Asian Community Health Nursing Research

Asian Comm. Health Nurs. Res. 2019, 1(3), 1–6

Utilization of Positive Deviance into Research Activity for Community Health

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Type of the Paper (Practice article)

Received: August 8, 2019; Accepted: September 9, 2019 ; Published: October 10, 2019

<https://doi.org/10.29253/achnr.2019.1124>

Abstract: The Positive Deviance (PD) approach believes that in every community there exist individuals or groups, who without any extra resources, practice uncommon behaviors that offer better solutions to address problems in a community. PD is a community-driven change approach that encourages community members to discover their own assets, strengths, and wisdom to solve a local problem. The purpose of this activity report is to describe the lessons we learned about PD during a visit with pioneering global researchers and practitioners of positive deviance in the United States in September, 2018. Our key learning included: discovering “uncommon” behaviors which are already practiced by community members, and are thus actionable and more acceptable to community members; investigating positive deviants at many levels i.e., among health providers, community leaders, and the ordinary population; and the importance of designing, from the very beginning, a project that invites and engages all community members who through ownership can sustain impact.

Keywords: behavioral changes; positive deviance; public health; sustainable development

1. Introduction

Positive deviance (PD) refers to individuals or groups who practice uncommon behaviors that offer potentially better solutions to address problems in a community (Positive Deviance Initiative, n.d.a). Thus, a PD approach is a community-driven change approach that encourages community members themselves to discover asset-based solutions and problem-solving in their community, which is very different from traditional problem-based approaches. To develop and implement a PD approach, it contains six steps (define, determine, discover, design, discern, and disseminate) (Singhal & Svenkerud, 2019). Since a PD approach is based on locally available resources, the solution can be sustainable even in limited-resource settings.

Globally, in the field of public health, PD research has been increasing since the 2000s and it has been used to improve child malnutrition in Vietnam (Pascale et al., 2010), protecting child maltreatment from trafficking in Uganda and Indonesia (Singhal et al., 2009a), and preventing hospital infections in the United States (Singhal et al., 2010; Singhal et al., 2014). In 2015, a global PD workshop was held at Oxford University’s Said Business School, followed by an international PD conference in Copenhagen, Denmark in 2016 (Positive Deviance Initiative, n.d.b). PD workshops have been held in Japan based on a rising interest to utilize PD in public health (Singhal & Kawamura, 2017), where we met a pioneering researcher

of PD described later. Japan is expected to utilize a PD approach in health care for elderly people and school health (Jimba, 2013); however, there is limited research, which utilized PD approach.

The purpose of this activity report is to describe what we learned during a visit to global pioneering researchers of PD in the United States. This report also discusses implications for utilizing PD in research activities involving community health.

2. Methods

First, we visited Dr. Arvind Singhal, an endowed professor in the Department of Communication at The University of Texas at El Paso on September 17-18, 2018. We participated in his class on Communicating Healthy Communities. We also discussed PD research with his co-researchers regarding research topics, target population, and findings from PD individuals.

Second, we visited Ms. Monique Sternin, an adjunct associate professor at Tufts University's Friedman School of Nutrition Science and Policy on September 20, 2018. At this meeting, we discussed PD research.

Based on this experience, we describe what we learned regarding PD research and its implications. For the purpose of accuracy, before publishing this article, we showed this manuscript and photos to Dr. Singhal and Ms. Sternin and we revised them accordingly.

3. Results and Discussion

3.1. Visit to the University of Texas at El Paso

(1) Positive deviance health care

First, we participated in a course called "Communicating Healthy Communities" provided by Prof. Dr. Arvind Singhal. The objective of the whole course was to understand the relationships between self, others, community, and the role of communication in creating healthy communities. Before the class, students were assigned to read Kidder's (2003) non-fiction book on the remarkable life of Dr. Paul Farmer, an American physician and anthropologist who has worked with various countries (Haiti, Peru, Rwanda, etc.) to serve people in extreme poverty. During the class, the professor and students sat in a circle of chairs and shared how Dr. Farmer was different from other physicians and what habits deviated from the norm. Dr. Farmer was unique in two aspects—employing a healing approach and in charting new academic discourses. He actively went into a community and embraced the way people were. In addition, he generated new knowledge by publishing academic papers regarding infections and inequalities using epidemiologic data. From this story, we learned of a physician who deeply served and cared for socio-economically deprived communities with humanity and academic knowledge. Moreover, from this class, we learned about PD practices in a classroom. Professor Singhal facilitates students' dialogue using liberating structures and generates different perspectives and opinions from participants by using a circular seating configuration as well as other inclusive and engaging practices (Singhal, 2016).

