nab health

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NAB Health Insights Report

Australia's Health Scorecard 2025-26

Part 2: Patient attitudes and behaviours
5 key highlights

NAB Behavioural and Industry Economics

July 2026

Foreword

Australians are taking greater ownership of their health, creating new opportunities to make healthy action easier and more achievable.

The most compelling story emerging from this research is that Australians are increasingly engaged in managing their own health. Personal accountability is strengthening, preventative thinking remains solid, and many people have a clear sense of what supports better health and wellbeing.

The opportunity now is to help convert that awareness into action by making healthy choices easier to start, easier to afford and easier to sustain.

For health practitioners, policymakers and health businesses, this means moving beyond simply telling people what they should do and instead designing support around the realities of daily life: reducing friction in the patient journey, recognising fatigue and time pressure, and making healthier behaviours feel more achievable, timely and personally relevant for more Australians.

At NAB, we are committed to the healthcare sector and acknowledge that healthcare businesses have unique banking requirements that demand a specialised banking team.

We are pleased to bring you this report and look forward to discussing it with you.

John Avent
Executive, NAB Health &
CEO Medfin Australia

This report reinforces the important role our industry can play in helping Australians turn good intentions into action.

Trust remains at the heart of healthcare. While trust is built through human connections, it is strengthened when the healthcare journey is simple, connected and easy to navigate. Achieving this requires collaboration across the healthcare ecosystem to reduce friction, improve access and help patients take the next step towards better health.

At HICAPS, we are committed to supporting a more connected, patient-centred healthcare system and helping create simpler, more seamless healthcare experiences for Australians. When technology works seamlessly, healthcare feels easier for everyone involved.

We hope the insights in this report help you identify new opportunities to strengthen patient experiences and deliver better outcomes for the communities you serve.

Deanne Bannatyne
CEO HICAPS

5 Key Highlights

01

Australians feel responsible for their health, creating a stronger foundation for action

One of the strongest signals in the research is the very high level of personal responsibility Australians feel for managing their own health. Agreement with the statement "When all is said and done, I'm responsible for managing my own health" rose again in 2025, with the average score increasing to 8.4 out of 10 and three in four Australians recording very high agreement. This sense of accountability is particularly strong among older Australians and in rural areas, where very high agreement rose sharply. In behavioural terms, this suggests that health is no longer seen simply as something delivered by the system; it is increasingly understood as something people must actively manage in their daily lives.

At the same time, the research shows that responsibility does not automatically translate into action. Fewer Australians said they prioritised their health more over the past year, falling to 40% from 45% in 2024 and reaching the lowest level since tracking began. Rather than suggesting a lack of awareness, this highlights where support can have the greatest impact. People may accept they are responsible for their health, but still need the energy, resources, time, confidence and emotional bandwidth to act on it consistently. This is a classic behavioural economics challenge: intention is high, but the friction costs of action remain too large.

For healthcare providers, this is an encouraging and practical insight. Many people already know they should do more, which means engagement strategies can focus

Figure 1: Agree with statement: When all is said and done, I'm responsible for managing my own health (high)

