

Northern Territory Pre-Budget Submission

2026–27



Northern Territory survivor
of stroke, Alison Reidy.



Survivors of stroke, Shannon Nelson (left), Brooke Parsons (middle) and fundraiser Dan Maitland.

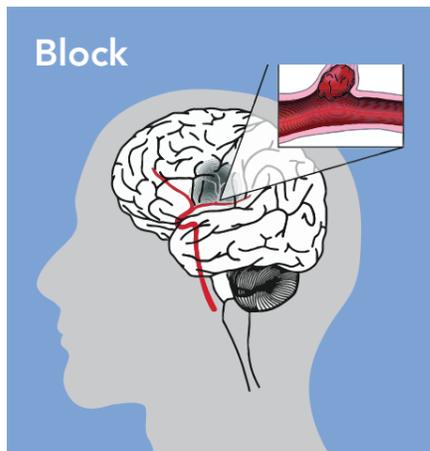
Stroke Foundation is the voice of stroke in Australia, working to prevent stroke, save lives and enhance recovery

We partner with survivors of stroke, carers, health professionals, government and the community to reduce the incidence and impact of stroke for all Australians.

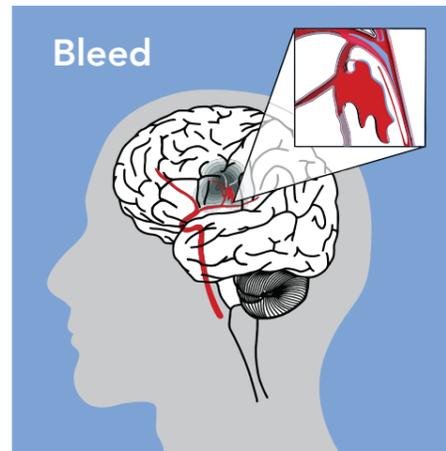
Stroke Foundation is the leading national organisation in Australia focused on stroke prevention, treatment and recovery. For 30 years, we have championed breakthrough stroke research, successfully advocated for access to innovative treatments, increased public awareness in stroke prevention and recognition, and educated thousands of health professionals to deliver best-practice care.

Every achievement takes a united team of stroke champions working together with a single voice and purpose: survivors of stroke with their families and carers, health professionals, researchers, volunteers, advocacy bodies, generous donors, corporate Australia, government and philanthropic partners.

What is a stroke?



Ischaemic stroke
(Blood clot or plaque blocks artery)



Haemorrhagic stroke
(Artery breaks or bursts)

Stroke can strike **anyone**, at **any time**.
 A stroke happens when blood supply to the brain is interrupted. When this happens, brain cells do not get enough oxygen or nutrients and they immediately begin to die.
Stroke is always a medical emergency.
 Importantly, we know that more than **80 percent of strokes can be prevented.**

The state of stroke in the Northern Territory – why we have to act now

In 2023, there were 272 stroke events in the Territory,¹ and many of those survivors of stroke will be living with an ongoing disability. There are 2,559 survivors of stroke living in the Territory¹ – and their number is growing.

One of the key modifiable risk factors for stroke is high blood pressure. Importantly, 49,893 Territorians are living with high blood pressure,¹ and many don't know it. In addition, 22,009 Territorians are daily smokers and 22,596 have high cholesterol¹ – putting them at an increased risk of stroke.

Why is this happening?

Our population is growing and ageing. We are living longer, more sedentary lives. Our physical and social environments are influencing lifestyle choices and behaviours, putting us at an increased risk of stroke, and at a younger age.

At the same time, there is a clear lack of community knowledge and awareness about the common stroke risk factors, the typical signs of stroke when it happens, and the fact that stroke is a medical emergency and calling an ambulance immediately at the first sign of stroke is critical.

Our health system is also struggling to meet the needs of patients with stroke. Improvements have been made in the delivery of acute stroke treatment and care; however, time-critical treatment and best-practice care is not available to all Territorian patients. In addition, we know that for many survivors of stroke, their rehabilitation needs are not assessed and those who need rehabilitation do not always receive it. This in turn increases the impact on informal carers and social care services.

It doesn't have to be this way

Stroke can often be prevented and it can be treated. We are making progress, but there is much more to be done.

We are taking action, but we can't do this alone. It takes everyone's support, from government right through to individuals, to prevent stroke, save lives and enhance recovery from stroke for all Territorians.

