

**Table 3: Priority Areas of Child Health Identified by Stakeholders**

Themes	Areas of Child Health	Specific data required by stakeholders
Obesity and determinants	Physical activity Nutrition Obesity	1) Need epidemiological data on childhood obesity, physical activity, sedentary behaviours and nutritional intake in Victoria. 2) Need data on mediating and psychosocial variables.
Social and emotional health and wellbeing	Social and emotional wellbeing Behavioural problems Mental health	1) Need data on the prevalence and distribution of mental health problems. 2) Need data on the adequacy of mental health services and barriers to seeking help.
Family Environment	Family environment Parenting style Reading Exposure to smoking	1) Families have undergone substantial changes, and we need data on how different family environments impact on children's health.
Health service utilisation	Health service utilisation	1) We need data to ensure that our services are meeting the needs of the community, and ensure that people are satisfied with them.
Childhood illness	Chronic illness Disability Development	1) Need data on the prevalence of chronic illness and disability.
Community	Neighbourhood/Community	1) The community environment impacts on children's health; to get a complete picture of children's health, need to examine the community environment.
Oral health	Oral health	1) There are no population data on the oral health status of children, across this proposed age group.
Injury	Injury	1) Need data on the prevalence of injuries and how they are treated. 2) Need data on whether families are reducing the risk of injuries by protecting their home.
Pregnancy and breastfeeding	Breastfeeding Smoking in pregnancy	1) Need prevalence data on smoking, alcohol and folate intake during pregnancy.
Socioeconomic position	Health inequalities	1) A statewide survey of child health should include the child's socioeconomic position to examine distributional effects of health and program effectiveness.

ers indicated the need to localise data and to make it more powerful in action terms; other stakeholders suggested that rural/urban comparisons would be important. Stakeholders suggested that the results should be available from both a representative sample and also from key minority groups such as Indigenous children. The results should also contain some comparable measures to other work done elsewhere.

## Discussion

This study demonstrated the process by which areas of child health can be identified and prioritised for a population study of health and wellbeing. Conducting qualitative interviews with stakeholders is a useful and efficient method to identify current issues in a specific area, and to provide exposure to significant research papers and unpublished research. The areas of child health that were identified in this study are not only useful in developing a population survey of child health and wellbeing for Victorian children, they are also useful for researchers and practitioners in the field of child health, in terms of guiding research, policy and program development.

The main themes of child health tended to reflect the changing patterns of morbidity, where there is increasing interest in the rising prevalence rates of obesity, mental health problems, and oral health problems. The emphasis on health service utilisation, disability and chronic illness is reflective of the costs that such children impose on the health care system. The emphasis on family health, exposure to tobacco smoke, community and socioeconomic position is indicative of the more recent emphasis placed on the wider community environment and influences, and recognition that children's environments have changed profoundly. In terms of the specific data that the stakeholders recommended for each area of health, there was a clear need for prevalence data and also for establishing and modelling the determinants of child health.

The areas of child health that emerged from the interviews are consistent with the stakeholders' areas of expertise. Although it seems likely that the exact sample of stakeholders will always influence the areas of child health that are identified, the selection of these stakeholders was based on the National Child Health Performance Framework, an acceptable indicator framework.