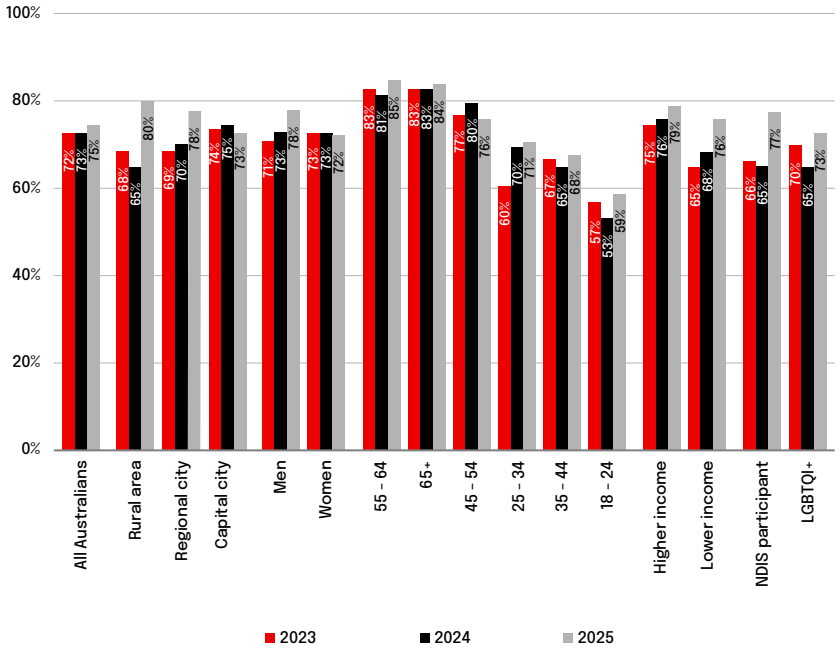
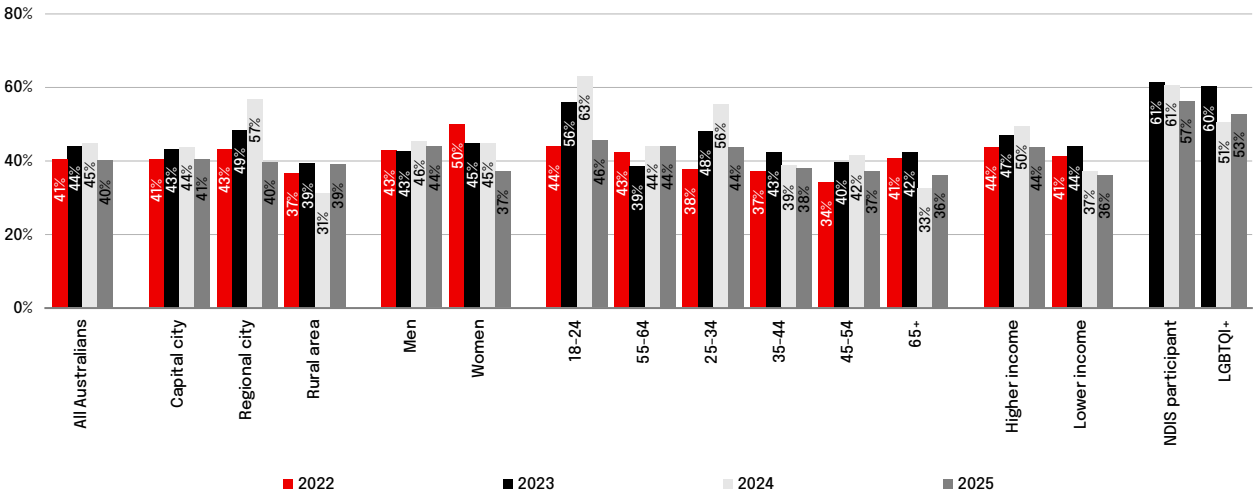


Figure 2: Prioritising health more over the past year



less on persuasion and more on enablement. The most effective interventions are likely to be those that reduce effort, simplify decision-making, create timely prompts, make progress feel achievable and acknowledge the emotional realities of fatigue, competing priorities and financial pressure.

There is also an important satisfaction paradox beneath this finding. Australians remain moderately satisfied with their overall health, scoring 6.7 out of 10, while self-rated physical health slipped slightly to 6.7 and sat below mental and emotional health at 7.0. This suggests many people still feel broadly comfortable with their health, even as some indicators soften. For practitioners, that matters because patients who feel "fine enough" may be more receptive to preventative action when it is framed as a manageable way to maintain wellbeing, not as another demand or warning.

People may accept they are responsible for their health, but still need the energy, resources, time, confidence and emotional bandwidth to act on it consistently.

02

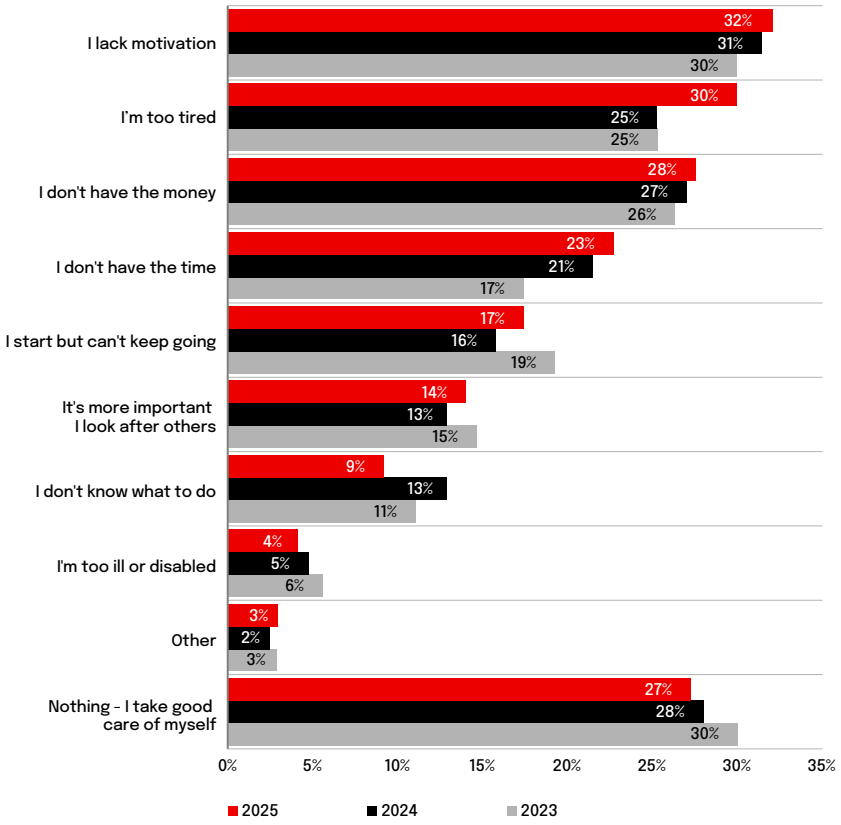
The next opportunity is helping people turn health knowledge into sustainable routines