We have an opportunity to act, to reduce the impact of stroke on survivors, their families and carers, the community, and the healthcare system. We can and must act for the health and wellbeing of future generations.

Stroke Foundation understands the significant and unique challenges the Northern Territory Government faces in delivering health services, including a dispersed and ageing population, the growing burden of chronic disease, rising healthcare costs and challenges attracting and retaining a skilled health workforce, particularly in regional, rural and remote locations. We look forward to working with the Northern Territory Government to reduce the impact of stroke on the Territory's community and health system. Significant gains can be made from modest investment.

In 2023, the lifetime healthcare costs to government associated with strokes that occurred in the Territory were \$41 million, including \$32 million in hospital costs.¹ Therefore, the economic benefit of Northern Territory Government investment in initiatives to reduce the impact of stroke are clear.

We know that the unique geographical challenges in the Territory impact the ability of Territorians to access time-critical stroke treatments. Many Territorians living in rural or remote communities are unable to access road ambulance services, and in the event of a medical emergency, will call or travel to their closest clinic or health service to activate aeromedical retrieval services.

Stroke Foundation is a principal partner of the Australian Stroke Alliance (ASA), which is committed to improving equity of access to stroke treatment and care for Australians in rural and remote communities, through the development of new brain imaging technologies for road and air ambulances. In addition, a partnership between the Northern Territory Government and the South Australian Telestroke Service is enabling clinicians

at the Royal Darwin Hospital and Alice Springs Hospital to connect with Adelaide-based stroke specialists via videoconference, to provide consultations for patients with suspected stroke, ensuring Territorians have 24/7 access to stroke specialists.

The funding proposals in this submission will:

- › strengthen and maximise existing investments, including the partnership between the Northern Territory Government and South Australian Telestroke Service, and the work of the ASA, ensuring more Territorians know the signs of stroke, and the importance of calling 000 (triple zero) immediately, or where this is not possible, calling or getting to the closest clinic to activate aeromedical retrieval services
- › ensure all Territorians who are impacted by stroke are able to access the information they need in a timely manner, and are supported in their transition from hospital to home and onto recovery.

Now is the time for action and investment to change the landscape of stroke prevention, treatment and recovery in the Territory.



Survivor of stroke, Stewart Greig.

The hard facts



Over **272** stroke events in NT in 2023¹



There are more than **2,559** survivors of stroke living in NT¹



Stroke can happen at **any age**. **1 in 4** first ever strokes occur in people **under 65 years**¹



More than **80 percent** of strokes can be prevented²

Lifetime costs associated with strokes that occurred in 2023 exceed

\$138 million
(almost \$532,000 per person)



Costs in the first year after stroke were over

\$58 million
(almost \$222,000 per person)

\$41 million in healthcare costs for strokes occurring in 2023 including



\$3 million in road ambulance costs



\$32 million in hospital costs

Summary of Stroke Foundation proposals

Stroke Foundation is seeking Northern Territory Government investment in order to meet the urgent needs of survivors of stroke, their families and carers.

1. F.A.S.T. (Face, Arms, Speech, Time) Community Education Grants Program

Investment: \$1 million (\$250,000 per year over four years).

Ensure more Territorians know how to recognise the signs of stroke and how vital it is to call 000 (triple zero) immediately, and where this is not possible, to call or get to the closest clinic to activate aeromedical retrieval services.

This proposal will help the Northern Territory Government to deliver on key areas of focus of its *Health Strategic Plan (2023-2028)*, including to empower Territorians to improve their health literacy through the availability of information, and maximise the power of partnerships with communities and non-government organisations to address health inequalities.

2. Enhanced support for stroke recovery: My Stroke Journey for every survivor of stroke in the Territory

Investment: \$668,000 (\$167,000 per year over four years).

Ensure more Territorians who are impacted by stroke are able to access the information they need in a timely manner, supporting the transition from hospital to home and on to recovery, and reducing the risk of recurrent stroke.

This proposal will help the Northern Territory Government to deliver on key areas of focus of its *Health Strategic Plan (2023-2028)*, including to provide information, education, resources and guidance to support Territorians to take an active role in managing their own health, and deliver high-quality care which is integrated, coordinated and person-centred.

Proposal 1: F.A.S.T. (Face, Arms, Speech, Time) Community Education Grants Program

Investment: \$1 million (\$250,000 per year over four years).

