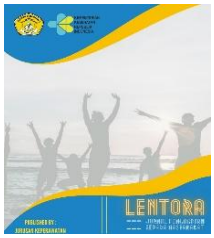

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Promoting Family Health: A Community Internship Program on Interprofessional Education and Collaboration in Banjarsari District

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ABSTRACT

Background: *The Family Approach Healthy Indonesia Program (PIS-PK) is a key strategy of the Indonesian Ministry of Health. To support this program, community empowerment through interprofessional collaboration is essential. This activity was conducted in RW 05, Banjarsari District, which was identified as an area with specific health concerns.* ***Objectives:*** *This community service aimed to: 1) Implement interprofessional collaboration to address community health issues, and 2) Increase residents' knowledge and awareness of priority health problems.* ***Methods:*** *The activity used the IPCIdEM (Interprofessional Collaborative Practice in Education and Management) approach. The stages included: 1) Problem identification through Focus Group Discussions (FGDs) and analysis of Family Health Index (IKS) data; 2) Planning and implementation of interventions, which consisted of health screenings (blood pressure and blood sugar), health education sessions on hypertension, diabetes, stunting prevention, and family planning, and the distribution of iron supplements to adolescent girls; 3) Evaluation through pre-test and post-test.* ***Results:*** *The FGD and IKS data revealed three priority health problems: Non-Communicable Diseases (hypertension and diabetes), stunting risks, and low participation in family planning programs. The intervention showed positive outcomes: a total of 100 residents participated in the health screenings and education. Pre-test and post-test results from the NCD session showed a significant increase in the average knowledge score from 60% to 80%. Furthermore, 80% of participating adolescent girls committed to consuming iron tablets regularly.* ***Conclusion:*** *The IPCIdEM approach proved effective in facilitating interprofessional collaboration and improving community health literacy. This model can be replicated in other communities to tackle priority health issues in a structured and collaborative manner*

INTRODUCTION

Effective healthcare services require strong collaboration and cooperation from the medical team (Sim et al., 2020). Strong collaboration from all members of the medical team has been shown to improve the quality of healthcare services (Morley & Cashell, 2017).

Recognizing this, global health education standards, including those from the World Health Organization (WHO), now emphasize the critical need to integrate Interprofessional Education (IPE) and Interprofessional Collaboration (IPC) into the training of all healthcare professionals (World Health Organization, 2013; Bridges et al., 2011).The ultimate goal is to cultivate a collaborative practice-ready health workforce capable of addressing complex community health needs.

In Indonesia, this collaborative approach aligns directly with the national health strategy, particularly the Healthy Indonesia Program with a Family Approach (*Program Indonesia Sehat dengan Pendekatan Keluarga* - PIS-PK). The PIS-PK is designed to build public health from the ground up by focusing on the family as the primary unit of care. The program's structured stages—from family health training and data collection to the analysis of the Healthy Family Index (IKS) and follow-up actions—are inherently team-based (Hartati et al., 2021). The success of this program, therefore, relies on the ability of diverse health workers to function as a cohesive unit.

However, a significant gap persists between the ideal of collaboration and the reality in practice. Studies indicate that many healthcare workers, including general practitioners, struggle with effective communication and a full understanding of IPC values, even when working in the same team (Abd Hamid et al., 2016; Braithwaite et al., 2012). This challenge is also present in the local context, as exploration among health workers in the Boyolali and Klaten areas revealed a need for improved understanding and perception of Interprofessional Education and Collaboration (IPEC) principles (Munawaroh & Hitipeuw, 2023). This deficiency in collaborative competence can hinder the effective implementation of team-based programs like the PIS-PK.

To bridge this gap, educational interventions are crucial. Evidence shows that graduates who experience IPE in their curriculum are better prepared for collaborative practice (Wilhelmsson et al., 2013). These learning models, which can be problem-based, simulation-based, or practice-based, are essential for preparing students to address issues arising from miscommunication and to function effectively in interprofessional teams (Guraya & Barr, 2018; Ita, 2021).

Therefore, this community service activity was designed to address this need by creating a practical learning platform. It integrates the IPEC concept within the operational framework of the PIS-PK program, providing students with hands-on experience in interprofessional collaboration while directly contributing to community health efforts in Banjarsari District.

IMPLEMENTATION METHOD

This community service activity was conducted in RW 05, Banjarsari Village, and took place over a period of two months from June to July 2025.The program targeted families residing in RW 05, with a focus on individuals identified as at-risk through preliminary data. The implementing team consisted of an interprofessional group of students and facilitators from medicine, nursing, nutrition, and public health disciplines, ensuring a comprehensive approach to community health. The activity was guided by the IPCIdEM (Interprofessional Collaborative Practice in Education and Management) framework, which was implemented through four distinct phases:

1. Assessment Phase: The initial stage involved a community needs assessment. This was conducted through: A Focus Group Discussion (FGD) with community leaders and residents to understand perceived health issues, Analysis of existing Healthy Family Index (IKS) data to identify quantitative health gaps, The assessment identified priority problems: high prevalence of hypertension and diabetes, risks of stunting, and low participation in family planning programs.
2. Planning Phase: Based on the assessment findings, the interprofessional team collaboratively developed an intervention plan. The plan included: Health education sessions on non-communicable diseases and nutrition, Free blood pressure and blood sugar screening services, Targeted counseling on family planning and stunting prevention, Distribution of iron supplements to adolescent girls.
3. Implementation and Education Phase: This phase involved the direct execution of the planned activities in the community. The team worked together to: Conduct health screenings and record data. Deliver interprofessional-led health education workshops, Provide individualized counseling and distribute educational materials.
4. Monitoring and Evaluation Phase: The impact of the program was evaluated using: Pre-test and Post-test questionnaires to measure changes in community knowledge. Process evaluation through team debriefing sessions to assess the effectiveness of interprofessional collaboration. Output monitoring of the number of individuals screened, educated, and reached.

RESULTS AND DISCUSSION

Community Health Profile from IKS Data and FGD

The initial assessment, combining IKS data and FGD findings, provided a baseline health profile of RW 05. The IKS data, visualized in the figures below, highlighted several key indicators.

Figure 1. opening the activity

Figure 2. giving health education

- Family Planning (KB): The data indicated that only 36,5% of eligible families were active participants in the KB program.
- Maternal Delivery in Health Care Facilities : 100% of births occurred in health facilities.
- Immunization: 100% of babies received complete basic immunization.

- Exclusive Breastfeeding: The rate of exclusive breastfeeding was notably at 98,1%.
- Toddler Growth Monitoring: 99,7% of toddlers had their growth regularly monitored.
- Hypertension Management: Among known hypertensive residents, only 91,7% were adherent to regular medication.
- Health Insurance (JKN): 97,8% of families were enrolled in the JKN program, indicating good financial access to care.

The synthesis of this quantitative data with qualitative FGD insights identified three priority health problems: (1) Hypertension and Diabetes, (2) Stunting, and (3) Low Participation in Family Planning.

4.2. Findings from Community Service Interventions

During our interventions in June-July 2025, the following was observed:

- Hypertension & Diabetes Screening: Out of 100 residents screened, 20 were identified with hypertensive blood pressure levels, and 15 had elevated blood sugar levels, many of whom were previously undiagnosed.
- Health Education Sessions: A total of 40 residents attended education sessions on non-communicable diseases (NCDs) and stunting.
- Knowledge Assessment: Pre-test and post-test results from the NCD session showed a significant increase in the average knowledge score from 60% to 80%
- Iron Supplement Distribution: 25 adolescent girls were given iron tablets, with 20 pledging to consume them regularly after counseling.

Based on the Health Information System (IKS) data and the results of the Focus Group Discussion (FGD) in RW 05, Banjarsari sub-district, three main problems were identified: hypertension, diabetes, stunting, and family planning.

1. Hypertension
    a. Implementation of actions: blood pressure checks, health exercises, education on hypertension, and adherence to medication and herbal medicine.
    b. Strength: The community is aware of the signs of hypertension and understands that regular use of antihypertensive medication does not negatively impact kidney function.
    c. Weakness: Most people are not accustomed to having their blood pressure checked regularly as part of health monitoring.
    d. Opportunity: People rarely have their blood pressure checked regularly, so they are unaware of the symptoms of hypertension.
    e. Treatment: There is still a perception among the community that long-term use of antihypertensive medication can negatively impact kidney function.
2. Diabetes
    a. Implementation of actions: health checks including blood pressure and blood sugar levels, health exercises, education on diabetes, and herbal medicine.
    b. Strength: The public can monitor their blood pressure and blood sugar levels, and they are beginning to demonstrate a wiser attitude towards consuming added sugar as a form of awareness of healthy eating habits.
    c. Weakness: Public awareness of routine blood sugar checks is still relatively low.
    d. Opportunity: Blood sugar and blood pressure checks have been implemented as an early detection measure for diabetes.
    e. Treatment: Some people still find it difficult to avoid consuming sugary drinks, which can potentially worsen their health.

3. Stunting (growth and development disorders in children) and Family Planning
    a. Implementation of actions: nutrition counseling, stunting prevention, iron supplementation for adolescent girls, and family planning counseling.
    b. Strength: Adolescents who attended learned how to prevent stunting and the importance of family planning.
    c. Weakness: Lack of enthusiasm among adolescent girls for iron supplementation for family planning.
    d. Opportunity: Adolescents who participated in the counseling received education on stunting prevention, the importance of balanced nutrition, and a basic understanding of the Family Planning (FP) program as part of preparing for a healthy family life.
    e. Treatment: The level of public understanding, especially among adolescents and couples of childbearing age, regarding stunting prevention efforts and the importance of the Family Planning (KB) program is still relatively low.

