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## Evaluation of the Quality of Healthcare Services for the Elderly At the Kakaskasen Public Health Center based on Ministry Of Health Regulation Standards Number 67 OF 2015

Gita Mait<sup>1)</sup>, Jonesius Eden Manoppo<sup>2)</sup>, Christian Bertom Pajung<sup>3)</sup>, Jilly Toar<sup>4)</sup>, Vera Tombokan<sup>5)</sup>,  
Maxie M. Moleong<sup>6)</sup>

<sup>1,2,3,4,5,6)</sup> Public Health Study Program, Manado State University

\*Corresponding Author

Email : [rildadadi@gmail.com](mailto:rildadadi@gmail.com)

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### Abstract

*This aim of this study to evaluate the quality of elderly care at the Kakaskasen Public Health Center, referring to the standards of the Indonesian Ministry of Health Regulation Number 67 of 2015. The background of this research is based on the increasing population in Indonesia, which demands more friendly, integrated, and customized healthcare services for the elderly. The research method used is a descriptive qualitative approach with data collection techniques including interviews, observation, and documentation. The research subjects include the head of the community health center, healthcare workers, and the elderly as service users. The research results show that in terms of human resources, healthcare personal are already adequate and have received specialized geriatric training to enhance their competence in managing elderly health . The service facilities and infrastructure are quite good, but there are still limitations in diagnostic facilities and comfort aspects. From the service provider's perspective, promotional, preventive, curative, and rehabilitative activities have been carried out according to standards, but the waiting time is still relatively long and is a major obstacle. Overall, the quality of elderly healthcare services at the Kakaskasen Community Health Center can be categorized as meeting most of the standards set by the Minister of Health Regulation No. 67 of 2015, but improvements are still needed in several aspects, particularly in the competence of healthcare workers, facilities and infrastructure, and the efficiency of service time.*

**Keywords:** Healthcare Services, Elderly, Community Health Center, Service Quality, Ministry of Health Regulation No. 67 of 2015

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## INTRODUCTION

Healthcare services are a necessity for every citizen, so the government strives from time to time to develop programs that can improve healthcare services comprehensively (P Mamujaja et al., 2025). Healthcare services can be provided at healthcare facilities. To fulfill citizens' basic rights and needs regarding health, the government provides access to healthcare facilities. Healthcare facilities are tools and/or places utilized to deliver healthcare services to individuals or communities through promotive, preventive, curative, rehabilitative, and/or palliative measures, provided by the community, Regional Governments, and/or Central Government (Ministry of Health, 2024). Community Health Centers (Puskesmas) are healthcare facilities supporting primary public health and individual health services, by focusing on promotive and preventive efforts within their area of operation (Ministry of Health, 2022).

As stated by the Central Bureau of Statistics in the introduction. Elderly Population Statistics 2018: As the fourth most populous country in the world according to the United Nations' (UN) World Population Prospect 2017 Revision, Indonesia's population growth significantly impacts the global population composition. From 2017 to 2050, about half of global population growth is expected to occur in just nine countries, and Indonesia is one of them. The world's population is now in an era of an aging population, with the number of people aged 60 and over exceeding 7% of the population (Nugroho, A 2020). The elderly population worldwide continues to increase globally, with approximately 727 million elderly people worldwide. This number is projected to rise to 1.5 billion by 2050. The highest elderly population globally is in Asia. The WHO itself states that the elderly population in Asia is 142 million people and is projected to triple by 2050 (Radina & Aryati). Old age, which we also call the elderly, has several definitions. WHO, as the world health organization of the UN, defines old age using four criteria: the age range of 45-59 years is considered middle age, 60-74 years is elderly, 79-90 years is old, and over 90 years is very old (Nugroho, A 2020).

A Community Health Center (PUSKESMAS) is a healthcare facility that provides primary health services and individual health efforts, with a focus on promotive and preventive measures, to that the level of public health can be achieved in its service area. The implementation of public health development by community health centers (puskesmas) aims to maintain and improve health, prevent and address the emergence of health problems, targeting families, groups, and communities (Ministry of Health Regulation No. 75 of 2014). In response to these challenges, the Indonesian government has issued Minister of Health Regulation number 67 of 2015 concerning the Provision of Elderly Health Services at Community Health Centers. This regulation serves as the legal basis and operational guideline for all community health centers in Indonesia in providing optimal healthcare services to all elderly individuals. This regulation governs the minimum service standards, human resource requirements, infrastructure, and the mechanism for providing comprehensive healthcare services for the elderly.

## RESEARCH METHODS

This research applies a qualitative approach with a descriptive method. According to Sugiyono (in Irawan, 2020, p. 26), the qualitative descriptive method is a research method used to study a natural object's condition by studying something to the fullest extent possible with the aim of describing, explaining, and answering in detail the research problem being studied. The subjects in this study were selected using purposive sampling. According to Dana P. Turner (2020), purposive sampling is a sampling technique used when the researcher already has a target group of individuals with characteristics that align with their research. The main subjects are the head of the health center, healthcare workers serving in elderly healthcare services, and several elderly individuals who use the services at the Kakaskasen Health Center.

In qualitative research, the main instrument is the researcher themselves. Researchers play a role in collecting, analyzing, and drawing conclusions from data. Validation of the researcher includes understanding qualitative methods, mastery of the research field, and academic and logistical readiness before entering the field. Once the research focus became clearer, additional instruments such as interviews and observations were used to supplement the data. The interview used was a semi-structured interview, where in its implementation, this model of interview is more flexible compared to a structured interview. According to Sugiyono (2016: 73), the purpose of a semi-structured interview is to uncover problems more openly, where the interviewee is asked for their ideas and opinions.