Investment in a F.A.S.T. Community Education Grants Program will:

- › activate community groups in the Territory representing priority populations at higher risk of stroke to deliver activities to raise awareness of the F.A.S.T. signs of stroke in stroke 'hotspot' regions
- › deliver a suite of culturally appropriate, in-language resources highlighting the life-saving F.A.S.T. signs of stroke
- › result in an increase in the awareness of the F.A.S.T. signs of stroke in the Territory, earlier engagement of ambulance services and quicker presentation to hospital
- › increase the unprompted awareness of at least one F.A.S.T. sign of stroke in the Territory from 51 percent to 61 percent.

Stroke is a medical emergency. When someone has a stroke, every minute counts. **Faster diagnosis and treatment saves lives and reduces disability.**

In 2023, the lifetime healthcare costs to government associated with strokes that occurred in the Territory were \$41 million, including \$32 million in hospital costs.¹ **Prompt access to stroke treatment means decreased costs for our health and disability systems.**

The F.A.S.T. message highlights the three most common ways to recognise a stroke (Face, Arms and Speech), and reminds us that Time is critical when seeking treatment.

The 2025 Stroke Foundation F.A.S.T. Signs and Stroke Awareness Survey reported on the unprompted awareness of the F.A.S.T. signs of stroke in the Australian community, and showed that almost one in two Territorians are unable to name any of the F.A.S.T. signs of stroke (49 percent).³ Only 4 percent of Territorians are aware of all three signs of stroke.³

Territorians now have 24/7 access to stroke specialists, and **it is critical they understand that if they or someone they know experience the signs of stroke, they must call 000 (triple**

zero) immediately, or where this is not possible, call or get to the closest clinic to activate aeromedical retrieval services.



Almost 1 in 2 Territorians are unable to name any **F.A.S.T. signs of stroke**³



Only 4 percent of Territorians are aware of all **3 F.A.S.T. signs of stroke**³



Only 33 percent of stroke patients in the Territory arrive at hospital within the recommended 4.5 hour window for **clot-dissolving treatment**⁴

The program

Importantly, we know that major gains in population awareness of the F.A.S.T. message can be made over time. F.A.S.T. advertising campaigns are proven to increase awareness of the signs of stroke, and calls to emergency services, nationally⁵ and internationally,^{6,7} and support well established scientific findings that significant and continuous exposure to public health messages over several years leads to gradual improvement in population awareness and knowledge.

Therefore, **Stroke Foundation is calling on the Northern Territory Government to invest in a F.A.S.T. Community Education Grants Program.**

Stroke Foundation will provide **small grants, and implementation support, for community groups representing priority communities (such as Aboriginal, culturally and linguistically diverse and regional and rural Territorians)**, to develop and deliver innovative, culturally appropriate, in-language communications to increase awareness of the F.A.S.T. signs of stroke. Program activities will be focused on **stroke 'hotspot' geographical areas**, identified using data from a variety of sources.

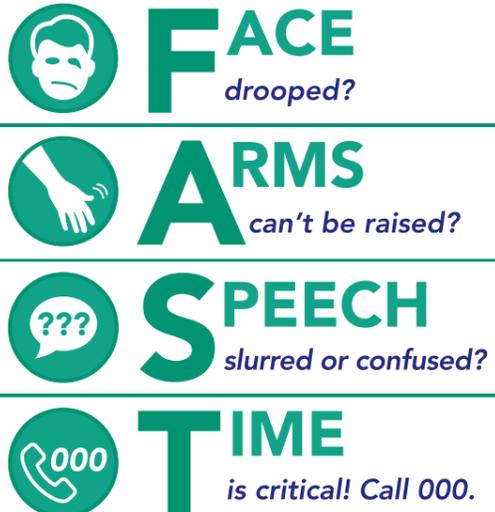
Community groups and health services, including Aboriginal Medical Services, Aboriginal Community Controlled Organisations and multicultural groups, will be able to develop and deliver activities that are tailored to address the needs and preferences of their communities. **These groups may choose to deliver or adapt Stroke Foundation's StrokeSafe Community Education program, to provide F.A.S.T. education to their own communities.**

The *StrokeSafe* Community Education program recruits, trains, and provides support to local volunteers to raise awareness in the community

about stroke, including the signs of stroke and chronic disease prevention, through a variety of activities, including **the delivery of StrokeSafe presentations, displays at community events and in health settings, engaging local workplaces and the distribution of F.A.S.T. resources.**

We are calling on the Northern Territory Government to invest in a F.A.S.T. Community Education Grants Program to increase the number of Territorians who know what stroke is, how to reduce stroke risk, how to recognise a stroke when it occurs, and how vital it is to call 000 (triple zero) immediately. This program will ensure life-saving information on stroke reaches more Territorians and will deliver economic benefits for our health and disability systems.

