



Analysis of Health Service Program for Elderly Age in Payakumbuh City Padang Karambia Health Center

Mahaza^{1*}, Erick Zicof², & Tania Varera³

^{1*}Politeknik Kesehatan Kementerian Kesehatan Padang, Indonesia, ²Politeknik Kesehatan Kementerian Kesehatan Padang, Indonesia, ³Universitas Indonesia, Indonesia

*Co e-mail: mahaza1972@gmail.com¹

Article Information

Received: March 23, 2024

Revised: April 01, 2025

Online: April 05, 2024

Keywords

Healthcare, Elderly, Qualitative

ABSTRACT

The elderly population is a group that is vulnerable to health problems, requires special attention, and appropriate service programs. Based on data from the Payakumbuh City Health Office, the coverage of elderly health services in 2019 was 94.1%, in 2020 there was a decrease to 63.2% and in 2022 it decreased again to 47.4%. This study aims to analyze the elderly health service program in an effort to improve elderly health services in the Padang Karambia Health Center working area. The research method involved qualitative and quantitative data collection through interviews with health workers, direct observation of the service process, and document analysis related to the elderly health program. The results showed variation in the availability and accessibility of elderly health services at Puskesmas Padang Karambia, with more attention focused on outpatient services than prevention and rehabilitation. Findings also revealed a need to improve coordination between health service units at the puskesmas to provide more integrated services for the elderly. In addition, the lack of specialized training for health workers in addressing the health needs of the elderly poses a challenge to optimal service delivery. The implications of this study emphasize the importance of improving human resources, coordination between service units, and specialized training for health workers in order to improve the quality of health services for the elderly population at Puskemas Padang Karambia in Payakumbuh City.

Keywords: Healthcare, Elderly, Qualitative



INTRODUCTION

According to Law Number 13 of 1998 concerning the Welfare of the Elderly and WHO, the elderly are a group of people aged 60 years or more. The percentage of the elderly population in Indonesia reached more than 10% in 2020, indicating that Indonesia's population structure is aging. According to this projection, in 2045, the percentage of elderly people in Indonesia is expected to reach almost one-fifth of the entire population.

Widodo's research on the evaluation of the Posyandu Program for the Elderly in the Working Area of the Harapan Raya Community Health Center, Kec. Bukit Raya Pekanbaru City in 2019 found that the availability of human resources was quite adequate, because until 2018, around 48.4% of Puskesmas (4,835 Puskesmas out of 9,993 Puskesmas) had provided polite health services for the elderly.

In 2019, the number of elderly people in Payakumbuh City was 13,128, rose to 13,704 in 2020, and rose again to 18,936 in 2021. There are 8 health centers and 73 posyandu for elderly people in Payakumbuh City, but the coverage of health services for people elderly in 2019 amounted to 94.1%, decreased in 2020 to 63.2%, and decreased again in 2022 to 47.4%.

According to data from the Payakumbuh City Health Service, elderly health service coverage in 2019 was 94.1%, fell to 63.2% in 2020, and fell again to 47.4% in 2022. Tiakar Community Health Center has the highest elderly health coverage amounted to 104.7%, while the Padang Karambia Community Health Center had the lowest health coverage for the elderly.

Based on initial interviews with the person in charge of the elderly program at the Padang Karambia Community Health Center, the main reason for the low coverage of elderly health services is the lack of visits by elderly residents to elderly posyandu and the lack of interest of elderly residents in the program. As a result, the number of elderly people who come to the posyandu is the same every time it is implemented.

Thus, the problem of this research is "Analysis of the Elderly Health Service Program at the Padang Karambia Health Center, Payakumbuh City".

METHODS

This research method involves collecting qualitative and quantitative data through interviews with health workers, direct observation of service processes, and analysis of documents related to elderly health programs.

This research was conducted at the Padang Karambia Health Center, Payakumbuh City. The population and samples that will be carried out are 6 elderly people who are registered as visitors to the Padang Karambia Health Center in Payakumbuh City, heads of health services/elderly program holders at the Health Service, managers of elderly health service programs, cadres of elderly health service programs.

Analysis of data obtained from the results of in-depth interviews was analyzed using qualitative analysis techniques with several stages, namely: collecting information through interviews with compatible informants, presenting data in the form of grouping and compiling information in the form of interview transcripts, reducing the selection process data, focusing

attention on simplifying the data compiled. into the matrix, drawing conclusions to look for patterns of explanation, configuration, causal flow and proportion.

