NT HEALTH

Public Health Division

Plan 2025 - 2028

NORTHERN TERRITORY GOVERNMENT

Except where the term Aboriginal and Torres Strait Islander people is used, First Nations people in this report will be mostly referred to as Aboriginal people which is inclusive of Torres Strait Islander people.

Acknowledgement of Country

We acknowledge the Australian Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the traditional custodians of the lands and waters. We pay our respects to ancestors and Elders, past, present and emerging. We are committed to honouring Australian Aboriginal and Torres Strait Islander peoples' unique cultural and spiritual relationships to the land, waters and seas and their rich contributions to society.

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Letter from the Chief Health Officer

I am proud to introduce NT Health's new Public Health Division Plan 2025-2028, a blueprint that will guide our efforts to improve the health and wellbeing of Territorians. This plan is grounded in our commitment to the Public Health Division's values of collaboration, respect, and resilience, which are essential to our mission of making a difference to the health of Territorians through prevention. These add to the overarching NT Health values of being safe, responsive and kind and are tailored to our public health context. We have developed this plan through extensive consultation and collaboration with our staff.

Public health is a vital field encompassing a broad range of activities aimed at preventing disease, protecting health and promoting health. The Public Health Division works to monitor health trends, develop policies and implement programs to create conditions where everyone can achieve optimal health and wellbeing. We prioritise prevention, health equity and addressing the social determinants of health to not only enhance individual health outcomes, but also reduce healthcare costs, alleviate the burden on healthcare systems, and contribute to a healthier, more resilient society.

Our plan focuses on four key areas. These areas are aligned with the overarching goals of the NT Health Strategic Plan 2023-2028, with a focus on addressing upstream prevention.

Firstly, we support and develop our workforce and their public health skills. Investing in our people is critical to our success. By fostering a culture of learning and growth, we ensure that our team is equipped to meet current and future public health challenges.

Secondly, we promote wellbeing and prevent illness, to support health equity.

Thirdly, we provide high quality public health operations and services that reflect individual and community values. Our services are designed to meet the needs and preferences of the communities we serve. Listening to and engaging with the community is central to delivering services that truly make a difference.

Lastly, we have strong data collection and supportive systems for informed decision-making. We are committed to strengthening our data collection and analysis capabilities to support evidence-based practices and policies.

We believe that through collaboration and a shared vision, we can create a healthier future for all Territorians. I invite you to join us in this journey, contributing your experiences and enthusiasm to pursue our shared vision of: **Making a difference to the health of Territorians through prevention.**

Sincerely,

Christine Connors,
Chief Health Officer
NT Health

Public Health Division

Plan 2025 - 2028

Strategic focus areas and goals

1. Support public health workforce

a Staff feel valued, safe and supported

b Education and career progression opportunities are provided

c Increase in Aboriginal and NT-based public health workforce

d Workplace is culturally secure

2. Promote wellbeing and prevent illness

a Food, drinking water and radiation is safe, food and medications are appropriately regulated and food security is enhanced

b Non-communicable disease risk factors are reduced and protective factors are increased

c Preparedness for emerging risks, including climate change, is prioritised

d Homes are healthier and the built environment supports health

Our principles

EQUITY   PARTNERSHIPS & COLLABORATION   EFF

Our Vision:

Improving the health of Territorians through prevention

Our Values:

COLLABORATION | **RESPECT** | **RESILIENCE**

3. High-quality public health services, operations and initiatives

a Communicable disease spread is managed and reduced

b Emergency and disaster preparedness and risk reduction is supported. Response to and recovery from emergencies is enhanced

c A public health response to injury prevention is prioritised

d High-quality cancer screening and organ donation initiatives are implemented

**e** Appropriate legislation is developed

4. Systems and data support evidence-based decisions

a Population and primary health data, information systems, analytical and reporting capability is enhanced

b Decisions are based on best available evidence

c Systems to monitor population health are timely and flexible

d Information technology and communication systems are strengthened

ECTIVE GOVERNANCE & LEADERSHIP | **CULTURAL SAFETY**

Alignment with NT Health Strategic Plan 2023-2028

This plan operates under the overarching NT Health Strategic Plan, aligning with its strategic focus areas and offering a public health perspective. The following diagram maps how public health priorities are linked to overall NT Health priorities.
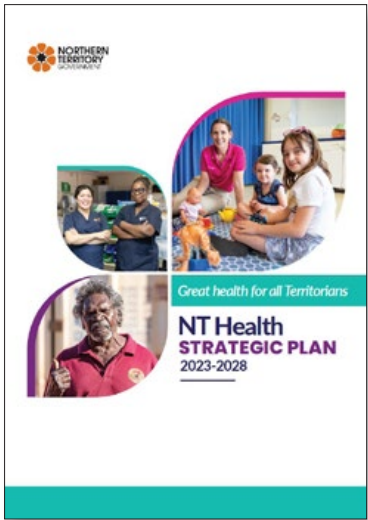
Strategic focus area	NT Health Strategic Plan 2023 - 2028	Public Health Division Plan 2025 - 2028
1.	Support and develop our workforce	Support public health workforce
2.	Promote wellbeing and prevent illness	Promote wellbeing and prevent illness
3.	Provide high quality healthcare that reflects personal and community needs	High-quality public health services, operations and initiative
4.	Connect service delivery and support systems for a sustainable future	Systems and data support evidence-based decisions

This plan reflects that the key drivers of public health are intrinsically connected to the overall NT Health vision. These drivers include maintaining population health to reduce demand on healthcare services, emphasising prevention, and developing workforce strategies to retain skilled staff and attract talent. As a division, we aim to maximise partnerships with organisations and communities, across both government and non-government sectors, to address inequities in health outcomes. We also aim to harness technology and improve systems to inform decision making.

