SISU HEALTH

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The State of Workforce Health in 2025

What real workforce data reveals about risk, prevention and the changing role of employers

2025 workforce health in numbers

6.7% of employees aged 16–34 already had high blood pressure.

25% reduction in smoking prevalence among repeat participants.

More than **2 in 5** employees presented at least one major preventable health risk.

High blood pressure risk reduced by **32.7%** among repeat participants.

Average health risk varied by over **20 percentage points** between industries.

1 in 3 men under 30 recorded elevated BMI.

Vaping prevalence was higher than smoking, at **19.5%** and **11.5%** respectively.

Engagement was high **9am–3pm** highlighting accessibility as a key driver.

Obesity affected almost **3 in 10** employees, driving an estimated **£30m+** in productivity loss.

These patterns show that health risk is emerging earlier, clustering more tightly, and varying widely across sectors – often before traditional healthcare pathways engage. The opportunity for employers lies not in replacing clinical care, but in closing the growing gap between early risk and formal diagnosis.

Introduction

Workforce health is changing – and in many organisations, risk is emerging earlier and more widely than expected.

Drawing on data from tens of thousands of workplace health checks completed across the UK over the past year, this report examines how employee health risk is showing up in practice today. It explores where preventable risk is most common, how it varies by age, gender and sector, and what happens when people have regular, accessible opportunities to check in on their health.

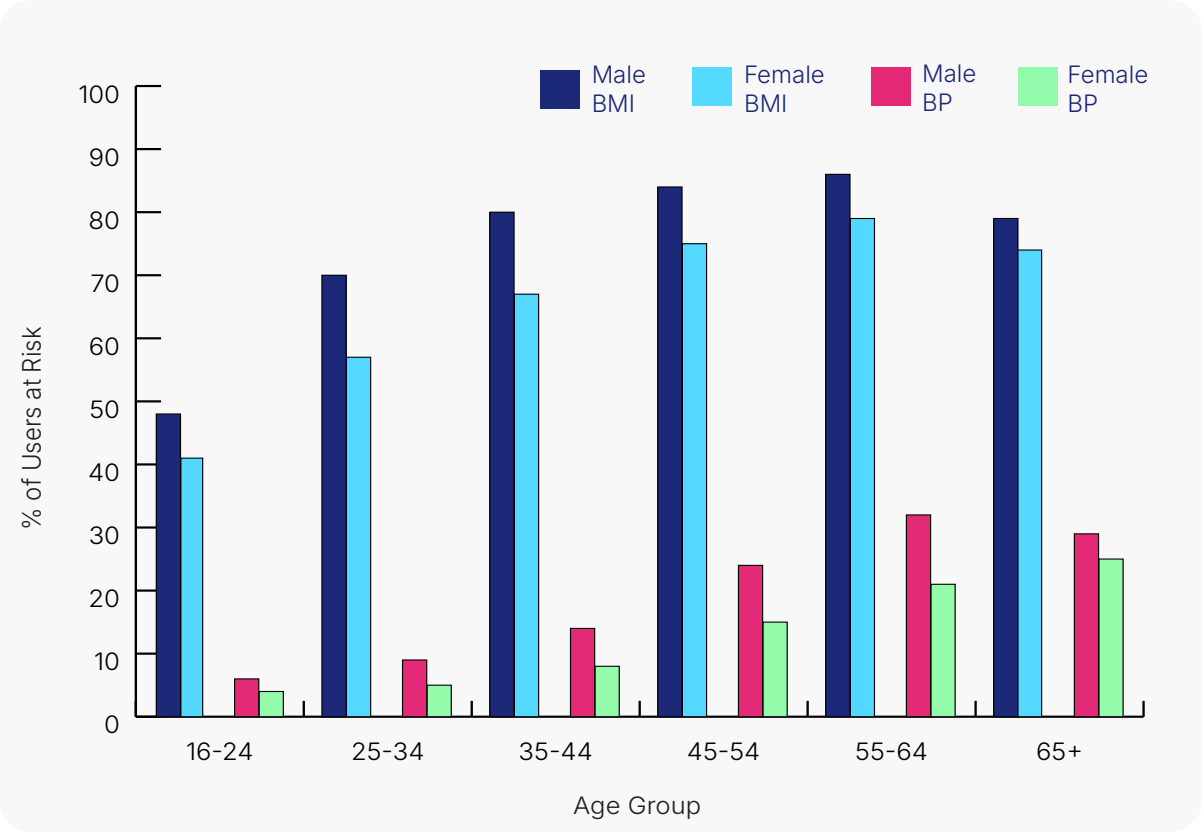
The findings matter because many of the risks identified – including high blood pressure, elevated BMI and smoking – develop quietly during core working years, often long before individuals are eligible for routine NHS screening or seek clinical care. Left unaddressed, these risks compound over time, driving avoidable illness, absence and productivity loss.

