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Collaboration between the KKM Team and the Community Health Center in Assisting with the Implementation of Free Health Checks in Sukasari Village

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ABSTRACT

The implementation of Free Health Checks at village level requires more than the availability of clinical personnel and examination equipment. Service flow, participant assistance, data administration, privacy, and follow-up communication must also be managed in an integrated manner. This community engagement activity describes the collaboration between the Student Community Service Team and Kaduhejo Public Health Center in assisting the Free Health Check program in Sukasari Village. The activity was conducted at the Sukasari Village Office on 21 July 2026 from 08.00 to 11.00 and involved 30 adult and older participants, three health workers, and five student volunteers. A participatory field-assistance approach was applied through coordination, site preparation, participant registration, service-flow management, basic measurement support, documentation, and joint evaluation. Health services included body-weight measurement, blood-pressure and blood-glucose checks, oral-health assessment, respiratory symptoms screening, sputum examination when indicated, and administrative support for selected laboratory or hormonal parameters determined by health professionals. Field observations showed that clear role allocation improved queue organization, reduced repeated explanations, and helped participants complete each service station. The screening also identified participants requiring further attention for elevated blood pressure or blood glucose, as well as participants with respiratory history who were already receiving treatment. The collaboration strengthened the operational delivery of preventive health services while preserving clinical authority, confidentiality, and referral responsibility within the health center.

1. INTRODUCTION

Primary health care plays a crucial role in detecting risk factors before they develop into more serious disorders. Many conditions, including elevated blood pressure and glucose levels, can occur without obvious symptoms in the early stages. Regular checkups provide the public with the opportunity to recognize their condition, obtain initial information, and receive appropriate follow-up. These benefits are determined not only by the accuracy of the examination, but also by the regularity of administration, clarity of procedures, participants' ability to understand the information, and continuity of referrals after the event is completed.

The Free Health Check (CKG) program was developed as an effort to expand public access to early detection. The CKG

technical guidelines place primary health care facilities and their networks as the implementing agencies responsible for screening, recording, education, and follow-up according to target groups (Ministry of Health of the Republic of Indonesia, 2026a). This position aligns with Minister of Health Regulation Number 19 of 2024, which emphasizes the role of Community Health Centers (Puskesmas) in providing public and individual health services within their respective jurisdictions (Ministry of Health of the Republic of Indonesia, 2024a).

Implementing CKG at the village level presents different operational requirements than routine services at community health centers (Puskesmas). Available space is typically more limited, while participants may arrive close together and have varying abilities in reading forms or following directions. Elderly individuals may also require assistance when moving from one desk to the next. If the flow isn't well-planned, queues can easily



build up, recordings can be duplicated, and participants risk missing a step in the examination.

The CKG activity in Sukasari Village was carried out through a collaboration between the Kaduhejo Community Health Center (UPT), the Sukasari Village Government, health cadres, and the Student Work Lecture (KKM) Team of Bina Bangsa University. The activity took place at the Sukasari Village Office, Kaduhejo District, Pandeglang Regency, on July 21, 2026, from 08:00-11:00 WIB. A total of 30 adults and elderly residents participated in the service with the support of three health workers and five KKM students. Student involvement was not placed on clinical authority, but rather on administrative needs, organizing participants, communication flows, and documentation.

The service package includes registration, weight measurement, blood pressure check, blood sugar check, dental and oral health check, and screening for cough and respiratory symptoms. Participants who meet certain criteria are directed to undergo sputum testing based on the decision of a healthcare professional. Administrative support is also provided for certain laboratory tests, including hormonal parameters, when determined based on clinical indications and service availability. This range of tests requires clear role boundaries, as procedures, specimen management, result interpretation, and referral decisions must remain the responsibility of healthcare professionals.

Cross-stakeholder collaboration can strengthen primary care capacity when each element understands its responsibilities. A study by Erku et al. (2023) showed that community engagement in primary health care is influenced by a clear structure, continuous communication, and the ability to adapt programs to local conditions. In the context of community service, students can assist with non-clinical tasks that take up staff time, such as explaining desk layouts, assisting with data entry, maintaining order in waiting rooms, and assisting residents who need additional assistance.

Field mentoring also provides contextual learning for students. They encounter the needs of residents, queue dynamics, confidentiality of information, and the importance of working within competency limits. Collaborative, community-based education can strengthen students' understanding of community-centered services and the relationships between stakeholders within the health system (Kristina et al., 2023). This experience is crucial to ensure that service is not understood as a ceremonial activity, but rather as a learning process accompanied by responsibility for service.

