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ENHANCE SKILLS AND UTILIZATION OF THE G-FORM APPLICATION AMONG ELDERLY HEALTH CADRES AT HEALTH-POST

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ABSTRACT

Elderly health cadres were community members who selflessly devoted their time and skills to serve as elderly posyandu cadres. Their essential contributions enhanced accessibility to health services for seniors and boosted community participation in health initiatives. The introduction of the simple early screening (SKILAS) instrument significantly improved the early detection of health issues among the elderly, ensuring timely care and intervention. Health education employed lectures, informational leaflets, and interactive video informative as primary media education, supplemented by home-visit observations to evaluate community service activities. After a two-day training session, twenty elderly health cadres significantly improved their skills in performing simple elderly screenings and effectively using the e-SKILAS form for early detection activities at the integrated health-post ($p < 0.001$). To ensure they stayed informed about community health issues affecting the elderly, it was recommended that training sessions be conducted routinely on a biannual basis.

Keywords: SKILAS Intrument, Early Detection, Elderly Heath, Community Cadres, Posyandu.

1. INTRODUCTION

Posyandu Lansia, short for “*Pos Pelayanan Terpadu Lansia*”, is an integrated health service post specifically for elderly individuals. It provides various health services aimed at improving the well-being of the elderly in the community (Kemenkes RI, 2021). The Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2015 emphasizes the main role of community health centers as primary health service facilities for the elderly (Kemenkes RI, 2015). These centers are tasked with delivering comprehensive care, encompassing promotive, preventive, curative, and rehabilitative services. By effectively meeting these responsibilities, they can significantly enhance the quality of life for our elderly population.

The Central Statistics Agency (BPS) reports a significant increase in Indonesia's elderly population, reaching 11.75% in 2023. This marks a rise of 1.27% from last year's 10.48%, highlighting an urgent trend we must address. As a result, the dependency ratio has climbed to 17.08, indicating that for every 100 productive-age residents 17 elderly individuals now rely on their

support. This shift calls for immediate action to ensure a secure and sustainable future for our aging population (BPS,2023; Kemenkes RI,2023).

Primary health care is a fundamental component of health transformation, aimed at addressing health needs throughout the life cycle in a way that is easily accessible and affordable for individuals, families, and communities. At health centers, the approach to primary health care has evolved to be more coordinated and aligned with the life cycle, moving beyond a focus on specific programs. One key element in integrating primary services within primary health care is the integrated health post, or posyandu. This community institution operates at the village or sub-district level and serves as a platform for community participation, assisting local leaders in delivering health services and addressing various needs (Kemenkes,2021).

Today, integrated health posts have evolved into service centers that cater to individuals across the entire life cycle, including the elderly. According to *PMK number 2015 of 2023*, which outlines technical instructions for the integration of primary health services in line with WHO in Integrated Care of Older People (ICOPE,2019) recommendations, early detection is facilitated using the *Simple Elderly Screening* form (*SKILAS*) (WHO,2019; HelpAge International,2021; Kemenkes RI,2023). This straightforward detection tool, designed for use by health cadres, replaces the previous screening methods. According to WHO, intrinsic capacity is the blend of an individual's physical, mental, and psychological abilities. Functional capacity arises from the interaction between these intrinsic capacities and the surrounding environment (WHO,2019; Lu et al.2023; Muneera et al.,2023). If one or more declines are detected, health workers at the assistant health center or primary health center will continue the screening process following the advanced care flow guidelines based on the identified issues.

The integration of questionnaire applications with databases on smartphones offers a revolutionary solution for data collection, significantly enhancing both effectiveness and efficiency compared to outdated manual methods. By training health workers to use a user-friendly digital form-based questionnaire application, we can empower them to conduct early detection more reliably and swiftly (Friska et al.,2022; Rahman et al.,2024). And also, their e-screening skills at health posts will boost their effectiveness and improve community health outcomes through innovative practices.

