

children's health, we analyzed and compared the burden of disease and risk factors among children under 5 years in China and other regions.

**Methods.** Indicators were gathered from the Global Burden of Disease 2019, which included the standardized rates and risk factors of mortality and DALYs of children under 5 years in China, Western Europe, North America and the world from 1990 to 2019. Paired t-test or Wilcoxon test were used to compare the rates based on gender. A joinpoint regression model was used to analyze the trend, and the Annual Percent of Change (APC) was calculated and statistically tested.

**Results.** From 1990 to 2019, the all-cause mortality and DALYs of children under 5 years in China decreased from 1 153.81/100 000 to 160.39/100 000 and 104 426.40/100 000 to 16 479.01/100 000, respectively. The top 3 causes of both death and DALYs were neonatal preterm birth, congenital heart anomalies, lower respiratory infections. The top 3 risk factors of both death and DALYs were low birth weight, short gestation, child wasting. Unintentional injuries, behavioral and environmental risks posed greater threats to children compared with other regions. The rates of mortality and DALYs of the top 15 diseases and injuries in boys and girls showed a downward trend ( $p < 0.05$ ), and most of them were higher in boys than girls ( $p < 0.05$ ).

**Conclusions.** The burden of diseases among children under 5 years in China has decreased significantly from 1990 to 2019. Compared to other regions, it remains to strengthen the prevention and control of preterm birth, birth defects and unintentional injuries, and to adopt targeted gender-specific interventions. Promoting the parenting behavior and multiple social security may also affects children's health status.

## PD55 Evidence-Based Practices To Support Well-Being And School Success Of Children And Youth In Out-Of-Home Care

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**Introduction.** Children and youth in out-of-home care face many challenges regarding their development and general well-being. It is necessary to put in place best practices to support them where they are most vulnerable. Providing recommendations to health and social services for best practices regarding social and academic success interventions, this study puts forward a synthesis method that combines empirical data and the expertise of key practitioners in the context of Quebec social services.

**Methods.** A systematic review was first undertaken to identify the most effective interventions. Included studies ( $n = 31$ ) were analyzed according to their methodological quality, collaboration processes, and type of care (foster home vs. residential care). To ensure the applicability of the recommendations made in the context of Quebec social services, contextual data, and clinical expertise were collected. Contextual data was gathered through local research reports, administrative data, and government documents. The expertise of multiple

stakeholders was obtained in follow-up committees and semi-structured interviews ( $n = 4$ ). In addition, to ensure their relevance and scope, recommended guidelines were debated in a deliberation committee.

**Results.** The analysis between expert, contextual and empirical data led to several recommended evidence-based practices. In accordance with expert opinions, experimental and quasi-experimental studies show that various types of collaboration are beneficial for children and youth in out-of-home care. Notably, intersectoral collaborations were warranted in more complex situations (i.e., youth in residential centers), while partnership agreement was sufficient in less complex situations (i.e., children in foster homes). However, even if effective, some interventions are difficult to apply in real life and certain considerations must be taken into account (e.g. confidentiality issues, availability of resources).

**Conclusions.** Utilizing three sets of data, guidelines have been proposed to help health and social services to identify best practices and promote the academic development of out-of-home care children and youth.

## PD56 Conceptual Issues In The Valuation Of Health States In Children

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**Introduction.** Assessing the cost utility of health technologies for pediatric patients requires robust utility values for child health states, but the methods for valuing these pediatric health states are much less established than those for valuing adult health states. This is partly because the elicitation of preferences for child health states poses many normative, ethical, and practical challenges.

**Methods.** This presentation examines the conceptual issues in the valuation of health states in children by addressing the following questions.

- (i) Normative theories of health state values: What are we attempting to elicit?
- (ii) Sources of preferences: Whose preferences should we elicit, and from which perspective?
- (iii) Valuation methodologies: How should we elicit preferences?
- (iv) Attaching different values to child and adult health: Is a lack of consistency problematic?

To answer these questions, we used desk research (non-systematic literature reviews) and findings from a two-part workshop held in April 2021. The workshop included 25 participants with expertise in health economics, health state valuation, child health, health technology assessment (HTA) decision-making, and ethics.

**Results.** We identified a lack of consensus on what is being elicited for both adults and children. Many HTA agencies recommend that the public be involved in utility generation exercises, but some criteria for defining who constitutes a member of the public exclude children. Of the many candidate sample types, perspectives, and methodologies,