Based on this description, this article aims to describe the collaboration between the KKM Team and the Kaduhejo Community Health Center (Puskesmas) in assisting the implementation of CKG in Sukasari Village. The discussion focuses on the preparation stages, task allocation, flow management, forms of support at each checkpoint, community response, field challenges, and follow-up. The article also examines the activity's contribution to the regularity of services and student learning without making claims of changes in health status that are not supported by long-term measurements.

2. MATERIALS AND METHODS

2.1 Approach, Location, and Target

The community service program uses a participatory approach based on field mentoring. This approach was chosen because the primary focus of the activity is not simply on information delivery, but also on organizing services that involve health workers, students, village government, cadres, and residents simultaneously. The Community Health Center (Puskesmas) serves as the technical and clinical manager. The village government and cadres assist with information dissemination and

participant mobilization, while the Community Health Center (KKM) Team provides non-clinical support.

The activity was held at the Sukasari Village Office, Kaduhejo District, Pandeglang Regency, Banten Province, on July 21, 2026, from 8:00 AM to 11:00 AM WIB. Thirty participants, consisting of adults and elderly residents, participated. Field implementers included three health workers from the Kaduhejo Community Health Center and five KKM students. The village office was chosen as the service location to bring examinations closer to the community and utilize a location that is easily accessible to residents.

2.2 Activity Stages

The preparation phase begins with coordination between the Community Health Center (Puskesmas), village government, cadres, and the KKM Team. Discussions cover implementation times, target participants, types of examinations, table and equipment requirements, service sequence, staff allocation, record-keeping, privacy, specimen management, and follow-up procedures. The KKM Team then assists in organizing the registration area, waiting room, measurement tables, participant movement routes, and examination areas requiring restricted access.

The implementation phase begins with registration and data verification. Participants are then directed to undergo weight measurement, blood pressure checks, and blood sugar tests. Following this, participants undergo a dental and oral examination and respiratory symptom screening. Sputum tests are performed on participants who meet the criteria based on the assessment of a healthcare professional. Additional tests, including laboratory or hormonal parameters, are only performed if authorized by an authorized officer.

The evaluation phase is conducted after the entire service series is completed. The implementation team discusses queue orderliness, data completeness, communication between desks, support for elderly participants, privacy protection, space requirements, and challenges faced by absent participants. Evaluation notes are used to formulate improvements for similar activities, particularly regarding arrival arrangements, the allocation of guides, and the delivery of follow-up information.

2.3 Division of Roles and Limits of Authority

Roles were defined to ensure that student support did not override clinical authority. Healthcare workers established examination procedures, used medical equipment, collected or managed specimens, interpreted results, provided counseling, and determined referrals. The KKM team handled registration, attendance lists, queue number assignments, participant direction, area preparation, non-clinical record keeping, and activity documentation. Cadres and village officials played a role in contacting residents, identifying participants in need of assistance, and supporting site readiness.

Table 1. Division of Roles in the Implementation of CKG in Sukasari Village

Party	Main Responsibilities	Implementation Limit
Kaduhejo Community Health Center	Establish procedures; perform clinical and laboratory examinations; manage specimens; explain results; determine counseling and referrals.	The authority for diagnosis, interpretation, invasive procedures, and follow-up decisions remains with the health worker.
KKM Team	Registration, queuing, participant direction, area arrangement, documentation, non-clinical recording, and communication between tables.	Does not provide diagnosis, interpret results, perform invasive procedures, or make referral decisions.
Village government and cadres	Dissemination of information, mobilization of residents, support of venues, and assistance to participants who need assistance.	Does not replace clinical judgment and does not access individual results without service needs.

Source: Task division notes for the implementation team, processed (2026).

2.4 Data Collection, Analysis, and Service Ethics

Activity information was collected through attendance lists, process observations, field notes, documentation, and verbal feedback from partners and participants. Observations focused on flow, queue density, student engagement, community response, communication barriers, and follow-up needs. Individual examination results are not presented in this article as they constitute health information that must be kept confidential.

Data were analyzed descriptively by grouping findings into themes of collaboration readiness, service implementation, participant mentoring, communication of results, screening findings, supporting factors, constraints, and sustainability. The program did not use a comparison group, pre-test, or post-test. Therefore, program success was assessed through the implementation of stages, clarity of task allocation, regularity of service delivery, community participation, and the availability of follow-up instructions.

