

Positive Deviance Approach For Behavior & Social Change

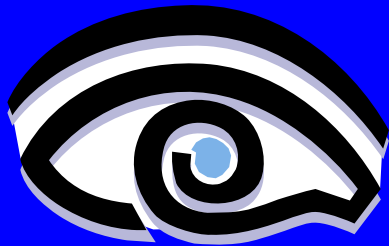
Glasgow Centre for Population Health

November 2006



Tufts University

The Power of Positive Deviance



Solutions before our very eyes

In every community or organization there are certain individuals or groups whose **uncommon practices/behaviors** enable them to find **better solutions** to problems than their neighbors or colleagues who have access to the **same resources**

Positive Deviance Inquiry



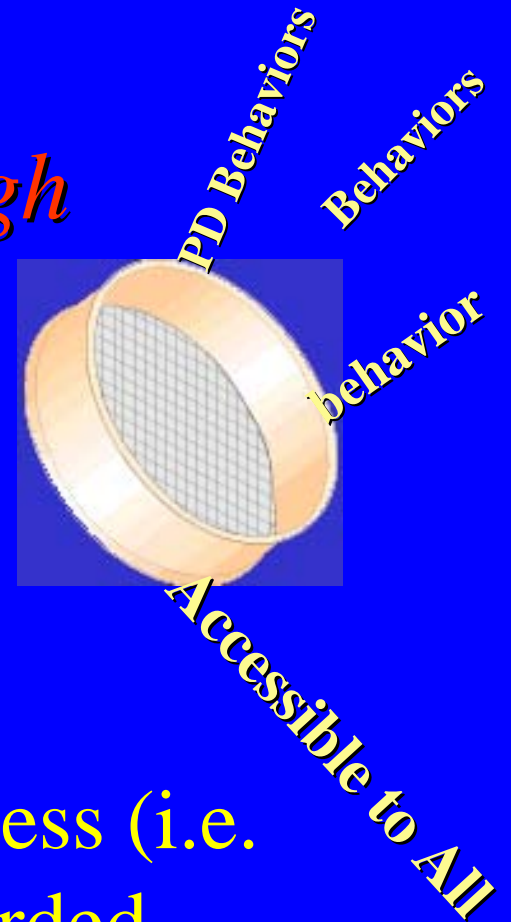
Enables community to discover
successful **uncommon**
behaviors/ strategies practiced
by the Positive Deviants

Analyzing PD Findings

PDI findings are passed through a conceptual “accessibility sieve”

Only those behaviors/strategies accessible to all are kept

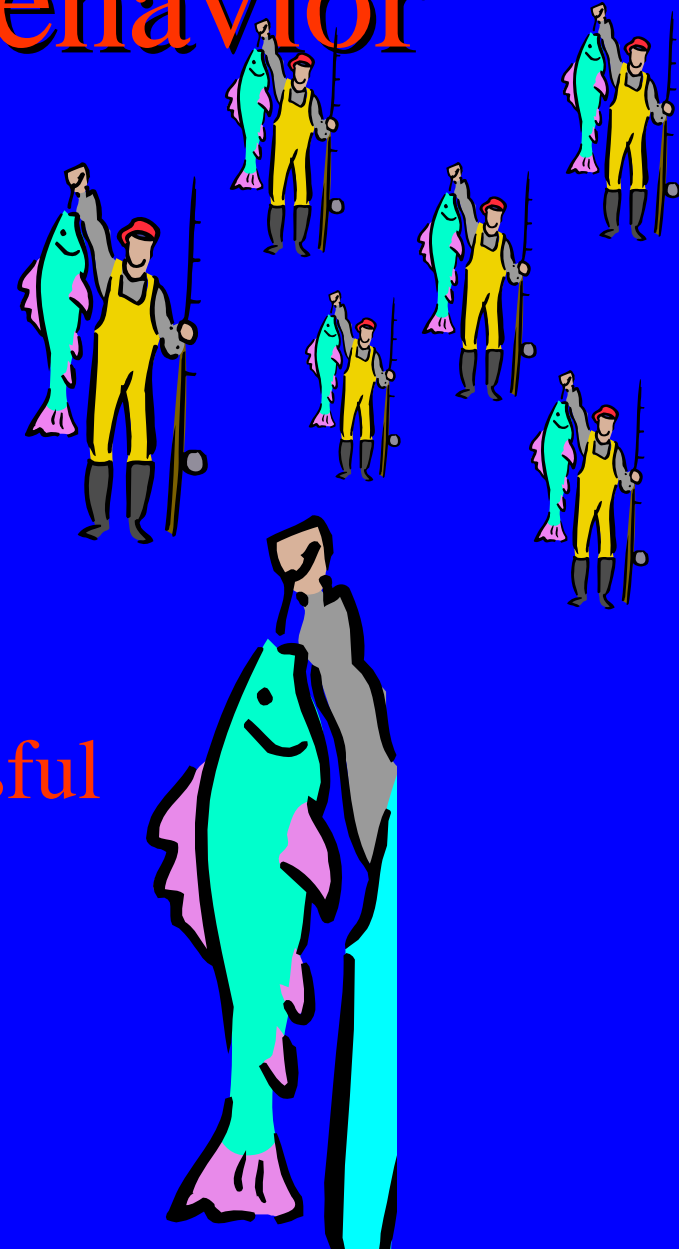
The rest are “**TBU**,” True but Useless (i.e. not accessible to all) and are discarded



