

Northern Territory Remote Aboriginal Investment audiology data collection, 2020; Quality Statement

Identifying and definitional attributes

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Data quality

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.

From July 2012, 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 mainly has data for people aged up to 20. 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 8,600 children and young people who were aged under 21 and received Northern Territory outreach audiology services. Data on children and young people who receive outreach audiology services are not necessarily representative for all 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 2020, for about 11% 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, tables published by the AIHW show the percentage of missing data.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) is an independent corporate Commonwealth entity under the [Australian Institute of Health and Welfare Act 1987](#) (AIHW Act), governed by a [management Board](#) and accountable to the Australian Parliament through the Health portfolio.

The AIHW is a nationally recognised information management agency. Its purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Compliance with confidentiality requirements in the AIHW Act, Privacy Principles in the [Privacy Act 1988](#) (Cth), and AIHW's data governance arrangements ensures that the AIHW is well positioned to release information for public benefit while protecting the identity of individuals and organisations.

For further information see the AIHW website (www.aihw.gov.au/about-us), which includes details about the AIHW's governance (www.aihw.gov.au/about-us/our-governance) and vision and strategic goals (www.aihw.gov.au/about-us/our-vision-and-strategic-goals)

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. The electronic data were extracted and then sent to the AIHW via the Northern Territory Department of Health (NT DoH). For further information see the NT DoH website www.health.nt.gov.au.

Timeliness: The NT DoH provides data files containing information on outreach audiology services on a regular basis, and the AIHW publishes annual reports on these services. The audiology data collection contains data on children and young people who received audiology services between July 2012 and December 2020.

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 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 sixth annual report was published in December 2018, with a reference period of July 2012 to December 2017. The seventh annual report was published in October 2019, with a reference period of July 2012 to December 2018. The eighth annual report was published in August 2020, with a reference period of July 2012 to December 2019. The latest report was published in September 2021, with a reference period of July 2012 to December 2020. It is expected that future reports will be published on an annual basis.

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 NT DoH and the Department of Health via the AIHW. Depending on the data requested, approvals from relevant ethics committees of the Northern Territory may be required.

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 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:

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 in the SFNT/NTRAI and HEBHBL programs, not all eligible children and young people access these services. Therefore, the data reported on children and young people who receive outreach audiology services are not necessarily representative for all 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 fully 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:

In 2020, hearing loss status was missing from the data for about 11% of service participants where they were able to complete audiology assessments. Where possible, tables published by the AIHW show the percentage of missing data.

The level of non-consent fluctuated over time; however, it decreased from 1.5% in 2013 to 0% since 2018 for children who received outreach audiology services. 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. 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.

In order to protect privacy, directly identifying information is not provided to the AIHW (for example, the child's name). Unique children records are counted only by the use of the child's Hospital Registration Number (HRN). A very small percentage of children could not be counted accurately due to missing or incorrect HRNs.

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. 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.

Coherence:

The scope of the first annual report on SFNT hearing health services delivered 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.

The scope of the programs has changed from the first annual report containing only SFNT program data (for children aged under 16) with analyses in subsequent annual reports including the HEBHBL (extending the scope to 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. Furthermore, there are a small number of young people aged 21 who attended follow-up services in the data collection.

Additionally, the latest five reports differ from previous ones with a shift from reporting on a financial year to reporting on a calendar 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 2020. The current report was published in September 2021 (with data to December 2020).

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) can not be directly 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: 01/09/2021

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes [Northern Territory Remote Aboriginal Investment audiology data collection, 2018: Quality Statement](#)

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