The ethical principles applied include respect for privacy, limited access to test results, proportional use of documentation, and a prohibition on students providing medical conclusions. Participants requiring clinical explanations are directed directly to healthcare professionals. Tests involving blood or sputum are conducted with attention to safety, hygiene, medical waste management, and infection control, in accordance with Community Health Center procedures.

3. RESULT AND DISCUSSION

3.1 Collaboration Readiness and Site Arrangement

Pre-activity coordination resulted in a more focused work structure. The Community Health Center determined equipment requirements, examination sequence, and implementation standards, while the KKM Team adjusted the spatial arrangement to suit the conditions of the Sukasari Village Office. The registration desk was placed at the beginning, followed by the waiting area and the pathway to the checkpoint. Placing a guide at the transfer point helped prevent participants from returning to a desk they had already passed.

The readiness of the venue directly impacts participant comfort. The service area needs to be open enough to avoid crowding, but still provide a boundary that maintains privacy when results are discussed. The KKM team helps arrange waiting chairs, prepares stationery, ensures forms are available, and reduces non-exam-related traffic. This arrangement allows healthcare workers to focus more on clinical care and communication.

The role of village government and cadres is a crucial link between services and the community. Cadres help identify elderly residents who need more attention, while village officials support information dissemination and facility readiness. This collaboration demonstrates that primary care in villages relies not only on health workers but also on the ability to organize local resources. These findings align with those of Erku et al. (2023), who identified communication, structural clarity, and adaptation to context as crucial elements of community engagement.

3.2 Registration, Queuing, and Participant Assistance

Registration serves as the gateway to services and the basis for tracking the steps participants have completed. Students help check the completeness of data, explain any unclear sections of the form, and direct participants to their queue numbers. Checklists are carried from one post to the next so staff can track the services performed. This method reduces duplicate registration and helps prevent missed steps.

Assistance is provided selectively based on need. Residents who can follow instructions independently are simply directed to

the next station, while elderly participants or those with reading difficulties receive closer assistance. This approach maintains efficiency while avoiding the impression that all participants are dependent on the assistant. Student involvement also reduces repetitive administrative questions to clinical staff.

A total of 30 people attended. Overall, residents were cooperative and followed the officers' directions. Some residents who had previously been notified were unable to attend, so the activity's coverage was not fully representative of the target group. This situation prompted an evaluation, highlighting the need to strengthen information delivery, schedule reminders, and arrival time management to ensure more equitable participation in future activities.

3.3 Measurement of Body Weight and Blood Pressure

Weight measurements are performed as part of the baseline assessment. The KKM team helps prepare the area so the equipment is on a stable surface, organizes shifts, and ensures participants follow the healthcare provider's instructions. Results are recorded on a service sheet to be used alongside other assessment information. If additional anthropometric data is required, the assessment is adjusted based on the participant's age, condition, and service requirements.

At the blood pressure station, participants are instructed to sit and relax before the measurement. Students keep the waiting area light and help remind participants of the required positions. Blood pressure readings that require attention are not immediately treated as a diagnosis. Health workers explain the need for repeat measurements, monitoring, changes in habits, or further consultation at the community health center.

Field notes indicate that some participants had blood pressure readings that required follow-up. This finding demonstrates the importance of screening in people who may not necessarily visit a health facility without symptoms. However, this article does not include individual numbers or values to maintain confidentiality and because the activity was not designed as a hypertension prevalence survey.

3.4 Blood Sugar Examination and Laboratory Parameters

Blood sugar tests are performed by healthcare workers using equipment and materials provided by the Community Health Center (Puskesmas). The KKM team supports shift management, maintains an orderly area, and directs participants after the results are recorded. The explanation of the results takes into account the context of the test, including the last meal, medical history, medications used, and other clinical conditions. Therefore, students do not provide interpretations or therapeutic recommendations.

Screening results identified participants with blood sugar levels requiring further attention. Some participants were already undergoing therapy, so the activity also served as a reminder to maintain control and follow the healthcare provider's recommendations. Other participants were directed to seek confirmation or monitoring as assessed by the staff. These findings are not used to determine diabetes incidence rates because a single field examination has limitations and requires further assessment.

Additional laboratory testing, including hormonal parameters, is performed only under circumstances determined by healthcare professionals and supported by available facilities. The student's role is limited to administration, queuing, and guidance. Collection, labeling, processing, quality control, analysis, storage, and interpretation of biological materials are the responsibility of authorized personnel. This clear boundary ensures participant safety and prevents miscommunication regarding the meaning of test results.

