Introduction

At the Center for Health and Safety Culture at Montana State University, our core assumption is that positive exists and is worth growing. Based on this assumption, we developed the Positive Community Norms (PCN) framework – a comprehensive approach to improving health and safety in our communities.

This overview provides a high-level introduction to the Positive Community Norms framework. While many examples in this overview address underage drinking, the framework has been applied to other issues including traffic safety, substance abuse prevention, and the prevention of child maltreatment.

There are valuable appendices at the end of the overview that provide additional information and references.

For more information, visit the Center for Health and Safety Culture online at www.MostOfUs.org.

Overview

Cultivating Cultural Transformation by Growing Positive Community Norms

At the Center for Health and Safety Culture, we believe that improving health and safety is about cultivating cultural transformation by growing positive community norms. This strategy is the basis for the Positive Community Norms framework.

We define culture as the shared values, beliefs, and behaviors of a group of people. While this definition is very broad, it is also very powerful. Critical to this definition is the notion of “shared.” By shared, we mean that it is exhibited or endorsed by the majority (or most) of the group. For example, for a value to be a part of the culture, we believe it must be shared by most members – not necessarily all – but clearly most.

Also important to recognize is that there are many “groups” of people. A group might be defined geographically based on where people live (like a
city or county), or based on where people work or go to school, or based on a particular occupation (like healthcare workers), or based on a demographic (like young adult males). There is no single culture, but rather many cultures each with sub-cultures.

Our ultimate goal is to make improved health and safety a part of the culture. That is, that values, beliefs and behaviors associated with health and safety are shared by most people. In this way, our efforts are sustained by the culture which is taught by one generation to the next.

To grow values, beliefs and behaviors that support improved health and safety, we seek to cultivate transformation in the communities that we serve. Just as we cannot compel a seed to grow but rather we cultivate a garden to create conditions in which the seed will likely germinate, we must acknowledge that we cannot transform others – only cultivate transformation. Therefore, our work is about creating conditions that foster transformation.

Cultivating transformation involves creating conditions where people examine their core assumptions. By challenging and even changing our core assumptions, we will see our world differently and make different choices. Our work is about challenging core assumptions about health and safety so that people make better choices. When we value health and safety, when we understand how our choices impact our health and safety, and when we choose healthier and safer behaviors, we impact our culture.

**Why Positive?**

Often efforts to improve health and safety focus on harms or unhealthy outcomes. Naturally, we want the communities we serve to understand risk and the negative outcomes of engaging in risky behaviors. However, sometimes our focus on risk leads us to an approach that says “if people only knew how dangerous this is, they would not do it.” This strategy is the basis of fear appeals – strategies that seek to influence people’s behaviors by scaring them.

While fear-based strategies may be effective for some people, they can have unintended negative consequences. They can increase misperceptions about the prevalence of behaviors (and thereby “normalize” what may be rare
behaviors), stigmatize individuals within our communities, reduce trust in our messaging when the message does not match someone’s personal experiences, and can even inadvertently promote unhealthy behavior.

At the Center, we believe in focusing on the positive attitudes and behaviors that we are seeking to grow in our communities that increase health and safety. For many reasons, the positive that exists in our communities may go unrecognized. It may be lost in our culture because of the tendency to focus on the negative.

There are several areas of scientific research that focus on understanding the impact of a positive focus on influencing behavior. David Cooperrider, Ph.D., has developed Appreciative Inquiry, an organizational change process that seeks to identify and grow what works in an organization. It rejects a traditional problem solving approach and seeks to identify examples and necessary conditions for best outcomes (Cooperrider, 2008).

Positive psychology, developed by Martin Seligman, Ph.D., recognizes that traditional psychology is often focused on what is not working well in individuals often called mental illness (Seligman, 2004). However, even when the illness was “cured” or addressed, the individual was not necessarily well or happy. Positive psychology recognizes a different set of skills and conditions necessary for people to be truly happy – beyond just addressing what is wrong.

Drs. J. David Hawkins and Richard Catalano have developed a risk and protective factor model that recognizes prevention efforts to reduce substance abuse cannot only focus on reducing risk, but must also address protection (Hawkins, Catalano, & Miller, 1992). And in fact, many researchers are now recognizing that growing protection may be more achievable than solely focusing on reducing risk.