The research identifies lack of motivation, tiredness and money as the three most common barriers to better self-care. Around one in three Australians cited lack of motivation, three in ten said they were too tired, and nearly three in ten said they did not have enough money. These barriers matter because they point to where health support can become more effective. Australians are not necessarily rejecting healthy choices; many are trying to manage competing pressures and need healthier actions to feel more achievable, affordable and easier to maintain.

The demographic differences show why a one-size-fits-all response will fall short. Women were more likely than men to report motivation, tiredness, financial barriers and caring responsibilities; younger Australians were more likely to struggle with motivation, fatigue, time pressure and keeping routines going; rural Australians were more likely to point to money; and the LGBTQI+ group faced a particularly heavy concentration of barriers.

This means health improvement is not simply a matter of information. It is a matter of capacity. Behaviourally, people are more likely to act when the required behaviour feels easy, immediate, affordable and personally relevant. The practical implication is constructive: practitioners and health organisations can make a real difference by reducing friction through shorter booking pathways, clearer next steps, small achievable goals, lower-cost options, flexible appointment models, proactive follow-up and messaging that validates the difficulty of change rather than assuming people lack willpower.

Figure 3: What stops you taking better care of your health



A further point from the detailed findings is that knowledge gaps appear to be easing, while energy and persistence remain important constraints. Fewer Australians said they did not know what to do, falling to 9% from 13%, even as more said they were too tired, short on time, or able to start but unable to keep going. This shifts the policy and practice opportunity away from simple health literacy and towards behaviour design: supporting routines, reducing decision load, and helping people sustain small changes through moments when motivation naturally fades.

The contrast between groups is revealing. Older Australians were far more likely to say nothing stopped them because they already take good care of themselves, while younger adults cited motivation, tiredness, time pressure and difficulty keeping going.

Rural Australians were more exposed to money barriers, while higher-income Australians were more likely to cite time pressure. In short, "the barrier" is not one thing; it changes with life stage, income, geography and caring load.

Rural Australia shows one of the clearest responsibility-resource gaps. Rural Australians report especially strong personal responsibility for managing their health, but are also more likely to face money barriers, ongoing treatment needs and rising chronic complexity. A strong sense of responsibility can become frustrating when the practical means to act are constrained by cost, distance, service availability or accumulated health needs.

03

Fewer Australians need ongoing treatment, while support can be better targeted to more complex needs

A particularly nuanced finding is that the proportion of Australians reporting a medical condition requiring ongoing treatment or medication has fallen to 46%, down from 51% in 2023. This is a positive headline, but it sits alongside a more targeted challenge. Among those who do have a condition, the share reporting that their condition is chronic has increased to 87%, and multiple chronic conditions have also become more common. This creates a more focused picture: fewer people may be in ongoing treatment overall, while those who are in the system may need more coordinated, persistent and tailored support.

The concentration of chronic conditions is not evenly distributed. Rural Australians, women, older Australians, lower-income groups, NDIS participants and the LGBTQI+ community all show elevated vulnerabilities in different ways. In rural areas, the rise in multiple chronic conditions is especially striking. Lower-income Australians remain much more likely than higher-income Australians to need ongoing treatment, and among those with a condition, they are more likely to report chronic and multiple conditions. These patterns underline that health inequity is not only about who becomes unwell, but who has the resources, access and support to manage complexity over time.

For policy and practice, this points to the importance of continuity of care, affordability and integrated support. Patients with chronic and multiple conditions often face cumulative burdens: repeated appointments, medication costs, transport challenges, emotional strain and decision fatigue. The research therefore supports a stronger focus on coordinated care models, proactive check-ins, simpler patient journeys and targeted support for communities where chronic conditions are more prevalent and harder to manage.

