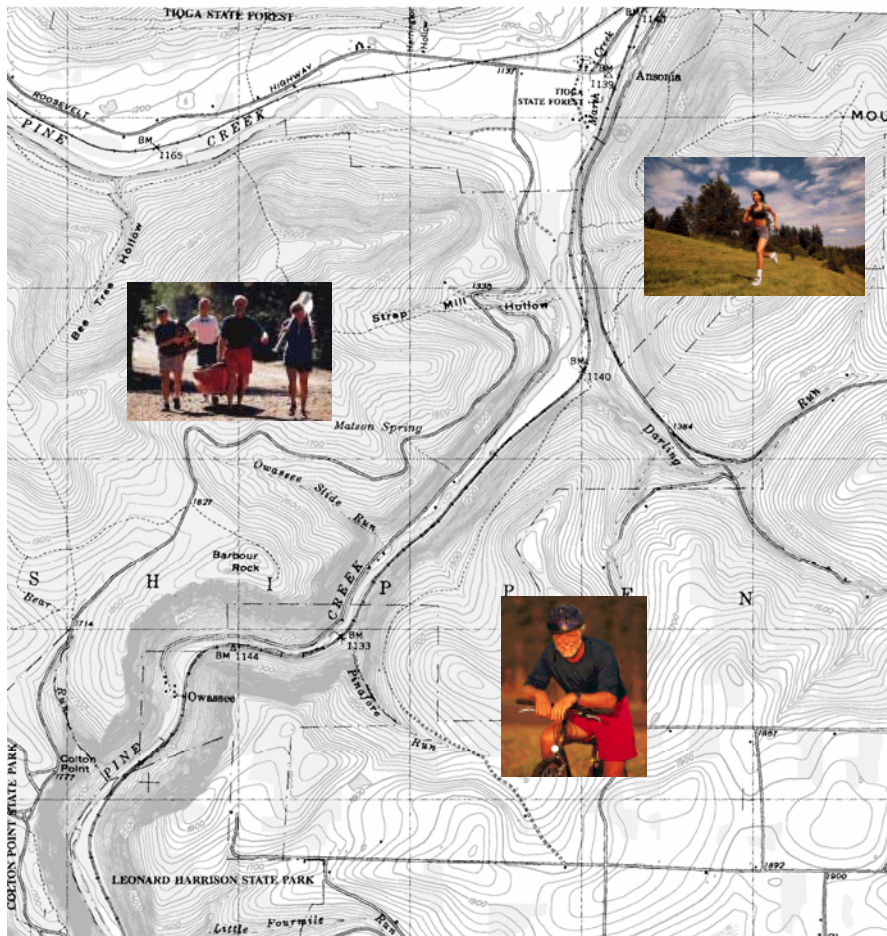


Mental Health



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Mental Health in Tioga County, Pennsylvania

Table of contents

Introduction	1
Overview of Mental Health	1
Predisposing and Precipitating Factors	2-3
Children and Youth	2
Women	3
Low Socioeconomic Status	3
Trends in the Mental Health of Children and Youth	4-5
Overall Mental Health	4
Attention Deficit/Hyperactivity Disorder	5
Autism	5
Trends in the Mental Health of Adults	6
Overall Mental Health	6
Depression	6
Suicide	6
Barriers to Treatment	6-7
Insurance Coverage	7
Gaps in the Mental Health Service System	7
Stigma	7
Discussion	8
Conclusion	8

Introduction

In conjunction with the national program Healthy People 2010, the Tioga County Partnership for Community Health is collecting and monitoring indicator data that pertain to key health issues in the area. Healthy People 2010 is a comprehensive national health promotion and disease prevention agenda with set objectives designed to guide health agencies improve the health of all people. The two main goals of this program are to: 1) increase quality and years of healthy life and 2) eliminate health disparities.¹ Of the 28 focus areas and 467 objectives within the national program, the Tioga County Partnership for Community Health is tracking eight areas and approximately 35 objectives. The selection of key indicators for Tioga County was based on priority health issues that were identified previously, appropriateness of objectives and availability of data. The focus area of this report is mental health and the following objectives are discussed:

