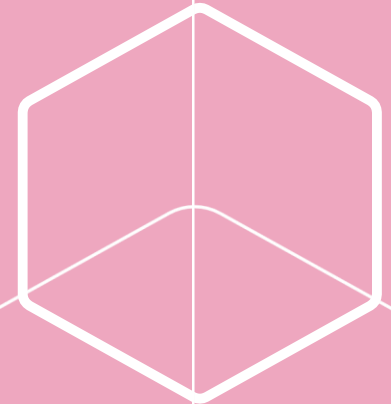




STEP 1
TASK 1.1

Problem reflection tool

Identify and collect data about what the problem is, who it affects, where it occurs and why it occurs.





Overview



Purpose

- **Helps you focus, identify and reflect** on key aspects of the problem
- Guides you **to understand the root causes** of the problem
- Enables you to **categorise information** to carry forward in the development of your intervention

Who is involved?

- Core team
- Stakeholders already engaged through the problem identification phase
- Community stakeholders from strategic communities in the target geography

What is the output?

In the end, you will be able to describe:

- What the health problem is
- Who is impacted by the problem
- Where the problem is occurring and most prevalent
- Key root causes (determinants) involved in the problem

Introduction

The problem reflection tool is about asking questions with the aim of identifying the root causes of the problem.

Start at the top by defining what the problem is, and then follow the probing questions until you reach the root causes.

You may need different types of data and information to answer questions when working through the tree. Some of these data and information are available through registries, census tracks or similar resources. For other data, consult stakeholders to gain insights.

WHAT is the problem?

For example, elevated and growing levels of obesity and type 2 diabetes in Sampletown

WHO does the problem affect the most?

12–18-year-olds are forming poor exercise and nutritional habits which could last a lifetime

WHERE is the problem most prevalent?

Sampletown's most socioeconomically challenged school districts

WHY does the problem play out as it does?

Limited opportunities for supervised exercise and high prevalence of fast food in the adolescent diet

Ask questions and work down towards the root cause(s) of the problem

Potential data sources

Quantifiable information

Prevalence of diabetes and/or obesity, the prevalence of risk factors, habits or behaviours

Quantitative analysis

Demographic data, risk factors across social and cultural groups/communities
Qualitative insights into who is vulnerable

Spatial distribution

Contextual mapping, high-risk areas, disease or risk factor spatial distribution

Mixed methods analysis

Insights into social and cultural determinants that drive habits/behaviours and impact health vulnerability

WORKSHEET 1

Define the problem

Answer what, who and where questions to frame the overall problem.



Collaborate

Work closely with stakeholders to ensure you get first-hand insight and understanding about the problem.

Insert your answers below

WHAT

What is the problem?

What is the main problem? How big is the problem? How severe is the problem? Is the problem a risk factor or a disease outcome?

WHO

Who does the problem affect the most?

Who does the problem affect? Are some population groups more impacted than others? If so, what do you know about these population groups and can you learn from existing programmes and policies targeting them?

WHERE

Where is the problem most prevalent?

Where is the problem most significant? For example, is it limited to a specific community or neighbourhood? If so, what do you know about the specific community (e.g. the social and structural context) and can you learn from existing programmes and policies targeting this community?

WORKSHEET 2

Identify the root causes of the problem

Use this worksheet to narrow in on the root causes underlying the problem. Use your findings from worksheet 1, and answer the questions in column 1.

Continue by asking **'but why'** to the answer you outline in column 3, and input your response in column 4. You can extend the exercise with more columns until you have narrowed in on all the root causes.