2. PROBLEM STATEMENT AND QUESTIONS

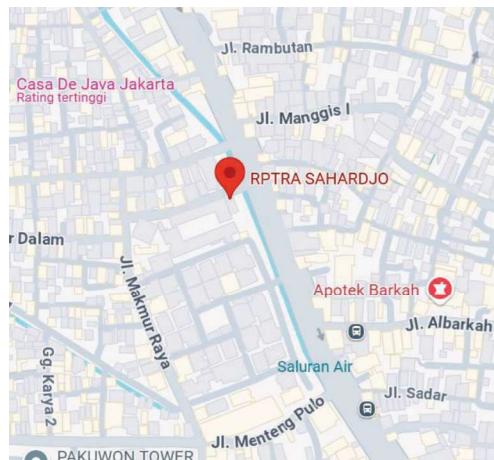
In early 2024, the Setiabudi Health Center in South Jakarta started implementing early detection through a simple elderly health screening form called *SKILAS*. Although training was provided, it has not yet reached all of health cadres, resulting in suboptimal early detection activities at the integrated health post (unpublished, *Puskesmas Setiabudi*,2023). Thus, it is essential to conduct additional outreach and retraining, particularly for elderly cadres who have not yet been trained in using the *SKILAS* form for early detection and basic assessment need. Cadres play a crucial role in these activities, ensuring the elderly receive the care and attention they need. It's a community-centric approach to enhance the health and quality of life for the elderly (Dewi & Anisa,2018; Djuari et al.,2023).

Their primary tasks include health education, screening, facilitation, support and referrals. Their efforts are essential in bringing health services

closer to the elderly and enhancing community participation in health activities. With the implementation of primary care integration (*Integrasi Layanan Primer = ILP*), the early detection of health issues in the elderly has improved through the use of the *SKILAS* instrument. An easier-to-use instrument that can assist cadres in conducting activities at the elderly post (Hayati & Kamso, 2024; Kusumaratna et al., 2024).

How can elderly cadres effectively understand and use the *SKILAS* screening form to enhance health services and ensure comprehensive monitoring for the elderly? Aim of this study to ensure elderly cadres are well-informed, understand, and proficiently use the *SKILAS* screening form.

The location of the activity can be seen in the image below,



Picture 1. Map of locations for activity implementation.

3. LITERATURE REVIEW

Posyandu for the elderly is an essential community resource tailored to support our ageing population. This initiative is driven by local community members, with valuable guidance from health workers at the Community Health Center, ensuring that our seniors receive the care and attention they deserve. Embracing this service is a vital step toward enhancing the well-being of our elderly citizens (Nirwana et al., 2015; Kemenkes RI, 2021; Purwanta et al., 2023).

The elderly *posyandu* provides essential health services that are both promotive and preventive. By offering early detection of health issues, increasing awareness, and supporting the overall well-being of our seniors, we can significantly enhance their quality of life. This comprehensive approach addresses not just physical health, but also psychological and social well-being, ensuring that our elderly community thrives (Dewi & Anisa, 2018; Djuari et al., 2023).

To ensure the success of the integrated health post, it is essential to have strong support from health cadres. These vital team members are chosen from the local community, reflecting the needs and values of those they serve. By fulfilling their responsibilities, they act as community mobilizers, engaging individuals and families while providing crucial

counseling and monitoring. Their active involvement is key to creating a healthier community, making their role indispensable.

4. METHOD

This study used a cross-sectional and information-education-communication approach. By using a non-random sampling method to recruit cadres as participants, with inclusion have not yet been trained in using *SKILAS*. Involving 20 *posyandu* elderly cadres from the *Menteng Atas* sub-district in South Jakarta. The activities took place over two days, from April 24 and 26, 2024. One day for education and training instrument, and one day for visiting skill observation. The preparation phase is key for the elderly health program at the *Menteng Atas pustu*. It involves coordinating with the program coordinator, RW/RT heads, and elderly cadres to plan and choose locations for training activities. This groundwork enables effective observation and evaluation of training results, ultimately improving the health and well-being of our elderly community.

On the first day, training aimed to enhance the cadres' skills in early detection using the *SKILAS* form. The session began with a refresher on elderly health education, followed by hands-on practice in early detection techniques. This training take place at the *Saharjo RPTRA*. Health education primarily employs lectures and informational leaflets. Pre and post-tests were administered to evaluate the cadres' understanding, with results analyzed using the paired T-test.