Learn the F.A.S.T. signs of STROKE



F **FACE**
drooped?

A **ARMS**
can't be raised?

S **SPEECH**
slurred or confused?

T **TIME**
is critical! Call 000.

If you see any of these signs
Act FAST call 000 (triple zero)



Case study 1

F.A.S.T. in action: Beth's story

Beth Browning was just 19 when she had a stroke in 2019.

"I was lying in my bed and started to feel dizzy. I tried to type something on my phone, but couldn't. I went downstairs to tell my parents, but when I tried to speak, I couldn't get the words out," said Beth.

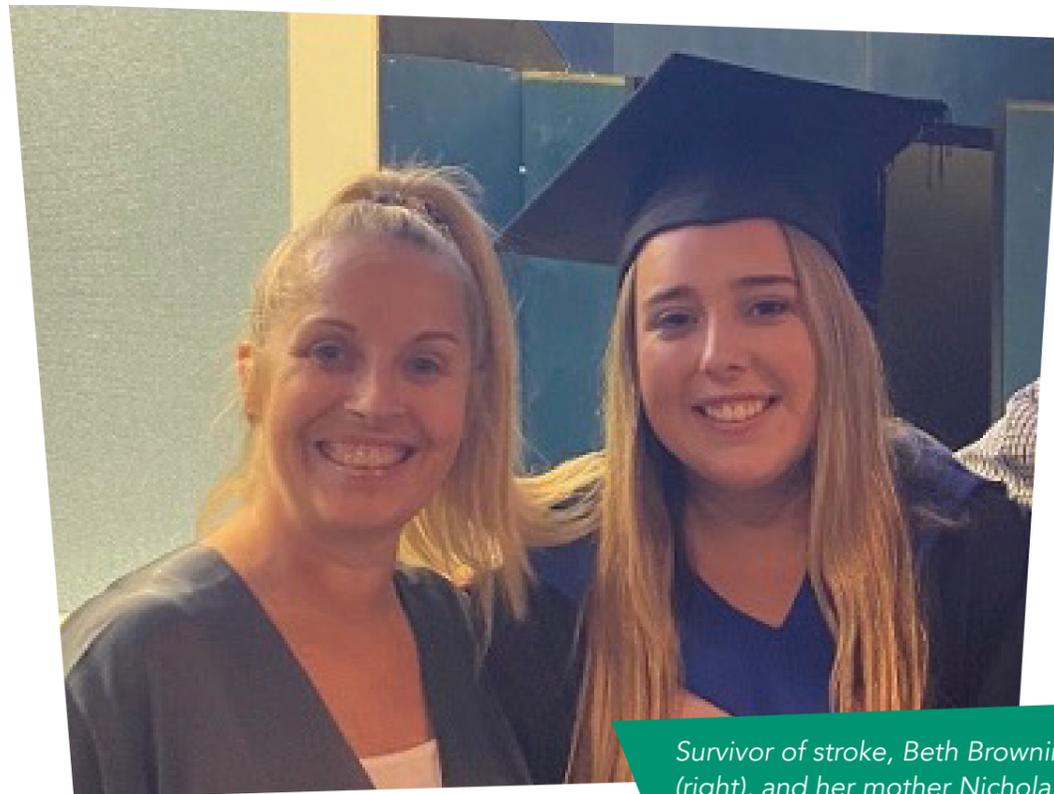
Fortunately, she was a nursing student, and her mother was a nurse, and they were both quick to recognise the signs of stroke.

Beth was rushed to the hospital, where she underwent CT and MRI scans that confirmed she was having a stroke.

Twelve hours after her stroke, Beth's speech began to recover, and she started to feel better.

Beth has no permanent cognitive deficits or motor skill impairment as a result of her stroke, and she has made an excellent recovery; however, she still battles fatigue and headaches.

"I do consider myself extremely lucky. I think it's really important to raise community awareness about the signs of stroke, and the fact that stroke can affect anyone, young or old."