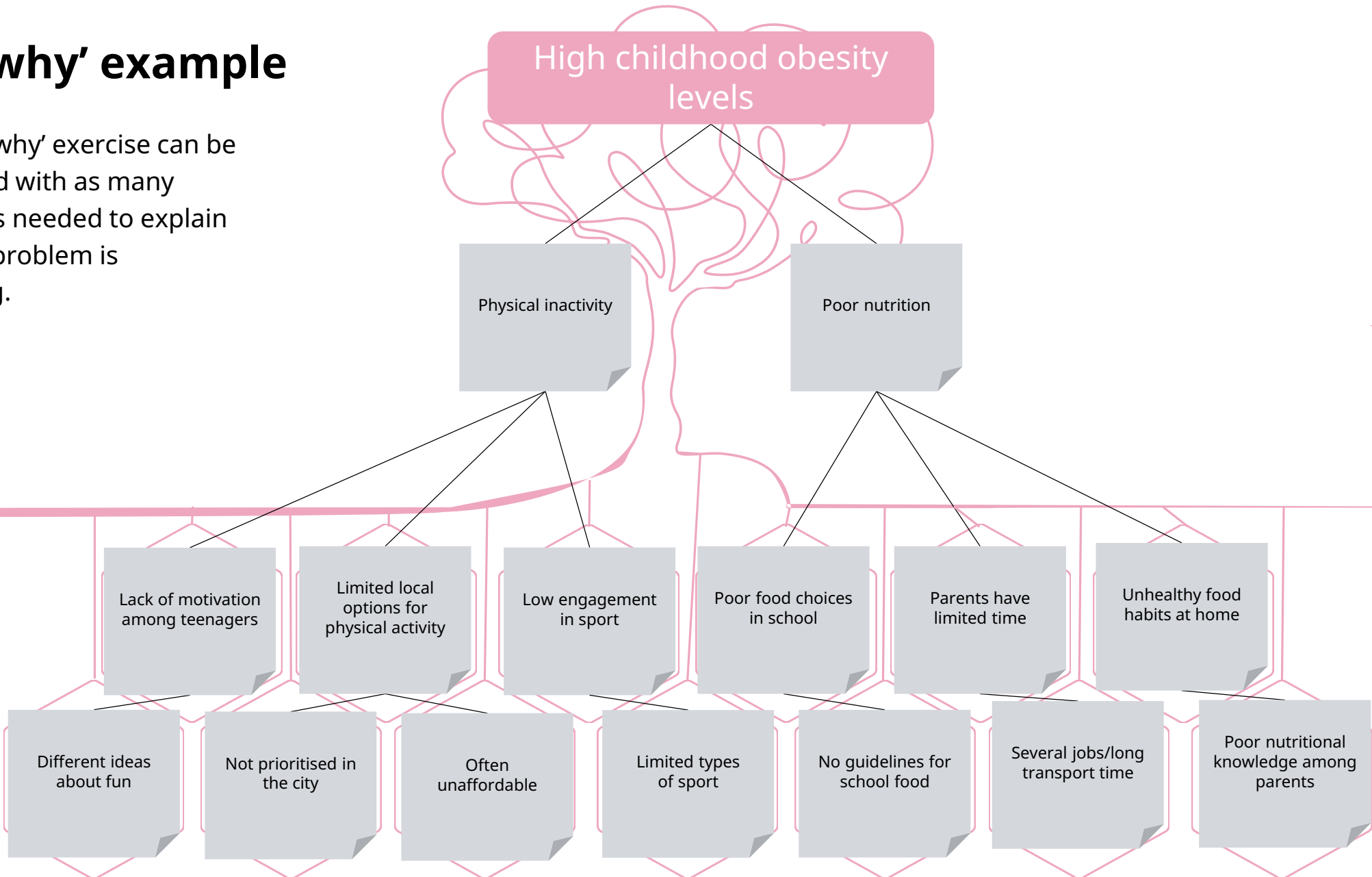
See an example of a diagram of the **'but why'** exercise on the next page.

Consider **WHO** and **WHERE** when answering the questions.

