

# The Comparative Costs and Effects of Four Models to Augment Services for Low-Income Families

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## Purpose

A pervasive challenge faced by Canadian health and social service providers is to *promote health for low-income families in a proactive and cost-effective manner*. Families with low incomes experience an array of health and social problems that prevent access to available services, compromise their resilience, and lead to negative family outcomes; for some populations, linkage to the services they need can result in improved health and well-being while reducing long-term costs to the public (Browne et al., 1999, 2001; Oliver & Ebers, 1998; Osborn & Hagedoorn, 1997). However, little rigorous research has been conducted to examine the effects of different integration-of-service delivery models, such as (a) how low-income families use and benefit from the services, and (b) the long-term costs and benefits of the services for society. Families First Edmonton is seeking to determine the best way to deliver existing services to low-income families.

## Goals

Families First Edmonton is an innovative, transdisciplinary project developed to improve the delivery of health and social services to low-income families by helping the families to become aware of and linked to the services they need. Its goals are to: (a) test the social, health, and economic impact of four service-delivery models on low-income children and families and their communities; (b) establish the relative cost-effectiveness of service delivery; (c) delineate the collaboration among systems necessary for the delivery of programs; and (d) describe best practices supporting program delivery.

## Methods

Families First Edmonton is a randomized, single-blind, longitudinal trial with a two-by-two factorial design. Families can volunteer to participate in the project if they reside in the city of Edmonton, have at least one

child 12 years of age or younger, and are receiving low-income assistance from the provincial, municipal, or regional government. Participant families ( $N = 1,200$ ) are assigned randomly to one of four service-delivery models and receive services for 2 years.

- *Family Health Lifestyle* families can access any available services. A Family Support Coordinator helps the family to solve problems and links it to education, health, and social services.
- *Recreation Coordination* families can access any available services. A Recreation Coordinator helps the family to place children in recreational programs that are provided free of charge.
- *Comprehensive* families can access any available services as well as a combination of the programs available to the *Family Health Lifestyle* and *Recreation Coordination* families.
- *Self-Directed* families receive the same programs and services they do now.

At the end of service delivery, researchers follow the families for an additional 3 years to assess the long-term impact. These service delivery models and the practices associated with them are designed primarily to (a) build and sustain linkages to established government and community services that are initiated by low-income families, and (b) reduce overall costs to the health and social service sectors by increasing cost-effective use of preventive and health promotion services.

### **Committed Partners**

Families First Edmonton was conceived in February 2001 and was built on long-term planning and ongoing collaboration with community, municipal, regional, and provincial organizations. The research is being coordinated by the Community–University Partnership for the Study of Children, Youth, and Families, which facilitates collaborative, community-based initiatives in research and knowledge sharing. The 12 partners are drawn from municipal, regional, and provincial governments, the community, and academia. The service is being delivered by the Families Matter Partnership Initiative, a project of the Edmonton YMCA, Multicultural Health Brokers Co-op of Edmonton, KARA Family Resource Centre, and Bent Arrow Traditional Healing Society.

Families First Edmonton is designed to generate knowledge that is meaningful for Canadian health-care policy-makers, practitioners, and families and that is essential for the adaptation and implementation of lessons learned across Canada and elsewhere. To learn more, visit [www.familiesfirstedmonton.ualberta.ca](http://www.familiesfirstedmonton.ualberta.ca).

## References

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## Authors' Note

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