Northern Territory Remote Aboriginal Investment audiology data collection, 2017; Quality Statement

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# Northern Territory Remote Aboriginal Investment audiology data collection, 2017; 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) (which was replaced by the Northern Territory Remote Aboriginal Investment (NTRAI) on 1 July 2015) and the Healthy Ears–Better Hearing Better Listening programme (HEBHBL).The SFNT began in July 2012 and continues to provide funding through the NTRAI from 2015–16 to 2021–22. The hearing health component of this agreement replaced and expanded services implemented under the Northern Territory Emergency Response Child Health Check Initiative and the Closing the Gap in the Northern Territory National Partnership Agreement (NTER CHCI(CtG)).The funding was mainly used to provide outreach audiology services to children aged under 16.The HEBHBL was used to support outreach audiology services for people aged 16–20 who are not eligible under the SFNT/NTRAI. In addition, the HEBHBL funded additional audiology services to children aged 0–15. Although all Indigenous children and young people aged 0–21 in the Northern Territory are eligible to receive these services, the AIHW currently has data for people aged up to 20 only. In the Northern Territory, the Healthy Ears services have mainly been delivered by outreach service teams to children and young people in remote areas because there are insufficient local services to meet the high demand in these areas.**Key issues:** * This data collection included over 6,400 children and young people who were aged under 21 and received Northern Territory outreach audiology services. Children and young people 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 children and young people aged 21 and under, not all eligible children access these services.
* The data are collected as part of the hearing health programs are a by-product 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.
* In 2017, about 9% of service participants who were able to complete audiology assessments, their hearing loss status were missing in the data. Users should be aware of the extent of missing data when using and interpreting hearing health data. Where possible, published tables show the percentage of missing data.
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| 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) (Cth) 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 data sets based on data from each jurisdiction, to analyse these data sets 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 <<https://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 after 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 and HEBHBL programs (children and young people aged 0–21). Each annual report builds on the previous years’ data to produce time trends, and track children and young people as they move through the program.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. The fourth annual report was published in March 2017, with a reference period of July 2012 to June 2016. The fifth annual report was published in November 2017, with a reference period of July 2012 to December 2016. The latest report was published in December 2018, with a reference period of July 2012 to December 2017. 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 of under-reporting of the number of services and children and young people who received services is minimal. From July 2012 to December 2017, the median lag between services being provided and records being received by the AIHW was 2 weeks for outreach audiology services. As reports are produced 6–12 months after the end of the reporting period for that year, the number of services not captured is minimal. Any services not captured in the reporting period are included in the following year’s data supply for future reports. |
| 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 the 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.This includes providing information about caveats or aspects that readers should be aware of when interpreting the data.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.A copy of the National Partnership Agreement on the SFNT/NTRAI 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.The Northern Territory outreach audiology data collection captures data on children and young people who receive outreach audiology services funded through the SFNT/NTRAI and HEBHBL programs. The data include information on the amount of services provided, demographic information of service recipients, and the ear health status of service recipients; the data also allowed children’s ear health status to be compared over the time period. These services are more commonly accessed by children and young people in remote areas and the services targeted at children and young people most in need. In 2013, the NT DoH implemented the use of priority listing categories, so children and young people with poorer ear and hearing health are more likely to receive outreach audiology services.Although outreach audiology services are available to all Indigenous children and young people aged 21 and under the SFNT/NTRAI and HEBHBL programs, not all eligible children and young people access these services. Therefore, children and young people who receive outreach audiology services are not a random sample of Indigenous children in the Northern Territory. Furthermore, 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 and young people in the Northern Territory.Services are targeted at children and young people in most need. In January 2013, the NT DoH implemented the use of priority listing categories, so children and young people with poorer ear and hearing health are more likely to receive outreach audiology services. |
| Accuracy: | This section provides information about the degree to which the data correctly describe the phenomena they were designed to measure.In 2017, hearing loss status was missing from the data for about 9% of service participants where they were able to complete audiology assessments. Users should be aware of the extent of missing data when using and interpreting hearing health data. Where possible, tables published by the AIHW show the percentage of missing data.Parents or guardians of service recipients must provide their consent to share information with the AIHW. If consent is given, all de-identified data about the service recipient and the services they received is sent to the AIHW. When a child’s parent or guardian does not provide consent to share information, only a limited amount of aggregate information is provided to AIHW.This includes the number of services provided and the number of children and young people receiving a service by 5-year age group, sex and community where the service was provided. The proportion of non-consent data varied over time; however, decreased from 2.6% from July to December 2012 to 0% in 2017 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 counted only by using an HRN. A very small percentage of children could not be counted accurately due to missing or incorrect HRNs. |
| 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.The scope of the first annual report on SFNT hearing health services to Indigenous children and young people in the Northern Territory—published by the AIHW in January 2014 (for 2012–13)—contained services provided under the SFNT (that is, for children aged under 16). Following this, annual reports were published by the AIHW in February and November 2015, with data to June 2014 and June 2015, respectively, in March 2017 with data to June 2016 and in November 2017 (with data to December 2016). These reports were wider in scope than the first annual report, containing data from SFNT services as well as from services provided under the HEBHBL to children and young people aged 0–20.Due to differences in the scope of the programs, care should be taken when comparing analyses from the first annual report containing only SFNT program data (for children aged under 16) with analyses in subsequent annual reports (for children and young people aged 0–20). Total counts of services and service recipients will not be comparable due to the difference in age groups captured in the programs.Additionally, the latest two reports should not be compared with previous ones because the latest publication reports the data in terms of calendar year, whereas previous publications report using financial year. The latest report allows for comparison of years from the second half of 2012 (July–December) and for each whole calendar year from 2013 to 2017. The current report was published in December 2018 (with data to December 2017).Additionally, SFNT outreach audiology services were developed and extended from the outreach audiology services originally funded through the CHCI(CtG), which ran from August 2007 to June 2012. However, data from the CHCI(CtG) should not be compared with data from the SFNT/NTRAI program. 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/NTRAI are available to all Indigenous children in the Northern Territory aged under 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* (AIHW 2012) is available from the AIHW website. |
| Data products |
| Implementation start date: | 10/12/2018 |
| Source and reference attributes |
| Submitting organisation: |  Australian Institute of Health and Welfare |
| Relational attributes  |
| Related metadata references: | Supersedes [Northern Territory outreach audiology data collection, 2015; Quality Statement](https://meteor.aihw.gov.au/content/618101)       [AIHW Data Quality Statements](https://meteor.aihw.gov.au/RegistrationAuthority/5), Superseded 10/12/2018Has been superseded by [Northern Territory Remote Aboriginal Investment audiology data collection, 2018; Quality Statement](https://meteor.aihw.gov.au/content/719804)       [AIHW Data Quality Statements](https://meteor.aihw.gov.au/RegistrationAuthority/5), Superseded 01/09/2021 |