As a division, our core principles remain consistent with NT Health values. These principles ensure we focus on equity, cultural safety, accessibility, partnerships and collaboration and strong leadership.

This plan serves as a key tool for implementing part of the NT Health Strategic Plan. The strategic planning process has enabled the division to refine operational business planning processes, a key implementation goal within the broader NT Health Strategic Plan. Progress towards implementing the Public Health Division Plan will be monitored by the Chief Health Officer (CHO) and reported through the NT Health Leadership Board, in alignment with the overarching NT Health Strategic Plan.

How we will use this plan

We will use this plan as a guide to work towards recognising the value of supporting and encouraging our staff to align with and achieve a common vision: Improving the health of Territorians through prevention. This plan serves as a team management framework, and the division will use it to motivate and support employees and teams, fostering a connection between organisational and individual goals. Managers can leverage goals and indicators from this plan to steer operational business planning processes, unifying the team towards clear objectives.

This plan provides a comprehensive overview of the Public Health Division and its work. It is suitable for dissemination to other teams within NT Health, as well as to government agencies and external organisations with an interest in public health. By sharing this plan, we aim to foster greater understanding and collaboration across various stakeholders on key public health issues. These stakeholders are our partners and collaborators in implementing a 'health in all policies' approach which integrates health considerations into policymaking across different sectors. This will help improve the overall health and well-being of our community and aligns with the NTG Social Outcomes Framework.

Monitoring and evaluation

Implementation of the plan will be regularly monitored via the Chief Health Officer and the division will report annually on our actions and achievements each year to the NT Health Leadership Board. We will review and update the plan to make sure it remains responsive to contemporary events and developments and will complete a full evaluation at its end.

Strategic alignment
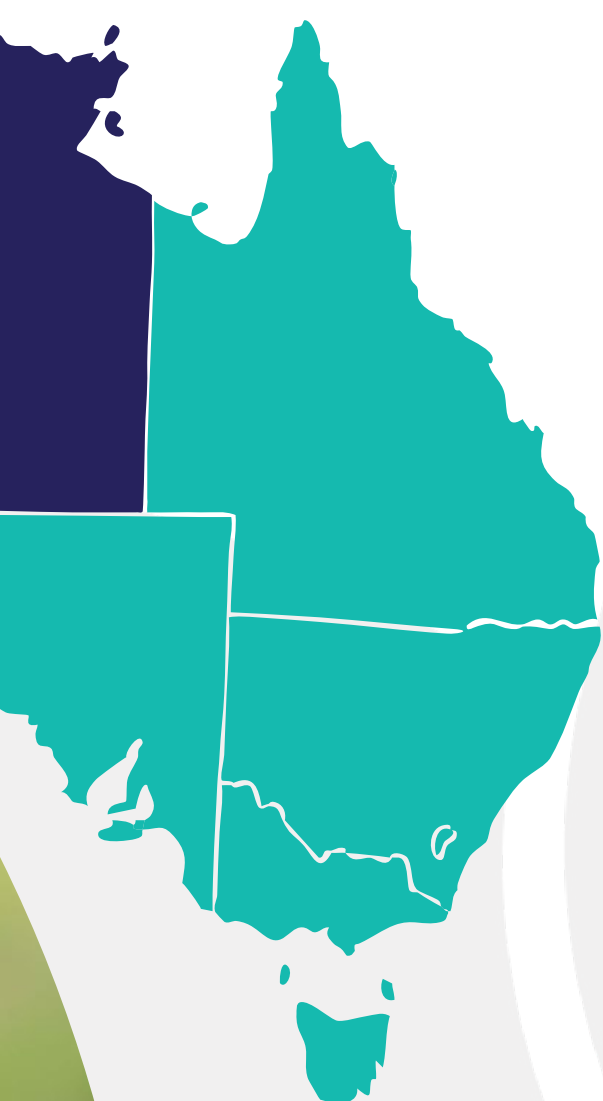
NATIONAL LEVEL

- National Preventive Health Strategy 2021–2030
- National Obesity Strategy 2022–2032
- National Agreement on Closing the Gap
- Australia's Primary Care 10 Year Plan 2022–2032
- Strengthening Medicare Taskforce Report
- National Aboriginal & Torres Strait Islander Health Plan 2021–2031
- National Tobacco Strategy 2023–2030
- National Alcohol Strategy 2019–2028
- National Mental Health and Suicide Prevention Agreement
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031

NT LEVEL

- NT Health Strategic Plan 2023-2028
- Healthy, Well and Thriving, The Northern Territory's prevention and early intervention framework for chronic conditions 2024-2030
- NT Health, Sustainability and Climate Adaptation Strategy 2024-2030
- Northern Territory Social Outcomes Framework
- NT Aboriginal Health Plan 2021-2031
- NT Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028
- NT Health Aboriginal Cultural Security Framework 2016-2026
- Territory Water Plan, A plan to deliver water security for all Territorians, now and into the future
- NT Sport and Active Recreation Plan 2021-2025
- Northern Territory Government's Climate Change Response: Towards 2050
- Northern Territory Government Aboriginal Land and Seas Action Plan
- Northern Territory Government Everyone Together Aboriginal Affairs Strategy 2019-2029
- Northern Territory Government Equality Action Plan 2022-2-25
- NT Domestic Family and Sexual Violence Reduction Framework 2018-2028

Preventing illness saves money and lives

The case for public health investment is simple and powerful: preventing illness saves money and lives[1]. Across NT government, the Public Health Division helps to inform policies that are based on a fundamental premise that a healthy population is essential for wellbeing and for a healthy and vital economy. Effective public health outcomes also reduce demand on the acute health system.

