

# Elderly Healthy Home for Promoting Inclusive Health Services in Indonesia

Utami Dewi  
 Public Administration Department  
 Universitas Negeri Yogyakarta  
 Yogyakarta, Indonesia  
 utami.dewi@uny.ac.id

Puji Wulandari Kuncorowati  
 Civic Education Department  
 Universitas Negeri Yogyakarta  
 Yogyakarta, Indonesia  
 puji\_wulandari@uny.ac.id

Kurnia Nur Fitriana  
 Public Administration Department  
 Universitas Negeri Yogyakarta  
 Yogyakarta, Indonesia  
 kurnianurfitriana@uny.ac.id

Pandhu Yuanjaya  
 Public Administration Department  
 Universitas Negeri Yogyakarta  
 Yogyakarta, Indonesia  
 pandhu@uny.ac.id

**Abstract—** The number of elderly in Indonesia has been increasing each year while the quality of healthy life was not good enough. This paper aimed to examine the Elderly Healthy Home (*Rumah Sehat Lansia/Rusela*) implementation in providing health services for elderly in Yogyakarta. The percentage number of elderly was the highest in Yogyakarta and the *Rusela* has become the pilot project in Indonesia since its emergence in 2013. The research method in this article was descriptive qualitative in which the researchers employed focus group discussion, depth interviews, observation and documentation to gather data. The interactive model of Miles and Huberman was used to analyze the data. The research result showed that the *Rusela* implementation in Yogyakarta Indonesia has improved the health quality of elderly. This program, based on Mayor Regulation No 61/2013, has been replicated in some regions in Indonesia though in its implementation in Yogyakarta faced some obstacles such as lack of human resources and innovation.

**Keywords:** *health, services, home, elderly, inclusive*

## I. INTRODUCTION

Indonesia's demographic transition is experiencing and producing a rapidly aging society. Indonesia is currently aging with a percentage of the population aged 60 years and over reaching more than 7%. In 2014, the United Nations Population Fund (UNFPA) published a report on Indonesia on the verge of aging (population aging). The projection carried out by UNFPA (2014) shows that the population over 60 years (elderly or called elderly) in 2025 reaches 33.7 million people or 11.8 percent of the population, and continues to increase in 2035 reaching 48.2 million people or 15.8 percent of the population. On the other hand, the Potential Support Ratio, or the average number of workers who have the potential to support the elderly, is expected to fall from 13 workers per one elderly in the 2010 census (Central Statistics Agency) [1], to only 6.4 workers

per elderly in 2035 Based on the results of the 2015 BPS Intercensal Population Survey (Supas), the percentage of the elderly is 8.5% of the 255.2 million total population of Indonesia, and there has also been a shift in the composition of age towards the elderly population. In 2035, out of every 100 population aged 0-14 there were only 23 elderly people then it increased to 73 elderly people [2].

The results of the 2010 population census showed 12 percent of the elderly were below the official poverty line and were almost poor at 27.5 percent, which an increase in the elderly in their 70s and 80s reaches 16 percent (BPS, 2010). In fact, only about 35 percent of the elderly, especially in the village, do not have the ability to read [2]. Certainly this has big consequences, especially on the increasing dependency ratio (Dependency Ratio) (National Population and Family Planning Agency (BKKBN), 2012). Demographic transition becomes a challenge for stakeholders in caring for the elderly to continue to get a good quality of life. What's more, World Bank survey results (2015) show that the majority of people in Indonesia feel unequal both socially, economically and politically. Services for the elderly as vulnerable groups are in the treatment that reflects these inequalities [3].

