



Positive Deviance: The WHAT & the HOW

Positive Deviance & Health care
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The PD Concept

Positive Deviance is based on the **observation** that in every community there are certain individuals or groups whose **uncommon behaviors** or strategies enable them to find **better solutions** to a problem than their peers, while facing similar challenges and constraints & having access to the **same resources**.

Success “Against the Odds”

Outcome Status

Good

Not Good

**Risk
Status**

“Worse Off”

“Better Off”

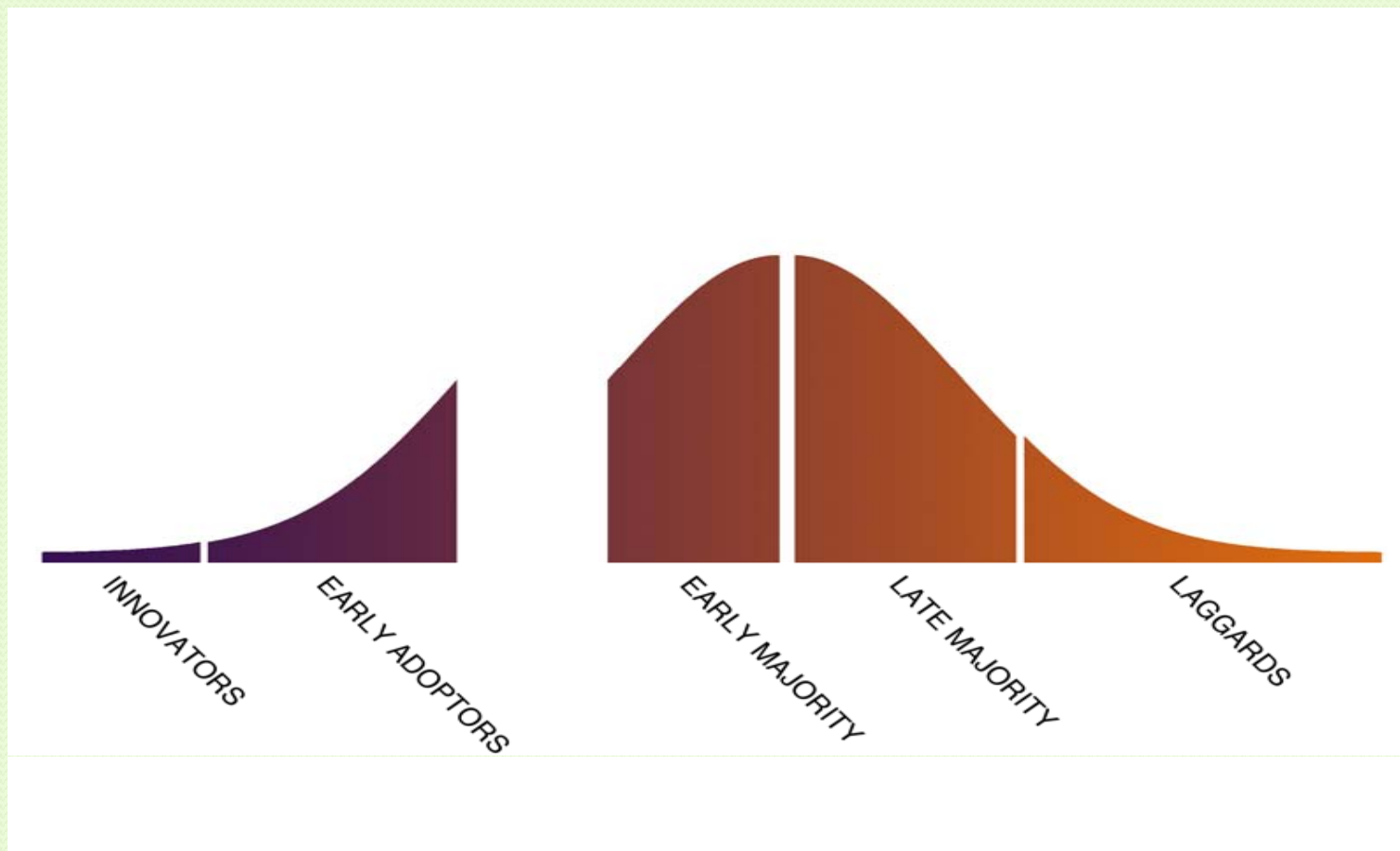
PD	

The diagram consists of a 2x2 grid of light blue squares. The top-left square contains the text 'PD' in red. The top row is labeled 'Worse Off' and the bottom row is labeled 'Better Off'. The columns are labeled 'Good' and 'Not Good'. Two green arrows point from the 'Not Good' column to the 'Good' column, one in each row.

