Vively

VIVELY REPORT • NATIONAL DIABETES WEEK • JULY 2026

The 2026 State of Diabetes Prevention in Australia

Why blood sugar levels alone may not reveal the full picture of your metabolic health. Insights from more than 4,300 Vively member blood tests.

Prepared by Vively for journalists, partners and health professionals · Released July 2026

EXECUTIVE SUMMARY

Beyond blood sugar: A holistic approach to diabetes prevention

Australia faces a growing challenge in preventing type 2 diabetes. While our healthcare system is effective at diagnosing diabetes once blood sugar levels cross established thresholds, many early changes linked to metabolic risk can develop years before a diagnosis.

At Vively, we analysed more than 4,300 member blood tests and found that many people showed signs of broader metabolic risk even when basic blood sugar measures, including HbA1c and fasting glucose, appeared normal. These findings suggest that relying on blood sugar alone may miss earlier opportunities to identify risk and support prevention.

The message is clear: diabetes prevention needs to move upstream. Rather than waiting until blood sugar becomes abnormal, prevention should focus on understanding the broader picture of metabolic health. This includes markers linked to glucose regulation, cardiovascular health, liver health, inflammation and real-world glucose patterns.

These findings represent risk markers, not diagnoses. They highlight early signals that may benefit from closer monitoring, personalised guidance, repeat testing or clinical assessment.

KEY FINDINGS

90%
of members with normal blood sugar levels had broader blood markers flagged, indicating potential metabolic dysfunction
BROADER RISK

71%
of members aged 25 to 34 had at least one early metabolic risk marker
YOUNGER ADULTS

61%
of members with normal glucose markers had insulin resistance markers flagged
INSULIN SIGNAL

83.6%
had two or more cardiometabolic risk clusters
CLUSTERED RISK

<20%
were flagged by a basic blood sugar screen using HbA1c or fasting glucose only
BASIC SCREEN

87%
of retested members with hidden risk saw improvements after using CGM and adopting lifestyle changes
EARLY TRAJECTORY

EXECUTIVE SUMMARY

Key conclusions

1 **Metabolic risk can appear before traditional diabetes markers change.**

Normal HbA1c and fasting glucose results do not always capture the full picture of metabolic health.

2 **Earlier insights create opportunities for earlier action.**

Identifying risk before disease develops provides a greater opportunity to support preventative lifestyle changes.

3 **A broader, more personalised approach can strengthen diabetes prevention.**

Combining multiple health markers, real-world data and ongoing monitoring can provide a more complete understanding of metabolic health.

Recommendations to strengthen diabetes prevention

1

Identify risks earlier

Look beyond basic blood sugar tests and consider a broader range of metabolic markers to detect early signs of risk.

2

Turn data into action

Health data is most valuable when it helps people understand their personal risks and make informed lifestyle changes.

3

Use real-time feedback

Tools such as continuous glucose monitoring (CGM) can provide insights into daily glucose patterns that traditional tests may not capture.

4

Retest and adjust over time

Ongoing monitoring allows individuals and healthcare professionals to track changes, refine strategies and support long-term health improvements.

WHAT IS INSIDE

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INTRODUCTION

Why this matters now

Diabetes is one of the leading causes of death in Australia. The Australian Institute of Health and Welfare estimates that about 1.3 million Australian adults had diabetes in 2022 to 2024, and Diabetes Australia reports that type 2 diabetes represents 85 to 90 per cent of all diabetes cases.

There is strong evidence that preventative approaches, rather than treating disease after it develops, can significantly improve health outcomes. Large clinical trials by the Diabetes Prevention Program showed that people who took part in the lifestyle intervention were 58 per cent less likely to develop type 2 diabetes than those in the control group during the study period.

The challenge is not whether prevention matters. It is how we can identify risk early enough, understand it clearly enough, and provide support long enough.

THE SYSTEM GAP

Basic screening often waits until blood sugar becomes elevated. Our data suggests that many people already show signs of metabolic risk in other health markers well before that point.

