

Northern Territory Remote Aboriginal Investment Clinical Nurse Specialist 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 Clinical Nurse Specialist (CNS) data collection (formerly Child Hearing Health Coordinator (CHHC)) data collection contains data from CHHC/CNS services provided in the Northern Territory, funded by the Australian Government through 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).

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 CHC(CtG)). The funding was mainly used to provide outreach audiology services to children aged under 16.

Key issues:

- The data collection includes over 3,400 children and young people who were aged under 21 and received CNS services (formerly known as CHHC services). However, they are not a random sample of Indigenous children in the Northern Territory. The CHHC/CNS program is available only to Indigenous children who have a referral from a health professional.
- The data are collected as part of the outreach 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.
- Rates of non-consent were high over the course of the CHHC/CNS program between July 2012 and December 2016 (28% of services and 35% of children). However, there have been improvements to non-consent rates over time, decreasing from 65% of children in July 2013 to 36% in 2014, then to 21% in 2015, to 7% in 2016 and to 3% in 2017. Users should be aware of the extent of non-consent rates and missing data when using and interpreting CHHC/CNS data. Where possible, tables published by the AIHW show the percentage of missing data.

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](#) (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](#), 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](#), in conjunction with compliance to the [Privacy Act 1988](#) (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>.

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 <<http://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.

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 first annual 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 (HEBHBL) (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. The fourth 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 entered into AIHW's database was just over 6 weeks for CHHC/CNS 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 then to 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. As well, 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 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>>.

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.

This data collection captures data on children and young people who receive outreach CHHC/CNS services, funded through the SFNT/NTRAI program. The data include information on the amount of services provided, demographic information of service recipients and 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. The children who participated in the CHHC/CNS program are referred to this program if they have an identified middle ear condition or hearing impairment. The services are targeted at children and young people most in need through a priority listing categories schedule.

Health providers use standard forms to record information from the CHHC/CNS services. The forms were developed by the NT DoH in consultation with the Australian Government Department of Health and the AIHW. The CHHC/CNS program is available only to Indigenous children who have a referral from a health professional. Therefore, it is important to note that children and young people who receive CHHC/CNS services are not a random sample of Indigenous children in the Northern Territory. Furthermore, CHHC/CNS data cannot be generalised beyond the programs outlined 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.

Accuracy:

This section provides information about the degree to which the data correctly describe the phenomena they were designed to measure.

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. Rates of non-consent were high over the course of the CHHC/CNS program between July 2012 and December 2016 (28% of services and 35% of children). However, there have been improvements to non-consent rates over time, decreasing from 65% of children in July 2013 to 36% in 2014, then to 21% in 2015, to 7% in 2016 and to 3% in 2017. 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.

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.

Following its publication of *Stronger Futures in the Northern Territory: hearing health services 2012–13* (AIHW 2014) in January 2014, the AIHW received additional data on CHHC services provided in 2012–13—in particular, information about a high number of services for which consent to share data with the AIHW was not obtained. Hence, 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* (AIHW 2014). Due to differences in the CHHC/CNS data analysed, comparisons should not be made between these reports on CHHC/CNS services and service recipients. It should be noted that there have been improvements to non-consent rates over time, decreasing from 65% of children in July 2013 to 36% in 2014, then to 21% in 2015, to 7% in 2016 and to 3% in 2017.

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).

Data products

Implementation start date: 03/10/2018

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes [Northern Territory Child Hearing Health Coordinator data collection, 2015: Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 10/12/2018

Has been superseded by [Northern Territory Remote Aboriginal Investment Clinical Nurse Specialist data collection, 2018: Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 01/09/2021