Focusing on the positive creates a sense of self-efficacy – a feeling that we have the skills necessary to improve our own health and safety. A sense of self-efficacy impacts our goal setting, our ability to handle setbacks, and ultimately our actual performance.

Focusing on the positive also creates a sense of hope. Hope is critical because it gives energy – energy for the change that needs to take place. Without energy, we can become unable to move forward.
It is important to recognize that focusing on the positive does NOT mean rejecting concern. Raising concern about the consequences of the behavior we’re seeking to address is absolutely critical. If people are not concerned about the issue, they will not be engaged in the first place. Concern is not the same as fear, and we must understand the difference between fear and concern. Fear can result in a sense of hopelessness and may increase disengagement while concern increases engagement, motivating people to become part of the solution.

Our task is to raise both concern and hope with the ultimate purpose of growing what is positive in our communities. This will improve health and safety.

**Why Community?**

To change the behaviors of individuals, we have to examine not only the individual, but also what influences the individual’s decision making. For example, in addressing underage drinking, we want to understand what the individual believes about the behavior (is it harmful, is it wrong, do most of my peers drink). We also want to understand what others around the individual are saying and doing. Are parents talking about alcohol, providing alcohol, and monitoring their children? Is alcohol easy to get? Are laws and policies about underage drinking enforced? What are the schools teaching about alcohol? Collectively, these are the community’s behaviors impacting underage drinking, and our efforts to reduce underage drinking must grow these positive behaviors as well.

It is a daunting task to grow the positive behaviors in our community. “Community” is such a broad and all-encompassing idea that we can easily get lost.

One way to help us work with community is to understand that there are many forces or systems operating in our culture that influence our behaviors. Social ecology is the study of these forces.

Social ecology theory, also called the theory of human ecology, originated with psychologists’ discontent with individual-level explanations of health and other behaviors. Psychologists such as Urie Bronfenbrenner (1979) and Kurt Lewin instead sought to explain behavior in terms of an "ecology" of
forces at individual, social, political, cultural, and other levels, not just the level of individual psychology.

Lewin (1935, 1936) argued that individuals exist within fields of influences. These fields form regions of influence that explain behavior in terms of environmental influences in the present, much in contrast to Freud and traditional psychotherapy, which explained behavior in terms of individual-level influences from the past. Therefore, perceptions of the environment from the individual’s perspective shape that individual's motivations and actions.

The social ecology recognizes levels of social relationships that influence people’s choices (see Figure 1). We can all readily recognize the impact that families and peers can have on the decisions that individuals make. Similarly, schools and workplaces can influence both families and individuals. Workplaces include both where people work as well as other places that they may come in regular contact (like the doctor’s office). Community wide entities (like local governments and law enforcement agencies) often impact behavior through the adoption of polices (such as laws or ordinances) as well as by enforcement.

![Figure 1. Social Ecological Model](image-url)
The various layers of the social ecology interact with one another. Individuals can clearly impact families, schools and workplaces, and communities. And likewise, communities can impact schools, workplaces and families.

By thinking of community by using these layers, we can focus on how each layer can improve health and safety (Stokols, 1996). For example, when considering traffic safety, not only must we address the beliefs and behaviors of the individual driver, but also the beliefs and behaviors of families, co-workers, workplaces, community practices, policies and laws, as well as the broader societal components. We may want families to establish clear guidelines about never drinking and driving and, at the same time, want law enforcement to strongly and visibly enforce drinking and driving laws. Thus, the social ecology provides a systematic way to approach our communities.

By recognizing the power of the social ecology and its impact on individual behavior, our efforts take on a systems, or environmental approach that grows positive behaviors at many different levels within a community.

**Why Norms?**

In our work, we often speak of the influence of our community’s norms. However, we may not have a specific definition for what norms really are.

The idea of norms is included in many psycho-social models predicting behavior including social norms theory (Glanz, Rimer, & Viswanath, 2008). Social norms theory says that people tend to behave in the way they believe is most typical of and accepted by their peers. If people believe that risky behaviors are typical, some individuals are more likely to engage in those behaviors.