The results of the research are presented in the form of narratives and interpretations from informants and then transferred into a summary matrix of in-depth interviews grouped according to the research questions and objectives. Meanwhile, the observation data will be analyzed and combined with the results of in-depth interviews and an assessment will be made of whether it is in accordance with existing guidelines and conclusions will be made.

RESULTS

1. Input

a. Policy

Padang Karambia Community Health Center's health policy for elderly services focuses on outpatient services with more focus on curative rather than preventive and rehabilitative. Regulations relating to accessibility, availability and integration between services are also included in this policy. Allocation and prioritization of resources in hospitals may be influenced by policy.

b. Human Resources

The medical personnel available at the Padang Karambia Community Health Center to help parents include doctors, nurses, midwives and other medical personnel. Even though there are adequate human resources, there may be a shortage of doctors skilled in caring for the elderly. This can impact the quality of services provided to older people in hospitals.

c. Source of funds

Sources of funds allocated for the elderly health program at the Padang Karambia Community Health Center include the budget from the regional government, health insurance and other funding sources. Allocation of funds to senior health programs may not always be proportional to the need and demand for services. This can limit the availability of optimal resources and services for the elderly at community health centers.

d. Means

Padang Karambia Community Health Center has infrastructure and facilities that support elderly health services, such as examination rooms, medical equipment and other supporting facilities. Although physical facilities may be adequate, they may be lacking or not meet the special needs of parents. For example, services may be inaccessible to older adults who experience mobility difficulties.

2. Process

a. Planning (Planning)

Identification of seniors' health care needs, setting goals, developing strategies, and allocating resources to achieve goals are all part of the planning process. The planning process at the Padang Karambia Community Health Center may not be focused enough on the overall health needs of the elderly. To ensure the sustainability and relevance of the program, the



involvement of older people and their families in the planning process also needs to be increased.

b. Organizing

To run an elderly health program, organizing involves determining the organizational structure, dividing tasks, and forming work teams. To increase collaboration and synergy between teams, the organizational structure of the Padang Karambia Health Center must be evaluated. This is because the organizational structure may not fully support the integration and coordination of health care units involved in elderly care.

c. Acting

Health services, preventive interventions, and rehabilitation programs for the elderly are examples of implementation. Although efforts are being made to implement senior health services, there may be discrepancies between planning and implementation. The effectiveness of program implementation can be influenced by elements such as limited human resources, facilities, and coordination between service units.

d. Supervision and control (Controlling)

Supervision includes monitoring and evaluating program implementation to assess goal achievement, find problems, and make improvements. There is a possibility that the monitoring process at the Padang Karambia Community Health Center is not going well. An organized monitoring and evaluation system is needed to measure program performance, discover bottlenecks, and make necessary corrections.

Control has not been fully implemented at the Padang Karambia Community Health Center. Control is the process of making improvements and adjustments to increase program efficiency and effectiveness. Clear procedures are needed to respond to surveillance results and implement necessary improvements to improve the quality of elderly health services.

3. Output

Elderly health service coverage is a measure of how well the Padang Karambia Community Health Center's elderly health program reaches the targeted elderly population. This includes things like the accessibility of senior health services, the number of older people using them, and the quality of services provided. Padang Karambia Health Center locations that are far away may experience obstacles such as difficult transportation, remote locations, or lack of information about available services. The quality of health services for the elderly at the Padang Karambia Community Health Center includes things such as accurate diagnosis, sufficient consultation time, friendliness of health workers, and effectiveness of treatment. The number of parents who use elderly health services at the Padang Karambia Community Health Center can vary depending on factors such as awareness of the importance of health checks, time availability, and economic factors.

DISCUSSION

1. Input

- a. Padang Karambia Community Health Center's policy regarding elderly services prioritizes

outpatient services rather than preventive and rehabilitative services. This policy has a major impact on priorities and resource allocation at these health centers, and this requires further discussion. Policies that tend to give priority to curative aspects and outpatient services indicate that the focus is more on treating diseases that have already emerged rather than prevention or rehabilitation.

