

# **Positive Deviance Approach For Behavior & Social Change**

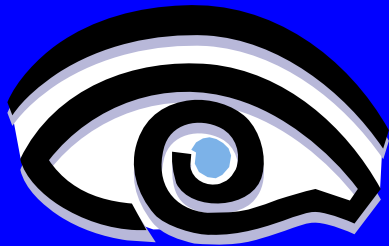
*Glasgow Centre for Population Health*

*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



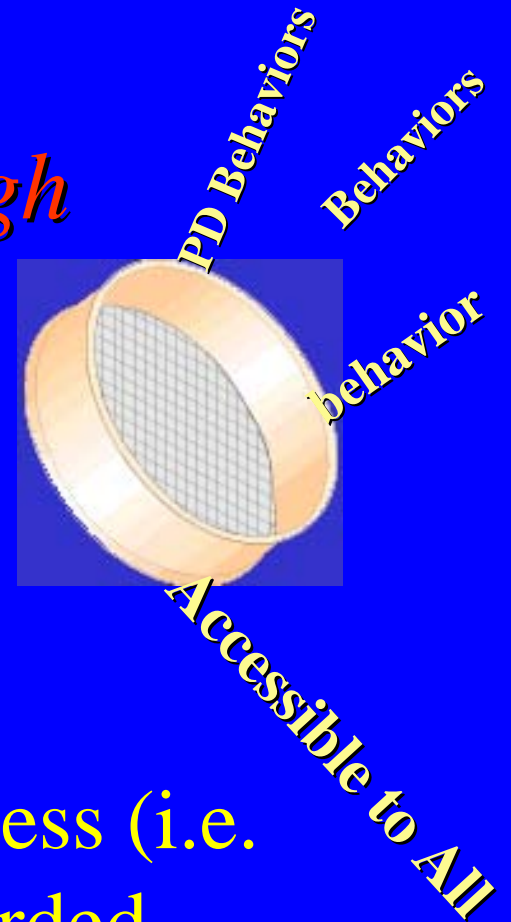
Enables community to discover  
successful **uncommon**  
**behaviors/ strategies** practiced  
by the Positive Deviants

# Analyzing PD Findings

*PDI findings are passed through a conceptual “accessibility sieve”*

Only those behaviors/strategies accessible to all are kept

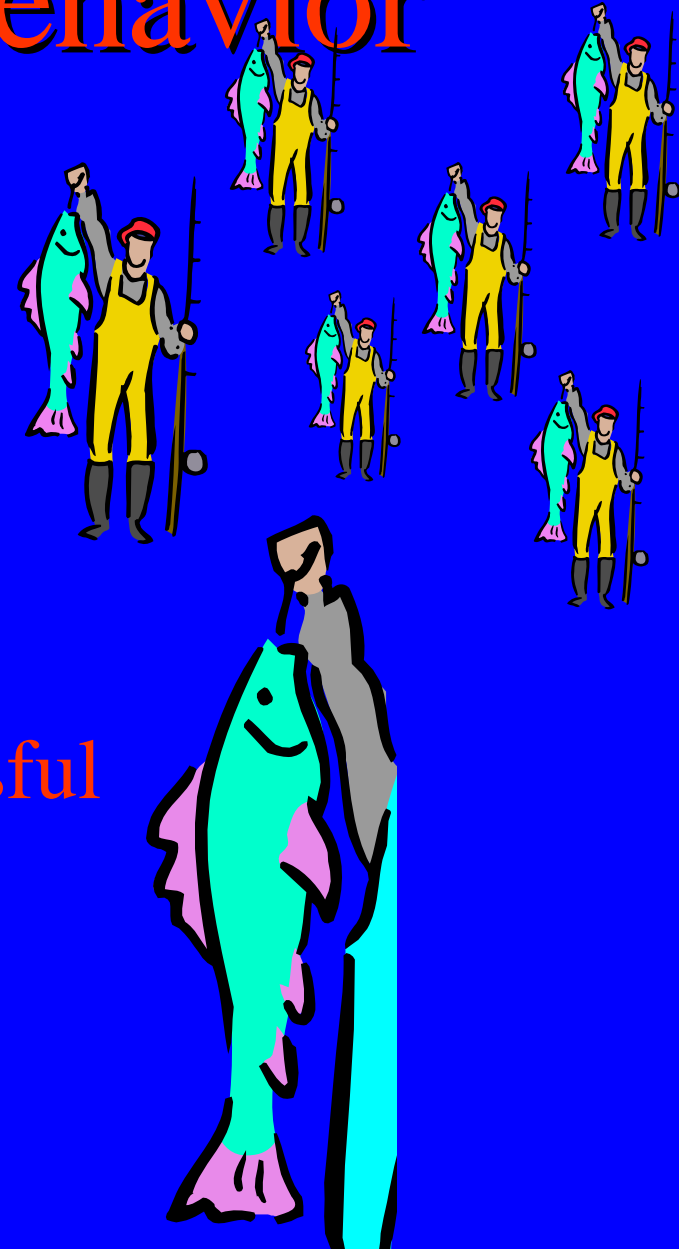
The rest are “**TBU**,” True but Useless (i.e. not accessible to all) and are discarded



