Community Balanced Scorecards for Strategic Public Health Improvement
By Paul Epstein and Alina Simone
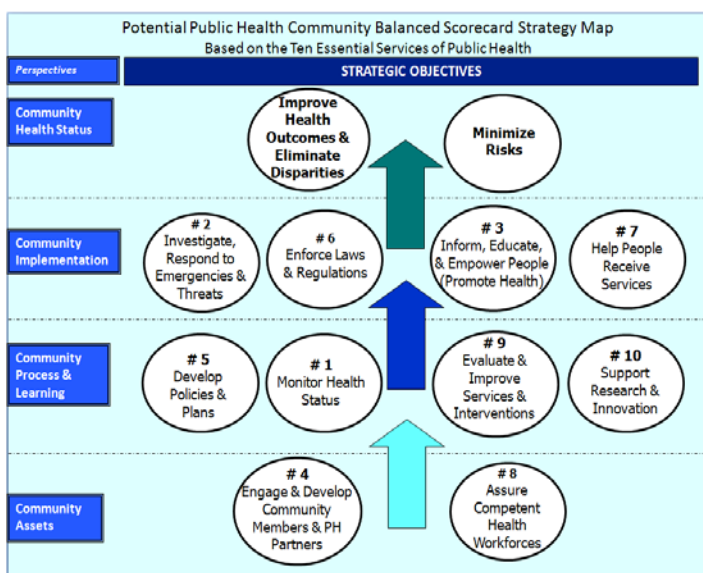
The "Balanced Scorecard" has been variously referred to as a tool for performance measurement, performance management, evaluation, strategy management, and strategic planning. It can be all those things. But the real power of a balanced scorecard is in the *strategic alignment* it achieves for an organization or community. That is as true for public health as for any other endeavor. The challenge for public health, which requires cooperation among many organizations and stakeholders for success, is to achieve strategic alignment of a community-wide system, not one organization.

Using the Essential Services of Public Health to Map a Community Health Strategy

The Community Balanced Scorecard (CBSC) is designed for important issues that cannot be resolved by one organization or sector alone. Introducing a community element to the traditional balanced scorecard yields four major benefits that are particularly applicable to public health:
- Pulls the community together around common outcomes desired by residents and other stakeholders
- Brings together decision makers and leverages assets from all sectors for shared results
- Aligns key community collaborators behind a common strategy for faster, measurable results
- Creates mutual accountability for results

The basic goal of a balanced scorecard is to enable an organization or community to view itself, or a major community issue, through four different lenses called "perspectives" that are arranged in an ascending logical progression. The perspectives frame the tool at the heart of the scorecard, the "Strategy Map." An organization or community distills its most important strategic objectives, and maps a chain of assumed cause and effect relationships between the objectives and up through the perspectives. Performance measures and initiatives are created for each objective, so performance at each stage can be monitored and adjustments made to the strategy as needed. What emerges is a comprehensive strategic management system which compellingly aligns priorities so all participants are aware of their role in helping the organization or community achieve its strategic goals. From this system, the strategy map is a crucial communications tool, used for aligning strategy within an organization or among community collaborators, and also useful to present to potential investors, donors, volunteers, journalists and others as a powerful means of conveying purpose.

Potential Public Health Community Balanced Scorecard Strategy Map
Based on the Ten Essential Services of Public Health

The work done over the years to establish the "Essential Services of Public Health" provides a foundation for using CBSC in public health. This simplified strategy map shows broad outlines of how that can work.

In this strategy map, the ten essential services (with shortened or rephrased wording) are the strategic objectives in the bottom three perspectives. The top perspective, "Community Health Status," has a strategic objective that represents the ultimate long-term goals of a public health system: "Improve Health Outcomes and Eliminate Disparities." It also has the objective "Minimize Risks" as a strategic way to improve outcomes. The arrows between perspectives demonstrate the logic of the strategy from bottom (causes or "drivers") to top (desired results). A more detailed version of this map, with arrows linking specific objectives, will be published

in *The Public Health Quality Improvement Handbook* by the Public Health Foundation & American Society for Quality (expected April 2009).

Another way to grasp the logic of the strategy is to take a summary look backward across perspectives from the ultimate goal to the foundation of the system, as follows:

Community Health Status includes health outcomes, *which are improved by:*
    Community Implementation including investigations, enforcement, health promotion, and health services *which are made more effective by:*
        Community Process and Learning including policies and plans, evaluation, health status monitoring, and research, *which are made more effective by:*
            Community Assets including engaged community members and public health partners, and competent health workforces.

The above strategy map is not intended to describe the public health strategy for every community. Any community's strategy should be based on the shared vision of the partners in the local public health system, and the community's own health needs and priorities, social and environmental risks, and capacity. Instead, the above map can be used as a "Reference Strategy Map" for a local public health system, to help system partners find their community's strategy faster, by looking for local strategic variations from the reference map, rather than starting from a blank page. *Note: After this paper was written, the Public Health Accreditation Board released accreditation standards using the ten essential services plus two more domains: for Governance and for Administration & Management. This reference strategy map has since been adjusted to add those PHAB domains, enabling public health departments to develop CBSC strategies that both address priority health issues and help meet PHAB standards.*

For public health, key collaborators in a community health system would agree to a common public health strategy map. From that, they would develop related strategy maps for priority health issues in the community (e.g., childhood obesity, at risk populations, smoking-related diseases). Developing strategy maps, performance indicators, and initiatives for different health issues is one way to "cascade" a CBSC to ensure alignment and consistent implementation of a strategy for all priority issues, as in this simplified example for reducing childhood obesity, keyed to several essential services of public health. Another valuable way to cascade a CBSC is to produce scorecards for collaborating organizations, so each sees its full range of responsibilities in the overall community health strategy, creating mutual accountability for results and strategic alignment throughout the community health system. Some communities may find other cascaded CBSCs useful. Some possible examples are cascading by key demographic populations that may be underserved, by geographic areas in a service region, by healthy behaviors to be encouraged or risks to be avoided, or by efforts to mitigate the health impacts of the social or physical environment. Each cascaded CBSC provides a powerful tool to assure an aligned strategy and consistent approach to implementation throughout the community health system.

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