Focus on PD Behavior

We can't (yet) clone people

But we can adopt their successful behaviors/strategies

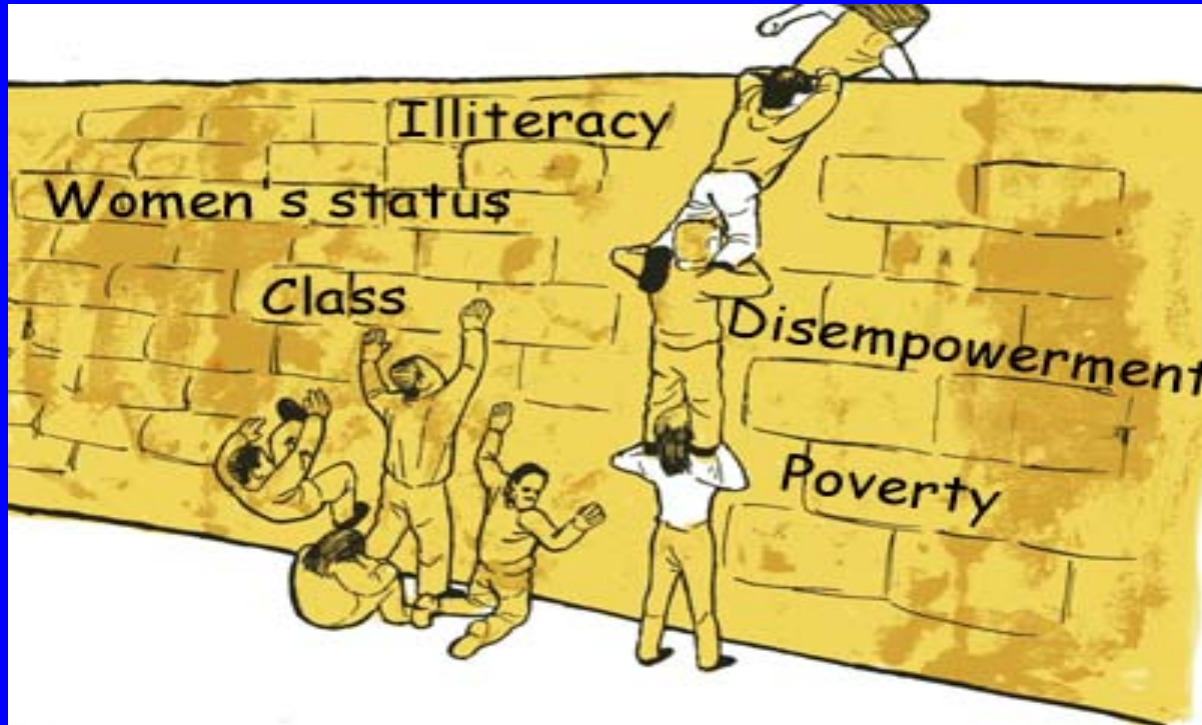


PD Focus on **Practice** Rather than Knowledge



“It’s easier to **ACT** your way into a new way of **THINKING**, than to **THINK** your way into a new way of **ACTING**”

