure using medication. Measured high blood pressure is used in the calculation of multiple risk rates and the Index score.

*Why Body Mass Index (BMI)?

We acknowledge the discourse surrounding the use of BMI as a measure of obesity. However, BMI remains widely used globally as a key indicator of population health, particularly in predicting the risk of metabolic and cardiovascular disease. Additionally, the Federal Government's Australian Institute of Health and Welfare (AIHW) continues to use BMI as a key health measure.

**National estimates are derived from SiSU Health Station checks and weighted across each user's latest responses provided within the 2024 financial year.

Key Findings: National

Nearly half of Australia has an elevated risk of heart disease

Nearly half of Australia's population is currently facing at least one health risk factor, underscoring a significant public health challenge.

Health risk factors include:

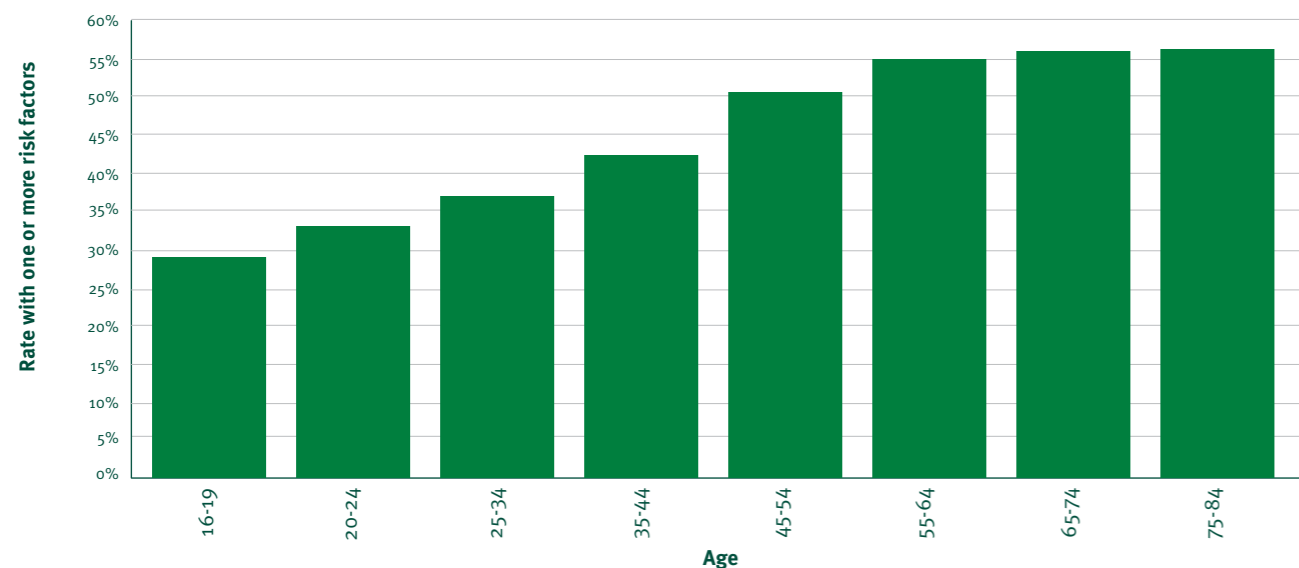
- Obesity (BMI over 30)
- High blood pressure
- Diabetes
- Daily smoking

This finding translates to **more than 9 million** Australians aged 16 years or older who are at a heightened risk of developing serious cardiovascular health issues like heart disease and stroke.

As Australians age, risk factor prevalence also increases, with SiSU data finding the most significant increase occurring between the ages of 35-44 (Millennial) and 45-54 (Gen X).



Prevalence of one or more risk factors with age



Blood pressure blindspot: nearly 3 in 5 Australians don't get their blood pressure checked regularly



Total sample size: 312,152

Since May 2022, SiSU Health has been collecting data on this issue, asking health station users whether they had their blood pressure measured within the past 12 months.

Concerningly, a majority (56%) of Australians had not checked their blood pressure in the past year. High blood pressure, often dubbed the 'silent killer', can escalate without noticeable symptoms, making it a significant yet often overlooked threat to heart and overall health.

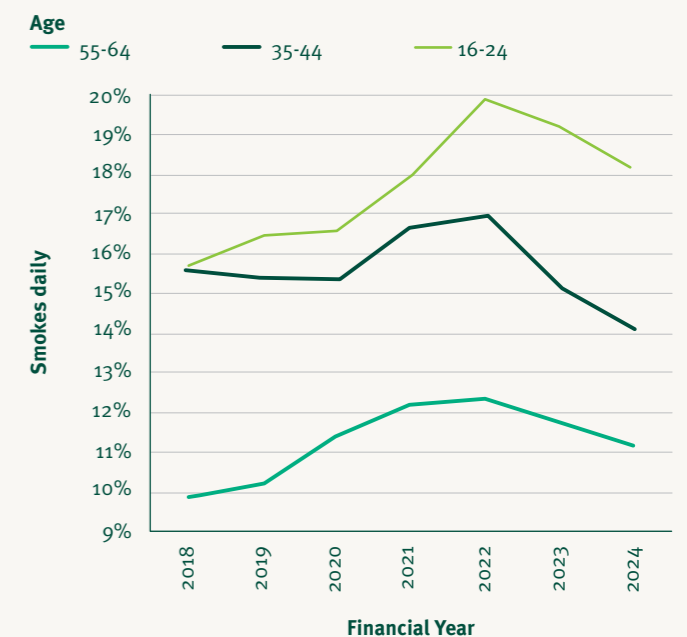
This is particularly worrying for older Millennials (35-44 years old), where **approximately 1 in 8 have high blood pressure**. These individuals, who are of working age, are experiencing a rising risk that must be monitored.

Gen Z has the highest daily smoking rates

SiSU Health data highlights a concerning trend: **daily smoking is most prevalent among Gen Z and Millennials, particularly those aged 16-34 years old.**

When looking at smoking rates for the 16-24 year old cohort over the last seven years, the percentage of daily smokers in this age range has increased significantly, particularly during the COVID years of 2020 - 2022. Gen Z is yet to kick this COVID smoking habit, identifying this age group as a key risk area.

Smoking increased significantly over COVID and has not fully recovered for younger Australians



Key Findings: National

Cardiometabolic health debt from the COVID pandemic remains significant

Maintaining good cardiometabolic health reduces the risk of heart disease, stroke and diabetes.

Throughout the pandemic the health of many Australians deteriorated, with marked increases in blood pressure, weight and smoking.

Since the end of lockdowns, some of these risk factors have started to return to pre-COVID levels.

However, Australia’s recovery is far from complete, and significant gaps remain — particularly around the ongoing prevalence of uncontrolled high blood pressure. This issue, often exacerbated by conditions seen during the pandemic (weight gain, lifestyle changes, stress) has not been fully addressed, leading to an increased population health risk profile and elevated burden of cardiometabolic disease.

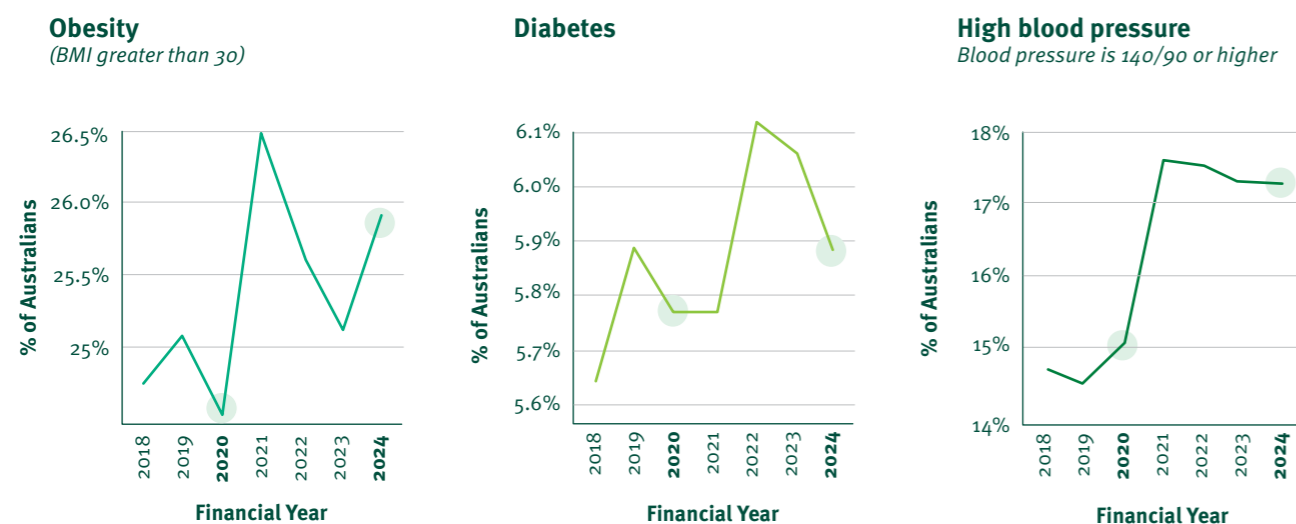
COVID's health debt is most concentrated across both Gen X and Baby Boomer Australians (people aged 44 and older) due to excess weight and elevated blood pressure levels accumulated during the pandemic.

The data also reveals a **disparity in recovery rates, with more advantaged areas incurring less health debt and paying it back more quickly compared to less advantaged regions.**

For Australians living in the most disadvantaged deciles, decile 1 and decile 2, 18.6% had multiple risk factors, from a 2018 baseline of 17.7% (and high of 20% in 2022).

This is more than double that for Australians living in the least disadvantaged deciles, decile 9 and decile 10, where 8.5% had multiple risk factors, from a 2018 baseline of 7.9% (and high of 9.3% in 2022).

Trends in health risk factors over COVID pandemic



NB: The Index measures the most disadvantaged and advantaged groups through the Index of Socio-economic Disadvantage (IRSD).



Amy Jones
Pharmacist, Wesfarmers Health

“We were making progress in improving rates of high blood pressure, diabetes and obesity until COVID disrupted that momentum. Now, we face a cardiometabolic health debt that requires consistent vigilance to return to pre-pandemic levels and continue on the path to better health.”

Key Findings: National

400,000 Australians are at extreme risk of heart disease and stroke

Nearly 400,000 Australians (representing 3.9% of the Australian population aged 16 plus) **are at extreme risk of heart disease due to the presence of three or more health risk factors.**

The combination of obesity, high blood pressure, diabetes and/or daily smoking creates a perfect health storm, significantly increasing the likelihood of severe outcomes including heart attack, heart failure, stroke, chronic kidney disease and peripheral artery disease.

Men at greatest risk of heart disease or stroke

SiSU Health data underscores the heightened risk of heart disease and/or stroke among Australian men, particularly those with multiple health risk factors.

