

Positive Deviance: Topic of the Month

MAY 4, 2022

Positive Deviance

Positive Deviance (PD) is a problem-solving approach that recognizes that not all individuals with risk factors experience the same negative outcome; some deviate from the norm in a positive way.¹

One unique and useful feature of this approach is that it draws on the existing wisdom of people within each community that have behaviors or strategies that enable them to find a better solution to a problem than others around them, without having any extra education or resources to do so. When people recognize these individual's skills and how they created positive outcomes, they can share that knowledge gained with others to encourage similar results. This is how the PD approach works.

Why is PD important to WIC?

The WIC program serves low-income women, infants, and children under age 5 who may be nutritionally at-risk. The PD method originated within nutrition research and has been used successfully to improve child health around the world. This approach has been shown to help families adopt healthier habits and lead to improved health outcomes.

One area that PD could make an impact is on childhood obesity. In 2011, 12.7% of 2- to 5-year-old children enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) were obese, with the prevalence of obesity dropping to 12.2% by 2015.² However, trends from 2019 data suggest that rates have now increased to 13% among this same age group. The increased rates are shown among Asian, White and Black/African American children, yet have continued to drop among American Indian and Hispanic preschool-aged children.³

The use of PD may help us understand why trends in obesity are occurring. PD research can provide further insight on successful behaviors to prevent obesity in WIC families, by:

1. Providing WIC staff with more information on obesity in diverse populations.
2. Offering data and other parent experiences to better use the Participant-Centered Services (PCS) approach, for example, "Could I share with you what other parents have found to be helpful in promoting healthy eating and physical activity?"
3. Identifying effective approaches to address obesity in groups participating in the research.

What does PD intervention look like?

A better understanding of practices used by parents of children who are not on a trajectory toward obesity could lead to the development of **positive, asset-based messages**, which can be tailored to be inclusive for families, especially when they are culturally specific.

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One example is to avoid messages that are negative-based or contain deficit-messaging such as “limit this” or “don’t do that”. Messaging that leads to shame and guilt may not be effective to engage high-risk populations to make behavior changes. A better approach is to use messages that encourage the child to self-regulate at mealtimes and make choices independently to build confidence and lifelong healthy eating habits.

What is WIC doing with this information?

Last year, the MN WIC program, in partnership with the University of Minnesota, conducted interviews with families that identify as African American, Hmong and Hispanic with children 2-5 years old who participated in the WIC program. The purpose of this research was to measure successful behaviors used by at risk populations to prevent obesity in children participating in Minnesota WIC.

Although better understanding of the factors associated with improvements in weight among children from different cultures is warranted, the good news is that current findings of the positive deviance study have shown that children who were on a healthy weight trajectory already model healthy eating habits commonly suggested by WIC CPAs.

As a result of the work done, quotes and ideas from positive deviance families are being developed into sample nutrition education scripts for nutrition counseling and will be pre-tested by local agencies later this summer. The interventions will determine if the same strategies are useful across racial and ethnic groups. WIC staff will later be able to cite these testimonials from families as effective messages for behavior change.

The work with PD will be a useful tool to support our WIC families in leading healthier lives. Watch for more to come in the future on Positive Deviance messaging!

Have a Topic of the Month idea? Send your suggestions to Carole.Kelnhofer@state.mn.us

Resources:

1. Marsh, David & Schroeder, Dirk. (2003). [The Positive Deviance Approach to Improve Health Outcomes: Experience and Evidence from the Field—Preface](#). Food and nutrition bulletin. 23. 5-8.
2. [Weight Status by Year in Minnesota WIC Children Ages 2 up to 5 years](#) (MN WIC)
3. [Statewide Trend Data Overweight and Obesity Status in Children Ages 2 to 5 Years of Age Participating in Minnesota WIC by Year and Race/Ethnicity](#) (MN WIC)

Reference – Complete Listing of Hyperlinks

1. [The Positive Deviance Approach to Improve Health Outcomes: Experience and Evidence from the Field—Preface](https://journals.sagepub.com/doi/10.1177/15648265020234S201) (https://journals.sagepub.com/doi/10.1177/15648265020234S201)
2. [Weight Status by Year in Minnesota WIC Children Ages 2 up to 5 years](https://www.health.state.mn.us/docs/people/wic/localagency/reports/wtstatus/annual/childrenbyyear.pdf) (https://www.health.state.mn.us/docs/people/wic/localagency/reports/wtstatus/annual/childrenbyyear.pdf)

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3. Statewide Trend Data Overweight and Obesity 2 to 5 Years of Age Participating in Minnesota WIC by Year and Race/Ethnicity
(<https://www.health.state.mn.us/docs/people/wic/localagency/reports/wtstatus/healthequity/undup/wttrend.pdf>)

Minnesota Department of Health - WIC Program, 85 E 7th Place, PO BOX 64882, ST PAUL MN 55164-0882; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; to obtain this information in a different format, call: 1-800-657-3942.