

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

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	706657
Registration status:	AIHW Data Quality Statements , Superseded 21/08/2019

Data quality

Data quality statement summary: Ear, Nose and Throat (ENT) teleotology services are funded through the Healthy Ears–Better Hearing Better Listening programme (HEBHBL). They were previously funded through the Child Health Check Initiative and Closing the Gap programs (CHCI(CtG)), and this funding arrangement ended in December 2010.

All Indigenous children and young people in the Northern Territory aged 21 and under are eligible for ENT teleotology services. Although all Indigenous children and young people aged 0–21 in Northern Territory are eligible (under national program provisions) to receive these services, the AIHW currently has data only for people aged up to 20. The data collection includes demographic information of service recipients, middle ear conditions diagnosed (if any), actions recommended, whether follow-up is required, and the type of surgery recommended (if any). Services are most commonly accessed by children and young people in remote areas, where the high demand for ENT face-to-face consultations is difficult to meet due to a lack of resources.

Key issues:

- This data collection included over 3,100 children and young people who were aged under 21 and received Ear, Nose and Throat (ENT) teleotology services. Children and young people who receive ENT teleotology services are not a random sample of Indigenous children and young people in the Northern Territory. Although these services are available to all Indigenous people aged 0–20 in the Northern Territory, not all eligible people access these services. Additionally, these services are more commonly accessed by those in remote areas. Therefore, the results of analyses may not be able to be generalised to all Indigenous children and young people in the Northern Territory.
- The methods of assessment used at ENT teleotology services differ from those for face-to-face consultations. Results of tests and subsequent diagnoses from teleotology services may be affected by the method of service delivery.
- The data that have been collected 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.

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](#) (Cth) 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 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 after the end of a reporting period.

The first AIHW report containing ENT service data was published in 2011, with a reference period of July 2009 to May 2011. It covered ENT services funded by the CHCI(CtG) as well as by the Project Agreement on Improving Ear Health Services for Indigenous Australian Children. A report was also published in 2012, with a reference period of July 2009 to December 2010, which covered ENT services funded by the CHCI(CtG) only. The first annual report, which includes ENT data from services funded by the HEBHBL from July 2012 to June 2014, was published in February 2015. The second annual report containing ENT data from services funded by the HEBHBL was published in November 2015; it covers data from July 2012 to June 2015. The third report was published in March 2017, covering data from July 2012 to June 2016. The fourth report was published in November 2017, covering data from July 2012 to December 2016. The latest report was published in December 2018, with a reference period of July 2012 to December 2017. 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. 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 could be services provided that have not yet been captured in the ENT teleotology data collection. From July 2012 to December 2017, the median lag between ENT teleotology services being provided and records being entered into AIHW's database was about 11 weeks. 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.

Hearing health reports containing ENT teleotology data 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 ENT teleotology services, the AIHW's hearing health reports contain basic information about ENT teleotology services, 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.

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 ENT teleotology collection captures data on children and young people who receive ENT teleotology services funded through the HEBHBL. 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 ENT teleotology services.

This data collection included over 3,100 children and young people who were aged under 21 and received ENT teleotology services. They account for about 8% of the Northern Territory population of this age group, however, they are not a random sample of Indigenous children and young people in the Northern Territory. Although these services are available to all Indigenous people aged 0–20 in the Northern Territory, not all eligible people access them. As well, these services are more commonly accessed by those in remote areas. Therefore, results of analyses cannot be generalised to 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.

The methods of assessment used in ENT teleotology services differ from those used for face-to-face consultations. Therefore, the results of tests and subsequent diagnoses from teleotology services may be affected by the method of service delivery.

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-consented data varies over time; however, has decreased from 2.6% from July to December 2012 to 0% in 2017 for children and young people who received ENT teleotology 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.

ENT teleotology services were originally funded through the CHCI(CtG), which ran from August 2007 to June 2012. Data from the CHCI(CtG) should not be compared with data from July 2012 onwards. The CHCI(CtG) services were provided to Indigenous children and young people aged under 16 in Prescribed Areas of the Northern Territory and targeted at children and young people who had a referral from their initial NTER Child Health Check. The ENT services provided through the HEBHBL are available to all Indigenous children and young people in the Northern Territory aged 0–21. Additionally, the latest two reports should not be compared with previous ones because the latest publications report 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).

In 2013, priority listing was implemented, so those in most need of ENT services are more likely to receive them before other children and young people. The final report from the CHCI(CtG), *Northern Territory Emergency Response Child Health Check Initiative—follow-up services for oral and ear health: final report 2007–2012* (AIHW 2012) is available on the AIHW website.

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 Ear, Nose and Throat teleotology data collection, 2015: Quality Statement](#)

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

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

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