JUKEKE Jurnal Kesehatan dan Kedokteran
OPEN ACCESS
JUKEKE Vol 4 No. 2 | June 2025 | ISSN: 2829-0437 (print), ISSN: 2829-050X (online), Page 94-100

Non-Communicable Disease (NCD) Health Efforts in the Productive Age at the Community Health Center

Alya Nurul Husna, Qurratul Ain[1], Angela Ramanda Putri[2], Dhita Ayu Kinantari Dewie[3], Nur Isnaeni Evry Kurniawati
Faculty of Medicine, YARSI University, Jakarta

Article History
Received : 05 June 2025
Revised : 19 June 2025
Accepted : 25 June 2025
Published : 30 June 2025

Corresponding author*:
nur.evry@yarsi.ac.id

Cite This Article:
Alya Nurul Husna, Qurratul Ain, Angela Ramanda Putri, Dhita Ayu Kinantari Dewie, & Nur Isnaeni Evry Kurniawati. (2025). Non-Communicable Disease (NCD) Health Efforts in the Productive Age at the Community Health Center. Jurnal Kesehatan Dan Kedokteran, 4(2), 94–100.

DOI:
https://doi.org/10.56127/jukeke.v4i2.2268

Abstract: Non-communicable diseases (NCDs) such as heart disease, cancer, diabetes, and respiratory diseases are the leading causes of global deaths, accounting for about 74% of total deaths. Hypertension and diabetes are the main diseases and risk factors for NCDs. SKI 2023 stated that the prevalence of NCDs at the highest productive age was occupied by hypertension and diabetes. As many as 53.5% of disabilities are caused by NCDs. In order to overcome, the government implements the Minimum Health Service Standards (SPMK) in accordance with the Type of Basic Service and Quality of Basic Services. In its implementation, a Primary Service Integration system was prepared whose approach is lifecycle-based and community-based to make it easier to implement. This article was compiled using a literature study method with a descriptive approach. Conclusion: The need to optimize health centers in all services and the need for the role of cross-sector cooperation and collaboration, including community empowerment in maximizing service efforts.

Keywords: Non-Communicable Diseases (NCDs), Productive Age, Primary Service Integration, Community Health Center

INTRODUCTION

Community Health Centers (Puskesmas), which stands for Pusat Kesehatan Masyarakat, are primary healthcare facilities responsible for managing and coordinating health services including health promotion, disease prevention, treatment, rehabilitation, and/or palliative care within their designated service areas. As the frontline providers of primary healthcare, Puskesmas must continuously improve the quality of their services. One of the strategies to enhance service quality is the implementation of the Minimum Health Service Standards (Standar Pelayanan Minimal Kesehatan or SPMK) (Kemenkes, 2024).

The SPMK defines the types and quality of basic health services that the government is obligated to provide to every citizen at a minimum standard, serving as a benchmark for Puskesmas services. Its primary aim is to improve healthcare quality and encourage Puskesmas to deliver better services, thereby contributing to the achievement of national

health targets. Technical regulations on SPMK in the health sector are stipulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 6 of 2024. The implementation of SPMK is considered highly important, given that mortality rates in Indonesia particularly among the productive age group remain considerably high (Kemenkes, 2024). One of the key challenges in public health development today is the epidemiological transition, with non-communicable diseases (NCDs) increasingly dominating over communicable diseases.

Non-Communicable Diseases (NCDs) are conditions that cannot be transmitted from one individual to another. They have emerged as a global health concern requiring urgent attention. NCDs are currently the leading cause of death worldwide, accounting for approximately 74% of all deaths. Mortality rates and associated risk factors continue to rise annually, particularly in developing countries. Each year, around 17 million people die from NCDs before the age of 70, with 86% of these premature deaths occurring in low- and middle-income countries (Fitri et al., 2023).

Globally, seven out of ten deaths are caused by NCDs, particularly cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. Cardiovascular diseases account for the highest mortality, with an estimated 17.3 million deaths annually. Cancer follows with 7.6 million deaths, respiratory diseases with 4.2 million, and diabetes mellitus with 1.3 million deaths. Collectively, these four disease groups contribute to nearly 80% of all NCD-related deaths (Kemenkes, 2020; Sudayasa et al., 2020).

From an attributable risk perspective, the leading global metabolic risk factor is hypertension, responsible for approximately 25% of all NCD-related deaths, followed by elevated blood glucose levels (WHO, 2024). In Indonesia, the prevalence of hypertension among individuals aged 18 years and older has increased from 25.8% to 34.1%, while the prevalence of diabetes mellitus has risen from 6.9% to 10.9% (Fajri et al., 2023).

Addressing the burden of NCDs requires collective responsibility, involving individuals, families, and communities. The primary risk factors are largely lifestyle-related and can be mitigated through healthier behaviors. According to the Health Research and Development Agency (Badan Penelitian dan Pengembangan Kesehatan), NCDs in Indonesia are becoming more concerning, as they are increasingly affecting not only older adults but also the productive-age population.

Therefore, more intensive preventive and promotive measures are urgently needed to reduce the incidence of NCDs among the working-age population. Health policies must

prioritize education, awareness campaigns, and lifestyle modifications in order to mitigate the occurrence and impact of NCDs, ultimately improving community health, quality of life, and productivity (Fajri et al., 2023).