1. What you set out to investigate	2. Example	3. Fill in your content below Answer the question in column 1	4. Fill in your content below Ask 'but why' to your answer outlined in column 3
Which behaviours can be associated with the problem?	Physical inactivity, poor eating habits, attendance, use of services		<i>But why?</i>
Which individual factors can be associated with the problem?	Health literacy and knowledge as well as health beliefs and psychological capability		<i>But why?</i>
What are the potential social norms associated with the problem (if any)?	Peer expectations and behaviour as well as social norms		<i>But why?</i>
What are the potential physical barriers associated with the problem (if any)?	Physical barriers/ opportunities, (lack of) access/availability of services, amenities and so on		<i>But why?</i>
What are the potential sociocultural issues associated with the problem (if any)?	Cultural traditions, norms and values as well as political and economic structures		<i>But why?</i>

'But why' example

The 'but why' exercise can be expanded with as many factors as needed to explain why the problem is occurring.

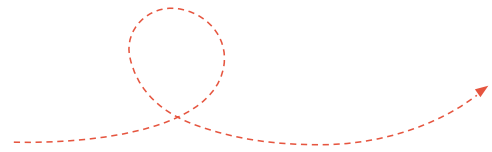


Try it out yourself!

All you need is a lot of Post-it notes!

OUTCOME SHEET

The problem reflection tool summary



Use the information captured in worksheets 1 and 2 to complete the problem reflection tree.

This should include all relevant observations about the problem.

WHAT?

- ...
- ...
- ...

Obesity levels 30% above national average

WHO?

- ...
- ...
- ...

12-18-year-olds targeted

WHERE?

- ...
- ...
- ...

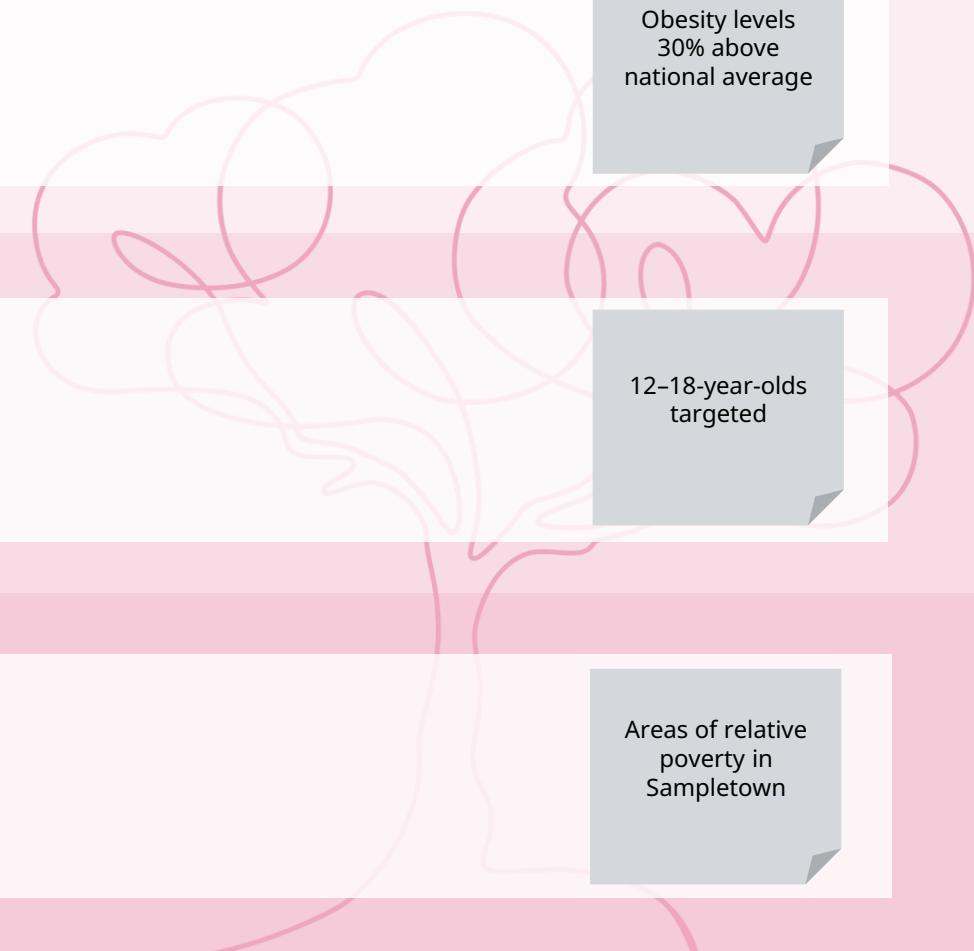
Areas of relative poverty in Sampletown

WHY?