The province that has the highest number of elderly in Indonesia is Yogyakarta Special Region. Growth in the number of elderly in Yogyakarta Special Region in 2012 has reached 48,092 people / year (Kedaulatan Rakyat, 2012). This condition is influenced by the level of life expectancy of the population in which the Yogyakarta Special Region is the region with the highest life expectancy in Indonesia. The high proportion of the elderly in the Special Region of Yogyakarta (DIY) is projected to continue to experience a significant increase in 2020 reaching 14.7% and the peak in 2030 will reach 19.5% [4]. Based on data from the family data

collection in 2008, it can be seen that the distribution of the number of family members aged 60 years and over (elderly) in DIY from highest to lowest are: (1) Kulonprogo Regency by 14.71% of the total number of people in the family; (2) Gunungkidul Regency is 13.89% of the total number of people in the family, (3) Bantul Regency is 11.35% of the total number of people in the family, (4) Sleman Regency is 11.25% of the total number of people in the family, and (5) Yogyakarta City at 10.84% of the total number of people in the family [5].

The progressive aging of the population structure in DIY will have an impact on various aspects of the life of the elderly, especially on aspects of health, social, and economy. In the aspect of health, along with the decrease in nutrition and physical vitality, the elderly will often also be faced with a variety of various health disorders due to decreased function of the organs of the body which will usually also be accompanied by psychosocial and emotional disorders, as well as social problems with family and the surrounding community. Meanwhile, in the socio-economic aspect, the elderly are entering the era pensions will be residents who tend to be unproductive and depend on the productive age population [6]. This condition has an impact on decreasing self-confidence and existence to interact with their social environment and impact on neglect of the elderly in the community. The latest data on the number of neglected elderly people in Yogyakarta is 36,728 people with the most distribution being in Gunung Kidul Regency, which is 14,851 people [7].

One of important service for elderly to maintain their live, inclusive health service is vital. To provide comprehensive health services for elderly, the Yogyakarta City Government based on Mayor Regulation No. 61 Year 2013 has launched *Rumah Sehat Lansia* (Elderly Healthy Home). The aims of this service is to provide preventive and promotive services that are intended as a place for the elderly to consult about health problems, especially degenerative diseases (heart disease, hypertension, kidney, blood vessel blockage, stroke, diabetes) which start to attack many of the elderly and often occur to them as well as counseling about geriatric health carried out as an effort to provide learning about the healthy lifestyle of the elderly in order to prevent geriatric disease.

This paper will examine the implementation of *Rumah Sehat Lansia* program in providing inclusive health services forelderly in Yogyakarta, Indonesia. The research questions developed in this articles are: 1) how does the implementation of Elderly Healthy Home Program in providing inclusive health service; 2) what are hindrances faced by actors in implementing the Elderly Healthy Home Program? The paper will be divided into three sections in which in the first part, the writers describe the implementation of the Elderly Healthy Home

Program. The second section is the analysis of problems in implementing the program while in the last section, the writers conclude that the Elderly Healthy Home Program is the innovation of Yogyakarta City Government in ensuring inclusive and comprehensive health services. Though there are many obstacles in its implementation, the Elderly Healthy Home Program has improved the quality of elderly life in Indonesia.

## II. METHOD

This article is a result of descriptive qualitative method. This method is relevant for attaining data related to inclusive public services provision. To gather data, the writer conducted focus group discussion and depth interview to (1) DIY Provincial Health Office, (2) DIY Provincial Social Service, (3) DIY Provincial Transportation Agency, (4) DIY Population and Civil Registration Service, (5) DIY Public Works Service, (6) Tresna Werdha Social Service Center (BPSTW) Abiyoso and Budi Luhur Yogyakarta, (7) Institute of DIY Ombudsman, (8) DIY Provincial BPJS, (9) Other regional technical implementing units, (10) Society as elderly foster families in the DIY area, (11) Social workers in DIY, (12) Elderly Homes, and (13) The elderly themselves. Other techniques to obtain data were observation on public service provision in Yogyakarta and documentation and secondary data from the informants of the research. The technique for checking data validity was source triangulation meanwhile the data analysis employed interactive model by Miles and Huberman [8].