Over the next 40 years, the NT economy is projected to experience moderate growth, while demand for health and aged care services will rise significantly as the proportion of residents aged 65 and over increases from 9 percent in 2022 to between 15 percent and 17 percent[2,3]. Meeting this growing healthcare need presents both a challenge and an opportunity to enhance services and their sustainability. With Australians spending 13.2 percent of their lives in ill health[4]—one of the highest rates among developed nations—the NT has a strategic opportunity to strengthen workforce productivity and improve population health, with targeted public health investment playing a pivotal role.

Investing in public health saves money in the long term[1]. Ill-health is costly for two reasons: both lost workforce productivity and the direct and rising costs of clinical treatment. In Australia, annual productivity losses from risk factors such as obesity, tobacco, alcohol, physical inactivity, and poor diet total up to $47 billion[5].

Governments in Australia will always spend money on health through prioritising public health investment, we can support wellbeing and help avoid the higher cost of treating preventable illness.

Evidence shows that preventing and reducing the burden of diseases is far more economically valuable than facing the long-term costs of treatment and care. For instance, in Australia, the economic costs of some preventable diseases include:

Obesity – up to $14.9 billion[5]

Tobacco – up to $10.5 billion[5]

Alcohol – up to $6.8 billion[5]

Physical inactivity – $15.6 billion[5]

Individual dietary risk factors – $561 million[5]

Mental ill health – $70 billion[6]

Investing in public health has proven to be cost-effective in several studies. For example, an international review of public health programs in high-income countries found that every dollar spent generates an average return of $14[7]. In Australia, the Assessing Cost Effectiveness study focused on Australians and showed that various preventive measures can both improve health and save money[8].

Similarly, preparing for disasters like heatwaves and bushfires not only saves lives but could also prevent $380 billion in economic losses from climate change over the next 30 years[9]. This evidence strongly supports the positive impact of public health investments on future budget outcomes.

The National Preventive Health Strategy aims for five percent of national health spending being directed towards prevention by 2030[10]. This recognises the need for investment in the health and wellbeing of the population. This goal faces the challenge that immediate budget constraints often take priority over future budget impacts. However, public health inherently offers a lasting approach to improvements in health outcomes. Therefore, the Public Health Division advocates shifting from a reactive 'triage' approach to instead adopting a longer-term return-on-investment perspective in budget decisions. This approach is crucial for managing the future financial impacts of high-cost diseases in the NT.

About us

The Public Health Division is a multi-disciplinary and collaborative team dedicated to safeguarding and enhancing community health through prevention, education, and policy initiatives. We look at the whole population, rather than the individual. The role of the Public Health Division includes, but is not limited to: the control of communicable diseases, the design and implementation of preventative health programs, and reducing the amount of disease caused by physical, chemical, biological and radiological factors in the environment. We work with a range of individuals and organisations on key public health issues. Each branch of the Public Health Division is responsible for key areas of public health.

Communicable Diseases:

- Communicable disease surveillance and responses.
- Delivery of targeted, evidence-based programs, including immunisation, sexual health clinics, a needle and syringe program, tuberculosis clinics, acute rheumatic fever/rheumatic heart disease control, trachoma elimination and medical entomology.

Health Protection:

- Risk assessment and control of activities to minimise exposure to physical, chemical, radiological and biological agents in the environment, including food and water safety, wastewater. management, radiation safety and medicines and poisons safety.
- Delivering a healthy homes program in remote communities.
- Public and environmental health legislation and policy development.
- Protecting individuals from the unauthorised use of restrictive practices.

Health Statistics:

- Leadership in health statistics and analysis to improve health service delivery and planning, health outcomes, prevention and wellbeing and health equity.
- Registries for cancer and perinatal patients.

Emergency Management:

- Coordinates NT Health's responsibilities under the Territory Emergency Plan, including leading the NT's response to human disease and heatwave emergencies, and managing the Medical and Public Health functional groups.
- Prepares, maintains and implements emergency management plan at NT health.

Non-Communicable Diseases:

- Preventative health strategy, driving a systems approach to prevention, focusing on healthy eating, active living, tobacco and vaping control, minimising harmful alcohol use and social and emotional wellbeing.
- Providing screening services for breast, cervical and bowel cancers.
- Providing a clinical organ donation service and encouraging best practice to increase donation and transplantation rates.
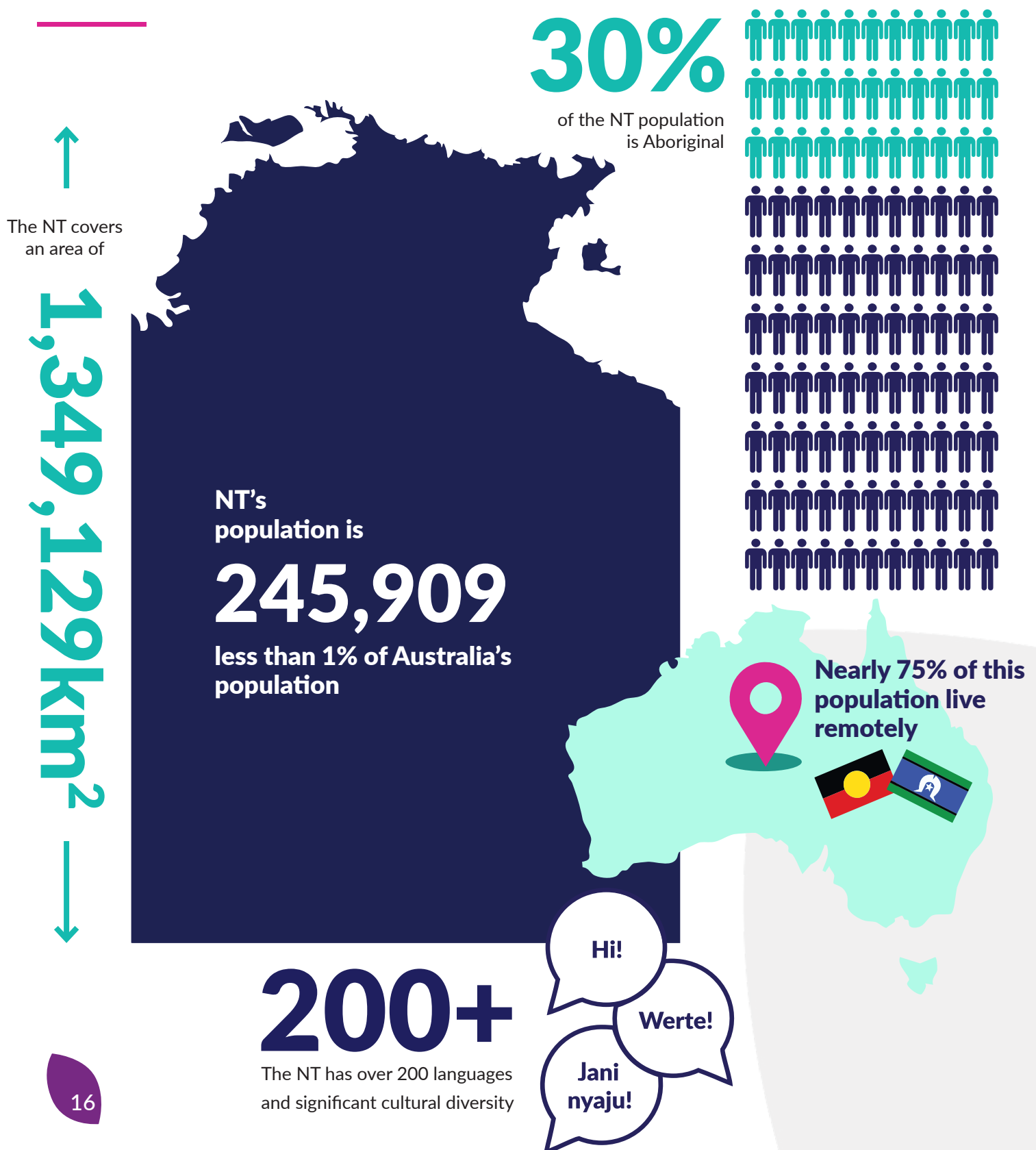

Chief Health Officer:

- Territory-wide health planning, developing system-wide policy and strategy, and advising the Minister for Health and healthcare sector on public health matters.
- Intergovernmental relations, engaging with key stakeholders and representing the NT in national forums.
- Fulfilling legislative requirements.

Our context, challenges and opportunities

The NT covers an area of

1,349,129km²

30%
of the NT population is Aboriginal

NT's population is

245,909

less than 1% of Australia's population

Nearly 75% of this population live remotely

200+
The NT has over 200 languages and significant cultural diversity

Hi!

Werte!

Jani nyaju!

Burden of disease and risk factors

Burden of disease is a way to measure the impact of illnesses and injuries on a population.

When considering burden of disease in the Territory, the NT faces a higher burden of disease compared to the national average[11]. In 2019 , the region's disease burden was 77% above the national norm. This disparity is even more pronounced among Aboriginal people, who experience a disease burden 3.6 times greater than that of non-Aboriginal people[11].
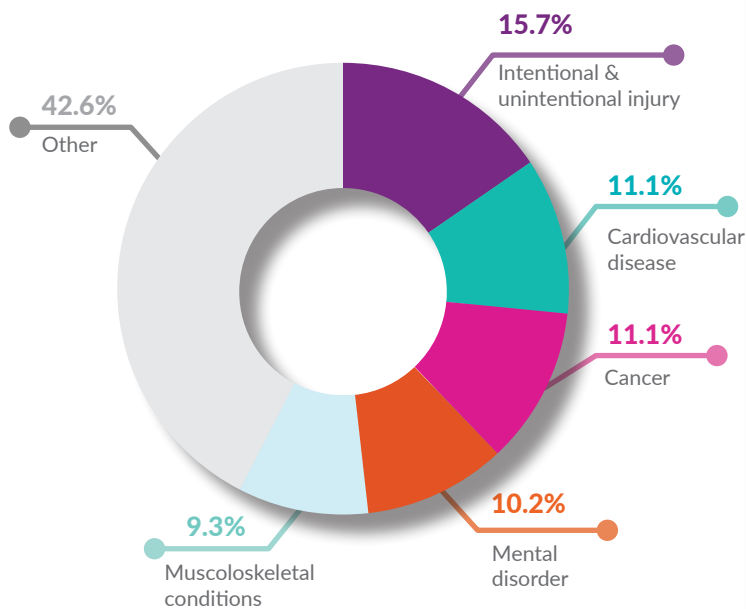
BURDEN OF DISEASE BY BROAD CATEGORY

Non-Communicable Diseases attribute to 78 percent of the NT's burden of disease, with 19 percent attributed to Injuries and 3 percent to Infectious Diseases[11].

