

## Instructions for Doing a SWOT Analysis (adapted from CDCynergy 2001)

### What To Do

Assess the strengths, weaknesses, opportunities, threats (SWOT), and ethics of each intervention option under consideration.

When determining intervention strategies, consider the following issues:

- Which strategy or combination of strategies best fits the contributing factors that need intervention?
- What barriers to interventions with the population groups exist?
- Will the intervention be cost-effective? Can your agency afford this strategy?
- Will the strategy help you reach the goals you have set?

Also, consider the following sources of ethical concerns regarding the interventions:

- In what ways may the intervention options be seen either *as not helping or as causing harm*? Can these possible negative effects or the perception of negative effects be eliminated or minimized?
- Can the intervention options cause any undesired or unintended effects in the population (e.g., physical safety, increased anxiety)? Can these effects be minimized?

### How To Do It

Now that you have a good idea of the available intervention options, you may want to complete a SWOT and Ethics Intervention Worksheet in the following steps:

- Describe each relevant strategy as a potential intervention
- Conduct a SWOT analysis in relation to your agency's ability to implement this intervention
- Identify any potential ethical dilemmas
- Summarize what your agency must be prepared to do to implement the proposed intervention successfully (See SWOT worksheet)

To help assess the ethical considerations of your interventions, consider these issues:

- **Ethical issues are embedded in all facets of the intervention**

Because public health communication interventions, by definition, are purposeful attempts to bring about health-related changes in people's lives, intervention goals, activities, and outcomes involve ethical issues. Any attempt to intervene, even with the best intentions, carries with it ethical decisions and moral dilemmas. Most, if not all, decisions related to the design, implementation, and evaluation of public health interventions have ethical implications. These include decisions regarding which issues to tackle and which populations should be targeted by the intervention, decisions about whether or not to employ particular behavior-change and persuasive strategies, and decisions about how to evaluate outcomes. The growing multi-cultural nature of many interventions, the adaptation of commercial marketing tactics, and the rapid development of new ways of distributing information resources underscore the need to identify and address both subtle and conspicuous ethical concerns.

- **Why try to identify ethical issues in the intervention process?**

Although some ethical issues connected with interventions may be more explicit (e.g., Should attractive visual images of women be used although they may portray women as sexual objects? Should only partial information be provided about a topic to make a message more persuasive?),

many other important issues are less obvious. Identifying ethical issues in health interventions is often difficult because it is taken for granted that interventions are inherently good because they promote the public's health. Questions such as how interventions may possibly infringe on respect for people's privacy or stigmatize particular populations are not usually considered. Therefore, it is important to scrutinize the various aspects of the intervention for ethical implications. Addressing ethical issues is important not only because any benevolent attempt to contribute to the well being of people or society as a whole needs to be ethical, but also because ethical considerations have pragmatic implications. Interventions that are sensitive to ethical issues are more likely to gain the trust and respect of their intended populations and of collaborators and to produce more effective messages and methodologies.

- **What are ethical dilemmas and how can they be solved?**

Ethical dilemmas occur when decisions (e.g., what type of persuasive appeal to use) present a struggle between compelling but competing values, that is, when one has to pit one important moral commitment against another (e.g., the obligation to develop effective messages to persuade people to adopt a recommended behavior versus the obligation to respect people's autonomy). Dilemmas confront us with difficult choices that typically cannot be neatly solved by applying particular ethical principles. Decisions about how to address such dilemmas are mainly based on prioritizing particular ethical precepts according to social values (e.g., that the intervention will ensure not to stigmatize any populations and refrain from using messages that may present people who engage in certain practices in a negative way or that it will prioritize respect for autonomy over the use of highly attractive appeals). Since the resolution of dilemmas relies on social values, it is important from the outset of the intervention process to make explicit the values that underlie the intervention and to be aware of and highly sensitive to the value priorities and guiding moral principles of the intervention's target populations.