The second day concentrated on observing and assisting with the use of the *SKILAS* form during early detection activities for the elderly at the *Posyandu*. The sequence and phases of our activities are outlined below, illustrating a clear path to success activities,



Figure 1. Flowchart of field activites

5. RESULT AND DISCUSSION

a. Result

The dedicated elderly health cadres in the *Menteng Atas* area represent ten health posts, ranging from *posyandu* posts 004 to 015. Their commitment ensures that our senior community receives the essential care and support they deserve. The detailed profiles of the dedicated individuals who participated in the training from 10 health posts are presented in Table 1 below. This information highlights the commitment to enhancing care for our ageing population.

Table 1. Characteristics of Elderly Health Cadres

Variabels	n (%)
Gender	
Female	20 (100)
Age	
Adult (19 - 44 yr)	2(20)
Pra-Elderly (45 - 59 yrs)	15(75)
Elderly (>60 yrs)	3(15)
Education	
Elementary	1(5)
Senior High	2(10)
Senior High	13(65)
Undergraduated	4(20)
Activity	
Housewife	17(85)
Self-employed	3(15)

All elderly health community workers are women, highlighting their essential role in caregiving. An impressive 75% of these dedicated cadres are between 45 and 59 years old, bringing valuable life experience to their work. Furthermore, 65% have completed high school, equipping them with essential knowledge. Notably, 85% are actively engaged as housewives, balancing their responsibilities with remarkable commitment.

During the session, each participant received a well-designed leaflet with a screening guide and completed the *SKILAS* form, laying the foundation for effective practice. The elderly cadres then participated in hands-on training, practicing early detection and screening using *SKILAS* form in rotation. All serial activities and materials could be seen from picture 2 below,



Picture 2.

The education and exercises of early detection by using *SKILAS* form

To enhance reporting efficiency, a mobile-based digital *SKILAS* e-screening tool was launched for cadres. This innovation allows immediate results to be transmitted to the health center's elderly program coordinators, enabling timely evaluations and real-time responses to

those requiring urgent referrals. Reporting can be evaluated in real-time, and it can be followed up immediately, (Picture 3-4, below).



Picture 3. Link Google form & e-leaflet (taplink.cc/skrininglansiasetiabudi)



Picture 4. SKILAS Guideline printed material

Following the training, participants took part in a post-test designed to evaluate their knowledge and understanding of the material presented, by using this evaluation link: *Link Pre-Test* (bit.ly/PreTestSKILAS) & *Post-Test* (bit.ly/PostTest_SKILAS). This was followed by an engaging question-and-answer session, ensuring clarity on any remaining concerns.

The training evaluation results, along with the pre-test and post-test scores, reveal a compelling transformation in the participants' knowledge. The highest pre-test score was only 60, with a low of 13, leading to an average of just 36.25. In stark contrast, post-test scores soared, with a high of 93 and a low of 33, culminating in an impressive average of 69.95 (Table 2 below).

Table 2. Difference in the average value before and after learning strategies

	Paired Differences								
	Mean	Std.de v	Std.Erro r Mean	95% CI of Differences				Significance	
				Lower	Upper	t	df	1- side d	2- side d
PrePos t test	- 33.70 0	15.516	3.469	40.96 2	- 26.43 8	- 9.71 3	1 9	<.00 1	<.00 1

A paired t-test was performed to assess the training's effectiveness as an intervention, producing a remarkable significance value of $p < 0.001$.

Two days later, during the elderly *posyandu* activities at *Posyandu* 006, we took the opportunity to evaluate three cadre participants from recent training and conducted homevisit screening.



Picture 5. Home visits to residences for the elderly

b. Discussion

The *SKILAS* form assesses six-critical components of intrinsic capacity, such as cognitive function, mobility, nutrition, vision, hearing, and depression symptoms. Understanding these elements is key for identifying the further health service needs of our elderly population. Cadres can provide valuable support and guidance for companions in elderly services. It is essential to provide guidance and training for elderly caregivers to perform health screenings that assess the intrinsic capacity of seniors. By adopting a comprehensive community-based approach, we can effectively enhance elderly health and empower families or caregivers to offer better support. This initiative is crucial for fostering a healthier, more vibrant community for our elderly population (HelpAge International,2021; Leung et al.,2022; Hayati & Kamso,2024).

Typically, at *Posyandu* Lansia, the following activities occur such as (Djuari et al.,2023; Purwanta et al.,2023):

- 1) **Health Screenings:** Regular check-ups like blood pressure monitoring, weight measurement, and screening for common elderly health issues.