Before the COVID pandemic, 1.33 million Australian men had two or more health risk factors. **This figure peaked at 1.58 million men during COVID and has since settled at 1.52 million this year.**

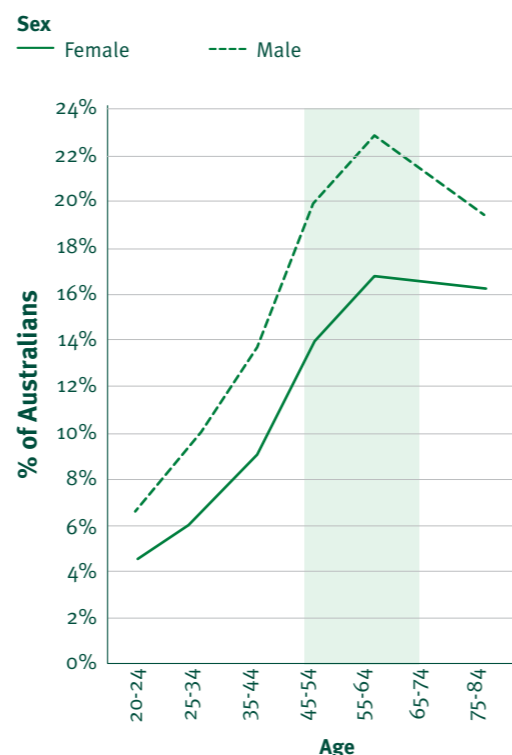
Despite a slight decrease from the peak, this still represents a significant proportion of the male population at risk.

Australian women have also seen an increase in health risk factors, although the rise has been less pronounced, with **1.18 million Australian women** with 2 or more health risk factors.

Cardiometabolic risks rise sharply for both Gen X and Baby Boomer men and women during their working years, particularly the cohort between ages 45 and 64. Men aged 55 to 64 are especially vulnerable, being 36% more likely to have multiple risk factors compared to women.

This presents a crucial opportunity to ramp up health screening, engagement and support for Australians in their mid-30s, to address risks before they escalate.

Australians with 2 or more cardiometabolic risk factors



The gap in multiple risk factors between men and women narrows significantly in later years.

“Managing your blood pressure starts with knowing the numbers. Get checked, stay informed and take control of your health.”



Noel Duncan (PhD)
Founder, SiSU Health

Social Determinants of Health (SDoH)

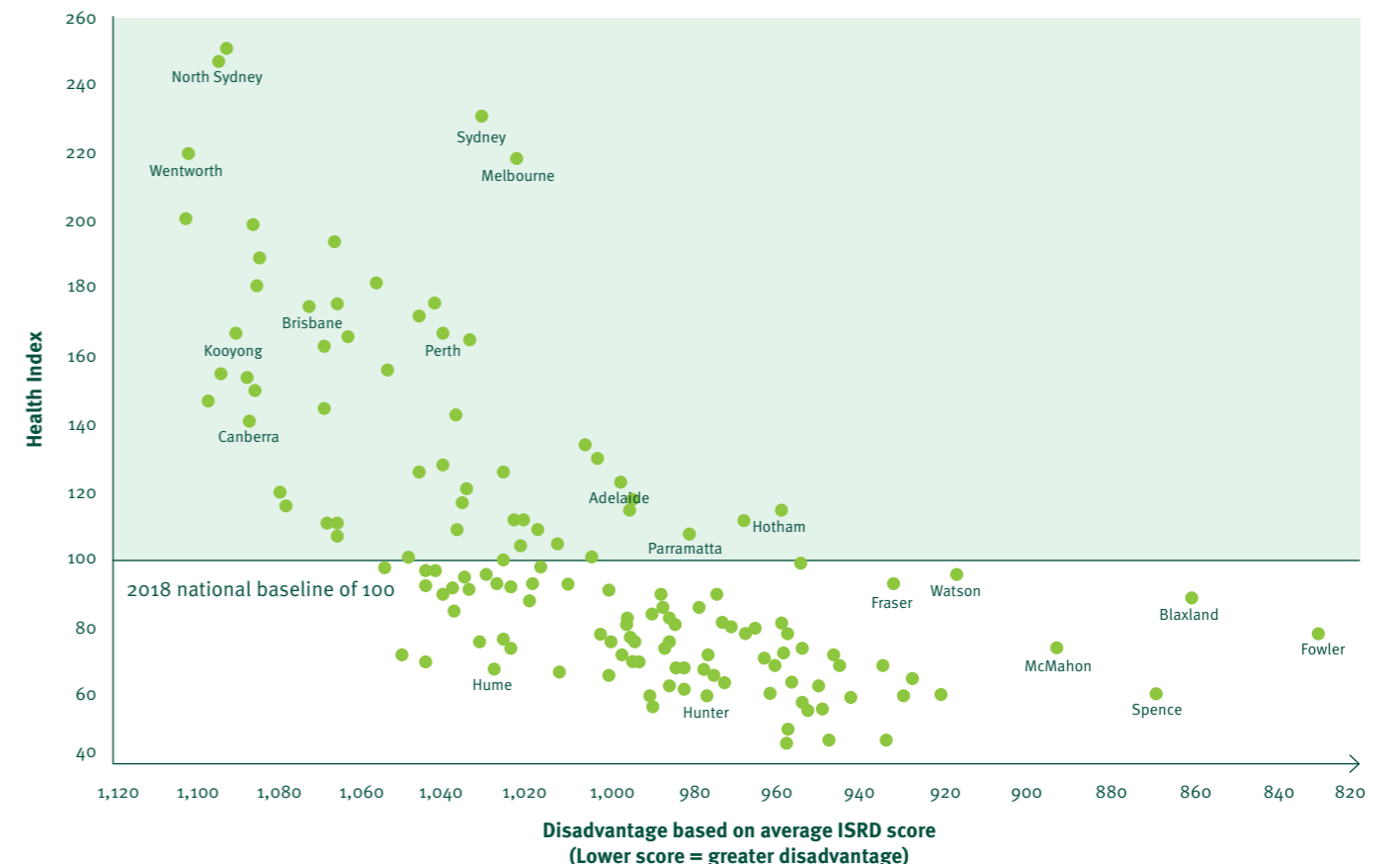
The World Health Organisation (WHO) describes the social determinants of health (SDoH) as the non-medical factors that influence health outcomes. The list of determinants is long and includes key factors such as an individual’s income, education, employment status and access to affordable health services.

This report assesses health risk factors across the Australian Bureau of Statistics' Index of Relative Social Disadvantage (IRSD), which is an indicator of the typical economic disadvantage of each users' postcode.

Countries at all levels of income, health and illness follow a social gradient: the lower the socio-economic position, the worse the health.

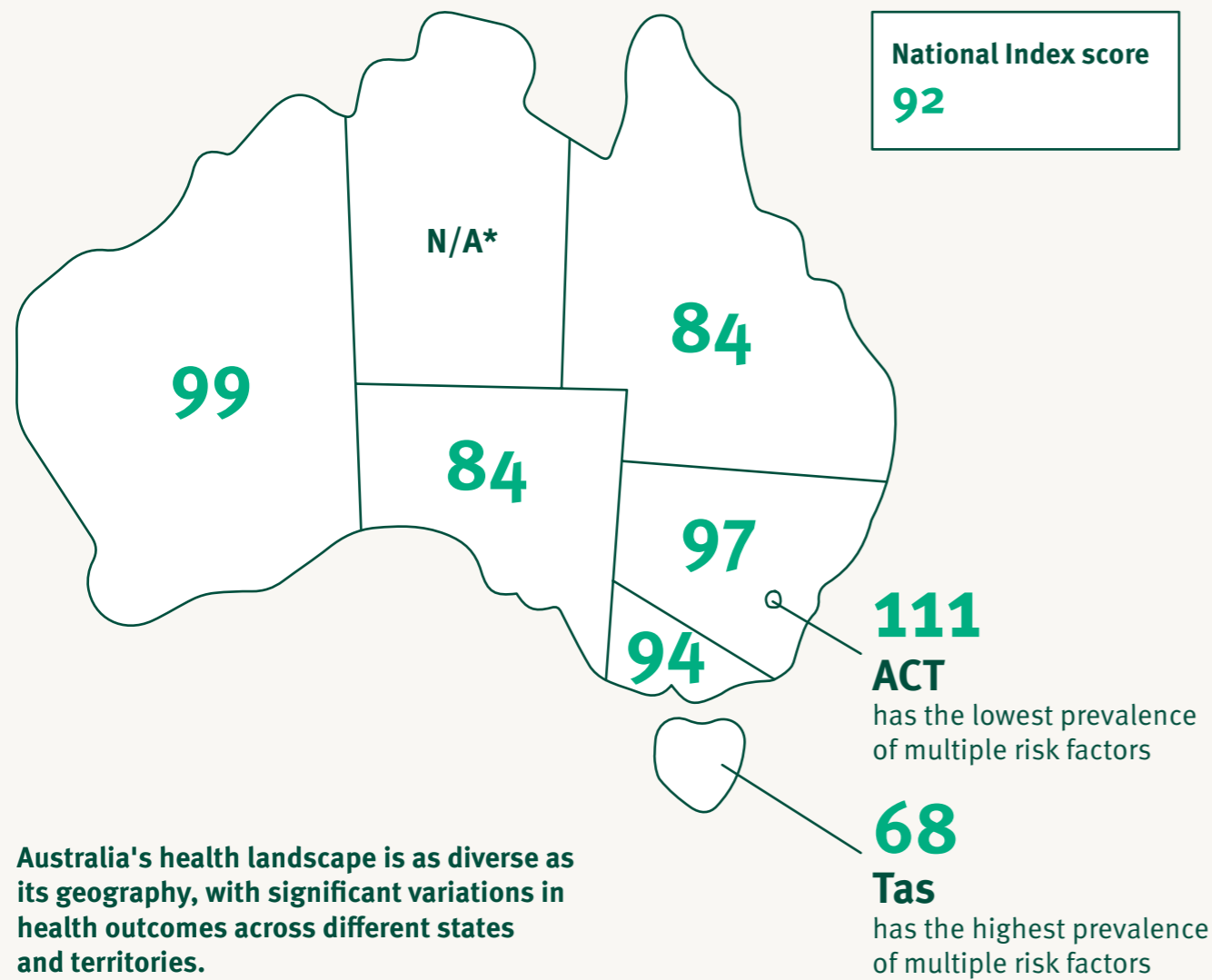
While there is a clear pattern of associations found in this Index, many of the determinants of health are complex. Across both advantaged and disadvantaged populations there are opportunities for promoting positive health outcomes.

Electorate Health Index 2024 by average IRSD score



Key Findings: States and Territories

State and Territory Index scores



The regional disparities in the Index highlight how location influences the prevalence of key health risk factors such as high blood pressure, obesity, smoking and diabetes. By examining these variations, we can better understand the unique challenges faced by each state and territory and identify opportunities for targeted public health interventions.