Survivor of stroke, Beth Browning (right), and her mother Nichola.

Survivor of childhood stroke, Tommy Quick.



Proposal 2: Enhanced support for stroke recovery – *My Stroke Journey* for every survivor of stroke in the Territory

Investment: \$668,000 (\$167,000 per year over four years).

Investment in enhanced support for stroke recovery in the Territory will ensure:

- › we can make *My Stroke Journey* free of charge to Territory hospitals, removing barriers to delivery
- › we can provide education and practical support to Territory hospitals to ensure every survivor of stroke receives a copy of *My Stroke Journey* that is in the language and medium of their choice, and is culturally appropriate
- › every survivor of stroke discharged from a Territory hospital receives a copy of *My Stroke Journey*, supporting the transition from hospital to home and on to recovery
- › all survivors of stroke, families and carers in the Territory have the information they need to take their place at the centre of their care, look after their health, reduce their risk of another stroke and live a good life after stroke.

We need to enhance support for stroke recovery to better meet the needs of our community.

Survivors of stroke, their families, friends and carers, need access to ongoing information as they navigate life after stroke.

People are at higher risk of stroke after their first stroke. Four in 10 survivors of stroke will go on to have another stroke,⁸ and recurrent stroke is more likely to be fatal or cause major disability.⁹

Survivors of stroke need information and education about stroke risk factors, and strategies, including behaviour modification and blood pressure-lowering, lipid-lowering and antithrombotic or anticoagulation medications, that can reduce their risk of recurrent stroke.

The *Living Guidelines for Stroke Management* recommend that all survivors of stroke and their families and carers should be offered information tailored to meet their individual needs, using relevant language and communication formats. Despite this, the most recent Stroke Foundation National Stroke Audits show that only 62 percent

of acute patients⁴ and 61 percent of rehabilitation patients¹⁰ received this information.

Nearly 40 percent of survivors do not receive information on stroke, secondary prevention and recovery after discharge from hospital.

94 percent of those who receive *My Stroke Journey* find it useful

Over **75 percent** of those who receive *My Stroke Journey* refer to it after going home

The proportion of survivors who receive advice on stroke risk factors at discharge, has increased by **20 percent** as a result of *My Stroke Journey*

What will enhanced support for stroke recovery in the Territory deliver?

Stroke Foundation's *My Stroke Journey* is a resource delivered by our hospital partners in the first few days after a person's stroke, which is used throughout their admission in education and care planning. This free resource also supports the transition from hospital to the community, and includes information on preparing for discharge and available supports and services.

My Stroke Journey is now a suite of resources, with versions available in both standard and easy English, Italian, Arabic, Chinese, Greek, Hindi, Korean, Vietnamese and for Aboriginal and Torres Strait Islander peoples, and parents and carers of children who have had a stroke. The *My Stroke Journey* suite is complemented by other resources, including the *Aphasia Handbook*.

Importantly, we know that many of the people who need this valuable resource the most are not receiving it.

Hospital health professionals have told us that health service expenditure approval processes greatly increase the time it takes to order *My Stroke Journey*. This can lead to delays in ordering, or orders not being made, meaning patients don't receive the stroke information they need.

We will identify and directly engage with Territory hospitals that are not delivering *My Stroke Journey*.

Educational and practical support will be provided to these hospitals to ensure **every survivor of stroke** discharged from hospital in the Territory receives a copy of *My Stroke Journey* that is in the language and medium of their choice, and is culturally appropriate.

The *Our Stroke Journey* resource, which has been developed for Aboriginal and Torres Strait Islander peoples, will be available in a variety of formats, including but not limited to, audio in-language, pictorial, and video. By removing barriers to the delivery of this resource, more survivors of stroke in the Territory will be supported to transition from hospital to home and on to recovery, and have the information they need to look after their health, reduce their risk of another stroke and live a good life after stroke.

We are calling on the Northern Territory Government to invest in enhanced support for stroke recovery, which will ensure every survivor of stroke discharged from hospital in the Territory receives a copy of *My Stroke Journey*. This will mean more Territorians who are impacted by stroke are able to access the information they need in a timely manner, which will have benefits for survivors of stroke, their families and carers, and our community, as well as the Territory's health system and economy.



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**Will you help? We invite you to have a conversation
with us today, to learn more.**

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