19%
Injury

3%
Infectious disease
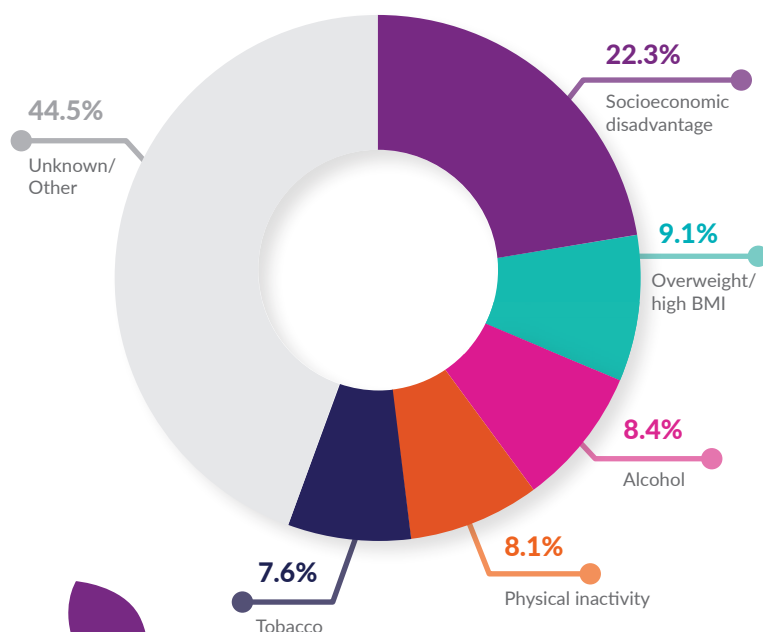
78%
Non-communicable disease
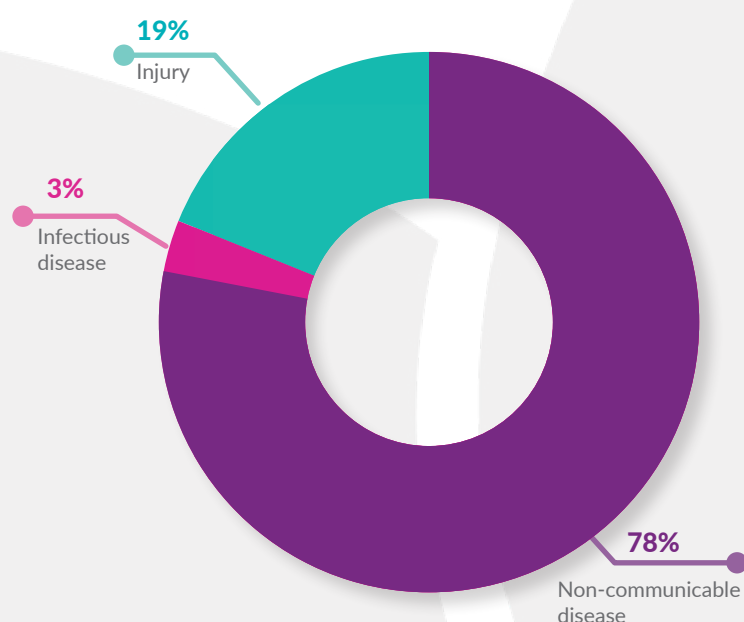
TOP 5 CONTRIBUTORS TO BURDEN OF DISEASE

The top five categories of disease include intentional and unintentional injury, cardiovascular disease, cancer and mental disorders, accounting for 54 percent of the total burden for the NT[11].

42.6%
Other

15.7%
Intentional & unintentional injury

11.1%
Cardiovascular disease

11.1%
Cancer

10.2%
Mental disorder

9.3%
Muscoloskeletal conditions

TOP 5 PREVENTABLE RISK FACTORS

72 percent of the total burden of disease in the NT is linked to preventable risk factors. This means that if these preventable risk factors were eliminated, we could avoid a significant portion of the burden of disease. The below chart represents the top 5 risk factors[11].

44.5%
Unknown/ Other

22.3%
Socioeconomic disadvantage

9.1%
Overweight/ high BMI

8.4%
Alcohol

8.1%
Physical inactivity

7.6%
Tobacco

18

Prevalence of key risk factors

13.1% of the NT population smoke daily[12].

Smoking costs the NT $764 million annually[13].

65.6% of our population are impacted by obesity[15].

The NT has the highest per capita costs and harms of alcohol consumption in the nation, with a total social cost of $1,386,800 annually[14].

Only 5% of Territorians eat the recommended 5 serves of vegetables per day.[17]

Less than 50 per cent of Territorians meet the recommended amount of weekly physical activity[16].

More than 1/3 of Territorians adults drink sugary drinks daily[17].

Social and wider determinants of health

Social determinants of health are the conditions in which people are born, live, work, grow and age that influence their health outcomes. Some of these determinants include income, education, employment, and living conditions, and these play a crucial role in shaping health and wellbeing. Wider determinants of health include culture and race. They are important to public health because they inequitably affect different people and influence their health. Some indicators are presented below.

HOUSING

EMPLOYMENT

SAFETY

EDUCATION

FOOD SECURITY

HOUSING

If we advocate and work with partners to ensure safe, affordable housing, we can reduce the need for homelessness assistance[19].

In 2022-23, one in 25 people received homelessness assistance.

EMPLOYMENT

If we expand employment opportunities, we can continue to foster greater economic inclusion and empowerment.

While the current unemployment rate is 4.4%, efforts are ongoing to close this gap. Notably, initiatives aimed at supporting Aboriginal Territorians, who faced a 20.8% unemployment rate in 2021, are in place[20].

SAFETY

If we continue to invest in prevention strategies, support services and community-driven solutions, we can prevent violence and injuries.

46% of women in the NT have experienced physical and/or sexual violence since the age of 15 and the total assault rate was 3,723.7 per 100,000 people in 2024[23].

EDUCATION

If we work with partners to enhance access to quality education, we can create lifelong learning opportunities[18].

The attendance rate at NT public schools is 85% in outer regional areas, 71.5% in regional areas and 51.1% in very remote areas[18].

FOOD SECURITY

If we address food security, we can achieve access to sufficient and nutritious food for all communities.

Overall, 34% of Aboriginal people in the NT lived in a household that ran out of food in the past year, compared to 4% of the non-Aboriginal population[24].

Strategic focus area 1

SUPPORT PUBLIC HEALTH WORKFORCE

We are committed to fostering a culture of collaboration, respect, and resilience, ensuring our team members feel valued and can contribute meaningfully to public health outcomes. Staff will be empowered to work to their full scope of practice and ability and will be supported to achieve their career aspirations.