The researcher believes that the Padang Karambia Community Health Center's policy regarding elderly services should be evaluated thoroughly because they tend to give greater priority to outpatient and curative services. Community health centers can meet the comprehensive health needs of elderly people, including preventive and rehabilitative aspects to improve their quality of life, by changing policy focus and resource allocation.

b. Human Resources

Padang Karambia Health Center, Payakumbuh City requires medical personnel who have special skills in caring for elderly patients. Overall human resources may be sufficient, but a shortage of skilled health personnel may result in a lack of services for the elderly. This can have a major impact on the quality of services provided to older people.

According to the researchers' assumptions, to ensure optimal quality of service at the Padang Karambia Community Health Center, health workers are needed who have special skills in caring for elderly patients. Remedial steps need to be taken to increase the availability and quality of health workers caring for the elderly population as a shortage of trained health workers can lead to gaps in services provided to the elderly.

- c. Source of funds for balanced allocation of funds for elderly health programs at the Padang Karambia Health Center, Payakumbuh City. Although funds may exist, the availability of ideal resources and services for the elderly at these health centers may be limited by disproportionality between need and demand for services. This can have a major impact on the quality of care provided to the aging population. Researchers believe that disproportionate allocation of funds for elderly health programs can limit the availability of optimal resources and services for elderly people at the Padang Karambia Community Health Center. Therefore, it is very important to review the budget allocation to ensure that the funds provided are sufficient to meet the needs of senior citizens. Therefore, community health centers can increase the availability of resources and quality of services for older people, so that they can live in a healthier and more sustainable environment.
- d. Facilities, the importance of changing the facilities at the Padang Karambia Health Center, Payakumbuh City, to meet the special needs of elderly people. Although physical facilities may be sufficient, inappropriateness or inappropriateness may hinder accessibility for older adults who experience mobility difficulties, hindering receipt of health services. This requires further discussion because disparities in the adaptation of physical facilities can lead to inequalities in access to health services and the quality of life of older people. According to researchers, the lack of physical facilities at the Padang Karambia Community Health Center can prevent elderly people who experience mobility difficulties from getting health services. Reviewing the design of physical facilities, workforce training, and involvement of senior



living communities in the planning process is necessary to improve the accessibility and quality of services for seniors. Therefore, community health centers can create a more welcoming and inclusive environment for older people, supporting their overall health and well-being.

2. Process

- a. Planning, there may be errors in the planning process for the elderly health program at the Padang Karambia Health Center, Payakumbuh City. This must be discussed further because a planning process that is not focused and does not involve related parties can result in programs that are not in accordance with actual needs and are not sustainable in the long term. Several factors can lead to a planning process that does not focus on the overall health needs of older adults, including inappropriate priorities, lack of knowledge, and limited resources. The involvement of parents and their families in the planning process is critical to the sustainability and relevance of the program. Increased engagement may result from a better understanding of needs, increased program acceptability, and increased sustainability. Researchers believe that the planning process should be improved to take into account the overall health needs of older people and increase the involvement of older people and their families. They believe that this is because the planning process was insufficiently focused on the health needs of older people and their involvement was insufficient.
- b. Organizing the importance of coordination and integration of health service units at the Padang Karambia Health Center, Payakumbuh City, especially those related to the care of elderly patients. Although organizational structures may exist, they are unlikely to fully support optimal coordination and integration between health care units. According to researchers, less than optimal integration and coordination between health service units at the Padang Karambia Community Health Center can hamper the effectiveness and quality of health services for the elderly, which requires a review of the organizational structure. Community health centers can provide more integrated and effective elderly health services by providing training to health workers, improving communication and information exchange, and reviewing organizational structures.
- c. Overcoming the disparity between planning and implementation in elderly health services at the Padang Karambia Health Center, Payakumbuh City. Despite the efforts made, program performance can be influenced by things such as limited human resources, facilities, and coordination between service units. Because this gap can hinder the achievement of goals and the quality of elderly health services, this requires further discussion. Researchers say that the discrepancy between plans and implementation in elderly health services at the Padang Karambia Community Health Center can have an impact on program efficiency and the quality of services provided. Community health centers can increase program efficiency and meet the health needs of the elderly by increasing resource investment, improving coordination between units, and conducting regular evaluations.

d. Supervision and control

Optimal monitoring and control processes are very important at the Padang Karambia Health Center, Payakumbuh City. Despite oversight efforts, organized monitoring and evaluation systems may not have been fully implemented to measure the performance of senior health programs, and effective controls may not have been fully implemented. Therefore, a clear mechanism is needed to respond to monitoring results and make necessary improvements to improve the quality of health services for the elderly.

