GLASGOW'S HEALTHIER FUTURE FORUM 4

Thursday 9 November 2006

REPORT

Glasgow Centre for Population Health

This report is a summary of the presentations and discussions from the GHFF4 event and does not necessarily represent the views of the GCPH

OVERVIEW

The purpose of the fourth meeting of Glasgow's Healthier Future Forum was to explore and learn about the concept and application of 'Positive Deviance'. A total of 45 participants attended the event, coming from a range of backgrounds including health, enterprise, local authority, education, and media organisations. Following a welcome by Dr Carol Tannahill, Director of the Glasgow Centre for Population Health, the day was facilitated by Jerry and Monique Sternin of the Positive Deviance Initiative based at Tufts University, Boston. The concept of Positive Deviance (PD) was also the focus of a seminar series event, held the evening before GHFF4 and led by Jerry Sternin. Thus, the Forum was made up of a mixture of those who had been introduced to PD prior to the meeting and those for whom the ideas were new.

What is Glasgow's Healthier Future Forum (GHFF)?

GHFF was established by the Glasgow Centre for Population Health to provide a space for debate and discussion amongst participants from a wide range of backgrounds. The first meeting of the Forum (April '05) focussed on testing the usefulness of a number of ideas generated by the Centre throughout its first twelve months in operation. It was found to be valued by participants as an opportunity for discussion and reflection and, on the basis of much positive feedback from participants and facilitators, a second Forum was held on 30 November '05 and a third on 25 April '06.

The Forum is part of the Centre's communications arm, acting as a network linking the Centre with a wider group of professionals and encouraging discussion across disciplines and sectors. The Forum continues to be aimed at participants from a wide range of backgrounds and runs alongside the Centre's community engagement process.

For more information please visit http://www.gcph.co.uk/login/ghff/index.htm

The day started with an introduction to Positive Deviance and some of its applications from Jerry and Monique with some reflection from participants. This was followed by an interactive afternoon session utilising the steps involved in taking a PD approach. The full programme is shown in Appendix One.

This report briefly outlines the elements of the day.

INTRODUCTION TO THE POSITIVE DEVIANCE CONCEPT

In every community there are certain individuals (the "Positive Deviants") whose special practices / strategies / behaviours enable them to find better solutions to prevalent community problems than their neighbours who have access to the same resources. Positive Deviance is a culturally appropriate development approach that is tailored to the specific community in which it is used. Thus, this Forum provided participants with an opportunity to learn about a tool that they can apply to challenges they face within their own work setting.

PD APPLICATION

Jerry Sternin began by giving an example of a challenge met by the adoption of a Positive Deviance approach. Child under-nourishment in a Vietnamese village (1990) was tackled by the Sternins using PD. The practices of extremely poor parents with well nourished children were uncovered and presented by local volunteers to others with the opportunity to develop similar practices, such as feeding children smaller amounts more frequently and collecting shrimps crabs and greens for the children from fields. This strategy, available to all, increased the proportion of well nourished children in the village from about 15% to about 70% in six months. The programme was extended to 2.2 million Vietnamese over the next five years.

Jerry argued that securing the engagement of those who could sabotage the activity is crucial to the successful application of PD. Further, the approach must be used to tackle a community-identified problem with a community-led solution.

Jerry went on to describe the four steps involved in a Positive Deviance approach as:

- Define the problem and what a successful outcome would look like.
- Determine whether anyone or any group already has the desired outcome or behaviour.
- Discover the "unusual" practices which enable these to find better solutions to the problem than others.
- Design and implement interventions through which to access and practice these behaviours.

Positive Deviance thus flows from the successful solutions to a problem – rather than a better problem analysis – and acknowledges that solutions already exist in communities.

For a fuller description of these ideas it is possible to listen to the lecture from the previous evening at http://www.gcph.co.uk/seminar/series/seminar3.htm where you can also read a summary or a transcript of the whole lecture and look at the slides Jerry used.