The mental health findings add a cautiously positive note. Reported diagnoses in the past 12 months fell to 13%, and the share of Australians who felt they needed professional help for emotions, stress or mental health fell to 33%, the lowest since tracking began. The benefit, however, is not evenly distributed: women, younger Australians, lower-income groups, NDIS participants and the LGBTQI+ community continue to report materially higher need or lifetime diagnosis. This is one of the clearest examples of the report's wider message: national averages can improve while support still needs to be targeted towards groups facing greater financial, access, emotional or social barriers.

The treatment-plan data also points to a potential access issue. Mental Health Treatment Plans fell to 14% overall

A particularly nuanced finding is that the proportion of Australians reporting a medical condition requiring ongoing treatment or medication has fallen to 46%, down from 51% in 2023.

Figure 4: Australians requiring ongoing treatment or medication for a medical condition

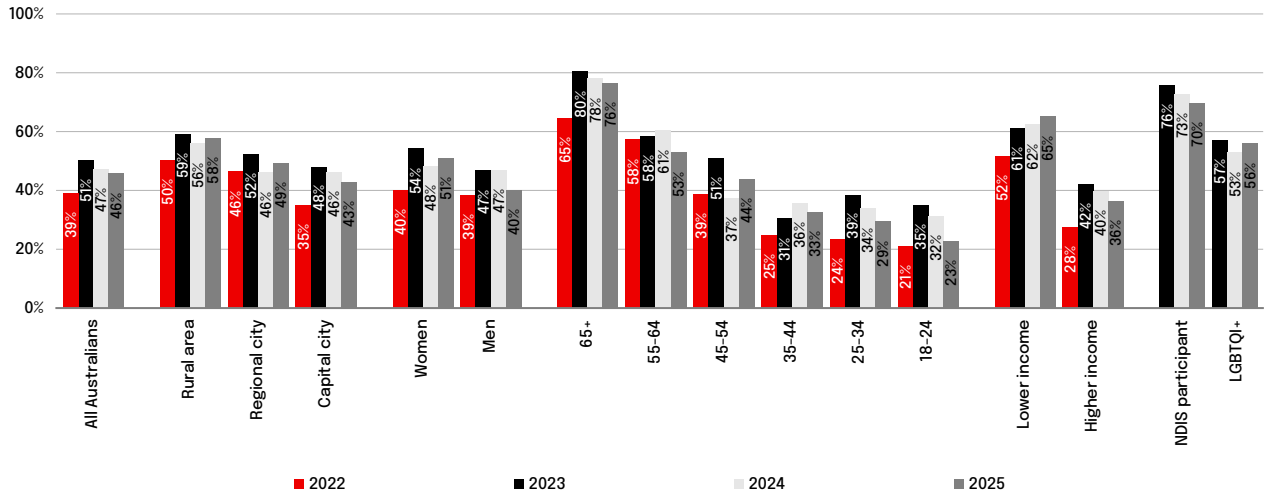
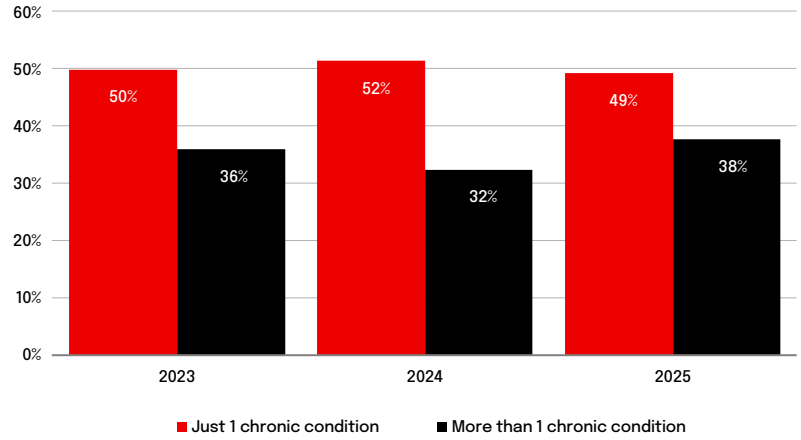


Figure 5: Australians requiring ongoing treatment or medication for a medical condition



and broadly aligned with diagnosis rates, but lower-income Australians reported higher recent diagnosis than higher-income Australians while being slightly less likely to have a treatment plan. This suggests that need and formal support are not always moving together, and that affordability, navigation and access may still limit timely care for those most exposed.

