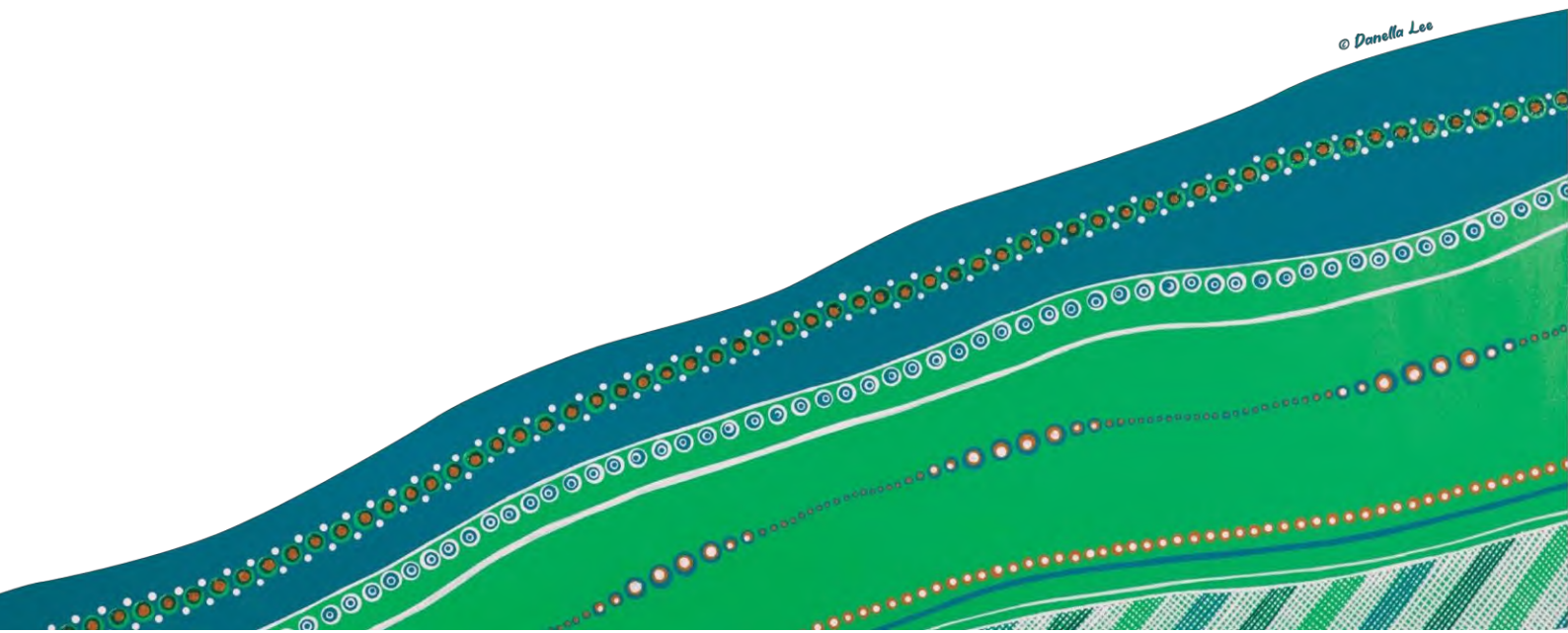
healthy**living**NT

Your partner in health and wellbeing

Annual Report 2025-26



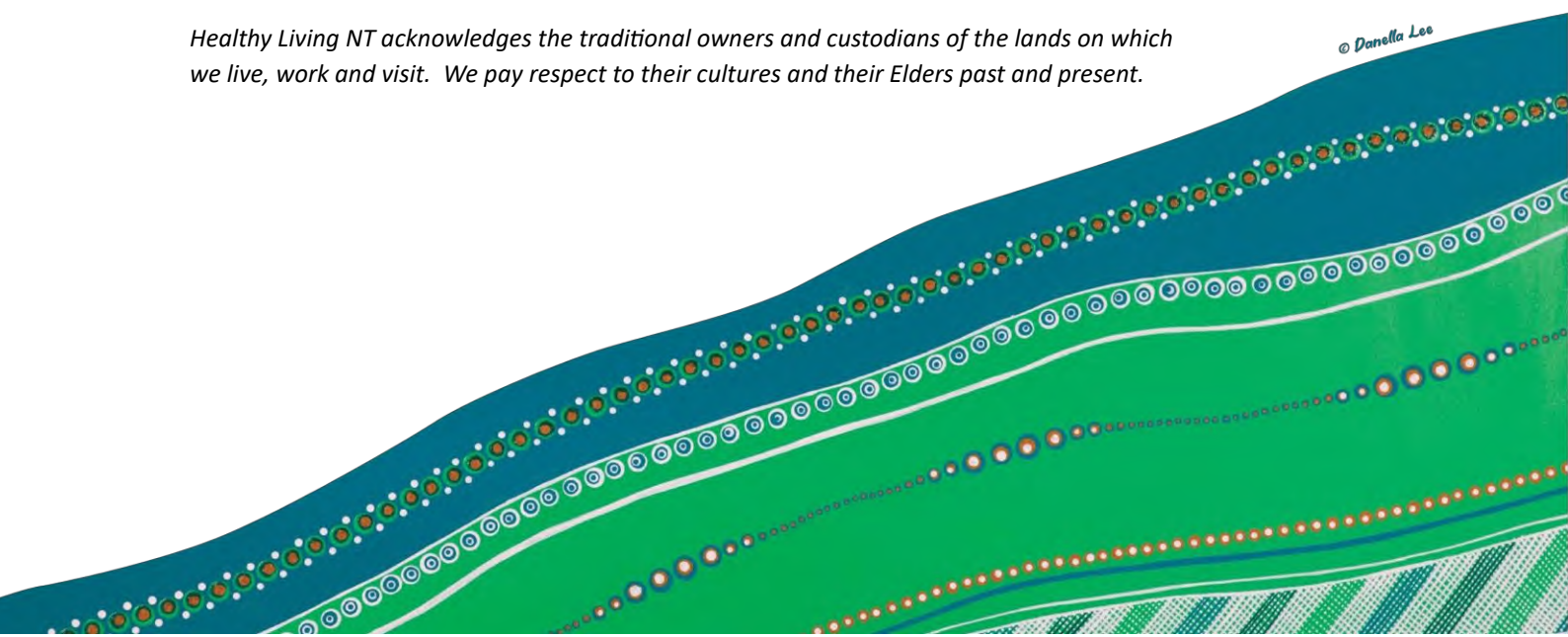
Our Guiding Values

To pursue excellence in all facets of Healthy Living NT's operations, through:

- Professionalism, ethical practice and respect for the organisation
- Fairness, honesty, confidentiality and compassion
- Mutual respect for all stakeholders, individuals and their roles
- Continuous improvement
- Active involvement with, and responsiveness to, diverse community needs
- Working collaboratively or in partnership
- A respectful and safe working environment.

Healthy Living NT is committed to serving the whole Territory community in all its diversity.
We value and promote inclusive service provision treating clients and staff with dignity and respect.
Our services seek to empower people to make their own informed choices free from bias.

Healthy Living NT acknowledges the traditional owners and custodians of the lands on which we live, work and visit. We pay respect to their cultures and their Elders past and present.



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President's Report

2025-26 was a positive and demanding year for Healthy Living NT in the provision of a range of advocacy, support and health education services to consumers across the NT. These achievements are more notable in the context of a tightening economic environment and constrained health budgets. The year was marked by the first full year of the Multidisciplinary Team Program, funded through the NT PHN, and quality reaccreditation under the Quality Improvement Council's *Health and Community Services Standards.*

Advocacy

Advocacy continues to consume a large portion of the Association's resources, both at an individual level and generally on behalf of people with diabetes. Healthy Living NT maintains a proactive presence nationally to ensure representation of the needs of people with diabetes living in rural and remote Australia.

Healthy Living NT is a proactive partner in two strategic alliances:

- The Good Health Alliance NT, representing all major non-government chronic disease organisations in the NT.
- A strategic alliance with our counterparts in Western Australia, South Australia and Victoria – which seeks to improve opportunities for people with diabetes in the community to receive the best available support.

A Quality Approach

Healthy Living NT is formally accredited:

- under the Quality Improvement Council's Health and Community Services Standards (7th edition V1.1), and
- as a Primary Care Diabetes Service under the National Association of Diabetes Centres' quality accreditation program. Healthy Living NT is one of only 14 services accredited in Australia and the only one in the NT.

Service Delivery

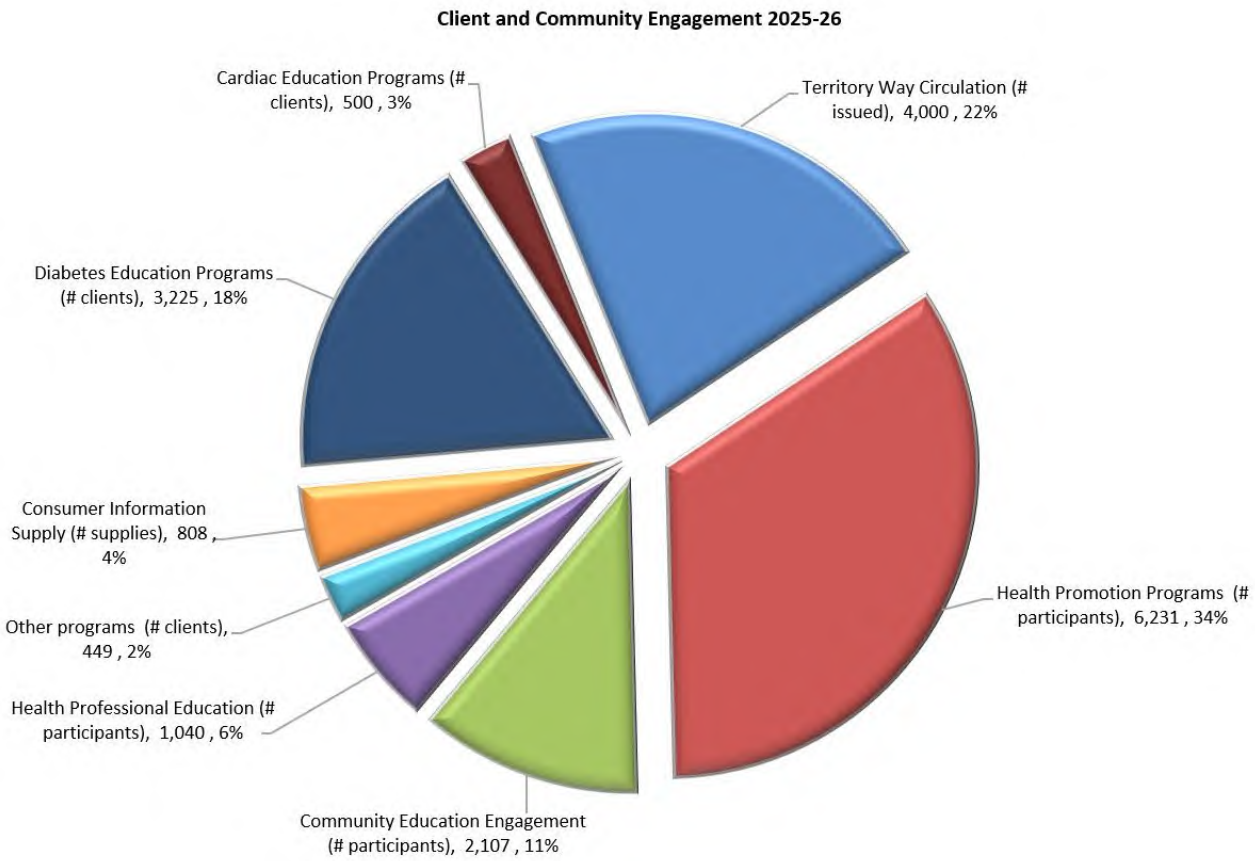
Healthy Living NT is a broad-based service provider, performing services on behalf of external funders and providing direct services to its member and constituent base. All major services are directly accessible from our offices in Darwin and Alice Springs. This is complemented by product and information services available at 42 Access Points in NT urban and regional centres. Phone, mail and email services and specific outreach programs are available to other areas.

Supporting our increased community and preventative health focus, Healthy Living NT has built on its Life. Be In It. activities. The Bill Raby Diabetes Fellowship, auspiced by Healthy Living NT, funded grants to youth with diabetes and community organisations to improve community capacity to promote healthier lifestyles.

Services provided by Healthy Living NT under formal external agreements include:

- Diabetes education and cardiac rehabilitation services in Darwin and Alice Springs, funded by the NT Department of Health (NT DoH);
- Outreach diabetes and cardiac education services to remote Indigenous communities in the NT, funded under the Medical Outreach Indigenous Chronic Disease (MOICD) program by the Commonwealth Department of Health (DoH) and administered by the NT Primary Health Network (PHN);
- Education and information services for NDSS registrants, funded under the National Diabetes Services Scheme (NDSS) by the Commonwealth DoH, administered with the assistance of Diabetes Australia;
- Provision of free syringes and pen needles to people with diabetes using insulin and non-insulin injectable medications, through payment of the NDSS patient co-payment by the NT Government through NT DoH;
- Provision of Active Recreation programs to the community, funded by NT Department of People, Sport and Culture;
- Provision of subsidised blood glucose testing strips, syringes and pen needles, insulin pump consumables and continuous glucose monitoring products as an NDSS Access Point, under an agreement with Commonwealth DoH, including distribution of NDSS products to Remote Area Aboriginal Health Services in the NT, QLD and SA.
- Provision of a new Multidisciplinary Team Program for people in Darwin and Alice Springs with diabetes, heart or pulmonary conditions, funded by the NT PHN, including System Navigation and associated Allied Health and Support Services.

Collectively under these service contracts, over 12,000 people have accessed direct health education services from Healthy Living NT. When combined with information supply activities, member services and NDSS product interactions, Healthy Living NT engaged with over 10% of the Territory's population. By harnessing the synergies of each service into seamless service provision to people with diabetes, heart and other chronic conditions, in combination with preventative health activities, Healthy Living NT seeks to maximise the value-add of each service and the overall collective benefit to the consumer.



Resources and Information

The information and resource needs of people with diabetes and related chronic conditions is a high priority for the Association and is a particularly important requirement for people living in rural and remote areas who are not able to easily access services. The ongoing delivery of *Territory Way*, *Healthy Living News*, an active social media presence and the continued development of Healthy Living NT's website (www.healthylivingnt.org.au) offers members, community members and health professionals full access to information, resources and products.

Governance

The Board of Healthy Living NT has been active in corporate governance during 2025-26, overseeing an updated Strategic Plan with supporting strategic KPIs, the currency of a formal Risk Management review, the implementation of a new Constitution and governance policy development. Good governance practice is vital to charitable, community-based organisations such as Healthy Living NT.

Acknowledgements

To my colleagues on the Board, I extend my special thanks and appreciation for your input and the time that you have freely devoted over the year. To our funders, major sponsors, and the NT Government, we extend our recognition and gratitude for your support and assistance during the year.

I also wish to formally record my appreciation and acknowledgment to the staff of Healthy Living NT for their sustained work, effort and commitment. Success is always a team effort however we recognise with enormous pride the outstanding individual achievements of Helen Lamech. Helen's excellence was recognised through the award of the 2025 Administrator's Medal for Health Professional of the Year, 2025 NT Health's Nurse/Midwife of the Year, 2025 National CDE of the Year and the 2026 Nurse of the Year through the Australian Nursing and Midwifery Association.

I commend this report to you and encourage you to become more involved in the activities of your Association.



WILLIAM DE DECKER
President 2025-26

The Healthy Living NT Board

At 30 June 2026, Healthy Living NT's Board comprised:

President	**William De Decker**
Vice President & Public Officer	**Yvonne Rowan**
Vice President	**Ramona Long**
Secretary/Treasurer	**Kevin Wrigley**
Members	**Milson Hayward**
	Ferdinand Daroya
	Benjamin King
	Bianca Rayner
	Sue Korner
	Adam Barnes
Retiring Board Members during 2024-25	**Ron O'Brien**

Honorary Life Members:

Tom Usher

Paul Gooding, OAM

Ian Loftus

Mary Fox

Alasdair McGregor OAM

Vivekanand Mohan-Ram

Dr Diane Howard

Sue Korner

Ron O'Brien

Bill Raby Diabetes Fellowship

Board of Governors

Mr Gerry Wood (Chair)

Ms Sue Korner

Mr Ken Vowles

Mr William De Decker

The Board of Healthy Living NT extends sincere appreciation and thanks to Fellowship Governors for their service throughout the year.

Governance and Planning

The Board of Healthy Living NT maintained a high level of proactivity in corporate governance 2025-26. A Board-auspiced Governance Policy Committee oversees governance and planning activities.

Strategic Planning

Commitment to ongoing strategic planning is a firmly established process of the Association's corporate governance. During the year, the Board oversaw the progression of Healthy Living NT's strategic planning process moving from a fixed term strategic plan to a more dynamic and contemporary methodology comprising bi-monthly review of emerging strategic issues and update, combined with an annual review and assurance process. The Strategic Plan is based on four long term strategic goals and supporting KPIs. Specific business objectives support these goals and focus on annual priorities underpinned by an annual budget and resources.

Healthy Living NT Strategic Goals (updated June 2026)

Goal 1: To ensure members and the community are core to the organisation through:

- Providing a diverse range of services and support.
- Committed advocacy for people with diabetes and for the broad determinants of health at an individual, Northern Territory and national level.
- Providing responsive, quality information and active communication.
- Providing direct support for individuals and the community to manage the impact of diabetes through the Bill Raby Diabetes Fellowship.

Goal 2: To proactively lead strategic advocacy for health promotion and chronic conditions through:

- Influencing strategy, policy development and service provision at a Northern Territory and national level.
- Promoting equity and access for high-risk groups with chronic conditions, particularly people living in regional and remote areas and people from low socio-economic backgrounds.
- Representation of sector needs and requirements through key partnerships and collaborations.
- Promoting a holistic approach to a healthier lifestyle.

Goal 3: To deliver a portfolio of quality services through:

- An effective and collaborative relationship with funders.
- A broad range of services to consumers, community and practitioners on behalf of funding bodies, based on best practice and evidence-based protocols.
- Collaboration to deliver integrated services to clients and the community.
- Identifying other emerging service needs.

Goal 4: To enhance the sustainability and viability of the organisation through:

- Ethical practices and adoption of contemporary business standards in all aspects of governance including succession planning and risk management.
- Identifying, assessing and implementing business development and income generation opportunities.
- Quality financial management practices, including accountability and transparency.
- Effectively interacting and engaging with key stakeholders.
- Leveraging contemporary technologies.
- Engaging suitably qualified team members.
- Being adaptable and agile in response to changes in the environment.

Board Performance Evaluation

Board performance evaluation forms part of the annual planning and evaluation cycle of governance. Evaluation is based on the Board's collective performance against its responsibilities and charter and is used to improve Board performance through identifying under-performing areas. The evaluation also provides an opportunity to individual Board members to assess their own performance and contribution and to support continuous quality improvement.

A Quality Approach

Healthy Living NT was formally re-accredited under the Quality Improvement Council's *Health and Community Services Standards* (7th edition V1.1) and operates under a formal quality improvement framework and plan. This accreditation is valid to June 2029.

Healthy Living NT also has quality accreditation as a *Primary Care Diabetes Service* under the National Association of Diabetes Centres' quality accreditation program. Healthy Living NT is one of only 14 services accredited in Australia and the only one in the NT. This accreditation is valid to March 2027.

Risk Management Review

A formal Risk Management Review for the Association was initiated by the Board in 2006 and is reviewed bi-monthly with updates as risk profiles change. The Review identifies:

- 14 significant business risks
- Their ranking in importance
- A framework for identifying and managing risks including risk control initiatives.

Risk assessment and management is an ongoing process; risk monitoring is a standing item on all Board meeting agendas. The Board also annually reviews the currency of Healthy Living NT's health and safety risk profile against a review of safety performance.

Policy Development

Significant attention was devoted to policy development for the Association to enhance good governance and best practice in all facets of management and administration. Examples of this include the Ethical Practice and Relationships Guidelines Policy and the Corporate Governance Statement shown on the following page. Policy review, development and implementation are on-going processes that will ensure the Association has a sound basis for future development.

Board Members and Meeting Attendance

Board Members serve in a voluntary capacity and receive no remuneration for services provided. During 2025-26, no conflicts of interest were recorded by any member of the Board or senior management. The Board auspices a sponsored Board position aimed at engaging younger members with the governance of the Association. Benjamin King was re-appointed to the position following the AGM in October 2025 and was awarded CPD support following successful completion of his second and final year of service.

The Board met on six occasions in 2025-26 for scheduled meetings, with an overall attendance rate of 77%. A summary of attendance at scheduled cyclical Board Meetings is shown in the table.

The Executive Board also met on 5 occasions during the year. Meetings were conducted using digital media.

Collectively, Board Members devoted over 1,000 hours of unpaid time attending Board and associated Committee meetings.

Board Meeting Attendance	Meetings Eligible to Attend	Attended
William De Decker	6	6
Yvonne Rowan	6	5
Kevin Wrigley	6	6
Ramona Long	6	5
Ferdinand Daroya	6	5
Benjamin King	6	2
Milson Hayward	6	5
Bianca Rayner	6	2
Sue Korner	6	5
Ron O'Brien	2	2
Adam Barnes	4	3

Corporate Governance Statement

This statement reflects the corporate governance principles and polices adopted by the Diabetes Association of the NT Inc., trading as Healthy Living NT, and followed in the 2025-26 financial period. The Board of Healthy Living NT believes the principles of good corporate governance underpin the values and behaviour of the organisation.

Lay solid foundations for management and oversight

The Board of Healthy Living NT has confirmed six major roles:

- Strategic thinking – to ensure that the Board provides strategic leadership for the organisation and focuses on a strategic level in its considerations;
- Legal role – to ensure the Constitution is upheld, that good governance is practiced and that the organisation complies with relevant regulatory bodies and legislation;
- Planning and Policy – to approve and monitor the Strategic Plan and to approve and monitor relevant policy;
- Accountability – to ensure that the performance of the Board and the Chief Executive Officer is reviewed against key performance indicators, the Strategic Plan, budget and against best practice governance;
- Public Relations – to represent the mission and present the image of the organisation; and
- Risk Management – to identify major risks facing the organisation, to oversee the development of risk management techniques to deal with those risks and to monitor performance against risk management strategies.