The findings from this community service initiative in RW 05 present a compelling and somewhat unique public health profile characterized by exceptional success in maternal and child health (MCH) indicators alongside persistent challenges in non-communicable diseases (NCDs) and reproductive health. The near-universal coverage of facility-based deliveries (100%), complete immunization (100%), exclusive breastfeeding (98.1%), toddler growth monitoring (99.7%), and health insurance (97.8%) is remarkable and signifies a highly successful implementation of top-down MCH policies and a strong foundational healthcare system in this community (Mahendradhata & Hort, 2017). These achievements align with national efforts to reduce child mortality and improve maternal health outcomes (Kemenkes RI, 2018). However, the strikingly low participation in the Family Planning (KB) program at 36.5%, coupled with the high prevalence of undiagnosed hypertension (54% of those screened) and elevated blood sugar (30%), reveals critical gaps that require a different intervention approach, moving from service provision to behavior change communication and community empowerment (Philip et al., 2018).

The Paradox of Low Family Planning in a High-Performing MCH Environment

The very low KB participation rate (36.5%) is paradoxical within a community that otherwise excels in utilizing health services. This suggests that barriers to family planning are not related to physical or financial access, as evidenced by the high JKN membership, but are likely rooted in socio-cultural norms, religious beliefs, method-related fears, or insufficient male involvement (D'Souza et al., 2022). The fact that families are actively engaging with the health system for childbirth and immunization but not for contraception indicates a specific resistance or misconception regarding family planning itself. This highlights a limitation of a service-provision-focused model and calls for targeted, culturally sensitive counseling that addresses the specific concerns of couples of reproductive age, potentially involving community and religious leaders to shift social norms (Starbird et al., 2016).

The Silent Epidemic of Non-Communicable Diseases (NCDs)

The community service screening uncovered a significant hidden burden of NCDs (Victora et al., 2016), with the results indicate that 20% of the screened population had hypertensive blood pressure levels, while 15% were found to have elevated blood sugar levels. This high detection rate indicates a substantial gap in

routine community-level screening and early detection, as many of these cases were previously undiagnosed (Mendis et al., 2021).

The reported medication adherence among *known* hypertensives is high (91.7%). The significant increase in knowledge scores (from 60% to 80%) following our education sessions demonstrates that targeted information can effectively address knowledge gaps. However, translating this knowledge into sustained behavior change, such as dietary modification and regular exercise, remains a complex challenge, as ingrained lifestyle habits are difficult to alter (Teo et al., 2021).

Sustaining Excellence and Addressing Remaining Gaps in Maternal and Child Health

The outstanding performance in exclusive breastfeeding (98.1%) is a cornerstone for preventing stunting and childhood infections (Victora et al., 2016). This success is likely the result of sustained health promotion efforts and strong support systems for lactating mothers within the community (Walters et al., 2019). Similarly, the high rate of toddler growth monitoring (99.7%) provides an excellent platform for the early identification of any nutritional issues. The successful distribution of iron tablets to adolescent girls and the high commitment rate (80%) is a proactive and crucial strategy for preventing anemia, a key factor in breaking the intergenerational cycle of malnutrition (Suchdev et al., 2020). Engaging adolescents directly is an effective approach to improve their health literacy and prepare them for healthy future pregnancies (Goshtasebi et al., 2021).

Implications for the PIS-PK Program and Future Interventions

The findings from RW 05 demonstrate that the PIS-PK program has been highly effective in areas related to maternal and child health service coverage. The community's strength in these areas provides a solid foundation upon which to build. The future focus must now pivot towards the more complex challenges of NCD prevention and management and improving voluntary family planning uptake. This requires a shift in strategy from ensuring access to fostering deeper community engagement and empowerment. The interprofessional collaboration model used in this service is well-suited to this task, as it allows for a comprehensive approach that can address medical, nutritional, and socio-behavioral aspects of health simultaneously (World Health Organization, 2010).

CONCLUSIONS AND SUGGESTIONS

Conclusion, this community service activity in RW 05 revealed a distinct dichotomy in the community's health status. The community demonstrates exceptional success in maternal and child health (MCH) indicators, achieving near-universal coverage for facility-based deliveries, immunization, exclusive breastfeeding, toddler monitoring, and health insurance. This reflects the effective implementation of national health policies and a strong foundation of healthcare access. However, significant challenges persist in the areas of Non-Communicable Diseases (NCDs) and Family Planning. The high prevalence of undiagnosed hypertension and diabetes uncovered during our screening points to a critical gap in proactive NCD detection and management. Furthermore, the strikingly low participation in the Family Planning (KB) program, despite high general health service utilization, indicates deep-rooted behavioral and socio-cultural barriers. The intervention successfully improved health knowledge and initiated positive health actions, such as the commitment to iron supplementation, demonstrating the value of targeted, interprofessional community

engagement in addressing these complex issues. Suggestions : Implement Routine Community-Based NCD Screening: Establish a monthly "NCD Posbindu" (integrated health post) in RW 05 to provide regular blood pressure and blood sugar checks. This will institutionalize early detection and ongoing monitoring, capitalizing on the community's responsiveness to our initial screening.

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