By bringing these patterns into focus, the report aims to support employers in understanding the current state of workforce health, how their organisation compares and where early, practical action can make the greatest difference.

Samantha Fay
CEO

Insight 1

Health risks are emerging years before traditional screening begins



Workplace health data shows that preventable clinical risk is appearing far earlier in working lives than many organisations expect. For instance:

- High blood pressure is already present in 6.7% of employees aged 16–34
- Prevalence roughly doubles for men by age 35–44
- 1 in 3 men under 30 have already recorded elevated BMI

This matters because the NHS Health Check is only available to people aged 40–74 living in England, leaving younger employees outside routine screening despite measurable risk. Even among those who are eligible, uptake is limited by practical barriers such as working hours, travel and low perceived risk when symptoms are absent.

The result is a prolonged “pre-diagnosis gap” where risk accumulates silently during core working years.

Sector benchmark insight: Early cardiometabolic risk varies widely by industry

Across sectors, the proportion of employees with elevated BMI and blood pressure ranges from around **55% in lower-risk industries** to **over 75% in higher-risk sectors**.

Transportation, Energy and Capital Goods consistently record the highest average risk scores, while **Software, Media and Consumer Services** sit at the lower end of the spectrum.

This spread suggests that early risk is shaped not just by age or lifestyle, but by working patterns, job demands and access to preventative support.

The opportunity for employers: Act earlier, before risk becomes disease

This means:

- Bringing screening closer to where people work, not where illness is treated
- Using early data to shape proactive pathways for under-40s
- Supporting “silent” risks like blood pressure and BMI before symptoms appear
- Reducing long-term cost through earlier, lower-impact intervention