## III. RESULT

Elderly Health House was established in early 2013 through Perwal No. 61 of 2013 and initially was at the Umbulharjo Health Center 1. Puskesmas Umbulharjo 1 was chosen to be the place of implementation of the Healthy Home for the Elderly because it has facilities that can accommodate the elderly in terms of facilities. The Elderly Healthy House began to have its own place in Sorosutan Village, Umbulharjo Subdistrict in 2015. The move of the Elderly Healthy House was carried out so that the implementation of it can be more optimal and the facilities provided could be adjusted to the needs of the elderly.

The implementation of the Healthy Home for the Elderly began with the condition of the city of Yogyakarta which is a city with average life expectancy is 73.71 years, but there is still little special access for the elderly to conduct health consultations, and little promotion of a healthy lifestyle for the elderly. Therefore, the emergence of the Health House for the elderly will be the main pioneer in promoting and preventive efforts in health services for the elderly, intended to increase the provision of information on health in a more directed

and comprehensive manner for the elderly in the city of Yogyakarta. The implementation of elderly healthy homes received a fairly good response from the people of Yogyakarta City, this can be seen from the number of elderly healthy home visitors as follows:

TABLE I. NUMBER OF THE ELDERLY HEALTHY HOME VISITOR

No	Year	Visitors
1	2013	1640
2	2014	2258
3	2015	1795
4	2016	3451
5	2017	3294

From Table I, it can be seen that the visitor of the Elderly Healthy Home is increasing each year since the establishment of it in 2013.

The service mechanism is emphasized in two systems. First in the nutrition consulting service and geriatric care, the elderly can visit the elderly healthy home every day. Secondly in consultation and counseling for geriatric special disease, it is implemented by strengthening the network with the elderly group in the area of health centers in their respective areas according to the schedule that has been arranged.

The Geriatric Health Counseling indeed gets a very big response because the focus of the elderly healthy home is indeed on this service, because of the preventive and promotive actions put forward in this celebration. Geriatric Health Counseling is mostly accessed by the elderly even though only twice a week, but the attendees are around 30-40 people from the community health centers scheduled to take part in the day's activities as well as the elderly who come individually. The number of visitors for those two services can be seen in Table II below:

TABLE II. ASSESSED SERVICES BY ELDERLY HEALTHY HOME VISITORS

Year	Geriatric Health Counselling	Nutrition and Geriatrics Care Consultation
2013	1031	609
2014	1874	384
2015	977	818
2016	2766	685
2017	2547	747

Sources: Health Ministry Agency, 2017

IV. DISCUSSION

The implementation of Elderly Healthy Home (*Rusela*) program is significant in improving the health quality of elderly in Yogyakarta. The *Rusela* in Yogyakarta has become the pilot project since 2013 and replicated in many other regions in Indonesia. In this paper the writers employs theory of Van Meter and Van Horn on the process of policy implementation [9]. Based on this theory, Horn and Meter (1976) identify six factors that influence the implementation of policy: 1) policy objectives; 2) policy resources; 3) actors/agencies characteristics; 4) communication; 5) agencies behavior; 6) economy, social and political environment.

A. Policy Objectives

Mayor Regulation No 61/2013 on Elderly Healthy Home (*Rumah Sehat Lansia/Rusela*) services has main objective to increase the health quality of elderly from degenerative diseases. The purpose of the activities of the elderly healthy home service activities is to improve the health of the elderly group as follows:

1. Improving the knowledge and attitudes of the elderly about the health of the elderly
2. Increasing participation of the elderly in visiting the *Posyandu* for the elderly in their respective regions.
3. Increasing hygiene and healthy behavior in the elderly
4. Increasing participation in elderly fitness, through a variety of existing special sports activities.
5. Decreasing number of elderly morbidity.

The implementation of *Rusela* has increased elderly knowledge in Yogyakarta on how to maintain their health and prevent from degenerative diseases. Moreover, *Rusela* has motivated elderly in consulting their nutrition to the health expertises and taking healthier exercises. The number of elderly who have assessed both type of services in *Rusela* has increased significantly each year.