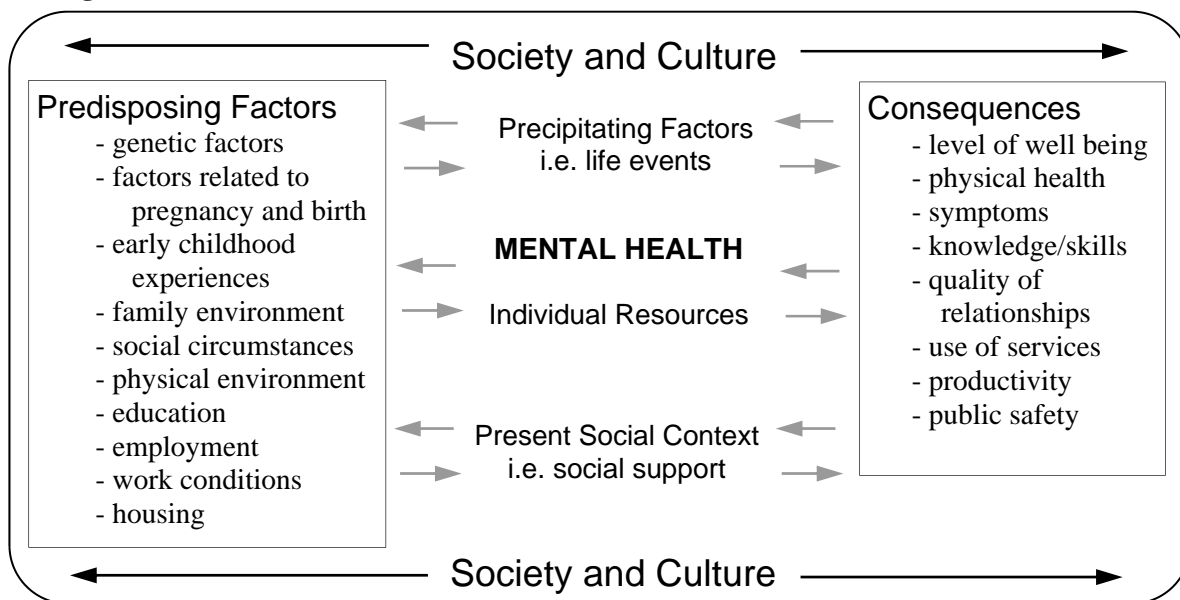
- Reduce the suicide death rate (18.1),
- Reduce suicide attempts by youth (18.2),
- Increase mental health screening and assessment during primary care visits (18.6),
- Increase treatment of children with mental health problems (18.7) and
- Increase high school graduation rate (7.1).

Overview of Mental Health

Mental health is a complex component of general health. Biological, social and psychological factors, as well as personal life experiences, influence one's current mental status. The U.S. Surgeon General defines mental health as the "state of successful performance of mental function that results in productive activities, fulfilling relationships, and the ability to adapt and cope with change and adversity."² Mental health is a process that occurs and changes over a lifetime and consists of predisposing, precipitating and supportive factors, which result in a variety of outcomes (Figure 1). Mental disorders occur when these outcomes result in changes in one's thinking, mood, and/or behavior that cause distress and/or impaired function. When these disorders are diagnosed, they are referred to as mental illness.

According to the *Global Burden of Disease* study by the World Health Organization (WHO), the World Bank and Harvard University, in developed countries such as the U.S., mental illness has the second highest disease burden.² Approximately 20% of U.S. adults experience a diagnosable mental disorder in a given year.³ Of those diagnosed, approximately 15% experience co-occurring problems of addictive substance use.² Similarly, 20% of U.S. children, ages 9-17, have been

Figure 1. The functional model of mental health.



Source: Lahtinen, E. et al. (1999). *Framework for Promoting Mental Health in Europe*. Helsinki: The National Center for Research and Development in Welfare and Health in Finland (STAKES).

diagnosed with a mental or addictive disorder that causes some impairment within a given year.³ Anxiety disorders, which include phobias as well as panic, obsessive-compulsive, and post-traumatic stress disorders, are the most common in adults.² Children and youth are most likely to suffer from depressive disorders, anxiety disorders, attention deficit/hyperactivity disorders, eating disorders, autism and other developmental disabilities.³

This report begins to look at mental health issues in Tioga County. It is by no means a complete representation of all the issues. The report is divided into the following topics: predisposing and precipitating factors, trends in the mental health of children, youth and adults, and barriers to treatment. Topics covered in these sections were based on the availability of solid data. The report ends with a discussion section on additional information that is currently needed to further evaluate mental health in Tioga County. It is hoped that this report will help drive the discussions and actions needed to improve mental health in Tioga County.