Figure 6: Australians requiring ongoing treatment or medication for a chronic medical condition

	2023		2024		2025	
	Just 1 chronic condition	**More than 1 chronic condition**	**Just 1 chronic condition**	**More than 1 chronic condition**	**Just 1 chronic condition**	**More than 1 chronic condition**
All Australians	**50%**	**36%**	**52%**	**32%**	**49%**	**38%**
Capital city	53%	34%	52%	33%	52%	37%
Regional city	46%	41%	56%	28%	46%	35%
Rural area	43%	38%	45%	36%	44%	45%
Men	54%	32%	49%	33%	53%	32%
Women	47%	39%	54%	32%	46%	42%
18-24	44%	28%	56%	22%	62%	35%
25-34	60%	22%	46%	22%	55%	26%
35-44	64%	23%	60%	23%	52%	30%
45-54	54%	38%	63%	34%	49%	43%
55-64	42%	48%	51%	41%	43%	42%
65+	45%	40%	46%	37%	48%	40%
Lower income	40%	42%	48%	42%	40%	52%
Higher income	61%	27%	55%	26%	54%	33%
NDIS participant	48%	41%	52%	34%	62%	35%
LGBTQI+	58%	29%	49%	36%	49%	46%

04

Preventative health is becoming more practical, personal and mainstream

Preventative health is becoming more mainstream, but it is still unevenly practised. Despite fewer Australians prioritising their health more, the average preventative mindset score held at 7.0, while the share with a very high preventative mindset rose to 44%, the highest since tracking began. This is an important counterpoint to the barriers story: Australians still believe in prevention, but many need it to be easier to fit into real life.

What is most compelling is the practicality of the priorities people identify. Good quality sleep and healthy diet remain the top preventative measures, followed by active lifestyle, healthy body weight and regular health check-ups. These are not abstract aspirations; they are everyday behaviours. The growing importance placed on regular check-ups, health tests, time outdoors and sun protection also suggests Australians may be thinking about prevention in a broader and more rounded way, moving beyond illness avoidance towards everyday wellbeing, early detection and lifestyle maintenance.

Lower-income Australians reporting a very high preventative mindset at a slightly higher rate than higher-income Australians is particularly notable. It challenges the assumption that preventative health engagement is mainly driven by affluence. The equity challenge is not desire - it is the ability to convert prevention into action. If people understand the value of prevention but face cost, time or access barriers, the task is to make prevention easier to practise, not simply easier to understand.

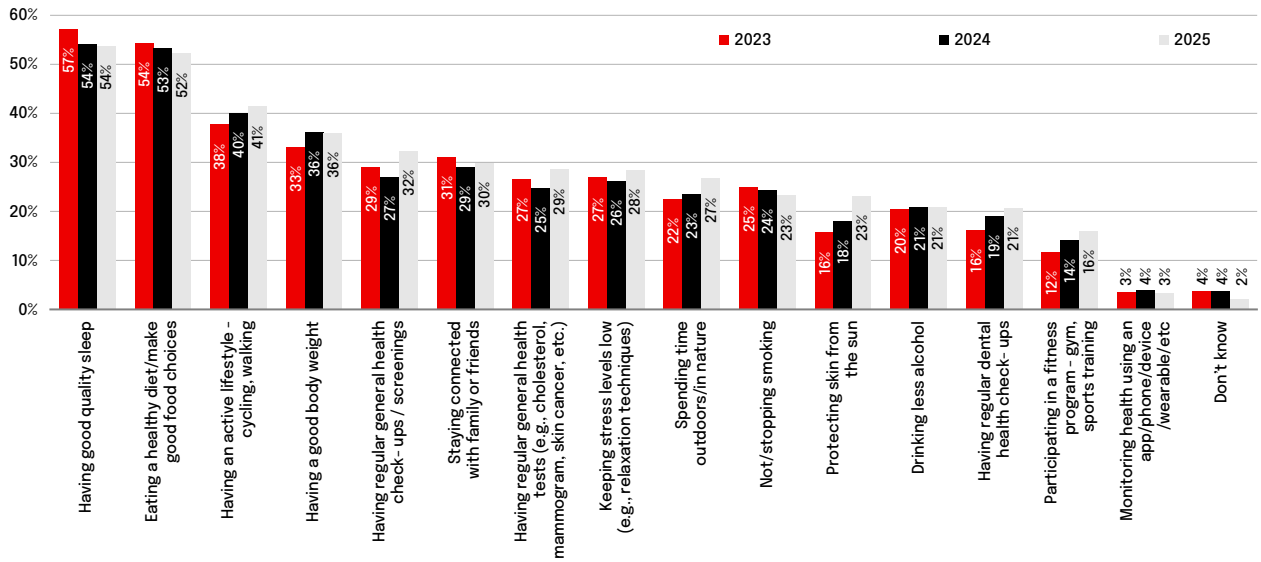
Australians are also gravitating towards tangible, everyday levers rather than purely medical or technological ones. Sleep, diet, activity, weight, check-ups, connection, stress management, time outdoors and sun protection all ranked well ahead of monitoring health through apps, phones, devices or wearables, nominated by only 3%. Prevention is still experienced mainly through habits, relationships and routines, not just data or digital tools.

