

# "LANE COUNTY COMMUNITY SURVEY ON CHILDREN AND FAMILIES"

Summer 2000

Methodology and Results

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## **Introduction**

As one part of a continuing effort to better serve the needs of Lane County, Oregon's children and families, the Lane County Commission on Children and Families (LCCF) contracted with the Oregon Survey Research Laboratory (OSRL) to conduct a representative survey of households on issues facing children and families. OSRL conducted a random-sample telephone survey of 403 households June 2000. This report summarizes the survey's methodology and results.

## **Survey Methodology**

This section describes OSRL's procedures for developing and implementing the telephone survey instrument and sample to conduct this representative countywide survey. OSRL's quality control procedures were thoroughly presented in the inter-agency agreement and are not repeated.

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### Survey Instrument

The survey's broad goal was to obtain statistically valid and reliable information from Lane County adults about child and family well being. In order to meet this broad goal, OSRL developed and pretested survey questions in close consultation with LCCF representatives Pamela Strimling, Patricia Rogers, and Kathleen Hynes. We designed the survey instrument primarily with original questions to meet LCCF's, the State's, and the community's needs. We also drew from OSRL's survey archives for questions successfully used in previous related surveys, particularly a 1996 survey for LCCF.

OSRL pre-tested individual questions and the entire survey instrument with members of the survey population, professionals, survey experts, and potential users of the data from LCCF. After pretesting, OSRL debriefed with LCCF representatives, revised the survey, and pretested again. OSRL obtained human subjects approval from the University of Oregon Committee for the Protection of Human Subjects, as required by federal law.

The telephone survey instrument comprised the following specific topics:

1. Overall perceptions of child and family well being in respondents' communities.
2. Needs for and use of 14 community services for children, families, and households, including:
  - a. the public bus system,
  - b. the public library,
  - c. adult education, job skills, or job training,
  - d. emergency help for housing, food, clothing, or paying heating bill or telephone bill,
  - e. health or medical care,
  - f. mental health care, counseling, or crisis intervention,
  - g. help solving community alcohol and drug-related problems, for example, getting rid of drug dealers hanging around schools, arranging drug-prevention programs for youth (such as DARE), or dealing with adults who buy teenagers alcohol,
  - h. help for a child who has a learning disorder, is a delayed learner, or needs school enrichment
  - i. help for a child who has a physical disability, or an emotional or mental disability, including anger management, conduct disorder, or hyperactivity,
  - j. parenting education or support,
  - k. childcare services,
  - l. community recreation, culture, or art programs for children and families, such as, sports programs (like Kidsports), plays, or choirs, either after school or part of school,
  - m. a special adult who would volunteer to mentor a child or teenager, to be a positive role model, to help with homework, or to tutor, such as a Big Brother/Big Sister program, Committed Partners for Youth, SMART, or an after-school homework club,

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- n. and an alternative to the public school system.
3. Whether respondents' needs had been met wholly, partly, or not at all.
4. Barriers to receiving help for children and families, including barriers associated with persons and families (such as illiteracy, fear of law, lack of transportation, shame) and barriers associated with service agencies (such as location, hours of service, fees).
5. Overall perception of the quality of family and child services in communities.
6. Narrative responses to an open-ended question about community strengths for children and families.
7. Narrative responses to an open-ended question about things respondents would change or improve for children and families in their community.
8. Respondents' community involvement, including sports, clubs, religious organizations, and community problem solving.
9. Perceptions of community safety for youth and teens.
10. How parents resolve problems they have with children, including:
  - a. working through problems without help from others,
  - b. turning to other adults in the household, such as a spouse or partner,
  - c. turning to neighbors, friends and family members outside the household,
  - d. turning to people in a religious organization,
  - e. turning to school teachers or school counselors,
  - f. turning to private professionals, such as a pediatrician, psychologist or counselor,
  - g. and turning to public or nonprofit social service agencies.
11. Demographic and background questions, including zip code, age, sex, race/ethnicity, education, employment, marital status, parental status, ages of children in household, household income, and lived in Lane County longer than one year.

The survey instrument was programmed into OSRL's computer-aided telephone interviewing (CATI) system and further pretested. A facsimile of the survey instrument is provided in Section 2 of this documentation, with embedded number and percentage frequency results.

### Sample

This study used a random-digit dial (RDD) sampling procedure. OSRL employs the Genesys Sampling System - the same used by the U.S. Census Bureau for its large-scale RDD surveys. The Genesys procedure employs an RDD algorithm that is used in conjunction with our CATI system. Sampling is pre-programmed and accomplished without interviewer intervention. This system avoids biases encountered from telephone books and similar lists; that is, new and unlisted telephone numbers have an equal chance of being selected as established numbers. Telephone numbers are generated randomly by the computer and appear automatically on interviewers' computer screens.

Altogether, 1,400 telephone numbers were randomly generated. Of those, 652 (47%) were disconnected, non-working, nonresidential, fax/modem lines, non-English speaking households,

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or otherwise ineligible for the study. For another 204 telephone numbers (15%), the status could not be determined (e.g., the numbers were continuously busy, or no one ever answered). From the remaining 544 telephone numbers, 403 interviews were completed. Altogether, 5,610 dial attempts were made for this survey. Up to 35 calls were made to each valid telephone number.

The net CASRO response rate was 67% and the refusal rate was 4%. A complete sample and response rate report is provided in Section 4 of this final report.

Sampling error for this RDD sample size of 403 is moderate. Survey sampling errors are calculated to assist data users in assessing how much confidence to place in a particular survey result. Moderately large random samples, as in this study, reduce sampling error. Survey question results in which there is low variability also have less sampling error; e.g., a variable with a 50/50 proportional split has wider confidence intervals than a variable with a 5/95 proportional split. For this study of 403, the confidence interval is  $\pm 4.9$  percentage points on variables with a 45/55 proportional split (at the 95% confidence level). This means analysts can be 95% sure that the true population figure is between 45.1% and 54.9% (i.e.,  $50\% \pm 4.9$  percentage points). For variables with a 5/95 proportional split, the confidence interval is 2.1, which means analysts can be 95% sure that the true population figure is between 92.9% and 97.1% (i.e.,  $95\% \pm 2.1$  percentage points). For more details, see OSRL's "Sampler" at <http://darkwing.uoregon.edu/~osrl/miscpapers/sampler.html>.

### Data Collection

Interviewer training was conducted on June 20, 2000. See Section 3 for interviewer instructions. Interviewing was conducted at all times of the day between Wednesday, June 21<sup>st</sup> and Monday, June 26<sup>th</sup> until the target sample size of completed interviews was achieved. All households in Lane County had an equal chance of being selected, excluding those without telephones. The telephone interviews' average length was 12.3 minutes. All interviews were conducted in English. All interviews were completely anonymous.

The survey was conducted with the use of OSRL's CATI system, in which sampling, interviewing, and data entry is accomplished interactively and seamlessly. The programmed survey instrument contains all survey questions, interviewer probes for consistency, and pre-coded answer categories. Skip logic is programmed into the system, preventing inappropriate or incorrect questions from being asked.

In administering the survey, trained interviewers use telephone headsets in sound-reduced carrels at computer workstations connected by an NT network. Randomly distributed telephone numbers appear automatically at each workstation and are mated to pre-programmed survey instruments. Telephone calls are placed with a computer keystroke, preventing dialing errors. As respondents answer questions, interviewers enter the data into the CATI data file. Telephone numbers are automatically stripped from the interview data to ensure anonymity. The CATI system eliminates out-of-range responses and wild codes by validating each response interactively and not allowing inappropriate responses to be entered. Thus, the CATI system eliminates many routine and error-

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prone coding and data entry tasks and enables OSRL to maintain the highest standards of quality control.

### **Survey Results**

The results section of this report is organized into 6 parts. Part 1 summarizes the demographic, background, and household characteristics of survey respondents, to provide context for the substantive results. Part 2 summarizes respondents' general perceptions of how things are going for children and families and for quality of services to them. Part 3 presents respondents who needed and found community services for children and families, and how completely services met needs. Part 4 covers barriers to receiving help, focusing on those who needed but could not find community services. Part 5 summarizes how parents resolve problems they have with children. Part 6 provides information on respondents' perceptions of community safety and their community involvement.