INITIAL REFLECTIONS OF PARTICIPANTS

Participants were asked to discuss whether the concept made sense to them at this point and think about some of the remaining unanswered questions about the PD approach. Participants talked of their tendency to begin by thinking of a list of problems but were encouraged by the PD approach with encourages reframing these issues to consider ways of finding a solution. The challenge of getting a community involved initially was also discussed as a lack of a sense of community in particular geographical areas may act as a barrier to PD in this sense. There was also some discussion about the problem that arises when the solution suggested by the community does not match that put forward by the experts and how PD is useful in such a situation. The example of childhood obesity was focused on with PD being seen as a useful tool to begin to look at what children and their families do well to prevent obesity rather than focussing on the negatives associated with obese children and their families. A range of questions were raised as to the situations in which PD would be applicable. For example, if the communities of interest were very deprived and therefore felt their resources were very different to other communities would PD be a workable approach? Jerry asked the participants to remain mindful of the questions they had raised which would be addressed in the afternoon session by working through a range of situations using PD.

The group then focused on the question of how you might work with a community that is disenfranchised and sees itself as having fewer resources than other areas. For example, in terms of smoking cessation, if life expectancy in a deprived community is 60 then giving up smoking is not a priority. Jerry talked about the need for PD to always be about working with the community. You have to begin with perceived indicators of success. Thinking about the example of homeless people, perceived indicators of success for this group might be: not being hungry; not being in pain; and being warm. Therefore, starting with 'them', these indicators are about success for the homeless people themselves, not those working with them. Whilst this group is 'different' from the general population, for PD purposes we focus only on the homeless population i.e. what are those homeless people who are able to keep warm doing differently from those that don't? It was also emphasised that these solutions should be available to everyone otherwise they were 'true but useless'.

Another question was then raised: how can PD help to engage those who have a particular issue and are not currently engaging? For example, there are a high number of tooth extractions in children in an area of Glasgow and those with the problem are not attending the community dentist. Jerry suggested that firstly it is important to identify a few people in the community who are active and engaged and ask them what they think some of the issues might be. It may also be possible to ask them to help you facilitate an initial PD meeting and get some people along to the meeting. Thus, PD is about turning the issue back to the community and asking them.

Key points raised in this part of the day were:

- PD focuses on practice not knowledge: it is 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 reiteration of the four Ds of the PD design:
    - Define the problem and the desired outcome.
    - Determine if there are any individuals or entities in the community who already exhibit the desired behaviour. (NB If the answer is no, PD cannot be used.)
    - Discover, through PD enquiry, uncommon behaviours or strategies enabling the positive deviants to outperform / find better solutions to the problem than others in the community.
    - Develop and implement local initiatives and opportunities for others in the community to practice new behaviours and create new solutions.
- PD flows from the identification and analysis of successful solutions to solving the problem whereas the traditional approach flows from problem analysis towards the solution.

<u>CASE STUDY GROUP WORK</u>

Following a break for lunch, each table was asked to focus on a specific issue that someone at the table was working on at that time. The participants at the table then looked at the problem from a PD perspective, identifying a possible PD solution. The question and PD finding proposed by each table are summarised below.

<u>Table 1</u>

Why do some people who have had kidney transplants comply with medication and lifestyle change as they get older whilst others do not?

Possible explanations:

- Transition clinics are in existence in some areas but not in others.
- Highly motivated and helpful parents are influential in some cases.
- The degree of flexibility of appointment times may be a factor.

    ⇨ Discovered PD doctors who are proactive and supportive by telephoning patients to ask how they are and helping to co-create a medication and lifestyle plan rather than adopting a top-down approach.

Table 2
Why do some minority ethnic women who live in a particular area of Glasgow become obese whilst others do not?

Possible explanations:
- Some women opt for lower fat options when cooking.
- Women only, culturally appropriate swimming classes are available and used by some women.
- The local authority provides practical help via cooking classes and recipe cards which some women use.
- Walking clubs are available and utilised by some.

