DOI: http://dx.doi.org/10.33846/ceh1101

Empowerment of Health Cadres in Efforts to Prevent Cardiac Emergency in the Community

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ABSTRACT

Urban communities are prone to suffering from coronary heart disease, due to working hard and spending a lot of time outside the home. Many people die suddenly at work, while driving, exercising or staying at home; suspected of having a heart attack. The active role of the community to overcome this problem is very much needed, and community empowerment is a good strategy, especially for health cadres. In this case, it is necessary to carry out training, then identify an increase in the knowledge of health cadres about the prevention of cardiac emergencies. The results of the study show that the role of health cadres is indispensable in efforts to prevent cardiac emergencies in the community. **Keywords:** empowerment; cadre; cardiac emergency

INTRODUCTION

Non-communicable diseases have increased every year. In general, non-communicable diseases are the number one cause of death is cardiovascular disease (1). Cardiovascular disease is a disease related to abnormalities of the heart and blood vessels. Because the heart is a vital organ, if there is a problem with the heart it can cause bad conditions for the body. There are many types of cardiovascular disease, but the most common and most well-known is Coronary Heart Disease (CHD). An unhealthy lifestyle triggers coronary heart disease, especially ASHD (Arterio Sclerotic Heart Disease). The most common causes of CHD cases are hypertension, hypercholesterolemia, and diabetes (2). ASHD disease is a fatal disease and often causes sudden death (3). This condition shows that coronary heart disease is a health threat to the people of Indonesia, especially the people of East Java. Therefore it is necessary to make strategic efforts so that people do not suffer from coronary heart disease and avoid heart emergency conditions that might occur.

Urban communities are prone to suffer from Coronary Heart Disease, because of the relatively high rhythm of life, and the strict demands of life, forcing city dwellers to work hard and spend a lot of time outside the home. This condition will affect the health of urban communities, high and prolonged stress levels, unhealthy lifestyle changes, overeating habits, too much activity, lots of smoking and lack of rest are triggers for coronary heart disease. There is a two-way relationship between coronary heart disease and mental disorders, especially depression (4) . In several incidents, many people died suddenly, whether during work activities, on the road while driving, while exercising or while at home, and it was alleged that the individual died from a heart attack. Coronary heart disease patients tend to experience repeated attacks (5). If this situation is not treated immediately, the patient can fall into a worse condition or die. Cardiac arrest is the sudden cessation of the heart rate and blood circulation in a person, which is the most serious emergency, which is better known as cardiac arrest, this condition is usually followed by the cessation of respiratory function and loss of consciousness and reflex. Therefore, the public must know the factors that cause coronary heart disease, how to prevent and how to handle basic cardiac emergencies. Individuals who are detected to be suffering from or at risk for CHD must always be vigilant, because at any time they can experience a cardiac emergency due to blockage of the coronary arteries, which results in reduced blood supply to the heart. When an emergency heart attack occurs, the patient must immediately get help, whether it's from himself or someone else. Cardiac emergencies can happen anywhere, and at any time, sometimes when a person is alone. Therefore, since individuals are diagnosed or at risk of CHD, they must be treated thoroughly,

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not only with medication, but individuals must also be able to anticipate and help themselves in the event of an attack, so they can avoid death. Health problems are not solely the responsibility of the government, but the active participation of the community in overcoming health problems and efforts to improve health status are urgently needed. People must try to solve their health problems and always try to stay healthy so that they can live a prosperous life. To achieve this success is closely related to the development and development of human resources in society by optimizing the role of health cadres. Community empowerment is one of the strategies used by the government to overcome existing health problems. In the community empowerment process itself there are several components that can support its success, one of which is the existence of an Agent of Change (AoC). Promotive and preventive activities carried out are oriented towards maintaining and improving the health status of the

community with the approach of empowering local communities or Health Cadres.

Health cadres are men or women who are selected by the community and trained to handle individual and community health problems, who have very close relationships with places where health services are provided in their area.

The purpose of this activity is to identify the knowledge of health cadres about preventing cardiac emergencies, and to identify the role of health cadres in preventing cardiac emergencies in the community.

