

OPINION: Give Lehigh Valley regional health plan a fair hearing

By Express-Times opinion staff



AP Photo

Making flu vaccinations available and easily accessible to residents of the Lehigh Valley is one benefit of a proposed two-county health department.

The concept of a unified, two-county health department for the Lehigh Valley has enjoyed support and endured skepticism over the last few years, and it survived. Most people believe it's a good idea to offer comprehensive public health services to everyone in Northampton and Lehigh counties, not just those who benefit from health bureaus in Bethlehem and Allentown. A **bi-county department** would be able to bring in state funds for immunizations, infant health programs, education, screenings, and to have a valley-wide response in place for truly big emergencies, such a flu pandemic, hazardous waste leak or natural disaster.

Yet the key words here are “concept” and “idea.” An actual outline on funding (including a local share, if any), staffing, location of offices and the services to be rendered is expected to be released during the first week of June, according to members of the Lehigh Valley Health Board. That's when people will be able to read and digest the findings of a study detailing the operations and finances of a joint health department.

Ultimately the proposal will go before a commission comprised of Northampton County Council and Lehigh County Commissioners, and each body will have to produce a majority “yes” vote to launch the department. It's no secret that Lehigh County officials have been on board, while the plan could be a hard sell with Northampton County Council.

What will taxpayers get for their investment? The board anticipates the health department will qualify for \$3.4 million to \$3.7 million in state funding annually; how much county taxpayers might be asked to add is still under wraps.

One of the keys is to show how a two-county system will offer equitable services to residents outside Bethlehem and Allentown — and likewise, to assure people in the two cities that they won't be giving up services. If a balance can't be struck at the outset — and health board members concede the process will be incremental — the study must include a timetable to bring the outlying areas up to snuff in a reasonable way.

Taxpayers and county officials must give this issue a fair hearing. If someone wants to drive a wedge in the debate by claiming city residents will be soaking up more benefits initially, it will be easy to do. Only 28 percent of valley residents live in the two cities, and they have had their own health bureaus for years. Yet no form of regionalization can be achieved without some shared sacrifice and adjustment. And public health is one service — given the growth of the Lehigh Valley, its central location in the Northeast, its less-than-stellar numbers in some categories (morbidity, low birthweight) — in which a two-county approach can improve the lives of 600,000-plus residents.

It's time to put the numbers to the ideas, to have a good public discussion, and to keep open minds about how to shape the future of public health in the Valley. This day has been decades in the making.