

Stronger Futures in the Northern Territory (SFNT) hearing health data collections, QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
Synonymous names:	Audiology data collection, CHHC data collection
METEOR identifier:	547804
Registration status:	AIHW Data Quality Statements , Standard 04/02/2014

Data quality

Data quality statement summary:

The National Partnership Agreement on Stronger Futures in the Northern Territory (SFNT) was implemented mid-2012 outlining a 10-year commitment to 2021–22. It is funded by the Australian Government and delivered by the Northern Territory Government. The AIHW collects data on 2 of the programs of the hearing health component of the SFNT: the delivery of audiology services and the Child Hearing Health Coordinator (CHHC) program.

Audiology services are available to all Indigenous children under 16 in the Northern Territory, while the CHHC program is available to Indigenous children with an identified middle ear condition or hearing impairment who have been referred to the program.

Key Issues:

- Children who receive SFNT audiology or CHHC services are not a random sample of Indigenous children in the Northern Territory. Although audiology services are available to all Indigenous children under 16 years of age, not all eligible children access these services. The CHHC program is only available to Indigenous children who have a referral from a health professional.
- The data that have been collected as part of the SFNT hearing health program are a by-product 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 SFNT data. Where possible, published tables show the percentage of missing data.

Institutional environment: 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 statutory authority 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 compliance with the Privacy Act 1988, 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 as part of the hearing health component of the SFNT.

Data collection forms are completed by clinical service providers and forwarded to the AIHW via the Northern Territory Department of Health (NT DoH). The Department is responsible for providing a wide range of health and family services, and delivers services related to the Ministerial responsibilities of Health and Senior Territorians. For further information see the NT DoH website: www.health.nt.gov.au

Timeliness: The first report from the SFNT audiology and CHHC data collections will be published in January 2014, with a reference period of July 2012 to June 2013. 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. This means that at any point in time, there may be services provided that have not yet been captured in the data collection.

Accessibility: SFNT reports can be downloaded free of charge from the website of the AIHW: AIHW Publications.

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

Interpretability: SFNT reports contain basic information about the programs and the data contained in the report to enable interpretation of this information. The first report from the SFNT hearing health program will be published by the AIHW in January 2014.

A copy of the National Partnership Agreement on Stronger Futures in the Northern Territory is available on the website of the Standing Council on Federal Financial Relations.

Relevance: Children who receive SFNT audiology or CHHC services are not a random sample of Indigenous children in the Northern Territory. Although audiology services are available to all Indigenous children under 16, not all eligible children access these services. The CHHC program is only available to Indigenous children who have a referral from a health professional. As such, it is important to note that SFNT data cannot be used to determine the prevalence of health conditions among all Indigenous children in the Northern Territory.

The data that have been collected from services delivered under the SFNT are a by-product of a clinical process. That is, health professionals providing audiology and CHHC services document the results on standard data collection forms which are then forwarded to the AIHW.

The AIHW SFNT hearing health collections consists of two separate databases:

Audiology data collection

Captures data on children who receive audiology services funded through the SFNT. All Indigenous children in the Northern Territory under 16 are eligible for services. Includes information on type and degree of hearing loss (if any), hearing impairment (if any), middle ear conditions (if any), and the requirement for further action.

CHHC data collection

Captures data on children who participated in the CHHC program. Indigenous children are referred to this program if they have an identified middle ear condition or hearing impairment. Includes information on ear health (results of otoscopy and tympanometry), middle ear conditions (if any), clinical services provided, and contact with other service providers.

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

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

Not all audiology services provided in the Northern Territory are captured in the SFNT audiology or CHHC databases. These data collections only capture hearing health services funded through the SFNT.

To obtain unit record data for the AIHW SFNT audiology and CHHC collections, consent for sharing information must be obtained from children and families. If children or families do not give consent for their information to be used in unit record form, their information cannot be presented by demographic characteristics or referral type, but only in aggregated form. The proportion of non-consented data varies over time, however, in general it is around 1% for children who received audiology services, and 6% for children in the CHHC program.

In order to protect privacy, personal information, such as the child's name, is not provided to the AIHW. As such, children can only be tracked using a Hospital Registration Number (HRN).

Coherence: The SFNT audiology services were originally funded through the Child Health Check Initiative/Closing the Gap (CHC[CtG]) program that ran from August 2007 to June 2012. Direct comparisons with data from this program cannot be made due to differences in the programs. The CHC[CtG] services were provided to Indigenous children in prescribed areas of the Northern Territory and targeted towards children who had a referral from their initial Child Health Check. The audiology services provided through the SFNT are available to all Indigenous children in the Northern Territory under the age of 16. The final report from the CHC[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: 24/10/2013

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

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