**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	26.1%	25.5%	24.9%	28.6%	24.2%	27.6%	32.1%	24.2%	N/A
High blood pressure	28.5%	28.5%	28.9%	28.5%	27.2%	29.8%	31.5%	25.4%	N/A
Daily smoking	12.9%	12.9%	11.9%	15.1%	12.7%	11.3%	15.7%	11.1%	N/A
Diabetes	5.9%	6.2%	5.6%	5.8%	5.6%	5.9%	6.1%	5.8%	N/A

Obesity

Lowest
WA

Highest
Tas



High blood pressure

Lowest
ACT

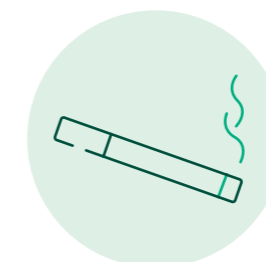
Highest
Tas



Daily smoking

Lowest
ACT

Highest
Tas



Diabetes

Lowest
Vic

Highest
NSW



Key Findings: Federal Electorate

Australia's health outcomes can vary dramatically and examining these differences at a federal electorate level provides a clearer and more in-depth understanding of the nation's public health landscape.

This section breaks down the key findings across federal electorates, offering insights into how different regions compare on critical health risk factors.

Comparing the four major health risk factors — high blood pressure, obesity, daily smoking and diabetes — across all electorates to the national average presents a significant opportunity to identify areas that excel or lag in public health. This analysis helps pinpoint areas needing more targeted interventions, driving overall health improvements across the country.

Socio-economic factors, as measured by the Index of Relative Socio-economic Disadvantage (IRSD), play a significant role in these outcomes. Electorates with lower IRSD scores often face challenges like limited healthcare access and lower health literacy, leading to poorer health results. In contrast, electorates with higher IRSD scores benefit from better access to resources and healthier lifestyles.

Each electorate is also assigned an Index score, making it easy to compare its status to the national average (92) and national pre-COVID baseline of 100.



Regional and urban Australia

Obesity is hitting harder outside major cities, with over 31% of people in regional areas having obesity, compared to 24% in city areas.

Daily smoking rates are significantly higher in non-city areas, with 15% of regional Australians smoking daily, compared to 12% in major cities.

Regional Australians are facing a **blood pressure** challenge, with 20% struggling with uncontrolled high blood pressure, compared to 16% in major cities.

Diabetes rates show less variation, with 5.7% in city areas and 6.2% in regional communities, however these are still high numbers.

These stark differences in obesity, blood pressure and smoking rates suggest that those outside cities are facing greater challenges in maintaining a healthy lifestyle.

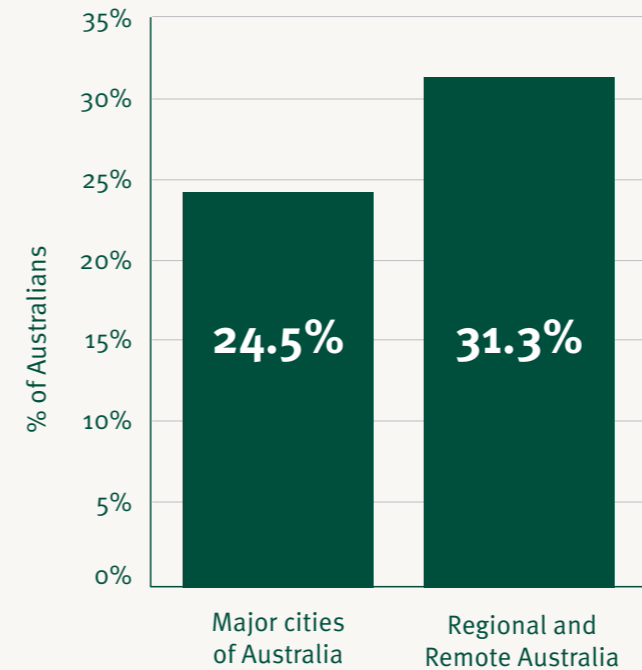
To tackle these health challenges, regional communities would benefit from targeted interventions, better resource access and stronger support, with SiSU Health checks playing a helpful role in early detection and ongoing health management.

For the period of this analysis, SiSU Health Stations generated statistically relevant volumes of health risk data for 143 of 151 Australian electorates (95%). With the ongoing expansion of this national network, it's expected all electorates will be covered in coming years.

Risk rates are calculated upon the user's last health check and their self-reported residential postcode, which is then linked to an electorate.

Regional health disparities

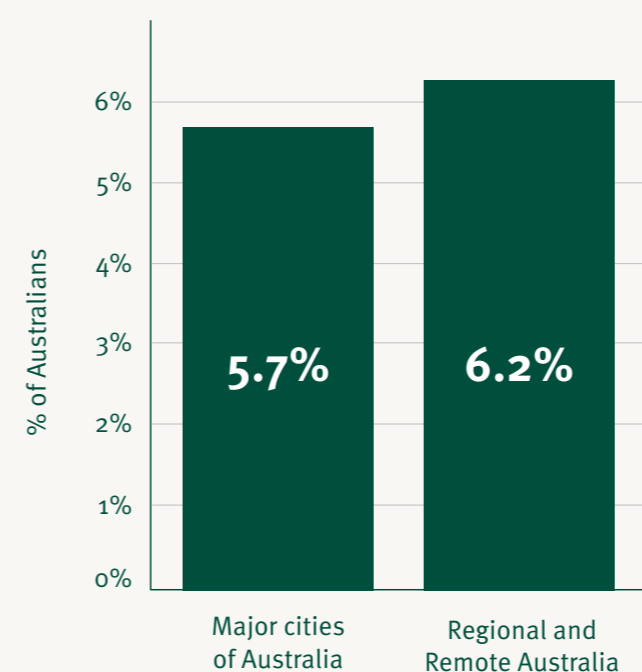
Obesity



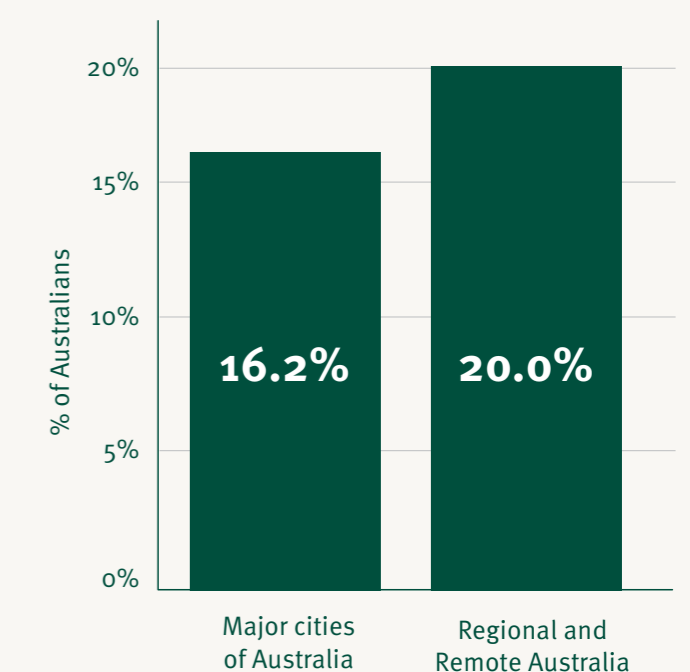
Daily smoking



Diabetes



High blood pressure



These graphs show the prevalence of health risk factors for users living in Australia's major cities, compared to those living in more rural or remote areas as described in the Australian Statistical Geography Standard (ASGS).

Key Findings: Federal Electorate

The most and least at-risk electorates across each of the four cardiometabolic risk factors



Obesity

Lowest rate:

1. Sydney (NSW)
2. North Sydney (NSW)
3. Wentworth (NSW)
4. Warringah (NSW)
5. Bradfield (NSW)
6. Curtin (WA)
7. Higgins (Vic)
8. Melbourne (Vic)
9. Kooyong (Vic)
10. Tangney (WA)

Highest rate:

1. Blair (Qld)
2. Lyons (Tas)
3. Grey (SA)
4. Lindsay (NSW)
5. Hunter (NSW)
6. Flynn (Qld)
7. Forde (Qld)
8. Parkes (NSW)
9. Chifley (NSW)
10. Nicholls (Vic)



High blood pressure

Lowest rate:

1. Melbourne (Vic)
2. Sydney (NSW)
3. Brisbane (Qld)
4. Griffith (Qld)
5. Grayndler (NSW)
6. North Sydney (NSW)
7. Canberra (ACT)
8. Wentworth (NSW)
9. Warringah (NSW)
10. Perth (WA)

Highest rate:

1. Nicholls (Vic)
2. Mallee (Vic)
3. Maranoa (Qld)
4. Hinkler (Qld)
5. Barker (SA)
6. Flynn (Qld)
7. Gippsland (Vic)
8. Wannon (Vic)
9. Monash (Vic)
10. Wide Bay (Qld)



Daily smoking

(does not include vaping)

Lowest rate:

1. Tangney (WA)
2. Bradfield (NSW)
3. Curtin (WA)
4. Menzies (Vic)
5. North Sydney (NSW)
6. Berowra (NSW)
7. Kooyong (Vic)
8. Jagajaga (Vic)
9. Goldstein (Vic)
10. Chisholm (Vic)

Highest rate:

1. Blair (Qld)
2. Longman (Qld)
3. Capricornia (Qld)
4. Lyons (Tas)
5. Dawson (Qld)
6. Grey (SA)
7. Kennedy (Qld)
8. Parkes (NSW)
9. Hinkler (Qld)
10. Flynn (Qld)



Diabetes

Lowest rate:

1. Brisbane (Qld)
2. Curtin (WA)
3. Moore (WA)
4. Fisher (Qld)
5. Sydney (NSW)
6. Macnamara (Vic)
7. Melbourne (Vic)
8. Griffith (Qld)
9. Higgins (Vic)
10. Cooper (Vic)

Highest rate:

1. Chifley (NSW)
2. Werriwa (NSW)
3. Lindsay (NSW)
4. Grey (SA)
5. Bruce (Vic)
6. Calwell (Vic)
7. Burt (WA)
8. McMahon (NSW)
9. Forde (Qld)
10. Whitlam (NSW)

“The Index is more than just a health snapshot — it's a bold vision for personalised, preventative care on a national scale.”

Emily Amos

Managing Director, Wesfarmers Health

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: 251 IRSD decile: 10
Most at-risk: Blair (Qld)
Index Score: 46 IRSD decile: 2



Western Australia

Healthiest: Perth
Index Score: 167 IRSD decile: 8
Most at-risk: O'Connor
Index Score: 72 IRSD decile: 3



New South Wales

Healthiest: Bradfield
Index Score: 251 IRSD decile: 10
Most at-risk: Lindsay
Index Score: 57 IRSD decile: 5



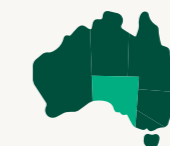
Tasmania

Healthiest: Clark
Index Score: 118 IRSD decile: 5
Most at-risk: Lyons
Index Score: 47 IRSD decile: 2



Victoria

Healthiest: Melbourne
Index Score: 220 IRSD decile: 7
Most at-risk: Nicholls
Index Score: 50 IRSD decile: 2



South Australia

Healthiest: Sturt
Index Score: 128 IRSD decile: 8
Most at-risk: Grey
Index Score: 47 IRSD decile: 1



Queensland

Healthiest: Griffith
Index Score: 194 IRSD decile: 9
Most at-risk: Blair
Index Score: 46 IRSD decile: 2



Australian Capital Territory

Healthiest: Canberra
Index Score: 140 IRSD decile: 10
Most at-risk: Bean
Index Score: 108 IRSD decile: 9

Due to insufficient data some electorates are excluded from the rankings. This includes the two NT electorates, as well as Calare (NSW), Paterson (NSW), Braddon (Tas), Durack (WA), Kingston (SA) and Groom (Qld).