3.5 Cough Screening, Respiratory History, and Sputum Examination

Respiratory screening was conducted through questions about cough, duration of symptoms, accompanying symptoms, and contact history. Participants who met certain criteria were referred for further examination by a healthcare professional. During the activity, participants with a history of respiratory disorders, including asthma, were identified, and some had already received therapy. This information was used to ensure participants received appropriate guidance, not to establish a new diagnosis through community service activities.

Sputum testing requires a more controlled flow than a basic checkpoint. Containers must be appropriate, specimen identification must be properly recorded, and collection must be conducted in an area that prioritizes safety and infection control. The KKM team helps direct participants and ensures the specimen line is separate from the general queue. Diagnostic testing and follow-up decisions are made by healthcare professionals.

Tuberculosis diagnosis guidelines emphasize the need to link screening to a clear diagnostic process so that participants with suspicious initial results do not stop at the identification stage (World Health Organization, 2025). Therefore, follow-up communication is a crucial part of the process. Participants need to know where to go, what documents to bring, and why further testing is necessary.

3.6 Dental and Oral Health Examination

Dental and oral examinations are aimed at identifying complaints, identifying oral hygiene issues, and identifying conditions requiring further treatment. The KKM team assists with calling participants and maintains distance in the queue to ensure an orderly process. Findings are presented directly by health workers using easy-to-understand language. Privacy is maintained, as oral health is part of an individual's health information.

The activity doesn't stop at recording findings. Participants receive guidance on dental hygiene, brushing habits, sugar consumption, and the need for regular checkups. Free community-based checkups can be a gateway to increasing awareness of prevention, especially for residents who rarely seek medical attention when there are no serious symptoms (Pramaswari & Fatah, 2023; Sriwidyastuti et al., 2024).

3.7 Communication of Results and Continuity of Follow-up

Communication of results serves as a link between the initial examination and post-event actions. Healthcare workers explain the meaning of the findings, limitations of the examination, possible changes in behavior, and the need for follow-up consultations. The KKM team ensures that participants bring their results sheets and know which desk to go to. This guidance is crucial because medical information delivered too quickly can be misunderstood, especially when participants undergo multiple examinations in close proximity.

Health literacy does not solely depend on individual abilities. Service systems also need to provide information that is easy to find, understand, and use (World Health Organization, 2022). The use of directional signs, concise explanations, repetition of information when necessary, and opportunities to ask questions help participants navigate services with greater confidence. Students play a role in interpreting administrative procedures, while clinical explanations are still provided by healthcare professionals.

The success of the CKG cannot be measured solely by the number of residents who complete the examination. Findings requiring attention must be linked to monitoring, confirmatory testing, treatment, or referral (Ministry of Health of the Republic

of Indonesia, 2026b). During this activity, participants with blood pressure or blood sugar needs are directed to continue consultations at the Community Health Center (Puskesmas). Participants who have undergone therapy are reminded to maintain compliance and follow the scheduled check-ups.

3.8 Process Achievements, Community Responses, and Activity Outcomes

Based on observations, the primary benefit of the mentoring program was seen in the regularity of participant movement and the clarity of task allocation. The presence of students at registration and contact points prevented healthcare workers from having to repeatedly leave their posts to answer administrative questions. Participants also found it easier to understand the examinations they had undergone and the next steps. Residents' responses tended to be positive and cooperative throughout the service.

Table 2. Summary of Qualitative Achievements of Activity Implementation

Aspect	Field Findings	Meaning for Service
Collaboration	The roles of health workers, students, village government, and cadres can be differentiated operationally.	Reducing overlap and maintaining clinical authority.
Participant flow	Registration and direction officers assist participants in following the examination sequence.	Prevents repeated recording and missed steps.
Participation	Thirty adults and elderly residents participated in the activities cooperatively.	Demonstrates community acceptance of services brought closer to villages.
Screening findings	There are blood pressure or blood sugar results that require attention as well as participants with a respiratory history.	Strengthening the need for consultation, monitoring, and follow-up at the Community Health Center.
Student learning	Students practice communication, administration, privacy, and cross-stakeholder work.	Community service is a learning experience based on community needs.

Source: Observations, field notes, and evaluations with partners, processed (2026).

The output of the activity is not only the implementation of the examination, but also the creation of a reusable work pattern. The table layout, placement of directing staff, division of authority, and communication flow of results can form the basis for similar services. Evaluation documentation and records provide the village government and community health center with information to assess facility needs, service times, and participant recruitment strategies.

For students, direct involvement reinforced their understanding that community-based health care requires administrative precision, respectful communication with participants, and adherence to boundaries of authority. Students also learned that test results should not be discussed openly and that each participant has different communication needs. This experience supports the community service's function as social and professional learning.