2

THE PANEL BEHIND THE DATA

About Vively and the Baseline Health Check

Vively is a preventative health platform that combines continuous glucose monitoring (CGM), blood biomarkers, personalised insights and health guidance to help people better understand their metabolic health and make informed lifestyle changes.

Every figure in this report comes from one test: the Vively Baseline Health Check. It is the blood test we designed to find metabolic risk earlier, and it is worth explaining how it differs from a standard check.

A routine blood panel typically covers 10 to 15 markers, read against ranges built to detect disease once it has already developed. We built the Baseline Health Check to do something different. It analyses more than 75 markers against optimal ranges rather than disease thresholds, and it adds a layer of markers we calculate from your results, so early patterns show up while there is still time to act.

For general wellness and metabolic optimisation, Vively sets its optimal blood glucose target between 4.0 and 6.0 mmol/L. This is a tighter range than standard clinical guidelines, which typically span 4.0 to 7.8 mmol/L, and is designed to minimise glucose fluctuations and support steady energy levels.

A STANDARD CHECK

- 10 to 15 markers
- Disease-detection ranges
- No biological age
- No derived markers
- Brief results conversation

THE BASELINE HEALTH CHECK

- More than 75 markers
- Optimal ranges
- Biological age and speed of ageing
- Derived markers we calculate
- Reviewed one to one by a nurse and dietitian

The health areas we look across

Markers are grouped into clear health areas, so a single result is always read in the context of the whole body rather than in isolation.

Healthy ageing
Biological age and speed of ageing, calculated from your results.

Metabolic health
Glucose, insulin, HbA1c, HOMA-IR and related signals.

Heart health
Cholesterol, triglycerides and lipid ratios.

Liver health
ALT, AST, GGT, bilirubin and protein markers.

Kidney health
eGFR, creatinine, urea and electrolyte balance.

Blood health
Red cells, haemoglobin and oxygen-transport markers.

Immunity
White cell counts and immune-balance ratios.

Inflammation
hs-CRP and systemic inflammation signals.

Nutrients
Magnesium, uric acid, phosphate and related markers.

MARKERS WE CALCULATE, NOT JUST MEASURE

The derived layer

Some of the most useful signals are not single readings. They are markers we calculate by combining your results, which is where much of the early risk in this report first appeared. Biological age sits at the centre of this layer: a single number that turns dozens of markers into a clear read on how your body is tracking against the calendar.

Biological age · Speed of ageing · HOMA-IR · TyG index · Triglyceride to HDL ratio · Cholesterol ratios · Neutrophil to lymphocyte ratio · ALT to triglyceride ratio

Results are reviewed one to one by a nurse and dietitian, then translated into a written plan. Markers and ranges are used for wellness and prevention. They are not diagnoses.

3

DATA AND METHOD

What we analysed

This report combines public evidence with observational Vively member data. Our data should be read as an internal member cohort, not as a nationally representative Australian sample.

DATASET	SAMPLE / DENOMINATOR	USED FOR
Blood tests	Approx. 4,000+ members	Blood sugar, insulin, lipid, liver, inflammatory and calculated biomarker patterns
Age-split baseline analysis	Members with available age data	Early risk by age band
Retest cohort	Smaller follow-up blood test cohort	Marker changes over approximately four months
CGM glucose events	Members with glucose event data	Daily glucose variability after baseline

These are risk markers, not diagnoses.

The analysis uses Vively optimal ranges and calculated markers to identify early signals that may benefit from personalised guidance, closer monitoring or clinical follow-up.

METHODOLOGY IN BRIEF

The approach begins with a comprehensive blood test, followed by biomarker analysis and interpretation to identify individual metabolic health insights. These findings inform a personalised lifestyle plan, supported by continuous glucose monitoring (CGM) and tailored guidance where appropriate. A follow-up blood test is then conducted to measure progress and track changes over time.

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DEFINITIONS AND GUARDRAILS

Methodology and guardrails

This report is designed for media education, not diagnosis. All Vively findings are observational and should be described as member data, not population estimates.