Predisposing and Precipitating Factors

Research indicates that the onset of a mental illness often results from complex interactions of biological, psychological and social factors. The impact and outcomes resulting from these factors vary from person to person and across a life span. For example, everyone deals with daily life stressors in both the home and work environments. For most, these events will not lead to a mental illness. However, the Surgeon General's *Report on Mental Health* states that "certain demographic groups have a greater exposure and/or vulnerability to the cumulative impact of stressful life events."² These include women, young adults, unmarried adults, racial minorities and individuals in low socioeconomic status. In addition, children facing certain biological and psychosocial factors are also at an increased risk of mental illness.

Because the identification of risk factors for mental illness is vital in directing prevention and intervention efforts, this report will briefly look at some of the groups mentioned previously. Risk factors are variables that increase the probability of developing an illness (physical or mental) and hasten its onset.² Since mental illness usually results from multiple factors, this does not mean that a person with one or several risk factors will have a mental illness. It simply means those who fall into a certain category have an increased chance of developing an illness as opposed to a person from the general population.

Children and Youth

While no one is immune to mental disorders, certain children are at a greater risk. These include children who are exposed to biological factors such as genetic predisposition for mental disorders, prenatal exposure to tobacco, drugs or alcohol, low birth weight, poor nutrition, or exposure to environmental toxins like lead.² Because childhood and adolescence are periods of transition, the mental health of these groups must be evaluated in the context of their social environments. Harmful psychosocial experiences such as poverty, neglect, abuse, overcrowding, exposure to violence and other traumatic events can also impact mental health of children.²

Left untreated, mental illnesses and mental problems in youth can lead to school failure or substance abuse and can result in severe, life threatening consequences such as violence or suicide.² Similar to both preventive and risk factors identified and monitored by Tioga County Communities That Care (CTC), many Healthy People 2010 objectives focus on the four domains of home, school, community and peer/individual. Results from the CTC Youth Survey 2001 indicate that Tioga County youth have higher risk factor scores than the state and nation in the categories of poor academic performance, low neighborhood attachment, community disorganization, antisocial behavior and the use of drugs and firearms.⁴

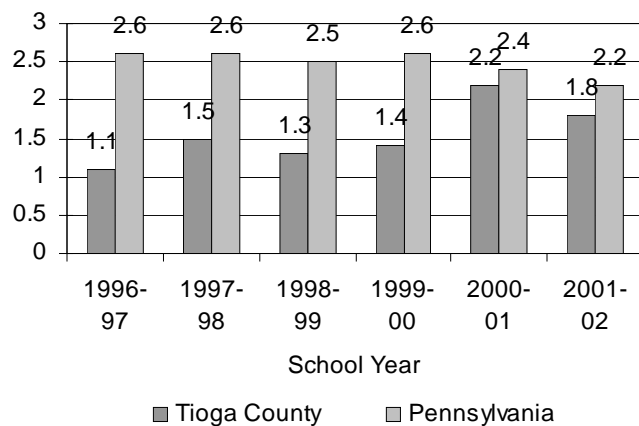
Women

While both men and women suffer from mental illness, some mental illnesses are more common in women. At the national level, women are twice as likely as men to experience anxiety disorders as well as most mood disorders.² Within the category of mood disorders alone, women experience seasonal affective disorder seven times more often than men and are twice as likely to experience depression.² Consistent with these statistics, the Tioga County Health Survey 2000 indicated that 22% of women reported having been diagnosed with depression, compared to 10.9% of men.⁵ Women are also more likely to experience eating disorders and may experience postpartum depression. Additional life stressors common to women, such as sexual assault, domestic violence, single parenthood and lower paying jobs, may have adverse effects on their overall wellbeing and mental health.

Low Socioeconomic Status

Low socioeconomic status (SES) has a substantial impact on one's mental and physical health. Those in low SES are more likely to have exposure and/or vulnerability to cumulative stressful life events.² Results from the Tioga County Health Survey 2000 consistently show that those without a high school diploma and those who are poor were far more likely to experience both negative physical and mental health outcomes.⁵ Those without a high school diploma are more likely to participate in high risk behaviors, lead less healthy lifestyles, lack resources, and have lower paying jobs that do not provide health insurance coverage. Currently, 20% of Tioga County residents, ages 25 and older, do not have a high school diploma.⁶ In past years there have been elevated high school dropout rates in Tioga County (Figure 2).