Outcome	Goals
Staff feel valued, safe and supported.	1. Develop, promote, and embed a respectful and collaborative culture. 2. Recognise and celebrate our achievements.

WE WILL MEASURE OUR SUCCESS BY:

- Increased staff satisfaction scores on People Matter Survey.
- Higher staff retention and lower turnover rates.
- Positive feedback from staff regarding the culture of respect, compassion, inclusion, and collaboration.
- Leaders encourage and model collaborative ways of working.

Outcome	Goals
Education and career progression opportunities are provided.	1. Integrate public health competency development and training opportunities into our core business. 2. Develop clearly mapped public health career pathways, including various workstreams such as medical students, public health doctors, nurses, epidemiologists, health promotion professionals, policy makers, managers, administration, allied health professionals, and environmental health experts. 3. Workforce is supported to work to their full scope of practice. 4. Media skills training is provided for staff where relevant.

WE WILL MEASURE OUR SUCCESS BY:

- Increased educational opportunities and participation rates in public health competency development programs for our public health and general health workforce.
- Clear documentation and communication of public health career pathways.
- Supervision of public health and epidemiology students and trainees, including through established pathways such as the Master of Applied Epidemiology, Master of Public Health, rotational public health nurses and Fellow of the Australasian Faculty of Public Health Medicine.
- Number of staff undergoing media skills training.

Outcome	Goals
Increase in Aboriginal and NT-based public health workforce.	1. Maximise the opportunities provided through Aboriginal career pathways. 2. Invest in the development of a local community-based workforce. 3. Recruit and train Aboriginal people into the public health workforce and provide leadership opportunities. 4. Recruit and train NT residents into the public health workforce. 5. Brand NT Health as a center of excellence in public health.

WE WILL MEASURE OUR SUCCESS BY:

- Increased proportion of Aboriginal and NT-resident staff in the public health workforce.

- Successful recruitment campaigns targeting Aboriginal and community-based staff.

- Higher retention rates of Aboriginal and community-based public health workforce.

- Recognition of NT Health as a centre of excellence in Public Health within the local and broader community.

- NT Health collaborates with universities, including Charles Darwin University and Flinders University, and supports Medical Programs.

- Collaborations with universities to engage students in public health careers established.

Outcome	Goals
Workplace is culturally secure	1. Include cultural values, strengths, and diversity as core business. 2. Continue to build and maintain relationships with Aboriginal people, communities, and organisations. 3. Develop the cultural capability and competence of our public health workforce, including language, understanding of culture and lifestyles. 4. Greater collaboration with the Aboriginal community-controlled sector.

WE WILL MEASURE OUR SUCCESS BY:

- Strong and sustained collaborative relationships with Aboriginal communities and organisations.

- Increased participation and completion rates in cultural competency training programs.

- Interpreters are routinely used if needed, and public health materials are developed and distributed in various languages and culturally appropriate formats.

- Positive feedback from Aboriginal people, communities, and organisations regarding engagement and collaboration.

- Number of collaborative projects and joint initiatives that strengthen public health between Aboriginal Community Controlled Health Organisations (ACCHOs) and the government sector.

Strategic focus area 2

PROMOTE WELLBEING AND PREVENT ILLNESS

By addressing the upstream determinants of health, such as access to nutritious food, safe housing, clean water, and sustainable environments, we can proactively improve health outcomes and reduce the burden of preventable illnesses. This approach not only enhances individual health but also strengthens community resilience and fosters social equity, ensuring that all Territorians have the opportunity to lead healthy lives.

Outcome	Goals
Food, drinking water and radiation is safe, food and medications are appropriately regulated and food security is enhanced.	1. Promote safe food, drinking water, medicines, food security and use of radiation. 2. Ensure compliance with relevant legislation to manage and reduce public health risks. 3. Effectively detect and respond to foodborne illness outbreaks. 4. Improve water literacy on remote communities.

WE WILL MEASURE OUR SUCCESS BY:

- Rollout and ongoing evaluation of a risk based approach to food safety education and compliance activities.
- Foodborne illness outbreaks reported and investigated.
- Commencement and implementation of safe drinking water legislation.
- Establish auditing program for food businesses that provide to vulnerable populations and drinking water providers.
- Formal working partnerships with stakeholders for safe environments.
- Number of water forums successfully convened.
- Percentage of medicines regulated entities inspected.
- Safety standards for use of radioactive materials and radiation sources are enforced.

Outcome	Goals
Non-communicable disease risk factors are reduced and protective factors are increased.	1. Remove unhealthy products and promotions from NT Government and partner sites, resources and events. 2. Environments and settings support healthier food and drink options, active living and behaviour change with regards to tobacco and alcohol. 3. Legislative and regulatory levers are used to reduce unhealthy product availability, such as tobacco (including vaping) and unhealthy food and drinks, increase active living and promote safer use of alcohol 4. Strengthen food security, with an initial focus on supporting access to affordable, healthy food and drinks in remote communities. 5. Environments and settings are supporting social and emotional wellbeing. 6. People with chronic conditions are being supported to manage their illness.

WE WILL MEASURE OUR SUCCESS BY:

- Government and partner sites are committed to reducing promotion and availability of unhealthy products.
- Decrease in availability and promotion of sugar sweetened beverages (SSBs) in government and non-government settings.
- Maintain minimum standards for healthy foods and drinks in remote stores.
- Reduce the price difference of a healthy food basket in remote stores compared to district centre supermarkets.
- Increase in people using active transport, including to get to work or school.
- Increase in total number of alcohol management plans / increase in number of communities continuing with general restricted areas.
- Increase number of smoke / vape free environments.
- Legislative and regulatory measures are strengthened.
- Increase in percentage of people who feel they belong to their community neighbourhood.
- Self-management programs are implemented and evaluated.

