

Northern Territory outreach audiology data collection, 2015; Quality Statement

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Identifying and definitional attributes

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| Metadata item type: | Data Quality Statement |
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Data quality

Data quality statement summary:

The Northern Territory outreach audiology data collection contains data from outreach audiology services provided in the Northern Territory, funded by two Australian Government programs: The National Partnership Agreement on Stronger Futures in the Northern Territory (SFNT) and the Healthy Ears—Better Hearing, Better Listening programme.

The SFNT began in July 2012 and provides funding to 2021–22. The hearing health component of this agreement replaced, and expanded upon, services implemented under the Northern Territory Emergency Response Child Health Check Initiative and the Closing the Gap in the Northern Territory National Partnership Agreement (CHCI(CtG)). The funding was mainly used to provide outreach audiology services to children aged under 16.

The Healthy Ears—Better Hearing, Better Listening programme was used to support outreach audiology services for people aged 16–20 who are not eligible under SFNT. In addition, the Healthy Ears—Better Hearing, Better Listening programme funded additional audiology services to children aged 0–15. Although all Indigenous children and young people aged 0–21 are eligible to receive these services, the AIHW currently have data for people aged up to 20 years only. In the Northern Territory, the Healthy Ears services have mainly been delivered by outreach service teams to children and young people in remote areas because there are insufficient local services to meet the high demand in these areas.

Key issues:

- Children and young people who receive outreach audiology services are not a random sample of Indigenous children in the Northern Territory. Although outreach audiology services are available to all Indigenous children aged 21 and under, not all eligible children access these services.
- The data collected as part of the hearing health programs are a byproduct of a clinical process. That is, health professionals providing services document the results on standard data collection forms, which are then forwarded to the AIHW.
- The extent of missing data should be taken into account when using and interpreting hearing health data. Where possible, published tables show the percentage of missing data.

Institutional environment: This section provides information about the origin of the data collection and the arrangements under which the collection is governed and administered.

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the [Australian Institute of Health and Welfare Act 1987](#) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity established in 1987, governed by a [management Board](#), and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The [Australian Institute of Health and Welfare Act 1987](#), in conjunction with compliance to the [Privacy Act 1988](#), (Cth) ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au>

The AIHW is responsible for undertaking the data management, analysis and reporting of information collected from the Northern Territory outreach ear and hearing health services funded by the Australian Government Department of Health.

Data collection forms are completed by clinical service providers and forwarded to the AIHW via the Northern Territory Department of Health (NT DoH). The NT DoH is responsible for delivering health and family services related to the ministerial responsibilities of Health and Senior Territorians. For further information see the NT DoH website <<https://health.nt.gov.au>>.

Timeliness: This section specifies the timeliness of the supply of data for this collection, in terms of the time taken for the AIHW to receive and process data from service providers, as well as the time taken for the AIHW to publish data from the end of a reporting period.

The first report on the SFNT audiology data collection was published in January 2014, with a reference period of July 2012 to June 2013. The scope of this report was only the SFNT program (that is, children and young people aged under 16). The scope of subsequent reports was extended to contain both the SFNT program and the Healthy Ears—Better Hearing, Better Listening programme (children and young people aged 0–21). The second annual report, published in February 2015, has a reference period of July 2012 to June 2014. The third annual report, published in November 2015, has a reference period of July 2012 to June 2015. It is expected that future reports will be published on an annual basis.

Due to the nature of the collection process, there is a lag between the date when the service was provided and the date of data receipt by the AIHW. This means that at any point in time, there may be services provided that have not yet been captured in the data collection. However, the extent to which the number of services and children and young people who received services is under-reported is minimal. From July 2012 to June 2015, the median lag between services being provided and records being entered into AIHW's database was 2 weeks for outreach audiology services.

Accessibility: This section outlines the capacity of data users to identify the availability of relevant information, and to then access it in a convenient and suitable manner.

Reports are published on the AIHW website. They can be downloaded free of charge.

Permission to obtain unpublished data must be sought from NT DoH and the Department of Health via the AIHW. In addition, approvals from relevant ethics committees of the Northern Territory could be required.

Interpretability: This section includes information on the availability of information to help provide insight into the data, to assist with interpretation and usability.

To help stakeholders interpret information about the outreach hearing health programs, reports contain basic information about the programs, relevant definitions, and information about the data contained in the analyses presented. This includes providing information about caveats or aspects that readers should be aware of when interpreting the data.

A copy of the SFNT is available on the website of the Standing Council on Federal Financial Relations <<http://www.federalfinancialrelations.gov.au>>.

