



Better health for Aboriginal and Torres Strait Islander kids

A program that collects information about basic healthcare in the Northern Territory has been improving the lives of Aboriginal and Torres Strait Islander children for more than a decade.

When the Federal Government introduced annual health checks for Aboriginal and Torres Strait Islander children in the NT in 2007 it called on the AIHW to establish a data set.

This process quickly revealed, explains Dr Harvey Coates—a paediatric ear, nose and throat (ENT) specialist and clinical professor at the University of Western Australia—that there were serious basic dental and hearing health inequality issues among a large number of children in the NT. These were, Dr Coates adds, causing widespread hearing impairment and loss, with potentially long-term implications.

In response, extra federal funding was made available to establish a program of ENT and dental services in remote communities across the NT and the AIHW was commissioned to carry out data analysis to track the program's activities and impacts. Ever since, the information has been used to produce an annual report that shows how the program has been affecting dental and ENT health in the NT's Aboriginal and Torres Strait Islander children. However, the data does more than simply provide a record of facts and figures, says Bin Tong, who manages the data in this area for AIHW. It's been used, she says, in a way that helps ensure health outcomes for individual children being seen through the program are improving.

For example, by comparing the number of children issued with a referral for treatment and those who actually receive treatment, AIHW data can be used to help ensure that children don't miss out on simple but vital healthcare. Ms Tong says that each month this information is being used by frontline community healthcare workers to track children who miss follow-up appointments. This ensures that many kids who might ordinarily 'slip between the cracks' get seen, and that their ENT health needs are met. It's helped ensure there's an almost 100% follow-up rate for these children.

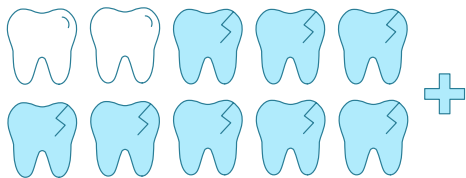
For healthcare practitioners working within Aboriginal and Torres Strait Islander communities, such as Dr Coates, the data has proved invaluable. He not only uses the information collected by the AIHW to identify health problems that need addressing in remote communities, but he also provides feedback in the other direction in a professional capacity as a reviewer of the AIHW's annual reports in this area.

'The data not only shows where things are improving or otherwise but are also used to support relevant funding for health programs,' he says. 'The information is used for everything from publicity and awareness campaigns to publications about health issues in remote communities.'

As well as having an impact on Indigenous health, the AIHW data set also documents progress and provides accountability for the funding of these programs by state and federal governments.

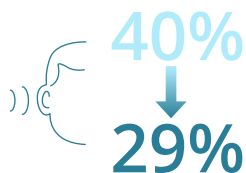
There are plans for AIHW's data collection in this area to be extended to other Aboriginal and Torres Strait Islander communities throughout Australia and expanded to include adults as well as children.

When an Aboriginal and Torres Strait Islander child in the NT receives a basic health check that identifies they have a dental or ear problem, they are referred for specialist treatment to have it corrected. With teeth, the problems are mostly cavities that need filling. With ears, the issue is usually otitis media, a common childhood middle ear infection that can be easily fixed but, if left unattended, can cause short- and then long-term hearing loss. Apart from often being a very painful condition, it can ultimately affect a child's education outcomes, by interfering with their ability to learn and perform at school.



In 2018, **more than 8 in 10** Aboriginal and Torres Strait Islander children in the NT aged 5-10 had experienced **tooth decay**

3 in 5 Aboriginal and Torres Strait Islander children in the NT were found to have **at least 1 ear condition** each year between 2012 and 2018



Among Aboriginal and Torres Strait Islander children and young people in the NT **who received outreach audiology services** between July 2012 and December 2018, **the proportion with a hearing impairment decreased from 40% to 29%**