METHOD

This community service activity is applied to identify the knowledge of cadres and the benefits of the presence of health cadres in efforts to prevent heart emergencies in the community. Health cadres as the spearhead of improving public health status need to increase their knowledge and

skills through basic health education to prevent cardiac emergencies. After an increase in knowledge and skills, health cadres need to receive assistance in order to be able to apply the knowledge and skills that have been acquired to be applied to the surrounding community according to the residence of each cadre. The module on coronary heart disease prevention and basic emergency treatment for the community needs to be prepared as a media for health education. So that the process of assisting cadres to the local community will be easier because each cadre has modules that can be studied at home and can be socialized to the community. The module contains knowledge about coronary heart disease and simple cardiac emergency care. During the mentoring process the health cadres will be given material according to the module and then they can ask questions and consult about the contents of the module and other health matters related to coronary heart disease to the facilitator.

After the mentoring process is completed, then the process of empowering health cadres to the community. At this stage, each health cadre is given the opportunity for 2 weeks to implement health education, monitoring and risk of heart disease in the surrounding community. It is planned that each cadre has 2 assisted citizens to be assisted. At the end of the empowerment process, an evaluation of the role of cadres will be carried out in efforts to prevent heart emergencies in the community as an outcome of optimizing health cadres in the community.

The target for this activity is health cadres in Gedangan District, Sidoarjo Regency. The number of health cadres fostered is + 50 people, and the target community around the cadres is approximately 100 people

RESULTS

Gedangan District is in the north of Sidoarjo City. Only 9 Km from downtown Sidoarjo. To the west of the sub-district it is bordered by Taman and Sukodono sub-districts, to the south by Buduran sub-district, to the north by Waru sub-district, while to the east by Sedati sub-district.

Publisher: Pusat Unggulan IPTEK (PUI) Pemberdayaan Masyarakat Poltekkes Kemenkes Surabaya. Center of excellence in science and technology for community empowerment of Poltekkes Kemenkes Surabaya

COMMUNITY EMPOWERMENT IN HEALTH (CEH)

Volume 1 Number 1, January to June, 2023 http://ceh.poltekkesdepkes-sby.ac.id



Figure 1. Map of the location of cadre empowerment

The activity began with conducting an initial survey to introduce and analyze the situation to the head and staff of the Gedangan Sidoarjo Health Center regarding community service activities by lecturers and students of the Sidoarjo D III Nursing Study Program Poltekkes Kemenkes Surabaya in Sidoarjo. Next, permits to Bakesbangpol Sidoarjo and the Sidoarjo Health Office. After the permit letter was issued, the team went to the Gedangan Health Center and the Gedangan District by explaining the purpose of the activity, the target of the activity, and the strategy for implementing the activity. While waiting for the licensing process, the team shared tasks to prepare for the activities to be carried out, namely compiling training modules, pre and post test questions, preparing training materials and banners as well as administering cadre training activities.



Figure 2. Preliminary study

Implementation of community service activities on October 2 2019 by conducting an assessment of the number of cadres, in fact there was input from the sub-district that if possible cadre activities were not only carried out in Ketajen Village, because Gedangan District has 10 villages, namely Gedangan Village, Ketajen, Wedi, Keboan Anom, Keboan Sikep, Ganting, Karangbong, Tebel, Punggul, Chrysanthemum. Based on input and considerations, finally the second activity was carried out in the meeting hall of the Gedangan Health Center by inviting 5 cadres from each village. The activity began with reviewing the knowledge of cadres about cardiac emergencies, then training was given on heart anatomy, signs of cardiac emergencies, and what to do first when there is a heart attack.

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Characteristics	Frequency	Percentage		
Age				
< 50 Years	45	90		
>50 Years	5	10		
Education				
SENIOR HIGH	38	76		
SCHOOL	12	24		
College				

Based on table 1, it is known that the majority (90%) of cadres are under 50 years old, and 76% of cadres have high school education.



