3g. The process for identifying and prioritizing community health needs and services to meet the community health needs

The HCC group worked together to create a common community health profile for the Lehigh Valley. Secondary data from a variety of sources were collected and shared with the representatives from the HCC member agencies during monthly meetings held from 2011-2015.

Based on the secondary data, priority areas were identified. These 9 priority areas were used as the basis for discussion in the focus groups.

The focus groups comprised residents from Lehigh and Northampton Counties who worked together to prioritize the 9 areas that the data showed to be most significant.

Specific details of this process are included in the attached Executive Summary and in the Methodology section of the Focus Group report.
Executive Summary
The Health Care Council of the Lehigh Valley (HCC) was formed in 2011 to measure and improve the broadly defined health of the Lehigh Valley. Created by the not-for-profit health care systems of the Lehigh Valley, the HCC’s objective is to cooperatively develop a world-class Community Health Needs Assessment (CHNA) that will galvanize action to provide a dramatic, demonstrable and sustained impact on the health of the citizens of the Lehigh Valley.

The qualitative research conducted on behalf of the HCC in 2012 elicited mental health as a significant issue in the Lehigh Valley. While efforts have been made since then to incorporate mental health screening more widely and raise awareness of mental health as an issue, there has been little information regarding why mental health arose as a significant issue.

After the successful publication of the collaborative 2013 CHNA crafted by the HCC, the member hospitals expanded to include the Allentown and Bethlehem Health Bureaus, as well as the Neighborhood Health Centers of the Lehigh Valley (NHCLV) in the HCC group. In light of the extensive qualitative work that was done merely three years before, the HCC decided to conduct three focus groups to gather feedback from the broader community. The focus groups were held in accessible locations in each of the two counties; one at Northampton Community College in Bethlehem, one at Lehigh Carbon Community College in Allentown, and a third comprised entirely of teens.

The focus group data collected in this report period goes a long way towards understanding some of the underlying social determinants that create mental health distress. The focus group data also underscore the relationship between social determinants of health, mental health, physical health and overall quality of life. Emerging themes were remarkably consistent between the three diverse groups, and focused largely on the impact of housing and social support on one’s ability to be able to lead healthier lives.