The data also points to the need for targeted prevention. Over 65s placed more emphasis on regular health check-ups, health tests and dental checks, while younger adults were more likely to value time outdoors and fitness programs. Women placed more emphasis on diet, health tests and sun protection, while men placed relatively more emphasis on not smoking or quitting. Prevention messages are likely to work best when tailored to life stage and context rather than presented as a generic checklist.

The smoking and vaping results strengthen this prevention story. The combined number who smoke or vape fell to 14% from 20% in 2024, while belief that vaping is less damaging than smoking also declined. This suggests changing norms, regulation and risk awareness may be reshaping choices, though smoking and vaping remain higher among men, lower-income Australians, NDIS participants and the LGBTQI+ group.

Oral health habits also fit the prevention theme. Dental behaviours improved slightly, with 74% brushing twice daily, 55% attending regular dental check-ups and 39% flossing daily. But many Australians still fall short of recommended routines, especially across rural areas, lower-income groups and some specific communities. The wider behavioural pattern holds: people may know what good health behaviour looks like, but consistent preventative action remains uneven.

Figure 7: Top preventative health measures - Prevention is still grounded in everyday habits rather than digital monitoring.



05

AI can strengthen healthcare when trust and transparency lead the way

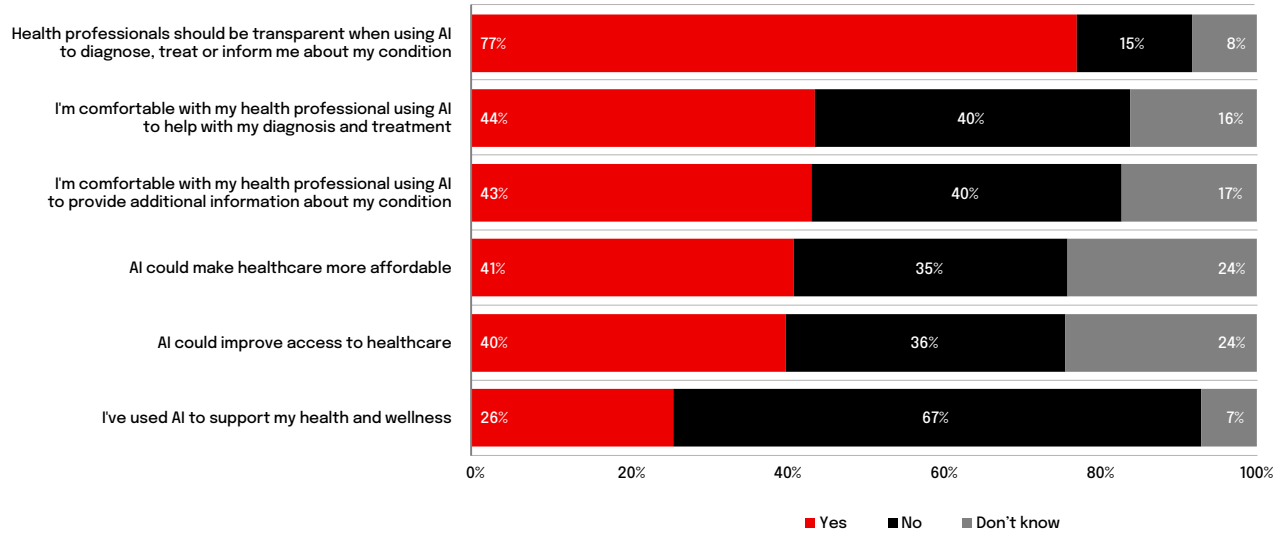
The findings on AI in healthcare show that Australians are open to new technology when it is introduced transparently and responsibly. Transparency is the strongest point of agreement, with 77% saying health professionals should be open about using AI in diagnosis, treatment or information. Comfort with AI-assisted diagnosis, treatment and information is lower, sitting around the low-to-mid 40s, while one in four Australians say they have used AI to support their health and wellness. This suggests trust, not technology alone, will determine the pace of adoption.

For patients, the critical issue is likely to be whether AI feels like a support to clinical judgement or a substitute for human care. People want to know when AI is being used, why it is being used, how it affects their care, and whether a human professional remains accountable. In behavioural terms, AI adoption will depend less on technical capability and more on perceived fairness, safety, explainability and control.

