

Northern Territory outreach audiology data collection, 2014; Quality Statement

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Identifying and definitional attributes

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 program.

The SFNT began in July 2012 and provides funding over a decade 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 (CHC[CtG]). The funding was mainly used to provide outreach audiology services to children aged 0–15.

The Healthy Ears—Better Hearing, Better Listening program was mainly used to support outreach audiology services for people aged 16–20. Although all Indigenous children aged under 21 are eligible to receive these services, they have mainly been delivered by outreach service teams to children in remote areas, as there is a high demand and a lack of local services available in these areas.

Key issues:

- Children 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 under 21, 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: 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 data sets based on data from each jurisdiction, to analyse these data sets and to disseminate information and statistics.

The Australian Institute of Health and Welfare Act, in conjunction with compliance to the Privacy Act 1988 (Cwlth), 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 providing a wide range of health and family services, and delivers services related to the ministerial responsibilities of Health and Senior Territories. For further information see the NT DoH website www.health.nt.gov.au.

Timeliness: 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 second annual report has a reference period of 2012–13 and 2013–14; however the scope in this latter report was extended to contain data both on children in the SFNT program (that is, children aged 0–15) and in the Healthy Ears—Better Hearing, Better Listening program (young people aged 16–20). 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 who received services is under-reported is minimal. From July 2012 to June 2014, the median lag between services being provided and records being entered into AIHW's database was about 2 weeks for outreach audiology services.

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

Permission to obtain unpublished data must be sought from the NT DoH and the Department of Health.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

Interpretability:

To assist stakeholders in interpreting 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:

Children 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 under 16 under the SFNT program, not all eligible children 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 in the Northern Territory.

Services are targeted at children in most need. In January 2013, the NT DoH implemented the use of priority listing categories, so children 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 program 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 who receive outreach audiology services funded through the SFNT and the Healthy Ears—Better Hearing, Better Listening program. Under the SFNT, all Indigenous children in the Northern Territory under the age of 16 are eligible for services. In addition, under the Healthy Ears—Better Hearing, Better Listening program, children and young people aged under 21 are able to receive services. The outreach audiology data collection includes information on demographic information for children 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:

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

To obtain unit record data for the AIHW audiology collection, consent for sharing information must be obtained from the child'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).

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Coherence: The scope of the hearing health report published by AIHW in February 2015 extends on that of previous reports by the AIHW on hearing health programs for children in the Northern Territory, which focused only on services provided under SFNT (that is, for children aged under 16). The report published in February 2015 contains data from SFNT services, as well as data on services provided to children aged 16–20 under the Healthy Ears—Better Hearing, Better Listening program. Due to differences in the scope of the programs, analyses from previous reports that contain only SFNT program data (for children aged under 16) should not be compared with analyses for children and young people aged 0–20.

Additionally, the 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. Data from the CHCI(CtG) should not be compared with data from the SFNT program. However, 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 the age of 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: 01/07/2013

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 outreach audiology data collection, 2015: Quality Statement](#)
[AIHW Data Quality Statements](#), Superseded 10/12/2018