

Northern Territory Remote Aboriginal Investment dental data collection, 2016

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
Synonymous names:	Stronger Futures in the Northern Territory dental data collection
METEOR identifier:	691010
Registration status:	AIHW Data Quality Statements , Superseded 26/02/2019

Data quality

Data quality statement summary:

The National Partnership Agreement on Stronger Futures in the Northern Territory (SFNT) was implemented mid-2012 and replaced by the National Partnership Agreement on Northern Territory Remote Aboriginal Investment (NTRAI) in July 2015, 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/NTRAI Oral Health Program (OHP) which includes the delivery of clinical services, tooth extractions under general anaesthesia (July 2012 to December 2014), and a preventive program including the delivery of fissure sealants and full-mouth fluoride varnish (FV) applications.

This data collection included over 8,000 Indigenous children and adolescents who were aged between 0 and 15 and who received oral health services under the Stronger Futures in the Northern Territory Oral Health Program (SFNT OHP) and, later, under the Northern Territory Remote Aboriginal Investment Oral Health Program (NTRAI OHP). They account for around 37% of the Northern Territory Indigenous population for this age group (23,889).

Data collected as part of the SFNT/NTRAI OHP are a by-product of a clinical process. Dental professionals who provide clinical services document the results on standard data collection forms or in a computer-based data collection system.

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.
- 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/NTRAI OHP.
- In the first 6 months of the SFNT OHP (July to December 2012), the consent rate to share data with the AIHW was low, at 27% for clinical service recipients, 26% for full-mouth FV recipients, and 22% for fissure sealant recipients; data collected in this period are not representative of all SFNT dental services and service recipients. However, consent rates improved substantially after the initial period to 89% for clinical service recipients, 81% for full-mouth FV recipients, and 89% for fissure sealant recipients in 2015, but have decreased to 77%, 76%, and 72%, respectively in 2016.

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/NTRAI OHP.

The AIHW is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 (Commonwealth) 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.

Compliance with both the Australian Institute of Health and Welfare Act 1987 and the Privacy Act 1988 (Commonwealth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

More information can be found on the [AIHW website](#).

The Northern Territory Department of Health (NT DoH) has been funded to deliver SFNT/NTRAI oral health services. 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 Territorians. Further information can be found on the [NT DoH website](#).

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. The second report from the SFNT/NTRAI dental data collection was published in January 2017, with a reference period of July 2012 to December 2015. The third report from the SFNT/NTRAI dental data collection was published in February 2018, with a reference period of July 2012 to December 2016. It is expected that future reports will be published on an annual basis by calendar year.

The data on services delivered were submitted to the AIHW by the NT DoH at the start of each calendar year. The data that have been collected from services delivered under the SFNT/NTRAI OHP are a by-product of a clinical process. The data items were extracted from an electronic information system where dental professionals record clinical information when they provide dental services.

Accessibility: SFNT/NTRAI reports are published on the AIHW website. They can be downloaded free of charge.

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

Interpretability: To help stakeholders interpret information about the SFNT/NTRAI OHP, reports contain basic information about the program, relevant definitions, and information about the data contained in the analyses presented. This includes information about caveats or aspects that readers should be aware of when interpreting the data.

A copy of the SFNT/NTRAI National Partnership Agreement is available from the Standing Council on Federal Financial Relations [here](#).

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 Northern Territory dental data collection captures data on children and young people who receive oral health services funded through the SFNT/NTRAI. The data include information on the amount of services provided, as well as demographic information and the oral health status of service recipients; the data also allow for comparison of children's oral health status over a time period. The information provided from the data is critical for monitoring oral health services and the oral health status of service recipients.

The AIHW SFNT/NTRAI dental data collection captures information on the following components of the SFNT/NTRAI OHP:

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 (it is no longer a part of the NTRAI OHP).

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:

This data collection included over 8,000 Indigenous children and adolescents who were aged between 0 and 15 and who received oral health services under the SFNT OHP and, later, under the NTRAI OHP. They account for around 37% of the Northern Territory Indigenous population for this age group (23,889). The children in the data collection are not a random sample of Indigenous children and adolescents in the Northern Territory, and therefore, SFNT/NTRAI OHP data may not be representative of the general population of Indigenous children in the Northern Territory.

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/NTRAI OHP.

To obtain unit record data for the SFNT/ NTRAI 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 demographic information, types of treatment received or oral health status. In the first 6 months of the SFNT OHP (July to December 2012), the consent rate to share data with the AIHW was low, at 27% for clinical service recipients, 26% for full-mouth fluoride varnish (FV) recipients, and 22% for fissure sealant recipients; data collected in this period are not representative of all SFNT dental services and service recipients. However, consent rates improved substantially after the initial period to 89% for clinical service recipients, 81% for full-mouth FV recipients, and 89% for fissure sealant recipients in 2015, but have decreased to 77%, 76%, and 72%, respectively in 2016.

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). Children cannot be tracked if their HRN is missing or incorrect, however in 2016, there were no such cases.

Coherence:

Oral health program services were originally funded through the Child Health Check Initiative/Closing the Gap (CHCI(CtG)) program, which ran from August 2007 to June 2012. Caution should be taken when comparing the data between these programs due to differences in eligibility criteria for the programs:

- CHCI(CtG) services were provided to Indigenous children and adolescents in Prescribed Areas of the Northern Territory and targeted those who had a referral from the NTER 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.
- Under the SFNT/NTRAI OHP:

- o all Indigenous children and adolescents in the Northern Territory under the age of 16 are eligible for services
- o services are targeted towards remote areas of the Northern Territory.

Since 2014, there have been a number of changes in the data submitted by the OHS-NT to the AIHW. Apart from basic demographic information, HRN and number of decayed, missing and filled teeth for service recipients, all other data items are no longer submitted. In the past, the AIHW received information about dental problems treated (for example, gum disease). The latest data received by the AIHW include dental procedures undertaken at each episode of dental care, using 'The Australian Schedule of Dental Services and Glossary', a coding system for dental treatment. Although it is possible to derive the types of dental services provided from this coding system, the information is not sufficient to derive the exact type of dental problem treated. As a result, in the report with a reference period of July 2012 to December 2016, it was not possible to include the analyses related to the types of dental problems treated that were presented in previous AIHW reports on SFNT oral health services.

Data products

Implementation start date: 29/01/2018

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes [Stronger Futures in the Northern Territory dental data collection](#)
[AIHW Data Quality Statements](#), Superseded 15/02/2018

Has been superseded by [Northern Territory Remote Aboriginal Investment dental data collection, 2017; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 18/11/2019