Parts 2-6 rely primarily on graphic, rather than narrative, presentation of univariate survey results. The Banner Tables in Section 6 provide details on points of variation in the results presented below, but this report does not discuss bivariate results in detail.

#### **1. Demographic, Background, and Household Characteristics**

To provide some context for the substantive survey results, we begin with an outline of respondents' characteristics.

Fully 96% of respondents have lived in Lane County for one year or more. As is typical for Oregon, 91% are white, 3% report mixed race, 2% refused, and just 2-5 persons each reported African American, Asian, Pacific Island, or Latino in response to the race/ethnicity question. As is typical for OSRL's Lane County surveys, 68% of respondents were female. Young adults ages 18-25 comprised 14% of the sample, those ages 26-35 were 16%, age 36-45 19%, ages 46-55 22%, ages 56-65 14%, and ages 66 or greater 16%.

With regard to socioeconomic status, respondents education distribution was: 5% less than a high school diploma, 28% high school diploma or GED, 38% some college or associate's degree, 19% bachelor's degree, and 10% an advanced degree. Their employment distribution was: 59% employed, 21% retired, 8% homemakers, 4% disabled or unable to work, and 2% students. Respondents' median household income was between \$35,000 and \$50,000 per year, with 16% earning less than \$15,000 and 12% earning greater than \$75,000. Just 10% of respondents did not know or refused to provide their income category.

Concerning marital and parental status, 55% of respondents reported being married (including 2% cohabiting), 19% never married, 17% divorced or separated, and 8% widowed. Seventy-five percent of respondents said they are a parent or stepparent, but only half of them have one or more children in the home; i.e., 38% of all respondents had a child in the home at the survey date. Of the 155 respondents with children in the home, 23% had children ages 0-2 living there at

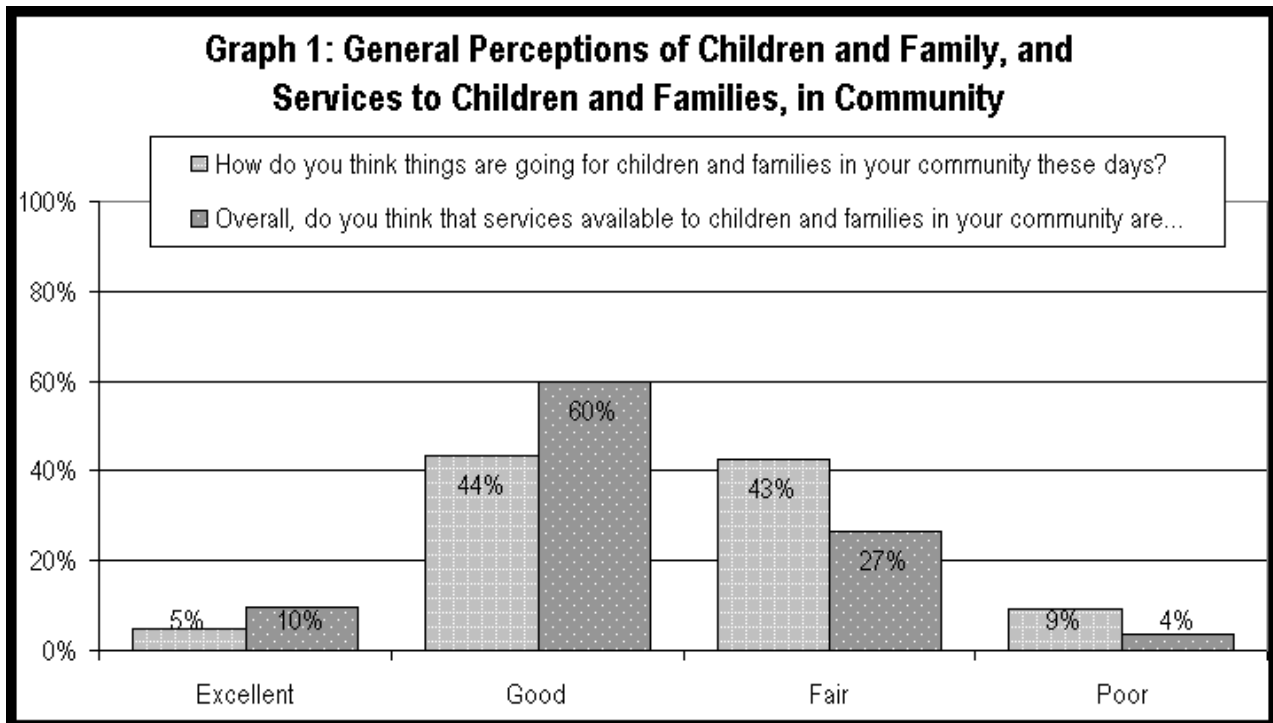
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the survey date, 30% had children ages 3-5, 30% ages 6-8, 34% ages 9-12, 28% ages 13-15, and 27% had children ages 16-18 at home. As percentages of the entire sample (instead of percentages of parents only), 9% had children ages 0-2 living at home, 12% ages 3-5, 11% ages 6-8, 13% ages 9-12, 11% ages 13-15, and 10% had children ages 16-18 living at home, overall.

### 2. General Perceptions

The survey began with a general question: "First, how do you think things are going for children and families in general in your community these days?" Respondents without children in the home were prompted to "please give me your impressions." Graph 1 summarizes the results, with just 5% saying "excellent," 44% "good," 43% fair," and 9% "poor."

Following the sequence of 14 community service questions, respondents were asked to summarize the general quality of those services: "Overall, do you think that the services available to children and families in your community are excellent, good, fair or poor?" Graph 1 also summarizes that question's results, with more positive impressions of child and family services than of how things are going for children and families. Ten percent said "excellent," 60% "good," 27% fair," and 4% "poor."



### 3. Needed and Found Community Services

The largest section of the survey concerned respondents' need for and use of 14 community services (listed on pages 2-3), ranging from those readily available, such as public buses and libraries, to those rarer and less traditional, such as help for a disabled child and need for a

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mentor. The current analysis focuses on respondents who answered "yes" to both questions in the following two-question sequence.

In the survey's service section, respondents were first asked:

*"Have you or members of your household or family ever needed or wanted [service] in your community?"*

Those who answered "yes" were then asked:

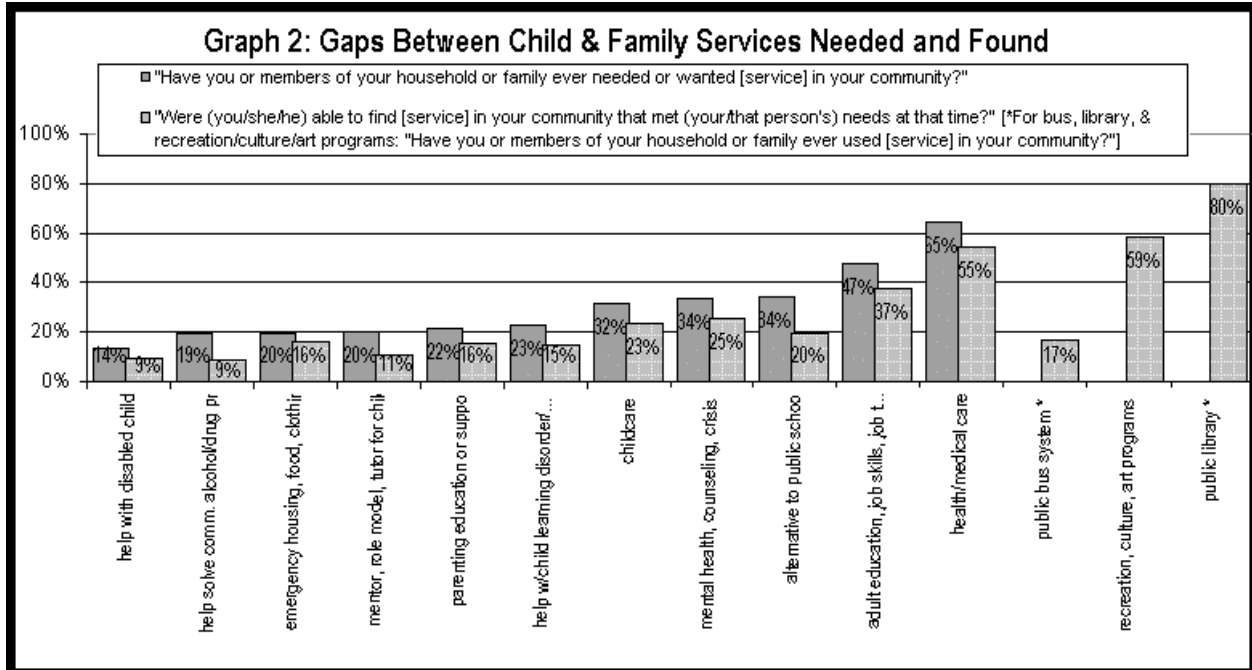
*"Were (you/she/he) able to find [service] in your community that met (your/that person's) needs at that time?"*