The Board has an established set of delegations of authority in place formalising the functions reserved to the Board and those delegated to management. During the period, the Board and Governance Policy Committee oversaw a review of the Association's Constitution to ensure it remained contemporary and relevant.

Structure the Board to add value

The Board is elected from and by Association membership for two-year terms, with 50% of the Board retiring annually. All Board Members are required to act in the best interests of the Association and, as honoraries, are not remunerated.

The Board ensures that it is composed of a broad cross-section of members, with an appropriate mix of qualifications, skills and experience and with representation from Central Australia and other distinct groups. The Association's Constitution provides the Board with authority to appoint additional Board Members who, by virtue of their special qualities or otherwise, could assist in achieving the Objects of the organisation. The Board has an established 2-year sponsored Board position aimed at engaging younger members with the governance of the Association.

The Board retains the ability to obtain specialist advice and mechanisms for external stakeholders to promote their legitimate interests.

Promote ethical and responsible decision-making

During the year the Board monitored adherence to an Ethical Practice and Relationships Guidelines Policy applying to all people representing Healthy Living NT including Board Members, staff and volunteers. The policy also outlines the organisation's expectations in doing business with external suppliers and stakeholders.

This code of conduct encompasses areas such as active compliance with statutory requirements, fair and equitable dealing, conflict of interest, efficient use of resources and assets, confidentiality and privacy, commercial relationships and reporting mechanisms for unlawful or unethical behaviour.

Safeguard integrity in financial reporting

Financial statements are presented to the Board bi-monthly for their review and consideration. A clear division of responsibility and authority exists between purchase and payment authorisation, the integrity testing of payment claims and the preparation of payments. A formal set of financial and personnel delegations are in place.

The Board cyclically reviews the basis for financial reporting and the relevance of the Australian Equivalents to International Financial Reporting Standards (AEIFRS) to the Association's financial reporting integrity. During 2025-26, the Board continued its practice of commissioning the Association's Auditor to undertake quarterly financial reviews. The Board is responsible for recommending to the members the appointment of the external auditor at the Annual General Meeting.

Make timely and balanced disclosure

The Constitution of the Association prescribes the documents and information that are freely available to members. Access is enhanced by the publication of key documents and information in an exclusive member area on the Association's website.

The Board is committed to accuracy, openness and timeliness in reporting, including statutory reporting and balanced, detailed reporting of performance under Service Agreements with external stakeholders. The collection of a relevant range of raw data and synthesis of this data in a meaningful and accurate manner within reports provides reviewers with the opportunity to assess transparency.

Respect the rights of members

The Board is committed to upholding the rights of members which are clearly defined in the Constitution of the Association. The Board facilitates members' effective exercise of their rights through quarterly and annual communications, the provision of balanced and understandable information and the use of technology to allow remote members to participate in general meetings.

The ability of members to exercise their rights was further enhanced in 2025-26 with the ongoing development of the website and implementation of a formal communication plan.

Recognise and manage risk

The Board has a formal Risk Management policy and a comprehensive risk management framework.

The framework provides a systematic application of policies to identify, rank, monitor and treat risks. The framework includes action plans to reduce the identified gaps in risk management practice and facilitate an ongoing review and reporting mechanism to the Board.

Encourage enhanced performance

The Board is committed to the fair review and active encouragement of Board and management effectiveness and assesses individual and collective performance against KPIs. The Board also monitors progress towards goals in the Strategic Plan using defined KPIs.

A formal Board Performance Evaluation policy and Board induction program are in place and operational.

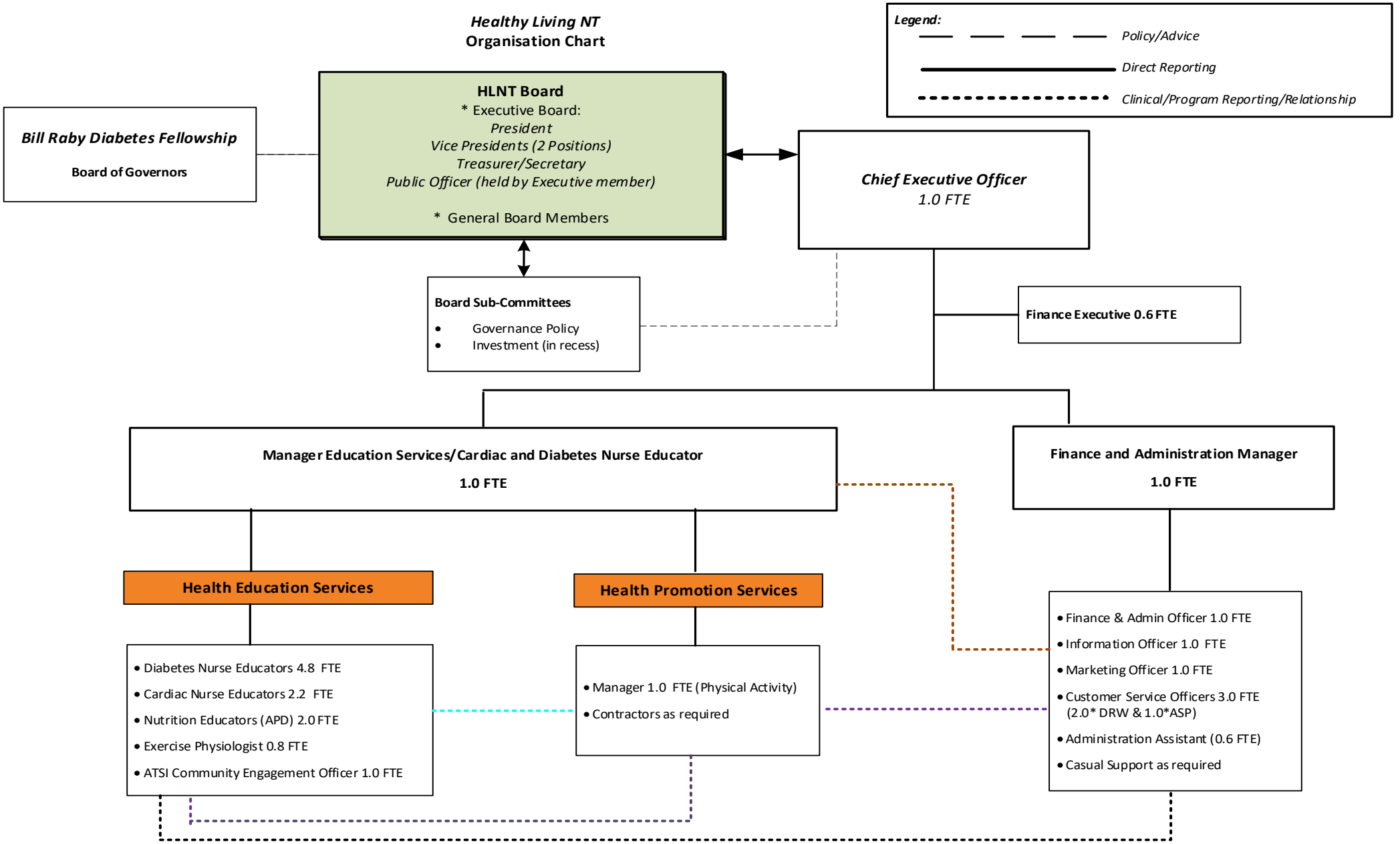
Recognise the legitimate interests of stakeholders

Healthy Living NT is a charitable organisation dedicated to providing service and benefit to people with diabetes and related chronic conditions in the NT. Relationships with all stakeholders, including clients, staff, volunteers, Government funding bodies and the broader community are highly valued and recognised as significant contributors to the operations of the organisation.

The Board values integrity of the Association and its dealing with stakeholders. As such, the Board has endorsed and routinely reviews Healthy Living NT's policies and procedures that uphold the reputation of the organisation. Internal and external guidelines, policies and procedures include:

- *Corporate Guiding Values Statement*
- *Ethical Practice and Relationships Guidelines Policy*
- *Privacy and Confidentiality Policy and Statement*
- *Privacy Breach Policy and Procedure*
- *Occupational and Office Health and Safety Policy*
- *Consumer Charter*
- *Complaints Policy*
- *Disclosure of Interests Policy*
- *Discrimination and Sexual Harassment Policy*
- *Workplace Behaviour Policy*
- *Related Party Transaction Policy*
- *Research Participation and Assessment Framework*
- *Improper Conduct Prevention & Management Policy*
- *Whistleblower Policy*
- *Compliance Authority Investigations Policy*
- *Release of Information Policy*
- *Workplace Investigation Policy*
- *Clinical Governance Framework*
- *Cultural Safety Policy*
- *Spokesperson Policy*
- *Child Protection Policy*
- *Data Governance and Cybersecurity Policies*

Organisation Chart



This chart shows structure and reporting relationships.

Staff

The role of staff in a small and dedicated operation such as Healthy Living NT is vital to the organisation's growth and well-being. Healthy Living NT has been very well served by its staff over the year and they are to be commended for their work, effort and commitment. Staff members employed by the Association for the majority of the year and/or at 30 June 2026 were:

Chief Executive Officer	**Anne Kemp** (Bachelor of Arts)	
Manager - Education Services	**Chrissie Inglis** (RN - Bachelor of Nursing, Bachelor of Coronary Care Nursing; Grad. Cert. Diabetes Education)	
Executive Officer - Finance	**Mary Lawler** (Bachelor of Business)	
Finance and Administration Manager	**Vacant**	
Information Officer	**Jarom Leone** (Cert. IV Management)	
Marketing and Communications Officer	**San Lian**	
Finance/Administration Officer	**Shani Williams** (Mat. Leave) (Bachelor of Exercise and Sport Science; Cert. IV Accounting and Bookkeeping)	**Hira Lama** (Cert IV in Business; Master of Accounting & Business Admin)
Diabetes Nurse Educators	**Leanne Kuchel (Darwin)** (RN - Bachelor of Nursing, Grad. Cert. Diabetes Education, CDNE) **Kelsey Marady (Darwin)** (RN - Bachelor of Nursing Grad. Cert. Diabetes Man. and Education) **Seema Bhatta (Darwin)** (RN – Bachelor of Nursing, Grad. Cert. Diabetes Education, Masters of Food and Nutrition)	**Helen Lamech (Alice Springs)** (RN - Bachelor of Nursing Grad. Cert. Diabetes Education, CDNE) **Dana Morphett (Darwin)** (Bachelor of Nursing, Grad. Cert. Diabetes Management and Education)
Cardiac Nurse Educators	**Melanie Smith (Darwin)** (RN - Bachelor of Nursing, Grad. Cert. Critical Care Nursing, Cert. IV Training and Assessment) **Annette Warren (TH NT)** (RN – Bachelor of Nursing Grad. Cert. Crit. Care, Dip. of Ed.) **Isabella Oberer (Darwin)** (RN - Bachelor of Nursing)	**Karen Stortenbeker (TH Alice Springs)** (RN -Grad. Dip. Nursing (Crit. Care), Grad. Cert. Mental Health Practice; Indigenous Engagement; Masters of Counselling) **Martin Reilly (TH Alice Springs)** (RN – Cert. Crit. Care; Grad. Cert. Diabetes Education)
Nutrition Educators	**Bill Ng (Darwin)** (Bachelor of Science, Masters of Nutrition and Dietetics, APD)	**Carly Millar (Darwin)** (Bachelor of Food and Nutrition, Masters of Dietetics, APD)
Health Promotion Manager	**Linda Kapitula (Darwin)** (Certificate III and IV in Fitness)	
ATSI Program Manager	**Debbie Coombes (Darwin)** (Cert IV Aboriginal and/or Torres Strait Islander Primary Health Care; Graduate Diploma in Indigenous Health Promotion)	
Exercise Physiology	**Hannah Maritan (Darwin)** (Bachelor of Sports Sc -Clinical Exc. Phys., Acc. EP)	
Customer Service Officers	**Beverly Mitchell (Darwin)** **Leonie Fox (Darwin)**	**Debra Smith (Alice Springs)** **Johanna Daby (Darwin)**

High priority is given to Continuing Professional Development for our health professional staff given the specialised role they play in supporting other health professionals, training and provision of advice to clients. Healthy Living NT acknowledges the support provided by the NT PHN for health professional CPD during the year.

Bill Raby Diabetes Fellowship

The Board of the Association established a Fellowship in 2005 to recognise Bill Raby's contribution to the well-being of people with diabetes in the NT. The Fellowship is administered by an independent Board of Governors (listed on page 3), appointed by Healthy Living NT on an honorary basis for their expertise/eminence in their particular field. From 2005-2015, the Fellowship supported 30 health professionals residing in the NT with financial support of over $97,000 to increase their knowledge of diabetes.

In June 2016, a refreshed Fellowship was launched with objectives realigned to more relevant, contemporary and community-oriented goals, offering funding to:

- Youth affected by diabetes – to support activities which promote learning about how to best manage diabetes, and
- Community-based organisations - to support the development of community-based solutions aimed at supporting healthier lifestyles and improving community awareness of healthy lifestyles through small preventive chronic disease health projects.

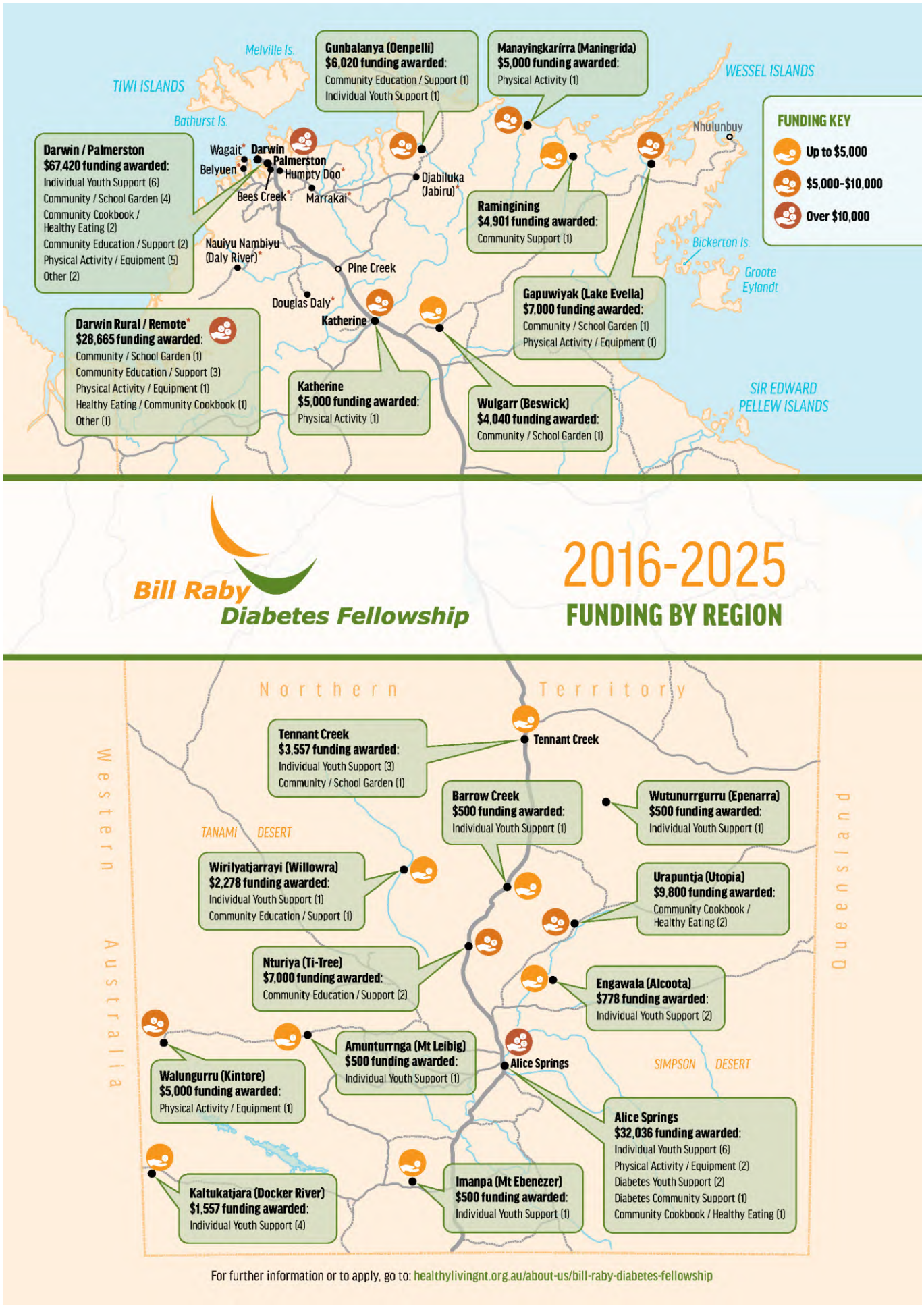
Since the Fellowship was revitalised in 2016, funding of over $206,000 has been awarded to 74 community groups and youth with diabetes:

- 29 youth with diabetes (type 1 and type 2) have been supported to attend both NT and interstate diabetes camps and to link into diabetes support networks using contemporary media. Approximately $24,500 has been awarded directly to youth with diabetes.
- 45 community groups have been supported to initiate a range of health promoting projects as diverse as community health education and support, diabetes youth support, community cookbooks and healthy eating projects, community and school gardens and physical activity projects or equipment. Over $181,500 has been awarded directly to community organisations.

In 2025-26, the Fellowship Board awarded youth support grants of $6,336 to 4 youth with diabetes and 7 community grants totalling $31,700 as follows:



- $2,500 to Zion Community Care Darwin to promote preparation and consumption of fresh fruit at their weekly youth-hub in Palmerston
- $5,000 to the Aboriginal Investment Group for their Remote Laundries Project to assist with delivery of a Healthy Skin/Healthy Heart Day in Gunbalanya
- $5,000 to the Smile a Mile Fun Bus and Toy Library to active play resources and sports equipment for local families to borrow through their toy library in Coolalinga and Katherine
- $4,200 to Life Education NT Inc. to assist with the running of Healthy Harold's Healthy Choices: Nutrition, Physical Activity and Wellbeing in Adelaide River, Batchelor and Dundee schools
- $5,000 to Life Education NT Inc. to assist with the running of Healthy Harold's Healthy Choices: Nutrition, Physical Activity and Wellbeing in Belyuen, Middle Point and Bees Creek schools
- $5,000 to Life Education NT Inc. to assist with the running of Healthy Harold's Healthy Choices: Nutrition, Physical Activity and Wellbeing in in Gray and Driver Schools
- $5,000 to Life Education NT Inc. to assist with the running of Healthy Harold's Healthy Choices: Nutrition, Physical Activity and Wellbeing in Moulden and Woodroffe Schools


Melville Is.
TIWI ISLANDS
Bathurst Is.
WESSEL ISLANDS
Nhulunbuy
Bickerton Is.
Groote Eylandt
SIR EDWARD PELLEW ISLANDS
Wagait*
Darwin
Palmerston
Belyuen*
Humpty Doo*
Bees Creek*
Marrakai*
Djabiluka (Jabiru)*
Nauiyu Nambiyu (Daly River)*
Pine Creek
Douglas Daly*
Katherine
FUNDING KEY
Up to $5,000
$5,000–$10,000
Over $10,000
Darwin / Palmerston
$67,420 funding awarded:
Individual Youth Support (6)
Community / School Garden (4)
Community Cookbook / Healthy Eating (2)
Community Education / Support (2)
Physical Activity / Equipment (5)
Other (2)
Gunbalanya (Oenpelli)
$6,020 funding awarded:
Community Education / Support (1)
Individual Youth Support (1)
Manayingkarirra (Maningrida)
$5,000 funding awarded:
Physical Activity (1)
Ramingining
$4,901 funding awarded:
Community Support (1)
Gapuwiyak (Lake Evella)
$7,000 funding awarded:
Community / School Garden (1)
Physical Activity / Equipment (1)
Darwin Rural / Remote*
$28,665 funding awarded:
Community / School Garden (1)
Community Education / Support (3)
Physical Activity / Equipment (1)
Healthy Eating / Community Cookbook (1)
Other (1)
Katherine
$5,000 funding awarded:
Physical Activity (1)
Wulgarr (Beswick)
$4,040 funding awarded:
Community / School Garden (1)
Bill Raby
Diabetes Fellowship
2016-2025
FUNDING BY REGION
Northern Territory
Western Australia
Queensland
TANAMI DESERT
SIMPSON DESERT
Tennant Creek
$3,557 funding awarded:
Individual Youth Support (3)
Community / School Garden (1)
Tennant Creek
Barrow Creek
$500 funding awarded:
Individual Youth Support (1)
Wutunurrgurru (Epenarra)
$500 funding awarded:
Individual Youth Support (1)
Wirilyatjarrayi (Willowra)
$2,278 funding awarded:
Individual Youth Support (1)
Community Education / Support (1)
Urapuntja (Utopia)
$9,800 funding awarded:
Community Cookbook / Healthy Eating (2)
Nturiya (Ti-Tree)
$7,000 funding awarded:
Community Education / Support (2)
Engawala (Alcoota)
$778 funding awarded:
Individual Youth Support (2)
Amunturrnga (Mt Leibig)
$500 funding awarded:
Individual Youth Support (1)
Alice Springs
Walungurru (Kintore)
$5,000 funding awarded:
Physical Activity / Equipment (1)
Alice Springs
$32,036 funding awarded:
Individual Youth Support (6)
Physical Activity / Equipment (2)
Diabetes Youth Support (2)
Diabetes Community Support (1)
Community Cookbook / Healthy Eating (1)
Kaltukatjara (Docker River)
$1,557 funding awarded:
Individual Youth Support (4)
Imanpa (Mt Ebenezer)
$500 funding awarded:
Individual Youth Support (1)
For further information or to apply, go to: healthylivingnt.org.au/about-us/bill-raby-diabetes-fellowship

Membership and Advocacy

As a member-based organisation, committed to improving the lives of people with diabetes in the NT, Healthy Living NT maintained sound performance in 2025-26. In addition to a range of discounted products and four educational magazines per year, Healthy Living NT Members receive a range of value-added benefits including enhanced resource access on our website.

One of the prime benefits of Healthy Living NT membership is our quarterly magazine, *Territory Way*. *Territory Way* is designed to provide members with management, educational and product advice with relevance to the NT. An active reader feedback mechanism assists to incorporate reader preferences and information needs into the publication. *Territory Way* is also distributed to all politicians, GP and allied health practices, health clinics and relevant government and community organisations in the NT.