Improving the monitoring and control process at the Padang Karambia Community Health Center is very important to improve the quality of health services for the elderly, according to researchers. By implementing an organized monitoring and evaluation system and strengthening response mechanisms to surveillance findings, community health centers can find and address problems more effectively and improve the quality of their services to elderly patients.

3. Output

The coverage of elderly health services at the Padang Karambia Community Health Center is an important indicator of how well the elderly health program reaches the targeted elderly population. This involves many things, such as the accessibility of the service, the number of elderly people using it, and the quality of the service provided. In this case, it is important to discuss accessibility barriers, differences in service use, and the quality of elderly health services at the Padang Karambia Community Health Center.

- a. Accessibility Improvements: Community health centers must consider accessibility issues, such as remote locations or transportation constraints. They should consider this issue by offering alternative transportation options or holding services in locations that are more accessible to parents.
- b. Increasing Community Awareness and Education: Raising awareness of the importance of routine health checks for parents and providing clear information about the services available at the Padang Karambia Community Health Center can help increase the use of health services by parents.
- c. Improving Service Quality: Community health centers must continue to improve and improve the quality of their services by providing training to health workers, ensuring that patients receive care that suits their needs.

According to researchers' assumptions, the coverage of elderly health services at the Padang Karambia Community Health Center reflects the extent to which the program reaches the target elderly population. To increase this coverage, efforts need to be made to increase service accessibility, increase variation in service use, and improve the quality of elderly health services at the Padang Karambia Community Health Center.



CONCLUSIONS

Based on the article can conclude that; (a) analysis of the elderly health program at the Padang Karambia Community Health Center, Payakumbuh City, shows that the quality and availability of services for the elderly is very dependent on policy, human resources, funds and facilities. The results will create the basis for a more efficient and inclusive Padang Karambia Community Health Center elderly health program. To provide better services to the aging population, strategic actions are needed to strengthen policies, increase human resources, optimize fund allocation, and improve facilities. (b) analysis of the elderly health program at the Padang Karambia Health Center, Payakumbuh City, shows that the process of planning, organizing, implementing, supervising and controlling is very important to provide optimal elderly health services. These results provide the basis for systemic improvements in the management of elderly health programs at community health centers, including increased collaboration between service units, improved monitoring and evaluation systems, increased participation of elderly people in planning, and implementation of corrective actions that are timely and in accordance with evaluation findings. (c) increase the accessibility of elderly health services by improving infrastructure, providing adequate transportation, and increasing promotion of available services. (d) carrying out outreach and advocacy programs to increase awareness of elderly people about the importance of regular health checks and elderly health services at community health centers. (e) Increase health workers' awareness of the importance of providing services that are friendly to the elderly and improve the overall quality of services.

REFERENCES

- Action Plan for Elderly Health for 2016-2019. *Indonesian Health Ministry*.
<https://peraturan.bpk.go.id/Home/Details/113057/permenkes-no-25-tahun-2016>
- Aditya, R. P. (2021). Implementation of Posyandu for the Elderly in the Sronдол Community Health Center Working Area. *Periodical Journal of Public Health Sciences*, 3(1), 1-10.
- Aninastasya, D., & Misnaniarti, M. (2018). Implementation of the Elderly Health Services Program at the Sabokingking Community Health Center, Palembang City in 2018.
<https://repository.unsri.ac.id/201/>
- BAPPENAS. 2019. Demographic and Epidemiological Transitions: Demand for Services Health in Indonesia. Jakarta: BAPPENAS.
- Central Bureau of Statistics. 2021. Results of the 2020 Population Census for West Sumatra Province. Accessed September 6, 2022, from
<https://sumbar.bps.go.id/pressrelease/2021/01/21/950/hasil-sensus-penduduk-2020-provinsi-sumatera-barat.html>
- Central Bureau of Statistics. 2021. Statistics on the Elderly Population 2021. Jakarta: Central Statistics Agency Central Bureau of Statistics. (2020). 2020 Population Census Results. Accessed July 18, 2022,
- Dr. Syahrudin, S.E., M.Sc. 2019. Implementation of Public Policy. Bandung: Nusamedia From
<https://www.bps.go.id/>