AI in healthcare also shows adoption is unlikely to be linear. Use is still low overall at 26%, but much higher among 18-24 year olds and NDIS participants, while comfort is stronger among men and capital city residents and weaker among women, rural Australians and older groups. This means the groups most open to AI may not be the same groups most trusting of it, and the groups that could benefit from improved access may also be among those most cautious about how AI is used.

People want to know when AI is being used, why it is being used, how it affects their care, and whether a human professional remains accountable.

Figure 8: Agree with statements about Artificial Intelligence (AI)



Implications for Health Practitioners

For health practitioners, the message is constructive: many patients do not need more instruction; they need more enablement. Australians increasingly understand the importance of prevention and accept responsibility for their health, but fatigue, cost, time pressure, motivation and access often stop action from happening. The consultation opportunity is therefore to move from asking, "What should this patient do?" to "What would make the next healthy step easier, cheaper and more realistic this week?"

Five practical shifts follow from the research:

- **Diagnose the barrier, not just the condition.** Ask what is most likely to get in the way – cost, tiredness, time, motivation, caring responsibilities, transport, confidence or confusion – and shape the plan around that barrier.
- **Make the next step smaller and more specific.** One clear action, a realistic timeframe and a written next step will often be more useful than a long list of ideal behaviours.
- **Design for follow-through, not just intention.** Patients may start but struggle to keep going, so follow-up reminders, check-ins, habit cues and simple progress markers can help turn intention into routine.
- **Personalise prevention to the patient's life stage and constraints.** Older patients may respond to screening, check-ups and continuity; younger patients may need help with routines and motivation; lower-income and rural patients may need affordable, accessible and lower-friction pathways.
- **Build trust as technology enters care.** If AI or digital tools are used, explain when, why and how they support clinical judgement, and reassure patients that human care, privacy and accountability remain central.

> The strongest practitioner opportunity is to make better health feel achievable.

The strongest practitioner opportunity is to make better health feel achievable. That means reducing friction, validating fatigue, lowering complexity and helping patients turn good intentions into manageable, repeatable actions. Better outcomes are more likely when prevention feels less like another demand on patients and more like something the health system helps them do.

A community first approach to medicine

How Dr Manmit Madan grew two thriving practices, supported his community, and inspired the next generation of doctors.

When Dr Manmit Madan arrived from India 25 years ago, he began his Australian medical career as a GP in a small country town. From those early days, his focus has always been clear: serve the community, keep learning and build something lasting.

He is well on his way to achieving all three.

Today, as the owner of two successful Sydney medical centres, Dr Madan is recognised not just for treating patients but also for educating the community, supporting newly arrived migrants, and inspiring his own children to follow in his footsteps.

An early helping hand

As a young country doctor, one of Dr Madan's patients happened to be the local NAB branch manager. Four years after arriving in Australia, he and the patient discussed his ability to buy a property.

"I didn't think I'd be able to as I wasn't yet a permanent resident," Dr Madan recalls. "But he told me I could apply for permission from the Foreign Investment Regulation Board. He then organised a loan for an investment property in Canberra.

"That was the first time NAB exceeded my expectations – and they've been doing so ever since."

Standing out from the crowd

Since then, NAB has financed not only Dr Madan's homes and investment properties, but also his two medical practices – at Quakers Hill, in 2008, and Westmead in 2015. Both centres bring together GPs, allied health professionals, practice managers and receptionists, with Dr Madan now overseeing a team of around 20 people.

Westmead, home to two major hospitals, is an established medical hub. Opening there was not without risk.

"There certainly is competition," Dr Madan says. "The week I opened, three other practices started up within a one-kilometre radius. But I believed there was room for a practice like ours. A lot of the areas around Westmead have been rezoned for high-rise housing, which means the population is increasing dramatically. Westmead is also very central, so we have patients from a wide range of suburbs."