Respondents who also answered this question "yes" were subsequently asked if the help they received met their needs. For three relatively common and available services – public buses, public library, and community sports, culture and art programs – the first question was bypassed and respondents were simply asked if they had ever used the service in their community and, if yes, if it met their needs.

Readers of the survey facsimile in Section 2 of this report will note that some questions' exact phrasing varied slightly from those above in order to refer appropriately to certain services or help, e.g., plural vs. singular words. An interviewer also could vary question phrasing slightly, in order to be consistent with respondent-volunteered information, as per the parenthetical options in the questions above.

The results of affirmative answers to the two-question sequence for 14 child and family services are summarized in Graph 2. Specifically, Graph 2 presents the percentage of survey respondents who said they ever needed or wanted a certain type of service or help, and then the percentage who actually found the service that met their needs. By comparing "need" to "found," readers can infer the size of the "service gap." For example, 14% of respondents "needed or wanted help for a child who has a physical disability, or an emotional or mental disability" and 9% actually found that help in their community, i.e., 64% of 55 respondents who needed such help found it.

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The greatest need was for "health and medical care" at 65% of respondents. The service gap for health and medical care was small because 55% of respondents found it, i.e., 85% of those who needed it. While only 20% of the sample "ever needed or wanted emergency help for housing, food, clothing, or paying your heating bill or telephone bill" (79 persons), the service gap is also small because 16% of the sample found it (84% of those who needed it). For "adult education, job skills, or job training," need was moderate, at 47%, and the service gap was relatively low, because 37% found what they needed in their community (79% of those who needed it).

The largest service gaps occurred for two less common needs: help solving community alcohol and drug-related problems and a special adult mentor, role model, or tutor. For the former, 19% wanted help in such things as keeping drug dealers away from schools, but only 9% found it (45% of those who needed it). For the latter, 20% wanted help in such things as connecting a child with a special adult, but only 11% found it (55% of those who needed it).

For three commonly available services – public buses, public library, and community sports, culture and art programs – respondents were asked if they had used them, and not whether they needed them. Only 17% had ever used LTD buses, but 59% had participated in sports, culture and art programs, and fully 80% had used public library services, including Bookmobile.

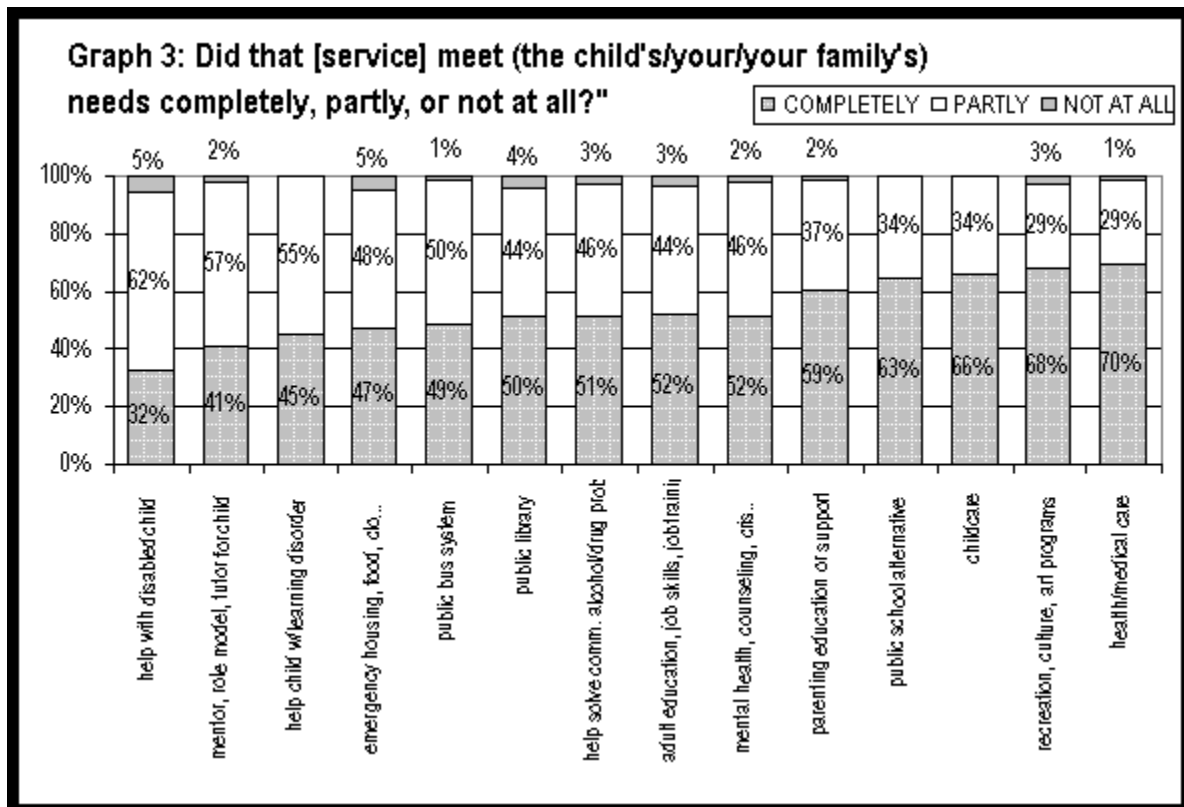
Those who used services were subsequently asked:

*"Did that [service or help] meet (the child's/your/your family's) needs completely, partly, or not at all?"*

The results are summarized in Graph 3.

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Between 32% and 70% of respondents said a specific service or help met their needs "completely," and 5% or less said "not at all." Fewer than half (32%-47%) answered "completely" to help with a disabled child, mentor services, help with a child who has a learning disorder, and emergency help. Around half (49%-52%) answered "completely" to public buses, public library, help solving community drug and alcohol problems, adult education, and mental health services. More than half (59%-70%) answered "completely" to parenting education, public school alternatives, childcare, community sports, culture and art programs, and health/medical care.



#### 4. Needed Services not Found; Barriers to Help

This part of the analysis focuses on respondents who fell into the "service gap" described in Part 3; that is, those who answered "yes" to the first question and "no" to the second question in the following question sequence.

