Northern Territory Child Hearing Health Coordinator data collection, 2015; Quality Statement

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# Northern Territory Child Hearing Health Coordinator data collection, 2015; Quality Statement

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| Identifying and definitional attributes | |
| Metadata item type: | Data Quality Statement |
| METEOR identifier: | 618109 |
| Registration status: | [AIHW Data Quality Statements](https://meteor.aihw.gov.au/RegistrationAuthority/5), Superseded 10/12/2018 |

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| Data quality | |
| Data quality statement summary: | The Child Hearing Health Coordinator (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).  The SFNT began in July 2012 and provides funding 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 (CHCI(CtG)). The funding was mainly used to provide CHHC services to children and young people aged under 16.  Key issues:   * Children who receive 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 2015 (47% of services and 52% of children). However, there have been improvements to non-consent rates over time, decreasing from 62% of children in2012–13 to 58% in 2013–14 and 25% in 2014–15. This should be taken into account when interpreting CHHC program analyses. |
| Institutional environment: | This section provides information about the origin of the data collection and the arrangements under which the collection is governed and administered.  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](https://www.comlaw.gov.au/Series/C2004A03450) 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](http://www.aihw.gov.au/aihw-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](https://www.comlaw.gov.au/Series/C2004A03450), in conjunction with compliance to the [*Privacy Act* 1988](http://www.comlaw.gov.au/Details/C2011C00503), (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](http://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 delivering health and family services related to the ministerial responsibilities of Health and Senior Territorians. For further information see the NT DoH website <[www.health.nt.gov.au](http://www.health.nt.gov.au)>. |
| Timeliness: | This section specifies the timeliness of the supply of data for this collection, in terms of the time taken for the AIHW to receive and process data from service providers, as well as the time taken for the AIHW to publish data from the end of a reporting period.  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 scope of this report was only the SFNT program (that is, children and young people aged under 16). The scope of subsequent reports was extended to contain both the SFNT program and the Healthy Ears—Better Hearing, Better Listening programme (children and young people aged 0–21). The second annual report, published in February 2015, has a reference period of July 2012 to June 2014. The third annual report, published in November 2015, has a reference period of July 2012 to June 2015. 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 2015, the median lag between services being provided and records being entered into AIHW’s database was just over 2 weeks for CHHC services. |
| Accessibility: | This section outlines the capacity of data users to identify the availability of relevant information, and to then access it in a convenient and suitable manner.  Reports are published on the AIHW website. They can be downloaded free of charge.  Permission to obtain unpublished data must be sought from NT DoH and the Department of Health via the AIHW. In addition, approvals from relevant ethics committees of the Northern Territory could be required. |
| Interpretability: | This section includes information on the availability of information to help provide insight into the data, to assist with interpretation and usability.  To help stakeholders interpret 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](http://www.federalfinancialrelations.gov.au)>. |
| Relevance: | This section includes information about how well the data meet the agreed purpose of the data collection in terms of concepts measured and the population represented.  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, 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 collection includes demographic information for children who received services, and data on ear health (results of otoscopy and tympanometry), middle ear conditions (if any), clinical services provided, and contact with other service providers. |
| Accuracy: | This section provides information about the degree to which the data correctly describe the phenomenon they were designed to measure.  Health providers use standard forms to record information from the CHHC services. The forms were developed by NT DoH in consultation with the Australian Government Department of Health and AIHW.  The extent of missing data should be taken into account when using and interpreting CHHC 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 2015 (47% of services and 52% 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. However, there have been improvements to non-consent rates over time, decreasing from 62% of children in 2012–13 to 58% in 2013–14 and 25% in 2014–15.  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 could 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 2015, the median lag between services being provided and records being entered into AIHW’s database was just over 2 weeks. |
| Coherence: | This section provides information about the internal consistency of a statistical collection, product or release, as well as its comparability with other sources of information, within a broad analytical framework and over time.  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 reports published in February 2015 and November 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. It should be noted that there have been improvements to non-consent rates over time, decreasing from 62% of children in 2012–13 to 58% in 2013–14 and 25% in 2014–15. |
| Data products | |
| Implementation start date: | 01/07/2014 |
| Source and reference attributes | |
| Submitting organisation: | Australian Institute of Health and Welfare |
| Steward: | [Australian Institute of Health and Welfare](https://meteor.aihw.gov.au/content/246013) |
| Relational attributes | |
| Related metadata references: | Supersedes [Northern Territory Child Hearing Health Coordinator data collection, 2014; Quality Statement](https://meteor.aihw.gov.au/content/602083)  [AIHW Data Quality Statements](https://meteor.aihw.gov.au/RegistrationAuthority/5), Superseded 10/11/2015  Has been superseded by [Northern Territory Remote Aboriginal Investment Clinical Nurse Specialist data collection, 2017; Quality Statement](https://meteor.aihw.gov.au/content/706654)  [AIHW Data Quality Statements](https://meteor.aihw.gov.au/RegistrationAuthority/5), Superseded 21/08/2019 |