- 2) **Health Education:** Providing information on healthy lifestyles, nutrition, disease prevention, and management of chronic conditions.
- 3) **Social Activities:** Creating opportunities for social interaction and activities that promote mental well-being.
- 4) **Counseling:** Offering guidance and support on various health-related issues.
- 5) **Referrals:** Directing individuals to appropriate healthcare facilities if further medical attention is needed.

The findings detailed in Table 2 provide compelling evidence that supports our results on empowering cadres. This clearly demonstrates a significant improvement in the understanding and knowledge of elderly cadres following the training, same report with have done by Fitriadi et al.,2024. Therefore, we confidently conclude that the capacity of elderly health cadres to conduct *Simple Elderly Screening* (SKILAS) and effectively use the SKILAS form for early detection at integrated health posts has significantly increased. This advancement is crucial for enhancing elderly care in our communities.

To ensure the well-being of elderly individuals, we proactively visited the homes of those unable to attend the elderly posyandu activities. This approach allows us to provide direct observation and assistance in their living environments. Though, we couldn't assess all the cadres due to the once-a-month posyandu schedule, our focus on these three proved valuable. The evaluation highlighted their impressive ability to conduct early detection using the SKILAS e-form. Despite some initial hurdles, it was clear that by the end of the screening activity, these trained cadres had mastered the process, executing it with both accuracy and confidence.

Web-based survey questionnaires enable health workers to collect SKILAS self-detection data without time or location constraints. They can complete the SKILAS form online at any time and from anywhere, whether during *posyandu* activities or while visiting elderly individuals at home. Immediate access to the results allows health workers to report and address elderly health issues efficiently. This demonstrates their potential to make a significant positive impact in the community.

Effective program coordination is crucial for fostering healthy, independent, and active seniors. Embracing a life cycle approach allows us to prepare early, building the groundwork for a vibrant and fulfilling later life (Ramadhania et al.,2020; Schleiff et al.,2021). High-quality service from cadres can encourage the elderly to actively participate in monthly *Posyandu* activities. To provide excellent services at elderly post, we should focus on the following friendly environment, training cadres, health education, community engagement and follow-up care.

As we age, it's natural for our functional abilities to diminish, but this doesn't have to define our later years. The ageing process should be viewed as an opportunity to develop and sustain the skills that promote our well-being in older age. Maintaining functional ability is essential, as it empowers us to engage in the activities we value most, enriching our lives and preserving our dignity (Han et al.,2022; Djuari et al.,2023). Let's embrace this journey and prioritize our functional health for a fulfilling future.

Community-based health services and a supportive environment will enhance the value of activities at the elderly health post for the

community. Collaboration between the health center, *pustu* and community leader (RT/RW) is essential to ensure that more elderly individuals receive and have access to high-quality health services. By enhancing the skills of community cadres in conducting screenings using the *e-SKILAS* form, we can significantly improve care for our seniors. Strengthening the abilities of these cadres allows them to perform home visits for early detection of health issues among elderly individuals with disabilities. Because, monitoring the health of both healthy elderly persons and those with disabilities is essential. Many of these seniors could not attend activities at the elderly posyandu, resulting in their health problems often being overlooked. We can improve the health outcomes for our elderly community through this proactive approach.

6. CONCLUSION

As a result, we can confirm that elderly health cadres have improved their capacity to conduct simple elderly screening and effectively use the *e-SKILAS* form for early detection activities at the integrated health post or while conducting home-visit. The cadres have also successfully implemented the *e-SKILAS* google-form for efficient screening. This strategy removes the dependency on paper, prone to being lost, and ensures that reports are accurately compiled and directly sent to the health centre's program officers. To guarantee that elderly individuals receive the necessary care, we must ensure elderly cadres are knowledgeable and skilled in using the *SKILAS* screening form. We can make sure no elderly person is left behind by equipping elderly cadres, guarantee that every elderly individual is supported and receives the care they need.

Further enhance the program's effectiveness, conduct follow-up studies to assess the sustained impact of the *SKILAS* training program on elderly health outcomes over six months, one year, and beyond. Establish a mechanism for elderly health cadres to share feedback after each training session, helping refine future programs to better meet their needs.

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