Child Health Check Initiative (CHCI) data collections, QS

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Identifying and definitional attributes

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Data quality

Data quality statement summary:

The Child Health Check Initiative (CHCI) was one component of the Northern Territory Emergency Response (NTER). The NTER was announced by the former Australian Government on 21 June 2007 in response to the Little Children are sacred report by the NT Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse.

From July 2009, follow–up services were provided under the Closing the Gap in the Northern Territory National Partnership Agreement, a joint initiative of the Australian and Northern Territory governments.

Children who receive child health checks or follow-up services are not a random sample of Indigenous children in the Northern Territory. Health checks and services are only available to children in prescribed areas of the Northern Territory and are provided on a voluntary basis.

Institutional environment:

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 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing 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 datasets based on data from each jurisdiction, to analyse these datasets 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 as part of the CHCI.

Timeliness:

Three general reports have been published using the Child Health Check, Chart Review and follow-up data collections (see Dept. of Health and Ageing website for the report). Separate reports are prepared on dental and ear health, using the Dental, Audiology and ENT data collections. The first dental report was published in March 2011, with a reference period of August 2007 to June 2010, and the ear and hearing health report was released on 10 November 2011, with a reference period of August 2007 to May 2011.

The CHCI program will end in June 2012, and it is anticipated that another two or three reports will be published by December 2012.

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. This means that at any point in time, there may be services provided that have not yet been captured in the data.

Accessibility:

CHCI reports are published on the websites of the Department of Health and Ageing Health and the AIHW. Permission to obtain unpublished data must be sought from the Monitoring and Evaluation Memorandum of Understanding Committee for the Northern Territory Primary Health Care Expansion and Reform and the Commonwealth Department of Health and Ageing (DoHA). In addition, approvals from relevant ethics committees of the Northern Territory may also be required.

Interpretability:

CHCI reports contain basic information about the programs and the data contained in the report to enable interpretation of this information. Recent CHCI reports include:

- AIHW (Australian Institute of Health and Welfare) 2011. Dental health of Indigenous children in the Northern Territory: findings from the Closing the Gap Program. Cat. no. IHW 41. Canberra: AIHW Dental Health 2011
- AIHW (Australian Institute of Health and Welfare) 2011. Ear and hearing health of Indigenous children in the Northern Territory. Cat. no. IHW 60. Canberra: AIHW Ear and Hearing Health 2011
- AIHW and DoHA (Department of Health and Ageing) 2009. Progress of the Northern Territory Emergency Response Child Health Check Initiative: Update on results from the Child Health Check and follow-up data collections. Cat. no. IHW 28. Canberra: AIHW Child Health Check Initiative Update

For information about the NTER see the Department of Families, Housing, Community Services and Indigenous Affairs: FaHCSIA information on NTER

A copy of the Closing the Gap in the Northern Territory National Partnership Agreement is available from the Ministerial Council for Federal Financial Relations: Closing the Gap NT National Partnership Agreement.

Relevance:

Children who receive child health checks or follow-up services are not a random sample of Indigenous children in the Northern Territory. Health checks and services are only available to children in prescribed areas of the Northern Territory and are provided on a voluntary basis. As such, it is important to note that CHCI data cannot be used to determine the prevalence of health conditions among all Indigenous children in the Northern Territory, or all children in the prescribed areas of the NTER.

The data that have been collected as part of the CHCI are a by-product of a clinical process. That is, health professionals providing the child health checks and the follow-up services document the results on standard data collection forms and send the completed forms to the AIHW.

The AIHW CHCI collection consists of six separate collections:

Child Health Check data collection

Captures data on Indigenous Australian children (aged 15 years or less) in prescribed areas of the NT who volunteered for, and received, a Child Health Check (CHC). Includes information on health conditions identified and referrals made.

Chart Review data collection

Captures data on children who had a CHC (with the exception of those whose CHC was undertaken during the early follow-up phase of the NTER CHCI and identified no follow-up actions). Includes information on whether the child had been seen for conditions identified during their CHC, and whether there were outstanding conditions requiring follow-up.

Audiology data collection

Captures data on children who had a CHC and were identified as requiring follow-up audiology services, as well as other children in the prescribed areas of the NT aged 15 years or less. Includes information on type and degree of hearing loss (if any), middle ear conditions (if any), and the requirement for further action.

ENT consultation data collection

Contains information on ear health status, type of action taken during the consultation and recommendation for follow-up action and surgery.

ENT surgery data collection

Contains information on description of surgery.

Dental data collection

Captures data on children who had a CHC and were identified as requiring follow-up dental care, as well as other children in the prescribed areas of the NT aged 15 years or less. Includes information on types of dental services provided, problems treated, number of decayed, missing and filled teeth, and the requirement for further action.

Accuracy:

Health providers used standard forms to record information from the CHCs and follow-up health services. The forms were developed by DoHA, in consultation with the Northern Territory Department of Health and Families, the Aboriginal Medical Services Alliance of the Northern Territory and the AIHW.

The extent of missing data should be taken into account when using and interpreting CHCI data. Where possible, published tables show the percentage of missing data.

Not all children who receive a service can be captured in the follow-up databases. The Audiology and Dental data collections capture information on children who receive a service by a member of a specific audiology or dental team, but services conducted by other providers are not captured.

To obtain unit record data for the Audiology, ENT Surgery, ENT Consultation and Dental collections, consent for sharing information must be obtained from children and families. If children or families do not give consent for their information to be used in unit record form, they cannot be presented by demographic characteristics or referral type, but only in aggregated form.

In order to protect privacy, personal information, such as child’s name, is not provided to the AIHW. As such, children can only be tracked using a Hospital Registration Number (HRN). Due to missing or incorrect HRNs, a very small percentage of children cannot be tracked.

Coherence:

Initially, the CHCI was provided under the NTER. From July 2009, child health checks and follow-up services were provided under the Closing the Gap in the Northern Territory National Partnership Agreement.

The form used to collect data for the Child Health Check data collection has been modified since the initial roll-out of the program.