*"Have you or members of your household or family ever needed or wanted [service] in your community?"*

Those who answered "yes" were then asked:

*"Were (you/she/he) able to find [service] in your community that met (your/that person's) needs at that time?"*

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Respondents who also answered this question "no" were subsequently asked:

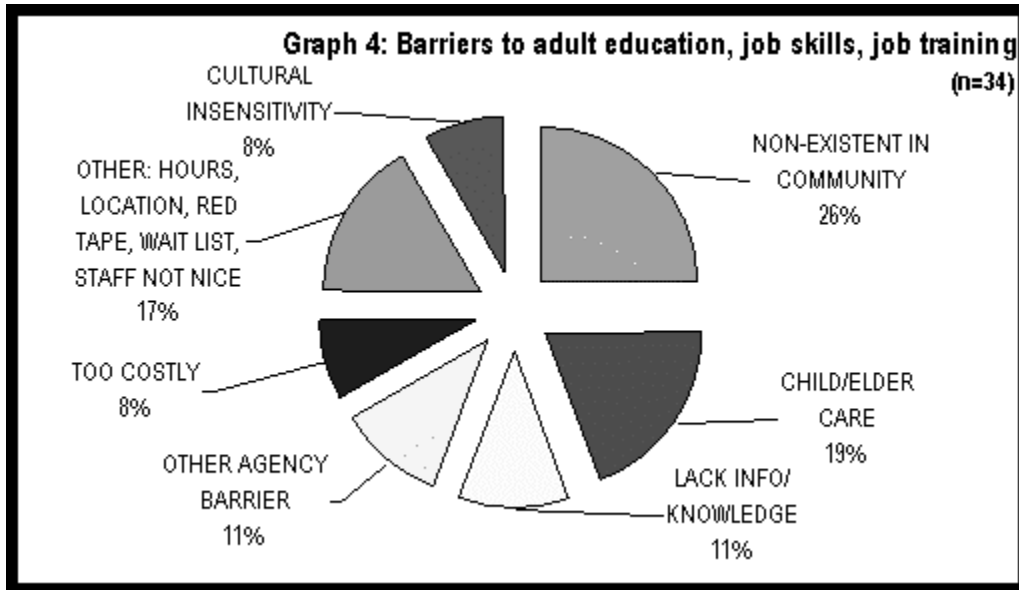
*"Why not? What kept (you/that person) from finding [service] at that time?" or  
"Why haven't you or members of your household or family used [service] in your community?"*

These open-ended questions were coded into a series of "Respondent Barriers" and "Agency Barriers" by OSRL interviewers (see Table 1). Graphs 4-17 below summarize their answers in visual form. For those who gave multiple reasons, interviewers probed with "Which one has been the biggest barrier?" It is important to note that varying numbers of respondents answered these questions, ranging from 13 to 329. Thus, the percentages reported in the graphs refer to the numbers of persons who needed or wanted child and family services, but who were unable to find or use those services.

The largest barriers to each of the 14 child and family services are listed below. Beside each barrier, an R indicates a survey respondent problem and an A indicates an agency problem, although clearly some barriers, like "too costly," could be both an agency and a respondent problem. Nonetheless, even this rough Agency and Respondent coding shows that the sources of barriers to needed family and child services or help cannot be neatly allocated to one or the other.

- adult education – non-existent in community (A), lack of childcare or elder care (R)
- emergency help – red tape (A)
- health or medical care – lack of health insurance (R), too costly (R), non-existent in community (A)
- mental health care – lack of health insurance (R), too costly (R)
- help solving community alcohol and drug-related problems – didn't get help after trying (A), lack of information/knowledge (R)
- help for a disabled child – too costly (R), non-existent in community (A)
- parenting education – non-existent in community (A), lack of information/knowledge (R)
- childcare – too costly (R), non-existent in community (A)
- mentor, role model, or tutor - lack of information/knowledge (R), waiting list (A), non-existent in community (A)
- public school alternatives – too costly (R), non-existent in community (A)
- help for a child who has a learning disorder – non-existent in community (A)
- public library – lack of interest or need (R), not enough time (R)
- public bus system – lack of interest or need (R), non-existent in community (A)
- recreation, culture, or art programs – lack of interest or need (R), not enough time (R)

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**Table 1: Lane County Family Survey: Detailed Service Barrier Codes for Open-ended Questions**

"Why not? (Why haven't you (or members of your household or family) used \_\_\_\_\_ services in your community?"

**PROBE: "Which one has been the biggest barrier?"**

### RESPONDENT'S BARRIERS

1. **LACK OF KNOWLEDGE OR INFORMATION,**

DON'T KNOW WHERE TO GO, HOW TO FIND OUT, WHERE IT IS, WHAT IS OFFERED

2. **TOO COSTLY,** FEE FOR SERVICE,

BELIEVES HELP IS NOT FREE,

DON'T HAVE THE MONEY TO PAY FOR HELP

3. **READS OR WRITES POORLY,**

CAN'T READ OR WRITE WELL ENOUGH,

LITERACY ISSUES

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4. LACK OF CHILD CARE,

LACK OF ELDER CARE,

NO ONE TO WATCH CHILDREN OR ELDERS

5. FEAR OF LAW,

FEAR OF BEING IDENTIFIED, DEPORTED

FEAR OF BEING CAUGHT FOR SOMETHING DONE WRONG

6. NOT ENOUGH TIME/TOO MUCH HASSLE,

OR TOO TIME-CONSUMING FOR R,

R IS TOO BUSY/TIRED/SICK/LAZY

NOTE: Is R really talking about agency (Code 25)?

PROBE: *Do you mean that you are too busy, or do you mean that (lines are too long/ there's too much red tape)? (IF "BOTH": Which one is most important?)*

7. TOO PERSONAL,

THEY WANT TOO MUCH PERSONAL INFORMATION

8. LACK OF TRANSPORTATION OR TELEPHONE,

NO WAY TO GET THERE,

CAR UNRELIABLE,

NO BUS SERVICE, CAN'T AFFORD BUS,

NO REGULAR PHONE

9. SHAME, EMBARRASSMENT, PRIDE

10. NOT INTERESTED, DON'T NEED IT

19. OTHER R BARRIER – SPECIFY

**AGENCY'S BARRIERS**

20. DIFFICULT, UNSAFE LOCATION,

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SERVICES TOO HARD TO GET TO,  
SCARY NEIGHBORHOOD

21. **PROBLEMS WITH AGENCY HOURS,**

LIMITED OPERATING HOURS,  
SERVICES NOT OPEN AT TIMES I CAN GO,  
HOURS OF OPERATION CHANGE, ARE UNPREDICTABLE

22. **STAFF/CASEWORKER/AGENCY PEOPLE PROBLEMS,**

NOT NICE, RUDE, DON'T LISTEN, IGNORE ME

23. **STAFF CULTURALLY INSENSITIVE,** [*Note: This may be a*

DON'T SPEAK MY LANGUAGE, *special subcategory of 22]*  
RACIST

24. **WAITING LIST TO GET SERVICE, R CAN'T WAIT,**

NEEDS HELP URGENTLY

25. **RED TAPE,**

TOO MANY RULES,  
CONFUSING RULES,  
DON'T UNDERSTAND ELIGIBILITY RULES,  
LINES TOO LONG AT PLACE TO GET HELP OR INFORMATION

NOTE: Is R really talking about self (Code 6)?

PROBE: *Do you mean do you mean (lines are too long/there's too much red tape) or that you are too busy?  
(IF "BOTH": Which one is most important?)*

26. **SERVICE NON-EXISTENT IN COMMUNITY,**

R'S COMMUNITY HAS NO \_\_\_\_ SERVICE (SUCH AS LIBRARY, BUS, ELDER CARE, EMERGENCY FOOD OR SHELTER, ETC.)