The clarity of policy objective is vital to be the guidance in the policy implementation [10] [11]. Public policy appears as the solutions for society problems [12]. Thus, the public policy should states its purposes clearly in order to be implemented well. By stating its objectives clearly, it can be guidance and indicator of achieving output and outcome of the policy implementation. In the evaluation process, the policy output and outcome are the parameter of measuring the successful of policy implementation.

B. Policy Resources

Resources for implementing the *Rusela* come from the actors involved in it, especially Indonesian Ministry of Health as the main actor. The human resources in the implementation of the *Rusela* are staff in Ministry of Health agent. Yogyakarta City Health Office, through the field of public health, is in charge and also responsible for carrying out the

activities of the Elderly Healthy Home (*Rusela*) as a whole. They have the authority to appoint personnel for the *Rusela* and also determine all policies carried out by the Healthy Homes for the Elderly. All activities carried out by the Seniors Health Center are supervised and implemented directly by the Yogyakarta City Health Office, so this reduces errors in carrying out the activities and implementation of predetermined policies.

Human resources in implementing its policy is categorized as capable staff since they have health educational background and experiences. According to the Head of National Family Planning Population Agency (BKKBN), based on the 2010 population census, life expectancy in the city of Yogyakarta is the highest in Indonesia, about 74. 2 years old. It can be increased if the elderly in Yogyakarta gets the good treatment. As many as 12.9% people in the City of Yogyakarta is classified as elderly. However this number is not proportional to the number of officers who work in the *Rusela*. Number of officers who work in it are only about 4 people, i.e. 2 people in administration section and 2 people in the consultation division [13]. This number are not enough to provide excellent services for elderly in Yogyakarta in the *Rusela* program.

Moreover, in terms of facilities and budget, most facilities in *Rusela* are based on Regional Budgeted Management. The distribution of the budget is not only for implementing activities and maintaining facilities in the *Rusela*, but also for each community health center (*puskesmas*) to carry out activities for supporting the *Rusela* such as socializing programs and services of the *Rusela* to elderly in Yogyakarta. Further, facilities and health equipment in the *Rusela* are in good condition and proportional to cope the elderly problems in Yogyakarta.

#### *C. Actor/Agent Characteristic*

The main actor of implementing the *Rusela* is Ministry of Health agent. It is supported by Regional Tax and Financial Service, Regional Building and Asset Building Service, Legal and State Administration Section, DIY Regional Government Organization Section, Social and Labor Office, Office of Women and Community Empowerment, Elderly Regional Commission and non-governmental organizations. Top down characteristic can be seen from those stakeholders since most of those stakeholders are governmental agencies based on central government orders. Hence, many activities in the *Rusela* has operated based on government guidance. This condition is good in terms of certainty regulation but regarding the innovation ideas often find difficulties. The actors should consult to the top management or wait for manager permission that often takes long time. In implementing policy, innovation is important aspect in order to improve the quality and achieve better goals [14] [15]. Hence, the

actors in implementing *Rusela* need to raise ideas in increasing the qualities of its implementation.

#### *D. Communication*

In terms of communication, all of stakeholders have taken coordination and played roles based on their job descriptions. They have conducted regular meeting and well coordination in implementing the *Rusela*. They have agreed to increase the quality in providing services in the *Rusela* by adopting several strategies as follow:

1. Empowering people to always live healthy independently
2. Increasing public access to quality services.
3. Establishing partnerships with several hospitals and universities
4. Improving advocacy socialization, outreach, and communication with related institutions covering the lives of the elderly.

During the 6 years of the operation of the *Rusela*, through the mechanism and also the strategies that has been implemented by the Yogyakarta City Health Office, community participation, especially the elderly community, in accessing the Health House for the Elderly can be quite significant as seen in Table 1 and 2 above.