Key Findings: Tale of Two Electorates

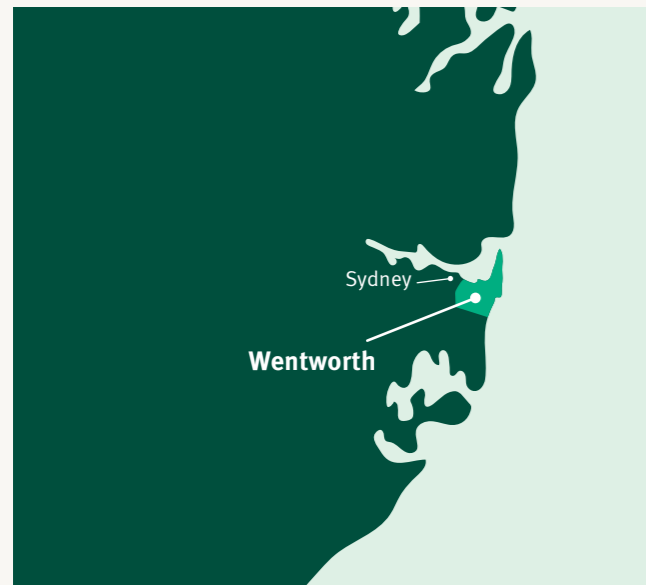
Health outcomes vary across Australia with socio-demographic factors such as income, education, access to services and the prevalent living and working conditions. Two Sydney electorates, Werriwa and Wentworth, paint a contrasting picture of health inequities in Australia¹.

Wentworth, which includes the suburbs of Vaucluse and Bondi, contains some of Australia's most advantaged areas. Werriwa is a disadvantaged electorate in Sydney's outer west.

With a large immigrant population, most Australians in Werriwa speak a language other than English at home.

In Werriwa, Australians are 1.7 times likelier to smoke, 2.7 times likelier to have obesity, 1.4 times likelier to have high blood pressure and 2.9 times likelier to have diabetes. According to the Index of Relative Disadvantage (IRSD), Werriwa is one of the top 10% most disadvantaged electorates in Australia. Wentworth is one of the top 10% least disadvantaged.

Wentworth



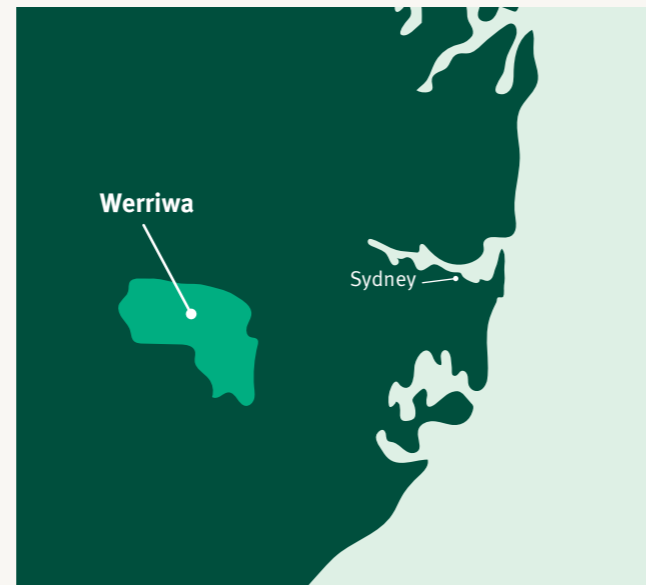
Index score (national average 92)

220

Population

146,102

Werriwa



Index score (national average 92)

65

Population

199,172

Wentworth

Percent male

47.9%

Percent female

52.1%

Median age

38

IRSD decile

10

People per household



Bachelors degree or above

53.6%

Households where non-English language is used

23.0%

Unemployment rate

3.6%

Median weekly income (personal)

\$1,517.00



Diabetes rate

3.8%



Daily smoker rate

10.3%



Obesity rate

12.2%



High blood pressure rate (uncontrolled)

11.9%

Werriwa

Percent male

49.5%

Percent female

51.5%

Median age

34

IRSD decile

1

People per household



Bachelors degree or above

20.0%

Households where non-English language is used

66.0%

Unemployment rate

6.7%

Median weekly income (personal)

\$671.00



Diabetes rate

11.1%



Daily smoker rate

18.0%



Obesity rate

33.4%



High blood pressure rate (uncontrolled)

16.6%



Health Challenges

Heart Health

Heart disease is the leading cause of death in Australia, accounting for approximately 1 in 4 of all deaths².

This means that on average, 120 Australians die from heart disease each day — or one Australian every 12 minutes³. Today, around 580,000 Australians live with the condition⁴.

Key risk factors

Heart disease is primarily driven by a combination of modifiable risk factors.

High blood pressure affects approximately 29% of Australians and is often referred to as the ‘silent killer’ due to its lack of symptoms and its role as a leading cause of heart disease.

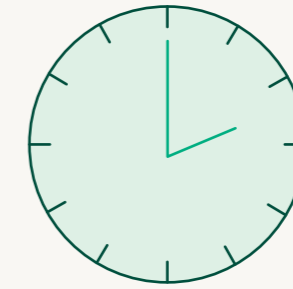
Obesity affects about 26% of Australians and significantly increases the risk of heart disease by contributing to high blood pressure and diabetes.

Daily smoking, which remains prevalent among 13% of the adult population, is another major contributor, directly damaging the cardiovascular system and increasing the risk of heart attacks and strokes.

“The deep linkages between metabolic risk and cardiovascular risk are now better understood than ever before. It’s clear from the data and patterns in this report that unless we apply a more holistic, cross-disciplinary approach to cardiometabolic disease — starting with obesity — many more Australian lives will be unnecessarily lost to cardiovascular disease in the years to come.”



Prof. Jason C Kovacic
Professor and CEO,
Victor Chang Cardiac Research Institute



1 Australian dies from heart disease every 12 minutes

Socio-demographics most affected

Heart disease does not affect all Australians equally. **Baby Boomers and older** (65 years and over) are at the highest risk, with prevalence rates significantly increasing with age.

Sex also plays a role, with men being more likely to develop heart disease at a younger age compared to women.

Socio-economic disadvantage is another critical factor, with individuals from lower socio-economic backgrounds experiencing higher rates of heart disease, largely due to disparities in access to healthcare, nutritious food and opportunities for physical activity.

Impact of COVID pandemic on heart health

The COVID pandemic has exacerbated existing heart health issues, particularly among **Gen X, Baby Boomer and older** (44 years and over).

During the 18-month period of COVID lockdowns from April 2020 - September 2021, GPs conducted a total of 131,793 heart health checks (MBS item #699). This equated to a significant 16% decline in check volumes on a month-to-month basis for the period prior, highlighting COVID's impact on heart health monitoring.

“This report provides a sobering view of the current state and trajectory of cardiometabolic risk across the general Australian population in the years post-COVID. Above all, it confirms the urgent need for policymakers at State and Federal levels to commit to more scalable, holistic and effective cardiometabolic screening and prevention programs.”



Associate Prof. Karam Kostner,
Director Cardiology,
Mater Hospital Brisbane

High Blood Pressure

High blood pressure (hypertension) remains a critical public health issue in Australia, experienced by 29% of the population — equating to around 6.1 million Australians aged over 16 years old.

Of the 29%, 11% have controlled high blood pressure, 17% are uncontrolled and 1% are uncontrolled and unaware.

- **Controlled high blood pressure:** Managed and kept within normal limits through medication, lifestyle changes or both.
- **Uncontrolled high blood pressure:** Remains high despite treatment, either due to ineffective medication, non-adherence or other factors.
- **Uncontrolled, unaware high blood pressure:** Not being managed and the individual is unaware they have it, often because it has not been diagnosed.

While regular monitoring of blood pressure is a vital step in maintaining heart health, it's important to note that not all individuals at risk of heart disease or heart attacks will exhibit high blood pressure. This highlights the need for regular medical check-ups and a deeper investigation into other markers of heart health.

The absence of early symptoms makes regular screening crucial, yet many Australians remain undiagnosed, increasing the burden on the healthcare system and leading to avoidable healthcare costs and loss of life quality.

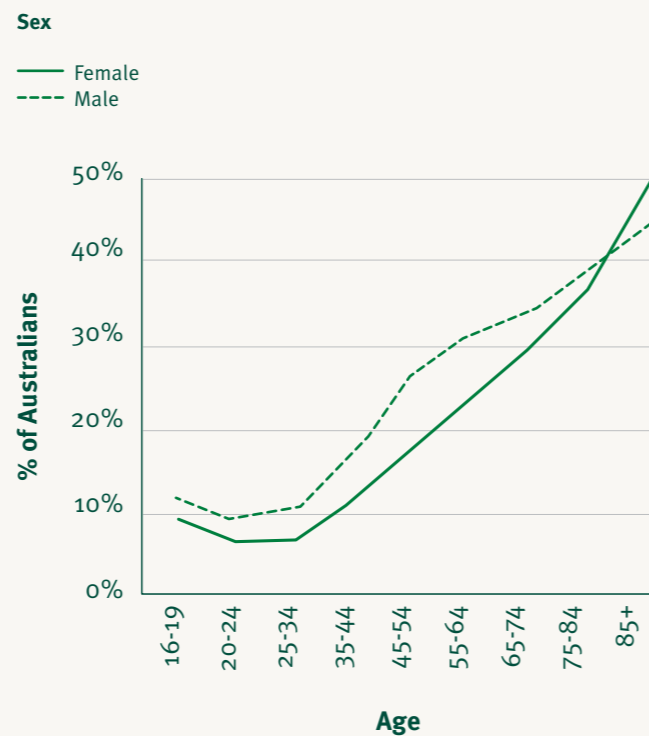
In Australia, high blood pressure is responsible for 43% of coronary heart disease, 41% of strokes, 65% of hypertensive heart disease burden and 38% of chronic kidney disease burden⁵.

Link to stress and poor diet

High blood pressure is closely linked to stress and poor dietary habits. The modern lifestyle, characterised by high levels of stress and diets rich in salt, fat and processed foods, significantly contributes to the prevalence of high blood pressure.

It is estimated that about 21% of the high blood pressure burden in Australia is attributed to a diet high in sodium⁶.

High blood pressure



Older Millennials: a critical demographic

This group (35-44 age group) is at a pivotal stage in life where lifestyle choices — such as diet, physical activity, and stress management — significantly influence long-term health outcomes.