PD Enables us to Act TODAY



The presence of Positive Deviants demonstrates that it is possible to find successful solutions TODAY before all the underlying causes are addressed

D

The Four **D**s of the Positive Deviance Design

D

D

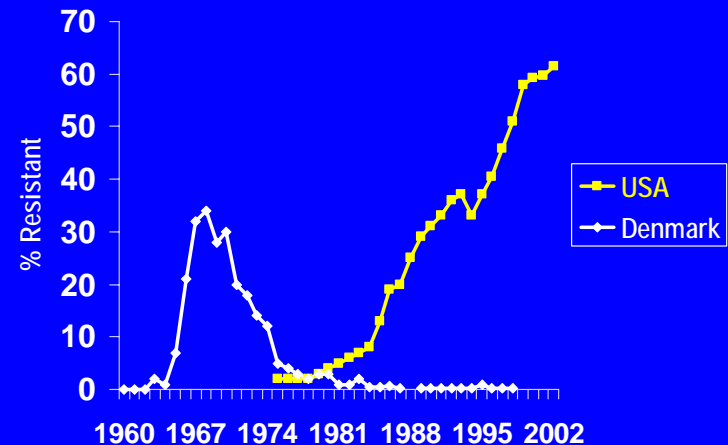
Define

Define the Problem

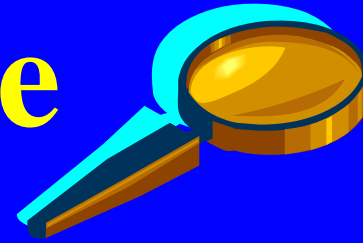
Define desired outcome

(described as a behavioral
or status outcome)

Emerging Prevalence of Methicillin-Resistance Among *S. aureus* in U.S. Intensive Care Units



Determine



If there are any individuals or entities in the community who **ALREADY** exhibit desired behavior or status (PD identification)



Discover

(through a PD Inquiry)



Uncommon behaviors or strategies enabling the PDs to outperform/find better solutions to the problem than others in their “community”

Develop



& Implement local initiatives and opportunities for others in the “community” to **PRACTICE** new behaviors and **CREATE** new solutions

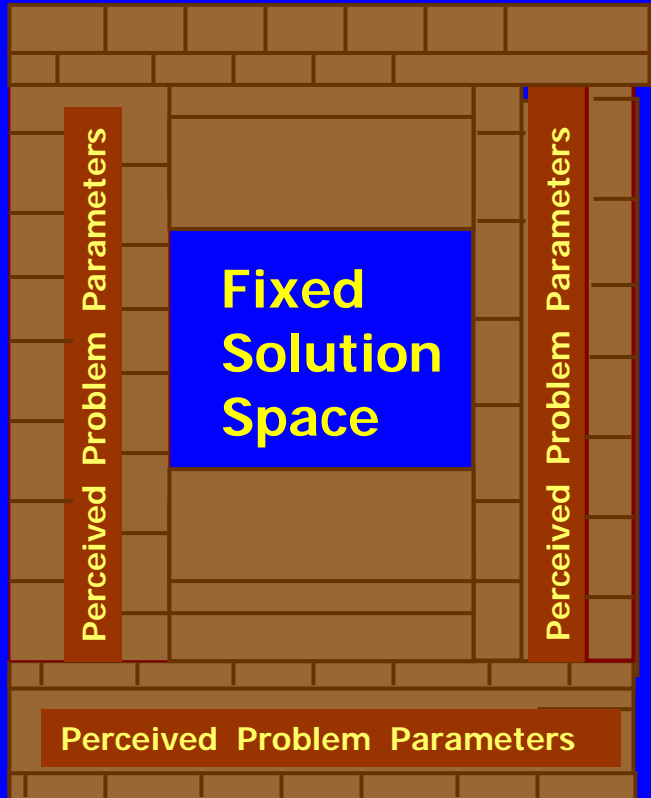
The Four Ds of Positive Deviance Process