(2) Positive deviance research

We also had opportunities to discuss PD research with researchers. We met Dr. Maria Sajquim de Torres and Mr. Sergio Reyes (Photo 1).

Dr. Sajquim de Torres's research was about how to promote resilience among Mexican immigrant women using quantitative and qualitative methods (Sajquim de Torres & Lusk, 2018). The study highlighted the internal assets and external social resources of the Mexican immigrant women despite their adverse conditions. The internal assets included using their spirituality to mediate the adverse situations. The external resources included supportive social networks of community organizations, friends, and family.

Photo 1. Visit to The University of Texas at El Paso (from left to right, Mr. Sergio, Mizutani, Dr. Arvind, and Dr. Maria).

In Japan, the number and proportion of foreign residents have been increasing from 850,612 (0.7%) in 1985 to 2,561,848 (2.0%) in 2017 (Ministry of Internal Affairs and Communications, Japan, 2011; Ministry of Internal Affairs and Communications, Japan, 2019). Improving health system to support foreign residents is imperative in Japan because they experienced anxiety due to limited access to health information (Uemura et al., 2012). From Dr. Sajquim de Torres's research, we learned that it is important to focus not only on the immigrants' weakness but also on their strengths to improve their life and health in a community.

Mr. Reyes and his colleagues research on positive deviance (carried out while taking a class with Professor Singhal on Communicating Positive Deviance) was about recycling practices. The study discovered low rates of recycling among El Paso residents notwithstanding their income and educational levels. The ones who recycled utilized differently color-coded trash containers, following a checklist of recyclable materials, and developing relationships with trash collectors. From Mr. Reyes's research, we learned that a PD approach is not only for improving community health but is also applicable to address a wide variety of complex community problems.

(3) Discover uncommon behavior using active dialogue

From Dr. Singhal, we learnt two important points for utilizing PD into research activities. One is that it is important to discover uncommon behaviors which are already practiced by community members, and which can be actionable and will be acceptable to community members to change their behaviors (Singhal & Svenkerud, 2019). The other is having an active dialogue with community members. In order to find the PD behavior, it is important to listen to community members carefully and discuss what is common and what is uncommon behavior. A PD approach is a unique approach to creating healthy community through a process of community dialogue.

3.2. Visit to Tufts University

The PD approach was pioneered by Monique and Jerry Sternin dispatched by Save the Children US in Viet nam in the 1990s (Photo 2). Their activities helped rehabilitate over 50,000 Vietnamese malnourished children involving over 2.2 million people in hundreds of communities, which resulted in 60% reduction of malnutrition among Vietnamese children in 6 months (Singhal et al., 2009b). More importantly, these children remained well-nourished up to 2 years post-intervention and their younger siblings as well (Mackintosh et al., 2002). Their approach was based on the scientific work of Marian Zeitlin and her colleagues documented in the book "Positive Deviance in Childhood Nutrition" published in 1990 (Zeitlin et al., 1990).

The PD approach methodology proceeds according to the following steps, in collaboration with the community concerned: Step 1-Define the problem and its causes (establish the normative behaviors and common barriers to optimum behavior) and articulate desired outcomes; Step 2- Identify PD individuals or groups (people who positively deviate from the norm while under disadvantageous conditions or environments & having access to no special resources) within the community; Step 3-Discover successful

behaviors or strategies among these PDs which are linked to a better outcome (the PD Inquiry), Step 4- Design a practicable activity or project based on the findings) to solve the problem (Pascale et al., 2010). There are additional two steps: Step 5-Discern or monitor progress, and Step 6-disseminate or scale-up. In Step 5, the community is invited to develop their own monitoring and evaluation framework. This on-going activity is critical to bring about social change. As the community monitors, evaluates changes as they occur regularly, and share the information with all, it reinforces the adoption of new behavior by all. Then, Step 6 can be achieved many different ways: success driven ripple effect, geographic scaling up, training such as case studies, videos, narratives, and storytelling on different media.

Photo 2. Visit to the Tufts University (from left to right, Bando, Ms. Monique, and Mizutani).