The prevalence of high blood pressure (1 in 10) among older Millennials is concerning, particularly as this group is in the prime of their working lives, where stress levels are often highest.

This group has seen significant increases in high blood pressure and obesity, underscoring the lasting impact of the pandemic on the nation's health.

These individuals, who are of working age, are experiencing a rising risk that must be monitored and it's here where cardiovascular risk starts to gain momentum.

Demographic insights

High blood pressure affects different demographics in various ways:

- **Gen X, Baby Boomer and older**, particularly those aged 44 and above, are more likely to suffer from this condition, with prevalence rates increasing significantly with age.
- **Sex** plays a role, as men are more likely than women to have high blood pressure, although this gap narrows as both sexes age.
- **Socio-economic status** is another critical factor, with individuals in lower socio-economic deciles experiencing higher rates of high blood pressure.

“High blood pressure remains the leading risk factor for all-cause and cardiovascular deaths in Australia. As this report shows, rates of high blood pressure remain stubbornly higher than the pre-COVID period, highlighting the need to double-down on the implementation of effective strategies to detect, treat and control raised blood pressure as a central priority and as a key priority of the National Hypertension Taskforce.”



Prof. Alta Schutte
Co-Chair of the National Hypertension Taskforce of Australia

Obesity

Obesity remains one of Australia's most pressing public health issues, with significant implications for the nation's overall health and wellbeing.

SiSU Health data found more than 1 in 4 (26%) Australians are classified as having obesity. According to the Australian Institute of Health and Welfare, this is a figure that has steadily increased over the past two decades⁷.

Obesity is a major risk factor for a range of chronic diseases, including type 2 diabetes, cardiovascular disease and certain cancers.

Health risks associated with obesity

The health risks linked to obesity are extensive and severe.

Obesity significantly increases the likelihood of developing type 2 diabetes, with more than 85% of diabetes cases in Australia being type 2⁸, attributable to excess weight and poor lifestyle choices. Additionally, obesity is a key driver of cardiovascular diseases, including heart disease and stroke, which are leading causes of death around the country⁹.

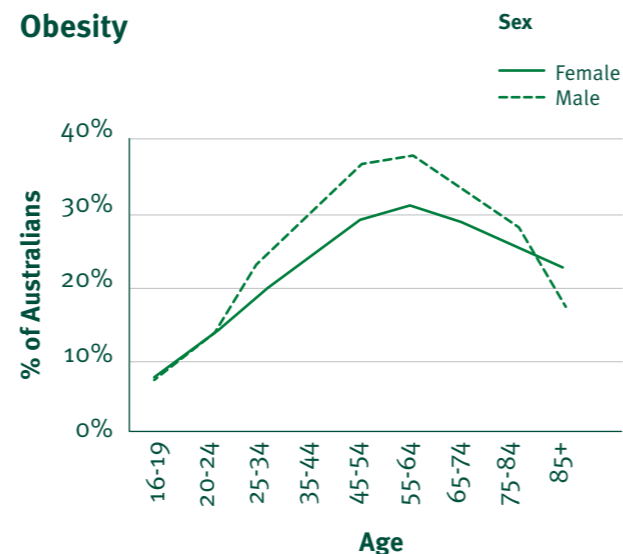
The strain that excess weight places on the body also contributes to musculoskeletal disorders, respiratory problems and certain cancers, making it a critical public health concern.



“With over a quarter of Australians now having obesity, the impact goes beyond individuals — obesity affects families, communities and our economy. Tackling obesity requires a collective effort and a strong commitment to change.”

Amy Jones

Pharmacist, Wesfarmers Health



Socio-demographic insights

Obesity in Australia is influenced by various demographic factors with significant disparities observed across age, gender and socio-economic status.

Men are more affected than women, with 28% of men having obesity compared to 24% of women. Age also plays a critical role, with obesity rates peaking among Gen X (those aged 44-54) with over 30% having obesity.

Additionally, socio-economic status significantly impacts obesity prevalence, with 32.4% of adults in the lowest socio-economic bracket having obesity, compared to just 17% in the highest decile.

Impact of the COVID pandemic on obesity

The COVID pandemic has exacerbated the obesity crisis in Australia. Overall, obesity rates jumped from 25% to 27% in 2022, to 26% in 2024. For Baby Boomers, this increase in obesity rates was even more pronounced, up from 31% in 2018, to 35% in 2020. The lockdowns and disruptions to daily life led to decreased physical activity, increased consumption of unhealthy foods and heightened stress levels — all contributing to weight gain across the population.

Addressing this ‘health debt’ requires renewed public health efforts focused on promoting physical activity, improving dietary habits and managing stress.

62%

of Australians are either overweight or have obesity (BMI ≥ 25).

Smoking and Vaping

Smoking is a ticket to a lifetime of health problems and remains one of the leading, preventable causes of disease and death in Australia. It contributes to a range of serious health conditions including lung cancer, cardiovascular disease and respiratory illnesses¹⁰.

Despite decades of public health campaigns and a significant decline in daily smoking rates over the years, SiSU Health data found approximately 13% of Australians aged 16 and older still smoke daily.

Vaping, or the use of e-cigarettes, is an emerging trend that presents new challenges and opportunities for public health.

While the long-term health effects of vaping are still being studied, there is growing concern about its potential to serve as a gateway to traditional daily smoking, especially among Gen Z¹¹.

Demographic insights

Daily smoking prevalence in Australia varies significantly across different demographic groups, reflecting broader societal and economic disparities.

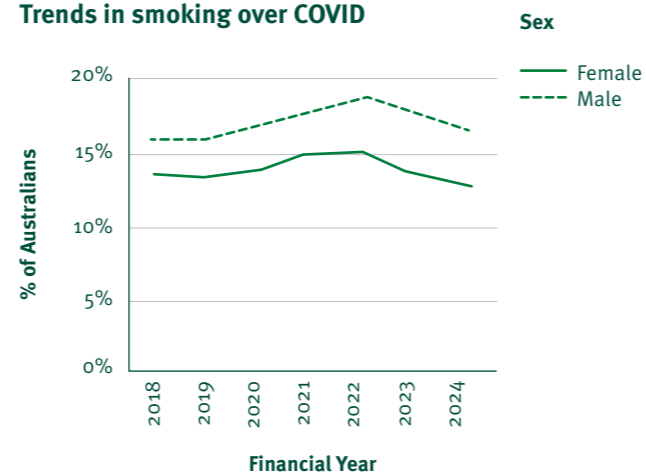
As of June 2024, SiSU Health data found approximately 13% of Australians aged 16 and older smoke daily, with higher rates observed among men (around 15%) compared to women (11%). This differs slightly from the 2022 National Health Survey findings which found 11% of Australian adults were daily smokers with 13% of men and 9% of women engaging in this harmful habit daily. The difference in rates is possibly due to an individual self-reporting to a machine versus a face-to-face interview with an Australian Bureau of Statistics' interviewer.

Age is also a crucial factor. Daily smoking is most prevalent among Gen Z and younger Millennials (aged 20-34), with 22% of men and 15% of women in this age group who smoke.

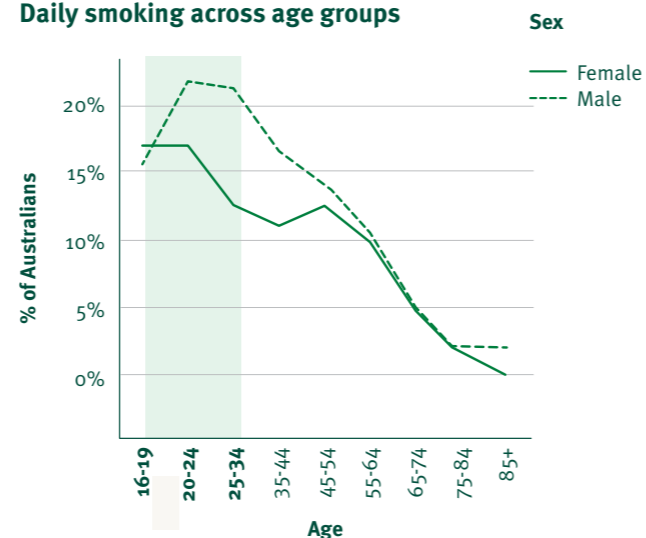
Socio-economic status plays a significant role, with daily smoking rates in the lowest socio-economic decile at 18%. This is double those in the highest groups, where the rate is around 9%.

In this year's Index, vaping information is derived from our health experts and existing data sources. As of July 2024, SiSU Health Stations have been updated to capture vaping data. This will be formally reported in the 2025 Index.

Trends in smoking over COVID



Daily smoking across age groups



“Despite all the warnings, smoking still lures in young adults with a false sense of cool and rebellion. Vaping isn't a safe alternative either — the risks are real and often obscured by misleading information. It's clear that we need to extinguish the appeal of smoking and vaping to protect future generations.”

Prof. Jason C Kovacic

Professor and CEO

Victor Chang Cardiac Research Institute

Daily smoking rate of
Australians aged 16-34



Diabetes

Diabetes is a significant and growing public health challenge in Australia, with SiSU Health data showing diabetes affects 6% of the population – approximately 1.6 million Australians.

The overwhelming majority of these cases are type 2 diabetes, which is largely preventable and closely linked to lifestyle factors such as diet, obesity and physical inactivity.

Prevalence

Diabetes is one of the fastest-growing chronic conditions in Australia.

Over the past decade, the prevalence of type 2 diabetes has risen sharply, driven by increasing rates of obesity and sedentary lifestyles.

Today, more than 85% of diabetes cases in Australia are type 2¹², which is often associated with being overweight or having obesity.

Relationship between obesity, diet and diabetes

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

Excess body weight increases insulin resistance, making it more difficult for the body to regulate blood sugar levels¹³.

This is particularly concerning given that 26% 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.

Demographic insights

Diabetes does not impact all Australians equally.

Men are more likely to be affected than women, with 7% of men diagnosed with diabetes compared to 5% of women.

The risk of diabetes increases significantly with age, as approximately 14% of Baby Boomers and older (Australians 65+) have diabetes, compared to just 2% of those under 35.