Advocacy continues to consume a large portion of the Association's resources, both at an individual level and broadly on behalf of people with diabetes/chronic conditions. Major areas of Healthy Living NT advocacy during the year included:

- access to driver's licences for people with a chronic condition and workplace issues,
- work with the NT Diabetes Network focussing on improving diabetes care for Aboriginal children and youth in urban and remote communities and culturally safe diabetes prevention and management programs in primary health services,
- national collaboration to advocate for universal access to insulin pumps for people with type 1 diabetes and subsidised access to CGM for people with type 2 diabetes using insulin,
- sectoral collaboration through the Coalition for Health Remote Stores,
- promoting awareness of the unique primary health care needs of people living in rural and remote Australia in the context of national programs and initiatives.

Healthy Living NT is a founding member of the Good Health Alliance NT, representing all major non-government chronic disease organisations in the NT. The purpose of the Alliance is to collectively advocate for improved chronic disease prevention and management services in the NT.

During the year GHANT participated in the Advisory Committee for the NT Prevention and Early Intervention Framework for Chronic Conditions, the NT Tobacco Action Control Committee and engaged with the NT Government.

Good Health Alliance NT

Under a formal Memorandum of Understanding, Healthy Living NT also maintains a strategic alliance with our counterparts in Western Australia, South Australia and Victoria. By working and advocating together and exchanging program and service technologies our collective goal is to improve opportunities for people with diabetes in the community to receive the best available support options they require.

Collaborations, Service Partnerships, Sponsors and Supporters

Collaborations 2025/26	
Organisation	**Description**
NT Department of Health	Diabetes and cardiac education service provision
NT Department of Health - Community Health Centres	Health professional diabetes and cardiac education
NT Department of Health - Prevention and Well-Being	Health professional diabetes and cardiac education
NT Department of Health - Prevention and Well-Being	Advisory Committee member
NT Department of Health - Prevention and Well-Being	Managing seed funding for conference and Commonwealth sponsorsh
NT Department of Health - RDH Cardiology Team	Collaboration with client services
NT Department of Health - RDH Endocrinology Team	Weekly education meetings and case reviewing
NT Department of Health - RDH Paediatric Team	Paediatric Endocrinology Services from HLNT offices
NT Department of Health - RDH Paediatric Team	Diabetes in Schools NDSS program
NT Department of Health - RDH Cardiac Coordinators	Cardiac Rehabilitation Services
NT Department of Health - ASH Cardiac Coordinators	Cardiac Rehabilitation Services
NT Department of Health - ASH Endocrinology Team	Endocrinology Services from HLNT offices and other client services
NT Department of Health -Palmerston CCC	Diabetes and cardiac education service provision
NT Department of People, Sport and Culture	Provision of services under *Life. Be In It*
Diabetes Australia Ltd	Multiple Working groups for the administration of the NDSS
Primary Health Network Northern Territory	Remote diabetes, cardiac education and dietetic education (MOICD)
Primary Health Network Northern Territory - Rural Workforce Agency	Recruitment and CPD support
Primary Health Network Northern Territory	Multidisciplinary Team Program
Primary Health Network Northern Territory	MDT Program
NT DoH, non government health organisations	NT Diabetes Network
Anyinginyi Health Aboriginal Corporation	Remote health education (MOICD)
MDT Allied Health Providers	Collaboration with System Navigator MDT Program
Coalition of Remote Healthy Stores	Advocacy for remote food supply and security
YT2D Central Australian Group	Collaboration with Central Australian services
NT Department of Health, Menzies School of Health	Diabetes Across the Lifecourse Partnership
ACADI	Submission support
Menzies School of Health	Inspire YT2 collaboration and Kidney Health Study
National Association of Diabetes Centres	Best Practice in Diabetes Centres
Pharmacy Guild NT Branch	Pharmacy Scope of Practice
Batchelor Institute	Education sessions for AHP courses
NT Cardiac	Service provision collaboration and opportunities
Good Podiatry, Switch Podiatry, Podiatry Services, Health First Group, Raintree Allied Heal	MOICD collaboration
Breakthrough T1D	Support
Type 1 Support Group Alice Springs	Support
CDU, Flinders, James Cook, Southern Cross and Curtin Universities	Student placements
Darwin City Council, Palmerston City Council, Litchfield Shire Council	Provision of services under *Life. Be In It*
Playgroup NT	Provision of services under *Life. Be In It*
Palliative Care NT	Provision of services under *Life. Be In It*
STEPS	Provision of services under *Life. Be In It*
COTA	Provision of services under *Life. Be In It* and *Strong.AS*
Danila Dilba Health Service, Mengying Su, Emerse Exercise Physiology	Collaboration under MDT Program
Raintree Allied Health, Fly to Health, Darwin Health Group, Outreach Physiotherapy	Collaboration under MDT Program
Darwin Podiatry, Big Sky Psychology, Remote Territory Health Care	Collaboration under MDT Program
Sponsors and Supporters	
Abbott Diabetes Care	Cancer Council of the NT
Asthma NT	Medtronic
Ypsomed Australia Pt.y Ltd.	Insulet Australia Pty. Ltd.
AMSL	National Heart Foundation
First Class Graphic Design	Diabetes SA, Diabetes WA, Diabetes Victoria
Bill Raby Diabetes Fellowship Governors	Hollands Print Solutions

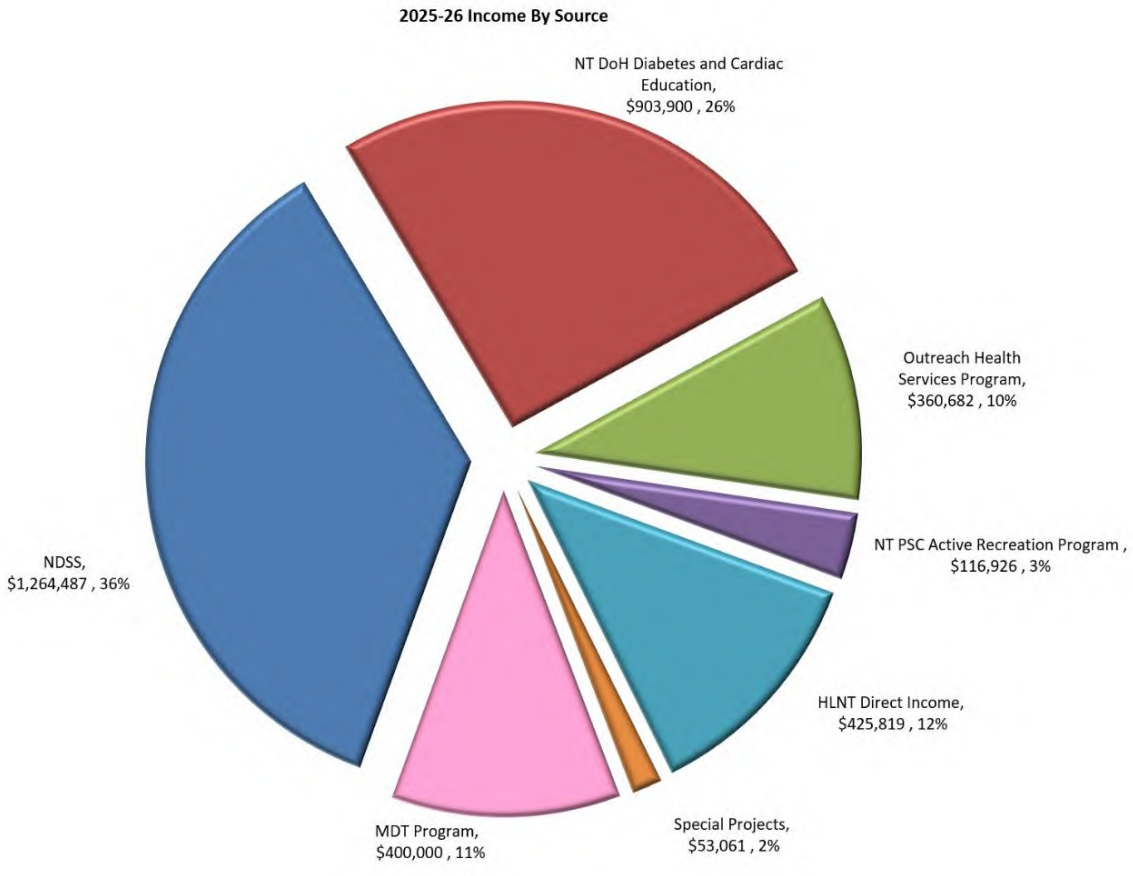
Service Agreements

Healthy Living NT delivers a range of services and programs in the Northern Territory on behalf of external funders. All services provided by Healthy Living NT comply with relevant National and/or Territory legislation. Major external funders are shown below:

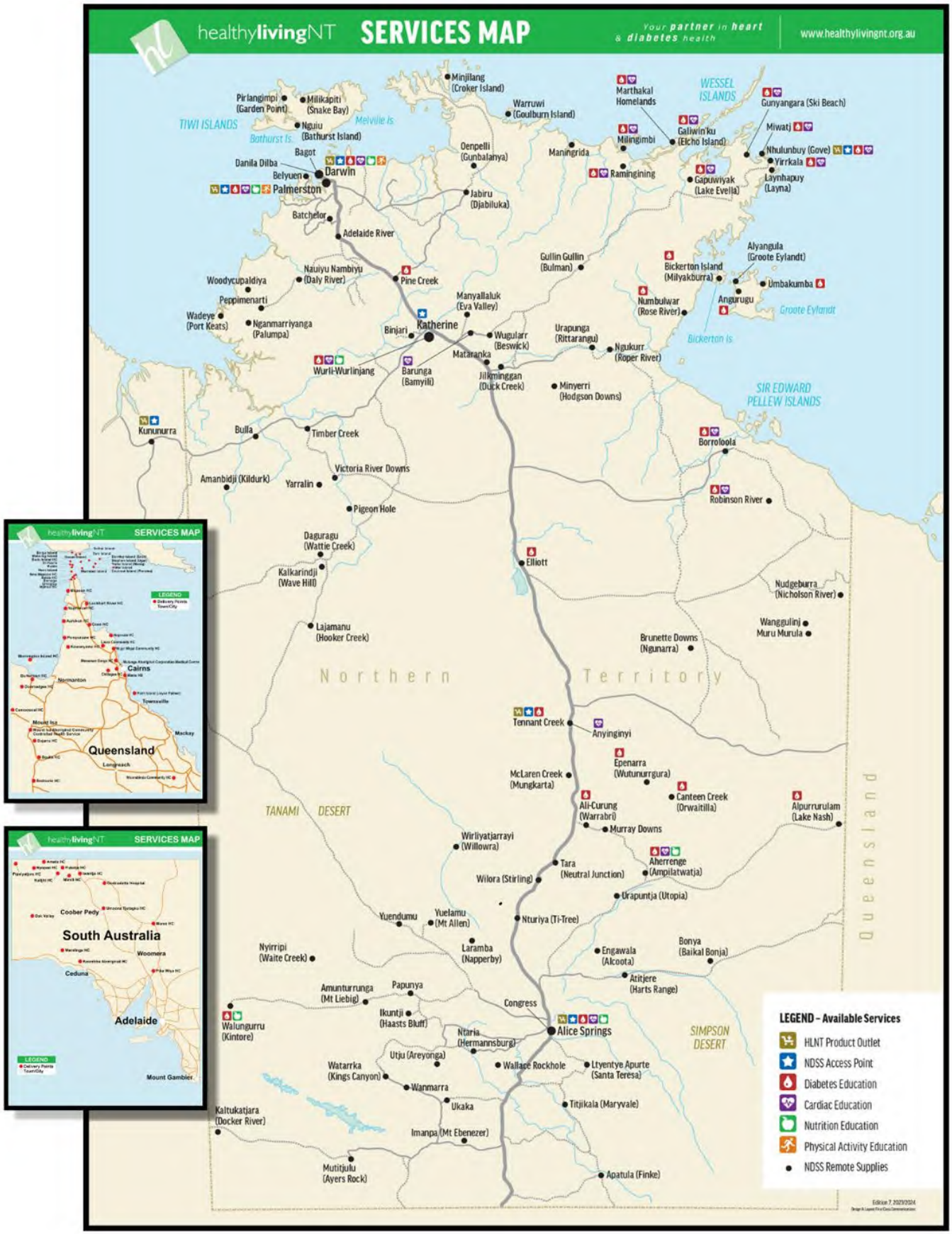
Services:	*Funder/Auspicer*
• **National Diabetes Services Scheme**	**Diabetes Australia Ltd/Commonwealth Department of Health (DoH)**
• **Diabetes and Cardiac Education Services**	**NT Department of Health (NT DoH)**
• **Free Syringe Program**	**NT Department of Health (NT DoH)**
• **Active Recreation Program**	**NT Department of People Sport and Culture (NT PSC)**
• **NDSS Access Point**	**Commonwealth Department of Health (DoH)**
• **NDSS Rural and Remote Clinic Supply**	**Diabetes Australia Ltd./Commonwealth Department of Health (DoH)**
• **Diabetes and Cardiac Education**	**Outreach Health Services – NT Primary Health Network/ Commonwealth DoH (DoH)**
• **MDT Program:** **System Navigator, Allied Health Services, Support Services**	**NT Primary Health Network / Commonwealth DoH (DoH)**

Healthy Living NT welcomes the opportunity of delivering services and projects in partnership with external funders and organisations. By harnessing the synergies of each service into seamless service provision to people with diabetes, heart and other chronic conditions, in combination with preventative health activities, Healthy Living NT seeks to maximise the value-add of each service and the overall collective benefit to the consumer.

Healthy Living NT sources of income from services (internal and external) are shown in the chart below.



Service Distribution



National Diabetes Services Scheme

Healthy Living NT is the NT Agent for the National Diabetes Services Scheme (NDSS), an initiative of the Australian Government administered with the assistance of Diabetes Australia Ltd (DAL). The NDSS provides:

- Access to subsidised essential blood glucose testing strips, syringes and pen needles used in the injection of insulin and injectable non-insulin blood glucose lowering medication, insulin pump consumables and continuous glucose monitoring products, and
- Information and support services on diabetes management for people with diabetes.

NDSS Agreements

Healthy Living NT is the Agent for the NDSS in the NT under the NDSS Head Agreement between the Commonwealth Department of Health (DoH) and DAL for the delivery of ongoing NDSS services. This agreement features an increased centralisation and standardisation of services and digital by default service provision. Concurrently, Healthy Living NT is also an NDSS Access Point Agreement enabling NDSS product supply to education service clients and Rural and Remote Aboriginal Health Services in the NT, SA and QLD.

Product Access

NDSS products are available from:

- 42 community pharmacy Access Points located in all urban NT centres and Kununurra in WA as shown in the below table, representing over 95% of community pharmacies in the NT. Some Access Points offer a fully integrated service including Healthy Living NT products and education and information material.
- Healthy Living NT offices in Darwin and Alice Springs which supply NDSS products to diabetes education clients and remote registrants
- NDSS bulk product orders from 141 Remote Area Aboriginal Health Services (RAAHS) in the NT, QLD and SA on behalf of people with diabetes in their care. Locations of these clinics are shown on the maps on the preceding page. Under this arrangement, Healthy Living NT delivered over 10,052 units of product in 360 supply episodes in 2025-26.

• Alice Springs Pharmacy	• PharmaSave Karama Pharmacy	• Terry White Chemmart Humpty Doo
• Wizard Pharmacy Casuarina	• Chemist Warehouse Casuarina	• Kununurra Pharmacy
• Zuccoli Pharmacy	• PharmaSave Casuarina Village	• PharmaSave Katherine Pharmacy
• Chemist Warehouse Gateway	• Better Health Pharmacy Coolalinga	• Territory Pharmacy Terrace
• United Chemists Alice Springs	• Chemist Warehouse Coolalinga Central	• Gove Pharmacy
• Northside Pharmacy NT	• Chemist Warehouse Darwin GPO	• Territory Pharmacy Palmerston
• Priceline Pharmacy Alice Springs	• Territory Pharmacy Stuart Park	• Palmerston GP SuperClinic Pharmacy
• Territory Pharmacy Alice Springs	• Chemist Warehouse Darwin	• Chemist Warehouse Durack
• Berry Springs Pharmacy	• Chemist Warehouse Ludmilla	• Blooms the Chemist Bakewell
• United Chemists Casuarina	• Nightcliff Amcal + Pharmacy	• Wizard Pharmacy Gateway
• Territory Pharmacy Northpharm	• Blooms the Chemist Parap	• Amcal+Night&Day Palmerston Pharmacy
• Chemist Warehouse Marrara	• Blooms the Chemist Darwin Galleria	• United Chemists Tennant Creek
• Casuarina Pharmacy	• Blooms the Chemist Darwin Plaza	• Winnellie Compounding Pharmacy
• Hibiscus Day and Night Pharmacy	• Chemist Warehouse Darwin Mitchell St	

Registrant Support Services

The NDSS delivers information and a range of Registrant Support Services to people with diabetes to assist them with managing their diabetes. This includes NDSS Starter Packs for newly registered people, tailored information sheets and online programs.

In the NT, NDSS Registrant Services also co-funds support of diabetes education services focusing on provision of initial basic group education to people newly diagnosed with diabetes. Through group education programs, in 2025-26, Healthy Living NT reached 73% of women registered on the NDSS with gestational diabetes (GDM) and 37% of people with type 2 diabetes through the Getting Started Group in the last 12 months. Only 341 new GDM registrations and 415 new type 2 NDSS registrations were recorded in the whole of the NT in this period. Healthy Living NT also provided a variety of NDSS community awareness and health professional upskilling activities throughout the year.

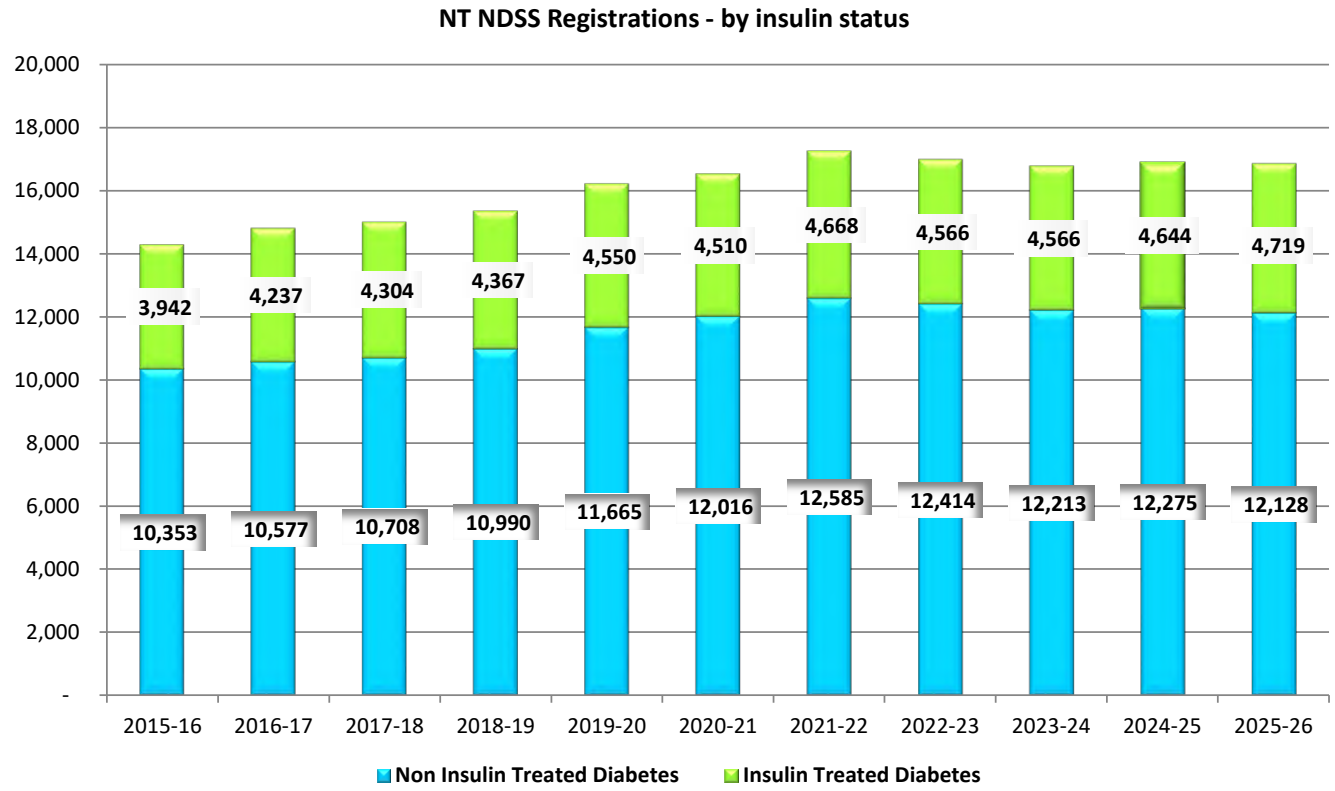
In addition, Healthy Living NT delivers the NDSS Aboriginal and Torres Strait Islander program Diabetes Yarning in the NT (page 35) and provides support for the NDSS Diabetes in Schools program (page 36).

Registrations

Following National Death Index data cleansing during the year, NDSS registrations in the NT at 30 June 2026 stood at 16,847, including 786 new registrants in 2025-26. Of total NT registrations:

- ~45% (7,575) comprise people of Aboriginal and/or Torres Strait Islander descent (vs. ~4% nationally) and
- ~28% (4,719) comprise people who manage their diabetes through the use of insulin, including people with type 1, type 2 and GDM (vs 32% nationally).

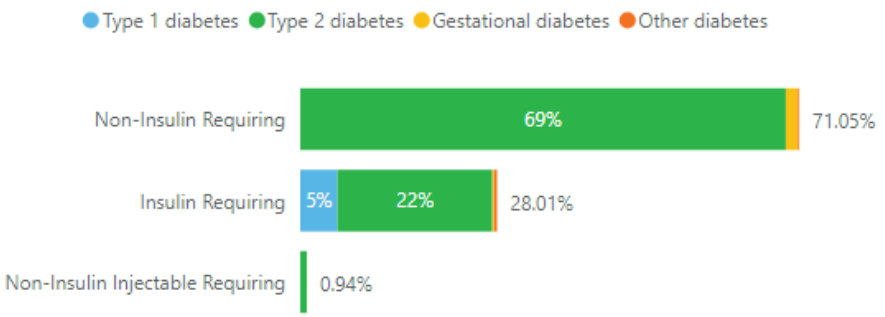
New Type 2 and GDM registrations comprised 53% and 43% respectively of total new NT NDSS registrations in 2025-26.