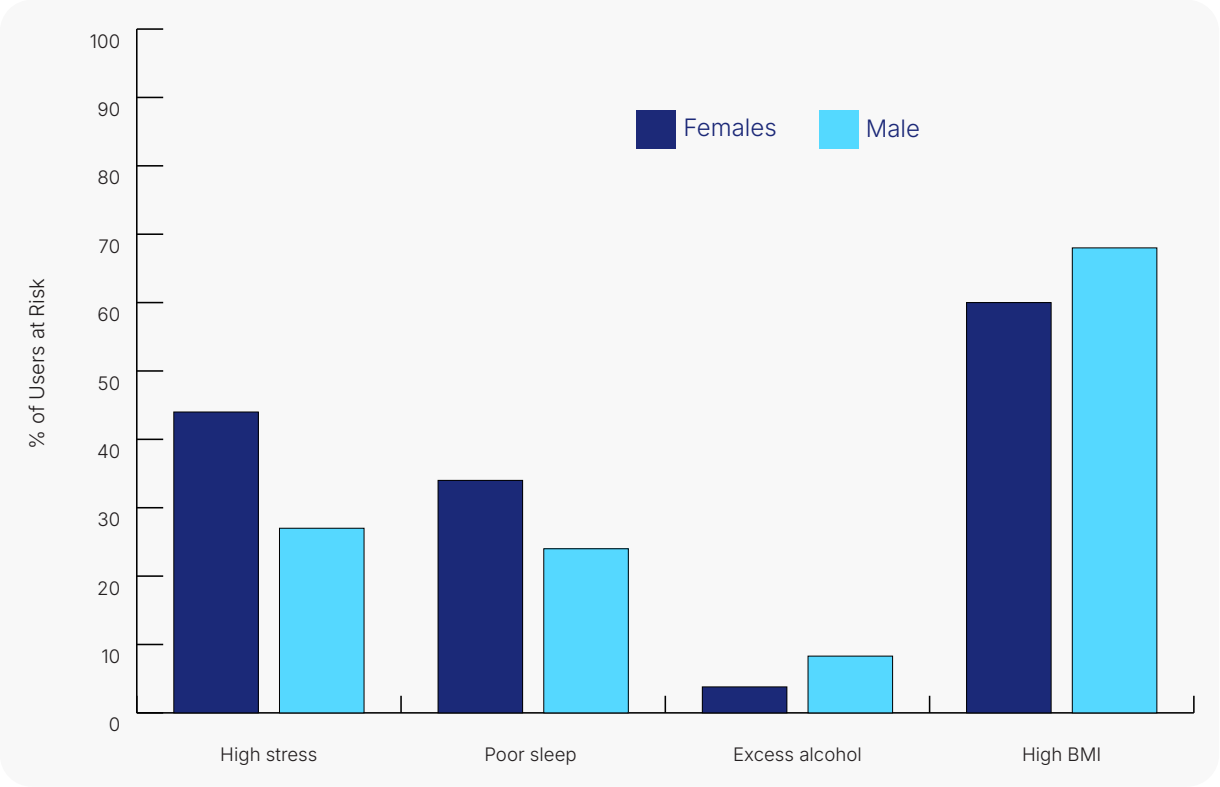
Insight 2

Men and women experience health risk differently – uniform strategies miss important gaps

The data reveals clear gendered patterns in workforce health.

Men consistently record higher rates of elevated BMI and high blood pressure, particularly from mid-career onward (see Insight 1). They're also more likely to present nutrition and alcohol-related risk.

Women, by contrast, report higher stress and poorer sleep – both of which are strongly linked to long-term chronic disease, reduced recovery and presenteeism.



These differences are reinforced by behavioural data. Women report greater financial pressure and stronger interest in emotional wellbeing support, while men are more likely to describe food or alcohol as coping strategies.

These patterns suggest not differing motivation, but differing pressure points and routes into support.

Sector benchmark insight: Sector context amplifies gendered health patterns

In male-dominated industries such as Transportation and Energy, elevated BMI affects **70–76% of employees**, compared to around **55–60%** in lower-risk, office-based sectors.

In contrast, reported **stress and sleep disruption among women is highest in Professional and Commercial Services**, where time pressure and cognitive load are greatest.

These differences indicate that sector environment intensifies underlying gendered risk, rather than creating it.

The opportunity for employers: Design support that reflects real differences in need

This means:

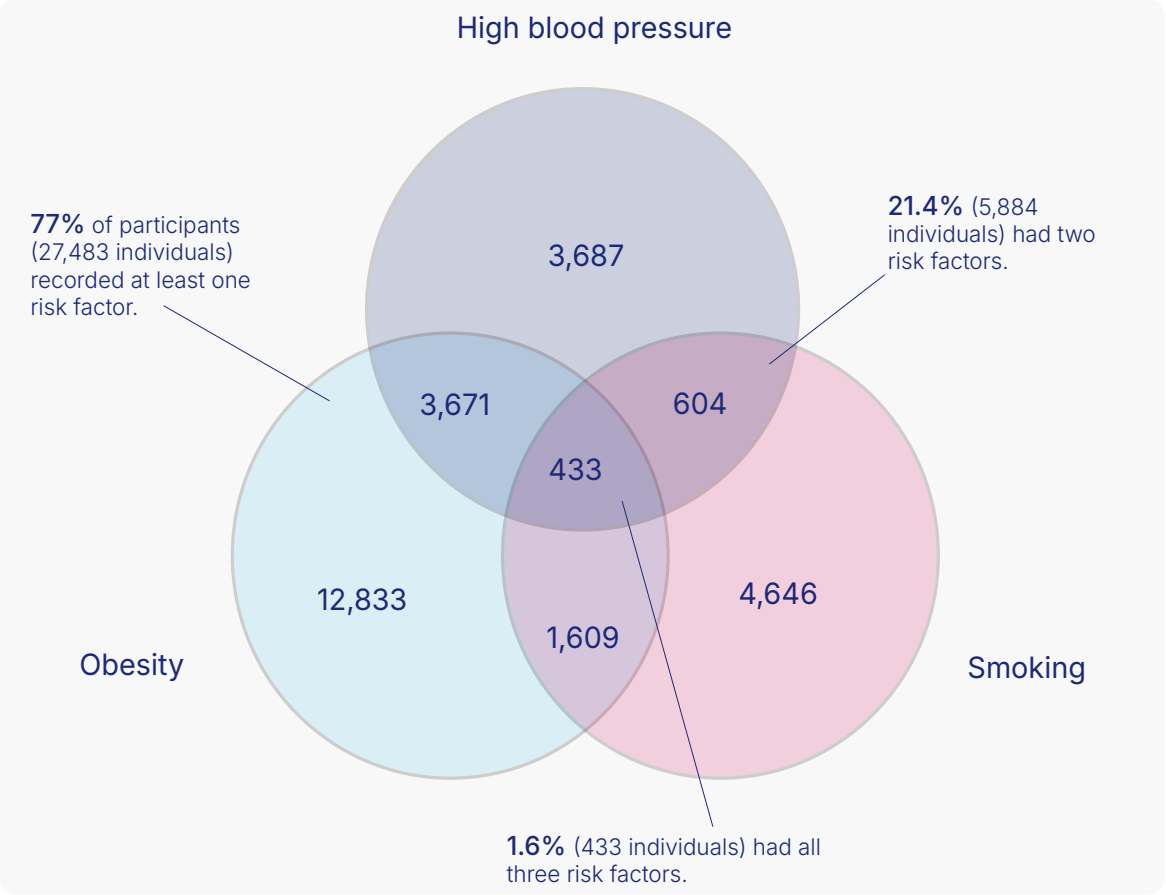
- Using life-stage and role-aware pathways rather than generic messaging
- Offering multiple routes into support (digital, peer, confidential, social)
- Recognising how financial pressure, caregiving and coping differ across the workforce
- Ensuring programmes feel personalised without being exclusionary

Insight 3

Health risks rarely occur alone – co-occurrence drives complexity and cost

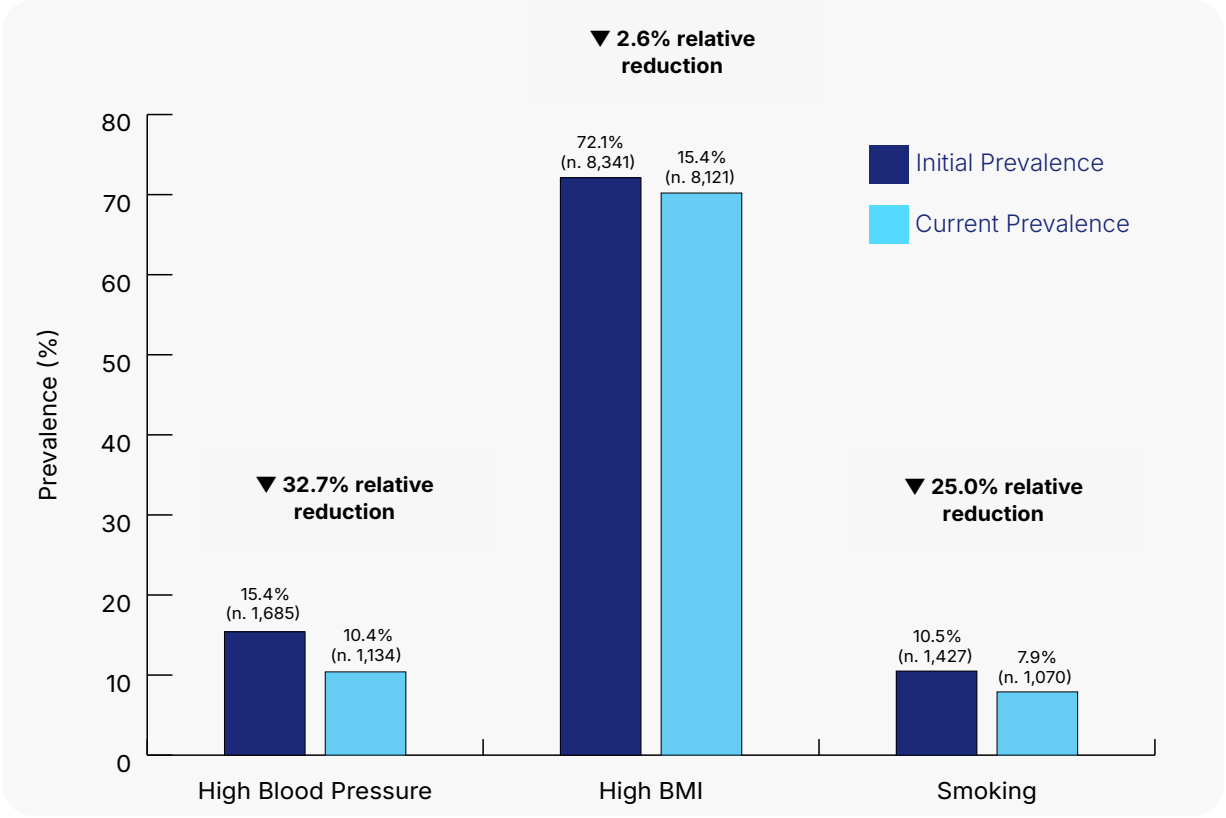
More than 2 in 5 employees present at least one major preventable health risk, and nearly 1 in 4 live with two or more simultaneously.