Figure 2. Public Secondary School Dropout Rate*



* The dropout rate is defined as an annual or "event" rate that measures the proportion of students enrolled who dropout during a single school year. The total number of dropouts for the school year is divided by the fall enrollment of the same year.

Source: Pennsylvania Department of Education, 2003.

Trends in the Mental Health of Children and Youth

Monitoring the mental health status of children is critical because it may be helpful in preventing mental illness later in life. Many adults with mental disorders have related problems during childhood.² Like adults, how children and youth handle stress, relate to others, and make decisions affects their daily lives and their futures. However, not all mental disorders that develop in childhood persist into adulthood.² For children and youth, the school environment is where many mental health issues become apparent. While the percentage of students who have mental disorders is very small, their need for resources in the forms of time, money and emotional support is large and may put strains on family, school and health care systems.

Overall Mental Health

Data for the fiscal year 2001-2002 from the Tioga County Department of Human Services indicate that 37.5% percent of the 1,149 people served were children and youth.⁷ Approximately 1/3 of them received services because of a mental illness that caused functional impairment and substantially interfered with their daily life. The remaining 2/3 received services because a mental illness interfered or limited their daily activities but were not as severe as the first group.

These preliminary data only begin to look at the extent of mental health needs of children and youth in Tioga County. These numbers represent a portion of the total population, ages 17 and under, and are most likely lower than the actual number of children and youth receiving county supported services. Without a unified, county-wide tracking system it is difficult to accurately count youth and children who may receive services from a number of different agencies and programs.

Data from the Tioga County Health Surveys of 1995 and 2000, which are representative of the entire county, show an overall decline in the percent of respondents who indicated that their child had been diagnosed with stress or emotional problems. However, there continues to be large discrepancies among subgroups.^{4,8} When divided by income and education, the poor and those without a high school diploma were, at a minimum, twice as likely to have children diagnosed with these mental health problems (Table 1).

Table 1. Percent with children, ages 0 to 17, diagnosed with stress or emotional problems.

	1995	2000
<u>All Respondents</u>	10.2	8.2
<u>Income Groups</u>		
Poor	15.6	26.6
Near Poor	12.3	6.1
Middle/High Income	8.1	5.6
<u>Education Groups</u>		
No diploma	15.2	14.0
H.S. diploma	10.0	8.1
Some college	8.7	7.0

Sources: Tioga Health Surveys, 1995 & 2000.

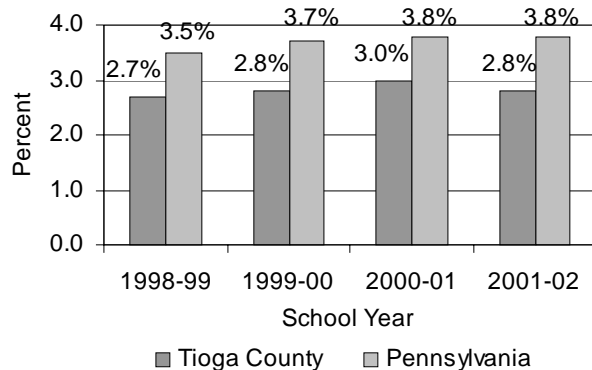
Attention Deficit/Hyperactivity Disorder

Attention deficit/hyperactivity disorder (AD/HD), characterized by impaired daily functioning caused by inattention, hyperactivity or both, is the most commonly diagnosed behavioral disorder in children.⁹ In the U.S., it is estimated that 3-5% of school-age children, or one child in every classroom, have AD/HD.¹⁰ Boys are three times more likely to be diagnosed with AD/HD than girls.

It is important to follow rates of AD/HD in children and youth for many reasons. First, this disorder often co-exists with other mental health disorders. At the national level, this includes learning disabilities (15-25%), language disorders (30-35%), conduct disorder (15-20%), oppositional defiant disorder (up to 40%), mood disorders (15-20%), and anxiety disorders (20-25%).¹¹ Second, research now indicates that 2/3 of children with this condition will continue to have problems associated with AD/HD in adulthood.¹² Because AD/HD has a strong influence on school performance and success, those with the disorder are less likely to have positive school experiences. As undereducated adults, this can result in underemployment, lower income and lower socioeconomic status.