DISCOVER DETERMINE
DEFINE DEVELOP

Traditional vs PD Problem Solving Approach

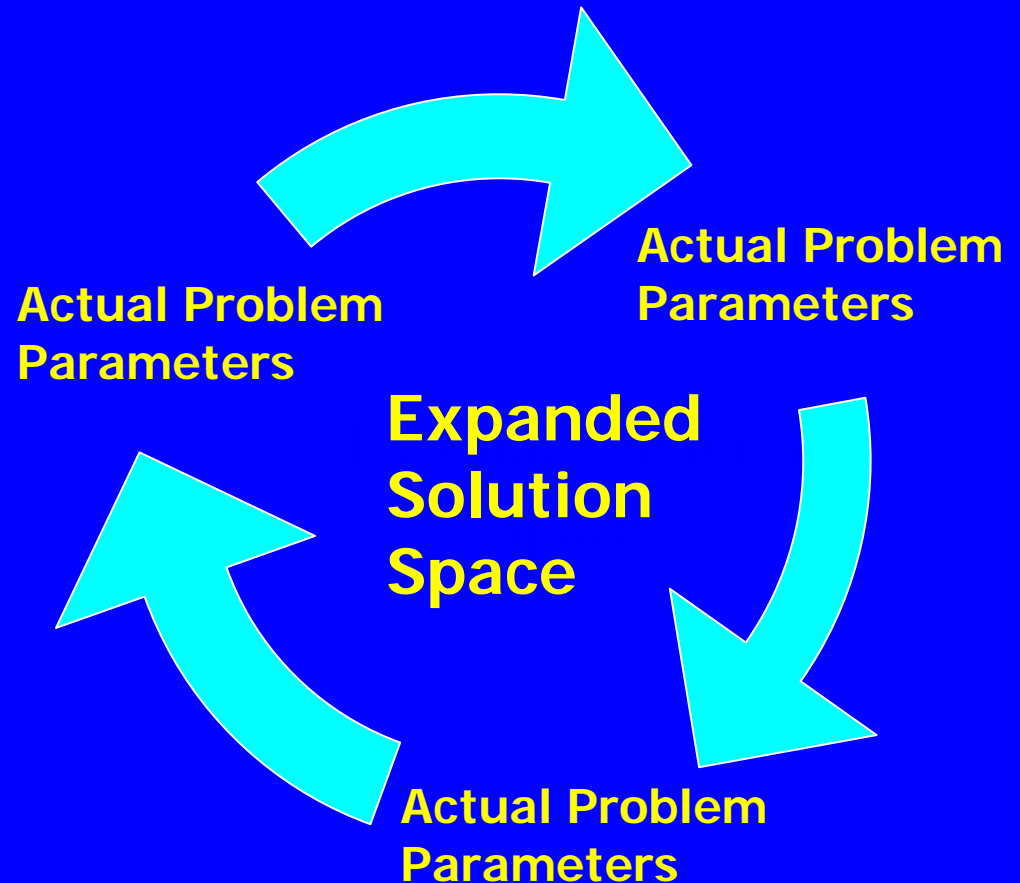
Traditional

Flows from problem analysis towards solution



PD

Flows from identification and analysis of successful solution to solving the problem



LATENT POSITIVE DEVIANCE

PD PROCESS UNCOVERS
EXISTING PD PRACTICES



AND CREATES CLIMATE WHERE
NEW SOLUTIONS EMERGE

BRIDGING THE ‘KNOWING / DOING’ GAP



PD and Attributes Dictating “Speed of Adoption of Innovation”

Diffusion Attributes

PD Behavior Innovation

Relative Advantage

Identified as “advantageous”

