Kapazitätsentwicklung im Quartier (Capacity Building in Small Areas/Neighbourhoods Instrument)

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NOTE

This assessment instrument is included as part of the Assessing Meaningful Community Engagement in Health and Health Care Policies and Programs project. For more information on the project visit https://nam.edu/programs/value-science-driven-health-care/assessing-meaningful-community-engagement/, and for more information on the Assessment Instrument Summaries visit https://nam.edu/introduction-to-assessment-instrument-summaries.

Kapazitätsentwicklung im Quartier (Capacity Building in Small Areas/Neighbourhoods Instrument)

The five scales for measuring ―Kapazitätsentwicklung im Quartier‖ [Capacity Building in Residential Areas / Neighborhoods] (KEQ)

Scaling: (nearly) not achieved – slightly achieved – partly achieved – widely achieved – (nearly) completely achieved // cannot assess

A: Participation

1. Residents participate in social, political and cultural life of the area (e.g., membership in associations, self-help groups, neighborhood groups, citizen initiatives).
2. Residents participate in community activities in the area (e.g., neighborhood parties or events).
3. The active residents stem from all social groups of the population.
4. Residents proactively take the initiative to solve perceived problems.
5. Residents actively contribute to the planning and implementation of projects in the area.
6. Residents "adopt" projects in the area, i.e., they increasingly take more responsibility.
7. Public participation is fostered by effective activation techniques (e.g., providing information, activating surveys).
8. The opportunities for involvement of citizens and their spokesmen are sufficient (e.g., hearings, advisory boards, working groups).
9. Civic involvement in the area is accepted and appreciated.

B: Local Leadership

10. Individuals from the relevant offices and institutions (kindergarten, community work etc.) support the development of the area.
11. Medical doctors and individuals from other health-related services are committed to the development of the area.
12. Local leaders have the abilities to promote processes of change.
13. Local leaders motivate the area's residents to implement their ideas and projects.
14. Leadership of local stakeholders is democratic and integrative.
15. Activities in the area are documented regularly (e.g., in form of an annual report).
16. Target achievement of activities in the area is reviewed systematically.
17. Activities are adapted to local conditions (e.g., focusing on specific target groups).
18. Local leaders organize necessary qualification and training offers.

C: Available Resources

19. Funding of various projects in the area is sufficient.
20. The living environment in the area (e.g., green and playing areas, public places) meets the residents` needs.
21. The buildings in the area are in a good condition.
22. There are enough information and analyses about the area (e.g., about health and social aspects).
23. Different media (e.g., advertising paper, newspaper, internet, etc.) are used to disseminate information on area-related activities and offers.
24. Information on area-related activities and offers are conveyed to the residents in different languages.
25. The residents of the area are reached by the information media used.
26. The residents of the area know their neighbors and aid one another.
27. The residents like living in the area.
28. The residents` needs (e.g., conviviality, celebrations) can be satisfied in the area.
29. People, who do not live here, have a good image of the area.

D: Networking and Cooperation

30. Local players (i.e., persons and/or institutions working for the area) form alliances and partnerships.
31. Relevant offices and authorities cooperate with local alliances.
32. Networks and cooperation between local players are stable.

33. Local players of the alliances in the area cooperate with other players of the city or borough.
34. There is a translocal exchange and comparison of experiences between local players in the area and other players (e.g., symposium, networks).
35. Translocal networking and cooperation between different players is stable.
36. Local cooperation partners use available information in order to overcome problems or to release potential.
37. Local partners possess the necessary competence for cooperation (e.g., communication skills, ability to resolve conflicts).
38. Local cooperating partners work together efficiently and target- oriented.
39. Local cooperating partners are perceived positively in public/in the media.

E: Health Care

40. Medical care for residents (e.g., number of general practitioners, pediatrics, gynecologists and dentists) is adequate.
41. Other health services (e.g., midwives, physiotherapy) offer sufficient health promotion.
42. The health authority and other public administration departments offer sufficient health promotion services (e.g., vaccination days, dental hygiene training).
43. Social services and educational institutions (e.g., kindergarten, schools) provide sufficient health promotion services.
44. The area`s residents are sufficiently informed about healthcare offers (e.g., general practitioners, pediatrics, gynecologists and dentists).
45. The area`s residents are sufficiently informed about health promotion services of other health services, the health authority as well as social services and educational institutions.
46. “Bridging structures” (e.g., neighborhood office, counseling or information centers) promote the use of medical practices and other healthcare facilities.
47. Medical practices and other healthcare services try to remove language and cultural barriers.
48. There are sufficient offers promoting and protecting the health of children and adolescents.
49. There are sufficient offers promoting and protecting the health of women.
50. There are sufficient offers promoting and protecting the health of men.
51. There are sufficient offers promoting and protecting the health of people with migrant backgrounds.