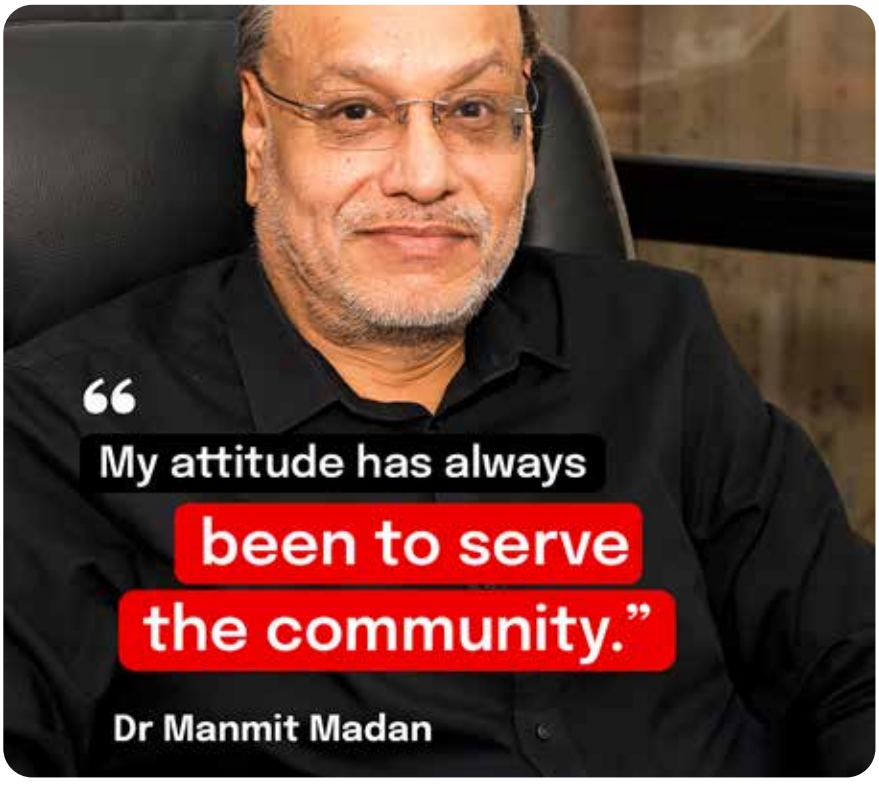
His confidence has been rewarded. When the property next door became available, Dr Madan didn't hesitate to expand his practice.

"I spoke with my relationship banker who arranged a loan for me," he says. "It's the people who work in the bank that make all the difference. They've all been incredibly helpful in finding solutions that meet my needs."

Scaling for the future

Dr Madan's plans to expand are far from over. He is committed to adding a dedicated specialist practice, and potentially imaging and emergency services.

John Avent, Executive NAB Health, says supporting medical professionals like Dr Madan is central to NAB's mission – whether that's tailored banking and finance solutions through NAB Health and Medfin, or HICAPS' claiming and EFTPOS solutions. "We see first-hand the enormous impact doctors



have on their communities and the recent HICAPS integration with one of Australia's leading Practice Management Software providers, Best Practice, provides efficiencies for practices and improved patient experiences," Avent says. "Our role is to ensure they have the financial backing to focus on what they do best."

"In Dr Madan's case, it's been about supporting him to scale his vision, while ensuring his practices remain sustainable for the long term. We've done that through our extensive funding capabilities. And, of course, we're glad to optimise his practice operations with HICAPS."

Dr Madan says the small details count. "Thanks to HICAPS, my own Medicare payments go directly into my bank account. And knowing they can get their rebates promptly is reassuring for our patients."

Giving back to the community

Beyond his patients, Dr Madan invests heavily in supporting the broader community. This includes the many new migrants that come to Westmead, particularly young families.

"It's very traditional within the Indian culture that, when babies are born, parents visit to provide support. Some don't have insurance or Medicare, so we help them out when they need treatment," Dr Madan says.

He also runs programs to educate the community on general health, disease prevention and vaccinations, even as he mentors the next generation of medical professionals as a lecturer at Western Sydney University and through its health association.

"Medical students from a number of universities come to us as trainees – we currently have four students here in training," he says. "We also have nursing students from the University of Queensland doing their placements."

A family of doctors

Medicine has become a family vocation. Dr Madan's elder son Navdeep, also a GP, now runs the Quakers Hill practice.

"That area has a lot of new high-rise apartments so it's becoming more densely populated," Dr Madan says. "The practice is also very close to the railway station so, again, it's very central."

His younger son, Sargun, will qualify as a GP in a few months' time. His father would love it if he joined the practice, but for now he's telling him to follow his heart.

"Who knows with Gen Z?" he laughs. "They all have their dreams. For Sargun, that might mean working in America or Europe, at least for a while."

A legacy that endures

Dr Madan believes that attitude determines your path in business and in life.

"My attitude has always been to serve the community, help people and keep on learning – and I think those go hand in hand," he says.

"The good thing about being a doctor is that I'm always developing and growing as I make a difference to the lives of the people. I get a great deal of satisfaction from my job, and that's one of the best parts of my life."

> "That was the first time NAB exceeded my expectations – and they've been doing so ever since." Dr Madan

> "The week I opened, three other practices started up within a one-kilometre radius. But I believed there was room for a practice like ours." Dr Madan

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