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COMMUNITY EMPOWERMENT THRU THE UTILIZATION OF BPJS TO IMPROVE FAMILY HEALTH FINANCING EFFICIENCY AT HELVETIA HEALTH CENTER MEDAN

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ABSTRACT

The utilization of BPJS Kesehatan thru the Mobile JKN application is one of the efforts to support the transformation of digital health services and improve the efficiency of family health financing. However, the utilization of the application among the elderly group is still low due to limited knowledge and skills in using digital services. This community service activity aims to enhance the knowledge and skills of the elderly in utilizing the Mobile JKN application at UPT Puskesmas Helvetia Medan. The activity was carried out using an educative-participative approach thru community education methods, technology diffusion, training, mentoring, mediation, and advocacy. The target of the activity is 30 elderly participants of BPJS Kesehatan. Evaluation was conducted using a one group pre-test and post-test design, while participants' skills were assessed thru observation sheets during the practice of using the Mobile JKN application. The results of the community service activities showed that the average knowledge score increased from 3.43 ± 1.251 before education to 7.47 ± 1.697 after education, with statistical tests indicating a significant difference ($p < 0.001$). In addition, the majority of participants were able to use the basic features of the Mobile JKN application, such as downloading the application (96.7%), registering an account (90.0%), logging into the application (90.0%), and checking membership status (86.7%). This activity shows that education accompanied by practice and mentoring effectively improves the digital health literacy of the elderly in utilizing BPJS Kesehatan thru the Mobile JKN application. Similar programs need to be implemented continuously as part of the strategy to enhance access to digital health services for the elderly group

Keywords : BPJS Kesehatan, Mobile JKN, Elderly, Community Empowerment

Introduction

One important step to improve the effectiveness of family health financing is community empowerment thru the utilization of BPJS Kesehatan at the Helvetia Medan Health Center. The goal of the government's BPJS Kesehatan program is to improve access for the Indonesian people to more affordable healthcare services. Although BPJS has been available at Puskesmas since 2014, there are still several issues that hinder its implementation there. Some of these issues include the lack of public understanding about the benefits of BPJS, the lack of available services, and problems in claim administration, all of which negatively impact the program's performance.

One of the main challenges faced by Puskesmas Helvetia is the lack of public understanding about BPJS. Many people are registered with BPJS, but they do not

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yet understand the benefits and procedures related to BPJS claims. They do not know that BPJS covers outpatient care, laboratory tests, and medications. They prefer to pay for treatment directly because of this, even tho BPJS can reduce costs (Alayda et al., 2024).

Another factor is the lack of effective BPJS socialization and training at the Puskesmas. Many people do not know the best way to use BPJS services. Puskesmas often only issue leaflets or general announcements that are not interactive enough. Community-based health education shows better results in improving public understanding of the national health insurance program (Azmi et al., 2024). As a result, Puskesmas Helvetia must be more proactive by providing direct counseling or holding regular meetings at the community level.

One of the next obstacles is the BPJS claim administration process, which is often considered complicated and time-consuming, thus hindering the public from utilizing the available health services. The uncertainty in this process often makes the public reluctant to file claims, which ultimately reduces the benefits they can obtain from BPJS (Arimbi et al., 2022). To make the public more confident and comfortable using BPJS, community health centers must ensure that the claims process is carried out quickly and transparently.

Puskesmas Helvetia must take several actions to address this issue. First, the Puskesmas must improve the quality of their infrastructure and facilities to support BPJS services, so that the community can clearly understand the benefits and procedures of BPJS. Second, the BPJS claim procedures should be simplified to make them more accessible to the public, and simplifying the BPJS claim administration process can increase the utilization rate of BPJS services by the community (Amran, 2023).

Most people, especially those from low-income groups, face financial problems. Although the government provides subsidies to low-income participants, many families choose not to enrolll in the BPJS program due to the difficulty of paying the premiums. This affects the ability of the most needy communities to access healthcare. Therefore, additional local government policies should be created to help families struggling to pay BPJS premiums with subsidies.

This community service aims to enhance the understanding and skills of the community, especially parents, in using the Mobile JKN application. This is done with the goal of improving financing efficiency and increasing access to family health services at UPT Puskesmas Helvetia Medan.

Method

This community service activity uses a participatory community education approach thru the diffusion of science and technology, training, mentoring, mediation, and advocacy. At UPT Puskesmas Helvetia Medan, this method is used to address the poor understanding of the elderly regarding the utilization of BPJS Kesehatan and the Mobile JKN application. It also improves the efficiency of family health financing.