Compatibility

Created within cultural context

Complexity

Requires no special resources

Triability

Opportunity to practice

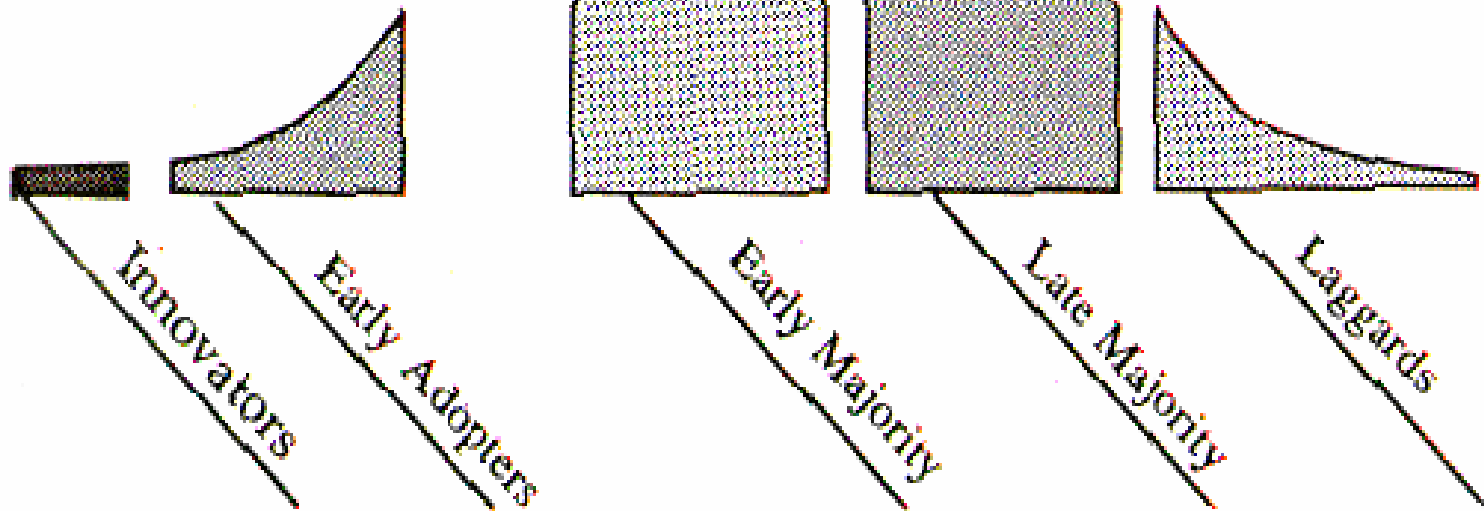
Observability

Through PDI & personal experience

PD & The Diffusion of Innovation Life-Cycle

Community
participates in
discovery of
innovation

Thereby **jumping** the
"early adopters/early
majority" chasm



Current Applications of Positive Deviance

Programmatic context	Countries
Childhood development & Malnutrition (PD/Hearth)	> 40 countries throughout the world
HIV/AIDS risk reduction	Myanmar, Indonesia, Viet Nam, Ivory Coast, Burkina Faso
Antenatal care, Maternal & Newborn Care, Breastfeeding	Egypt, Pakistan Viet Nam
Female Genital Cutting	Egypt, Sudan, Ethiopia
Girl Trafficking	Indonesia, Nepal
Education Issues	Argentina, Ethiopia, US (NSDC)
Patient Safety & Quality of Care, Medication Reconciliation, conflict resolution	US: hospitals, VA Health System, Indian Health Services; Colombia

When to use the PD approach

- Problem requires behavioral or/and social change (adaptive challenges versus technical challenges)
- Seemingly “intractable” problem – compelling enough to require a new approach
- Presence of Positive Deviants (individuals/ groups exhibiting desired outcome)
- Leadership commitment to address issue : “PD champions”
- Skilled facilitation

Challenges

- Paradigm shift for practitioners, i.e.; from expert to facilitator (comfort with power sharing & lack of control)
- Scaling up strategies
- Time & human resources/labor intensive
- Requires comfort with uncertainty (donors, planners, implementers)
- Inability to forecast all outcomes & consequences

Contacts & Networks

- Website: www.positivedeviance.org
- E-mail :
positivedeviance@positivedeviance.org
- To join the PD network:
<http://groups.google.com/group/Positive-Deviance.org>