Outcome	Goals
Preparedness for emerging risks, including climate change, is prioritised	1. Monitor the ongoing health impacts of climate change to inform policy and practice. 2. Develop and implement strategies to mitigate and adapt to the health effects of climate change, such as heatwaves, air quality issues, and extreme weather events. 3. Explore 'One Health' initiatives[25] to promote the interconnectedness of human, animal and environmental health. 4. Monitor and respond to threats from harmful radiation.

WE WILL MEASURE OUR SUCCESS BY:

- Heatwave, pandemic and chemical, biological, radiological and nuclear (CBRN) emergency plans developed and implemented.
- Improved health-related early warning systems for impacts of weather events.
- Development and implementation of syndromic surveillance of heat-related illnesses.
- Surveillance of zoonotic, including vector-borne diseases is strengthened and responsive to novel threats.
- Partnerships between public health, veterinary, environmental, agricultural sectors are established and ongoing, including the NT Environment Protection Authority and Department of Logistics and Infrastructure.

Outcome	Goals
Homes are healthier and the built environment supports health	1. Implement programs that address housing quality to improve overall health outcomes for residents, including the ability to wash children. 2. A public health approach is provided to inform urban development and remote infrastructure. 3. NT Health contributes to planning and development approval processes of large-scale infrastructure projects to minimise health impacts of environmental hazards. 4. Drive a policy agenda to create healthier environments where Territorians are born, live, learn, work, play and age.

WE WILL MEASURE OUR SUCCESS BY:

- Partner with Department of Housing, Local Government and Community Development to deliver healthy homes program.
- Monitoring and surveillance system for housing-related illnesses developed and implemented.
- Work across agencies, including with Department of Housing, Power and Water is occurring to support healthier environments.
- A health impact assessment process is developed to complement industry environmental impact assessments.

Strategic focus area 3

HIGH-QUALITY PUBLIC HEALTH SERVICES, OPERATIONS AND INITIATIVES

Our public health operations, services and initiatives are delivered in a collaborative way that respects diverse cultural perspectives. We strive to provide public health initiatives close to home. Our services aim to reduce the burden of disease across the Territory.

Outcome	Goals
Communicable disease spread is managed and reduced.	1. Improved immunisation access with a focus on priority areas and populations. 2. Understand and reduce barriers to immunisation. 3. Improved engagement with public healthcare services for early detection and treatment of communicable diseases, with priorities including blood borne viruses/sexually transmitted infections, acute rheumatic fever/ rheumatic hear disease, trachoma and tuberculosis. 4. Strengthen community education and awareness programs on communicable disease prevention and management. 5. Enhance secondary prophylaxis programs to prevent recurrence of diseases like acute rheumatic fever/rheumatic hear disease. 6. Public health advice is provided to healthcare professionals around infectious disease control. 7. Alignment with the Australian Centre for Disease Control (ACDC).

WE WILL MEASURE OUR SUCCESS BY:

- Vaccine coverage by priority group, age and geographical region.
- Partnerships established with key stakeholders to understand barriers to immunisation.
- Initiatives that aim to increase and monitor the number of individuals seeking testing for communicable diseases are implemented, with a focus on community engagement.
- Outreach services to remote communities to address communicable diseases are provided.
- Public health information is offered in language and in culturally appropriate formats.
- Partnerships are developed with communities and primary health care providers to increase secondary prophylaxis treatment for acute rheumatic fever/rheumatic hear disease.
- Targeted initiatives for high-risk groups or seasonal diseases are implemented.
- Education is delivered to support healthcare providers in communicable disease management.
- Process for collaboration with ACDC is established.

Outcome	Goals
Disaster preparedness and risk reduction is supported and response to and recovery from emergencies are enhanced.	1. Continuous improvement processes in emergency management are supported. 2. Response and recovery operations reflect contemporary national practice, and are delivered in partnership with the community. 3. A risk-based approach to emergency management is adopted. 4. There is a focus on capability strengthening for emergency management for people, systems and processes.

WE WILL MEASURE OUR SUCCESS BY:

- Health hazard plans and facility emergency management plans are in place and maintained.

- Emergency management requirements are incorporated into contracts and service agreements.

- Emergency management considerations are included in all business cases and project plans.

- Emergency management training and awareness sessions, audits, tests and exercises are conducted.

- Debriefs and lessons management are conducted post emergency events.

Outcome	Goals
A public health response to injury prevention is prioritised.	1. Partner with relevant organisations to develop evidence-based injury prevention programs. 2. Understand the drivers and mechanisms of injury. 3. Implement and evaluate initiatives focused on reducing assault. 4. Enhance road safety through collaborative efforts with transportation agencies and community stakeholders.

WE WILL MEASURE OUR SUCCESS BY:

- Injury prevention framework completed with implementation of an injury prevention program.

- Surveillance system that includes reported cases of assault or violence is developed and implemented.

- Partnerships are established to make communities safer and reduce violence.

- Annual fireworks report is produced.

- Regular reports of water-related injures are presented to the NT Water Safety Council.

Outcome	Goals
High-quality cancer screening and organ donation initiatives are implemented.	1. Establish and expand cancer screening programs for breast, bowel, cervical, and lung cancers. 2. Promote awareness and education campaigns to increase participation in cancer screening among eligible populations. 3. Undertake organ and tissue donation and transplantation awareness and education initiatives. 4. Facilitate organ and tissue donation in partnership with stakeholders.