Relevance: This section includes information about how well the data meet the agreed purpose of the data collection in terms of concepts measured and the population represented.

Children and young people who receive outreach audiology services are not a random sample of Indigenous children in the Northern Territory. Although outreach audiology services are available to all Indigenous children and young people aged 21 and under the SFNT program and Healthy Ears—Better Hearing, Better Listening programme, not all eligible children and young people access these services. Therefore, it is important to note that outreach audiology data cannot be generalised beyond the programs contained in the data collection; neither can they be used to determine the prevalence of health conditions among all Indigenous children and young people in the Northern Territory.

Services are targeted at children and young people in most need. In January 2013, NT DoH implemented the use of priority listing categories, so children and young people with poorer ear and hearing health are more likely to receive outreach audiology services.

The data collected from services delivered under the SFNT and the Healthy Ears—Better Hearing, Better Listening programs are a by-product of a clinical process. That is, health professionals who provide outreach audiology services document the results on standard data collection forms, which are then forwarded to the AIHW.

The Northern Territory outreach audiology data collection captures data on children and young people who receive outreach audiology services funded through the SFNT and the Healthy Ears—Better Hearing, Better Listening programs. Under the SFNT, all Indigenous children in the Northern Territory aged under 16 are eligible for services. In addition, under the Healthy Ears—Better Hearing, Better Listening programme, children and young people aged 0–21 are eligible to receive services (however, the AIHW only have data for those aged up to 20 years). The outreach audiology data collection includes demographic information for children and young people who received services, type and degree of hearing loss (if any), hearing impairment (if any), middle ear conditions (if any), and the requirement for further action.

Accuracy:

This section provides information about the degree to which the data correctly describe the phenomenon they were designed to measure.

Health providers use standard forms to record information from outreach audiology services. The forms were developed by NT DoH in consultation with the Department of Health (Australian Government) and AIHW.

The extent of missing data should be taken into account when using and interpreting hearing health data. Where possible, published tables show the percentage of missing data.

To obtain unit record data for the AIHW audiology collection, consent for sharing information must be obtained from the service recipient's parent or guardian. If they do not give consent for it to be used in unit record form, their information cannot be presented by demographic characteristics or referral type, only in aggregated form. The proportion of non-consent data varies over time; however, in general, it is about 1% for children who received outreach audiology services.

In order to protect privacy, personal information is not provided to the AIHW (for example, the child's name). Children can be tracked only by using a Hospital Registration Number (HRN).

Due to the nature of the collection process, there is a lag between the date when the service was provided and the date of data receipt by the AIHW. This means that at any point in time, there may be services provided that have not yet been captured in the data collection. However, the extent to which the number of services and children who received services is under-reported is minimal. From July 2012 to June 2015, the median lag between outreach audiology services being provided and records being entered into AIHW's database was 2 weeks.

Coherence:

This section provides information about the internal consistency of a statistical collection, product or release, as well as its comparability with other sources of information, within a broad analytical framework and over time.

The scope of the first annual report on SFNT hearing health services to Indigenous children and young people in the Northern Territory published by the AIHW in January 2014 (for 2012–13) contained services provided under SFNT (that is, for children aged under 16). Following this, 2 annual reports were published by the AIHW in 2015 (in February and November, with data to June 2014 and June 2015 respectively). These reports were wider in scope than the first annual report, containing data from SFNT services as well as services provided under the Healthy Ears—Better Hearing, Better Listening programme to children and young people aged 0–20. Due to differences in the scope of the programs, analyses from the first annual report containing only SFNT program data (for children aged under 16 under) should not be compared with analyses in subsequent annual reports (for children and young people aged 0–20).

Additionally, SFNT outreach audiology services were developed and extended from the outreach audiology services originally funded through the CHCI(CtG) program that ran from August 2007 to June 2012. However, data from CHCI(CtG) should not be compared with data from the SFNT program. The CHCI(CtG) services were provided to Indigenous children in prescribed areas of the Northern Territory and targeted at children who had a referral from their initial Child Health Check. The outreach audiology services provided through the SFNT are available to all Indigenous children in the Northern Territory under aged 16. The final report from the CHCI(CtG) program, [Northern Territory Emergency Response Child Health Check Initiative—follow-up services for oral and ear health: final report 2007–2012](#), was published in 2012 and is available from the AIHW website.

Data products

Implementation start date: 01/07/2014

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Steward: [Australian Institute of Health and Welfare](#)

Relational attributes

Related metadata references:

Supersedes [Northern Territory outreach audiology data collection, 2014; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 10/11/2015

Has been superseded by [Northern Territory Remote Aboriginal Investment audiology data collection, 2017; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 21/08/2019