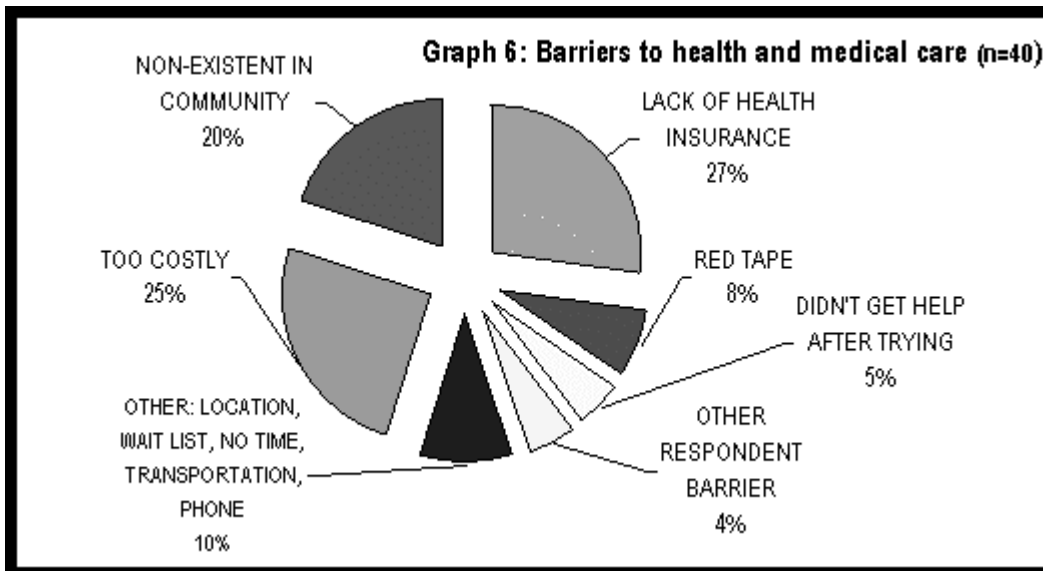
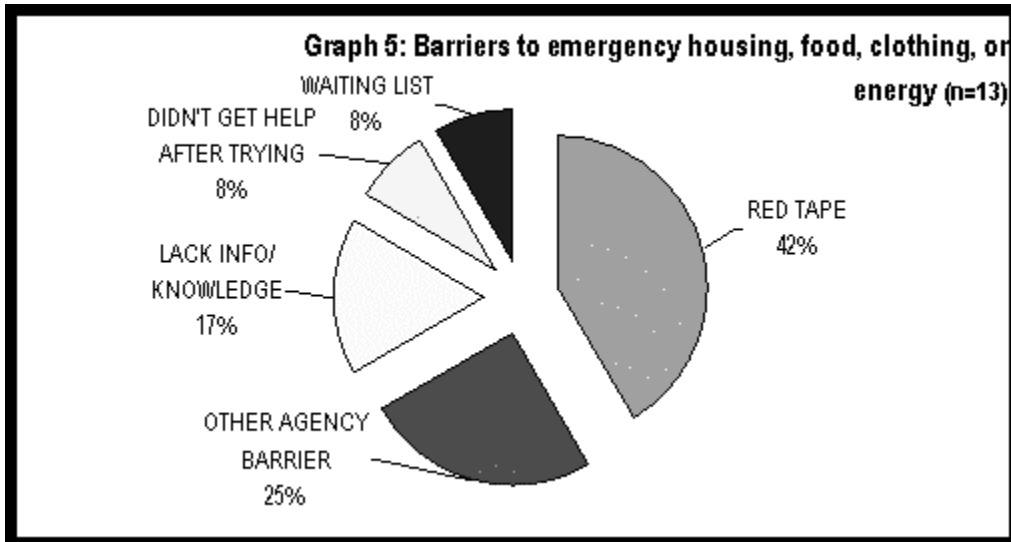
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## 27. AGENCY DID NOT GIVE INFORMATION/HELP WHEN ASKED,

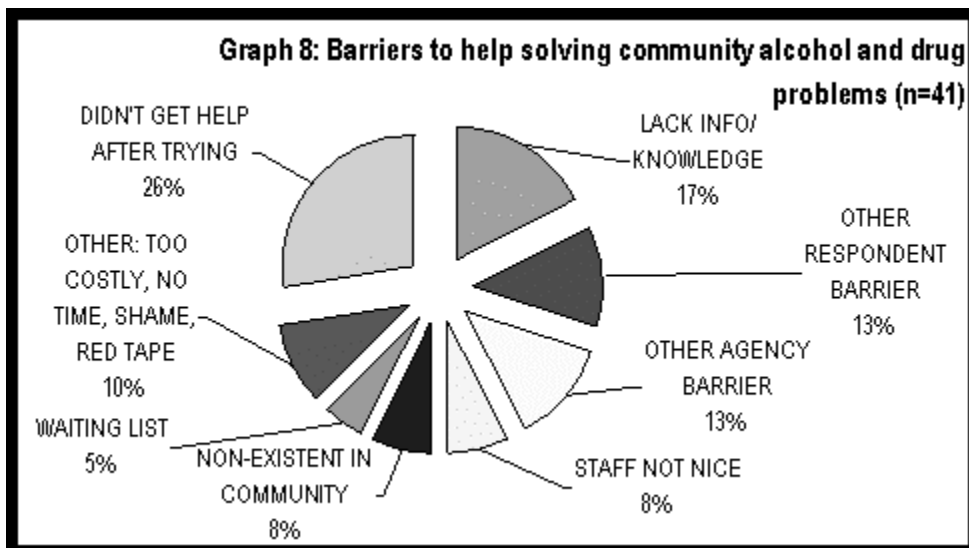
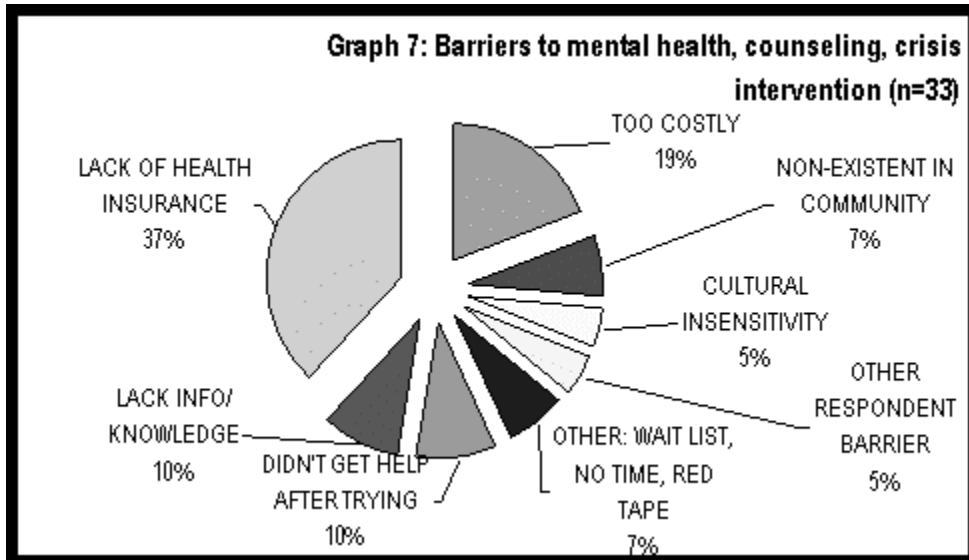
R ASKED AGENCY FOR INFO/HELP, BUT DIDN'T GET IT,