Among those with high blood pressure, almost half are also obese, and over 12% are both hypertensive and smokers. A smaller but significant group presents all three risks together, creating compounded vulnerability.



The data also shows that risks behave differently over time. Among repeat participants, high blood pressure prevalence falls by 32.7% and smoking by 25%, yet BMI shows only modest improvement, even with engagement.

This indicates that while some risks respond quickly to targeted action, others are embedded within interconnected drivers such as sleep, stress, nutrition, shift patterns and financial pressure.



Sector benchmark insight: The most complex risk profiles are concentrated in a small number of industries

Employees in **Transportation, Food & Beverage, Capital Goods and Energy** are significantly more likely to present t**wo or more concurrent risks**.

Combined obesity, hypertension and smoking prevalence **exceeds 25%** in some of these sectors.

In lower-risk industries, multi-risk prevalence falls closer to **15–18%**.

This concentration of overlapping risk helps explain why long-term health cost and productivity impact are unevenly distributed across sectors.

The opportunity for employers: Move from single-issue interventions to connected pathways

This means:

- Screening for clusters of risk, not isolated indicators
- Coordinating cardiovascular, metabolic and lifestyle support
- Prioritising high-risk combinations that drive the greatest cost
- Addressing slower-moving risks like BMI through multi-factor support