The plateauing in NT NDSS registrations in the past 4 years is not indicative of a reduction in diabetes diagnoses. It reflects a change in the registration process to a centralised national approach (rather than local) and the removal of the bulk registration process for remote area Aboriginal communities. The new process encourages diagnosing practitioners to directly register the person with diabetes on the NDSS through an online portal.

Healthy Living NT is of the view that NDSS registrations, particularly of remote Indigenous people with diabetes, significantly under-report the true extent of the burden of diabetes. This is evidenced by a study released in 2022 finding that among adult (≥20 years) Aboriginal people in remote communities in the NT, the 2018/2019 diabetes prevalence was 28.6%, being higher in Central Australia (39.5%) compared with the Top End region (24.2%).

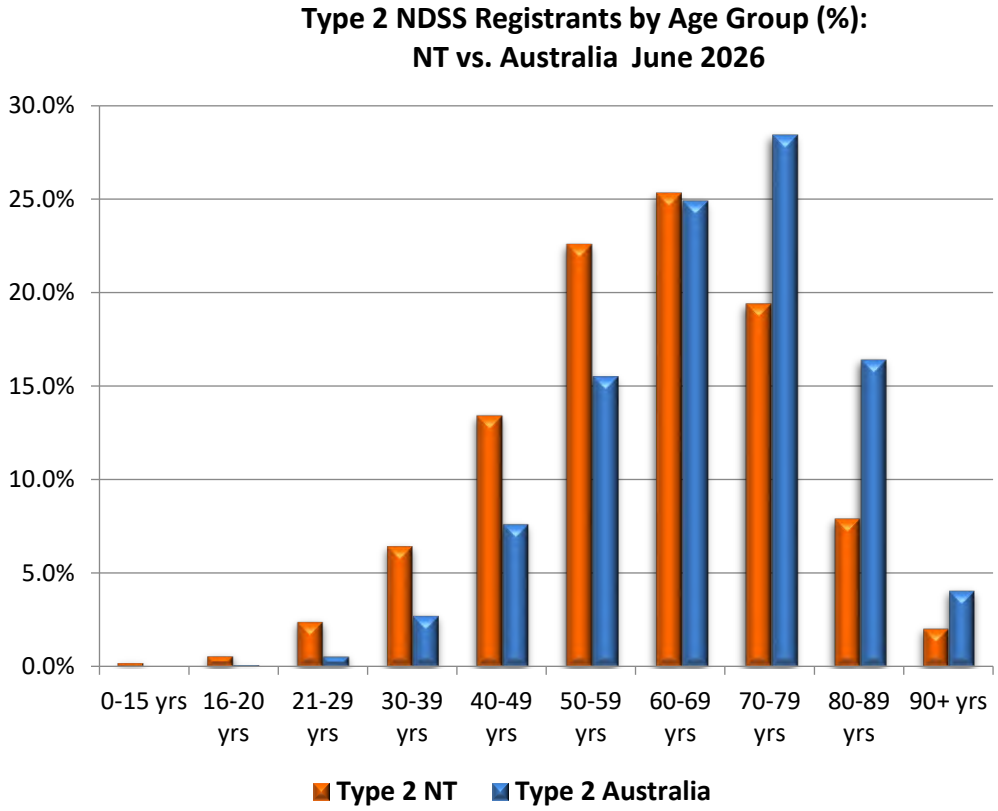
Current NT NDSS registrants by type of diabetes and insulin requirements are shown in the chart below.



National Diabetes Services Scheme

The NT's diabetes profile differs significantly to that of Australia. The NT has:

- A lower proportion of people with type 1 diabetes (5% vs. 9% nationally);
- A similar proportion of people with gestational diabetes (~2%);
- A higher proportion of Aboriginal and/or Torres Strait Islander NDSS Registrants (45% vs 4% nationally);
- A higher proportion of people with type 2 diabetes (NT=92% vs. 87% nationally). Additionally, type 2 NDSS registrations in the NT are markedly different to the national profile with 46% of people with type 2 diabetes in the NT aged below 60 years, compared to only 26% nationally. This is illustrated in the chart below.



NT Free Syringe Scheme Overview

Under an agreement with Healthy Living NT, the NT Department of Health funds the provision of free syringes and pen needles to NT residents who:

- are NDSS registrants and have insulin requiring diabetes or are prescribed injectable non-insulin blood glucose lowering medication or
- have another chronic medical condition requiring the use of needles or syringes in its management.

In practice, this means the NT Government pays the patient co-payment on syringes and pen needles ($8 or $5 per box of 100) for eligible NT residents registered with the NDSS or the full cost of needles or syringes supplied to people with other chronic medical conditions requiring these products. Administered by Healthy Living NT, the scheme is well supported by people with diabetes as it further reduces the cost of diabetes management in a practical manner and lessens the economic need for people with diabetes to re-use their needles and syringes.

The results of the scheme's operation in the NT in the 12 months to 30 June 2026 were:

- The overall volume of needles and syringes supplied was 7,189 (boxes of 100) (2024/25=7,282).
- Products were supplied to 3,909 NDSS registrants (2024/25=4,083 registrants), averaging out at ~1.8 boxes per accessing registrant (2024/25=1.7 boxes/accessing registrant).
- There was no demand for free products to people with another chronic medical condition.

2025/26 Health Education Services Overview

In 2025/26, 12,392 people accessed direct health education services and activities through Healthy Living NT. This comprises:

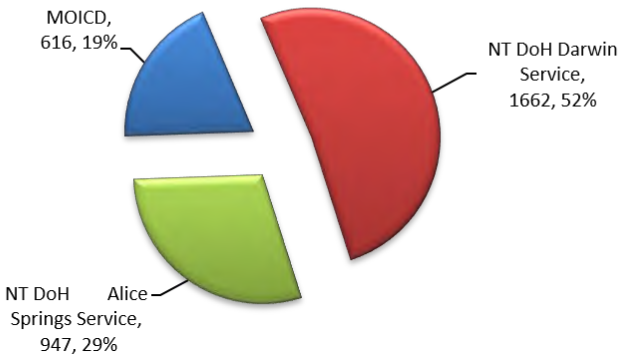
- 3,225 clients with diabetes were provided with education across all services (2024/25 = 3,333)
- 500 clients with heart conditions were provided with education across all services (2024/25 = 590)
- 4,931 people participated in physical activity and lifestyle modification, health promotion activities via specific programs and activities. These were delivered through Healthy Living NT's Life. Be in it brand, with 314 clients attending HLNT run programs with 1,614 episodes of interaction.
- Community Education activities (2,107 attendees), non-clinical youth activities (218) and Health Professional education information face to face (355 health professionals)
- 40 clients accepted into the MDT program from the System Navigator and 15 clients attending the MDT Move & Improve physical activity program
- Additional phone services (excluding telehealth services) – HLNT HP staff managed 681 phone calls with other health professionals, 130 phone calls with people with cardiac conditions, 144 phone calls from people with diabetes and 76 other members of the general public
- 24.5% (913) of all clients accessing the diabetes, cardiac and MOICD education services identified as Aboriginal and/or Torres Strait Islander (2024/25 = 1,027).

Diabetes Clients

52% of clients with diabetes were educated through the NT DoH Darwin service, 29% through the NT DoH Alice Springs service, 19% through the MOICD service.

20% (637) of diabetes clients seen across all services identified as Aboriginal and/or Torres Strait Islander.

2025/26 Diabetes Client Breakdown - All Services

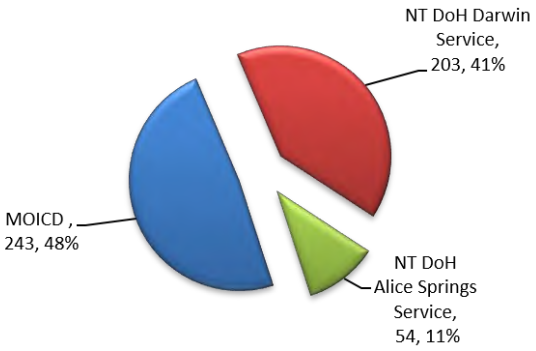


Cardiac Clients

41% of clients with cardiac conditions were educated through the NT DoH Darwin service, 11% through the Alice Springs NT DoH service and 48% through the MOICD service.

55% (276) of cardiac clients seen across all services identified as Aboriginal and/or Torres Strait Islander.

2025/26 Cardiac Client Breakdown - All Services



Diabetes Education Services

Diabetes Education Service (urban NT DoH Service Agreement)

Diabetes education services are provided face-to-face in Darwin and Alice Springs locations, supported by a flexible model of care incorporating a telephone/telehealth service. The services are funded primarily by the NT Department of Health, supplemented by NDSS funding (for the Getting Started Group, the Gestational Diabetes Group, the Diabetes in Schools Program, Diabetes Yarning and NDSS resources) and supported by Healthy Living NT through additional funding, management and administration expertise.

Healthy Living NT operates and develops diabetes education services based on national best practice guidelines and quality standards, including those published by the Australian Diabetes Educators Association, the CARPA Treatment Manual and the RACGP Diabetes Management in General Practice.

Newly Diagnosed Education

The purpose of Healthy Living NT's education packages for people newly diagnosed with diabetes is to provide the client with a comprehensive understanding of their diabetes, sufficient for them to commence immediate self-management initiatives.

For people with newly diagnosed type 2 and pre-diabetes, Healthy Living NT's preference is for education delivery in an initial group session of 2.5 hours. Women with GDM are educated in a group session of 2 hours. This provides efficiencies in the education service by enabling the same basic information to be imparted to a group of people; it has the added benefit of showing the person newly diagnosed with diabetes that they are not isolated in their condition or concerns.

Services include:

- Fortnightly *Getting Started Groups* for new type 2 and pre-diabetes clients in the Darwin office, monthly in Palmerston and 2 monthly in the Alice Springs office;
- New *Getting Started Groups* delivered regionally in Nhulunbuy, Katherine and Tennant Creek
- Weekly groups for new GDM clients held at the Darwin office.
- New online Gestational Diabetes education sessions available weekly for anyone in the NT
- Individual initial and review education is provided to:
    - all new/newly diagnosed clients with type 1 diabetes or those with type 2 diabetes commencing insulin therapy;
    - all Alice Springs GDM clients (women with GDM access the DANCE clinic at ASH);
    - any client for whom English is not a first language and where an interpreter may be required;
    - any client with physical or mental impairment e.g. deafness, impaired vision, lack of mobility etc.;
    - any client who cannot, or does not wish to, attend a group education session.

Review Education

Review education for people with type 2 diabetes is provided individually to clients after their initial appointment. Clients requiring further individual reviews post initial education are assessed by the educators or GP and are booked as needed. Due to funding constraints, further cyclical individual appointments are not easily available for continuous ongoing care.

Clients undergoing insulin stabilisation are often reviewed on a 1-2 weekly basis (face to face or phone) until optimum management has been obtained. Clients who have GDM are reviewed initially one week post group (Darwin service only, online GDM clients are reviewed by their local primary health service).

Type 1 Services in Alice Springs

The Alice Springs HLNT offices hosts a regular specialist-led Endocrine clinic for people with type 1 diabetes and HLNT's CDNE delivers education and support to most of the Alice Springs type 1 community.

Education Venues

Scheduled client education services are delivered from a variety of venues, including directly from:

- Healthy Living NT's Tiwi and Alice Springs offices
- Palmerston Community Care Centre

Diabetes Education Services

Diabetes Client Services 2025/26 NT DoH Service Agreement	**Darwin**			**Alice Springs**			**Total 2025/26**	
	No. 25/26	**%**	**% Change 2024/25**	**No. 25/26**	**%**	**% Change 2024/25**	**No. 25/26**	**% Change 2024/25**
Total New Clients:	**533**	**32%**	**-30%**	**103**	**11%**	**0%**	**636**	**-27%**
Type 1 diabetes	7	1%	-59%	15	15%	-32%	22	-44%
Type 2 diabetes	223	42%	-29%	68	66%	-9%	291	-25%
GDM (Gestational Diabetes)	279	52%	-32%	0	0%		279	-32%
IGT (Impaired Glucose Tolerance)	17	3%	-11%	3	3%	-50%	20	-20%
Diabetes Other (e.g. Type 3c)	7	1%	75%	0	0%		7	75%
Educated individually (F2F)	78	15%	-12%	68	66%	-17%	146	-15%
Educated by Group*	452	85%	-33%	32	31%	78%	484	-30%
Educated by Telehealth/Phone	3	1%	0%	3	3%	0%	6	0%
Time since diagnosis < 3 months	368	69%	-25%	8	8%	33%	376	-24%
Appointment Booking Time Exceeded	0	0%		0	0%		0	0%
Did Not Attend	52	10%	-32%	9	9%	-10%	61	-30%
Referred by								
GP/ AMS/ DMO	226	45%	-30%	51	96%	4%	277	-26%
Physician/Pediatrician	4	1%	-69%	0	0%	-100%	4	-78%
Hospital MO	3	1%		0	0%	-100%	3	-63%
Obstetrician/ANC	243	49%	-33%	0	0%	-100%	243	-37%
Other **	6	1%	100%	0	0%		6	100%
Self Referred	19	4%	171%	2	4%		21	200%
Total Referrals	**501**	94%	-29%	**53**	51%	-36%	**554**	-30%
Total Review Clients:	**1,129**	**68%**	**3%**	**844**	**89%**	**12%**	**1,973**	**6%**
Type 1	79	7%	-11%	372	44%	-23%	451	-21%
Type 2	752	67%	24%	468	55%	71%	1220	38%
GDM	277	25%	-26%	0	0%		277	-26%
IGT	21	2%	-30%	4	0%	300%	25	-19%
Diabetes Other (e.g. Type 3c)	15	1%	1400%	14	2%	8%	29	107%
% of clients who had a behaviour change at 1st review	94%	0%	-4%	100%	0%	33%	NA	
% of GDM high priority referal req.	37%	0%	23%	NA			59%	
Insulin/Injectable Initial	21	2%	-13%	20	2%	233%	41	37%
Insulin Stabilisation Review	361	32%	89%	348	41%	-1%	709	31%
CGM/ Flash startup	18	2%	0%	75	9%	-26%	93	5%
CGM/ Flash review	137	12%	121%	360	43%	46%	497	25%
Insulin pump start/ change over	0	0%	-100%	28	3%	-50%	28	1%
Insulin pump review	2	0%	-67%	329	39%	-1%	331	17%
Educated by Telehealth/Phone	366	32%	-2%	153	18%	55%	519	10%
Seen by DNE	684	61%	9%	809	96%	10%	1493	10%
Seen by Dietitian	450	40%	-4%	37	4%	54%	487	-2%
Appointment waiting time >10 mins	0	0%		0	0%		0	
Did Not Attend	151	13%	-19%	30	4%	50%	181	-12%
Review Reminders (all sent from DRW)	470	42%	31%	NA			470	31%
Total Clients	**1,662**	**64%**	**-11%**	**947**	**36%**	**10%**	**2,609**	**-4%**
General								
Aboriginal/TSI clients	56	3%	-20%	43	5%	-39%	99	-30%
Letters to Medical Officers	837	50%	-5%	192	20%	54%	1029	2%
Clients seen externally	150	9%	-12%	0	0%		150	-12%
Significant Others Seen	329	20%	7%	154	16%	-4%	483	3%
Interpreters Used	26	2%	189%	0	0%		26	189%
Information Packs (Hard or elec.)								
Type 1	6	1%	-71%	0	0%	-100%	6	-73%
Type 2	194	38%	-34%	44	98%	91%	238	-24%
Type 2 Insulin	17	3%	240%	0	0%		17	143%
GDM	279	54%	-29%	0	0%		279	-29%
IGT	18	3%	20%	0	0%	-100%	18	13%
NDSS electronic	3	1%	-75%	1	2%	0%	4	-69%
Total	**517**		-30%	**45**		61%	**562**	-27%

* NDSS Co-funded activity ** includes other allied health

2025/26 Diabetes Client Overview (urban NT DoH Service Agreement)

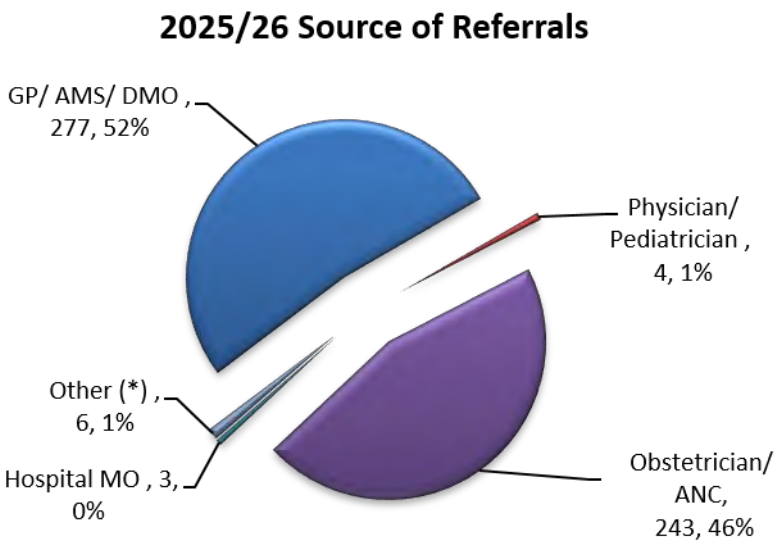
In 2025/26 the diabetes education service directly educated 2,609 people with diabetes, an average of 217 per month. 63% of clients were educated by the Darwin service, an average of 138 clients per month (a decrease of 11% from 2024/25); 37% of clients were educated by the Alice Springs service, an average of 79 clients per month (an increase of 10% from 2024/25).

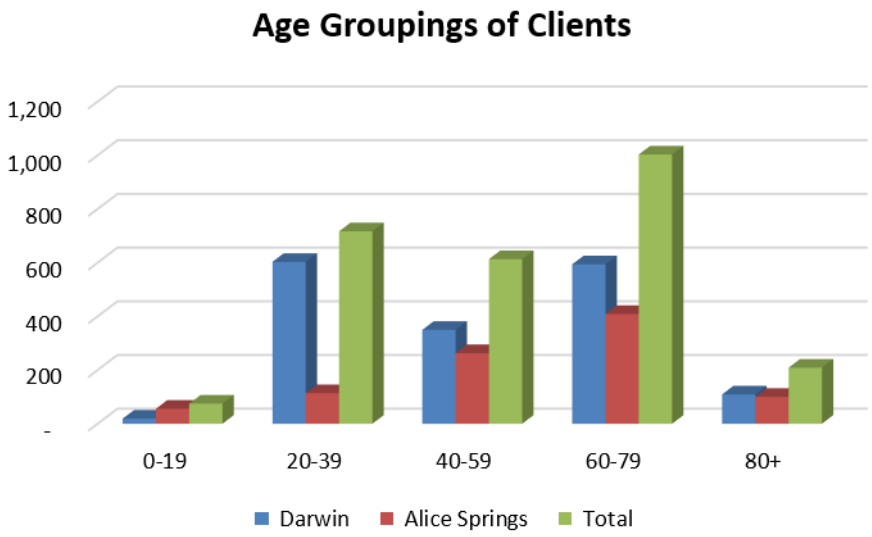
New clients represented 24% of clients; review clients comprised the remaining 76%. More detailed information is in the table on page 22. Other notable factors include:

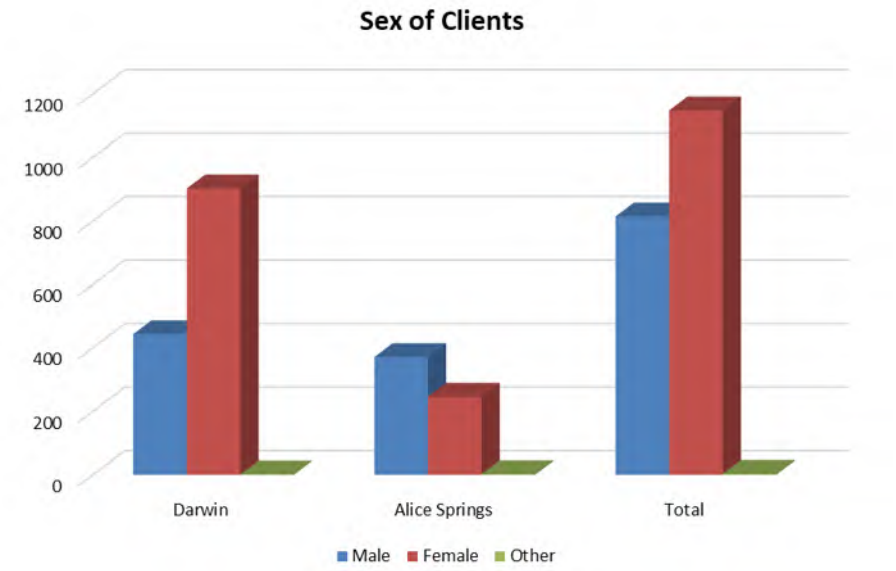
- Overall, 41 clients commenced insulin/ an injectable in a community setting provided by Healthy Living NT in collaboration with the client's GP. A further 709 reviews of insulin therapy were undertaken;
- 93 clients were commenced on CGM/flash devices with a further 497 reviews of their CGM;
- 28 clients were started on, or changed over, an insulin pump with a further 331 reviews of their pump management;
- 99 clients identified as Aboriginal and/or Torres Strait Islander;
- 2% (41) of clients lived outside of the Darwin/Palmerston and Alice Springs areas

An overriding protocol of the diabetes education service is that all clients should have a referral from a Medical Officer as it ensures better client care and continuity of care within a multi-disciplinary team.

In 2025/26, a total of 554 referrals were received for new clients who attended services. Where clients are not directly referred, they are asked if they want information to be sent back to their current GP.







Service Effectiveness Indicators

The *Net Promoter Score* (*) for the:

- *Getting Started Group* (for people newly diagnosed with type 2 diabetes) was 59;
- Gestational Diabetes Group (for women newly diagnosed with GDM) was 70.

At the first review appointment following either group or initial education, 94% of Darwin clients and 100% of Alice Springs clients had made a behaviour change. This indicates that people are acting on the information and support they receive and are displaying behaviours of self-management.

Additionally, 37% of GDM clients required priority referral to Medical Officers for not meeting ADIPS recommendations for lifestyle management of their diabetes in pregnancy. This is an indicator of where early intervention can prevent adverse longer-term outcomes.