R TRIED TO GET INFO/HELP BUT COULD NOT

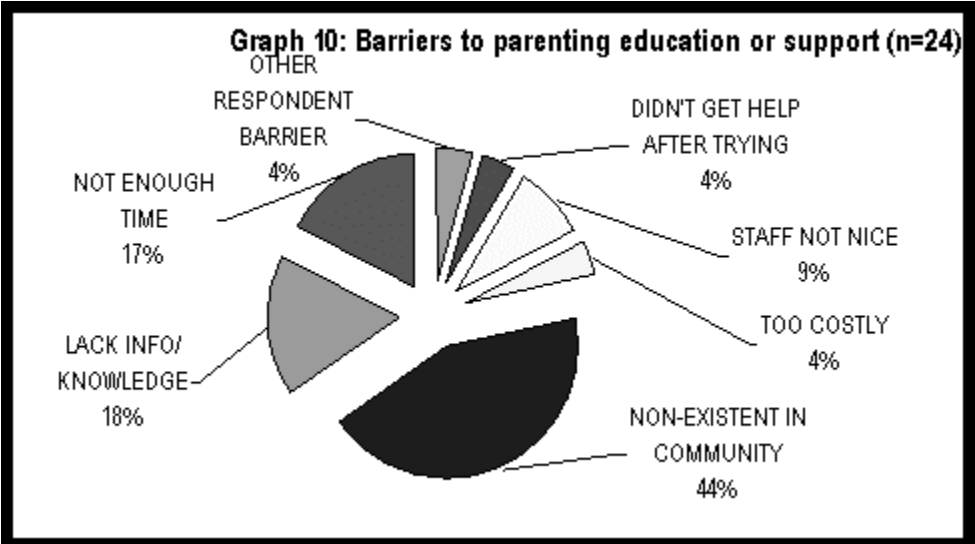
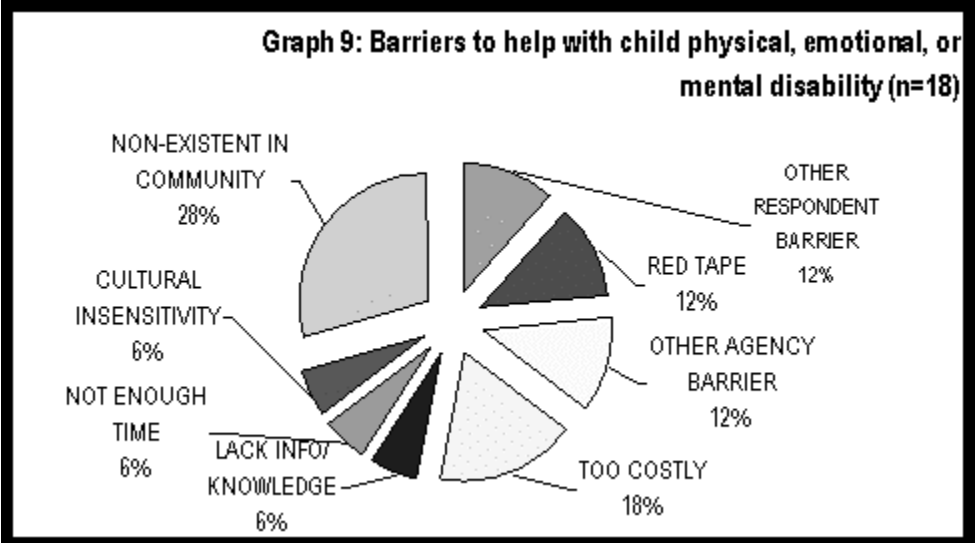
## 19. OTHER AGENCY BARRIER - SPECIFY



