Community Assessment or Action?
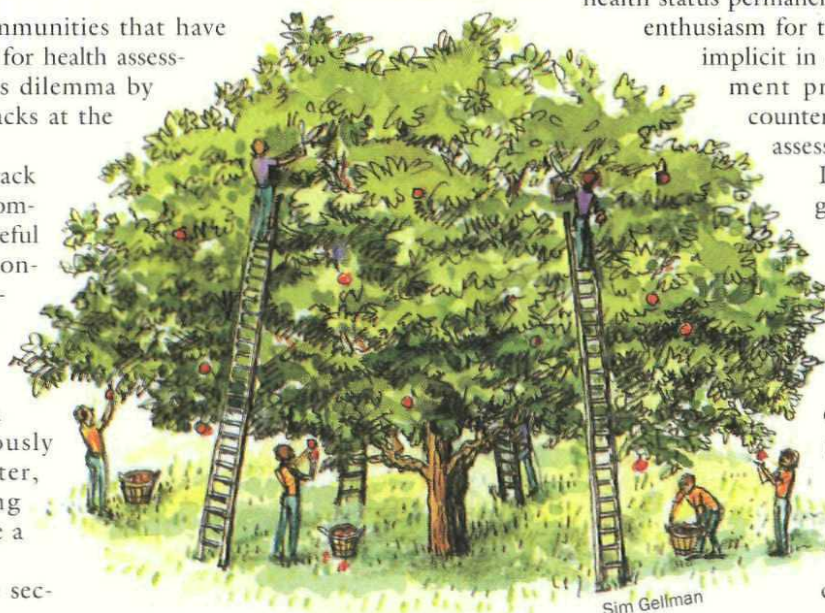# From Conflict to Synergy

BY ROBERT SIGMOND

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P articipants at a recent conference on community health assessment and development said they face a dilemma raised by apparently conflicting priorities: the need to take time to systematically study and diagnose health problems and the desire to get right to work on changing things for the better.

The systematic approach involves assembling information to determine needs and set priorities for allocating limited resources. But even without assessment, it is evident that sufficient resources are available now to improve community health; U.S. communities collectively spend twice as much on health services per capita as the rest of the world but do not have the best results, according to international measures of health status. In the absence of national health reform to reallocate resources, pressing problems cry out for immediate action—before a thorough assessment can be completed. How to resolve this apparent conflict between study and action?

RUN ON PARALLEL TRACKS

My suggestion to communities that have mobilized their leaders for health assessment is to resolve this dilemma by proceeding on two tracks at the same time.

Assessment The first track involves a segment of community leaders in a careful and necessarily time-consuming assessment process, with pauses from time to time to issue interim reports. When a community health system is continuously changing for the better, this is a never-ending task; there can never be a final assessment.

"Low-hanging Fruit" The sec-

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ond track involves another segment of community leaders in implementation right from the beginning, even while the assessment process is getting under way. Down the road, these leaders will design implementation plans based on the knowledge provided by the assessment track. At the beginning, however, they will move ahead with projects required to meet pressing needs obvious to everyone—projects that are most likely to give quick success and measurable results. This group picks the "low-hanging fruit" while the assessment process is gaining momentum to attack tougher problems that require careful analysis and hard-won consensus.

DEFYING APPARENT LOGIC

Instead of implementation following assessment in an apparently logical sequence of discrete stages, I suggest that assessment and implementation proceed on two continuously intersecting tracks from beginning to *never* end. The projects initially implemented will not be of the highest priority in terms of changing community health status permanently. But they will inspire enthusiasm for the fundamental changes implicit in a comprehensive assessment process. They will also counter frustrations with a long assessment.

Incremental successes can generate more effective reform proposals from the assessment track, which in turn generate more successful implementation projects in a never-ending feedback cycle. What initially appears to be a conflict is in reality a way to synergize and achieve two goals at the same time: health-care reform and healthier communities. □