(*) A *Net Promoter Score* above 58 is considered Excellent.

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Cardiac Education Services

Cardiac Education Service (urban NT DoH Service Agreement)

Healthy Living NT delivers Phase 2 cardiac education and rehabilitation services through a range of face to face, group, individual and telehealth models.

Healthy Living NT provides a telehealth model of care for Phase 2 services to the Central region, with individual face to face appointment options for nutrition education when our Darwin based Dietitians are in Alice Springs. The services are funded primarily by the NT Department of Health, supported by Healthy Living NT through access to management and administration expertise and resources. The gains around strengthening the telehealth model has allowed staff to broaden the reach of services out of the Darwin and Alice Springs hubs. This is still limited due to no increase in base funding since the service commenced in 2002.

The Darwin Cardiac Rehabilitation Service currently has a 7-week waitlist for the Tiwi and Palmerston Healthy Heart Programs. When the Darwin Cardiac Educator is on leave, there is no capacity for back filling, nor is there capacity without more human resources for a third program to be run in Darwin to meet demand. Additional funding is required to overcome the constraints in the delivery of the program.

Healthy Living NT operates and develops cardiac rehabilitation services based on national guidelines and quality standards, specifically Australian Cardiovascular Health and Rehabilitation Association (ACRA) Core Components of Cardiovascular Disease Secondary Prevention and Cardiac Rehabilitation 2014 and the ACRA and Heart Foundation Position Statement on Cardiac Rehabilitation: Face-to-face and telehealth delivery options 16 December 2020. In 2024, Healthy Living NT undertook a Quality Activity to map our services with the National Cardiac Rehabilitation Quality Indicators. This activity has resulted in updating diagnoses categories to align with the national standards and adding a few statistics to be collected. These changes were enacted at the beginning of 2025.

Purpose and Mode of Education

Healthy Living NT cardiac services provide a range of cardiac rehabilitation and education services which aid people with heart conditions to get back into the community with a healthier lifestyle. Healthy Living NT delivers the Phase 2 options as follows:

- Phase 2 Healthy Heart Program (HHP) for cardiac patients discharged from hospital, those returning from cardiac intervention procedures interstate and patients referred from GPs. The program focuses on secondary prevention. It is designed to promote the continuance of lifestyle modification, self-management education and deliver appropriate physical activity after a cardiac event. The delivery of the Phase 2 HHP in Darwin and Alice Springs differs: in Darwin and Palmerston, an initial pre assessment appointment followed by the choice of two locations for a 4-week face to face group program, while the Alice Springs program is based on a combination of individual telehealth and face to face consultations.
- Phase 2 Individual appointments are available to people seeking education who are not able to participate in the Healthy Heart Program.
- Phase 2 Telehealth/Phone program, developed late 2019 and strengthened in response to COVID-19 restrictions, is popular with clients and is sufficiently flexible to deliver services to people living outside urban centres.
- Post rehabilitation phone support is available to people and clients can rejoin services as needed.

Education Venues

Scheduled client education services are delivered from:

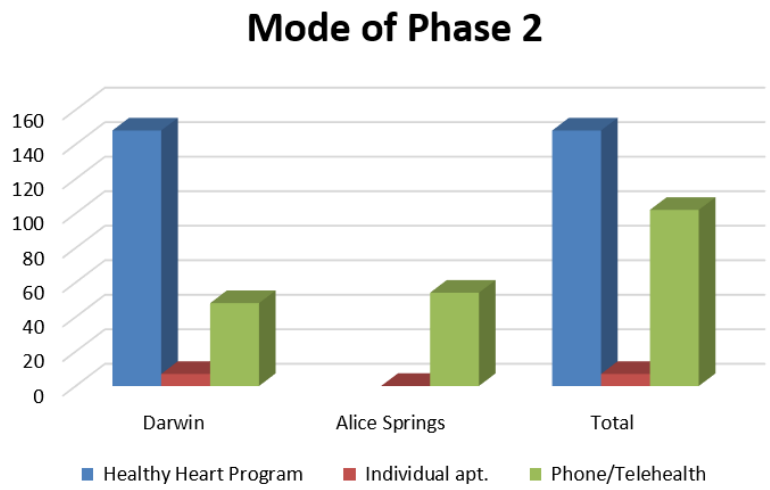
- Healthy Living NT's office
- Palmerston Community Care Centre

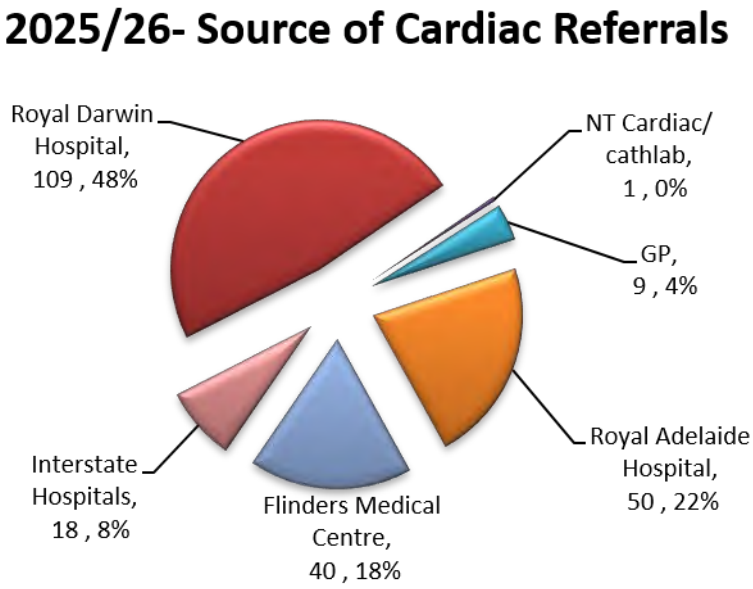
2025/26 Cardiac Client Overview (urban NT DoH Service Agreement)

In 2025/26, 257 clients were seen through Phase 2 programs. This included 148 Phase 2 clients attending the *Healthy Heart* Program for 498 episodes (2024/25 = 147 HHP clients and 515 episodes). There were 7 Phase 2 clients seen individually (2024/25 = 35) and 102 received a telehealth/phone program (2024/25 = 132).

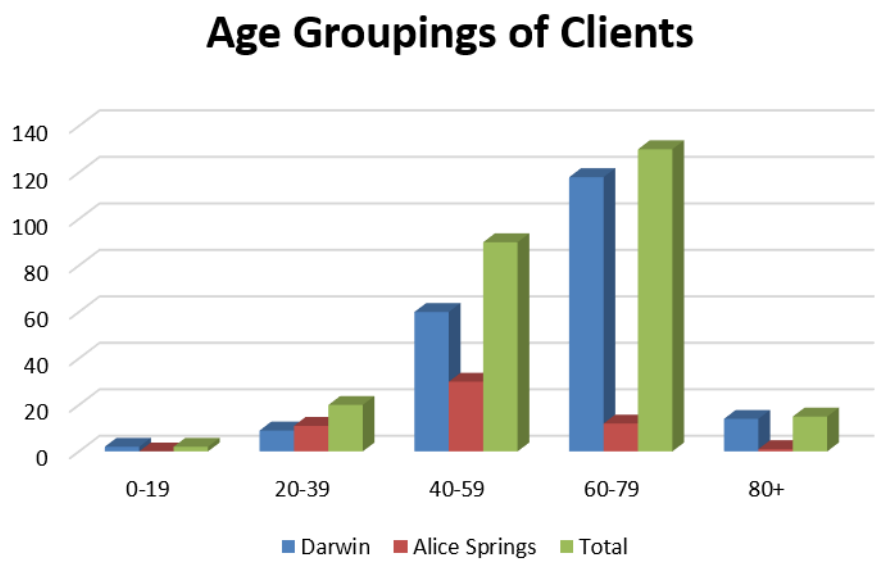
Notable statistics in 2025/26 include:

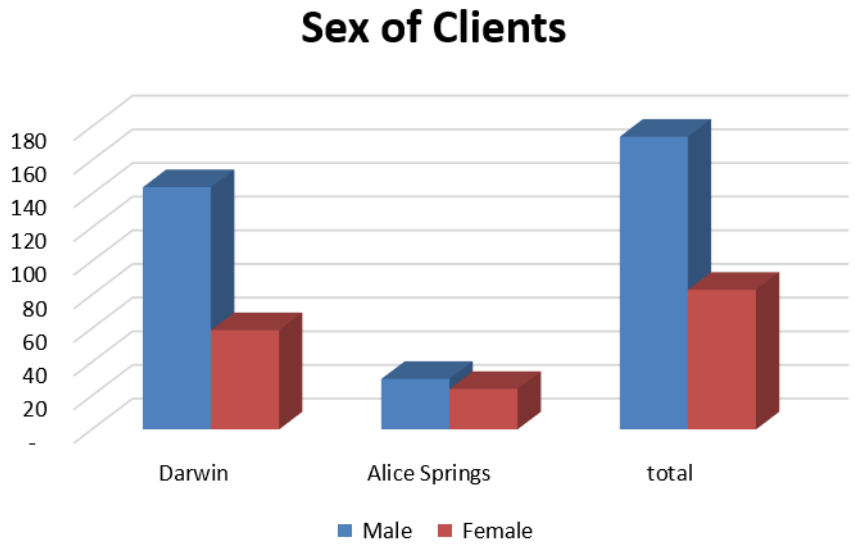
- 16% (42) of total Phase 2 clients identified as Aboriginal and/or Torres Strait Islander;
- 148 pre-program assessments were completed;
- 147 electronic or hard copy information packs were given out from the Darwin/Top End service and 37 from Alice Springs/Central;
- 95 significant others attended the *Healthy Heart* Program and 43 significant others attended individual appointments or phone/telehealth with the client;
- 11% (27) clients lived outside of the Darwin/Palmerston and Alice Springs areas;
- The information response rate to urban referrals is calculated as a percentage dealt with within 10 days of receipt. 73% of referrals received in Darwin and 61% in Alice Springs were acted upon within this time frame.





Only one referral source counted per client





Service Effectiveness Indicators

The *Net Promoter Score* (*) for the *Healthy Heart* Program was 94.

- 76% of attendees fully completed the *Healthy Heart* Program and 83% completed at least 75% of the program;
- At the first review appointment / during the Healthy Heart Program, 69% of Darwin clients and 95% of Alice Springs clients had made a behaviour change. This indicates that people are acting on the information and support they receive and are displaying behaviours of self-management;
- 8% of cardiac clients assessed with the PHQ4 mental health screening tool were identified as requiring further intervention and notified to their GP/ primary health service.

(*) A *Net Promoter Score* above 58 is considered Excellent.

Cardiac Education Services

Cardiac Client Services 2025/26 NT DoH Service Agreement	**Darwin**		**Alice Springs**		**Total 2025/26**	
	No.	**% Change 24/25**	**No.**	**% Change 24/25**	**No.**	**% Change 24/25**
Phase 2 - Rehabilitation						
Healthy Heart Program						
Clients seen in HHP	**148**	1%	**0**		**148**	1%
Total times sessions attended	494	-4%	0		494	-4%
Tiwi	246	-8%			246	-8%
Palmerston	248	4%			248	4%
Average number of sessions attended	3.3	-6%	0		3.3	-6%
Total number of education and exercise sessions held	95	6%	0		95	6%
No. completing the full program	113	0%	0		113	0%
No. completing at least 75% of the program	123	-4%	0		123	
No. returning to or repeating the course	4	-33%	0		4	-33%
Significant others attending (episodes)	95	19%	0		95	19%
Phase 2 Individual Appointments (not with HHP)						
No. receiving individual appointments	**7**	-80%	**0**		**7**	-80%
Individ. program reviews	**0**		**0**		**0**	
No. Significant others attending (f2f or phone)	40	-33%	3	-77%	43	-41%
Phase 2 Phone Program initial						
Phone program initial	**48**	-34%	**54**	-8%	**102**	0%
Phone program reviews	4		58	-24%	62	
Phone program completions	41	-39%	38	-16%	79	
Total Phase 2 Clients	**203**		**54**		**257**	-18%
Other Service Indicators						
No. of ATSI people educated	22	-39%	20	-43%	42	-41%
No. of interpreters used	2		0		2	
No. of urban referrals	198	-44%	0	-100%	198	-55%
No. of Phase 2 remote referrals MOICD covered clinics	36	-49%	0	-100%	36	-64%
No. of Phase 2 remote referrals non MOICD clinics	80		0	-100%	80	
Letters to Medical Officers	305	-24%	25	-44%	330	-26%
% contactable urban referrals within 10 day timeframe	62%	-30%		-100%	1	-64%
% of clients who had a behaviour change at 1st review/	69%	-1%	95%	53%	2	
Phase 2 information sheets (hard copy or electronic)	147	-36%	37	-27%	184	
PHQ4 Assessments	132	-38%	21	62%	153	
PHQ4 requiring referral	10	-33%	0	-100%	10	
Resident of:						
Katherine	1		0		1	
Nhulunbuy	0		6		6	
Tennant Creek	0		0		0	
Other Top End (past Darwin River)	0		0		0	
Other Central (out of Alice Springs)	0		20		20	
Total	**1**		**26**		**27**	
Source of Referrals (clients attended)						
ASH	0		0	-100%	0	-100%
RDH	109	-19%	0		109	-19%
DPH	0		0		0	
NT Cardiac/cathlab	1	0%	0		1	0%
GP/AMS	9	13%	0		9	-10%
RAH	1		49	11%	50	14%
FMC	39	-35%	1		40	-33%
Interstate Hospitals	14	-61%	4	-50%	18	-59%
Other		-100%	0	-100%	0	-100%
Self	19	1800%	0		19	
Total	**192**		**54**		**246**	

Outreach Health Services (OHS)

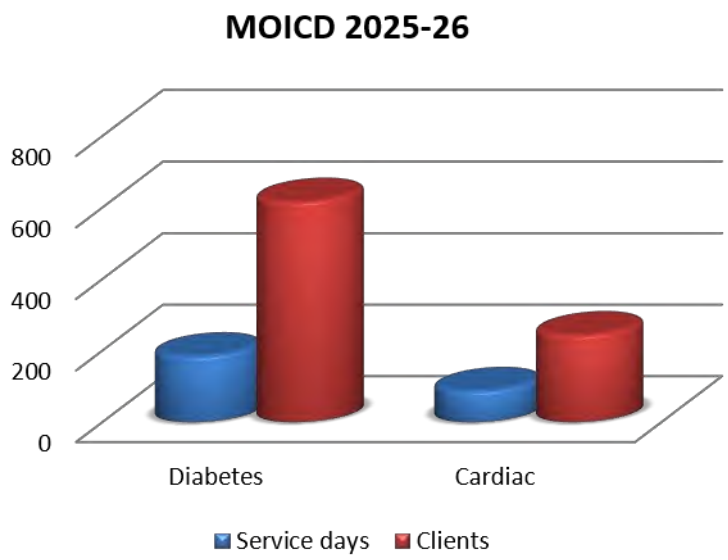
Through the NT Primary Health Network (PHN), Healthy Living NT delivered a range of outreach health services under the Medical Outreach Indigenous Chronic Disease (MOICD) program. This program provides diabetes, cardiac and nutrition education services to remote communities throughout the Northern Territory. It aims to increase access to allied health services and expanded primary health care to assist with the management of chronic disease. An additional separate agreement was held with Katherine West Health Board for the delivery of services under this program.

In 2025/26, Healthy Living NT was contracted to visit 22 remote communities, towns and Aboriginal Medical Services for a total of 271 days inclusive of diabetes nurse and cardiac nurse education services. Services provided to communities are generally delivered with other allied health professionals such as podiatrists. All educators work as part of a multidisciplinary care team with the local Primary Health Care providers and feedback and coordinate care with both this team and any relevant specialists involved in the care of that person.

Communities and Aboriginal Medical Services provided with education services through MOICD and OHS services were:

- Ali Curung (Diabetes)
- Alpurrurulam (Diabetes)
- Angurugu (Diabetes)
- Anyinginyi (Cardiac)
- Borroloola (Diabetes and Cardiac)
- Canteen Creek (Diabetes)
- Elliott (Diabetes)
- Epenarra (Diabetes)
- Galiwinku (Diabetes and Cardiac)
- Ganyangara (Diabetes and Cardiac)
- Gapuwiyak (Diabetes and Cardiac)
- Marthakal Homelands (Diabetes and Cardiac)
- Milingimbi (Diabetes and Cardiac)
- Milyakburra (Diabetes)
- Miwatj Main (Diabetes and Cardiac)
- Numbulwar (Diabetes)
- Pine Creek (Diabetes)
- Ramingining (Diabetes and Cardiac)
- Robinson River (Diabetes and Cardiac)
- Tennant Creek GP Practice (Diabetes)
- Umbakumba (Diabetes)
- Yirrkala (Diabetes and Cardiac)

A total of 87 clinic health professional staff were provided in-services totalling 42 hours while Healthy Living NT educators were visiting (refer to page 33 for more detail).



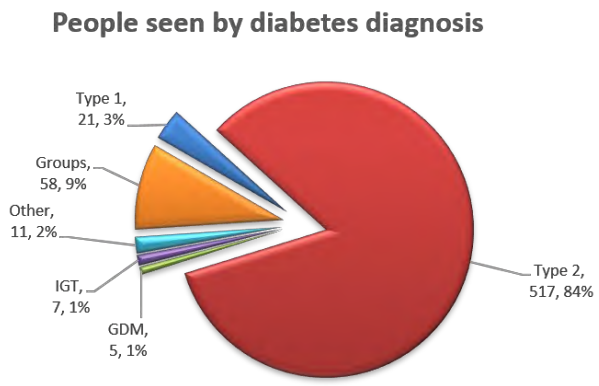
Outreach Health Services

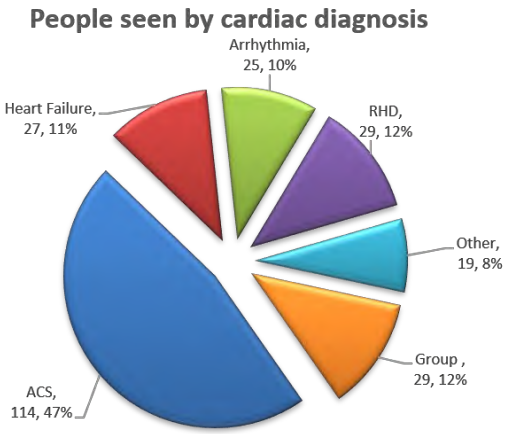
Diabetes Client Services

Under the MOICD program, the Diabetes Nurse Educators provided 184 days of service to 21 communities and delivered diabetes education to 616 clients and community members. Education was provided according to client and clinic need.

- 128 (23%) were newly referred clients and 430 (77%) clients were educated in review appointments (not including group attendees);
- 58 community members (9%) participated in group education sessions;
- 37 family members/significant others were also seen with diabetes clients;
- 78 case conferences were conducted; and
- 538 clients (87%) identified as Aboriginal and/or Torres Strait Islander.

The average length of service day was 7.7 hours, comprising an average of 5.5 clinical hours per day and 2.2 hours of travel time per day.





Cardiac Client Services

Under the MOICD program, the Cardiac Nurse Educators provided 87 days of service to 11 communities and delivered cardiac education to 243 community members and clients.

- 104 (49%) were newly referred clients and 110 (51%) clients were review appointments (not including group attendees);
- 29 clients (12%) participated in group education sessions;
- 31 family members/significant others were also seen with cardiac clients;
- 108 clients (50%) had been additionally diagnosed with diabetes;
- 1 client was provided with education prior to a planned cardiac procedure/operation and
- 43 episodes of care were provided to clients within 6 months of returning to their community post a cardiac event/procedure/operation (cardiac rehabilitation client group);
- 67 case conferences were conducted;
- 234 clients (96%) identified as Aboriginal and/or Torres Strait Islander.
- The average length of service day was 8.3 hours, comprising an average of 5.9 clinical hours per day and 2.4 hours of travel time per day.

Information and Resources

The information and resource needs of people with diabetes, cardiac and related chronic conditions is a high priority for the Association. It is a particularly important requirement for people living in rural and remote areas who are not able to easily access services.

Four editions of Healthy Living NT publications, *Territory Way* (member newsletter with a distribution of over 800/issue – hard copy) and *Healthy Living News* (health professional e-newsletter) were produced in 2025/26 sent to over 160 clinics, GP practices, Specialists and other allied health staff who subscribed. The production of both publications represents a considerable resource commitment by the organisation.

During the year, Healthy Living NT distributed either electronically or in hard copy, 562 diabetes information packs and 184 cardiac information packs. All information packs include a range of Healthy Living NT produced sheets and are supplemented by national information sheets from the NDSS and the National Heart Foundation.

Healthy Living News

- Articles in the Healthy Living News in 2025/26 included:
- New Diagnostic Criteria for Diabetes in Pregnancy
- Bill Raby Diabetes Fellowship
- MDT Program
- Online Gestational Group
- Chronic Wound Consumables Scheme
- Quality Use of Medicines Diabetes Resources
- Links to the current *Territory Way* magazine



Healthy Living NT website and social media

Healthy Living NT's fully interactive website healthylivingnt.org.au allows members, health professionals, people with diabetes or cardiac conditions and the public to obtain services, information and products irrespective of their location. Additionally, Healthy Living NT reached a broad audience through targeted social media advertising and has increased followers of the Healthy Living NT Facebook page to 1,959. Our Facebook posts have increased ensuring our followers are remaining actively engaged with health initiatives with a reach of 52,387 in the 2025-26 period, visits of 2,800 and 3,715 engagements with our content.





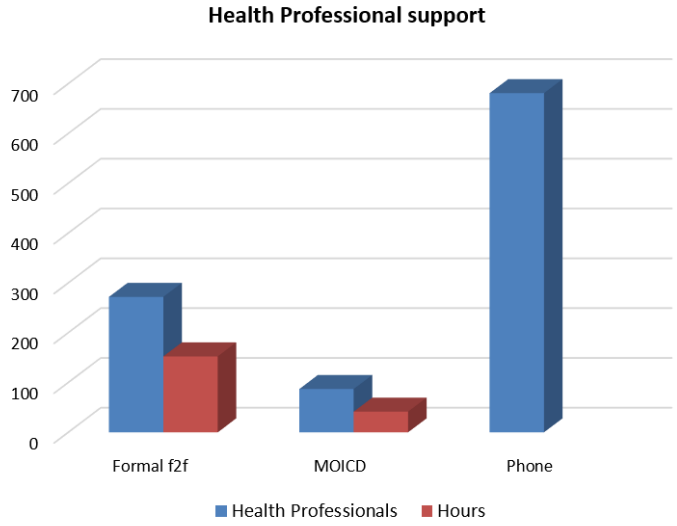


Health Professional Training and Support

Healthy Living NT provides training and support to health professionals throughout the NT. 1,040 health professionals were educated or assisted through the year (2024/25=1,793) by Healthy living NT educators. 66% (681) were assisted via phone/email. The remainder were assisted in a face-to-face setting.