Because we were thinking of undertaking research using this approach in the future, we asked Ms. Monique Sternin, a practitioner of the PD approach, to share a few words of wisdom for successfully using this PD method in research. It usually entails the use of a mix method (both quantitative and qualitative) within a Participatory Action Research (PAR) framework.

Firstly, regarding a research framework, she suggested that we define the recognizable health problems with the people involved (in community health it may involve the providers and their patients) (Nieto-Sanchez et al., 2015) and the use of existing primary or secondary data. If data on the stated problem are not available the researcher needs to involve the stakeholders in creating the data which can be used to identify PDs. For the next steps of the PD methodology (Determine and Discover) the researchers need: (1) a clear set of exclusion criteria for defining the Positive Deviants (e.g., those successful with no special resources), (2) a pool of more than 30 individuals based on the hypothesis that less than 5% of PDs exists within a community who deviate from the norm (Walker et al., 2007), and (3) to develop interview and observation tools with community members to ensure that the questions asked apply to the particular context, with the appropriate vocabulary (non-technical terms, using local language and vernacular). (4)-The PD Inquiry or interview of PD individuals or groups needs to be carried out with the upmost care, with gentle open-ended probing questions to elicit a useful answer because PDs often are not aware of the special behaviors or strategies they use to prevent or solve a given problem. In using PD for community health research such as poor utilization of health services or widespread problems among a given population to follow the medication regimen (TB, malaria prevention and eradication) or low testing in vulnerable population (HIV testing or mammogram for women), it is important to investigate both the health providers and the patient population to identify potential PDs. She recommended that we consult with health systems simultaneously with their patient population because behavior problems often arise from poor communication in the provider/patient interface.

Secondly, regarding implementation of a PD informed project, she emphasized the importance of designing a project with sustained impact in mind, which will support the community people's ability to sustain their efforts in the long term. For example, in nutrition, traditional food assistance or feeding programs favored by donors are not a sustainable solution. It is just like a band aid, it does not last. The PD approach enables a community and their health partners to identify sustainable solutions to the problem of malnutrition, invite the community to practice them and monitor their progress towards

eliminating and preventing the problem in the future. Furthermore, like Dr. Singhal, she emphasized the importance of working side by side with the community, but not in a hierarchic way. Other factors that enable the researcher to be successful are curiosity, building trust with community members by spending quality time with them (e.g., eat lunch together). She also mentioned that if we build trust through these efforts, our relationships with people would grow and the quality of the research findings would be enhanced. In the early stages of a PD research project, it is crucial to encourage stakeholders to participate in meetings, ask them about their situations, and to listen to them. Community members know best about the problem they face and often have solutions to contribute to solve the problem. So it is crucial to form an “informant team” who will help with the different aspects and phases of the research. This was the lesson learned from the nutrition project in Vietnam that was successful despite facing many difficulties and lots of suspicions initially from government agencies and villagers alike.

To evaluate the effectiveness of the PD informed activity or project, it is important to create monitoring tools and indicators at the design stage. Usually, mixed methods (both quantitative and qualitative) are used to validate the effect of intervention. The most important factor to ensure behavior and social change is to involve the community in designing their own monitoring and evaluation tools, in parallel with the donors and researchers own evaluation framework. She told us that this was the lesson she learned from the activities in Vietnam to monitor nutritional improvements and document parent behavioral changes towards the child. From Ms. Monique Sternin, we learned that leveraging existing uncommon but demonstrably successful behaviors via a multi-target, multi-channels pragmatic program coupled with regular community-run child growth monitoring over a long period, was the key to the success and lasting impact of the PD approach to eradicate childhood malnutrition in Vietnam.

Finally, we received great encouragement and a valuable message from Ms. Monique Sternin, “For the sake of connecting people with health systems, I would like you to be actively involved with as many people as possible and conduct action research. Be a catalyst as a researcher.”

4. Conclusion

PD is a community-driven, asset-based, behavior change approach to solve a local health problem. The keys were: to discover uncommon, actionable, and acceptable behaviors in the community; to investigate PD at different levels; and to engage all community members from the very beginning.

Authorship contributions: Design and Manuscript Writing; HB and MM. All authors have reviewed and approved the final manuscript.

Short running title: Positive Deviance into Research Activity

Acknowledgements: We would like to express our sincere gratitude to Ms. Monique Sternin and Dr. Arvind Singhal for this opportunity. This activity report was supported by JSPS KAKENHI Grant Numbers 15K11881 and 17K17538.

Conflicts of Interest: The authors declare no conflict of interest.

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