- Hurlock, Elizabeth B. (2011). *Developmental Psychology: An Approach Across the Life Span*. Jakarta: Erlangga Edition 5
- Indonesian government. (2004). Government Regulation Number 43 of 2004 concerning Implementation of Efforts to Improve the Welfare of the Elderly. *Government of the Republic of Indonesia*, 1–61. <https://peraturan.bpk.go.id/Home/Details/66188>
- Indonesian Ministry of Health. (2015). Minister of Health Regulation No. 67 of 2015 concerning the Implementation of Elderly Health Services at Community Health Centers. *Indonesian Health Ministry*, 16, 89. <https://peraturan.bpk.go.id/Home/Details/116533/permenkes-no-67-tahun-2015>
- Indonesian Ministry of Health. (2016). Republic of Indonesia Government Regulation Number 47 of 2016 concerning Health Service Facilities. Jakarta: Indonesian Ministry of Health.
- Indonesian Ministry of Health. (2020). *Indonesia Enters a Period of Aging Population*. Accessed September 6, 2022, from <https://sehatnegeriku.kemkes.go.id/baca/umum/20190704/4530734/indonesia-dalamiperiode-aging-population/>
- Indonesian Ministry of Health. 2011. General Guidelines for Posyandu Management. Jakarta: Indonesian Ministry of Health.
- Indonesian Ministry of Health. 2016. Information on the Situation of the Elderly in Indonesia. South Jakarta Indonesian Ministry of Health. (2016). Minister of Health Regulation No. 25 of 2016 concerning the National
- Indonesian Ministry of Health. 2019. Regulation of the Minister of Health of the Republic of Indonesia number, Malang: Media Nusa Creative.
- Maryam, R. Siti et al. (2008). Getting to know elderly people and their care. Jakarta: Salemba Medika
- Nugroho, W. (2016). *Gerontic & Geriatric Nursing* (Jakarta (Ed.); 3rd Ed.). EGC 2008.
- Ministry of Health of the Republic of Indonesia. 2016. Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2016 concerning Minimum Service Standards in the Health Sector. Jakarta
- Padila, P. (2013). *Gerontic Nursing Textbook*. Yogyakarta: Nuha Medika.
- Puspitasari, B. (2022). Implementation of the Melati Elderly Posyandu Program in Toyogo Village, Sambungmacan District, Sragen Regency. *Solidarity*, 6(1).
- Rachmawaty M. Noer, Ners, M. Kes, dkk. (2022). Textbook of Gerontic Nursing. Indramayu: Adab Publishers
- Rauf Saidah,visit, Zahir Makayaino. (2021). Pandu Lansia (Handbook for Elderly Posyandu Cadres).
- Republic of Indonesia Ministry of Health, 2009. Law Number 36 of 2009 concerning Health
- Republic of Indonesia Ministry of Health. (2006). General Guidelines for Posyandu Management. Jakarta Dewi Siti Utami, Rahayu, et al. (2022). *Gerontic Nursing Care*. Medan: Kita Write Foundation
- Republic of Indonesia, 1998. Law Number 13 of 1998 concerning the Welfare of the Elderly. Jakarta: Indonesian Ministry of Health



- Sulistiyorini CI, Pebrianti S, Proverawati A. Posyandu (Integrated Service Post) and Siaga Village. Yogyakarta: Nuha Medika; 2010.
- Sunaryo, Wijayanti, Rahayu. (2016). Gerontic Nursing Care. Yogyakarta: CV Andi Offset.
- Widodo, Joko. 2017. Public Policy Analysis: Concepts and Applications, Public Policy Process Analysis.
- Widodo, M. D., Candra, L., & Elmasefira, E. (2020). Evaluation of the Posyandu Program for the Elderly in the Working Area of Puskesmas Harapan Raya Kec. Bukit Raya Pekanbaru City 2019. *PREPOTIF: Journal of Public Health*, 4(1), 11-19
- Worldometer. 2022. Indonesia Population (1950 - 2020). Accessed July 18, 2022, from <https://www.worldometers.info/world-population/indonesia-population/>
- Wulansari, T. 2015. Descriptive Study of the Implementation of the Posyandu Program for the Elderly in RW IV, Tanah Kali Kedinding Village, Kenjeran District, Surabaya. *Public Policy and Management*, 1-9.