Northern Territory Remote Aboriginal Investment dental data collection, 2019; Quality Statement

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Identifying and definitional attributes

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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 more than 20,000 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).

Data collected as part of the SFNT/NTRAI OHP are a by-product of administration 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

- Not all Indigenous children in the Northern Territory receive SFNT/NTRAI oral health services and for a proportion of these children consent was not given to have data supplied for the data collection. As such, SFNT/NTRAI data may not be fully representative of the oral health of the entire Northern Territory Indigenous child population.
- Not all dental services provided in the Northern Territory are captured in the SFNT/NTRAI dental database. This data collection only captures oral health services funded through the SFNT/NTRAI OHP.
- In the first 6 months of the SFNT/NTRAI 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 significantly after the initial period for all services in this collection, ranging between around 60% and around 90% in the years since (with year-to-year fluctuations). In 2019 consent rates for service recipients were 80% for clinical service visits, 73% for full-mouth fluoride varnish recipients and 81% for fissure sealant recipients.
- There have been changes in the data items provided each year for the collection, which will impact time series analysis of the data.

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 Commonwealth statutory agency established by the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent Commonwealth corporate entity, 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 AIHW Act, in conjunction with compliance to the *Privacy Act 1988*, (Cth) ensures that 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.

Data for the NTRAI dental data collection were supplied to the AIHW by the Northern Territory Department of Health (NT DoH), which 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 data on services delivered are submitted to the AIHW by the NT DoH at the start of each calendar year. The dental data collection contains information on children and young people who received dental services between July 2012 and December 2019.

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. The fourth report was published in February 2019, with a reference period of July 2012 to December 2017. The fifth report was published in November 2019, with a reference period of July 2012 to December 2018. The latest report was published in March 2021, with a reference period of July 2012 to December 2019. 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 by calendar year.

Accessibility:

Reports are published on the AIHW website and can be downloaded free of charge at www.aihw.gov.au. Supplementary data tables presenting more detailed data accompany each report and these, too, are available on the AIHW website where they can be downloaded without charge.

Permission to obtain unpublished data must be sought from the Commonwealth Department of Health and the NT DoH. As well, approvals from relevant Northern Territory ethics committees may be required. The AIHW can provide advice on obtaining the relevant approvals.

Interpretability:

The reports contain relevant definitions and information about caveats or aspects that readers should be aware of when interpreting the data. Footnotes are included where relevant to provide further details or caveats. Reference material containing information about the programs and data collection accompany each report. Readers are advised to consider all supporting and contextual information to ensure appropriate interpretation of analyses presented by the AIHW.

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

Relevance:

This data collection includes over 20,000 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. 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/NTRAI dental database. This data collection only captures oral health services funded through the SFNT/NTRAI OHP.

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 by 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 was 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:

To obtain de-identified 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 de-identified 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, subsequently, the number of children to be counted, but do 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 significantly after the initial period for all services in this collection, ranging between around 60% and around 90% in the years since (with year-to-year fluctuations). In 2019 consent rates for service recipients were 80% for clinical service visits, 73% for full-mouth fluoride varnish recipients and 81% for fissure sealant recipients.

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 2019, 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 Northern Territory Emergency Response 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:
    - all Indigenous children and adolescents in the Northern Territory under the age of 16 are eligible for services.
    - 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 latest four reports published in 2018, 2019 (2 reports published) and 2021, 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. In the latest report with a reporting period of July 2012 to December 2019, data on fissure sealant applications reported the number of teeth to which fissure sealants were applied, rather than the number of services in which fissure sealants were applied as in previous reports.

Data products

Implementation start date: 23/03/2021

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare.

Relational attributes

Related metadata references:

Supersedes Northern Territory Remote Aboriginal Investment dental data collection, 2018; Quality Statement
AIHW Data Quality Statements, Superseded 23/03/2021

Has been superseded by Northern Territory Remote Aboriginal Investment dental data collection, 2020; Quality Statement
AIHW Data Quality Statements, Superseded 28/10/2022