

Stronger Futures in the Northern Territory dental data collection

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Stronger Futures in the Northern Territory dental data collection

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
Synonymous names:	SFNT dental data collection
METEOR identifier:	591588
Registration status:	AIHW Data Quality Statements , Superseded 15/02/2018

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 the SFNT Oral Health Program (OHP) which includes the delivery of clinical services, tooth extractions under general anaesthetic (in the first 3 years of the agreement), and a preventive program including the delivery of fissure sealants and full-mouth fluoride varnish (FV) applications.

Summary of key issues

- Children who receive SFNT oral health services are not a random sample of Indigenous children in the Northern Territory. As such, SFNT oral health data may not be representative of the Northern Territory Indigenous child population.
- The data that have been collected as part of the SFNT Oral Health Program are a by-product of a clinical process. That is, dental professionals providing clinical services document the results on standard data collection forms or via a computer-based data collection system.
- 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 responsible for undertaking the data management, analysis and reporting of information collected as part of the SFNT OHP.

The 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, 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 Northern Territory Department of Health (NT DoH) and six Aboriginal Community Controlled Health Organisations have been funded to deliver SFNT oral health services. NT DoH submits data in electronic format, while dental staff employed by ACCHOs complete standard data collection forms which are sent directly to the AIHW.

NT DoH 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. Further information can be found on the NT DoH website: www.health.nt.gov.au.

ACCHOs provide primary health care services to local Aboriginal communities. They are community operated and managed by an elected Board of Management. For further information please see the website of the National Aboriginal Community Controlled Health Organisation.

Timeliness: The first report from the SFNT dental data collection was published in December 2014, with a reference period of July 2012 to December 2013. It is expected that future reports will be published on an annual basis by calendar year.

For services delivered by ACCHOs there is a lag between the date when the service was provided and the date of receipt of data. This means that at any point in time, there may be services provided that have not yet been captured in the data collection. From July 2012 to December 2013, the median time between date of service and receipt of data was 12 weeks.

Accessibility: SFNT reports are published on the website of the AIHW: AIHW Publications. They can be downloaded free of charge. Permission to obtain unpublished data must be sought from NT DoH and the 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. 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 oral health services are not a random sample of Indigenous children in the Northern Territory. As such, SFNT oral health data may not be representative of the Northern Territory Indigenous child population.

The data that have been collected from services delivered under the SFNT Oral Health Program are a by-product of a clinical process. That is, dental professionals providing clinical services document the results on standard data collection forms or via a computer-based data collection system.

The AIHW SFNT dental data collection captures information on the following components of the SFNT Oral Health Program:

Clinical services and tooth extractions under general anaesthetic

Clinical services include diagnostic services, periodontics (treatment of gums), endodontics (pulp treatments), restorative fillings, bridges and crowns, tooth extractions, orthodontics (dental braces), and prosthetic treatments (replacement of teeth). In the first 3 years of the SFNT OHP there is provision for tooth extractions performed in hospital under general anaesthetic.

Clinical services and extractions under general anaesthetic are targeted towards, but not limited to, Indigenous children in remote areas (that is, children outside the main urban centres of Darwin, Alice Springs, Nhulunbuy and Katherine). Indigenous children under the age of 16 are eligible for these services.

Data collected includes demographic information about the child (age, sex, and community of treatment), information on problems treated, type of clinical management received, and the number of decayed, missing and filled teeth.

Preventive services

Preventive services include the application of fissure sealants and full-mouth FV. While these services are available to Indigenous children under the age of 16 across the Northern Territory, full-mouth FV services are targeted towards children between the ages of 18 months and 15 years and fissure sealant services to children aged 6 to 15 years.

Geographic information is based on the area where the service was provided, rather than the community of residence of the child.

Accuracy: For services delivered by NT DoH, data are recorded in a computerised database and sent to the AIHW electronically. For services delivered by ACCHOs, information is recorded on paper-based data collection forms which are sent directly to the AIHW. The forms were developed by NT DoH in consultation with the Australian 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 dental services provided in the Northern Territory are captured in the SFNT dental database. This data collection only captures oral health services funded through the SFNT program.

To obtain unit record data for the SFNT dental data collection, consent-for-sharing information must be obtained from children's families. If children's families do not give consent for their information to be used in unit record form, only a limited amount of information can be sent to the AIHW. These data are submitted to the AIHW in aggregate form to enable the number of services and children to be counted, but does not contain detailed information on the demographic characteristics of children, treatment received or oral health status. In the first 6 months of the SFNT OHP (July–December 2012), the consent rate was very low (around 30% for clinical services and 25% for preventive services), however, it rose to between 70 and 80% in the 2013 calendar year. This means that the data collected in the early phase of the program are not representative of all children who received a SFNT dental service.

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). A very small proportion of children (around 1%) cannot be tracked due to missing or incorrect HRNs.

Not all services provided by the ACCHOs funded to deliver SFNT oral health services are captured in the data. Of the six ACCHOs that have been funded to deliver SFNT oral health services, 3 deliver services directly while the others sub-contract services from OHS-NT. During the reference period of the first SFNT OHP report (July 2012 to December 2013), the AIHW received data from the 3 ACCHOs that provided services directly.

Coherence: The SFNT audiology services were originally funded through the Child Health Check Initiative/Closing the Gap (CHCI(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 CHCI (CtG) services were provided to Indigenous children in Prescribed Areas in the Northern Territory, and targeted children who had a referral from the Northern Territory Emergency Response program of child health checks. 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: 08/10/2014

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

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

Relational attributes

Related metadata references: Has been superseded by [Northern Territory Remote Aboriginal Investment dental data collection, 2016](#)

[AIHW Data Quality Statements, Superseded 26/02/2019](#)