Turn insight into a business case

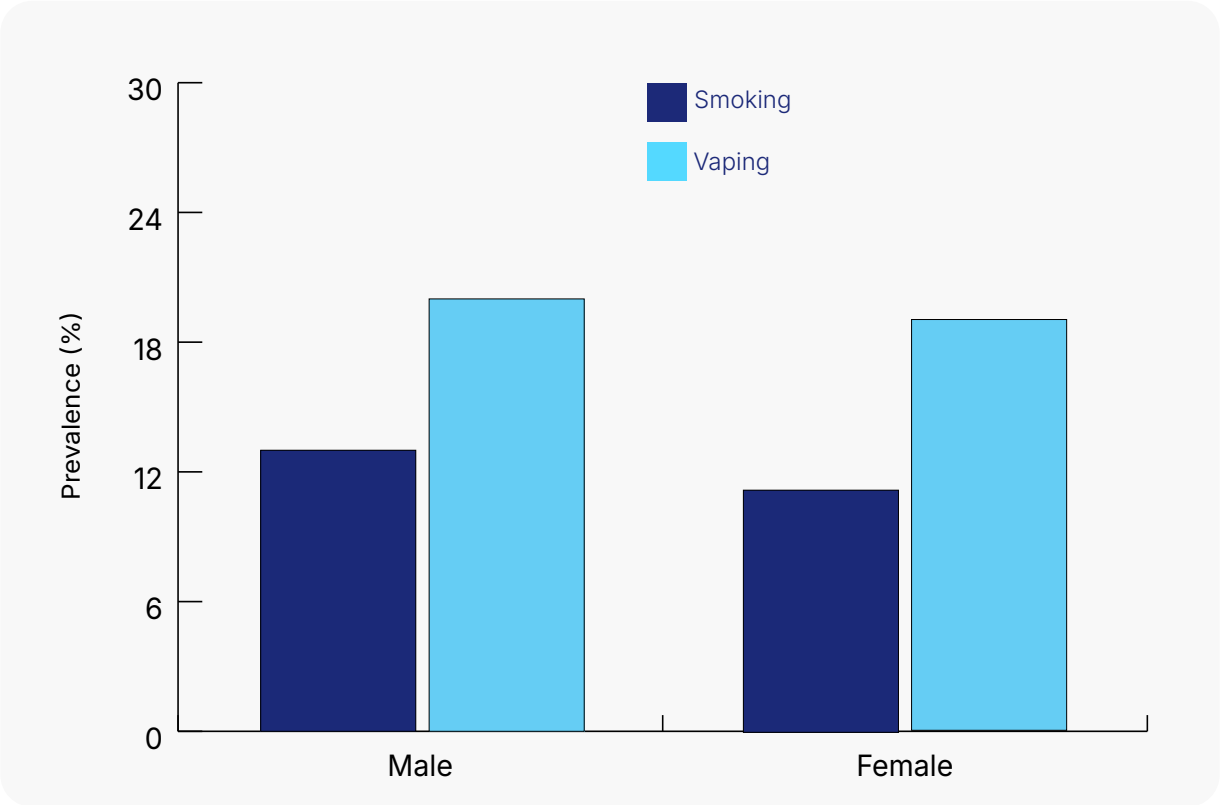
Knowing where health risk sits is only the first step. The next is understanding what it costs.

Our eBook, *The Productivity Cost of Poor Employee Health*, shows how to estimate the productivity impact of workforce health risks using a simple, practical framework HR and wellbeing teams can apply to their own data.

Download the eBook

Insight 4

Vaping is now more prevalent than smoking – with unknown long-term impact



Smoking remains a significant and well-evidenced risk, with 11.4% of employees identifying as current smokers. However, the nicotine landscape is shifting.

Early data suggest that 1 in 5 employees (19.5%) now vape, and in some locations vaping prevalence exceeds smoking, suggesting substitution rather than cessation.

While vaping is often perceived as lower risk, the long-term health effects – particularly for daily users and younger employees who began early – remain uncertain.

For some, vaping replaces cigarettes; for others, it supplements them, potentially prolonging and even exacerbating nicotine dependency without eliminating harm.

Sector benchmark insight: Nicotine use shows sharp sector variation

Smoking prevalence ranges from around **4–6% in Professional Services and Software** to **17–25% in Retail, Transportation and Food & Beverage**.

Vaping prevalence is more evenly distributed, but is **highest in younger, frontline and shift-based workforces**, in some cases exceeding smoking rates.

These patterns suggest nicotine use is influenced as much by workplace culture and stress exposure as by demographics.

The opportunity for employers: Address nicotine dependence, not just smoking

This means:

- Framing conversations around dependency rather than device type
- Communicating that “less proven” does not mean “risk-free”
- Targeting early-career employees forming long-term habits
- Ensuring policy reflects evolving evidence, not outdated assumptions

