



Target-Group-Oriented Interventions as the Foundation

Targeted interventions in health promotion and prevention are characterised by approaches that encourage action and build skills. This sets them apart from a conventional health education methodology. They differ in the following ways:

Conventional Methodology	Target-Group-Oriented Methodology
Affected populations as clients (recipients of assistance)	Affected populations as service users and partners (collaborators)
Project staff as experts who identify and solve problems	Project staff as facilitators who encourage defining problems and finding solutions
Health promotion and prevention as treatment or educational practice	Health promotion and prevention as mobilising and supportive practice
Assistance is offered within a passive structure that users have to actively seek out	Assistance is offered within an active structure that seeks out the target group (e.g. through outreach work)
Services are normative in their language and objectives	Services are oriented towards participation and lived experience, both in their language and objectives (setting-based or community-based approach)
Aims to elicit specific behaviours	Aims to support self-determined action in response to problems (empowerment)

Note: This juxtaposition is highly simplistic. Practice normally moves between the two extremes of *conventional* and *target-group-specific*, tending more towards one or the other in each case. It is possible, for example, that a project worker will in some situations take the role of *expert* because of her training and expertise (e.g. expertise in legal statutes or procedures), and in other situations (e.g. during a discussion on integrating health promotion into daily routines) that of *facilitator*. Target-group-oriented methodology strengthens the autonomy and initiative of service users. It promotes the development of competencies (skills building, empowerment) and enables context-specific, concrete and sustainable solutions. The more the work orients itself to the target group, the more participatory it will be. The more participation can be built into the daily routine of health promotion and prevention, the easier it will be to involve target groups in quality development as well.

Continue with:

- [Levels of Participation](#)

Authors: Wright/Block/Unger

Participation: Further Reading and Links

Arnstein, Sherry R. (1969) "A Ladder of Citizen Participation," Journal of the American Planning Association, Vol. 35, No. 4, July 1969, pp. 216-224.



Participatory Quality Development in HIV Prevention

www.pq-hiv.de/en
Wright/Block/Unger



Ottawa Charter for Health Promotion, First International Conference on Health Promotion, Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1,
http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Trojan, Alf (2004) Nachhaltige Gesundheitsförderung durch Partizipation. Gesundes Österreich. http://www.fgoe.org/hidden/downloads/Magazin/GOe_204_35-50.pdf

(Trojan, Alf (2004) Sustainable Health Promotion through Participation. Interview in: Healthy Austria. In German)

Trojan, Alf (1988) „12-Stufen-Leiter der Bürgerbeteiligung“ In: BZgA (2003) Leitbegriffe der Gesundheitsförderung: Glossar zu Konzepten, Strategien und Methoden in der Gesundheitsförderung. 4. Auflage. Schwabenheim: Fachverlag Peter Sabo, S. 170.

(Trojan, Alf (1988) "The 12 Steps to Active Citizenship" in: (German) Federal Centre for Health Education (2003) Health Promotion Terminology: A Glossary of Key Concepts, Strategies and Methods. 4th Edition. Published by Fachverlag Peter Sabo, Schwabenheim. p. 170. In German)

Wright, M.T./ Block, M./Unger, H.v. (2007) Stufen der Partizipation in der Gesundheitsförderung: Ein Modell zur Beurteilung von Beteiligung. Infodienst für Gesundheitsförderung, 3, 4-5

(Wright, M.T./ Block, M./Unger, H.v. (2007) Levels of Participation in Health Promotion: A Model for Assessment. Health Promotion Information Service, 3, 4-5. In German)