

**Limitations of the HBM.** The HBM places the burden of action exclusively on the client. It assumes that only those clients who have distorted or negative perceptions of the specified disease or recommended health action will fail to act. In practice, this model focuses the nurse's energies on interventions designed to modify the client's distorted perceptions.

The HBM offers an explanation of health behaviors that is similar to a mechanical system. Consulting the HBM, a nurse may induce compliance by using model variables as catalysts to stimulate action. For example, an intervention study based on HBM precepts sought to increase follow-up in clients with hypertension by increasing their perceived susceptibility and seriousness of the dangers of hypertension (Jones, Jones, and Katz, 1987). The study provided patients with education over the telephone or in the emergency department and resulted in a dramatic increase in compliance. However, they noted that several patient groups, in particular, a group of patients without child care, failed to respond to the intervention. Studies such as these, which have been conducted by behavioral researchers for more than 25 years, demonstrate the predictive abilities and the limitations of HBM concepts (Lajunen and Rasanen, 2004; Mirotznik et al., 1998).

The HBM may effectively promote behavioral change by altering patients' perspectives, but it does not acknowledge the health professional's responsibility to reduce or ameliorate health care barriers. The model reflects the type of theoretical perspective that dominated nursing education and behavioral health for many years. The narrow scope of the model is its strength and its limitation: the nurse is not challenged to examine the root causes of health opportunities and behaviors in the communities we serve.

### The Upstream View: Society Is the Focus of Change Milio's Framework for Prevention

**Milio's framework for prevention** (1976) provides a thought-provoking complement to the HBM and provides a mechanism for directing attention upstream and examining opportunities for nursing intervention at the population level. Nancy Milio outlined six propositions that relate an individual's ability to improve healthful behavior to a society's ability to provide accessible and socially affirming options for healthy choices. Milio used these propositions to move the focus of attention upstream in an attempt to create a framework for initiating upstream policies. She noted that the range of available health choices is critical in shaping a society's overall health status. In addition, she stated that policy decisions in governmental and private organizations shape the range of choices available to individuals. She believed that national-level policy making was the best way to favorably impact the health of most Americans rather than concentrating efforts on imparting information in an effort to change individual patterns of behavior.

Milio (1976) proposed that health deficits often result from an imbalance between a population's health needs and its health-sustaining resources. She stated that the diseases associated with excess (e.g., obesity and alcoholism) afflict affluent societies and the diseases that result from inadequate or unsafe food, shelter, and water afflict the poor. Within this context, the poor in affluent societies may experience the least desirable combination of factors. Milio (1976) cited the socioeconomic realities that deprive many Americans of a health-sustaining environment despite the fact that "cigarettes, sucrose, pollutants, and tensions are readily available to the poor" (p. 436). Propositions proposed by Milio are listed in Table 3-2.

TABLE 3-2 APPLICATION OF MILIO'S FRAMEWORK IN PUBLIC HEALTH NURSING

MILIO'S PROPOSITION SUMMARY	POPULATION HEALTH EXAMPLES
Population health results from deprivation and/or excess of critical health resources.	Individuals and families living in poverty have poorer health status compared with middle and upper class individuals and families.
Behaviors of populations result from selection from limited choices; these arise from actual and perceived options available as well as beliefs and expectations resulting from socialization, education and experience.	Positive and negative lifestyle choices (e.g., smoking, alcohol use, safe sex practices, regular exercise, diet/nutrition; seatbelt use) are strongly dependent on culture, socioeconomic status, and educational level.
Organizational decisions and policies (both governmental and non-governmental) dictate many of the options available to individuals and populations and influence choices.	Health insurance coverage and availability is largely determined and financed by the federal and state governments (e.g., Medicare and Medicaid) and employers (e.g., private insurance); the source and funding of insurance very strongly influences health provider choices and services.
Individual choices related to health promotion or health damaging behaviors is influenced by efforts to maximize valued resources.	Choices and behaviors of individuals are strongly influenced by desires, values and beliefs. For example, the use of barrier protection during sex by adolescents is often dependent on peer pressure and the need for acceptance, love, and belonging.
Alteration in patterns of behavior resulting from decision making of a significant number of people in a population can result in social change.	Some behaviors, such as tobacco use have become difficult to maintain in many settings or situations in response to organizational and public policy mandates. As a result, tobacco use in the United States has dropped dramatically.
Without concurrent availability of alternative health-promoting options for investment of personal resources, health education will be largely ineffective in changing behavior patterns.	Addressing persistent health problems (e.g., overweight/obesity) is hindered because most people are very aware of what causes the problem, but are reluctant to make lifestyle changes to prevent or reverse the condition. Often, 'new' information (e.g., a new diet) or resources (e.g., a new medication) can assist in attracting attention and directing positive behavior changes.

Adapted from Milio, N: A framework for prevention: Changing health-damaging to health-generating life patterns. *American Journal of Public Health*, 66:435-439, 1976.