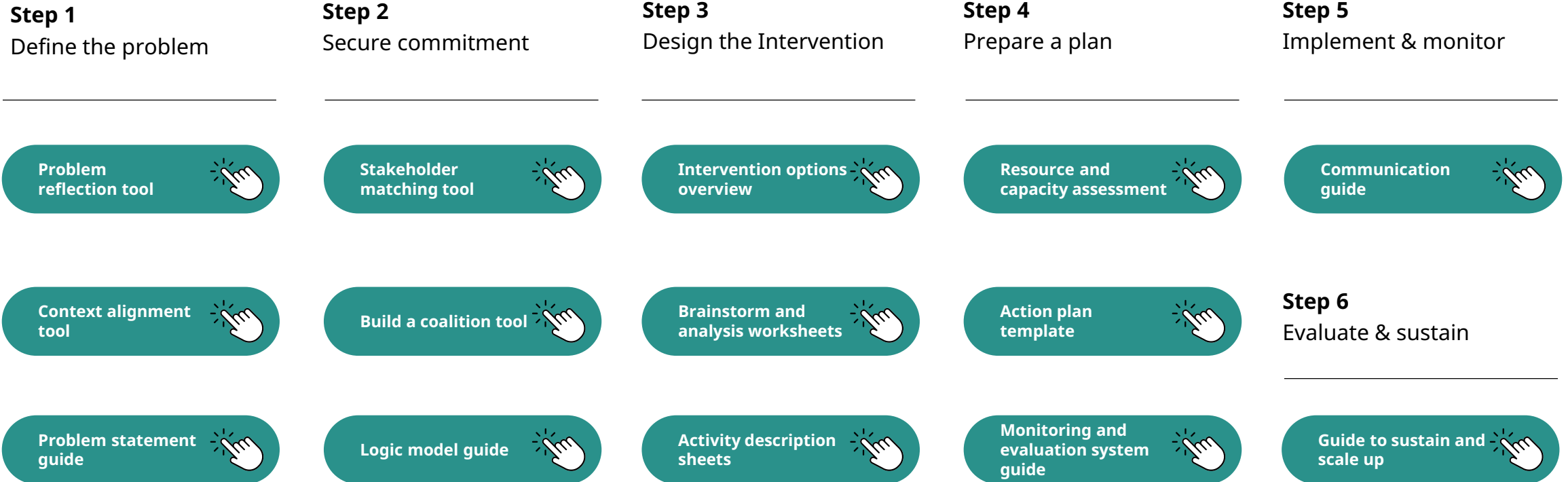
- ...
- ...
- ...

Limited local physical activity options

Not prioritised in the city



Other tools available from the Urban Diabetes Action Framework



More information and feedback

Please share your experience of working with this tool so that we can develop and improve our tools to support the development of effective interventions.