There are two important terms used to describe norms. **Actual norms** are the behaviors or attitudes of the majority of people in any community or group. If most people in a community do not smoke, then not smoking is the “normative” behavior or the social norm. Not smoking is normal, acceptable, and perhaps even expected in that population.
**Perceived norms** are people’s beliefs about the norms of their peers. Perceptions of social norms play an important role in shaping our individual behavior. Our perception of what is acceptable behavior — how fast we think “most people” drive, whether we think “most people” wear seatbelts, how many drinks we think “most people” have before getting behind the wheel — play an important role in our own behavioral decisions. Unfortunately, we often misperceive the actual norms of our peers, thinking that risky behavior occurs with far greater frequency and social acceptance than it actually does.

Perceived norms have consistently been shown to be correlated with individual risk and protective behaviors including binge drinking, men’s willingness to intervene on behalf of women, unhealthy weight control practices, marijuana smoking, gambling, rape proclivity among men, and use of protective equipment in farming (Baer & Carney, 1993; Baer, Stacy, & Larimer, 1991; Perkins & Berkowitz, 1986; Perkins, Meilman, Leichliter, Cashin, & Presley, 1999; Perkins & Wechsler, 1996; Prentice & Miller, 1993; Fabiano, Perkins, Berkowitz, Linkenbach & Stark, 2004; Clemens, Thombs, Olds & Gordon, 2008; Eisenberg, Neumark Sztainer, Story & Perry, 2005; Kilmer et al, 2006; Larimer & Neighbors, 2003; Bohner, Siebler & Schmelcher, 2006; Nicol & Kennedy, 2008; Wambeam, Canen, Linkenbach, & Otto, 2014).

Correcting or clarifying perceived norms to align with actual norms has resulted in decreased risk behavior among various audiences (Agostinelli, Brown, & Miller, 1995; Baer et al., 1992; Borsari & Carey, 2000; Haines & Spear, 1996; Neighbors, Larimer, & Lewis, 2004; Walters, 2000). Positive results have been obtained with high school and middle school populations (Perkins, Craig, & Perkins, 2011), college and university students including sub-populations such as sorority and fraternity members, and with adults (Berkowitz, 2004; Nolan et al., 2009).

Studies demonstrate positive effects of interventions that clarify norms as a strategy (Agostinelli, Brown, & Miller, 1995; Neighbors, Larimer & Lewis, 2004; Walters, 2000). Many researchers have declared the concept to be an essential strategy for changing human behavior (Berkowitz, 2004; Fishbein & Ajzen, 1975; McKirnan, 1980; Pepitone, 1976).

Community-wide electronic and/or print media campaigns have resulted in 20% or more reductions in high-risk drinking rates within two years of...
initiating a social norms marketing campaign, and in one case reductions of over 40% after four years (Berkowitz, 2004). Haines, Barker and Rice (2003) reported similar results for both tobacco and alcohol in social norms marketing campaigns at two Mid-western high schools. In a quasi-experimental design targeting 21,000 teenagers in a seven county area, Linkenbach and Perkins (2003a) measured a 41% reduction in first time tobacco use in teenagers as the result of correcting misperceptions of tobacco-use norms.

Social norms marketing campaigns have demonstrated effectiveness in reducing high risk drinking, youth initiation of tobacco, driving while intoxicated, promoting parenting practices, and promoting energy conservation behaviors (Glider, Midyett, Mills-Novoa, Johannessen & Collins, 2001; Haines & Spear, 1996; Linkenbach & Perkins, 2003a; Linkenbach, Perkins & DeJong, 2003c; Linkenbach, 2005; Nolan, Schultz, Cialdini, Goldstein & Griskevicius, 2009; Schultz et al, 2007).

Actual norms are a way of describing culture. As stated above, we define culture as the values, beliefs and behaviors shared by most people. Therefore, a group’s normative values, beliefs and behaviors are its culture. However, we often find that actual norms are misperceived – so members of a community can be confused about what their culture truly values, believes and does.

**The Power of Growing Positive Community Norms**

We seek to improve health and safety by making it a part of our culture. Since norms describe our culture, we can improve the health and safety of our culture by growing the norms that support health and safety in our communities. We call these positive community norms.

By focusing on growing our positive community norms, we can generate hope for our future – hope that provides critical energy to do the work that needs to take place to improve health and safety. By using the social ecology, we can grow positive norms across our communities that will be sustained and self-reinforcing. By growing positive community norms, we cultivate cultural transformation.