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.
The Four Ds of the Positive Deviance Design
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 Flows from problem analysis towards solution

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

Traditional vs PD Problem Solving Approach

Fixed Solution Space

Perceived Problem Parameters

Perceived Problem Parameters

Expanded Solution Space

Actual Problem Parameters

Actual Problem Parameters

Expanded Solution Space

Actual Problem Parameters

Actual Problem Parameters
LATENT POSITIVE DEVIANCE

PD PROCESS UNCOVERS EXISTING PD PRACTICES

AND CREATES CLIMATE WHERE NEW SOLUTIONS EMERGE
<table>
<thead>
<tr>
<th>Diffusion Attributes</th>
<th>PD Behavior Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative Advantage</td>
<td>Identified as “advantageous”</td>
</tr>
<tr>
<td>Compatibility</td>
<td>Created within cultural context</td>
</tr>
<tr>
<td>Complexity</td>
<td>Requires no special resources</td>
</tr>
<tr>
<td>Triability</td>
<td>Opportunity to practice</td>
</tr>
<tr>
<td>Observability</td>
<td>Through PDI &amp; personal experience</td>
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</tbody>
</table>
Community participates in discovery of innovation

Thereby jumping the “early adopters/early majority” chasm

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