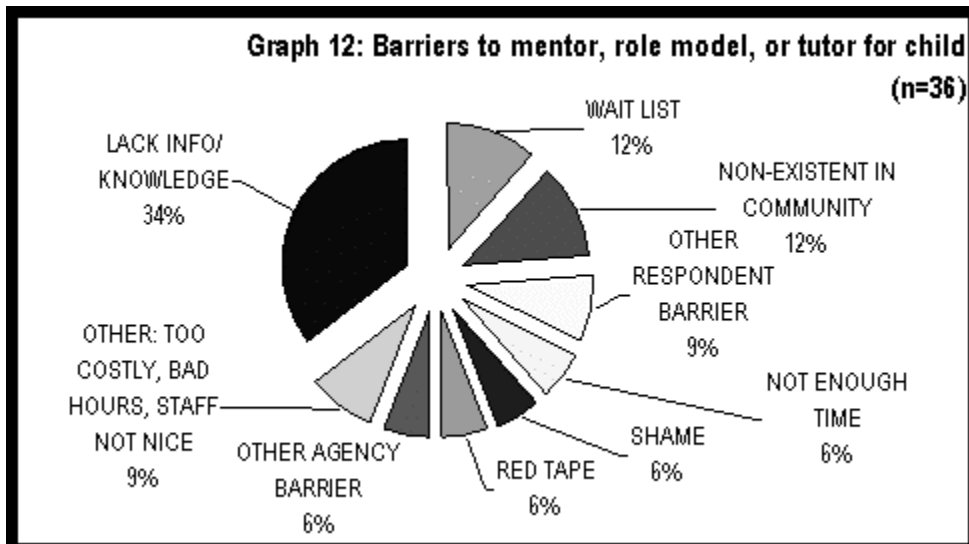
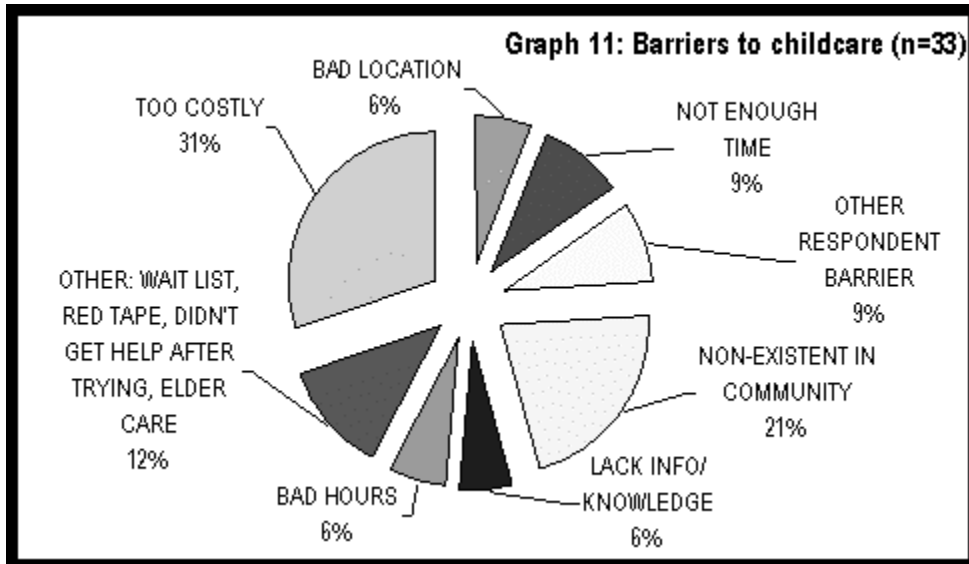
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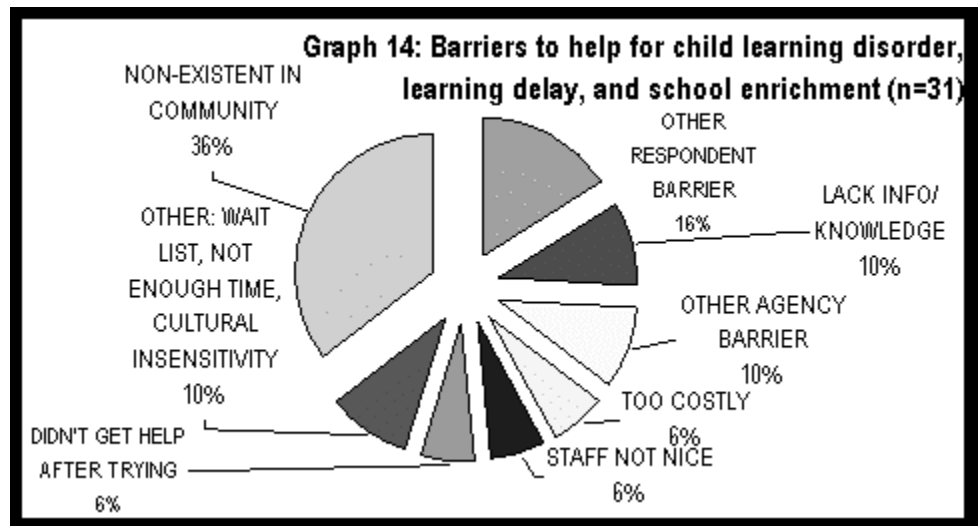
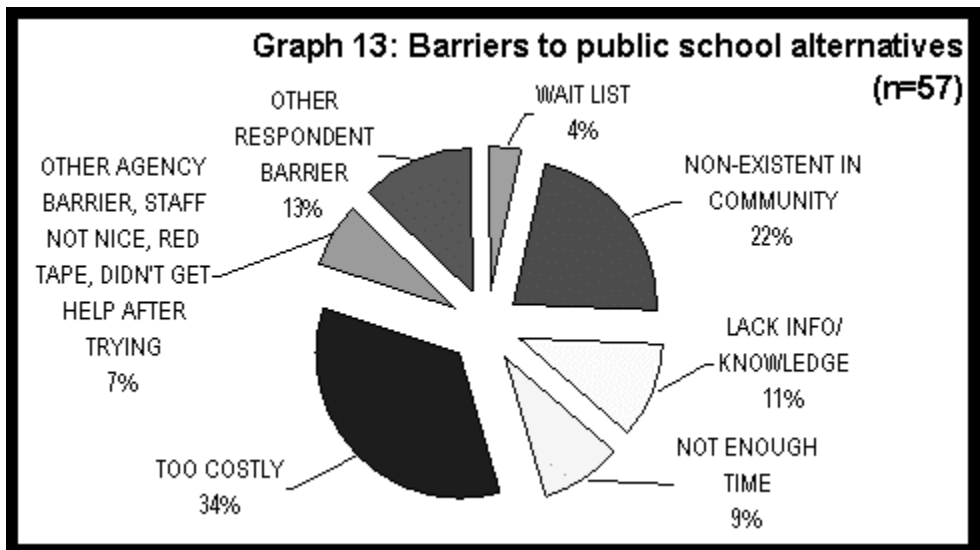
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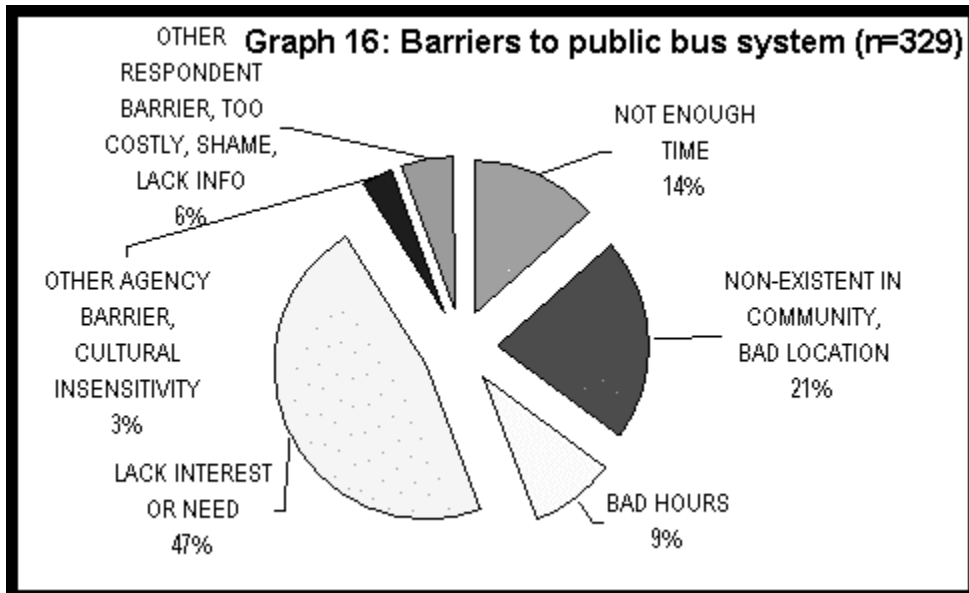
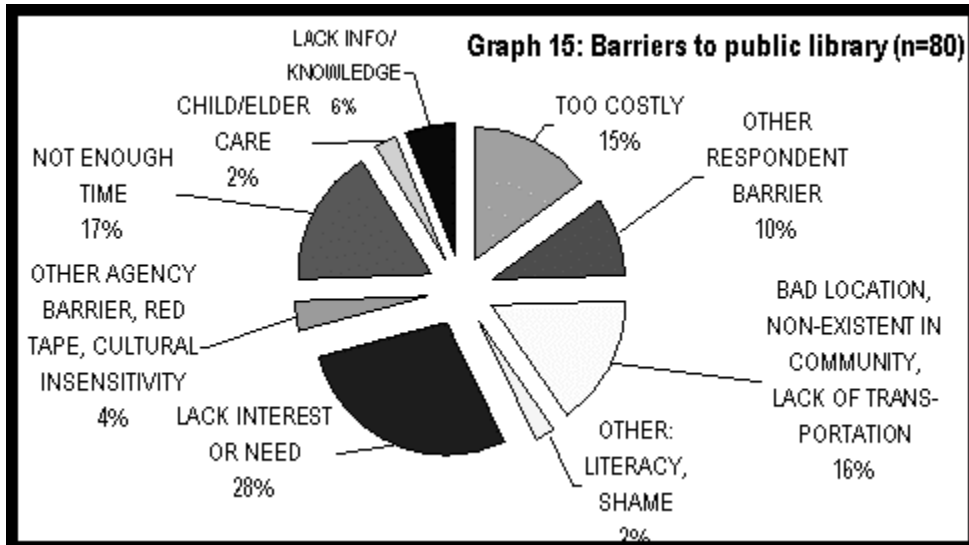
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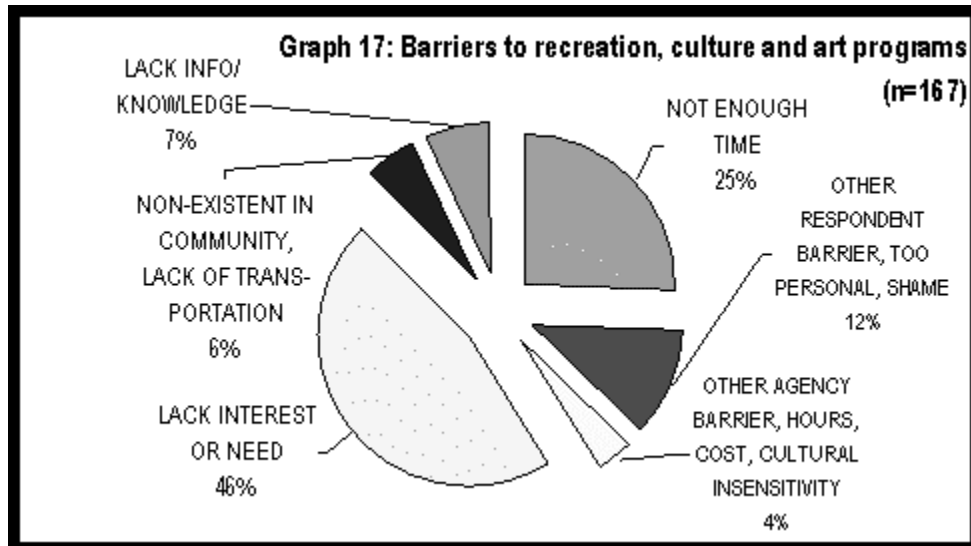
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### 5. To Whom Parents Turn for Help in Resolving Child Problems