Community service was conducted at UPT Puskesmas Helvetia Medan in July 2025. The main target of the activity is elderly users of the UPT Puskesmas Helvetia Medan services who are BPJS Kesehatan participants, specifically the elderly who do not yet understand how to use the Mobile JKN application, still rely on manual services at the counter, and need assistance in accessing digital health services. The participants of the activity consist of 30 elderly individuals who are willing to follow the program from start to finish.

The implementation of the activity was carried out in four stages. The first stage is preparation, which includes coordinating the implementation team, task distribution, and obtaining activity permits from the Regional Research and Innovation Agency of the Medan City Government, the Medan City Health Office, and the Helvetia Health Center. At this stage, the team also prepared educational materials, leaflets, presentation slides, tutorial videos, pre-test and post-test instruments, skill observation sheets, and participant feedback forms.

The second stage is the education and diffusion of science and technology. At this stage, the elderly are given interactive counseling about the benefits of BPJS Kesehatan, the rights and obligations of JKN participants, service procedures at community health centers, referral pathways, and the main functions of the Mobile JKN application. The educational media used include presentation slides, leaflets, and tutorial videos in simple language to ensure they are easily understood by the elderly participants.

The third stage is training and practical assistance in using the Mobile JKN application. Elderly participants are directly assisted in downloading the application, registering an account, logging in, checking their membership status, verifying first-level health facilities, understanding the online queue feature, and accessing BPJS Kesehatan service information. The assistance is provided individually or in small groups to make it easier for elderly participants to follow each stage of the practice.

The fourth stage is evaluation, mediation, and advocacy. Evaluation is conducted using a one group pre-test and post-test design to measure the increase in

knowledge of the elderly before and after education. Participants' skills were assessed thru an observation sheet during the simulation of using Mobile JKN. The team also mediated with the health center staff to clarify the administrative obstacles often faced by the elderly, such as document completeness, referral procedures, service queues, and the use of digital services. The findings of the activity were then compiled into recommendations for the UPT Puskesmas Helvetia to ensure that education on the use of Mobile JKN can be conducted regularly, especially for elderly patients.

Pre-test and post-test data were analyzed descriptively quantitatively by calculating the mean, standard deviation, and percentage increase in knowledge. If the data meets the requirements, the analysis can proceed using the paired t-test for normally distributed data or the Wilcoxon signed-rank test for non-normally distributed data with a significance level of 0.05. Skill data is analyzed based on the percentage of elderly participants who are able to correctly perform the steps of using the Mobile JKN application.

Results

Table 1. Characteristics of Elderly Participants in Community Service at UPT Puskesmas Helvetia Medan (n = 30)

Characteristics	n	%
Age		
60 years	11	36.7
65 years	14	46.7
66 years	2	6.7
68 years	2	6.7
69 years	1	3.3
Gender		
Male	7	23.3
Female	23	76.7
Education		
Elementary School	1	3.3
Junior high school	12	40.0
Senior high school	17	56.7

Based on Table 1, the majority of participants in the community service activities are elderly individuals aged 65, totaling 14 people (46.7%), followed by those aged 60, totaling 11 people (36.7%). In terms of gender, most participants are female, totaling 23 people (76.7%), while males total 7 people (23.3%). From an educational aspect, the majority of participants have a high school education, totaling 17 people (56.7%), followed by junior high school with 12 people (40.0%), and elementary school with 1 person (3.3%). This indicates that the participants in the activities are predominantly elderly women with a secondary education level.

Table 2. Differences in the Level of Knowledge of the Elderly about the Utilization of the JKN Mobile Application Before and After Education at UPT Puskesmas Helvetia Medan

Knowledge	Mean ± SD	p-value
Pre-test	3.43 ± 1.251	<0.001
Post-tets	7.47 ± 1.697	

Based on Table 2, the average knowledge score of the elderly before being educated about the use of the Mobile JKN application was 3.43 ± 1.251. After education, discussion, simulation, and assistance, the

average knowledge score increased to 7.47 ± 1.697. This increase indicates that the educational activities were able to enhance the elderly's understanding of the use of the Mobile JKN application at UPT Puskesmas Helvetia Medan. The results of the statistical test showed a p-value <0.001, which means there is a significant difference in knowledge levels before and after the education. Thus, community service activities thru education and assistance in using the Mobile JKN application are effective in increasing the elderly's knowledge regarding the utilization of BPJS Kesehatan and digital services at UPT Puskesmas Helvetia Medan.