⇨ The PD women almost all use a local food co-op helping families to buy fruit and vegetables and therefore make healthier meals.

Table 3
Why do some healthy living services aimed at men achieve high participation levels whilst others do not?
- Some centres actively market their services.
- Some run schemes encouraging men to bring along their friends to classes.

⇨ The PD services had 'men only' classes and men working the reception areas.

Table 4
Why do some primary schools have 50% attendance whilst others have much higher levels?
- Some families had an established routine that involved getting out of the house at a set time.
- Older siblings may be involved in helping younger ones to get ready for school.

⇨ The PD schools have a 'walking bus' in the area – a supervised group who walk to school together.

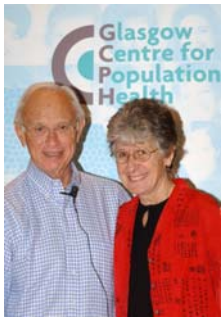
Table 5
Why do some families have obese children whilst others do not?

Possible explanations:
- Some parents ensure their children have healthy snacks at school, rather than money for the tuck shop.
- Children may go to swimming classes.
- Some children eat breakfast every day.
- They may walk to school rather than be driven or take public transport.
- Some families ensure dinner is eaten at the table every evening.

⇨ PD families do not serve separate 'kids' food but instead provide a meal for all of the family simultaneously.

SELF REFLECTION

Jerry invited participants to take a few moments to reflect on the day before opening the floor for any comments. One participant expressed their realisation of the importance of co-creation and ownership and vowed to attempt to involve communities from the outset of any new work. There was support for the need to try, at times, to be a 'non-expert' and another participant said that instead of identifying a problem within a community they would work to identify a solution with a community. Finally, the Forum was valued as a networking opportunity with participants finding connections between their work and that of others whom they may not usually meet in their day to day activity.



EVALUATION

An evaluation form was given to each participant and they were asked to complete this at the end of the Forum. Sixteen forms were received in total and all comments, without exception, were positive and supported the use of PD in the workplace.

It is worth noting that whilst the number of participants reduced during the course afternoon, those who stayed valued the approach greatly and a number of these people have been in touch to discuss ways of using the approach in their work.

Comments included:

"It is fantastic to immerse myself in new ideas away from my office and have time to reflect on how I can apply them."
"Very informative and am anxious to learn more. Very useful resource."
"Very positive and thought provoking – theory and practice which is useable."
"I can see real potential in using the workplace as a community in applying the PD tool on a number of issues."
"Extremely useful and thought provoking day. Really enjoyed putting the tool into practice during the scenario session."
"Day and time well spent."
"Excellent provocative discussion with space to help me think differently."

ACKNOWLEDGEMENTS

Carol Tannahill, Director of the Centre for Population Health concluded the session by thanking Jerry and Monique Sternin for their valuable input and also John Boswell who introduced Jerry and Monique's work to the Centre for Population Health.

Appendix One: Programme

09:00 – 16:00
9 November 2006
Gallery 5,
The Lighthouse, 11 Mitchell Lane,
Glasgow G1 3NU

PROGRAMME

09:00	Registration and coffee	
09:30	Welcome and introduction	*Dr Carol Tannahill, Director, Glasgow Centre for Population Health*
Morning session – led by Jerry & Monique Sternin		
09:35	Introduction of participants	
	Introduction to the Positive Deviance (PD) concept: stories of PD application from around the world	
	Reflections and sense-making by participants	
11:00	Coffee break	
11:30	PD: conceptual underpinning and design steps	

13:00	Lunch

Afternoon session – led by Jerry & Monique Sternin	
13:45	Case study group work: utilising PD steps to address problems requiring social / behavioural change
	Feedback on group work
15:00	Coffee break
	Discussion of relevance of PD to participants work
	Next steps
16:00	Close