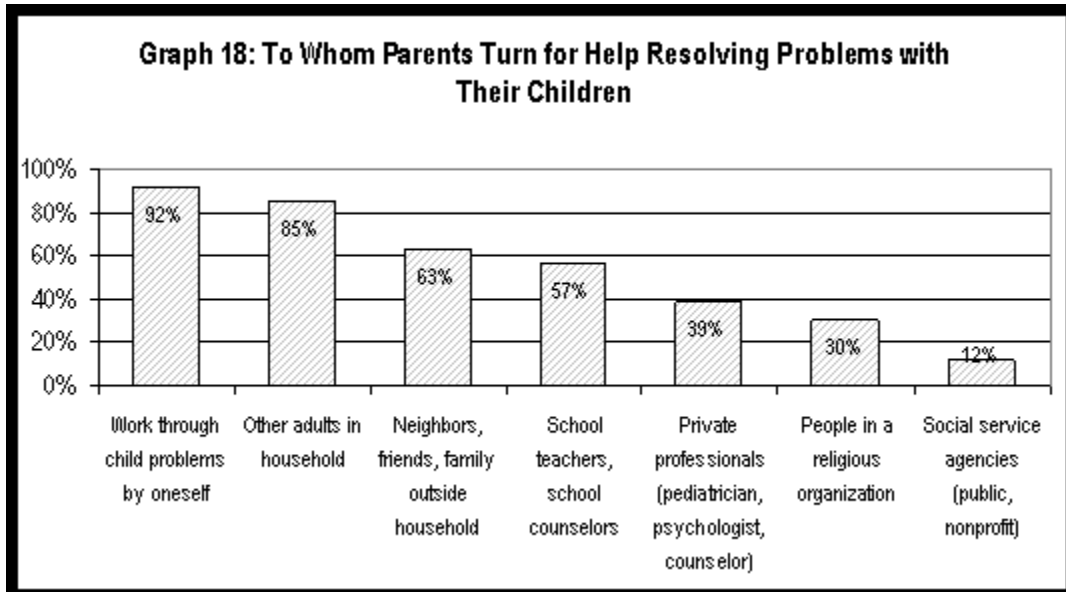
The survey results in Parts 3 and 4 above show that parents and families sometimes turn to community services when they need help, but sometimes they do not. Few of the services questions, however, specifically ask adults about how they resolve problems that parents routinely encounter with their children. This section examines survey results for questions on just that topic: to whom parents turn when they have problems with their children. The question sequence began with a sentence that normalizes the idea:

*Most everyone has problems with their children at one time or another. The next few questions are about how you deal with those problems.*

As Graph 18 shows, 92% of parents say that they work through the problems by [themselves], without help from others." Eighty-five percent say that they "turn to other adults in [their] household, such as a spouse or partner when ... having problems with a child." In addition, 63% say that they "turn to neighbors, friends and family members outside [their] household.

Parents also were asked if they had "ever turned to" various resources outside the home to help solve problems with a child. Fifty-seven percent had turned to schoolteachers or school counselors, 39% to private professionals, like a pediatrician, psychologist or counselor, 30% to people in a religious organization, and just 12% to public or nonprofit social service agencies for help with a child.

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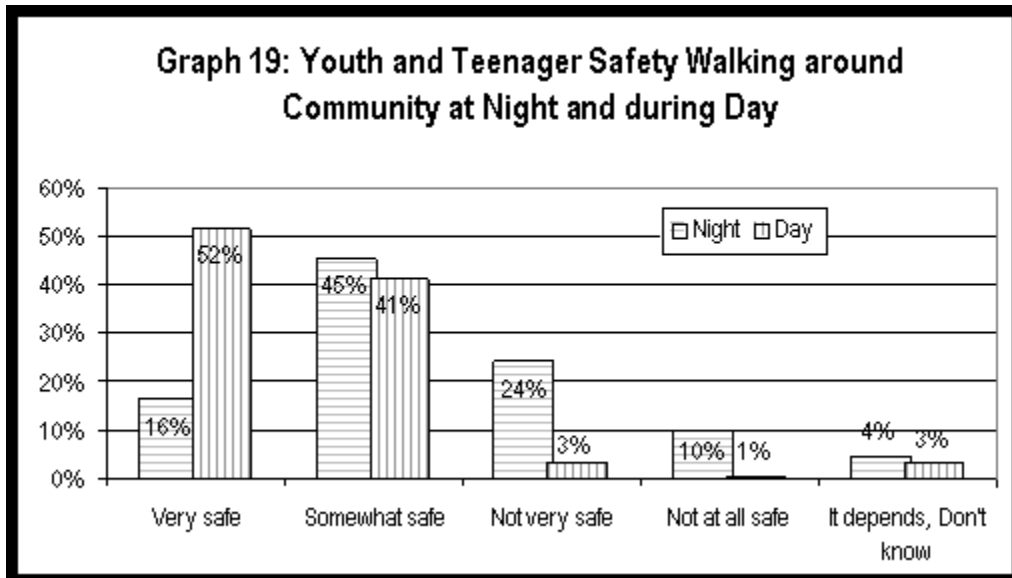
### 6. Community Safety and Involvement

The survey also asked respondents for their perceptions of community safety for children and their behavioral involvement in their communities, for these are likely to relate to their propensity to use community services. Specifically, interviewers asked respondents to:

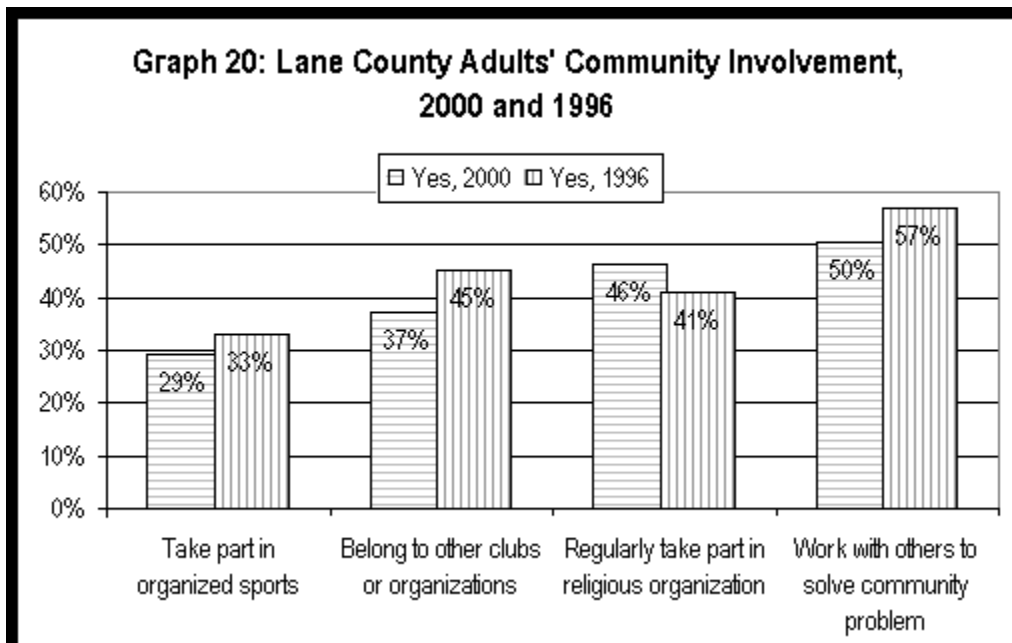
*Think about youth and teenagers walking around your community at night. Overall, do you think they are very safe, somewhat safe, not very safe, or not at all safe walking around your community at night.*

Just 16% thought youth and teenagers would be "very safe" walking around their communities at night, 45% said "somewhat safe," 24% said "not very safe," and 10% said "not at all safe" (see Graph 19). During the day, 52% thought youth and teenagers would be "very safe" walking around their communities, 41% said "somewhat safe," only 3% said "not very safe," and just 1% said "not at all safe."

## APPENDIX D: COMMUNITY SURVEY



Questions about levels of community involvement were replicated in this survey from a parallel survey OSRL conducted for LCCF in 1996. Graph 20 shows the results for both years, and levels of participation fell in three of the four categories. In 2000, 29% of survey respondents said that they "had taken part in any form of organized sports activities in [their] community in the past year," compared to 33% in 1996. Thirty-seven percent said they belonged to "any other clubs or organizations in [their] community," compared to 45% in 1996. However, 46% "regularly take part in any church, synagogue, or religious organization," compared to 41% in 1996. Finally, 50% said they had "ever worked with others in [their] community to try to solve a community problem," compared to 57% in 1996.



### **Survey Conclusions**

This survey provides a wealth of information concerning various facets of family, child, community, and service issues in Lane County, Oregon households. This report has paid particular attention to univariate results for families' need for various services, the extent to which using those services met their needs, barriers that prevent them from using the services, to whom parents turn to help solve problems with a child, perceptions of children's safety in communities, and community involvement. We have not examined variations in the categories of persons most likely to use certain services and problem-solving strategies, or most likely to encounter barriers. A great deal can be done with these data in terms of planning to meet the communities' needs. If the results of this survey result in changes, it would be possible to conduct a subsequent community survey to help chart change over time, in particular change which can be attributed to particular innovations and policies.