

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

Identifying and definitional attributes

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Data quality

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 3,900 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: 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 ENT teleotology services on a regular basis, and the AIHW publishes annual reports on these services. The ENT teleotology data collection contains data on children and young people who received ENT teleotology services between July 2012 and December 2020.

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 fifth report was published in December 2018, with a reference period of July 2012 to December 2017. The sixth annual report was published in October 2019, with a reference period of July 2012 to December 2018. The seventh 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. 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.

Accessibility: Hearing health reports containing ENT teleotology data 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. As well, approvals from relevant ethics committees of the Northern Territory could 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 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 3,900 children and young people who were aged under 21 and received ENT teleotology services. 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:

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 1.6% in 2013 to 0% since 2016 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.

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. 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: ENT teleology 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 five 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 2020. The current report was published in September 2021 (with data to December 2020).

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: 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 ENT teleology data collection, 2018; Quality Statement](#)

- [AIHW Data Quality Statements](#), Superseded 01/09/2021