- **How to identify ethical issues**

Ethical principles drawn from the field of bioethics can serve to articulate and assess ethical and moral dilemmas embedded in each intervention facet. These precepts include the following:

- The obligation to avoid doing harm through the actions of trying to help
- The obligation to do good by doing one's utmost to better the health of the intended populations
- Respect for personal autonomy and for the freedom of every person and community to make their own decisions according to what they think would be best for them (i.e., avoiding paternalism and respecting privacy)
- Ensuring adherence to justice, equity, and fairness in the distribution of resources and providing for those who are particularly vulnerable or who have special needs
- Maximizing the greatest utility from the health promotion efforts, especially when resources are limited and are publicly funded, and considering the good of the public as a whole.

Each facet of the intervention needs to be examined to determine whether it meets these precepts. The following questions can help facilitate the application of the precepts to each stage or facet of the intervention and the identification of ethical issues:

- **Goal-setting stage**

Who decides what the goals of the intervention should be? Are representatives of the intervention's population involved in goal setting? How will consent be obtained from the intervention's targeted populations? (*consideration of respect for autonomy and privacy*). Are issues that are more salient to the more dominant groups given higher priority? (*considerations of justice*).

- **Designing and choosing strategies stage**

- **Targeting**

Who is targeted by the intervention and who is excluded? Why was the targeted population chosen? Were populations with the greatest needs targeted or those that were more likely to adopt its recommendations? (*considerations of justice versus utility*).

- **Collaboration**

Could collaboration with community or other voluntary organizations, which presumably will advance participation and empowerment, actually serve to exploit these organizations by using their limited resources? Are particular organizations made to feel obligated to participate in the intervention's activities? (*considerations of doing good and utility versus doing harm and respecting autonomy*).

- **Use of persuasive strategies and message design**

What kinds of persuasive appeals are used and to what extent may they be considered to be manipulative? Are the messages persuasive enough? Do they exploit cultural themes or symbols? (*considerations of autonomy versus doing good and utility*).

- **Messages on responsibility**

Do messages imply that if people get an adverse medical condition, it is their fault since they did not do enough to prevent it? (i.e., These kinds of messages can be viewed as potentially harmful because they may literally blame people and make them feel guilty when various circumstances prevent them from adopting the recommended practices). Do the messages make it appear that one person is responsible for preventing others from taking health risks (e.g., spouse, friend, employee)? (i.e., How much is one person responsible for others?) (*considerations of autonomy*).

- **Messages that may stigmatize or make people over-anxious**

Do messages that try to get people to avoid unwanted health conditions (e.g., AIDS, stroke, smoking) put those who have the conditions in a negative light? Does the intervention raise the level of anxiety, fear, or guilt among target populations? (*considerations of doing harm versus utility and doing good*).

- **Messages that may make people feel deprived**

Does the intervention tell people to avoid doing certain things that give them pleasure, but does not provide them with affordable and rewarding alternatives? Does the campaign tell people to avoid cultural practices that are of particular significance to them? (*considerations of doing harm and of justice versus doing good*).

- **Messages that make promises that cannot be fulfilled**

Does the intervention make promises for good health when it urges people to adopt particular practices, although the promises may not be fulfilled? (*considerations of doing good and utility versus doing harm*). Does the intervention contribute to increased demands on the healthcare system, which may not be able to meet the demands? (*considerations of doing harm, the public good, and justice*).

- **Messages that turn health into an ultimate value**

Do the messages stress that health is an important value that should be vigorously pursued and does the intervention make it sound as if those who do not pursue good health are less virtuous or have vices? Does the intervention contribute to making health an ideal or a super-value that people need to pursue resolutely? (*considerations of doing harm*).

- **Messages that may distract**

Does the intervention focus on specific health topics, thus possibly serving to distract people from thinking about and pursuing activities related to other important issues? Does the intervention focus on individual behavior changes, and, by doing so, distract people from thinking about the importance of social factors that influence health? (i.e., Often health promotion needs to be addressed through policy measures or social changes.)

- **Control of people in work organizations**

Do interventions that take place in work organizations, although they may be efficient, present opportunities for employers to control the private lives of their employees? (*utility versus autonomy and doing harm*).

- **Evaluation Stage**

Who decides the evaluation criteria and the success of the intervention? Are the targeted populations and the intervention practitioners involved in the assessment process?