To support the data collection process, this study uses tools such as:

1. Tape recorder – to record interviews.
2. Camera – for documenting research activities.
3. Notebook – to record interview and observation results.

## RESULTS AND DISCUSSION

This study explains that the Head of the Health Center, Health Workers in this case the person in charge of the elderly, and Elderly Patients as Informants or informants regarding the Evaluation of the Quality of Elderly Health Services at the Kakaskasen Health Center Based on the Standards of the Minister of Health No. 67 of 2015.

According to an interview with the Head of the Health Center, the Person in Charge of the Elderly, and several elderly patients at the Kakaskasen Health Center, it can be concluded that health services for the elderly in general have met some basic needs, but there are still areas that need to be improved to achieve optimal standards in accordance with the Minister of Health Regulation No. 67 of 2015 and its technical guidelines.

In terms of Human Resources (HR), the Kakaskasen Health Center already has adequate health workers, with the availability of general practitioners and nurses who have been equipped with basic knowledge about elderly services, even tho there are no geriatric specialists yet.

The facilities and infrastructure at the Kakaskasen Health Center are considered quite adequate, with facilities such as wheelchairs, handrails for the elderly, and toilets equipped with handles, as well as a special room for the elderly that guarantees privacy. Physical accessibility is generally good, with stairs and comfortable toilets used by the elderly, however some patients report slippery floor issues, which can be a barrier to mobility and need to be fixed to ensure adequate dedicated pathways, ramps, and lighting as per the indicators. Special facilities such as basic medical devices (e.g. sphygmomanometers and scales) and medicines available depending on the doctor's prescription are also in place, supporting convenient and safe health checks for the elderly.

The service process shows a structured mechanism, from registration to drug administration, with a queue system that mostly provides special priority for the elderly, although there is diversity with some patients reporting priority queues, while others do not, and waiting times can be up to 30 minutes. The scope of services includes promotive, preventive, curative, and rehabilitative efforts, such as blood pressure checks, blood sugar, hypertension treatment, nerve clamping, extension of referrals, screening for the elderly, simple labs, outdoor posyandu six times a month per village, home visits once a month, as well as special schedules such as posyandu for the elderly, homecare, posyandu resti, and posyandu prima every month. The implementation and evaluation show that there are clear programs and policies, such as special service schedules for the elderly, that support the implementation of Permenkes No. 67 of 2015. Access to the Puskesmas is considered very easy and close by all patients, making it easier for the elderly without obstacles.

Based on the results of interviews with the Person in Charge of the Elderly and several elderly patients at the Kakaskasen Health Center, it can be concluded that the elderly health service process has been running quite well and structured, with a focus on effective communication, special approaches, and education that supports the independence of the elderly, even though waiting time is the main challenge. The Person in Charge of the Elderly emphasized the service procedures starting from taking the queue number, waiting for the turn, examination, to administering medicines, which have run smoothly and meet the standards of the Minister of Health Regulation No. 67 of 2015 for the age group of 60 years and above. In communicating with elderly patients, officers use sign language and easy-to-understand language, and involve families as companions for patients with disabilities, which is in line with Human Resources (HR) indicators about a patient and empathetic communication approach. Health education is focused on the independence of the elderly with the slogan "steady road makes the elderly resilient and positive", aiming to motivate a healthy lifestyle, which supports aspects of the Service Process related to clear information and education.

## CONCLUSIONS

Based on the results of the research on the Evaluation of the Quality of Elderly Health Services at the Kakaskasen Health Center According to the Standards of the Minister of Health Number 67 of 2015, the following conclusions can be drawn:

1. Health services for the elderly at the Kakaskasen Health Center have been running well and showing a commitment to improving quality, which is marked by the presence of health workers who have participated in geriatric training. The strength aspect of the service lies in its easy accesses, fairly friendly facilities, and scheduled programs. However, challenges such as variations in the queue system, long waiting times, physical accessibility problems (slippery lantai), as well as limitations in geriatric specialists and routine evaluations, still require everyone's attention to achieve maximum optimal.
2. The quality of elderly health services provided has been running well, including promotive, preventive, curative and rehabilitative services. However, service waiting time is still an obstacle that causes discomfort for some elderly people.

Factors that affect the quality of elderly health services at the Kakaskasen Health Center include the competence of officers based on understanding regulations without special training, interpersonal communication challenges, and the condition of facilities and service processes that have an impact on the patient experience.

## REFERENCES

- Kementerian Kesehatan. (2024). *Peraturan Menteri Kesehatan Nomor 6 Tahun 2024 tentang Standar Teknis Pemenuhan Standar Pelayanan Minimal Kesehatan*. BN 2024 (204), 1-130.
- Kementerian Kesehatan. (2022). *Indikator Mutu Nasional Pelayanan Kesehatan Tempat Praktik Mandiri Dokter dan Dokter Gigi, Klinik, Pusat Kesehatan Masyarakat, Rumah Sakit, Laboratorium Kesehatan, dan Unit Transfusi Darah*. [www.peraturan.go.id](http://www.peraturan.go.id)
- Nugroho, A. (2020). Persepsi anak muda terhadap keberadaan lansia di indonesia. *Journal of Urban Sociology*, 2(2), 44-55.
- Tongkeles, J. S., Mamuaja, P. P., & Tombokan, V. (2025). Faktor-Faktor Yang Berhubungan Dengan Pemanfaatan Pelayanan Puskesmas Pada Peserta BPJS Kesehatan Di Puskesmas Tompasso Tahun 2025. *Jurnal Kolaboratif Sains*, 8(12).
- Sugiyono. (2016). *Memahami Penelitian Kualitatif*. Bandung: Alfabeta