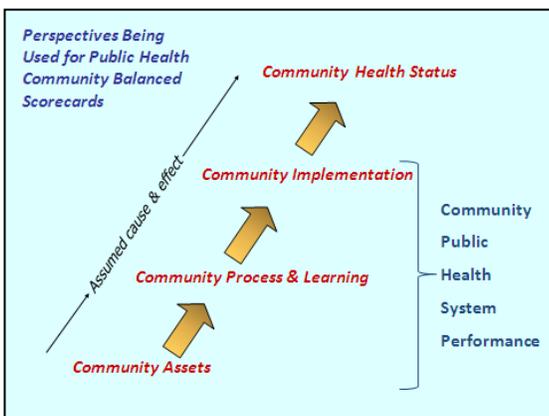


Community Balanced Scorecards and MAPP

“Mobilizing for Action through Planning and Partnerships” (MAPP) is a process to improve a community’s public health system. It is a community-driven process of partnership development, assessment, and strategic planning, leading to an “action cycle” with evaluation to improve future plans and actions. The “Community Balanced Scorecard” (CBSC) is a strategic planning and management system to align the collaborative efforts of community partners, and focus them on achieving priority public health outcomes. The two approaches are highly complementary. When used together they can reinforce each other to produce measurable improvements in the public health system and in community health outcomes.

CBSC can strengthen the MAPP process, and MAPP can make CBSC more effective. CBSC can improve the use of MAPP assessments, provide stronger focus of MAPP strategies and plans, increase partner commitments and accountability in the action cycle, and increase the rigor of evaluation. A community starting MAPP or in the midst of a MAPP process can incorporate CBSC techniques into their MAPP phases to strengthen their results. A community that has completed MAPP can build on the partnerships they have developed and the rich information from their MAPP assessments to develop and implement a more effective CBSC, and can use CBSC techniques to improve the process of their next iteration of MAPP.



A Community Balanced Scorecard enables a local health partnership to view the community through four different lenses called “perspectives” that are arranged in an ascending logical progression. Several communities, including MAPP communities, are now using the four perspectives shown here. The arrows demonstrate the assumed cause-and-effect logic of a CBSC from the bottom (causes or “drivers”) to top (results or “outcomes”). One way to help grasp the logic of a CBSC is to look backward across the perspectives from the ultimate goal to the foundation of the system:

Community Health Status includes population health outcomes, *which are improved by:*

Community Implementation including improvements in service quality and access, enforcement, investigation and response to threats, and health promotion *which are made more effective by:*

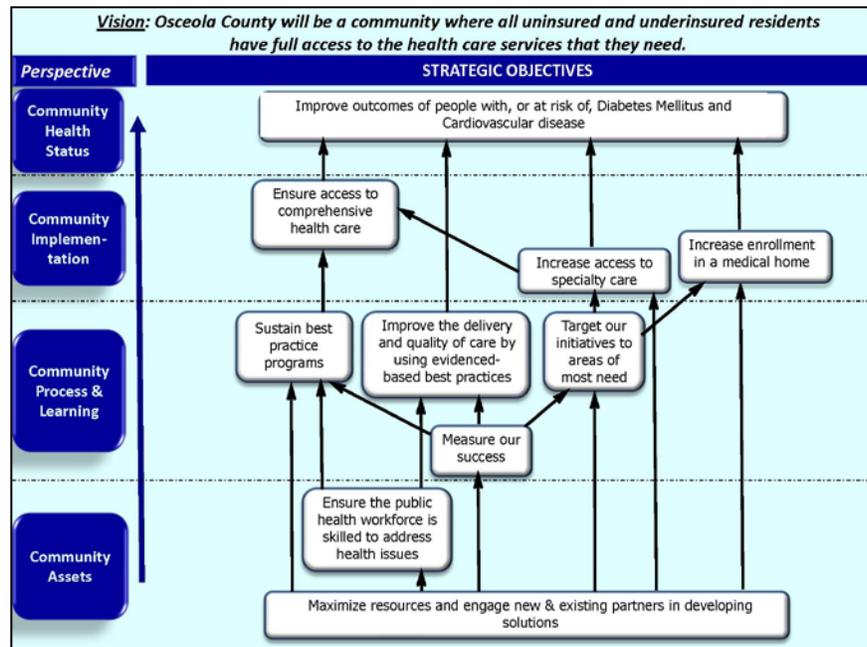
Community Process and Learning including improvements in policies and plans, evaluation, health status monitoring, evidence-based research, and the MAPP process itself, *which are made more effective by:*

Community Assets including improvements in engagement of community members and public health partners, public health workforce competence, system and organization capacity, and development of resources.

MAPP encourages communities to choose, as “strategic issues,” *large-scale systemic issues* as the focus of improvement, rather than health status issues, with goals to improve the performance of the public health system. MAPP does intend that health status improve in the long-term, but in ways that are more sustainable than short-term fixes because changes in the underlying system will support better outcomes. CBSC does not make that distinction, and communities have chosen both systemic and health status issues as their scorecard focus. However, the MAPP approach of choosing systemic issues works extremely well in CBSC, as performance in the three lower CBSC perspectives shown above, can be

measured and defined in ways that describe the performance of the community health system relevant to any chosen strategic issue. To fill out the top perspective, a MAPP community can choose the health status elements it expects will most likely improve if its health system improvements are achieved. That is exactly what Osceola County, Florida, a MAPP community, has done.

The Osceola partnership team, coordinated by the county health department, selected the systemic issue “Access to Care for the Uninsured and Underinsured” as the large-scale strategic issue to address in its CBSC project. For the “Community Health Status” perspective, the Osceola partners chose “improve outcomes of people with, or at risk of, diabetes and cardiovascular disease,” because they felt that if they are successful at improving access to care, the earliest health status improvements they are likely to see would be in outcomes for those two diseases. Osceola



County’s CBSC is represented graphically by this “strategy map.” The health status outcomes are expected to be driven by three ways to improve access, shown in the “Community Implementation” perspective. Improvements in the two lower perspectives, in turn, are expected to drive these access improvements.

The strategy map is the heart of a balanced scorecard. The main elements of a strategy map, in white boxes here, are called “strategic objectives.” Assumed cause-and-effect linkages are shown between objectives, not just perspectives. Strategic objectives are similar to MAPP “strategies,” but tend to be larger in scope. For example, if Osceola County had MAPP strategies to “improve access to urology,” “improve access to psychiatry,” “improve access to orthopedics,” and so on, they would all be grouped under the larger scope “improve access to specialty care” on their strategy map. By using larger scope objectives, the bigger strategy to improve the health system and resulting outcomes can be shown clearly on one page, making the strategy map a powerful communication tool to help partners understand the “grand strategy” of the CBSC and their roles in it. More detailed MAPP strategies that comprise the strategic objectives are still documented and pursued, and they are essential to success. But for clarity, they are not shown on the strategy map. A CBSC will have performance measures for strategic objectives, and may also have more detailed performance measures for some of the more detailed MAPP strategies.

Development of a Community Balanced Scorecard can be started in any point in the MAPP process. (See the “Quick Guides” that track elements of CBSC and MAPP against each other.) Whenever CBSC work is started it will ultimately strengthen the MAPP Action Cycle. In a CBSC, once partners find their roles in the strategy map, they then agree on their specific actions and how their results will be measured and targeted, which can then be included in the MAPP action plan. CBSC performance data will add rigor to MAPP evaluations, create accountability for results among partners, and help assure that measurable results will be achieved for the community.

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