Internal data definitions

MEASURE	DEFINITION USED
Basic blood sugar screen	HbA1c ≥ 5.7% or fasting glucose ≥ 5.5 mmol/L
Hidden metabolic risk	Normal HbA1c plus one or more early metabolic risk markers
Insulin resistance markers	Fasting insulin, HOMA-IR, TyG index and TG:HDL-related markers above Vively optimal ranges
Risk clusters	Metabolic, cardiovascular and lipid, liver and metabolic strain, and inflammation clusters
CGM glucose event users	Members with glucose event records after baseline blood test completion
Retest cohort	Members with at least two completed blood tests and paired marker data

Vively internal analyses cited in this report are based on anonymised aggregate member data extracted in July 2026.

DATA NOTES AND DEFINITIONS

How to read these figures

All figures described as Vively data are based on anonymised, aggregated internal member data extracted in July 2026. They are observational, drawn from a self-selected member cohort, and are not nationally representative. Individual results may vary. These figures describe risk markers, not diagnoses, and do not establish causation. Members consent to the use of their de-identified data for research and reporting.

1. **Optimal range and flagged.** Vively optimal ranges are set tighter than standard disease-diagnosis thresholds so that early change is visible. A marker is described as flagged when it falls outside its Vively optimal range.
2. **Broader blood markers.** The full Baseline Health Check panel beyond HbA1c and fasting glucose, spanning metabolic, cardiovascular and lipid, liver, inflammatory and calculated markers.
3. **Basic blood sugar screen.** A result flagged where HbA1c is at or above 5.7 per cent or fasting glucose is at or above 5.5 mmol/L.
4. **Hidden metabolic risk.** A normal HbA1c together with one or more early metabolic risk markers outside optimal range.
5. **Insulin resistance markers.** Fasting insulin, HOMA-IR, TyG index and triglyceride to HDL related markers above Vively optimal ranges.
6. **Cardiometabolic risk clusters.** Grouped markers across metabolic, cardiovascular and lipid, liver and inflammatory categories. Clusters are not diagnostic on their own.
7. **Retest cohort.** A smaller group of members with at least two completed blood tests and paired marker data. Retest figures are based on 32 members who began with normal HbA1c and hidden metabolic risk, retested over an average of 112 days. A marker is described as improved when it shifts measurably toward the optimal range. Because of the small sample, retest figures are directional only.
8. **Denominators.** Percentages use the relevant denominator for each measure. The baseline analysis covers approximately 4,300 blood tests. Subgroup figures use smaller denominators as noted in the text.

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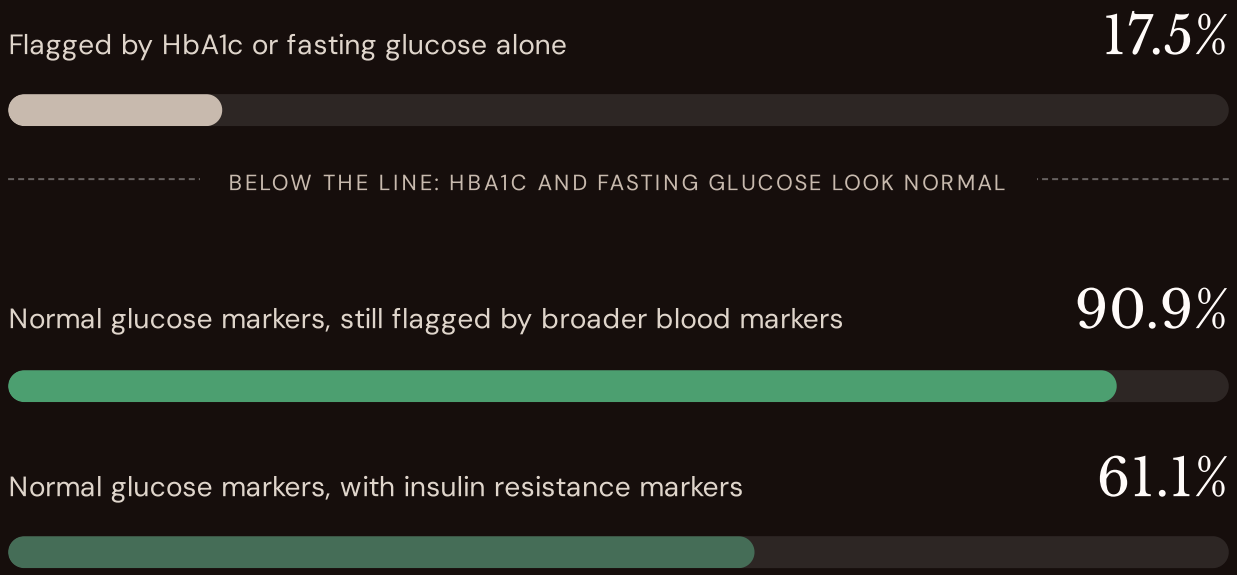
NORMAL IS NOT ALWAYS LOW RISK