Insight 5

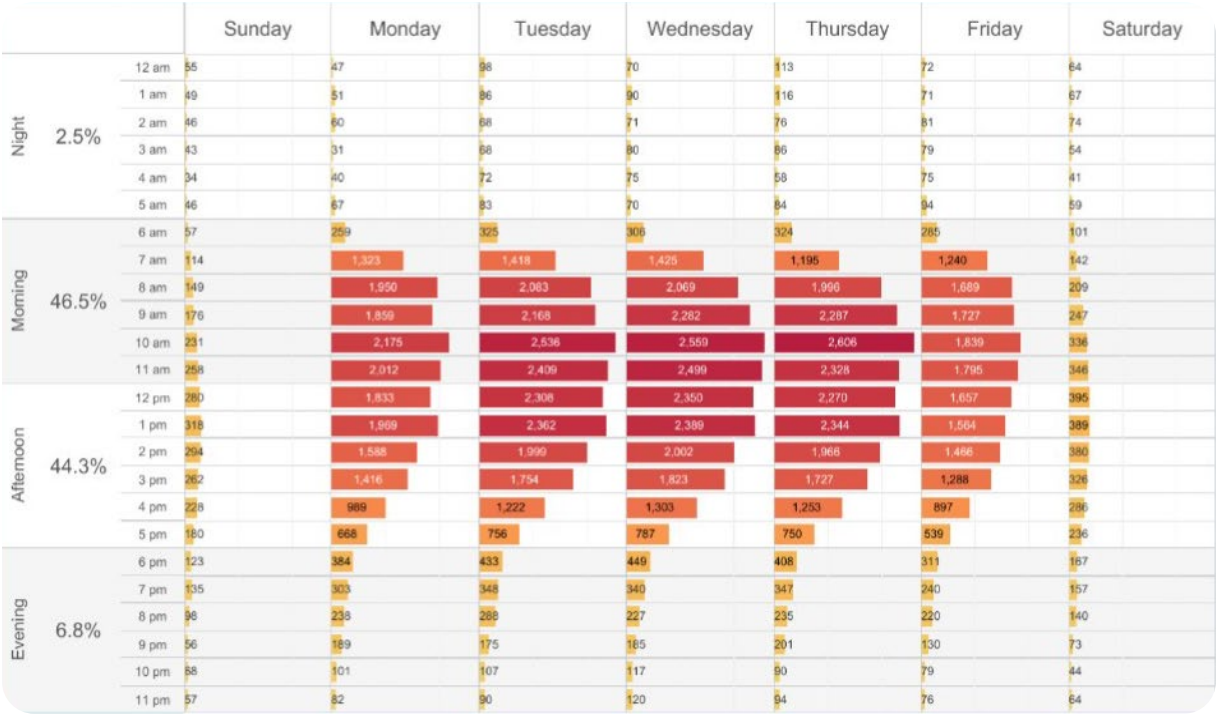
When prevention fits working life, engagement and improvement follow

Among employees who return for repeat checks, measurable improvements occur across every major risk category.

Over the past year, high blood pressure prevalence fell by 32.7%, smoking by 25% (see Insight 3) and high body fat percentage by 7.9% – clear evidence that accessible, repeatable prevention supports behaviour change.

Engagement patterns reinforce this. Most checks take place between 9am and 3pm, showing that when prevention fits into the working day, people use it.

At the same time, consistent use outside GP hours highlights demand from shift-based, frontline and retail workers who face structural barriers to traditional care.



Volume of health checks by hour and day (heatmap view from SISU Health reporting interface)

Sector benchmark insight: Engagement patterns mirror working hours, not motivation

In office-based sectors, approximately **70% of health checks take place during core working hours** (9am–3pm).

In contrast, **frontline and shift-based industries show a much higher proportion of evening and weekend usage**, reflecting limited access to GP-led care during standard hours.

This reinforces that accessibility, rather than willingness, is the primary driver of engagement.

The opportunity for employers: Make prevention part of everyday working life

This means:

- Locating support where people already are
- Reinforcing progress through regular measurement and feedback
- Using data to personalise nudges and track improvement over time
- Removing logistical friction that undermines engagement

How employers can respond

The data shows that prevention delivers the greatest impact when it is accessible, connected and measurable. For most organisations, this does not require a complete redesign of wellbeing strategy, but a shift in *where*, *when* and *how* support is delivered.

1

Bring prevention into the working day

Embed health support into normal routines rather than relying on employees to seek it out.

- Most checks are completed during core working hours, demonstrating that convenience drives participation
- Strong evening and weekend engagement highlights unmet need among shift-based, frontline and retail workforces
- On-site and workplace-based access helps reach employees who cannot attend GP appointments during working hours

Impact: Earlier identification of risk and broader reach across the workforce.

