

Table 1: Interview questions for stakeholders

1) Which key areas of child health are you interested in?
2) Thinking about current policy and programs within the key area, which specific aspects of children's health and wellbeing would you measure in a statewide survey?
3) Would your organisation use the results of a statewide survey of children's health than measured these aspects? If so, how? What results are needed?
4) In what format would you want to receive the results so that they were meaningful for you?

of child health for a population survey of child health and wellbeing.

Method

Participants

Fifty four key stakeholders participated in this study. The sample was selected to represent the areas of health and development in the National Child Health Performance Framework [8,9]. The National Child Health Performance Framework consists of three broad groups of indicators health status, risk and protective factors, and services and interventions. Health status has four subgroups: health and wellbeing, growth and development, mortality, morbidity and disability, and safety and security. The risk and protective factors group has three subgroups: social, cultural and environmental factors; biological and behavioural factors and health knowledge. The services and interventions group includes health services, health programs, health promotion and intervention, intersectoral services and community services.

To identify the indicators of health status, we consulted with stakeholders with expertise in children's physical, social and emotional wellbeing, development, disability, mental health problems, illness, oral health problems, nutrition related problems, child abuse and parental health and wellbeing. To identify the risk and protective factors, we consulted with stakeholders with an understanding of the impact of the physical, family, economic, social and school environment. We also consulted with experts in the area of child diet, activity and overweight and obesity. To identify services and interventions, we consulted with stakeholders with knowledge about health service utilisation, maternal and child health programs, community services and health promotion programs.

Stakeholders were selected to encompass a variety of organisations, including university and government departments within Victoria. The stakeholders were identified by the authors and through literature reviews. A snowball technique was also used where initial respondents were asked to suggest others whom they know are in

the target group and who could be invited to take part, and so on.

Materials

The stakeholders participated in one-on-one interviews. The interviews were semi-structured and the questions were adapted from those included in a quasi-delphi study for the Victorian Adolescent Health and Wellbeing Survey [14,15]. The stakeholders provided advice on the area of child health that they have expertise in, what they thought were the most important areas of health and discussed how they would use the results (Refer to Table 1).

Procedure

The interviews with the stakeholders generally lasted between 15–45 minutes. Interviewers recorded the major points of the interview, and produced a summary of each interview. The summaries were then sent to the interviewees to correct information and/or add further information. Once corrected, the responses for each question were entered into an Excel database and the data was coded by two researchers using open coding. This is the process of identifying persistent words, phrases, themes or concepts within the data so that the underlying patterns can be identified and analysed [16]. A coding framework was developed and two researchers coded each of the summaries using focused coding (EW, ED). Agreement on key themes was achieved by discussion.

Results

Fifty-four stakeholders participated in this study. Stakeholders were asked which aspects of child health they were interested in. As demonstrated in Table 2, their areas of interest could be mapped to the National Health Performance Framework. The total number of areas exceeds 54, because several stakeholders indicated more than one area of interest/expertise.

Stakeholders were also asked what aspects of child health they would include in a population survey of Victorian children's health and wellbeing. As several different areas of health were identified, their responses were grouped according to major themes. These include obesity and determinants, social and emotional health and wellbeing, family environment, health service utilisation, illness, community, oral health, injury, pregnancy and breastfeeding and socioeconomic position. Table 3 demonstrates the overarching themes, the areas that represent the themes, and the specific data that are required by the stakeholders.

After gaining insight into the potential for each area of child health to aid policy and program decisions, the remaining criteria can now be applied. Based on the crite-