The blood sugar blind spot

A basic blood sugar screen captures HbA1c and fasting glucose. These markers matter, but they do not fully describe insulin resistance, lipid risk, liver strain, inflammation or day-to-day glucose variability.

WHAT THE BASIC SCREENING SEES, AND WHAT IT MISSES



Percentages use relevant denominators; see methodology.

WHAT WE FOUND

Of the 4,329 Vively blood tests analysed, fewer than one in five people were flagged by standard blood sugar tests (HbA1c or fasting glucose). Yet even among those with normal blood sugar, an overwhelming 90.9% had other blood markers that suggested potential metabolic concerns.

WHY IT MATTERS

By the time blood sugar becomes abnormal, the opportunity for earlier intervention may already have begun to narrow. Warning signs can often appear first in insulin, cholesterol, liver and inflammation markers.

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INSULIN, HOMA-IR, LIPIDS, LIVER

Hidden metabolic risk

Our most important prevention finding is that many members had normal HbA1c but still showed early metabolic signals elsewhere in their bloodwork.

72.6%
of members with normal HbA1c had at least one early metabolic risk marker
HIDDEN RISK

58.2%
with normal HbA1c had two or more early metabolic risk markers
MULTIPLE SIGNALS

60.0%
had fasting insulin above Vively's optimal range
INSULIN

68.4%
had HOMA-IR above Vively's optimal range
INSULIN RESISTANCE

25.9%
had triglycerides above Vively's optimal range
LIPIDS

23.5%
had ALT above Vively's optimal range
LIVER ENZYME

> HbA1c reflects average blood sugar over time. Fasting insulin and HOMA-IR can reveal whether the body is working harder to keep that blood sugar normal.

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METABOLIC HEALTH IN YOUNGER ADULTS

Risk starts earlier than people think

Type 2 diabetes is more common later in life, but our data suggests early metabolic risk markers can be seen in much younger adults.

Selected age findings in Vively blood tests

Internal Vively age split. Age cohorts reflect Vively members, not the Australian population.

WHAT WE FOUND

Among Vively members aged 25 to 34, nearly three-quarters showed at least one early metabolic risk marker, despite less than 3 per cent having elevated HbA1c.

WHY IT MATTERS

Diabetes prevention should not be framed only as an older-person issue. The biological patterns that precede disease may begin decades earlier.

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CARDIOMETABOLIC CLUSTERS

Metabolic risk rarely appears alone

Diabetes prevention is better understood as cardiometabolic prevention. In our data, metabolic signals often overlapped with cardiovascular and lipid, liver, and inflammation markers.

Risk clusters in 4,328 Vively blood tests

Internal Vively cluster analysis. Cluster markers are not diagnostic on their own.

WHAT WE FOUND

Across 4,328 Vively blood tests, more than eight in 10 showed potential risk markers across at least two areas of health, including metabolic, heart, liver and inflammation markers.

WHY IT MATTERS

Diabetes prevention cannot be reduced to a single blood sugar number.