3.9 Supporting Factors, Constraints, and Improvement Strategies

Supporting factors for the activity included the readiness of healthcare workers, pre-service task allocation, support from village government and cadres, and community participation. Familiar locations facilitated access, while the presence of students increased the capacity of support staff at potentially congested locations. Direct communication with the health center staff facilitated problem-solving when adjustments to the flow were necessary.

Challenges that arose were related to participants arriving close together, limited space, differences in understanding of instructions, and the absence of some participants. Blood,

sputum, or laboratory tests also required special arrangements to maintain cleanliness, security, and privacy. Adjustments were made through separating queues, adding additional staff to guide them, repeating information, and quickly coordinating with healthcare workers.

Subsequent activities could utilize arrival time allocations to ensure more even queue distribution. Information should be provided to residents early and with reminders closer to the date of the appointment. Forms could be simplified without compromising data requirements, while flow markers could be made more visible. Evaluations could also include wait times, the number of participants for each type of examination, partner satisfaction, and the number of follow-up actions completed to allow for more measurable process outcomes.

Post-activity monitoring should be part of the collaboration. Community health centers can follow up with participants who require repeat measurements, confirmatory examinations, or therapy check-ups. Village governments and community health workers can help remind residents without disclosing health results to unauthorized parties. The Community Health Service (KKM) team can compile non-clinical recapitulations and operational recommendations as part of the community service report.

3.10 Documentation and Field Notes

Field documentation shows that the activity took place in a single service room at the Sukasari Village Office, with several tables used interchangeably. The limited space required careful arrangement of chairs, participant paths, and staff positions to ensure orderly operation. The KKM team assisted in preparing forms, calling participants, directing them to the next post, and assisting residents who needed assistance during the basic measurements. Health workers continued to provide technical instructions and assess the test results.



Figure 1. Documentation of the series of services: (a) assistance with blood pressure checks; (b) recording and service at the examination table; (c) assistance with weight measurement; and (d) arrangement of the service area and direction of participants.

Source: Documentation of the KKM Team, Bina Bangsa University (2026).

Queue conditions during the activity were relatively manageable because participants were guided in stages and not all standing around the examination table. Available chairs served as waiting areas, while students reiterated the service sequence when participants were unsure of the forms or the designated tables. Documentation also demonstrated student involvement in assisting with non-clinical record-keeping, preparing administrative aids, and maintaining smooth communication between participants and staff. This assistance was within the boundaries of the students' roles, as clinical decisions, interpretation of results, and therapeutic direction were still made by healthcare professionals.

Participants' responses during the examination appeared cooperative. They followed the directions for blood pressure measurements, agreed to be weighed, and waited their turn. However, space limitations prevented a complete separation

between the waiting area and the service desk. In future activities, clearer signage and staggered arrival times could be implemented to reduce crowding at certain times.



Figure 2. Joint documentation with the KKM Team, health workers, and partner elements after the implementation of the Free Health Check at the Sukasari Village Office.

Source: Documentation of the KKM Team, Bina Bangsa University (2026).

Joint documentation at the end of the activity reinforces the fact that the CKG implementation was a multi-stakeholder effort. The presence of healthcare workers ensured clinical quality and accountability, while students and village partners supported the organization and accessibility of services. This visual evidence was not used to assess participants' medical outcomes, but rather to support descriptions of the mentoring process, site conditions, task allocation, and the participation of implementers.

4. CONCLUSION

The collaboration between the Bina Bangsa University Community Health Center (KKM) team and the Kaduhejo Community Health Center (Puskesmas) in assisting with the implementation of the Free Health Check in Sukasari Village strengthened the operational management of primary health care services. The activity on July 21, 2026, involved 30 adults and elderly residents, three health workers, and five students. The KKM team contributed to registration, queuing, participant direction, area arrangement, documentation, and communication between tables, while the Community Health Center was responsible for clinical examinations, specimen management, result interpretation, counseling, and referrals.

This division of roles supports the implementation of weight measurements, blood pressure, blood sugar, dental and oral examinations, respiratory screening, sputum examination, and certain laboratory tests as indicated. Field findings indicate that some participants require further attention regarding blood pressure or blood sugar, as well as participants with a history of respiratory disorders, some of whom have already undergone therapy. Activities also indicate that the quality of preventive services is influenced by regular flow, clarity of information, privacy protection, and continuity of follow-up. Future implementation needs to be complemented by scheduling arrival times, recording the coverage of each service, evaluating waiting times, and monitoring referrals.

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