# Focus on PD Behavior

We can't (yet) clone people

But we can adopt their successful behaviors/strategies

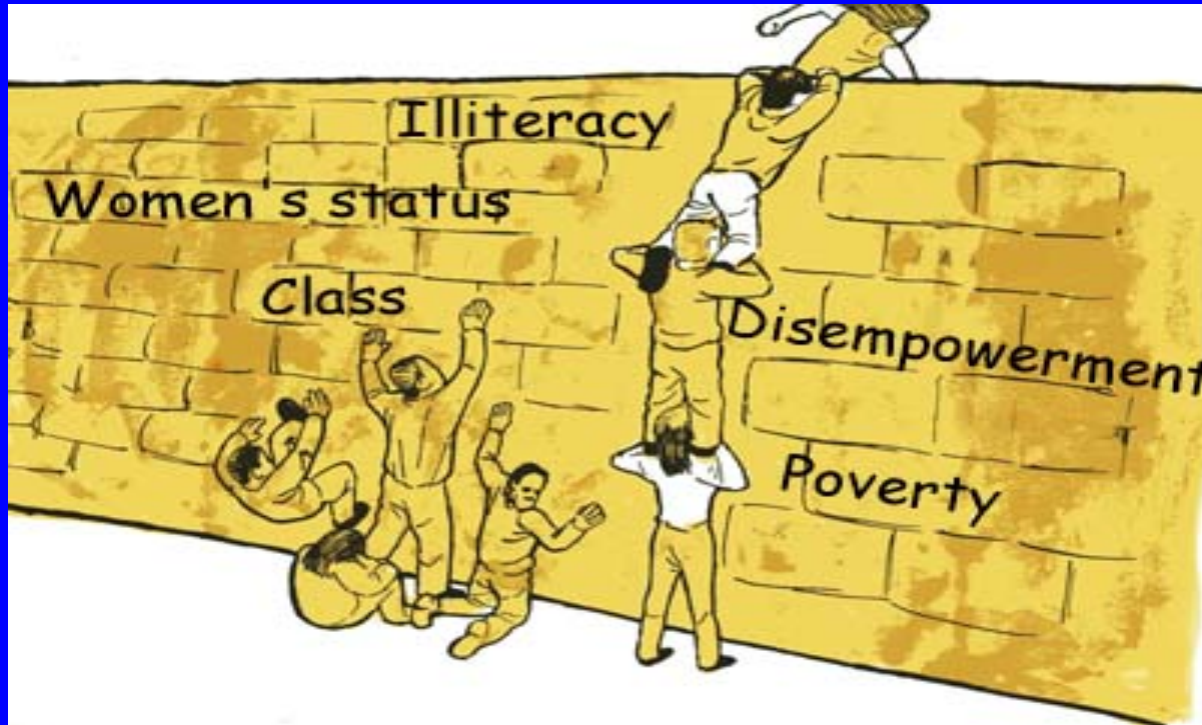


# PD Focus on **Practice** Rather than Knowledge



“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