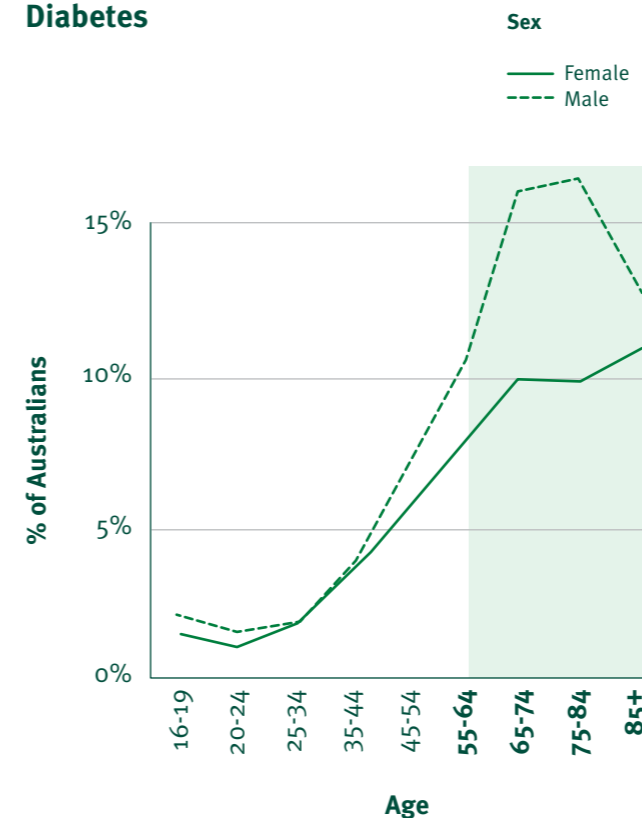
x2.2

Those in the most disadvantaged socio-economic decile are 2.2 times as likely to have diabetes than those in the least disadvantaged decile.

These demographic insights underscore the importance of tailored strategies that consider the unique needs of different population groups to more effectively manage and reduce the impact.



Diabetes



“Diabetes rates are climbing – adopting healthier lifestyles is key to controlling this growing health challenge.”

Amy Jones
Pharmacist, Wesfarmers Health

AUSDRISK: Deeper Risk Insights

The Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) provides insight into the increasing levels of predicted type 2 diabetes risk in Australia.

Developed by the Baker Institute, AUSDRISK is a non-invasive tool used to estimate the likelihood of an individual developing type 2 diabetes within the next five years.

SiSU Health's digitisation of the AUSDRISK tool on its health stations launched in July 2016 and has delivered over 2 million assessments to nearly 1.2 million individuals, creating what is likely the largest general population repository of AUSDRISK measures in Australia.

AUSDRISK stratifies 5-year diabetes risk into categories, with the top three categories considered high risk:

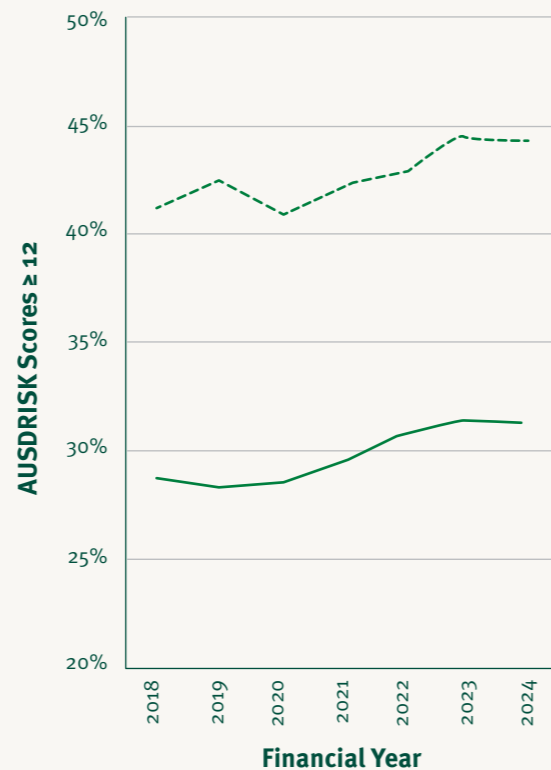
- For scores of 12-15, approximately one person in every 14 will develop diabetes.
- For scores of 16-19, approximately one person in every 7 will develop diabetes.
- For scores of 20 and above, approximately one person in every 3 will develop diabetes.

Scores of 11 or below indicate a lower risk of developing diabetes. A score of 5 or less indicates one person in every 100 will develop diabetes over the next 5 years.

Non-diabetic Australians, age 25-74, scoring 12 or above on the AUSDRISK

Sex

— Female - - - - Male



Increasing diabetes risk

Over 200,000 unique individuals completed a full AUSDRISK survey on SiSU Health Stations over the 2024 financial year. From this data, it is estimated that 38% of Australians aged 25-74 currently without diabetes are at high risk of developing the condition over the next five years (scoring 12 or above).*

This represents the highest recorded rate across the SiSU Health Station network since the measure was first added, signalling a continued rise in diabetes risk, especially in the wake of the COVID-19 pandemic.

Unlike other health risks, such as smoking or obesity, which have shown signs of moderation post-pandemic, diabetes risk continues to increase.

Individuals in the 20+ highest risk category face a 1 in 3 chance of developing diabetes within five years, underlining the critical need for early intervention.

Sex disparities

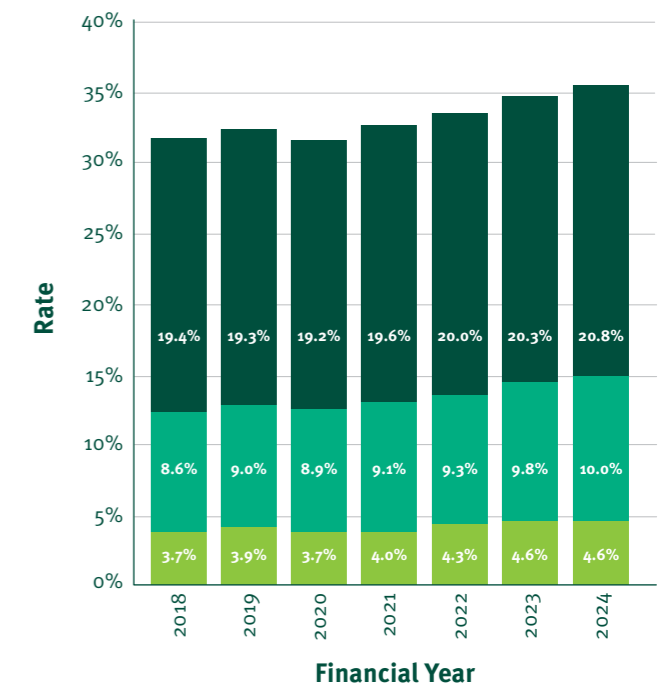
Data from the 2022 National Health Survey highlights a significant sex disparity in diabetes risk, with males showing an 11% higher risk on average compared to females.

This finding aligns with SiSU Health data, which also shows men are more likely to develop type 2 diabetes than women.

This disparity may stem from lifestyle differences and health service utilisation, calling for targeted interventions for men.

High-risk AUSDRISK scores have risen over time (Australians without diabetes, age 25-74)

■ AUSDRISK Score ≥ 20
 ■ AUSDRISK Score 16-19
 ■ AUSDRISK Score 12-15



*This projection is based on AUSDRISK data for Australians aged 25 to 74.

Men versus Women

National Index score

Index scores for each sex are in reference to each sex's 2018 baseline. With a score of 90, the odds of a man in 2024 having multiple risk factors is 10% higher than a male in 2018.

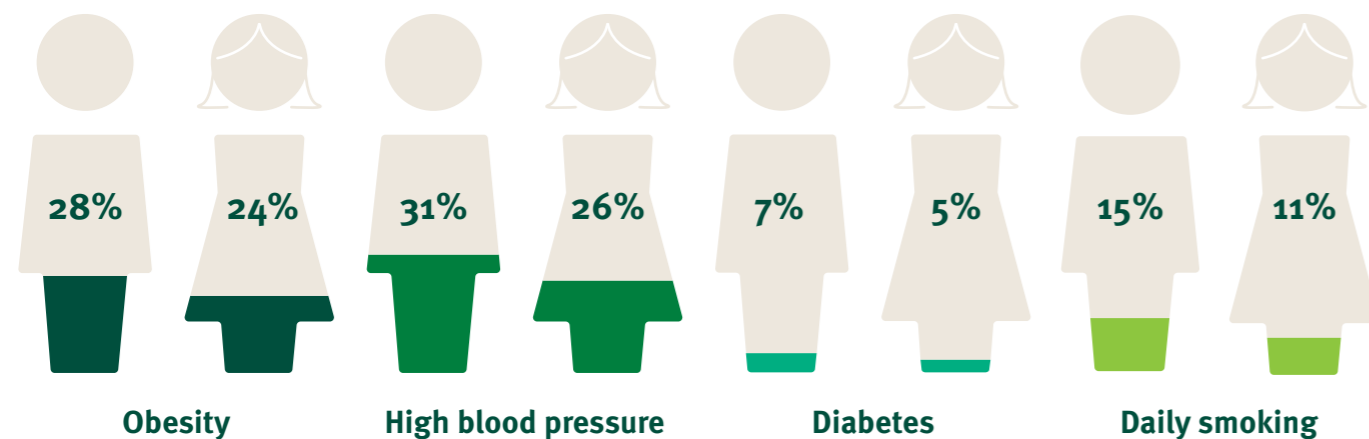


Sex plays a significant role in the health outcomes of Australians, with distinct differences in how men and women experience and manage key health risk factors.

Men are more likely to develop type 2 diabetes at a younger age, due to higher rates of obesity and physical inactivity.

This disparity is particularly pronounced in younger and middle-aged groups, where lifestyle factors such as diet and physical activity play a significant role.

For the cohort aged 44-64, the obesity rate is even higher, approaching 36%.



SiSU Health Stations record sex at birth for a person's gender as biological differences can influence key health measurements such as blood pressure and BMI. We note that sex recorded at birth may differ from a person's gender identity. Users have the option to choose 'other' as their gender.

“SiSU Health Stations are a fantastic opportunity for people to do a quick health check. I wish my brother got this opportunity. Maybe things would have been different.”

Sharon
SiSU Health Station user

“On nearly every health front, men are lagging behind women — higher rates of obesity, smoking and high blood pressure are just the tip of the iceberg. It’s clear that men need more urgent, targeted interventions to close this health gap and turn these numbers around.”

Noel Duncan (PhD)
Founder, SiSU Health





**Building a
Healthier
Tomorrow**

Building a Healthier Tomorrow

Preventive health measures

Regular health checks are crucial for identifying risk factors like high blood pressure before they escalate.

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

With more locations being rolled out, these machines are now within reach for even more Australians.

Each SiSU Health Station check includes measurements of BMI, blood pressure, heart rate and body fat.

But the real power lies in repeat visits.

Regular use helps Australians track their progress, spot potential issues early and stay motivated to make lasting health improvements. Users receive instant, personalised recommendations, including lifestyle tips and GP recommendations when necessary.

These recommendations connect individuals to the care they need, turning small health checks into big health wins.

Over the lifetime of the SiSU Health Station checks, there have been over 565,000 GP recommendations made, with 101,998 of these referrals in the last year alone, highlighting the impact and reach of this initiative.

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.

For example, over the last year (1 July 2023 — 30 June 2024), SiSU Health Station users demonstrated positive outcomes across all key cardiometabolic risk factors measured including:

- A net weight loss of 14,273 kilograms.
- A 22.7% reduction in the number of individuals reporting high blood pressure.

- A net decrease in individuals with a BMI greater than 25.
- A 6.0% reduction in high body fat percentages.
- A 9.3% decrease in the number of individuals reporting as smokers.