According to data from the Pennsylvania Department of Health, Division of School Health database, 2-3% of Tioga County children and youth have AD/HD (Figure 3).¹³ Some observers speculate that these increases are the result of over diagnosis influenced by increased media attention, medical knowledge and public awareness of the disorder in past years. However, research at the national level by the Council on Scientific Affairs of the American Medical Association indicates that this is not the case.¹⁴ In fact, this research found that some groups, including girls, were under diagnosed.

Figure 3. Percent of Students Diagnosed with AD/HD



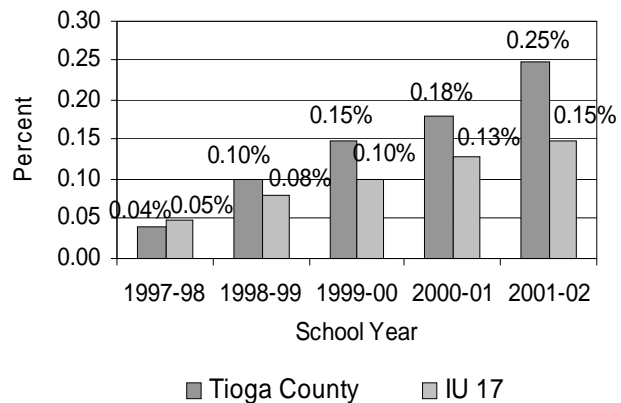
Source: Pennsylvania Department of Health, 2003.

Autism

The Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV) lists autism as a pervasive developmental disorder.¹⁰ Autism, which usually appears during the first three years of life, is characterized by impairments in social interaction and communication as well as repetitive routines or behaviors. The disorder affects boys four times as often as girls but equally affects different races, income levels, education levels and lifestyles.¹⁵ While it is not fully understood, the cause of autism is thought to be related to brain abnormalities and genetic predisposition.² Scientific research has not found supporting evidence for the theory that autism is related to or caused by the mumps, measles and rubella (MMR) vaccine.¹⁵ Regardless of the extent to which an autistic child is impaired, there is no cure and the disorder results in a lifetime of disability. This places large burdens on families, health and social services as well the education system.

Best estimates on the prevalence of autism in the U.S. have been from 2 to 6 per 1,000 people (adults and children).¹⁵ Many scientists have concluded that the number of persons with autism has risen over the past decade.¹⁶ However, reasons for this increase are uncertain. Changes may be the results of changing diagnostic practices, increased awareness or a true increased risk. Data from the Pennsylvania Department of Education, Bureau of Special Education, indicates that while the percent of students with autism is less than 1% in Tioga County and Intermediate Unit 17, both have seen increases (Figure 4).¹⁷

Figure 4. Percent of Public School Special Education Enrollment with Autism



*BLaST is Intermediate Unit 17 within the Commonwealth of Pennsylvania. It is comprised of school districts within Bradford, Lycoming, Sullivan and Tioga Counties.

Source: Pennsylvania Department of Education, 2003.

Trends in the Mental Health of Adults

Overall Mental Health

Beginning with the Tioga County Health Survey 2000, measures of the overall mental health and well-being are now available.⁵ By using the SF-36 mental component scale, which is a standard in health research, the overall mental health status of Tioga County adults was assessed. This assessment includes psychological, social and physical factors. This scale of perceived health status is divided into five categories, ranging from *Very Good* to *Very Poor*. Using this scale, those in the *Normal/Good* to *Very Good* categories are considered to have little or no mental health issues. Fifty-nine percent of Tioga County adults were in these ranges. Approximately 23% were in the *Fair* category, indicating some mental health issues, while 18% were in the *Poor* and *Very Poor* categories. Placement into these categories indicates that mental health problems impact their well-being. Those most likely to be in the *Poor* and *Very Poor* categories were the young, the poor and those without a high school diploma.

Data for the fiscal year 2001-2002 from the Tioga County Department of Human Services indicate that 62.5% percent of the 1,149 people served were adults.⁷ Just under 1/3 received services for severe mental illness. The remaining 2/3 received services for mental illnesses that were less severe. As with the data on children and youth, this sample only begins to look at the extent of mental health needs of adults in Tioga County and represents a selected portion of Tioga County's adult population. Again, without a unified, county-wide tracking system between mental health care providers in the county it is difficult to accurately track the numbers of residents receiving mental health services.