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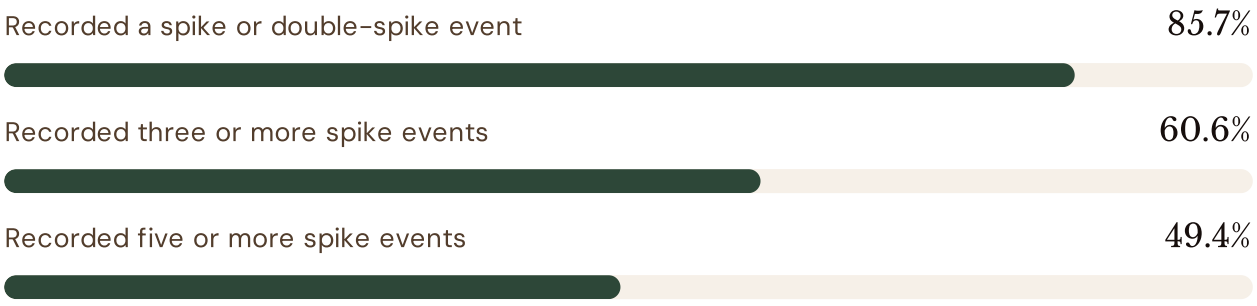
BEYOND BASIC BLOOD TESTS

CGM: Capturing glucose patterns in real time

Blood tests show the baseline. Continuous glucose monitoring shows the moments: the meals, routines, sleep, stress and exercise patterns that shape glucose day to day.

CGM glucose events among members with normal HbA1c and fasting glucose



Among Vively members with normal HbA1c and fasting glucose who had glucose event data.

WHAT WE FOUND

Even among Vively members whose traditional blood sugar tests looked normal, most still experienced noticeable glucose spikes during daily life when tracked with a continuous glucose monitor (CGM).

WHY IT MATTERS

Normal blood sugar results do not always capture the full picture of metabolic health. CGM provides a more detailed view of daily glucose patterns, helping identify areas where early lifestyle changes may support better long-term health. Rather than diagnosis, CGM events provide practical feedback that can help people understand which meals and routines work best for their body.

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FROM INSIGHTS TO ACTIONS

Continuous glucose monitoring prompts healthier lifestyle choices

The aim of prevention is not only to find risk earlier. It is to help people change the trajectory before disease develops. While our retest data is early and observational, it shows promising signs and highlights the potential of CGM-guided approaches in supporting metabolic health.

32

retested members with normal HbA1c and hidden metabolic risk

SMALL COHORT

112 days

average time between baseline and follow-up blood tests

ABOUT FOUR MONTHS

87.5%

improved at least one key metabolic marker

OBSERVATIONAL

75.0%

improved two or more key metabolic markers

OBSERVATIONAL

66.7%

improved HbA1c

PAIRED DATA

54.2%

improved HOMA-IR

PAIRED DATA

WHAT WE FOUND

In a smaller group of Vively members who completed a follow-up blood test, 87.5 per cent of those who started with normal HbA1c but hidden metabolic risk improved at least one key metabolic marker over an average of about four months.

WHY IT MATTERS

This is not a randomised outcomes study and does not prove causation. However, it suggests that when risk is visible and support is provided, many members can improve measurable markers.

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RECOMMENDATIONS

A practical prevention model

The evidence base and our data point to the same conclusion. Prevention should begin before disease thresholds are crossed.

1

Find risk earlier

Use a broader view than HbA1c alone: insulin, HOMA-IR, lipids, liver enzymes, inflammation and personal risk context.

2

Turning data into actionable insights

Translate complex bloodwork into clear, ranked priorities and practical next actions.

3

Use real-world feedback

Use CGM and wearables to help members connect their habits with their own physiological responses.

4

Retest and adjust

Prevention should be continuous. Retesting every three to six months shows whether the trajectory is changing.

THE VIVELY MODEL

Vively combines health assessments, personalised insights, nurse and dietitian guidance, CGM and wearable tracking, and ongoing monitoring.

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SOURCES FOR FACT-CHECKING

Reference bank

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Vively

Vively is building a prevention model that combines testing, interpretation, personalised plans, CGM and retesting. This report is for media education and uses observational member data. It is not medical advice and does not diagnose any condition.