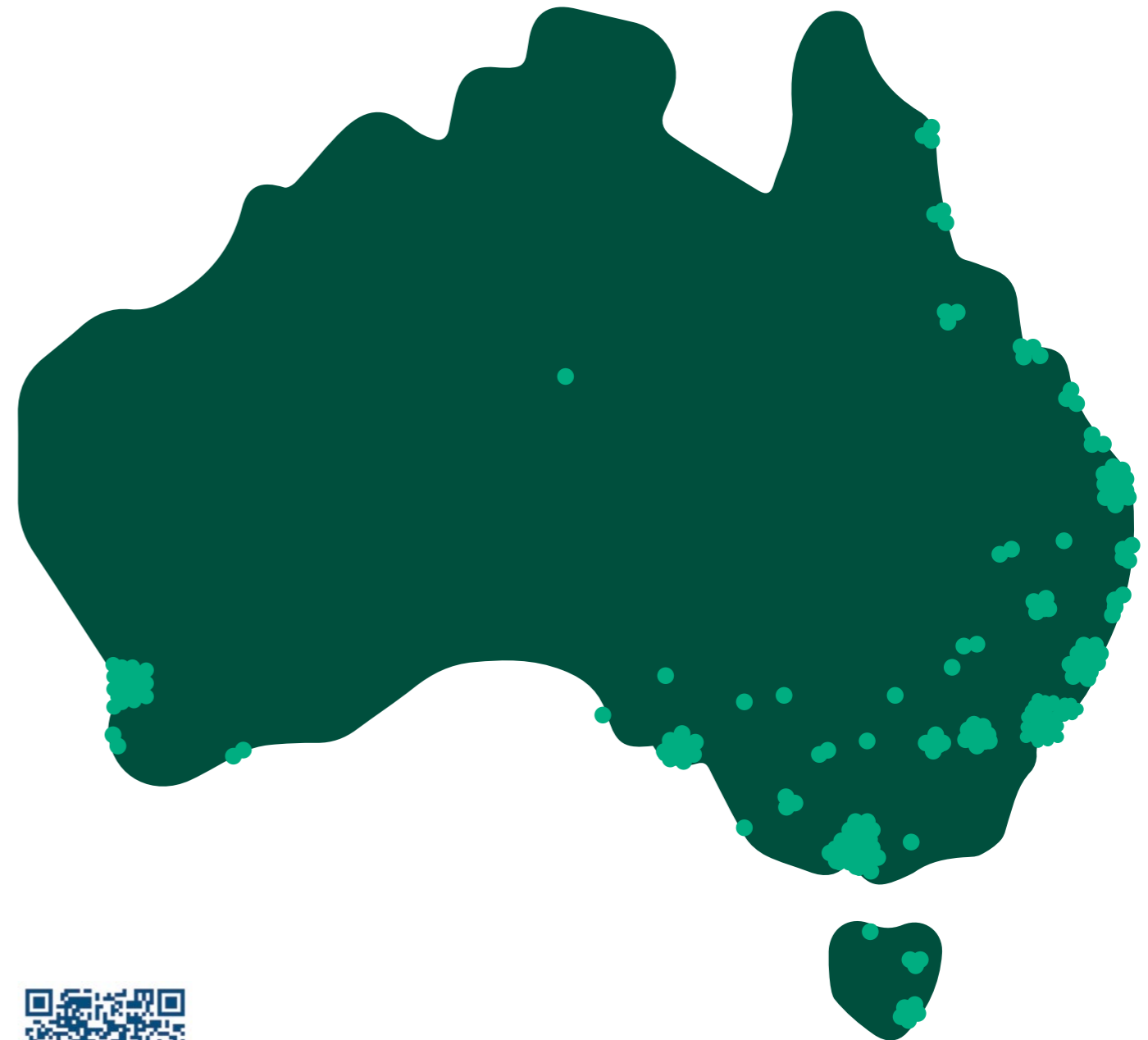
Apart from key partner Priceline Pharmacy, SiSU Health also partners with Australia's leading cardiometabolic health researchers and universities including the Shop-to-Stop Hypertension study in 30 Bunnings stores in NSW with The George Institute and UNSW (Professor Alta Schutte).

Finally, SiSU Health has also provided workplace health checks to more than 210 of Australia's leading companies and organisations across 25 different industry groups helping employers bridge the health gap with their workforce and fostering a culture of wellness.

“Together, we're making a powerful impact on the lives of millions of Australians, enabling them to achieve and sustain good health — creating a lasting difference for a healthier Australia.”

Emily Amos
Managing Director, Wesfarmers Health

SiSU Health Station locations



Scan here for the full SiSU Health Station location list

Priceline Pharmacy Case Study

SiSU Health has a longstanding partnership with Priceline Pharmacy, with health stations in stores for the past decade.

By integrating SiSU Health Stations into the pharmacy experience, Priceline is able to offer an invaluable service to their patients and provide a trusted health resource in the community.

Over the past year:

411,227

Users have engaged with SiSU Health Stations across the Priceline Pharmacy network.

8.9/10

Net Promoter Score (NPS)

Demonstrating a highly positive user experience.

Of those checks, 81,316 are from repeat users, who are using the Stations to monitor and track their health. Repeat users have achieved positive health outcomes including:



14,905 kg

Combined weight lost



1,016

Lowered their blood pressure since their last visit



476

Lowered their BMI



629

Lowered their body fat %



435

Stopped smoking

Health check results are logged in the SiSU Health App, enabling patients to track their health over time and easily share results with their pharmacist or GP. This continuous monitoring can empower patients to take charge of their health.

Priceline pharmacists have seen a number of benefits from having a Health Station in their pharmacy for their patients and communities:

- While waiting for prescriptions or post-vaccination, patients can take advantage of free health checks, opening the door for meaningful conversations about their results and personalised support.
- Patients appreciate the convenience of a free health check, and enjoy returning for regular re-checks keeping track of their numbers.
- The results from the health station can initiate valuable discussions about health management, allowing pharmacists to tailor support and recommend relevant products or services based on individual needs.
- Priceline pharmacists gain access to valuable, de-identified health data that reflects the population's health trends in their community. This information helps guide decisions on the services and products the pharmacy offers, allowing them to serve their communities more effectively.



Shop-to-Stop Hypertension Study

The Shop-to-Stop Hypertension study is a public health initiative focused on detecting and managing high blood pressure in Australian adults through an accessible, large-scale screening program.

Since December 2023, in collaboration with SiSU Health and The George Institute for Global Health, 30 SiSU Health Stations have been installed across Bunnings stores in New South Wales.

The initiative's main objective is to provide free, self-serve health checks focused on blood pressure, benefiting both retail customers and team members.

A special emphasis is placed on reaching regional and rural areas, where healthcare access is often limited, ensuring those most at risk receive the necessary support.

For example, SiSU Health Stations have been installed at Bunnings locations including Tamworth, Armidale, Albury and Nowra.

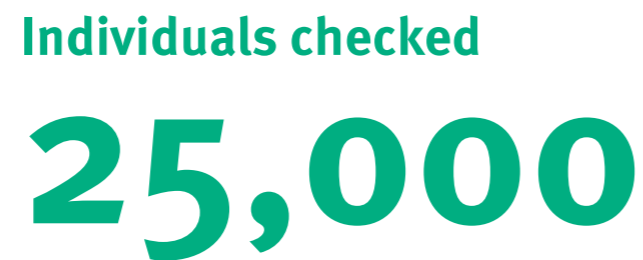
Prevalence

The Shop-to-Stop Hypertension study was designed to address this awareness gap by encouraging Australians to check their blood pressure in a non-clinical, low-stress environment — while shopping.

The project has a unique approach: it leverages high foot traffic in retail stores, making it convenient for individuals who might not otherwise engage with the healthcare system regularly.

A key element of the study involves sending follow-up text-message nudges to participants who exhibit high blood pressure. These nudges encourage them to recheck their blood pressure or visit a GP.

This intervention aims to test whether simple, low-cost reminders can improve the management and awareness of hypertension over time.



Key findings

As of September 2024, more than **27,000 health checks** have been conducted across the 30 Bunnings stores, **with nearly half of these screenings taking place in rural and regional locations.**

The study has seen participation from over 2,000 Bunnings team members, contributing to a total of almost **25,000 individuals** screened.

As the study progresses into 2025, it will continue to provide invaluable insights into how retail spaces can be used as platforms for improving public health outcomes.



Shane Warne Legacy Case Study

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 the philanthropic endeavours of Shane, 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.

With a total of 24,069 health checks conducted at key events including the Boxing Day Test 2023 and the AFL Gather Round 2024, the campaign has demonstrated substantial engagement. This engagement is notably high among men, who accounted for 58% of all checks, compared to 42% for women.

Almost 1 in 5 (18%) health check participants were found to have high blood pressure.

Meanwhile 53% of individuals had not had their blood pressure measured in the past 12 months. This underscores the importance of accessible health checks in places men frequent to help bridge the gap in preventative care.

Total checks

24,069



“The Shane Warne Legacy Health Checks really hit home for a lot of people. Shane’s passing made so many of us think, ‘If it can happen to him, it can happen to me.’ High blood pressure is a silent killer, often showing no symptoms at all. With the cost of living going up, a lot of people skip doctor visits unless something feels wrong. That’s why these Shane Warne Health Checks are so impactful — they’re free, take just four minutes, and don’t need an appointment. They’re helping more people take charge of their health, and the impact is clear in the numbers.”

Helen Nolan
Shane Warne Legacy CEO



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



FOUNDING PARTNER



Shane Warne Legacy Takes Heart Health Screening to Regional Communities

Over eight weeks from May to July 2024, Shane Warne Legacy, SiSU Health, Heartscreen Australia and Novartis Australia partnered to bring cardiovascular risk screening to under-served and less advantaged communities across the regional federal electorates of Mallee in north-west Victoria and Gilmore in south-coastal New South Wales.

A total of 2,777 individuals undertook 3,239 free digital health checks including 1,948 lipid panel point-of-care checks provided to communities in Horsham, Mildura and Swan Hill in Victoria and Ulladulla and Nowra on the NSW south coast.

The lipid panel tests measure total cholesterol, LDL (bad cholesterol), HDL (good cholesterol) and triglycerides.

High levels of cholesterol over time causes hardening of the arteries leading to possible health crises such as heart attack and stroke.

With cardiovascular screenings conducted at five Priceline Pharmacies and through 40 days of testing at local event pop-ups, the campaign allowed many participants to become aware of their cardiovascular risk for the first time and act.

The campaign achieved an extraordinarily high Net Promoter Score (NPS) of +87 (n 2,959), which equates average score of 9.6 /10.

Cardiovascular risk factors screened for included high BMI (BMI ≥ 30), high blood pressure and high cholesterol.