Depression

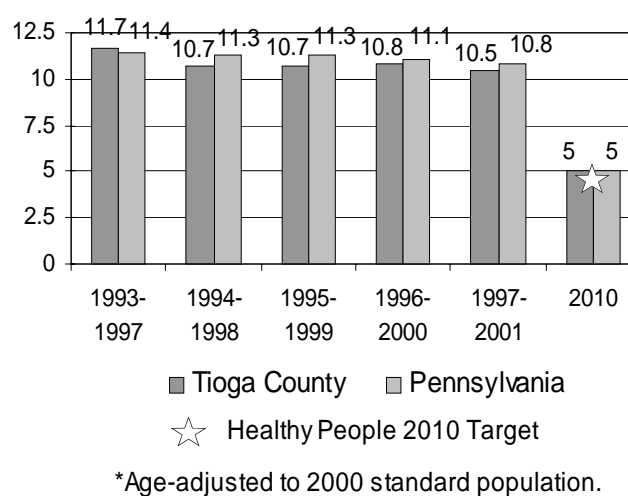
Embedded in the Tioga County Health Survey 2000 was a five-item scale to assess the prevalence of depression within the community.⁵ This depression index indicated that roughly 26% of Tioga County residents had scores that placed them in the categories of *Moderate to Severe Clinical Depression*. The poor were twice as likely to have *Moderate to Severe Depression* than those with middle/high incomes. When asked if they had ever been diagnosed with depression, 18.6% of the respondents said "yes". This is consistent with the fact that many who have a diagnosable mental

illness do not seek treatment. Also, consistent with national data, those most likely to be diagnosed with depression were females, the poor and those without a high school diploma. Additional survey results indicate that 3% of adults in Tioga County have been diagnosed with a mental illness other than depression.

Suicide

Suicide rates in Tioga County have remained fairly constant in past years and currently occurs at a rate substantially higher than the Healthy People 2010 goal of 5.0 (Figure 5).¹⁸ In past years, suicide has been the tenth major cause of death in Tioga County.¹⁹ A majority of these deaths were men over the age of 40.

Figure 5. Suicide rate per 100,000*



Source: Pennsylvania Department of Health, 2003.

Barriers to Treatment

While most types of mental illness are treatable, it is estimated that 2/3 of adults with a diagnosable mental illness do not seek treatment.² This does not include those who may suffer from symptoms of mental illness that are not of sufficient intensity or duration to be diagnosed. The major reasons that people do not seek treatment are cost, organization of the mental illness service system and stigma.²

Insurance Coverage

For a majority of the population, having health insurance is one of the most important factors when trying to acquire both general and mental health services. The barrier of cost limits one's options for seeking help. Approximately 87% of adults in Tioga County have some type of health insurance.⁵ Of those, however, 18% indicated their health insurance plan did not include coverage for mental health services. Meanwhile, 17% do not have coverage for drug or alcohol treatment services. When divided into subgroups, 49% of poor residents reported having no health insurance, while 25% percent of those without a high school diploma reported having no health insurance. Results from the Tioga County Health Survey 2000 also indicated that 42% of children 17 and under, did not have insurance.⁵ Although this percentage is likely to be declining due to the promotion of the Children's Health Insurance Program (CHIP), these numbers are quite high.

Gaps in the Mental Health Service System

The mental health service system is complex and consists of a variety of professionals in both the public and private sectors. There are four main components of mental health service, each with their own treatment protocols, types of care and funding sources.² These include the:

- specialty mental health sector, comprised of psychiatrists and psychologists, as well as specially trained nurses and social workers;
- primary care sector, with physicians and nurse practitioners who are usually based in a hospital, nursing home, clinic or private office;
- human services sector, which consists of social services, school-based counseling services, rehabilitation service, criminal justice and professional religious counselors; and
- voluntary support network, which primarily includes self-help and support groups.

Primary care providers could improve their efforts to advise people about mental illnesses. In the Tioga County Health Survey 2000, 32% of respondents reported that their primary care provider had advised them about their mental or emotional health.⁵ Those most likely to be advised were women, the poor and those without a high

school diploma. While this is up from 24% in 1995, there is still a large portion of the population not being advised about mental health issues.⁸ Primary care physicians appear to be more proactive when it comes to advising patients about stress management. Only 52% of survey respondents reported their primary care physician had never advised them about stress management. Interestingly, persons most likely to be advised about managing their stress were those with some college education.