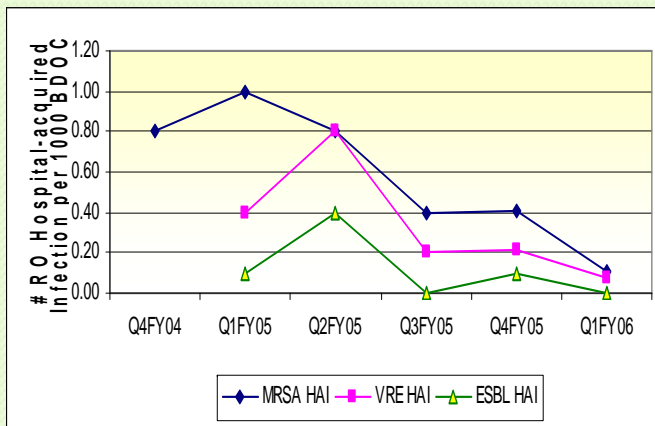
Positive Deviance (PD) Approach

a problem solving strength-based approach that promotes behavior and social change by leveraging **existing solutions** to the problem to the whole community, hence creating lasting and sustainable change.

Adoption Curve



PD Delivers Measurable & Sustained Impact



VA Pittsburgh Health Services data



“While national rates of MRSA HAI’s go up, RWJ/Plexus PD beta site rates are going down.”

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

What is Different about PD as a Behavior and Social change strategy

- **Who** discovers what **already** works
- The social proof that someone with limited resources can overcome intractable problem
- The dynamics of the PD process based on complex adaptive systems.
- Leveraging community wisdom: capturing and amplifying changes as it occurs via feedback loops, thus fueling more change.
- Emphasis on Practice versus Knowledge

PD Approach Components

Basic Principles : PD Essentials

Rigorous Method (PD steps)

Iterative Process (PD process)

Skilled Facilitation

PD Approach Guiding Principles

- The People are the Experts
- Community ownership at all stages
- Involvement of ALL stakeholders
- Discovery of **existing** uncommon but successful behaviors & strategies
- Emphasis on PRACTICE and action
- Expansion of existing & creation of new networks
- Community created monitoring & evaluation to further promote change

Beyond the Usual Suspects



A- The Positive Deviance Method

5 iterative steps carried out by **members of the community**:

Step 1. **Define the problem**

Step 2. **Determine presence of PD individuals**

Step 3. **Discover existing uncommon behaviors & strategies**

Step 4. **Design and develop initiatives to leverage these solutions to the whole community**

Step 5. **Discern the effectiveness of initiative (M & E)**

Step 1: Define

Step 1: Define the problem and the normative behaviors, constraints and challenges related to the problem

Define the desired outcome

- *Access to existing data or collection of new data*
- *Sharing of quantitative and qualitative information via storytelling, exploration of current practices via group discussion, discovery & action dialogues*



