What is SWOT?

Qualitative self-assessment is an important aspect of data driven prevention planning that augments more quantitative analyses that are usually done. Using the following document as a reference, you can conduct a qualitative assessment of the critical aspects of your suicide prevention effort that identifies its Strengths, Weaknesses, Opportunities, and Threats.   In the course of this evaluation you may determine that certain aspects fall into more than one category; for example, a shift in state political leadership might be both a threat and an opportunity. After conducting a SWOT analysis, you and your coalition will be able to make better choices as you move through the various phases of planning and implementation.

Necessary Components

Because of the collaborative nature of this tool, your working group will need certain qualities to succeed:
- Trust – The questions that SWOT will bring up, particularly in the Weaknesses and Threats categories may be uncomfortable. Your group must be at a point in its working relationship where weaknesses and potential threats can be faced openly and objectively.
- Ability and willingness to implement change.
- Diversity – The team conducting the SWOT analysis should be representative of your entire planning team.
- Time – Taking time to do a thorough SWOT assessment will help your group move forward in developing a workable plan.

Steps
- Establish that your coalition has the necessary components to successfully conduct a SWOT analysis (above).
- Assemble the group that will conduct the SWOT
- Set up meeting times
- Distribute/ complete the tool individually
- In the group meeting, combine individual answers. Collaborate on each category. Complete the analysis.
- Discuss how to use the information gathered from the SWOT to inform your next steps.

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SWOT Table 1.

	Strengths	Weaknesses	Opportunities	Threats
Leadership				
Coalition				
Organization				
Survivor				
Public Sector				
Private Sector				
Funding				
Planning Process				
Plan				
Evaluation				
Data				

Leadership

Effective leadership is one of the most critical elements of successful prevention efforts. Leaders should be able to define the problem for coalition members, cast a vision for prevention, and organize data-driven decision making in a collaborative environment. Consistent leadership over time is absolutely essential for sustained success. "Special kinds of leadership and management are required to achieve the critical characteristics of a collaborative problem-solving process. This type of leadership and management is very different from what is needed to coordinate services or to run a program or organization. One difference relates to the number and mind-set of the people involved. Rather than having one person 'run the show,' successful community collaborations often involve a variety of people in the provision of leadership, in both formal and informal capacities.

"Going further, the people who seem to be most successful do not function as traditional leaders and administrators, who tend to have a narrow range of expertise, are used to being in control, have their own vision of what should be done, and relate to the people they work with as subordinates rather than as peers. Instead, community collaborations appear to benefit from having leaders and staff who believe deeply in the capacity of diverse people and organizations to work together to identify, understand, and solve community problems. These kinds of individuals understand and appreciate different perspectives, are able to bridge diverse cultures, and are comfortable sharing ideas, resources, and power.[2] Leaders must be able to fulfill each of these functions: (1) promote broad and active participation, (2) ensure broad-based influence and control, (3) facilitate productive group dynamics, and (4) extend the scope of the process. Identify strengths, weaknesses, opportunities and threats as they apply to your leadership, now and in the future.

Coalition

"A community-based coalition is a group of individuals representing diverse organizations, factions, or constituencies within the community who agree to work together to achieve a common goal." (Butterfoss, p. 66)

Individual empowerment:

The growing interest in using collaboration to deal with problems that affect community health stems from the fact that many of these problems are complex; consequently, they go beyond the capacity, resources, or jurisdiction of any single person, program, organization, or sector to change or control. (Lasker) Research has shown that successful coalitions are those in which individuals are empowered through their involvement. Do the individuals in your coalition feel empowered through the coalitions work?

In evaluating your coalition, consider who has been left out of community problem solving? Whose voice has not been heard? Of these people, who can help the group define the impact in the community and assets for the response? Who has knowledge, skills, and resources that the group needs to understand and develop effective and locally feasible solutions to problems? Whose health and well-being are affected by the problem(s) the process is trying to address?

Bridging social ties:

Is your coalition being a catalyst for the development of new social ties between segments that have not worked together in the past? Of the people and organizations who need to work together to identify, understand, or solve the problem(s) the coalition is trying to address, who does not know each other? Who does not understand each other? Who does not respect each other? Who does not trust each other?

Synergy:

Is the coalition accomplishing or expected to accomplish more than could be accomplished by the individuals organizations represented on the coalition? Which people and organizations need to be brought together to enable the group, as a whole, to obtain complete and accurate information, to see the full picture, to challenge the conventional wisdom, to understand and appreciate the local environment, and to carry out comprehensive strategies? Are there people and organizations not currently involved in the process with knowledge, skills, or resources that can help the group identify the concerns and priorities of people in the community, understand the root causes and context of the problem(s) it is trying to address, develop effective and locally feasible solutions, or take action to implement solutions?