Communication is important factor in implementing policy [11] [9]. This communication an important component for the implementers to identify what to do, what the purpose of the policy, who are the target groups, so that it will reduce distortion in the policy implementation. The stage for implementing the *Rusela* are taken into several steps as follow [13]:

1. Conducting academic study and assessment
2. Changing of development health service organization aspects
3. Coordinating on legality and readiness aspects of organizational structure between regulation, organization and the Yogyakarta City Secretary
4. Coordinating the preparation of infrastructure and various human resources parties and SKPD, among others concerning the readiness of buildings, facilities and infrastructure, extension workers, human resources (Department of income and finance in Yogyakarta City, Sardjito Hospital and others)
5. Implementing policy phase through socialization, scheduling officers, preparing socialization schedule and material preparation facilities and infrastructure.
6. Evaluating policy implementation

From several stages and parties involved in the preparation of the *Rusela* program above, communication aspect can be seen from interaction between the Health Office as the responsible agency on health service issues and other stakeholders. The next communication is delivered by the City Health Service Yogyakarta to each community health service

in Yogyakarta City by starting to draft activities based on availability human and financial resources. Next, the 18 community health services socialized the *Rusela* to Elderly *Posyandu* and invite them to participate in the *Rusela* activities.

#### *E. Agency Attitudes*

The attitude or behavior of the implementers towards the implementation of the *Rusela* program determine the success or failure it. Opinions from the elderly who came to the *Rusela* stated that the attitude of officers in dealing with elderly was very good in almost of all aspects of the services. Other attitudes, however, need attention in implementing program such as supports from related parties to succeed the program. Supports for the *Rusela* implementation can be seen through the number of many active communities to attend socialization regarding health care and nutrition for the elderly.

#### *F. Economy, Social and Political Environment*

The economy, social and political environment are other influenced factors for implementing public policy [9]. The economic condition often related to public policy implementation due to its financial support. In the economic crises, the government may not have much budget and reduce its budget for non-basic needs. The need for providing inclusive services for elderly, through the *Rusela* implementation, may obtain less budget in the economic crises condition than in the “normal” ones. The government spending will be focused in providing people’s primary needs such as food supply and education. Moreover, the social and political environment are significant factors for implementing public policy. Public policy, then, cannot be implemented well when social and political conflict occurs in the country. Hence, it is necessary for the government to maintain stable economy, social and political condition to support the *Rusela* implementation.

Since its implementation in 2013, the economic, social and political environments in Indonesia have played significant roles. The central government has commitment to achieve sustainable development goals by promoting social inclusion in all aspect of public policy and services. In Yogyakarta, the regional government has attempted to formulate Regional Regulation draft for fulfilling the elderly needs since 2016. This policy formulation has shown that the local government tends to aware to elderly needs. The discussion of this regional regulation is still on-going process, but it is fact that the government is willing to promote inclusive services especially to cope elderly health services.

## V. CONCLUSIONS AND RECOMMENDATION

### *A. Conclusions*

The Elderly Healthy Home (*Rusela*) program, based on Mayor Regulation NO 61/ 2013, is a kind of inclusive service for coping elderly needs in the health sector. The aims of this inclusive health care services is to improve the quality life of elderly especially for decreasing the number of degenerative diseases. The *Rusela* implementation in Yogyakarta, categorized as the pilot project in Indonesia, has attracted elderly participation in the healthier activities conducted in the elderly healthy home. The percentage of elderly participation in the *Rusela* is increasing each year. Though there are several hindrances in its implementation such as lack of human resources and lack of innovation in the *Rusela* implementation, it has improve the health condition of elderly in Yogyakarta.

### *B. Recommendation*

To solve obstacles and improve the quality of the *Rusela* implementation, there are several actions that can be taken by all stakeholders as follow:

1. Increasing the participation number of elderly in the *Rusela* implementation
2. Increasing the number of community health centers in implementing the *Rusela* program in Yogyakarta
3. Increasing the number of human resources in the Elderly Healthy Home for providing consultation and counselling
4. Varying the activities in the *Rusela* to attract elderly’s interest to join into the programs
5. Developing the networks for implementing the *Rusela* in order to obtain bigger support from communities.

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