WE WILL MEASURE OUR SUCCESS BY:

- Percentage increase in screening participation rates among eligible populations.
- National Lung Cancer Screening program is implemented.
- Community engagement is measured.
- Positive feedback from health professionals, communities and stakeholders regarding awareness and education initiatives.
- Increase in the number of registered organ and tissue donors following awareness and education initiatives.
- Routine notification to DonateLife NT of all patients at planned end of life in intensive care units and emergency departments.
- Increase in consent rates for organ and tissue donation.
- Increase in transplantation rates as a result of donation activity.

Outcome	Goals
Appropriate legislation is developed.	1. Legislation and policies that address social determinants of health are prioritised in alignment with the NT Social Outcomes Framework. 2. The creation of public health legislation focused on preventing and managing non-communicable disease is promoted. 3. Voluntary Assisted Dying (VAD) legislation is considered by government. 4. Radiation protection legislation is fit for purpose.

WE WILL MEASURE OUR SUCCESS BY:

- Partnerships with other agencies are established to continue action on the social determinants of health.
- Legislation to promote quality and access to food at remote stores is enacted.
- NT Cancer Registry Act is reviewed.
- VAD legislation is considered by government.
- Radiation protection legislation is revised with the aim of a more fit for purpose regulatory regime.

Strategic focus area 4

SYSTEMS AND DATA SUPPORT EVIDENCE-BASED DECISIONS

Outcome	Goals
Population and primary health data, information systems, analytical and reporting capability is enhanced.	1. High quality statistics are produced using robust data systems and replicable scientific methods. 2. Evidence from statistic and evaluations support health policy and practice. 3. Statutory population registries (cancer and perinatal) provide high quality data. 4. Aboriginal data sovereignty is a principle of all data 5. NT participation in national digital and data reforms for enhanced data-linkage and health information exchange

WE WILL MEASURE OUR SUCCESS BY:

- Completion and publication of 5-yearly burden of disease report.
- Produce high quality reports and peer-reviewed publications with NT data.
- Continued reporting and improvement of the Aboriginal health key performance indicators.
- Cancer and perinatal registry data validated, and reported.
- Continued professional development and skill-sharing in analytics.

Outcome	Goals
Decisions are based on the best available evidence.	1. Ensure data and findings are used to guide and support operational and strategic decision-making, with communication and collaboration across government and other stakeholders. 2. Advise on data quality, study design and methods related to epidemiology and health economics. 3. Foster local research and innovation to improve our understanding of and ability to address public health issues, with a focus on our system challenges and opportunities. 4. Develop research skills and staff to engage in research.

WE WILL MEASURE OUR SUCCESS BY:

- Uptake of our work into policies and reforms.
- Factsheets and policy briefs produced.
- Participation in advisory groups and steering committees.
- Participation in webinars and meetings for dissemination of data.
- Active collaborations with research institutes, universities and leaders in research and innovation projects which benefit our community.
- Health innovation projects progressed.
- Supervision of research students.
- Staff involved in research.

Outcome	Goals
Systems to monitor population health are timely and flexible.	1. Develop and implement surveillance system for heat-related illness. 2. Develop and implement injury surveillance capability. 3. Strengthen notifiable disease (communicable disease) surveillance and reporting. 4. Strategic communication of surveillance information to promote appropriate action. 5. Strengthen chronic conditions monitoring, reporting and continuous quality improvement. 6. Vaccination coverage datasets are linked with other available datasets to enhance monitoring of vaccine preventable diseases. 7. Strengthen our pandemic preparedness through modernisation of our notifiable diseases system.

WE WILL MEASURE OUR SUCCESS BY:

- Establishment and operation of surveillance for heat-related illnesses.

- Implementation of injury surveillance.

- NT Notifiable Disease Surveillance System (NTNDSS) is updated to accommodate local and national surveillance requirements.

- Surveillance information strategically shared to the executive, external stakeholders, internal stakeholders and the community, paired with recommendations for action.

- Population health survey is performed and data is analysed and disseminated.

- A real-time reporting system is explored for vaccination and vaccine preventable diseases.

Outcome	Goals
Information technology and communication systems are strengthened.	1. Public health information systems are strategically aligned and fit-for purpose. 2. Technology is used to appropriately store, manage and access public health information. 3. Systems design, functionality and governance supports the development of routine surveillance, research and quality improvement. 4. Communication systems support dissemination of public health information, advice and guidance.

WE WILL MEASURE OUR SUCCESS BY:

- Cancer registry and NTNDSS information systems are updated.

- Surge capacity is built into systems to cope with large-scale responses.

- A mechanism for intergovernmental agency data-sharing is established.

- Health protection database is designed and implemented.

- Engagement with public health communications is measured.

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Acronyms

A/Prof	Associate Professor	**NT**	Northern Territory
ACDC	Australian Centre for Disease Control	**NTEPA**	Northern Territory Environmental Protection Authority
ACCHO	Aboriginal Community Controlled Health Organisation	**NTNDSS**	NT Notifiable Disease Surveillance System
ARF	Acute Rheumatic Fever	**NT PHN**	Northern Territory Primary Health Network
BBV	Blood-Borne Virus	**NTG**	Northern Territory Government
BMI	Body Mass Index	**OECD**	Organisation for Economic Co-operation and Development
CBRN	Chemical, Biological, Radiological, and Nuclear	**PHC**	Primary Health Care
CHO	Chief Health Officer	**RHD**	Rheumatic Heart Disease
CEO	Chief Executive Officer	**SSBs**	Sugar-Sweetened Beverages
DIPL	Department of Logistics and Infrastructure	**STI**	Sexually Transmitted Infection
ED	Emergency Department	**TB**	Tuberculosis
FAFPHM	Fellow of the Australasian Faculty of Public Health Medicine	**VAD**	Voluntary Assisted Dying
ICU	Intensive Care Unit		
MAE	Master of Applied Epidemiology		
MPH	Master of Public Health		
NACCHO	National Aboriginal Community Controlled Health Organisation		