Instructions for Conducting a SWOT Analysis

Coalition building is a means of engaging a broad and diverse group of partners to develop your strategy. Consider the involvement with the following groups:

Public Sector:	Private Sector:
Office/Department of Mental Health and/or Substance Abuse	Advocates (e.g., NAMI, DBSA, SPAN, AFSP, etc.)
Office/Department of Health	Suicide Prevention Crisis Centers or Hotlines
Office/Department of Public Health	Consumers of Mental Health Services
Office/Department of Education	Suicide Survivors
Criminal/Juvenile Justice	Suicide Attempt Survivors
Governor's Health Legislative Assistant	State Associations of Health Professionals (e.g., Social Work,
State Legislator	Psychiatry, Psychology, Primary Care (e.g., Family Practice or
State Agency on Aging	Internal Medicine, Nursing.))
Crisis Intervention Personnel	Representatives from Tribal Communities
First Responders	Media—Broadcast and Print
Law Enforcement	Faith Community
School Superintendent/School Health	Foundations
Corrections	Business/Employers
Child Protective Service/ Domestic Violence	Insurance
	Funeral Directors

Funding/ Resources

- Consider the overall stability of your funding portfolio. What is the likelihood of/potential for future increases or decreases? Is the portfolio diverse enough to withstand withdrawal from one or some of the sources?
- Consider resources indigenous to the community.
- Does the funding adequately cover your needs?
- Are my taking full advantage of "in kind" resources?
- Where are opportunities for additional resources?
- Are the resources flexible (versus tied to constraining stipulations)?
- Is your coalition fulfilling the requirements placed by your funding sources?

Planning Process

Has your coalition engaged in a data-driven prevention planning process approach (see accompanying model as an example)?

Plan

Fundamental elements of a comprehensive suicide prevention plan that follows the public health model include:
- Clear and realistic objectives
- Defined scope (e.g., across the life course would be considered ideal)
- A multi-layered or multi-faceted approach
- Risk *and* protective factors addressed
- Engaging many sectors of the community, their stakeholders, and their resources
- An ecological understanding of suicide
- Clearly identified priorities
- Logic models defined for each intervention
- Evidence-based practices (theoretically sound and/or evaluated programs)
- An evaluation component for effectiveness of the overall plan as well as its components
- Initiatives to increase *readiness for prevention*

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Program Evaluation

- Is the evaluation tied to a logic model that defines what you expect to accomplish through the program?
- Does the evaluation plan cover all of the major components of the program?
- Is the system to collect the data relatively free of bias and errors?

Additional Resources for Program Evaluation:

- Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevention Unintentional Injury, National Centers for Injury Prevention and Control www.cdc.gov.ncipc/pub-res/dypw/01/overview/htm
- Downloadable evaluation handbook developed by W.K. Kellogg Foundation www.wkkf.org/pubs/tools/evaluation/pub770.pdf
- Evaluation primer developed by the US Department of Justice, Bureau of Justice Assistance www.bja.evaluationwebsite.org

Data

Data are needed at national, state, and local levels for effective assessment, planning, intervention, and evaluation. National data can be used to draw attention to the magnitude of the suicide problem and to examine differences in rates among groups (e.g. ethnic, age groups) and locales (e.g. rural vs. urban). State and local data help establish local program priorities and are necessary for evaluating the impact of suicide prevention strategies. (N.S. 117)

- Assess the data you have. Where do your data come from? What are the Strengths of those sources? The Weaknesses? Are they sufficient to allow you to adequately "understand the problem" in your community? Consider the reliability or accuracy of the data.
- Consider Opportunities for expanding or improving your data and the Threats that may be associated with these opportunities. Also, consider how those who "own" the data you use may respond when you begin to use those data to understand or evaluate your suicide prevention effort in a visible way.
- Consider feasibility of getting data over time - single year numbers don't tell you much
- Consider problems of merging different data sources - can't add apples and oranges
- Consider the level of expertise available to analyze your date. Do you have a qualified bio-statistician?
- Consider the currency of your data

Bibliography

1. Butterfoss,F, et.al., Community Coalitions for Prevention and Health Promotion; Factors Predicting Satisfaction Participation, and Planning. Health Education Quarterly, Vol 23(1) 65-69 (Feb 1996).
2. Lasker R., Weiss E., Broadening Participation in Community Problem Solving: A Muiltidisciplinary Model to Support Collaborative Practice and Research. Journal of Urban Health: Bulletin of the New York Academy of Medicine. Vol 80, No 1. March 2003. p.5.
3. U.S. Public Health Service. National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, D.C.: , Department of Health and Human Services, 2001.