A previous paper\(^2\) discussed using an Action SWOT (Strengths, Weaknesses, Opportunities, and Threats), which is a tool intended to build on current state activities and move to clear action steps as shown in Figure 1. This way the SWOT becomes an integral part of the overall organizational improvement process.

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**Figure 1**

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\(^1\) John W. Moran, Ph.D. is a Senior Quality Advisor to the Public Health Foundation, Senior Fellow at the University of Minnesota, School of Public Health in the Division of Health Policy and Management 2010 – 2015; a member of PHAB’s Evaluation and Quality Improvement Committee 2013 – 2015; Adjunct Professor Arizona State University College of Health Solutions' School for the Science of Health 2013 – 2016.

Today, a public health department SWOT also must consider impacts on the social sector of the communities the health department serves. In order to do so, we need to understand how our current strategies are impacting change outcomes in our communities by examining how our health department addresses systematic inequalities and oppression.

In other words, if we are not doing our daily and systems-level work in an inclusive or equitable way, then we are only making an impact for some people in our communities and not all of them. Adding *Inclusion and Equity* to our SWOTIE Analysis will help health departments to strategically build Inclusion and Equity into their daily and systems-level work, resulting in a greater impact on all people in our communities.

For the purpose of this paper, Inclusion is defined as: “*inclusion means that all employees demonstrate behaviors that encourage respectful treatment of others, have equal access to opportunities and resources, and have their full participation and contributions solicited, acknowledged and affirmed.*”

Equity is defined as: “*the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically.*”

When using the SWOTIE tool, the health department will need to develop a consensus definition with its employees and the community being served on what *Inclusion and Equity* mean to them. These consensus definitions will help to provide an agreed upon baseline to thoroughly analyze the current strengths, weaknesses, opportunities, and threats of the health department’s efforts to improve Inclusion and Equity in the community. Without agreed upon definitions, those involved in the SWOTIE Analysis will likely be less focused with differing opinions about what Inclusion and Equity mean, resulting in little progress being made in analyzing what corrections to the system may be necessary.

The Action SWOTIE adds a second phase for developing a quality improvement plan. Answers to the following questions provide a focused framework for developing action plans to ensure we are making an impact in our community for all people and not just some people.

To accomplish this, we would put in the Issue box in the center of the SWOTIE chart *Inclusion* (see Figure 2) and in another SWOTIE chart *Equity* (see Figure 3). Then we should ask the following questions to expand the analysis of both.

**Strengths:**
- What actions will we need to take **preserve** and **protect** the current strengths?
- How can we **prevent** losing those strengths?

**Weaknesses:**
- What can be done to **mitigate** these weaknesses, to reduce their power or influence?
- What would it take to **overcome** the weaknesses?

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Opportunities:
- How can we capitalize on the opportunities?
- What strategies can we design that will enhance those opportunities?

Threats:
- What can be done to prevent this threat in the future?
- How can threats be isolated?
**Tri-County Community Inclusion Example:**
The Tri-County Health Department, a made-up health department for this example, utilized the SWOTIE Analysis to explore how the health department could improve its community inclusion process to better deliver needed health resources to all in the community being served by the health department. The analysis is shown in Figure 4.

### Actions: Preserve, Prevent, Protect
- **Actions:**
  - **First:** Maintain current effective community partnerships
  - **Second:** Continue to involve a broad array of community leaders
  - **Third:** Continue to facilitate active role of community members in shaping policies

### Actions: Mitigate, Overcome
- **Actions:**
  - **First:** Community agencies’ lone approach
  - **Second:** Lack of behavioral health services
  - **Third:** Lack of investment in rural community health equity

### Strengths
- First: Workforce
- Second: Community Partnerships

### Weaknesses
- First: Funding
- Second: Services for Behavioral Health

### Opportunities
- First: Increase Federal Money
- Second: Hire More Workers

### Threats
- First: Community Apathy
- Second: Local Politics

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**Conclusion:**
The next time you do a SWOT Analysis, expand it to a SWOTIE. Go beyond the exercise and discussion by turning it into quality improvement action items and make it an integral part of your health department’s strategic plan and quality improvement problem-solving process to improve the delivery of services to be more inclusive and equitable.

As a health department becomes more comfortable analyzing its social sector interactions, other social determinants of health can be added to expand the SWOTIE Analysis.