

National Healthcare Agreement: P63-Children's hearing loss, 2010 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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Data quality

Institutional environment: The National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) are collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment.

Timeliness: The NHS is conducted every three years over a 12 month period. Results from the 2004-05 NHS were released in February 2006.

The NATSIHS is conducted every six years. Results from the 2004-05 survey were released in April 2006.

Accessibility: See *National Health Survey, Summary of Results* (cat. no. 4364.0) for an overview of results from the NHS, and *National Health Survey: State tables* (cat. no. 4362.0) for state and territory specific tables. See the *National Aboriginal and Torres Strait Islander Health Survey* (cat. no. 4715) for an overview of results from the NATSIHS. Other information from these surveys is also available on request.

Interpretability: Information to aid interpretation of the data is available from the *National Health Survey User Guide*, and the *National Aboriginal and Torres Strait Islander Health Survey User Guide* on the ABS website.

Relevance:

The NHS and NATSIHS collected information on conditions of the ear and mastoid from two sets of questions. Respondents were first asked whether they had any hearing problems or problems with their ears which had lasted, or was expected to last for six months or more. A list of conditions was provided to respondents. The listed categories were:

- Total deafness
- Deaf in one ear
- Hearing loss/partially deaf
- Tinnitus
- Meniere's Disease
- Otitis Media
- Other (specify)

Later in the survey, respondents were asked to volunteer any long term conditions which they hadn't previously reported, and these may have included some people reporting hearing problems or other conditions of the ear or mastoid.

The specifications for this indicator state that 'hearing loss' should include complete partial deafness or hearing loss, otitis media, and other diseases of the ear and mastoid. Diseases of the ear and mastoid, however, include conditions unrelated to hearing loss, such as 'earache', boils, tinnitus, 'swimmers ear' and excessive cerumen. Including children with these conditions as having hearing loss would result in an overestimate of the number of children with hearing loss.

Consequently, data has been provided in three categories: Hearing loss; Hearing loss and Otitis media; and All conditions of the ear and mastoid as specified in the detailed specifications. The ABS recommends that any data presented as 'hearing loss' should only include children with specific hearing loss. If a broader definition is used, the label should indicate it as such.

Accuracy:

The NHS is conducted in all states and territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually resident in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up a relatively large proportion of the population. The 2007-08 NHS response rate was 91%. NHS data are weighted to account for nonresponse.

The NATSIHS is conducted in all states and territories and includes remote and non-remote areas. The 2004-05 sample was 10,000 persons/5,200 households, with a response rate of 81% of households.

As it is drawn from a sample survey, the indicator is subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25% and 50% should be used with caution. Estimates with RSEs greater than 50% are generally considered too unreliable for general use.

Data for this indicator has no acceptable levels of sampling error for complete and partial deafness only and is considered too unreliable for general use. Data for the groupings 'Complete and partial deafness' and 'All diseases of the ear and mastoid' has acceptable levels of sample error at the national level, but most data is not considered reliable enough for general use when disaggregated by state or territory. Most data split by state or territory and Indigenous status should be used with caution, although it is acceptable at the national level.

Coherence:

Questions used in the 2007-08 NHS on long term conditions are comparable with those asked in the 2004-05 NHS and NATSIHS. This data is considered comparable with data from previous surveys back to the 1989 National Health Survey.

The Survey of Disability, Ageing, and Carers is a major source of information on hearing and the effect of hearing loss. The Survey is run 6-yearly, with the latest data available coming from 2003. It collects data from persons in private households as well as in cared accommodation. The survey collects a range of information on hearing, including:

- whether has loss of hearing
- whether limited or restricted by hearing loss
- whether using a hearing aid or cochlear implant improves hearing
- whether uses aids to assist in hearing
- main condition causing loss of hearing
- whether hearing loss is the main cause of disability.

The 2004-05 NATSIHS and 2004-05 NHS had similar data content, shared common elements in the questionnaire, and were processed side by side. The NHS and NATSIHS also collect a range of other health-related information that can be analysed in conjunction with data on use of services and self-assessed health status.

Rates of hearing loss from NHS and NATSIHS rely on respondents accurately reporting which conditions they have to an interviewer, or responding on someone's behalf, if that person is too young or otherwise unable to respond. In some cases, particularly for very young children, it is possible that hearing loss may go unrecognised, and will therefore not be reported. Similarly, there may be differences between the presence and extent of hearing impairment reported by a respondent and the level of impairment that would be apparent from a formal audiological assessment.

Source and reference attributes

Submitting organisation: Australian Bureau of Statistics

Relational attributes

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: P63-Children's hearing loss, 2010 Health](#), Superseded 08/06/2011