272 health professionals were educated in formal training environments, involving 153 hours by Healthy Living NT urban education staff. A further 87 health professionals were provided education through the MOICD program involving 42 hours by Healthy Living NT remote education staff. Healthy Living NT CDEs also dedicate many hours to mentoring for other DEs undergoing credentialling. These are not counted in these figures.

In addition, Healthy Living NT's administration staff supported 222 phone calls from health professionals and 148 over the counter enquiries.



Health Professional Education Activities 2025/26 Darwin and Alice Springs Organisation	Activity	Health Professionals	Numbers	Hours
Batchelor Institute AHP course	Diabetes Education	AHP students and lecturer	29	3
Batchelor Institute AHP course	NDSS ATSI Diabetes Yarning Training	AHP students and lecturer	29	3
RDH CCU	HLNT services and Phase 2 rehab	RNs	10	1
Danila Dilba	NDSS ATSI Diabetes Yarning Training	CDEs, Dietitians, RN	5	3
Curtin University	Diabetes Educator Student Placement	RN	1	3
Stuart Park Surgery	Getting Started Group	RN	1	3
NTG Diabetes Team	NDSS ATSI Diabetes Yarning Training	CDE, Dietitian	2	3
James Cook University	Diabetes Educator Student Placement	RNs	1	3
Flinders University	Diabetes Educator Student Placement	RNs	1	3
James Cook University	Diabetes Educator Student Placement	RNs	1	3
Curtin University	Diabetes Educator Student Placement	RN	1	3
Jabiru Health Centre	NDSS ATSI Diabetes Yarning Training	RANs	6	3
James Cook University	Diabetes Educator Student Placement	RN	1	3
Southern Cross University	Diabetes Educator Student Placement	RN	1	6
Flinders University	Diabetes Educator Student Placement	RN	1	38
Malala	NDSS ATSI Diabetes Yarning Training	CDE	1	3
Flinders University	Diabetes Educator Student Placement	RN	1	38
Pharmacy Students	NDSS, Pumps, CGM	Pharmacy Students	6	1
Central Clinic	Pump and CGM data	GPs	6	0.5
Juninga Nursing Home	Diabetes management	PCW, Managers, OHS officer	11	1
Vitality Health	Diabetes case studies	EPs	4	1.5
Charles Darwin University	Medical Student Placements	Medical Students	4	15
ACAH Conference	NDSS Stand	Drs, RANs, AHP	115	9
Vitality Health	Diabetes case studies	EPs	4	1
RDH	Cardiac Study Day presentation	RNs	20	1
RDH CCU	Cardiac Rehab	RNs	10	0.5
		Total	272	153

Health Professional Training and Support

Health Professional and Remote Education Activities 2025/26 MOICD				
Organisation/ Clinic	**Activity**	**Health Professionals**	**Numbers**	**Hours**
Tennant Creek	CGMs and types of insulin	GP, Nurses	6	1
Milingimbi	Anticoagulation medications and instent stenosis	RAN	1	0.25
Lake Nash	DKA, diabetes management, T2 diabetes in children	RAN, Physio, MH Nurse	3	1.2
Galiwinku	Diabetes, food, exercise, medication	AHW, Student	2	1
Marthakal	Diabetes management	AHP	1	1
Umbakumba	Developments in insulin	Paediatrician	1	0.25
Ali Curung	Diabetes and foot care	Trainee AHP	1	1
Gapuwiyak	Insulin titrations using CARPA, GLP1s	RAN	1	0.5
Ramingining	Lipid therapies in people with ACS	RAN	1	0.2
Ramingining	GLP1 and DPP4 medications and insulins	GP	1	0.3
Borroloola	prevention, diagnosis and management of ARF	Clinic staff	1	0.5
Lake Nash	Ryzodeg titrations, BGL profiles and insulin	GPs	2	0.7
Angurugu	Diabetes management, NDSS products and ordering	AHP, NP, RN	3	0.75
Numbulwar	Insulin, GLP1s	RAN, NP	2	0.8
Canteen Creek	Diabetes Management and brief interventions	RN, Clinic manager	2	1
Tennant Creek	CGMs,target BGLs, insulin and barriers for education	GP, RN, AHP, Aged care	11	3.5
Galiwinku	Diabetes education – Signs & Symptoms	School teacher	1	0.5
Angurugu	NDSS eligibility	Clinic Manager	1	0.2
Canteen Creek	Diabetes Management	RANs	2	2
Numbulwar	Diabetes Management	AHW, RANs	3	0.4
Lake Nash	Healthy Eating	GPs	2	0.4
Angurugu	Ordering diabetes supplies	RAN	1	0.4
Elliott	NDSS Services	RANs, Midwife	3	0.8
Tennant Creek	Medications/Empagliflozin	GP	2	0.5
Tennant Creek	Diabetes Management	Registered Nurses	8	1
Tennant Creek	Diabetes Management	Nursing Home Support Worker/RNs	5	1
Tennant Creek	Diabetes case studies	AHP	1	2
Galiwinku	IHD management	AHP	1	0.5
Umbakumba	Diabetes Management	RAN	1	6
Elliott	NDSS Services	Clinic Manager	1	0.4
Tennant Creek	Ozempic	GP	1	0.5
Tennant Creek	BGLs	RANs	2	1
Tennant Creek	Ozempic	Dietitian	1	1
Tennant Creek	Diabetes case studies	AHP	1	4
Tennant Creek	CGM, wound healing and BGLs	Podistrist	1	2
Tennant Creek	Medications	Cardiology Team ASH	3	1
Tennant Creek	HbA1c	Chronic Disease RAN	1	1
Galiwinku	Weekly Telehealth GDM sessions	Locum Midwives	2	0.2
Galiwinku	ARF/ RHD	GP	1	0.4
Marthakal	Weekly Telehealth GDM sessions	GP	1	0.2
Angurugu	Education on Diabetes Educator role	RAN	2	0.2
		Total	**87**	**42**



Other Education and Support

Healthy Living NT delivered a variety of support to community groups, totalling 2,107 contacts and 63 hours of staff time. The more structured activities are listed below. A further 438 members of the general public were given education or support by a health professional either face to face in our offices or via the phone. Healthy Living NT's administration staff also supported 4,316 phone calls from members of the public and 5,035 over the counter enquiries.

This data does not include health promotion programs delivered through Healthy Living NT's Active Recreation services which are detailed on pages 37-38.

Community Awareness 2025-26 (Non LBII Activities) Darwin and Alice Springs			
Organisation	**Activity**	**Numbers**	**Hours**
NAIDOC Week	Diabetes information and Yarning	100	4
Leanyer Seniors Village	NDSS basic diabetes information	17	2
Sunrise Centre - Salvation Army	NDSS Diabetes Yarning	12	2
Saltbush	NDSS Diabetes Yarning	10	2
Red Cross Katherine	NDSS basic diabetes information - multiple languages	8	2
Diabetes Feet Day	Diabetes information and Yarning	30	3
Tamarind Centre	NDSS Diabetes Yarning	4	2
MiFant	NDSS basic diabetes information	16	2
Alice Springs Town Council	About Healthy Living NT	15	0.5
NT Cattlemans Association	Health Expo at conference	50	8
Red Cross Refugee group	NDSS basic diabetes information - multiple languages	10	2
Menzies Renal client group	NDSS Diabetes Yarning	25	1.5
Sunrise Centre - Salvation Army	NDSS Diabetes Yarning	20	2
Children's Ground	Family Health Day - 15 Mile Camp	40	5
Children's Ground	Women's Day event	30	4
Children's Ground	Family Health Day #1 - Knuckey Lagoon	30	5
Sunrise Centre - Salvation Army	NDSS Diabetes Yarning	20	2
Children's Ground	Family Health Day #2 - Knuckey Lagoon	40	5
COTA	Seniors Expo	1500	5
Breakthrough TiD	One Walk Darwin	50	2
Breakthrough TiD	One Walk Alice Springs	80	2
	Total	**2107**	**63**



Other Education and Support

Multidisciplinary Team Program



In late 2024-25, Healthy Living NT successfully tendered to the NT PHN for the delivery of a range of services under a new Multidisciplinary Team (MDT) Program.

The MDT Program aims to enhance accessibility to multi-disciplinary team care for eligible people with pulmonary, cardiac and diabetes chronic health conditions in Darwin and Alice Springs.

Healthy Living NT was commissioned for a number of elements of the MDT Program including:

- System Navigator
- Allied Health Service delivery (Credentialled Diabetes Nurse Educators and Accredited Practising Dietitians) and
- Support Services (a 10-week low intensity physical activity program – *Move & Improve*)

As System Navigator, HLNT is responsible for processing and assessing referrals into the program. The NTPHN initially rolled out the referral process and engaged with referrers in Darwin and Alice Springs, as well as the ongoing commissioning of additional Allied Health Services into the Program. There were significant barriers to GP referrals and changes to the process and NTPHN forms were introduced over the period. Overall, 79 referrals were received with 40 meeting criteria for the program. This resulted in 145 Allied Health Sessions being delivered.

Additionally, 15 clients attended the *Move & Improve* program. This program involves an initial assessment, followed by 8 weeks of tailored physical activity, a final physical activity assessment and an ongoing home exercise program. Healthy Living NT worked extensively with the NTPHN regarding barriers to the referrals into this program.

NDSS Aboriginal and Torres Strait Islander Program

The community-based *Diabetes Yarning* program is a customisable conversation about health and wellbeing before colonisation. Participants talk about how the body works, what happens in the body with diabetes and strategies to help manage the condition. *Diabetes Yarning* follows a strength-based approach that destigmatises a diagnosis of diabetes. It teaches people about diabetes from a holistic social and emotional health and wellbeing context. Healthy Living NT delivers *Diabetes Yarning* in the community and upskills health professionals working with Indigenous people to deliver their own *Diabetes Yarning* sessions.

In 2025-26, staff engaged with more than 300 Indigenous people at community sessions, delivered 6 *Diabetes Yarning* sessions to 91 people and upskilled 54 health professionals in the *Diabetes Yarning* Program.





Youth Education Services

Support activities targeting youth health promotion needs and high need groups such as children, adolescents and young adults with diabetes also form an important part of Healthy Living NT services. Services specific to youth under 18 years are shown in the table below. There were also 53 episodes of clinical services to youth under 18 years through the Paediatric Diabetes Clinics in Darwin. Additionally, Healthy Living NT staff saw 75 clients under the age of 20 through our education services (75% through the Alice Springs diabetes service).

This data does not include specific health promotion programs delivered through Healthy Living NT's Active Recreation services (Mini Movers etc.), which are detailed on page 37-38.

HLNT Involvement with youth <18 2025/26 (Clinical - Paediatric Diabetes Clinics)			
Organisation	**Activity**	**Attendees**	**Hours**
HLNT: Public Paeds Clinic	Paeds clinic - July	4	4
HLNT: Public Paeds Clinic	Paeds clinic - August	4	4
HLNT: Public Paeds Clinic	Paeds clinic - Octoberx2	9	8
HLNT: Public Paeds Clinic	Paeds clinic - November	5	4
HLNT: Public Paeds Clinic	Paeds clinic - December	3	4
HLNT: Public Paeds Clinic	Paeds clinic - January	4	4
HLNT: Public Paeds Clinic	Paeds clinic - February	7	4
HLNT: Public Paeds Clinic	Paeds clinic - March	4	4
HLNT: Public Paeds Clinic	Paeds clinic - April	5	4
HLNT: Public Paeds Clinic	Paeds clinic - May	3	4
HLNT: Public Paeds Clinic	Paeds clinic - June	5	4
	Total	**53**	**48**

HLNT Involvement with youth <18 2025/26 (Non Clinical)* Does not include LBII activities			
Organisation	**Activity**	**Attendees**	**Hours**
NDSS Family Day out	Bowling	22	3
Centralian Middle School	Type 1 diabetes	11	1
Centralian Middle School	Type 1 diabetes	9	1
NDSS Family Day out	Golf day	17	4
Breakthrough TiD	One Walk Darwin	50	2
Breakthrough TiD	One Walk Alice Springs	80	2
Gillen Primary School	Type 1 diabetes	2	0.5
Gillen Primary School	Type 1 diabetes	3	1
OLSH Primary School	Type 1 diabetes	24	1.5
	Total	**218**	**16**

Diabetes in Schools Program

In 2025-26, Healthy Living NT continued to administer the NDSS, Diabetes in Schools national program. This program assists children with type 1 diabetes and their school with the aim of to provide baseline education to teachers and staff in schools through an online portal. This program delivers 3 levels of education to teachers and support staff in schools:

- Levels 1 and 2 are completed online and are pre-requisites for Level 3
- Level 3 involves Diabetes Nurse Educators from the child's clinical treating team attending the schools to give specific individualised education to better support high need children.

In 2025-26, 309 school staff members completed Level 1 education, 193 school staff members completed Level 2 education and 21 school staff members received face to face Level 3 education.

Active Recreation Organisations Program

Under the *Life. Be in it* initiative, Healthy Living NT has been involved in a number of activities throughout Darwin and Palmerston. This is supported by a grant from the Department of People, Sport and Culture, Active Recreation Organisation Program.

In 2025/26, 4,931 unique people participated in a range of physical activity, lifestyle modification and health promotion programs and activities through the Active Recreation Organisations programs and general health promotion activities.

Healthy Living NT has provided many health promotion programs, some delivered over multiple weeks. A total of 22 different multi-session activities were delivered in 2025/26, with 314 unique participants, comprising:

- 73 (23%) youth
- 243 (78%) adults
- 246 (78%) female
- 71 (22%) male

Key activities delivered in 2025/26 included:

- Mini Movers Program – The Mini Movers program is targeted at children aged 3 – 5 years. Programs have been conducted around Darwin and Palmerston areas. Programs run for 4 weeks and cover fundamental locomotive skills and fundamental psychomotor skills. Additional upskilling of staff and parents in the ongoing delivery of the program is also supported by the *Let's Get Going!* resource (Net Promoter Score = 100).
- Under-Represented Populations - Programs delivered into these populations help encourage physical activity into segments of the community with less engagement in traditional exercise opportunities. Programs delivered include the Stronger Together Group who are a support group for families with members going through palliative care services (Net Promoter Score from all Stronger Together programs = 100) and STEPS, who provide services to migrant populations (Net Promoter Score from all STEPS programs = 90).
- Seniors Resistance Classes – These classes focus on physical activity suitable for seniors, focussing on balance, hand and eye coordination and building up strength. These programs are designed to increase participants confidence in being more active and reducing their falls risk. (Net Promoter Score from all programs = 95).

Additional activity included participation at events to support recruitment to programs.

Life. Be in it.™



Health Promotion

Life. Be in it. and Active Recreation Activities 2025-26	Total no. of Attendances	Total no. of Unique Participants	Unique Participants Adults		Unique Participants Under 18	
			M	F	M	F
Senior Resistance Palmerston Program 1 25/26	125	20	1	19	0	0
Senior Resistance - Program 1 25/26	102	16	4	12	0	0
Senior Resistance - Program 2 25/26	87	11	2	9	0	0
Stronger Together - Palliative Care Support Group	33	8	0	8	0	0
STEPS - Learning English migrant group	47	17	7	10	0	0
Senior Resistance Palmerston Program 2 25/26	74	11	0	11	0	0
Senior Resistance - Program 3 25/26	72	10	3	9	0	0
Senior Resistance - Program 4 25/26	56	10	2	8	0	0
Mini Movers-The Smith Family	47	12	0	5	3	5
Senior Resistance Palmerston Program 3 25/26	114	19	1	18	0	0
Senior Resistance - Program 5 25/26	104	17	2	15	0	0
Senior Resistance - Program 6 25/26	70	14	2	12	0	0
Stronger Together - Palliative Care Support Group	48	8	3	5	0	0
STEPS - Learning English migrant group	78	14	5	9	0	0
Senior Resistance Palmerston Program 4 25/26	103	15	1	14	0	0
Senior Resistance - Program 7 25/26	119	18	2	16	0	0
Senior Resistance - Program 8 25/26	69	15	3	12	0	0
Zuccoli Childcare	61	17	0	2	7	8
Team Health Mini Movers	21	8	0	3	2	3
Casuarina Childcare Centre	53	15	0	2	5	8
Goodstart Wanguri	75	21	1	2	7	11
Durack Playgroup	56	18	0	4	8	6
Total	**1614**	**314**	**39**	**205**	**32**	**41**

Additional activities attended include:

Brekkie in the Park Palmerston	130	130	30	30	35	35
Teddy Bear Picnic	4000	4000	1000	1000	1000	1000
Seniors Fortnight Day Palmerston	200	200	100	100	0	0
Brekkie in the Park Palmerston	130	130	30	30	35	35
International Men's Day	60	60	50	10	0	0
International Women's Day STEPS	87	87	15	50	10	12
National Walk to Work	10	10	3	6	1	0
Total	**4617**	**4617**	**1228**	**1226**	**1081**	**1082**



Treasurer's Report

From the Treasurer

Healthy Living NT recorded a net surplus of $103,402 from 1 July 2025 to 30 June 2026 (2024-25 = $145,331).

This is a creditable result in the context of the significantly increased costs of doing business including increased operational overheads and largely stagnant funding levels while maintaining a strong focus on service provision. Notable changes in 2025-26 were the full year impact of a new program, the Multidisciplinary Team Program, funded by the NT PHN and an increase in NDSS funding.

Sustainability of charitable organisations such as the Diabetes Association of the NT is always a challenge, and the Board is focussed on ensuring long term organisational viability. This will necessitate an enhanced conservative and prudent approach to financial management and discipline over the next few years.

Overall assets and liabilities remain well balanced and robustly managed, demonstrated by healthy cash reserves and the Association's current Asset/Liabilities ratio of 2.5:1 (2024-25=2.3:1).

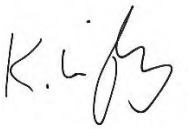
The Association owns two commercial office units in the Casi House complex. Net income from these leases is credited towards the Association's Building Fund. Income from major service contracts was steady and Healthy Living NT continues to perform strongly against service KPIs.

Membership subscriptions and membership numbers remain stable, in light of generally decreasing membership trends for service organisations throughout Australia, NT population decline and an increasingly ageing demographic.

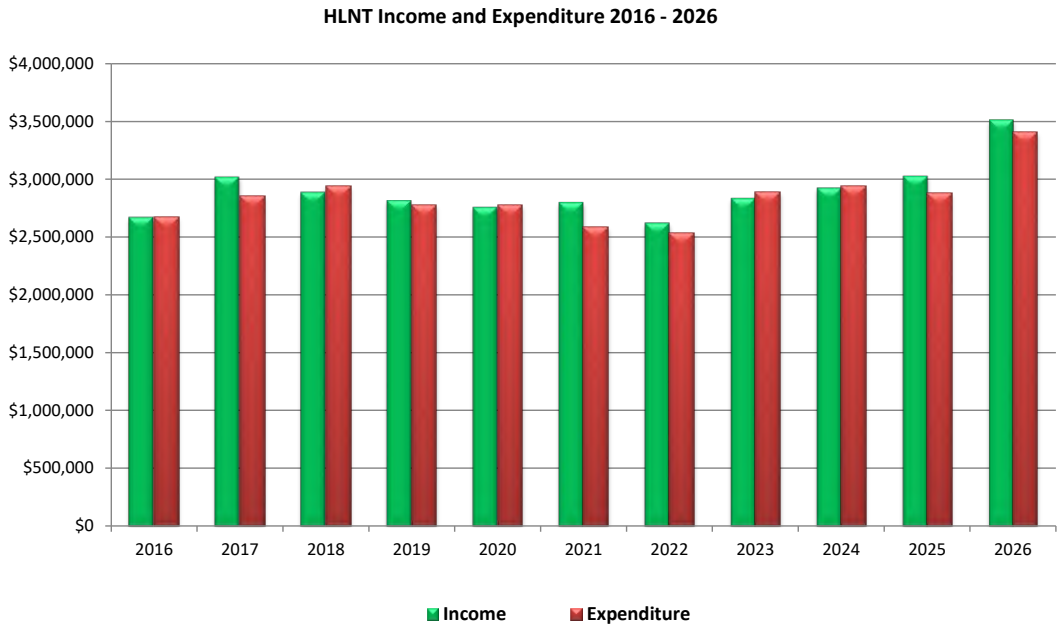
The Association is in a sound financial position. The Audited Financial Statements for 2025-26 form part of this report. A précis of Healthy Living NT's financial statements and other key performance indicators is shown below, including comparison over previous years.