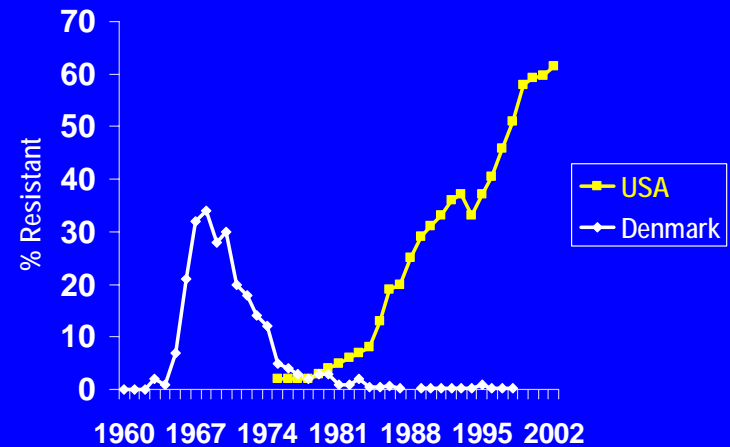
# Define

## 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

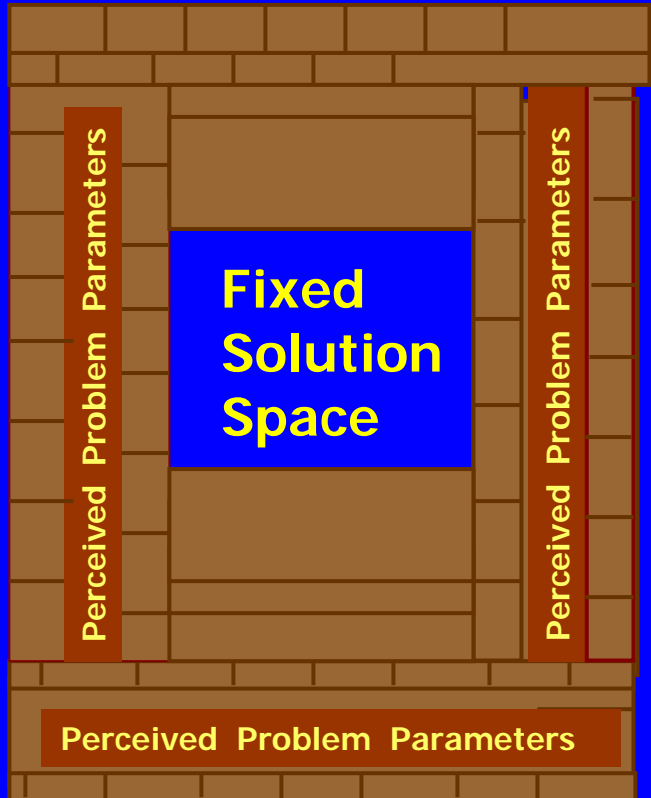
# The Four Ds of Positive Deviance Process