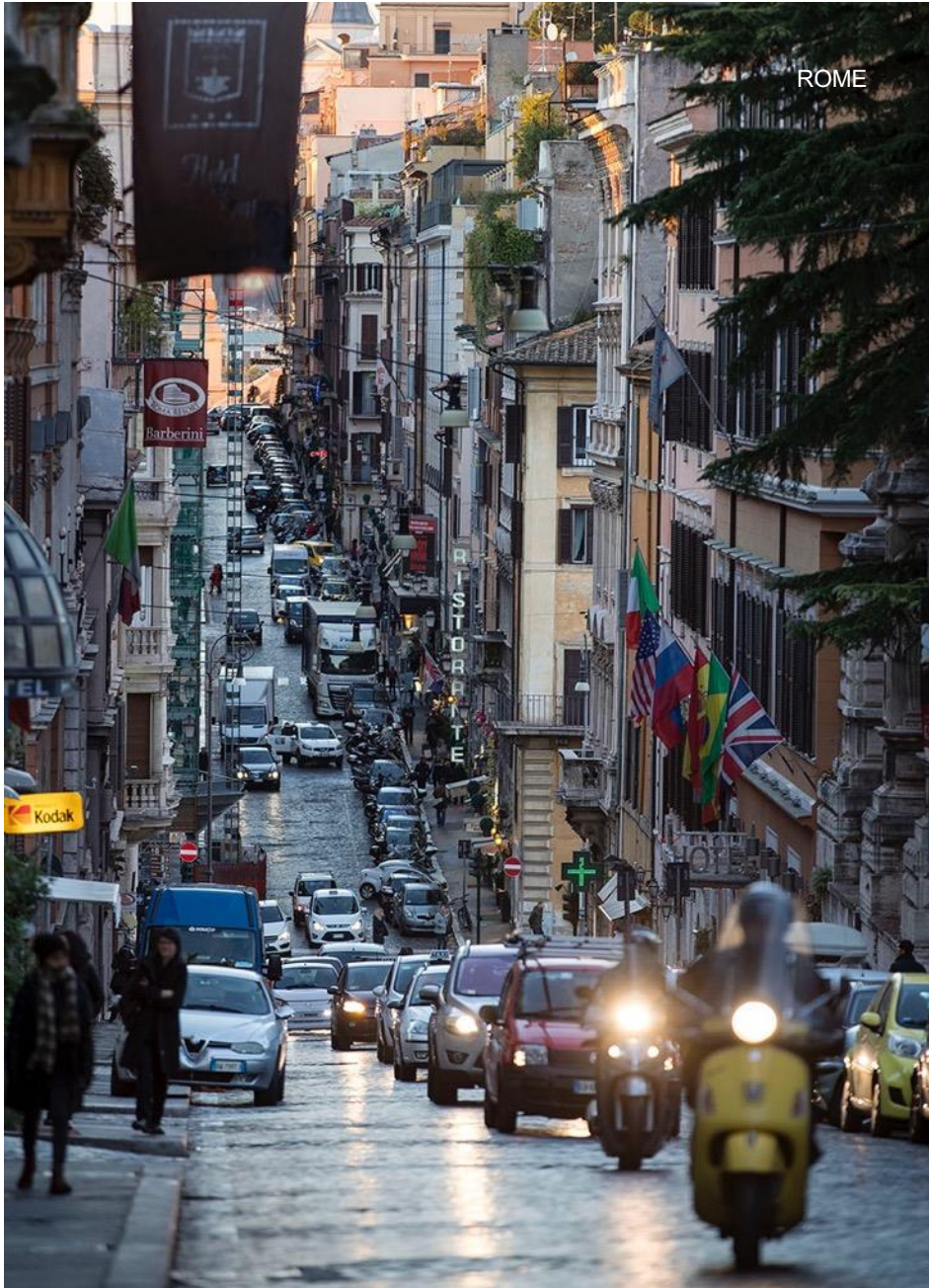


Get in touch 

Urban Diabetes Action Framework 

citieschangingdiabetes.com





cities changing diabetes

The Cities Changing Diabetes programme works to map the problem of obesity and type 2 diabetes in cities, share learnings and act as a catalyst for meaningful action, which can help bend the urban diabetes curve.

In partnership, we are calling on every city to ask itself:

'What will it take to bend the diabetes curve in our city?'

30+

More than 30 partner cities

150m+

Representing more than 150 million citizens¹

1. United Nations, Department of Economic and Social Affairs, Population Division (2014). World Urbanization Prospects: The 2014 Revision.