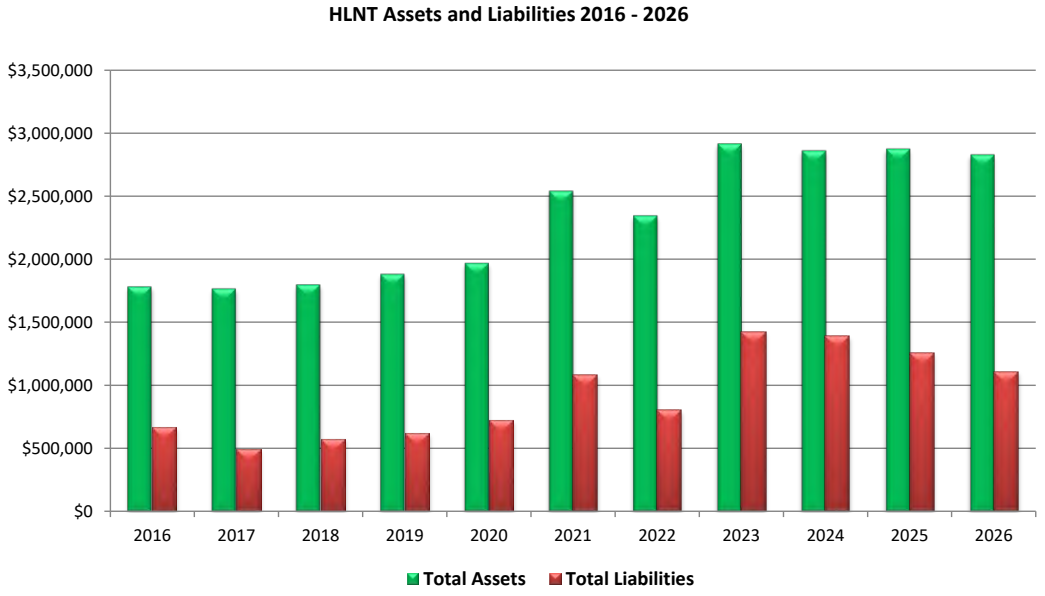
Financial Statement Summary	*2026 $*	*% Change (From 2025)*	*2025 $*	*2024 $*	*2023 $*	*2022 $*	*2021 $*
Profit and Loss							
Income	3,509,739	16.1%	3,024,173	2,921,437	2,831,704	2,620,589	2,797,662
Expenditure	3,406,337	18.3%	2,878,842	2,941,020	2,885,820	2,535,932	2,585,516
Surplus/(Deficit)	**$ 103,402**		**$ 145,331**	**-$ 19,583**	**-$ 54,116**	**$ 84,657**	**$ 212,146**
Balance Sheet							
Total Assets	2,822,373	-1.6%	2,869,244	2,854,361	2,909,657	2,340,781	2,535,538
Total Liabilities	1,108,870	-11.9%	1,259,143	1,389,591	1,425,304	802,312	1,081,726
Assets/Liabilities Ratio	2.5:1		2.3:1	2.05:1	2.04:1	2.92:1	2.34:1
NET ASSETS	**1,713,503**	**6.4%**	**1,610,101**	**1,464,770**	**$1,484,353**	**$1,538,469**	**$1,453,812**

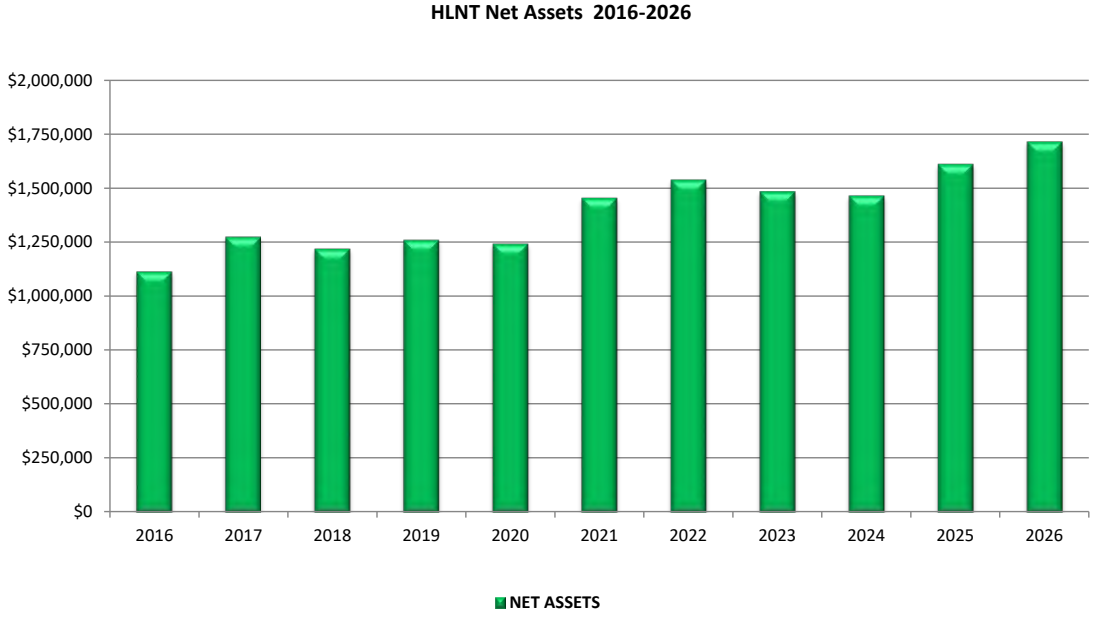
The following charts show the growth and stability of the Association over time and reflect the prudent and stable management of the organisation.



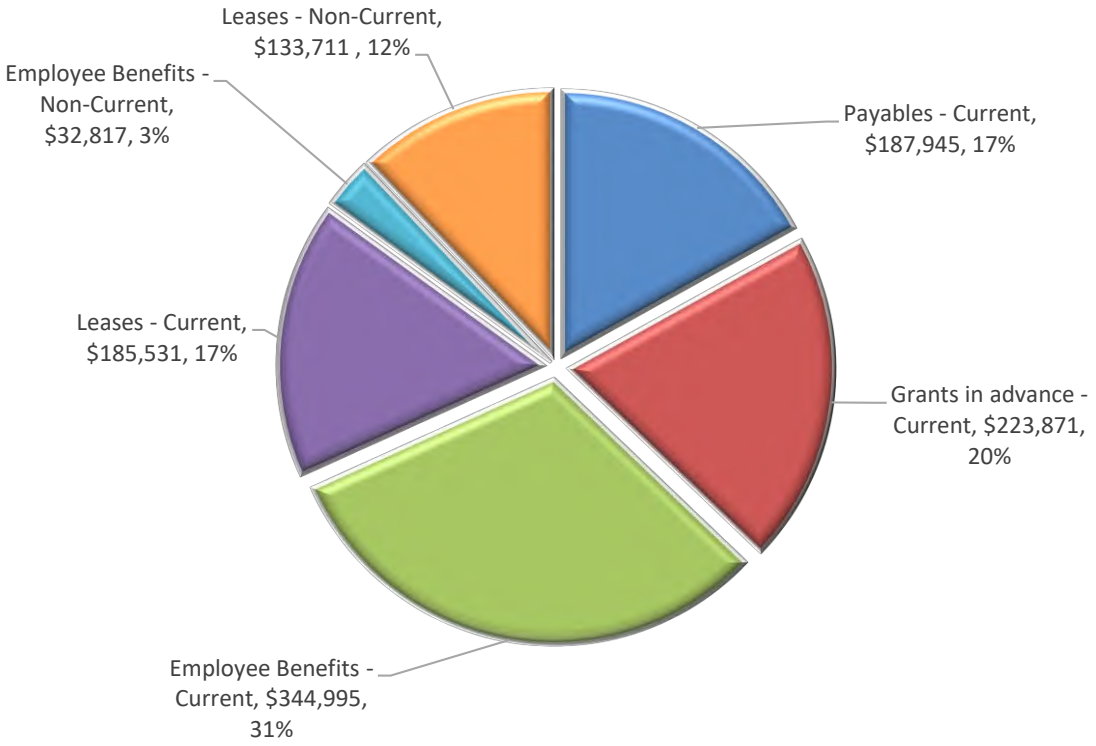
KEVIN WRIGLEY
Treasurer – 2025-26


HLNT Income and Expenditure 2016 - 2026
$4,000,000
$3,500,000
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$0
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
Income
Expenditure

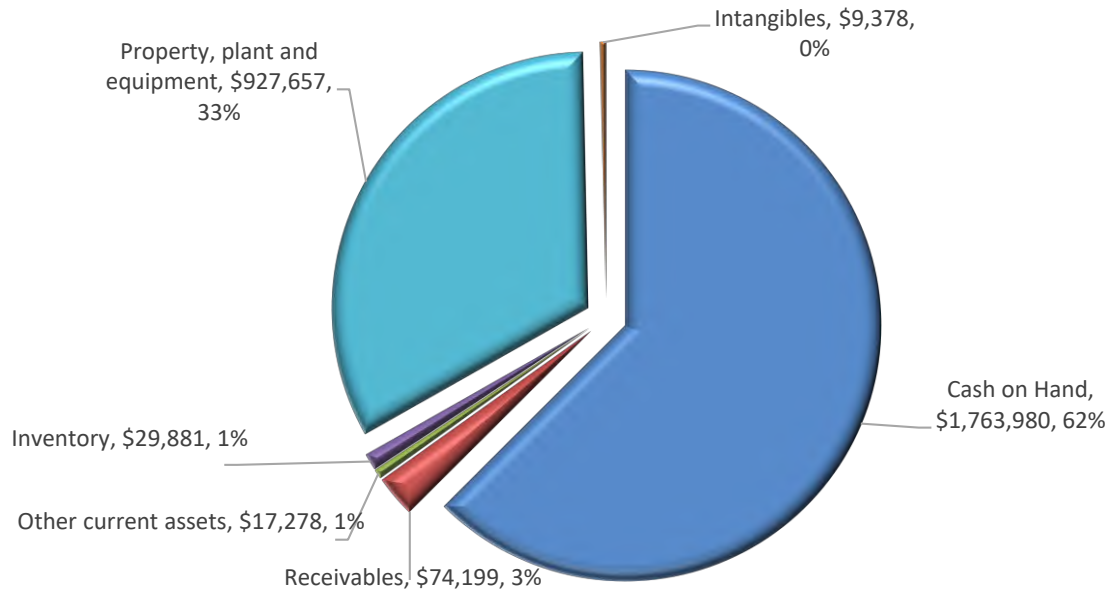

HLNT Assets and Liabilities 2016 - 2026
$3,500,000
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$0
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
Total Assets
Total Liabilities


HLNT Net Assets 2016-2026
$2,000,000
$1,750,000
$1,500,000
$1,250,000
$1,000,000
$750,000
$500,000
$250,000
$0
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
NET ASSETS

HLNT Liabilities 2025-26



HLNT Assets 2025-26



THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
Trading as
HEALTHY LIVING NT
ABN: 11 374 693 055

SPECIAL PURPOSE FINANCIAL REPORT
30 JUNE 2026

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THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT

BOARD'S REPORT

Your Board members present this report on The Diabetes Association of the Northern Territory Inc. trading as Healthy Living NT for the financial year ended 30 June 2026.

The names of the Board members throughout the year and at the date of this report are:

Name	Position	Appointed/Resigned
William De Decker	President	Appointed 26 October 2024
Yvonne Rowan	Vice President and Public Officer	Appointed 25 October 2025
Ramona Long	Vice President	Appointed 25 October 2025
Kevin Wrigley	Treasurer/Secretary	Appointed 26 October 2024
Ron O'Brien	Board Member	Resigned 25 October 2025
Ferdinand Daroya	Board Member	Appointed 26 October 2024
Benjamin King	Board Member	Appointed 25 October 2025
Milson Hayward	Board Member	Appointed 25 October 2025
Bianca Rayner	Board Member	Appointed 26 October 2024
Sue Korner	Board Member	Appointed 26 October 2024
Adam Barnes	Board Member	Appointed 25 October 2025

Principal Activities
The principal activities of the Association during the financial year were:

- to provide benefits and services to people affected by diabetes;
- to provide education services to people affected by diabetes and people with a cardiac condition,
- to distribute diabetes supplies and services under the National Diabetes Services Scheme;
- to promote the study of the causes of diabetes; and
- to distribute information regarding diabetes.

No significant changes in the Association's state of affairs occurred during the year.

Operating Result
The surplus for the year was $103,402 (2025: surplus $145,331).

Distribution to Members
No distributions were paid to members during the financial years. The Association is a public benevolent institution and is exempt from income tax. This status prevents any distribution to members.

Review of Operations
The Association performed well financially in the provision of health care education and assistance to people with diabetes, people with a cardiac condition and their health professionals in the Northern Territory during the 2025/2026 financial year.

Events Subsequent to Reporting Date
No matters or circumstances have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

Likely Developments
The Association will consolidate the provision of health care education and assistance to people with diabetes, people with a cardiac condition and their health professionals and ensure its network is expanded throughout the Northern Territory.

The Association is well placed in terms of governance due to a stable Board and Leadership Group to guide the Association's operations.

Environmental Issues
The Association's operations are not regulated by any significant environmental regulation under law of the Commonwealth or of a state or territory.

Indemnifying Officers of the Association
No indemnities have been given, or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Association.

Proceedings on Behalf of the Association
No person has applied for leave of Court to bring proceedings on behalf of the Association or to intervene in any proceedings to which the Association is a party, for the purpose of taking responsibility on behalf of the Association for all or part of those proceedings.

Auditor's Independence Declaration
A copy of the auditor's independence declaration is set out on page 5.

Signed in accordance with a resolution of the Members of the Board.



William De Decker
President
Date: 9 September 2026
Canberra



Kevin Wrigley
Treasurer
Date: 9 September 2026
Townsville

THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT

BOARD'S DECLARATION

The board of The Diabetes Association of the Northern Territory Inc. trading as Healthy Living NT declare that:

(i) The financial statements and notes, as set out on pages 8 to 32, are in accordance with the financial reporting requirements of the Associations Act 2003 (NT) and the *Australian Charities and Not-for-Profits Commission Act 2012*.

(a) comply with Australian Accounting Standards; and
(b) give a true and fair view of the financial position as at 30 June 2026 and the performance for the year ended on that date of the Association.

(ii) In the board's opinion there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the board passed on 9 September 2026.





William De Decker
President
Date: 9 September 2026
Canberra

Kevin Wrigley
Treasurer
Date: 9 September 2026
Townsville

Nair Watkins
CHARTERED ACCOUNTANTS

First Floor
83 Coonawarra Road
Winnellie NT 0820

Telephone: (08) 8923 6300
Facsimile: (08) 8923 6311

Postal Address
PO Box 36268
Winnellie NT 0821

Nair Watkins Pty Ltd
ABN: 17 092 428 521

Auditors Independence Declaration to the Board of The Diabetes Association of the Northern Territory Inc. trading as Healthy Living NT

In relation to my audit of the financial report of The Diabetes Association of the Northern Territory Inc. trading as Healthy Living NT for the financial year ended 30 June 2026, to the best of my knowledge and belief, there have been no contraventions of:

- the auditor independence requirements of the *Australian Charities and Not-for-Profits Commission Act 2012* in relation to the audit; and
- any applicable code of professional conduct in relation to the audit.

Lloyd Nair
Registered Company Auditor
Darwin
Date: 10 September 2026

Liability limited by a scheme approved under the Professional Standards Legislation

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

Nair Watkins
CHARTERED ACCOUNTANTS

First Floor
83 Coonawarra Road
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Nair Watkins Pty Ltd
ABN: 17 092 428 521

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INCORPORATED TRADING AS HEALTHY LIVING NT

Report on the Audit of the Financial Report

Qualified Opinion

I have audited the accompanying financial report, being a special purpose financial report of The Diabetes Association of the Northern Territory Incorporated trading as Healthy Living NT, which comprises the statement of financial positions as at 30 June 2026, statement of profit and loss and other comprehensive income, statement of changes in equity, statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the statement by the board.

In my opinion, except for the effects of the matter described in the Basis for Qualified Opinion section of my report, the special purpose financial report of The Diabetes Association of the Northern Territory Incorporated trading as Healthy Living NT has been prepared accordance with Division 60 of the *Australian Charities and Not-for-Profits Commission Act 2012,* including:

(i) giving a true and fair view of the Association's financial position as at 30 June 2026 and of its financial performance for the year then ended; and
(ii) complying with the Australian Accounting Standards to the extent described in Note 1 and Division 60 of the *Australian Charities and Not-for-Profits Commission Regulation 2013* and Associations Act (NT).

Basis for Qualified Opinion

The Association only records amounts received from sales takings when they are banked, as it is not practical to establish control over sales takings prior to its initial entry. My audit relating to such income was therefore limited to ensuring that the amounts banked are properly recorded in the accounts. Accordingly, I do not express an opinion on whether all income has been banked and I cannot determine the effects of such adjustments, if any, as might have been determined to be necessary had this limitation not existed.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of my report.

I am independent of the Association in accordance with the auditor independence requirements of *Australian Charities and Not-for-Profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

I draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist The Diabetes Association of the Northern Territory Incorporated trading as Healthy Living NT to meet the requirements of the Associations Act (NT) and the *Australian Charities and Not-for-Profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose. My opinion is not modified in respect of this matter.

Board's Responsibility for the Financial Report

The Board of the Association is responsible for the preparation and fair presentation of the financial report and has determined that the basis of preparation described in Note 1 is appropriate to meet to the requirements of the Associations Act (NT) and the *Australian Charities and Not-for-Profits Commission Act 2012* and is appropriate to meet the needs of the members. The Board's responsibility also includes such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

Liability limited by a scheme approved under the Professional Standards Legislation

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

In preparing the financial report the Board of the Association is responsible for assessing the Association's ability to continue as a going concern and disclosing, as applicable, all matters relating to going concern and using the going concern basis of accounting unless the Board either intend to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Association's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

My objectives are to obtain reasonable assurance whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

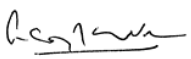
- Conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosure in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with management, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify, if any, during the audit.



Nair Watkins



Lloyd Nair
Registered Company Auditor
Darwin
Date: 10 September 2026

THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2026

	Notes	2026 $	2025 $
Revenue and other income	2	3,524,875	3,042,494
Employee benefits expenses	3	(2,333,390)	(1,882,802)
Depreciation and amortisation	9,10	(316,568)	(330,153)
Motor vehicle expenses	3	(20,842)	(14,679)
Project expenditure	3	(126,781)	(121,705)
Other expenses	3	(608,756)	(529,503)
Results from operating activities		118,538	163,652
Finance income		12,370	17,696
Finance expense		(27,506)	(36,017)
	2a	(15,136)	(18,321)
Surplus for the year		103,402	145,331
Other Comprehensive Income		0	0
Total Comprehensive Income		103,402	145,331

The accompanying notes form part of these financial statements

THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2026

	Notes	2026 $	2025 $
CURRENT ASSETS			
Cash and cash equivalents	5	1,763,980	1,547,166
Trade and other receivables	6	74,199	46,308
Other current assets	7	17,278	21,314
Inventories	8	29,881	26,564
TOTAL CURRENT ASSETS		1,885,338	1,641,352
NON-CURRENT ASSETS			
Property, plant and equipment	9	927,657	1,227,892
Intangibles	10	9,378	0
TOTAL NON-CURRENT ASSETS		937,035	1,227,892
TOTAL ASSETS		2,822,373	2,869,244
CURRENT LIABILITIES			
Trade and other payables	11	187,945	175,649
Lease liabilities	12	185,531	188,872
Unexpended grants	13	223,871	210,701
Employee benefits	14	344,995	300,263
TOTAL CURRENT LIABILITIES		942,342	875,485
NON-CURRENT LIABILITIES			
Lease liabilities	12	133,711	319,243
Employee benefits	14	32,817	64,415
TOTAL NON-CURRENT LIABILITIES		166,528	383,658
TOTAL LIABILITIES		1,108,870	1,259,143
NET ASSETS		1,713,503	1,610,101
ACCUMULATED FUNDS			
Accumulated funds		1,713,503	1,610,101
TOTAL ACCUMULATED FUNDS		1,713,503	1,610,101

The accompanying notes form part of these financial statements

THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2026

	Accumulated Funds $	Total $
Balance 30 June 2024	1,464,770	1,464,770
Surplus 2025	145,331	145,331
Balance 30 June 2025	1,610,101	1,610,101
Surplus 2026	103,402	103,402
Balance 30 June 2026	1,713,503	1,713,503

The accompanying notes form part of these financial statements

THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT

STATEMENT OF CASH FLOWS
YEAR ENDED 30 JUNE 2026

	Notes	2026 $	2025 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers, projects and administration		732,221	813,387
Payments to suppliers and employees		(3,063,620)	(2,508,498)
Interest received		12,370	17,696
Grants received		2,777,933	2,238,422
NET CASH FLOWS FROM OPERATING ACTIVITIES	16(b)	458,904	561,007
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant, Equipment and website		(25,711)	(31,373)
Proceeds from the sale of property, plant and equipment		0	4,091
NET CASH FLOWS PROVIDED USED IN INVESTING ACTIVITIES		(25,711)	(27,282)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liabilities		(188,873)	(174,070)
Interest paid		(27,506)	(36,017)
NET CASH FLOWS USED IN FINANCING ACTIVITIES		(216,379)	(210,087)
NET INCREASE/(DECREASE) IN CASH HELD		216,814	323,638
Cash at the beginning of the financial year		1,547,166	1,223,528
Cash at the end of the financial year	16(a)	1,763,980	1,547,166

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2026

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Act (NT) and the *Australian Charities and Not-for-Profits Commission Act 2012*. The Board has determined that the Association is not a reporting entity.

This financial report covers The Diabetes Association of the Northern Territory Inc. as an individual entity. The Association is a not-for-profit entity incorporated in the Northern Territory under the Associations Act (NT).

The financial report has been prepared on an accrual basis and is based on historical costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

In preparing the financial report, the following Australian Accounting Standards required by the Australian Charities and Not-for-Profits Commission have been adopted:

AASB 101 *Presentation of Financial Statements*
AASB 107 *Statement of Cash Flows*
AASB 108 *Accounting Policies, Changes in Accounting Estimates & Errors*
AASB 124 *Related Party Disclosures*
AASB 1048 *Interpretation of Standards*
AASB 1054 *Australian Additional Disclosures*

The financial statements were authorised for issue by the Board on 9 September 2026.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

Revenue

Revenue from the sale of goods or services is recognised at the point of delivery of the goods or services to clients. Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets. Interest revenue comprises interest received and is recognised as it accrues.

Grant revenue is recognised in the statement of profit and loss and other comprehensive income when controlled. Where binding conditions, or specific milestones, exist relating to the specific purpose for which the grant funds may be applied, grant revenues are recognised in the statement of financial position as a liability until such time that all conditions of the grant are met.

All revenue is stated net of the amount of goods and services tax.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

Subscriptions
Subscriptions are brought to account on a cash basis and receivables relating to subscriptions are not recognised.

Inventories
Inventories are valued at the lower of cost and net realisable value. Cost is determined on the first in, first out basis, and comprises the cost of purchase including costs of bringing the inventories to location.

Cash and Cash Equivalents
Cash and cash equivalents in the statement of financial position comprise of cash at bank, cash on hand and short term deposit with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. Where bank accounts are overdrawn, balances are shown in current liabilities on the statement of financial position.

Economic Dependence
The Association is dependent on government grants and contract arrangements for the majority of the revenue to operate its business. The future operations of the Association is dependent on achieving operating surpluses and positive cash flows. At the date of this report, the Board have no reason to believe that the Association will not be able to generate operating surpluses and positive cash flows.