Figure 1. Community Service Activities of UPT Pusmesmas Helvetia Medan

Table 3. Elderly Skills in Using Basic Features of the JKN Mobile Application After Assistance

Indicator	n	%
Downloading the Mobile JKN application	29	96.7
Opening the application	29	96.7
Account registration	27	90.0
Application login	27	90.0
Viewing participation status	26	86.7
Changing participant data	23	76.7
Choosing First-Level Health Facility	24	80.0
Taking an online queue	22	73.3
Viewing the service history	21	70.0
Finding the consultation or health information menu	20	66.7

Based on Table 3, the skills of the elderly after the assistance show that most participants are able to use the basic features of the Mobile JKN application. The highest ability is found in the indicators of downloading and opening the Mobile JKN application, with 29 people (96.7%) each. Furthermore, 27 people (90.0%) are able to register an account and log in to the application, and 26 people (86.7%) are able to view their membership status. However, more complex skills such as taking online queues, viewing service history, and finding the consultation or health information menu still have lower achievement rates, at 73.3%, 70.0%, and 66.7%, respectively. This indicates that assistance effectively improves the basic skills of the elderly, but the use of advanced features still requires ongoing education and support.

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Discussion

The findings from this Community Service indicate that an interactive education approach thru lectures, discussions, and simulations successfully improved participants' understanding of BPJS administrative procedures, patient rights and obligations, as well as the use of digital services such as online registration and access to medical records. These results are in line with research that concludes that education about BPJS Kesehatan is effective in empowering the community to access affordable and quality healthcare services (Abrar et al., 2023).

Education specifically designed for the elderly is necessary so that they can understand and use the Mobile JKN application well (Lumi et al., 2024). The education needs to be conducted in simple language, accompanied by direct examples and repeated guidance so that the information can be more easily accepted. Education based on direct practice is more effective in improving technology understanding among the elderly group (Apriliani et al., 2026).

The increasing understanding of the elderly regarding the use of the Mobile JKN application is expected to enable them to be more independent in accessing healthcare services. This not only helps speed up services but also improves the quality of life for the elderly in the digital era. Family support also remains an important factor in assisting the elderly in using applications, in addition to the need for integrated digital assistance programs at the clinic or community health center level. These efforts will ensure that the digital literacy that has been built is not only temporary but also sustainable and beneficial for the long-term well-being of the elderly (Magdalena et al., 2025).

The low utilization of community health center services can lead to delays in early detection and management of health issues, which ultimately increases the risk of diseases with higher severity levels (Oktadiana et al., 2024). This condition not only affects individual health but also has the potential to increase the burden on the overall healthcare system. Therefore, measures are needed to enhance public understanding and expand the accessibility of the Mobile JKN application so that more citizens are encouraged to use the available services (Rumayar et al., 2025; Rinjani & Sari, 2022).

The results of community service for the elderly show that they are able to use the basic features of the Mobile JKN application. The highest ability is found in the indicators of downloading and opening the Mobile JKN application.

While the elderly are well-educated thru community service, it shows that the comprehensive socialization of BPJS is not

yet optimal, especially for the elderly who have not been reached by the BPJS Mobile JKN application features thru educational programs. These findings reinforce the need for intensive and inclusive community service programs, with an approach that is easily understood by various elderly individuals, including those with low digital literacy. A study at Puskesmas Helvetia Medan shows that the implementation of the BPJS program is quite effective in reaching economically disadvantaged communities. This is consistent with the results of community service activities that strengthen participants' ability to use digital services effectively. Thus, community service contributes as a complementary strategy to strengthen the success of implementing digitalization of services in the field (Sitompul, 2022).

Involvement in providing feedback turns out to contribute to the improvement of service quality. Research states that active community participation, thru reporting or feedback, encourages the improvement of BPJS responsiveness as well as service innovations such as queue system improvements and the launch of mobile health service programs. This shows that community service not only improves literacy but also opens channels of dialog between the community and healthcare providers.

Conclusions

Community service activities titled "Community Empowerment thru the Utilization of BPJS to Improve Family Health Financing Efficiency at Puskesmas Helvetia Medan" have proven capable of enhancing the knowledge and skills of the elderly in utilizing BPJS Health thru the Mobile JKN application. The education, simulation, and assistance provided help the elderly understand the service flow, access basic Mobile JKN features, and reduce dependence on manual administrative processes at the health center.

UPT Puskesmas Helvetia Medan is advised to conduct regular education on the use of BPJS and Mobile JKN, especially for the elderly and their accompanying families. Higher education institutions also need to continue community-based mentoring programs to improve health digital literacy and ensure that the use of BPJS can support the sustainable efficiency of family health financing.

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