61%

Recorded at least one cardiovascular risk factor

33%

Recorded high blood pressure ($\geq 140/90$ mmHg)

36%

Had not had their blood pressure measured in the last 12 months

32%

Recorded high BMI risk (BMI ≥ 30)

39%

Tested with high total cholesterol (≥ 5.5 mmol/L)

17%

Tested with high LDL/bad cholesterol (≥ 3.5 mmol/L)

41%

at high risk of developing type 2 diabetes in the next 5 years

1,217

Total of recommendations to consult a GP for high blood pressure or BMI ≥ 35 were provided on-screen and post-check via email to participants



Latrobe Health is a founding partner of Shane Warne Legacy.



“I found out that I had issues with high blood pressure that I was unaware of. [My doctor] reviewed the information and ascertained that my blood pressure was higher than it had ever been and put me on medication for it. I now go in for a review in a month and will continue to monitor.”

Leigh
Participant

About SiSU Health Stations

SiSU Health is part of Wesfarmers Health. SiSU Health Stations are TGA-approved 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?

There are 492 SiSU Health Stations across Australia: 388 available in publicly accessible locations like Priceline Pharmacy and Priceline stores, and 104 in other workplace settings. They also feature at events such as AFL Gather Round.

How do they work?

SiSU Health Stations guide users aged 16 and above, through a quick and user-friendly 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.

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 its ability to measure an individual's change in health profile over time. We call this longitudinal health impact. We do this 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, we remove shared accounts, pregnant women and apply a range of other time-based filters 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?

Globally since 2015, 5.5 million checks have been undertaken. In Australia, 3 million health checks have been undertaken since 2018. Data in this report draws on those 3 million health checks provided to more than 2 million people. In the last year (1 July 2023 to 30 June 2024), there were 502,328 checks by 351,922 unique individuals.

“SiSU Health Stations are designed to be accessible to everyone and are free to use. They also offer a judgement-free experience regardless of age, gender, ethnicity, or physical condition.”

Noel Duncan (PhD)

Founder, SiSU Health

How many health checks have been done in each state and territory?

The SiSU Health Stations have been used extensively across Australian states and territories, with the following number of checks in each state last year (1 July 2023 to 30 June 2024):

- NSW – 209,286
- Vic – 114,710
- Qld – 98,572
- WA – 32,852
- SA – 26,223
- Tas – 8,356
- NT – 1,160 (excluded from analysis)
- ACT – 11,169
- Grand total – 502,328

Note: the Northern Territory (NT) is excluded from this Index due to insufficient and non-representative data. With only a handful of health stations in the region, the data collected does not accurately reflect the health outcomes of the broader NT population.

What is the sex breakdown?

Of the Australian health checks conducted in the last year (1 July 2023 to 30 June 2024), 49.9% were performed by women, while 50.1% were by men. Since inception, the sex health check breakdown for Australia is 53% women and 47% men. Users have the option to choose 'other' as their gender. Users who select this option make up approx 1% 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 System for a Medical Device (ISO 13485:2016).



About Wesfarmers Health

Wesfarmers Health was 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 (API).

Wesfarmers Health includes 70 company-owned Priceline stores, 405 Priceline Pharmacy franchise stores and 89 Clear Skincare clinics and is also a wholesale distributor of pharmaceutical goods through API.

In 2023, Wesfarmers Health expanded its digital and medical aesthetics offering with the acquisitions of telehealth provider InstantScripts, as well as the SILK Group, who operates a network of around 140 wholly-owned, joint venture and franchised clinics. In 2024, SiSU Health joined the division's portfolio.

Wesfarmers Health employs more than 3600 team members.



Australian Pharmaceutical Industries

Since its beginnings 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.



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 million members, making it one of Australia's largest health and beauty loyalty programs. Priceline Pharmacy also supports charity partners through the Priceline Sisterhood Foundation — an initiative developed to support women and their families.



InstantScripts

Founded in Melbourne in 2018, InstantScripts has helped over 2 million Australians access health and medical services from the comfort of their homes. InstantScripts takes great care in providing the highest quality of service to all communities through a large team of Australian-registered doctors who are available seven days a week. Accessing prescriptions for everyday medications, speaking to a doctor, obtaining a medical certificate or getting blood test requests are just some of the online services offered by InstantScripts.



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 50 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 50 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.



The SILK Group

The SILK Group operates a network of wholly owned, joint venture and franchised specialist beauty clinics across Australia and New Zealand that provide non-surgical aesthetic services, including non-invasive cosmetic injecting, laser hair removal, skin treatments and body contouring. It also sells a range of proprietary skincare and related products through its clinic network, as well as online. The SILK Group comprises the SILK Laser Clinics, Australian Skin Clinics, The Cosmetic Clinic and Eden Laser Clinics brands. The SILK Group's mission is to provide skin and body treatments and services to help its clients feel good about themselves. SILK aims to achieve the highest quality results for its clients, using advanced medical devices at affordable prices.



Clear Skincare

Clear Skincare is one of Australia and New Zealand's most experienced skin, acne, cosmetic injecting and laser hair removal clinics. Established in 1999 and developed by doctors, Clear Skincare has been a changemaker in Australian skincare by making the most advanced clinical treatments and effective skincare accessible and affordable to millions of people in more than 90 clinics. Clear Skincare's team of highly trained therapists, nurses and doctors are passionate about helping clients live their best skin.

Methodology

This report draws on scores and estimates relating to the 2024 financial year, with 502,000 health checks across 312,000 Australians. The SiSU Health Station is a class IIA, ISO-certified medical device that provides machine measurement of user height, weight, blood pressure and body composition, in addition to serving assessment and screening surveys such as the AUSDRISK diabetes risk assessment tool.

Users of the SiSU Health Station can consent to the anonymised, aggregated use of their responses for the purposes of public health research. Estimates for the 2024 financial year have been derived from the measurements and responses provided by authenticated SiSU Health Station users between 1 July 2023 and 30 June 2024. 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 2023 Boxing Day Test
- Users who had not provided a date of birth, sex, or postcode
- SiSU employees
- Users with a gender identity that differs from their sex identified at birth

After these exclusions, 248,497 unique Australians provided measures to all four cardiometabolic risk factors for the 2024 financial year.

Normalising against the Australian population

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.

Derivation of the Index score

The Index score is an index that tracks the rate of multiple cardiometabolic health risk factors in the Australian population. For the financial year ending 2018, it was estimated that 12.3% of the population had two or more of the following risk factors: high blood pressure (exceeding 140/90 mmHg), obesity (BMI exceeding 30kg/m²), daily smoking, or reported diabetes. The Index score is set to this FY18 baseline, such that the national Index score is set to 100.

The score is a scaled inverse-odds representation of this underlying multiple risk rate, R, such that the score is calculated as:

$$\text{Score} = 14 \cdot \frac{(1-R)}{R}$$

Lower scores represent a higher rate of multiple risks in the population. For the financial year ending 2024, this rate has increased to 13.2%. This corresponds to a score of 92 and this 8-point decrease corresponds to an 8% increase in the odds of an Australian having two or more cardiometabolic risk factors.

Index scores specified for Men and Women are baselined against the respective rates of multiple cardiometabolic risk in each population in the 2018 financial year. As they have different baselines and scaling factors, they cannot be directly compared to each other or to the general score.

Count of unique, authenticated SiSU users included in the estimation of each metric, FY24

		Blood pressure	Height and weight	Smoking status	Diabetes status	All four risk factors	Full AUSDRISK
All users		289,472	287,117	288,625	287,457	248,497	215,902
Sex	Female	142,259	142,630	143,904	143,305	121,328	107,507
	Male	147,213	144,487	144,721	144,152	127,169	108,395
Age	16-19	19,855	23,007	21,107	20,960	17,102	15,626
	20-24	36,370	39,282	37,225	37,013	31,481	27,549
	25-34	71,233	72,094	71,675	71,357	62,395	53,261
	35-44	54,769	53,398	54,430	54,248	47,586	41,653
	45-54	42,367	40,077	41,748	41,628	36,590	32,472
	55-64	34,301	31,809	33,460	33,373	29,035	25,218
	65-74	21,968	19,867	21,014	20,947	17,832	14,884
	75-84	7,770	6,887	7,228	7,200	5,925	4,814
85+*	839	695	738	731	551	425	
State	ACT	5,991	5,822	5,955	5,918	4,962	4,320
	NSW	116,291	115,726	115,758	115,286	99,315	85,505
	Qld	55,116	54,288	55,053	54,783	46,679	40,348
	NT*	799	774	794	789	698	600
	SA	15,660	15,590	15,726	15,664	13,681	12,028
	Tas	4,958	4,932	4,972	4,952	4,319	3,732
	Vic	70,511	69,938	70,208	69,960	61,117	53,828
	WA	20,136	20,037	20,150	20,096	17,718	15,532
IRSD Decile (by user postcode)	1	23,855	23,791	23,578	23,440	19,660	17,004
	2	18,785	18,382	18,643	18,555	15,860	13,545
	3	25,123	24,707	24,950	24,838	21,308	18,318
	4	28,824	28,912	28,822	28,698	24,807	21,237
	5	30,888	30,364	30,759	30,619	26,613	23,177
	6	31,752	31,748	31,730	31,622	27,321	23,751
	7	23,920	23,770	23,921	23,828	20,528	17,953
	8	40,325	39,723	40,173	40,014	34,743	30,288
	9	33,528	33,337	33,511	33,405	29,071	25,445
	10	32,406	32,316	32,472	32,372	28,528	25,140
Remoteness Area (by user postcode)	Major Cities	218,198	217,421	217,482	216,610	187,386	162,785
	Inner Regional	50,239	49,082	50,078	49,863	43,002	37,369
	Outer Regional	17,629	17,277	17,674	17,611	15,231	13,261
	Remote/Very Remote	3,406	3,337	3,391	3,373	2,878	2,487

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

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Inherent Limitations

This report has been prepared as outlined in the section[s] titled ["Methodology" and "Key Findings"]. The findings in this report are generated from fully de-identified data provided with consent by 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. [API / SiSU] is 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 [API / SiSU], its related bodies 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.

Third Party Reliance

This report has been prepared solely for the purposes set out in the section[s] titled ["Methodology" and "Key Findings"] and is not to be used for any other purpose. Neither [API / SiSU] nor its related bodies, respective officers, employees, agents and advisers undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility.



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. For the purposes of this report, these areas have been grouped into two groups – "Major Cities of Australia" & "Regional & Remote Australia".
IRSD	The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic Index created by the Australian Bureau of Statistics (ABS) as part of the Socio-Economic Indexes for Areas (SEIFA). It summarises a range of information about the economic and social conditions of people and households within an area. IRSD only includes measures of relative disadvantage and is derived from the residential postcode supplied by a user during a health check. Postcode areas are scored, ranked and allocated into equally sized groups of five (quintiles) or ten (deciles). A low score or decile indicates relatively greater disadvantage.
COVID-19 period	The widespread social changes and impacts to the Australian population, economy and healthcare system between April 2020 September 2021 brought by the COVID-19 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 are related. 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.
Obesity	Body Mass Index higher than 30 kg/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.



**Wesfarmers
Health**

[sisuhealthgroup.com](https://www.sisuhealthgroup.com)

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