Payables and accruals
Trade and other payables are carried at amortised cost due to their short term nature they are not discounted. They represent liabilities for goods and services provided to the Association prior to the end of the year that are unpaid and arise when the Association becomes obliged to make future payments in respect of the purchase of these goods and services. The amounts are unsecured and are usually paid within 30 days of recognition.

Income Tax
The Association is exempt from income tax.

Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST. Receivables and payables in the statement of financial position are shown inclusive of GST. Cash flows are presented in the cash flow statement on a gross basis.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

Property, plant and equipment

Property, plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually to ensure it is not in excess of the recoverable amounts of these assets.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of profit and loss and other comprehensive income. When re-valued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

Depreciation

The depreciable amount of all property, plant and equipment are depreciated on a straight-line basis over the asset's useful lives commencing from the time the assets are held ready to use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable asset in this financial year which is the same as prior year:

The asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

	2026	**2025**
Class of Non- Current Asset	*Depreciation Rate*	
Furniture, fittings and equipment	20%	20%
Renovations – Leasehold improvements	10%-20%	10%-20%
Computers	20%-50%	20%-50%
Buildings	2.5%	2.5%
Motor Vehicles	20%	20%

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

Financial Instruments

Initial recognition and measurement
Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the entity commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Classification and subsequent measurement

Financial liabilities
Financial liabilities are subsequently measured at:
- amortised cost; or
- fair value through profit or loss.

A financial liability is measured at fair value through profit or loss if the financial liability is:
- held for trading; or
- initially designated as at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method.

Financial assets
Financial assets are subsequently measured at:
- amortised cost;
- fair value through other comprehensive income; or
- fair value through profit or loss.

Measurement is on the basis of two primary criteria:
- the contractual cash flow characteristics of the financial asset; and
- the business model for managing the financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost:
- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

- the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred;
- all risk and rewards of ownership of the asset have been substantially transferred; and
- the entity no longer controls the asset (ie has no practical ability to make unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

On derecognition of a debt instrument classified as fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investment revaluation reserve is reclassified to profit or loss.

On derecognition of an investment in equity which the entity elected to classify under fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investments revaluation reserve is not reclassified to profit or loss, but is transferred to retained earnings.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

The entity recognises a loss allowance for expected credit losses on:
- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- loan commitments that are not measured at fair value through profit or loss.

Loss allowance is not recognised for:
- financial assets measured at fair value through profit or loss; or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

Recognition of expected credit losses in financial statements

At each reporting date, the entity recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.
The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.
Assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at every reporting period.

Key Estimates

Impairment
The Association assesses impairment at each reporting date by the evaluation of conditions and events specific to the Association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Key Judgements

The Association evaluates key estimates and key judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates and judgements assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and internally.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - contd

Employee Entitlements

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits, where such benefits are material.

Short Term and Long Term Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefit will result and that the outflow can be measured reliably. Provisions are measured at the best estimate of the amounts to settle the obligation at reporting date.

Comparatives

Where required comparatives have been restated to facilitate meaningful comparison to current year results.

New or amended Accounting Standards and Interpretations adopted

The Association has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Association.

New Accounting Standards for application in future periods

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - contd

Leased assets

The Association as a lessee

For any new contracts entered into on or after 1 July 2023, the Association considers whether a contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'. To apply this definition the Association assesses whether the contract meets three key evaluations which are whether:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to the Association
- the Association has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract
- the Association has the right to direct the use of the identified asset throughout the period of use.

The Association assess whether it has the right to direct 'how and for what purpose' the asset is used throughout the period of use.

The Association as a lessor

Amounts due from lessees under finance lease are recognized as receivables at the amount of the Association's net investment in the lease. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Association's net investment outstanding in respect of the leases.

Rental income from operating leases is recognized on a straight-line basis over the term of the relevant lease. Initial direct costs in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognized on a straight-line basis over the lease term.

Measurement and recognition of leases as a lessee

At lease commencement date, the Association recognises a right-of-use asset and a lease liability on the statement of financial position. The right-of-use asset is measured at cost, which is made up of the initial measurement of the lease liability, any initial direct costs incurred by the Association, an estimate of any costs to dismantle and remove the asset at the end of the lease, and any lease payments made in advance of the lease commencement date (net of any incentives received).

The Association depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The Association also assesses the right-of-use asset for impairment when such indicators exist.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - contd

At the commencement date, the Association measures the lease liability at the present value of the lease payments unpaid at that date, discounted using the interest rate implicit in the lease if that rate is readily available or the Association's incremental borrowing rate.

Lease payments included in the measurement of the lease liability are made up of fixed payments (including in substance fixed), variable payments based on an index or rate, amounts expected to be payable under a residual value guarantee and payments arising from options reasonably certain to be exercised.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in in-substance fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

The Association has elected to account for short-term leases and leases of low-value assets using the practical expedients. Instead of recognising a right-of-use asset and lease liability, the payments in relation to these are recognised as an expense in profit or loss on a straight-line basis over the lease term.

On the statement of financial position, right-of-use assets have been included in property, plant and equipment and lease liabilities have been disclosed separately.

The Association has a lease for office space in Tiwi and Alice Springs. With the exception of short term leases and leases of low-value underlying assets, each lease is reflected on the statement of financial position as a right-of-use asset and a lease liability. Variable lease payments which do not depend on an index or a rate are excluded from the initial measurement of the lease liability and asset. The Association classifies its right-of-use assets in a consistent manner to its property, plant and equipment
(see Note 9).

Each lease generally imposes a restriction that, unless there is a contractual right for the Association to sublet the asset to another party, the right-of-use asset can only be used by the Association. Leases are either non-cancellable or may only be cancelled by incurring a substantive termination fee.
The Association is prohibited from selling or pledging the underlying leased assets as security. For leases over office buildings and residential premises the Association must keep those properties in a good state of repair and return the properties in their original condition at the end of the lease.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - contd

Measurement and recognition of leases as a lessee - contd

The table below describes the nature of the Association's leasing activities by type of right-of-use asset recognised on the statement of financial position:

Right of Use Asset	No of Right of Use assets leased	Range of remaining term	Average remaining lease term	No of leases with options to extend
Office Building Tiwi	1	1.75 years	1.75 years	1
Office Building Alice Springs	1	.5 years	.5 years	1

	Asset	Carrying amount	Amortisation	WDV
Office Building Tiwi	725,595	725,595	471,637	253,958
Office Building Alice Springs	84,173	84,173	63,129	21,044
Total	809,768	809,768	534,766	275,002

The right-of-use assets are included in the same line item as where the corresponding underlying assets would be presented if they were owned.

Lease Liabilities

Lease liabilities are presented in the statement of financial position as follows:

	30 June 2026 $	30 June 2025 $
Current	185,531	188,872
Non – Current	133,711	319,243

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2026

	2026 $	2025 $
NOTE 2. REVENUE AND OTHER INCOME		
Administration Fees	82,822	50,316
Donations	4,123	4,117
Grants		
- NT DoH – Diabetes & Cardiac Education	903,900	875,947
- Free Syringe	65,451	63,427
- Mini Movers	0	30,704
- NT DTSC – Active Recreation	116,926	115,000
- NTPHN – Healthy Ageing Program	13,800	138,543
- NTPHN – MDT Consumables Reserve	200	0
- NTPHN – MDT Support Services	150,000	0
- NTPHN – MDT System Navigator	250,000	48,469
Profit/Loss on sale of assets	0	(1,070)
Medical Outreach Indigenous Chronic Disease	360,682	331,959
Home blood glucose monitors	15,578	17,146
Literature	1,814	7,401
HIC Medicare Claims	8,388	14,789
Mail order postage	2,235	2,535
Medical aids sales	43,475	43,981
National Diabetes Services Scheme Operations	1,264,487	1,040,901
NDSS Mics. Income / Co Payments	68,139	62,839
Other GST products	12,443	12,870
Projects	39,061	52,938
Subscription/membership fees	9,221	9,020
Rent – CASI House	73,954	68,995
Health Promotion Service	4,379	5,980
External Heath Services	7,172	385
In-Kind Donation – Shop Lease	15,600	15,000
Sundry income	0	484
Clinical Services	11,025	23,270
Facility Hire Shop 3	0	6,548
Total Revenue	3,524,875	3,042,494
NOTE 2a. FINANCE INCOME		
Interest on bank accounts	12,370	17,696
Interest expense for leasing arrangements	(27,506)	(36,017)
Net Finance Income	(15,136)	(18,321)

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2026

	2026 $	2025 $
NOTE 3. EXPENDITURE		
Employee benefits expenses		
Salaries	2,049,459	1,662,149
FBT	10,529	4,356
Superannuation	242,457	193,264
Staff training	8,249	770
Worker's compensation	22,696	22,263
	2,333,390	1,882,802
Motor vehicle expenses		
Fuel, repairs and maintenance, registration	20,842	14,679
Project expenditure		
Project direct expenditure	126,781	121,705
Other Expenses		
Advertising	1,378	2,721
Audit fees	22,550	19,275
Bank fees	4,713	8,230
Cleaning	19,570	18,415
Computer and email expenses	96,964	82,735
Conference fees and travel	65,427	36,916
Cost of goods sold	41,564	43,501
Consultants	13,117	8,204
Education consumables	1,661	869
Education Resource/Library	19	29
Electricity	21,697	16,308
Freight	9,600	10,449
Health Promotion Programs	1,233	0
Insurance	26,389	30,725
License Fees	0	102
Management fee – CASI House	8,945	5,393
NDSS expenditure- Direct	8,671	0

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2026

	2026 $	2025 $
Other Expenses - contd		
NDSS _ Co-Payments – Free Syringes	42,722	43,847
NDSS – Co-Payments –BGTS, IPCs	67,384	64,088
Office expenses	9,860	11,132
Office amenities	3,472	2,140
Office Security	1,894	2,399
Telephone/fax	14,783	13,332
Territory Way newsletter	25,189	20,548
Postage	5,156	5,497
Printing and stationery	17,342	16,838
Rent	25,959	20,935
Repairs and maintenance	22,393	14,884
Rates and taxes	14,246	15,632
Subscriptions	159	397
Sundry expenses	0	693
Specialist Sessional Services	12,164	10,920
Web Site maintenance	2,535	2,349
	608,756	529,503

NOTE 4. AUDITORS REMUNERATION

Remuneration of the auditors of the association for		
- Auditing or reviewing the financial report – Nair Watkins	22,550	19,275

NOTE 5. CASH AND CASH EQUIVALENTS

Cash on hand	400	400
Westpac Operating Account	73,684	117,377
Westpac Investment Account	828,533	607,874
Future IT Development	50,727	22,503
Building Fund	254,319	252,618
Board Designated Reserve	254,505	252,802
Employee Provisions Fund	301,812	293,589
Undeposited Funds	0	3
	1,763,980	1,547,166

	2026 $	2025 $
NOTE 6. TRADE AND OTHER RECEIVABLES		
Trade debtors	71,502	14,713
Other debtors	0	28,898
Bond - Alice Springs Office	2,697	2,697
	74,199	46,308

Current receivables are non-interest bearing and are generally receivable within 60 days. Trade and other receivables comprise amounts due for goods and services provided by the Association. These are recognised and carried at original invoice amount less an estimate for any uncollectable amounts. An estimate for doubtful debts is made when collection for the full amount is impaired.

Credit Risk
The Association has no significant concentration of risk with respect to any single counterparty or group of counterparties other than its bank accounts which are held with Westpac.

The following table details the Associations other receivables exposed to credit risk with ageing and impairment provided thereon. Amounts considered 'past due' when the debt has not been settled within the terms and conditions agreed between the Association and the counterparty to the transaction.

The balances of receivables that remain within the initial terms (as detailed in the table) are considered to be high credit quality.

				past due but not impaired		
2026	**Gross Amount** **$**	**Past due & Impaired** **$**	**Within initial trade terms** **$**	**31-60** **$**	**61-90** **$**	**>90** **$**
Trade and Other receivables	71,502	0	71,502	0	0	0

				past due but not impaired		
2025	**Gross Amount** **$**	**Past due & Impaired** **$**	**Within initial trade terms** **$**	**31-60** **$**	**61-90** **$**	**>90** **$**
Trade and Other receivables	14,713	0	14,680	0	33	0

The Association does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.

No collateral is held as security for any of the trade and other receivable balances.

	2026 $	2025 $
Financial assets		
Trade and other receivables	74,199	46,308

No collateral has been pledged for any of the trade and receivable balances.

NOTE 7. OTHER CURRENT ASSETS

Prepayments	17,278	21,314

NOTE 8. INVENTORIES (CURRENT)

Medical supplies - at cost	29,881	26,564

NOTE 9. PROPERTY, PLANT AND EQUIPMENT

Furniture, fittings and equipment at cost	526,356	510,995
Accumulated depreciation	(451,576)	(401,181)
	74,780	109,814
Office Renovations	876,552	876,552
Accumulated Depreciation	(715,229)	(658,791)
	161,323	217,761
Buildings – at cost	688,347	688,347
Accumulated Depreciation	(271,795)	(250,237)
	416,552	438,110
Right of Use Assets	809,768	893,782
Amortisation	(534,766)	(431,575)
	275,002	462,207
Closing written down value	927,657	1,227,892

NOTE 9. PROPERTY, PLANT AND EQUIPMENT – contd.

Movements in carrying amounts

Movement in carrying amounts for each class of property, plant and equipment between the beginning and the end of the financial year.

	FF& Equip $	Office Renovations $	Buildings $	Right of Use Assets $	Total $
Balance at the beginning of year 1 July 2024	148,990	273,832	459,668	565,170	1,447,660
Additions	15,759	15,615	0	84,173	115,547
Disposals	(37,527)	0	0	0	(37,527)
Writeback	37,527	(5,162)	0	0	32,365
Depn. Expense	(54,935)	(66,524)	(21,558)	0	(143,017)
Amortisation	0	0	0	(187,136)	(187,136)
Carrying amount at the end of the year 30 June 2025	109,814	217,761	438,110	462,207	1,227,892
Balance at the beginning of year 1 July 2025	109,814	217,761	438,110	462,207	1,227,892
Additions	15,361	0	0	0	15,361
Disposals	0	0	0	(84,014)	(84,014)
Writeback	0	0	0	84,014	84,014
Amortisation	0	0	0	(187,205)	(187,205)
Depn. Expense	(50,395)	(56,438)	(21,558)	0	(128,391)
Carrying amount at the end of the year 30 June 2026	74,780	161,323	416,552	275,002	927,657

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2026

	2026 $	2025 $
NOTE 10. INTANGIBLES		
Website	74,905	64,555
Amortisation	(65,527)	(64,555)
	9,378	0
HLNT Client Database	52,579	52,579
Amortisation	(52,579)	(52,579)
	0	0
	9,378	0
NOTE 11. TRADE AND OTHER PAYABLES		
Trade creditors, accruals and payroll liabilities	183,571	169,410
GST	4,374	6,239
	187,945	175,649
Financial liabilities at amortised cost classified as trade and other payables		
- Total current	187,945	175,649
- Total non-current	0	0
	187,945	175,649

Trade creditors and other payables represent liabilities for goods and services provided to the Association prior to the end of the financial year that are unpaid. These amounts are usually settled in 30 days. The notional amount of the creditors and payables is deemed to reflect fair value.

NOTE 12. LEASE LIABILITIES		
Current	185,531	188,872
Non-current	133,711	319,243
	319,242	508,115
NOTE 13. UNEXPENDED GRANTS		
Bill Raby Fellowship	31,097	62,318
CDN Conference Fund – Seed Funding	132,344	132,344
Adolescent Support Group	2,405	2,405
NTPHN – Healthy Ageing Program	0	13,800
NTPHN – MDT Consumables Reserve	9,800	0
NDSS Continuing Support Program	0	(166)
NDSS Getting Started Regional	12,061	0
NDSS GDM Virtual Program	36,164	0
	223,871	210,701

	2026 $	2025 $
NOTE 14. EMPLOYEE BENEFITS		
CURRENT		
Annual Leave	141,741	114,613
Long Service Leave	203,254	185,650
	344,995	300,263
NON-CURRENT		
Long Service Leave	32,817	64,415

NOTE 15. FINANCIAL RISK MANAGEMENT

The Association's financial instruments consist mainly of deposits with banks, short term investments, accounts receivables and payables.

The total for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows.

	2026 $	2025 $
Financial Assets		
Cash and cash equivalents	1,763,980	1,547,166
Trade and other receivables	74,199	46,308
	1,838,179	1,593,474
Financial Liabilities		
Trade and other payables	187,945	175,649
Lease liability – ROU	319,242	508,115
Contractual liabilities	223,871	210,701
	731,058	894,465

Financial Risk Management Policies
The Association's board is responsible for, among other issues, monitoring and managing financial risk exposures of the Association. The board monitor the Association's transactions and reviews the effectiveness of controls relating to credit risk, financial risk and interest rate risk. Discussions on monitoring and managing financial risk exposures are held bi-monthly and are minuted.

The Association's directors overall risk management strategy seeks to ensure that the Association meets its financial targets, whilst minimising potential adverse effects of cash flow shortfalls.

Specific Financial Risk Exposures and Management
The main risk the Association is exposed to through its financial instruments are interest rate and liquidity risk.

Interest Rate Risk
The Association is not exposed to material interest rate risk.

Liquidity Risk
Liquidity risk arises from the possibility that the Association might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The Association manages this risk through the following mechanisms.

- preparing forward looking reports in relation to its operational, investing and financing activities;
- only investing surplus cash with major financial institutions; and
- proactively monitoring the recovery of unpaid trade and other receivables.

The table below reflects an undiscounted contractual maturity analysis for financial liabilities.

Cash flows from financial assets reflect management's expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed.

	Within 1 year		1 to 5 Years		Over 5 Years		Total	
	2026 $	2025 $	2026 $	2025 $	2026 $	2025 $	2026 $	2025 $
Financial Liabilities due for payment								
Trade & other payables	411,816	386,350	0	0	0	0	411,816	386,650
Lease Liability	185,531	188,872	133,711	319,243	0	0	319,242	508,115
Total contractual outflows	597,347	575,222	133,711	319,343	0	0	731,058	894,565
Financial Assets – cash flows realisable								
Cash & cash equivalents	1,763,980	1,547,166	0	0	0	0	1,763,980	1,547,166
Trade and other receivables	74,199	46,308	0	0	0	0	74,199	46,308
Total anticipated cash in flows	1,838,179	1,593,474	0	0	0	0	1,838,179	1,593,474

Financial assets pledged as collateral
No financial assets have been pledged as security for any financial liability.

Foreign exchange risk
The Association is not exposed to fluctuations in foreign currencies.

Credit Risk
The Association's exposure to credit risk by class of recognised financial assets at balance date is equivalent to the carrying value and classification of those financial assets (net of any provisions)

Refer to Note 6 for credit risk disclosures.

Net Fair Values
Due to their short term nature the net fair values of financial assets and financial liabilities are approximated by their net carrying values as presented in the statement of financial position and the accompanying notes forming part of these financial statements.

NOTE 16. CASH FLOW INFORMATION

	2026 $	2025 $
a) Reconciliation of cash		
Cash balance comprises:		
- Cash at bank (Note 5)	1,763,980	1,547,166
b) Reconciliation of the operating surplus to the net cash flows from operation		
Surplus	103,402	145,331
Depreciation	128,391	143,017
Amortisation	188,177	187,136
Interest on lease liability	27,506	36,017
Net gain/(loss) on disposal of property, plant & equipment	0	1,070
Changes in assets and liabilities:		
Inventories	(3,317)	675
Other current assets	4,036	5,498
Trade and other receivables	(27,891)	82,814
Trade and other payables	12,296	11,208
Unexpended grants	13,170	(74,569)
Provision for employee benefits	13,134	22,810
Net cash flows provide by / (used in) operations	458,904	561,007

NOTE 17. EVENTS SUBSEQUENT TO REPORTING DATE

There were no events after balance sheet date.

NOTE 18. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There were no contingent liabilities or assets at 30 June 2026.

NOTE 19. SEGMENT INFORMATION

The Association is involved in the provision of health care education and assistance to people with diabetes, people with a cardiac condition and their health professionals. This is carried out in the Northern Territory of Australia.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2026

NOTE 20. RELATED PARTY DISCLOSURES

Transactions with Diabetes Australia Ltd are carried out under normal commercial terms and conditions under the NDSS Agency Agreement. Healthy Living NT resigned its membership of the Federation on 15 October 2008 with effect from 29 May 2009.

During the year ended 30 June 2026, the Association did not pay directors fees and travel allowances to its board of members who attended meetings for and on behalf of the Association.

The Board supports a two-year sponsored Board position aimed at engaging younger members with the governance of the Association. During the year, the Board awarded CPD support to this position on successful completion of the second term.

	2026 $	2025 $
Key Management Personnel Compensation		
Short Term Benefits	667,586	513,146
Long Term Benefits	(12,829)	29,599
Post-Employment Benefits	59,602	44,689
Total	714,359	587,434

NOTE 21. LEASING COMMITMENTS

Minimum Leasing Payments	Within one year	One to two years	Two to three years	Three to four years	Four to five years	After Five Years	Total
Lease Payments	200,501	137,359	0	0	0	0	337,860
Finance Charges	(14,971)	(3,647)	(0)	(0)	(0)	(0)	(18,618)
Net Present Values	**185,530**	**133,712**	**0**	**0**	**0**	**0**	**319,242**

The Association has elected not to recognise a lease liability for short term leases (leases of expected term of 12 months or less) or for leases of low value assets. Payments made under such leases are expensed on a straight-line basis. In addition, certain variable lease payments are not permitted to be recognised as lease liabilities and are expenses as incurred.

The expense relating to payments not included in the measurement of a lease liability is as follows:

	2026 $	2025 $
Short term leases being for security and IT services		
Payable – Minimum lease payments		
- Not later than 12 months	45,263	41,791
- Between 12 months and five years	0	39,924

NOTE 22. ASSOCIATIONS DETAILS

The principal place of business of the association is:
The Diabetes Association of the Northern Territory Inc.
Trading as (Healthy Living NT)
Shop 1-3, Tiwi Place, Tiwi, NT 0810

Offices

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www.healthylivingnt.org.au

Healthy Living NT is the trading name of the
Diabetes Association of the Northern Territory Incorporated

ABN 11 374 693 055

Healthy Living NT is the registered NT licence holder for:
Life. Be in it.™

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