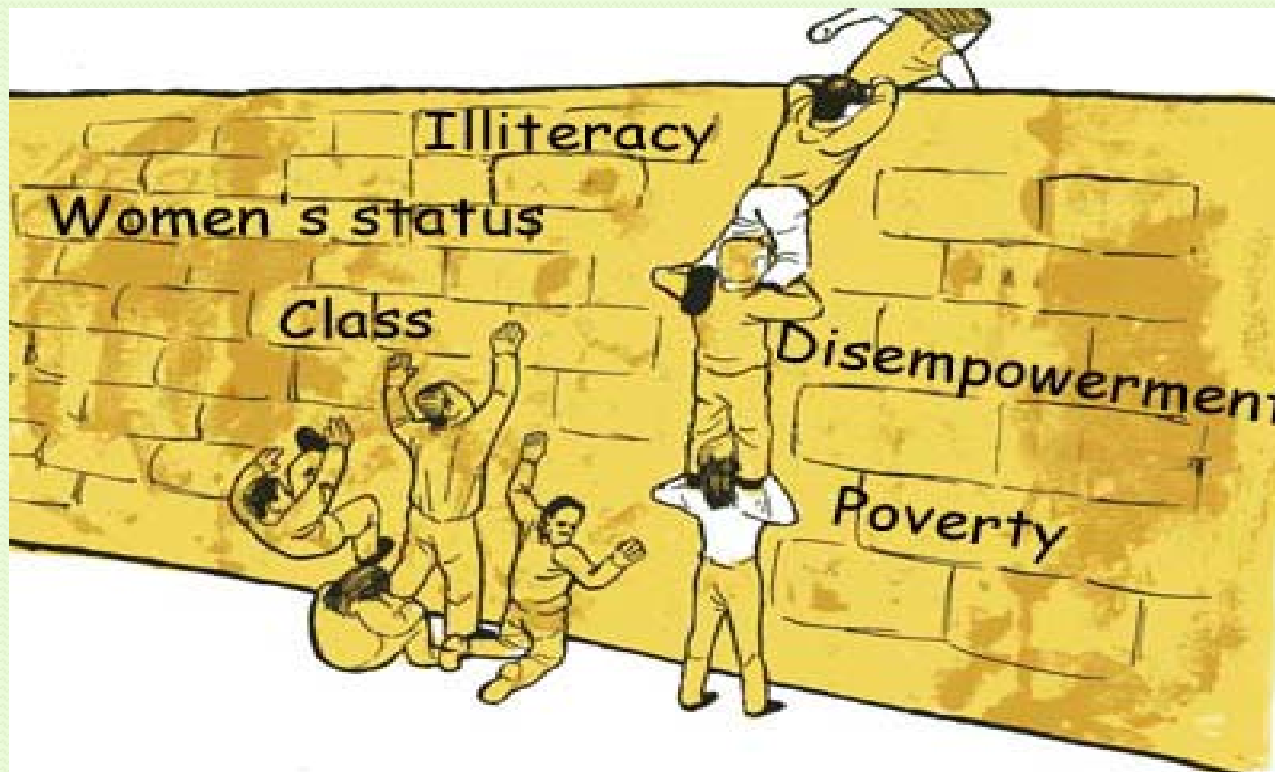
Step 2: Determine

Identification of individuals or groups in the community who already exhibit the successful outcome, against all odds.

Questions:

- Childhood Malnutrition – “Are there poor families who have well-nourished children **TODAY?**”
- HAI – “In our hospital, are there already individuals who consistently wash their hands, put gloves and gowns?, etc”
- Diabetes“ Are there individuals who have successfully managed or overcome diabetes type 2?”
- Mental health:” Are there individuals among us who have overcome isolation and live fullfiled lives ?”

Identification of Existing Solutions to Act TODAY



Step 3: Discover

Positive Deviance Inquiry (PDI)

Enables the community to discover successful **uncommon behaviors/ strategies** practiced by the Positive Deviants thus galvanizing members to act (immediacy of action)

PD Inquiry tools usually include: observations and individual or group interviews, use of 3 “D” objects



Step 4: Design

the community develops local activities/
initiatives for its members to **PRACTICE**
the discovered behaviors and strategies.

*Multi targets, multi channels,
experiential, dispersed,*



Step 5: Discern

- The community develops the tools for monitoring the community generated activities as well as the indicators for success
- The community monitors progress which in turn promote more behavior & social change
- *M & E include quantitative and qualitative tools for evaluation, measuring not only impact (baseline/endline surveys) but also behavior (interviews, secondary data, trends) and social change (network mapping, community mobilization indicators, etc.).*

PD Process

- Iterative, messy and chaotic
- Emphasizes process over efficiency: **to go fast you go slow**
- Works within the cultural & social context
- Resource-based: human resources, formal and informal networks
- Promotes daring action by many people (innovation) via a safe and trusting environment
- Involves all stakeholders : **Don't do anything about me without me**
- Maintains and ensures community ownership throughout the process- not buy-in but **co-creation**
- Keeping leadership involved at critical milestones of the process

PD Focuses 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”

Specific PD Facilitation Skills

- Active listening
- Use of silence : creating a vaccum that the participants will fill
- Asking specific open-ended questions
- Answering a question with a question
- Demonstrated empathy: showing vulnerability as non-expert
- Refraining from sharing expertise unless asked

Challenges

- Paradigm shift for practitioners, i.e. from expert to facilitator (comfort with power sharing & lack of control).
- Trusting that scaling up will happen in a non-conventional way.
- Time & human resources/labor intensive.
- Requires comfort with uncertainty (donors, planners, implementers).
- Inability to forecast all outcomes & consequences.
- Specific facilitation skills