DISCOVER DETERMINE  
DEFINE DEVELOP

# Traditional vs PD Problem Solving Approach

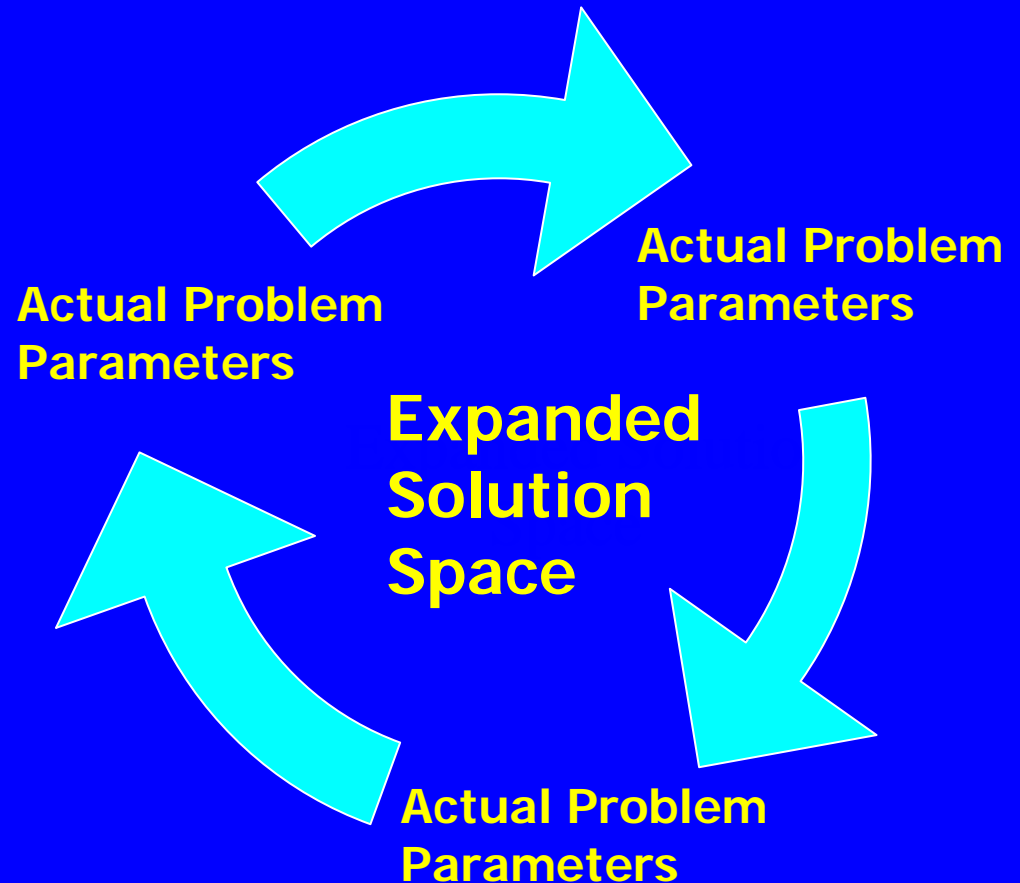
## Traditional

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

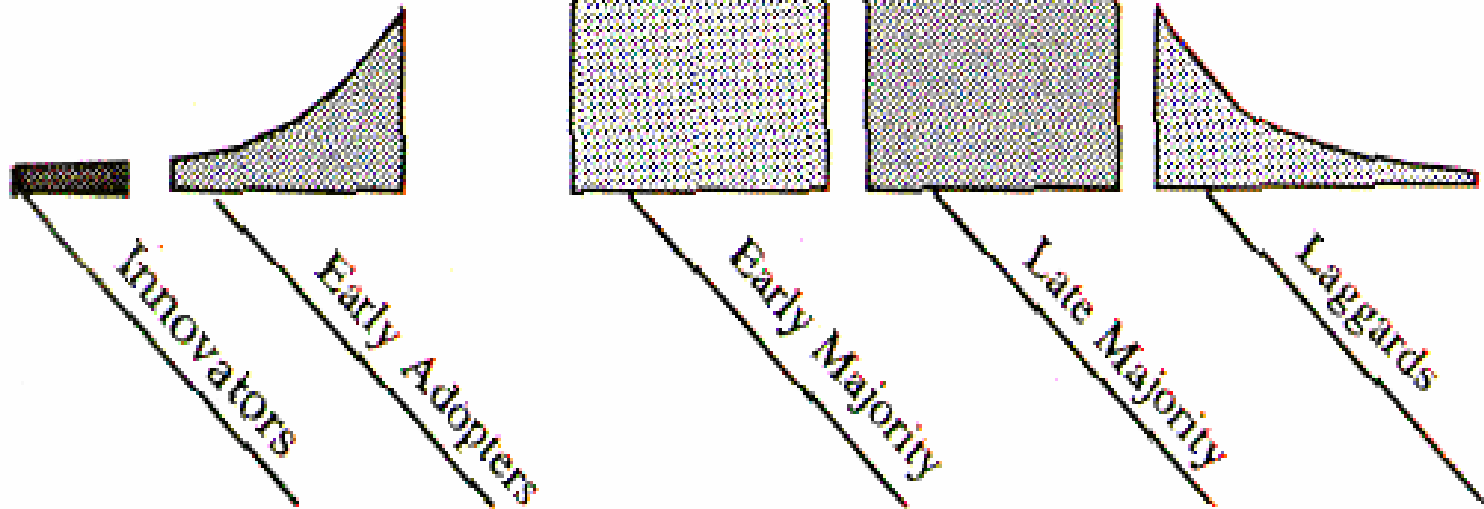
Observability

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](http://www.positivedeviance.org)
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- To join the PD network:  
<http://groups.google.com/group/Positive-Deviance.org>