Figure 3. Cadres training

Table 2. Information on prevention of cardiac emergencies obtained by cadres

Indicator		f	%
1. Ever received counseling about the signs and symptoms of heart disease		2	4
	No	48	96
. Ever received counseling on how to prevent heart disease	Yes	4	8
	No	46	92
3. Ever received counseling about heart care	Yes	0	0
	No	50	100
4. Ever received an explanation of the drug that must be taken during a heart attack	Yes	0	0
	No	50	100
5. Ever received counseling on basic actions that must be taken during a heart attack	Yes	4	8
-	No	36	92

From Table 2 it can be obtained that almost all cadres have never received training on how to prevent cardiac emergencies, how to care for the heart and what medicines to take when a heart attack occurs. After being given training, the cadres formed groups according to their respective villages. Furthermore, each group received assistance from the Sidoarjo D III Nursing Study Program Lecturer Team regarding the material that had been received, whether the cadres had understood the module material as a whole. After each cadre understands what's next, each cadre is given the task of conducting counseling to 2 (two) people around him about cardiac emergencies. Each cadre was provided with 2 questionnaires for the community as evaluation material. The next stage of the meeting was held one week with an agreement that the care process had been carried out by each cadre.

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Volume 1 Number 1, January to June, 2023 http://ceh.poltekkesdepkes-sby.ac.id



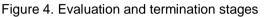


Table 3. The role of health cadres in preventing cardiac emergencies according to the community

Indicator	Category	f	%
1. I am happy to receive counseling from health cadres	Yes	86	100
	No	0	0
2. I understand how to prevent cardiac emergencies after being given counseling by cadres	Yes	86	100
	No	0	0
3. The role of health cadres in preventing cardiac emergencies is very important for the	Yes	86	100
community	No	0	0

Based on table 3, it can be seen that the role of health cadres in preventing cardiac emergencies is very important for the community.

DISCUSSION

The majority of cadres are less than 50 years old, which means that cadres are young so they have better health and productivity skills as the spearhead of health programs in the community. Most of the cadres have high school education, this is very helpful because the education level of the cadres is already good, so it is easy to receive information.

All cadres have never been trained on how to prevent cardiac emergencies, how to care for the heart and what medicines to take when a heart attack occurs. People who suffer from high blood pressure and are at risk of experiencing heart disease and its seriousness should know what medicines to take during an attack, and what actions to take immediately during an attack. After being given training, the cadres formed groups according to their respective villages. Furthermore, each group received assistance from the Sidoarjo D III Nursing Study Program Lecturer Team regarding the material that had been received, whether the cadres had understood the module material as a whole. After each cadre understands what's next, each cadre is given the task of conducting counseling to 2 (two) people around him about cardiac emergencies. Each cadre was provided with 2 questionnaires for the community as evaluation material. The next stage of the meeting was held one week with an agreement that the care process had been carried out by each cadre.

The role of health cadres for the prevention of cardiac emergencies is very important for the community. After receiving counseling from the community health cadres, they were very happy and the community received information about prevention of cardiac emergencies. This is important at least for the community to obtain information from cadres they know.

In the third stage, the cadre meeting will still be held in the hall of the Gedangan Health Center. At this evaluation and termination stage, all cadres have a high commitment, the number of cadres present is in accordance with the initial stage, and all tasks have been completed properly. At this evaluation and termination stage, the community service team received input so that the training module would add some material that they considered important, because many people asked questions especially about the material; normal and abnormal blood pressure, correct diet for hypertension and heart patients, and how to process healthy food for people with high blood pressure and heart disease.

At the end of the activity, all cadres and puskesmas officers were happy with the community service activities by the Surabaya Ministry of Health Poltekkes team, and hoped that this activity could continue for the next period.

CONCLUSION

The results of the study show that the role of health cadres is indispensable in efforts to prevent cardiac emergencies in the community.

REFERENCES

- 1. Kemenkes RI. Riset Kesehatan Dasar (RISKESDAS) 2013. Jakarta: Kemenkes RI; 2013.
- 2. Hussain MA, et al. The Burden of Cardiovascular Disease Attributable to Major. 2016.
- 3. Dawber TR, Moore FE, Mann GV. Coronary heart disease in the Framingham study. Int J Epidemiol. 2015;44(6):1767–80.
- 4. Chauvet-gélinier J, Trojak B, Vergès-patois B, Cottin Y, Bonin B. Review on depression and coronary heart disease Dépression et pathologie coronarienne : une revue. Arch Cardiovasc Dis. 2013;106(2):103–10.
- **5.** Rahariyani LD, Kholifah SN. Model Pencegahan Gawat Darurat Jantung Pada Pasien Penyakit Jantung Koroner. 2017.