2

Connect physical and mental health insight

Treat health risks as interconnected rather than isolated indicators

- Cardiovascular, metabolic and lifestyle risks often coexist with sleep disruption, anxiety and stress
- Single-issue interventions are less effective when underlying drivers remain unaddressed
- Joined-up insight enables earlier, more holistic intervention

Impact: More effective support pathways and reduced risk of escalation.

3 Measure progress consistently

Use repeatable measurement to reinforce behaviour change and guide decision-making.

- Employees are more engaged when they can see progress over time
- Regular feedback builds confidence, motivation and ownership
- Organisation-level trends support informed decisions on policy, accommodation and investment

Impact: Stronger engagement and clearer return on prevention activity.

4 Act earlier to reduce future complexity

Position prevention as an enabler of long-term workforce resilience.

- NHS Health Check eligibility remains limited by age and geography
- Access to clinical care during working hours is increasingly constrained
- Early, workplace-based prevention helps reduce future health complexity rather than react to it

Impact: Healthier, more resilient workforces and lower long-term cost.

About SISU Health

SISU Health provides a prevention-focused platform that makes early detection and ongoing health engagement possible in everyday settings. This is delivered through three connected elements:

- Self-service health checks for key physical health risks
- Digital access to results, tracking and personalised guidance
- Aggregated reporting to help organisations understand patterns and shape support

Across thousands of checks completed each month, the platform supports both one-off insight and longer-term behaviour change – giving individuals ownership over their progress and organisations the clarity they need to prioritise action.

This shift toward earlier, workplace-based prevention is not only a response to pressure on clinical capacity, but part of a broader change in employee expectation: support that is accessible, personal and built around daily life rather than symptoms.

For many organisations, this represents an opportunity to align wellbeing with future workforce needs – prevention that supports retention, readiness and sustainable productivity.

Make prevention work for your people

Every workforce has its own pressures and patterns. If you'd like to explore a tailored approach to improving employee health – or understand how your results compare to others in your sector – we're here to help.

Contact us

About the data

This report draws on a multi-source dataset comprising:

Data Source	Sample Size	Details
SISU Health Station data	~115,000 health checks (~65,000 users)	Health data collected by self-service biometric stations deployed in workplaces across the UK
SISU Health Risk Assessment	~10,500 responses	Digital lifestyle and behaviour surveys completed by users via our online portal or app
Post-check feedback survey	~680 responses	Feedback provided by employees about their health check experience and subsequent actions

The dataset reflects cross-sector participation including professional services, manufacturing, logistics, health and social care, education, office-based corporate roles and retail. This breadth allows for comparative insights across demographic lines.

Why this matters

Most health data is collected:

- After symptoms emerge
- Through GP contact
- Within demographics eligible for NHS Health Checks

SISU Health's dataset captures employees well before they reach the healthcare system – including those not yet aware they have health risks developing.

The value lies not only in measurement but in the fact that it measures engagement behaviour: which demographics engage, what they want from health support and how that differs from traditional pathways.

Data notes, caveats and limitations

- Participation in workplace health checks and surveys is voluntary and self-selecting.
- The dataset is not nationally representative, but provides directional insight into working-age populations across sectors.
- Some findings reflect single-point snapshots, while others are based on repeat participants and longitudinal comparison.
- Health checks identify indicators of risk rather than clinical diagnoses and are complementary to clinical care.
- Sector benchmarks show relative patterns within this dataset and should be interpreted as indicative rather than definitive rankings.

Further reading

For readers who would like to explore the underlying data in more detail, the following resources provide additional context to the findings in this report:

Health Check Data Report

Detailed analysis of biometric screening outcomes across blood pressure, BMI, body fat percentage and smoking, including prevalence and change over time.

View the Health Check Data

Health Risk Assessment (HRA) Insights

Self-reported data covering nutrition, sleep, stress, anxiety and lifestyle behaviours, used to contextualise biometric risk patterns.

View the Health Risk Assessment Data

Health Risk Rankings by GICS Industry

Sector-level benchmarking comparing average health risk exposure across industries.

View the Industry Benchmarking Heatmap

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