Tioga County residents also need additional help in finding needed mental health resources. The number of Tioga residents who reported having one place or person to go to when depressed, upset or in need of emotional support/advice has increased from 27% in 1995 to 35% in 2000.^{5,8} In 2000, 71% of these respondents named this resource as family and/or friends, followed by a church or religious leader (9.2%), and private psychiatrist, psychologist or counselor (7.9%). While family, friends and clergy may be able to provide immediate comfort, they may not have the knowledge and/or training to deal with those facing serious mental health issues. In addition, they themselves may not be aware of services and resources available to the person they are trying to help.

Stigma

While the stigma associated with mental illness is hard to measure, its presence in the community, in the form of fear, distrust, discrimination and stereotyping, deters people from getting the treatment they need. For those who live in rural areas like Tioga County, the concern of stigma may be greater than in urban areas.² One would expect that as public knowledge and scientific understanding of mental illness has increased, the stigma would decrease. However, studies at the national level indicate that while our understanding of mental illness has increased, the stigma associated with it has remained steady.² It appears that knowledge about mental illness by itself is not enough to reduce its stigma. A combination of advocacy, education and contact with the mentally ill in social settings are some approaches that can help dispel the community's negative perception of mental illness. Reducing stigma about mental illness will take time, but it is an important factor to consider when trying to assess and address the mental health needs of Tioga County.

Discussion

While this report has tried to describe mental illness in Tioga County, the broadness of the topic and the lack of data on specific subject matter has limited its content. Data regarding the prevalence of specific mental illnesses are not well established for the county. Without an organized means of evaluating mental health data at both the county and state levels, it is difficult to understand the scope, magnitude and quality of mental health care and services that Tioga County residents need. It is hoped that through a centralized data collection system for mental health issues the following types of information will be obtained in the future:

- Prevalence of specific groupings of severe mental illnesses in Tioga County and Pennsylvania, identified through the use of International Classification of Disease (ICD) codes. This would include categories such as severe depression, schizophrenia, bipolar disorders, obsessive-compulsive disorders and personality disorders.
- Data indicating both the number and percentage of children and adults that suffer from the above mentioned mental illness categories.
- Data regarding how many residents are receiving treatment and the means to evaluate its effectiveness.

This information would be helpful in addressing additional knowledge gaps such as the impact on quality of life for the mentally ill and their families, the co-occurrence of mental illness and substance abuse, rehabilitation processes and available programs and which best practices in mental illness treatment that would be most beneficial to Tioga County residents. It is hoped that this report stimulates interested parties to participate in improving mental health in Tioga County.

Conclusion

There is much to be done in order to address the mental health issues of Tioga County. It is clear from this report that the young, the poor and those without a high school diploma are most likely to experience mental disorders and/or problems. In addition, these groups are likely to have the most difficulty obtaining treatment. The Surgeon General's report on mental health (1999) provides several calls to action.² Most, if not all, can be addressed at the county level. The readers of this report are encouraged to:

- Seek help and support if you think you have a mental illness; likewise, support people who have a mental illness.
- Facilitate entry into treatment by providing "portals of entry" into mental health care by educating people on where effective and affordable services are available. This includes public, private and non-profit organizations.
- Reduce financial barriers to treatment by supporting coverage of mental health services in private insurance as well as Medicare and Medicaid.
- Tailor treatment to groups that are at a high risk of developing a mental illness.
- Reduce stigma by dispelling myths about mental illness and provide accurate information regarding mental illness.
- Improve public awareness of effective treatments to help ensure the continued delivery of state-of-the-art interventions.
- Ensure the supply of mental health services and providers by promoting services such as wraparound services for children, combined services for persons with co-occurring severe mental disorders and substance abuse disorders, disease management programs, and prevention and early case identification programs.

Those seeking assistance in any of these areas should talk with a primary health care provider or mental health professional. Contact Guideline in Tioga County at 1-800-332-6718 for referral to the appropriate service.

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... to improve the health and quality of life of individuals and communities in Tioga County.

Work Groups and Committees

Charlie's Place	Community Health Awareness
Elder Services	Fit for Life
Healthy Families	Planning Committee
Immunization	Kids First
Mental Health	Measurement & Outcomes
Countryside Council	Tobacco Coalition
Communities that Care (CTC)	Disability Awareness Network
Community Access Program (CAP) Operating Committee	Alcohol, Tobacco and Other Drugs (ATOD)

If you would like to learn more about these groups or would like to be a member please contact the Tioga County Partnership for Community Health.

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