

Northern Territory Child Hearing Health Coordinator data collection, 2014; Quality Statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	602083
Registration status:	AIHW Data Quality Statements , Superseded 10/11/2015

Data quality

Data quality statement summary:	<p>The CHHC data collection contains data from CHHC services provided in the Northern Territory, funded by the Australian Government through the National Partnership Agreement on Stronger Futures in the Northern Territory (SFNT).</p> <p>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 CHHC services to children aged 0–15.</p>
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Key issues:

- Children who receive Child Hearing Health Coordinator (CHHC) services are not a random sample of Indigenous children in the Northern Territory. The CHHC program is available only to Indigenous children who have a referral from a health professional.
- The data collected as part of the outreach hearing health programs are a by-product of a clinical process. That is, health professionals who provide 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.
- Rates of non-consent were high over the course of the CHHC program between July 2012 and June 2014 (58% of services and 61% of children). This should be taken into account when interpreting CHHC program analyses.

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 CHHC 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 3 weeks for CHHC 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 CHHC services are not a random sample of Indigenous children in the Northern Territory as these services are available only to Indigenous children who have a referral from a health professional. Therefore, it is important to note that CHHC data cannot be generalised beyond the program; 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. Priority listing is used for CHHC services, so that children with poorer ear and hearing health are more likely to receive services.

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

The 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. The CHHC data collection includes information on demographic information for children who received services, 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 CHHC 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 CHHC 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. Rates of non-consent were high over the course of the CHHC program between July 2012 and June 2014 (58% of services and 61% of children). This should be taken into account when interpreting CHHC program analyses, as the findings may not accurately represent all children who received CHHC 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 2014, the median lag between services being provided and records being entered into AIHW's database was about 3 weeks.

Coherence: Following the AIHW's publication of Stronger Futures in the Northern Territory: hearing health services 2012–13 in January 2014, the AIHW received additional data on CHHC services provided in 2012–13—in particular, the AIHW received information about a high number of services for which consent to share data with the AIHW was not obtained. Consequently, the total number of CHHC services and service recipients reported for 2012–13 is much higher in the updated report Hearing health outreach services to Indigenous children and young people in the Northern Territory: 2012–13 and 2013–14 (published in February 2015) than in the report Stronger Futures in the Northern Territory: hearing health services 2012–13. Due to differences in the CHHC data analysed, comparisons should not be made between these reports on CHHC services and service recipients.

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 Child Hearing Health Coordinator data collection, 2015: Quality Statement](#)
[AIHW Data Quality Statements](#), Superseded 10/12/2018