RESEARCH METHOD

This article was prepared using a literature review method with a descriptive approach. Data sources were obtained from official regulations issued by the Indonesian Ministry of Health, national health survey reports, and relevant scientific articles on non-communicable diseases (NCDs) among the productive-age population. Literature searches were conducted through databases such as Google Scholar, PubMed, and the official portal of the Ministry of Health of the Republic of Indonesia, using the keywords: "Penyakit Tidak Menular", "Non-Communicable Diseases", "Productive Age", "Puskesmas", "Minimum Health Service Standards", and "Primary Care Integration".

RESULT AND DISCUSSION

Based on the 2023 National Health Survey (SKI), seven major non-communicable diseases (NCDs) were identified: hypertension, diabetes, asthma, heart disease, stroke, chronic kidney disease, and cancer. Among these, hypertension and diabetes showed the highest prevalence. Both conditions significantly contribute to the burden of disease, as they are closely linked to cardiovascular complications.

The prevalence of hypertension among individuals aged ≥18 years was reported at 30.8%, with 26% identified through direct blood pressure measurement and 5.9% diagnosed by physicians. Of those diagnosed, only 42.9% reported regular medication adherence, and merely 39.7% made follow-up visits to healthcare facilities.

Diabetes among the productive-age population (18–59 years) had a prevalence of 1.6% based on physician diagnosis and 10% based on blood glucose testing. Among those diagnosed (1.6%), 91.3% were undergoing treatment either with oral medications or insulin injections, 81.3% adhered to prescribed treatment regimens, and 56.3% attended regular follow-up visits. Furthermore, disabilities such as vision, hearing, and mobility impairments were found to be associated with NCDs in 53.5% of cases, with hypertension (22.2%) and diabetes (10.5%) being the leading contributors (BKPK, 2023).

The government bears responsibility for strengthening healthcare delivery by ensuring adequate resources and access to healthcare facilities in order to improve service quality.

In fulfilling this mandate, particularly at the local government level, the implementation of Minimum Health Service Standards (SPM) has been prioritized. These standards are established based on essential service needs and the quality of care required.

The technical guidelines for SPM outline operational steps for achievement at provincial, district, and municipal levels, taking into account regional capacities and resources. This framework ensures that all stakeholders work collectively toward meeting SPM targets, with Community Health Centers (Puskesmas) serving as the primary units responsible for implementation. Puskesmas play a pivotal role in achieving SPM health targets, as they are mandated to mobilize and take responsibility for public health development within their service areas (Kemenkes, 2024).

According to the Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/MENKES/2025/2023, to facilitate program implementation and achieve the minimum service standards for non-communicable diseases (NCDs) in the productive-age population, a comprehensive primary healthcare delivery model was established, known as the **Primary Care Integration System (Integrasi Layanan Primer/ILP)**, which adopts a life-cycle approach. This system emphasizes prevention, early detection, and chronic disease management, focusing particularly on hypertension, diabetes mellitus, obesity, and mental health disorders.

Unlike previous approaches where NCD services were managed through stand-alone programs, the ILP integrates NCD care into services across the life cycle. This ensures that NCD management receives the same level of attention as other essential health programs, such as maternal and child health or communicable disease control.

Within the ILP, Puskesmas services are organized into five clusters:

1. Management Cluster
2. Maternal and Child Health Cluster
3. Adult and Elderly Health Services Cluster
4. Communicable Disease Control Cluster
5. Cross-Cluster Services

NCD services are incorporated under Cluster 3, which focuses on adult and elderly healthcare. The service flow in this cluster is divided into facility-based care (within Puskesmas) and community-based care (outside Puskesmas).

A. Facility-Based Services (within Puskesmas)

1. **Risk Factor Screening for NCDs**

   Screening includes obesity assessment, hypertension and diabetes risk evaluation, personal and family medical history, blood pressure measurement, blood glucose testing, and nutritional status assessment (weight, height, waist circumference, arm circumference, and BMI calculation). Screenings are conducted at Pustu and Puskesmas, while definitive diagnosis is made at Puskesmas.

2. **NCD Case Counseling**

   Counseling serves as a follow-up to screening results. Patients screened at Pustu with suspected hypertension or diabetes are referred to Puskesmas. Counseling also includes lifestyle education, pharmacological and non-pharmacological therapy, treatment monitoring, and early detection of complications.

3. **Integrated Referral System**

   Through the BPJS system, Puskesmas provides an integrated referral pathway for patients with NCD complications to hospitals or higher-level healthcare facilities equipped with advanced resources.

B. Community-Based Services (outside Puskesmas)

1. **Integrated Community Health Posts (Posbindu) for NCDs**

   Posbindu is a community-managed health post operated by trained community health volunteers in collaboration with local healthcare workers. Services include NCD risk factor screening, with follow-up depending on the results. Individuals at risk or with normal findings receive lifestyle education and periodic monitoring, while suspected cases of hypertension or diabetes are referred to Puskesmas.

2. **Home Visits**

   Conducted by community health volunteers, home visits aim to screen individuals who have not yet undergone screening, monitor patients with poor treatment adherence, and provide health education on NCD management and treatment compliance.

Community-Based Strategies to Strengthen ILP Implementation

To improve the effectiveness of NCD services within the ILP, several community-based approaches are applied:

1. **Community Empowerment through Community-Based Health Efforts (UKBM)**

   The ILP emphasizes that health services are not solely the responsibility of Puskesmas and its networks, but also of the wider community. To encourage active participation, Puskesmas facilitates empowerment initiatives such as *Posyandu*, *Poskesdes*, and *Posbindu*, supported by trained health volunteers. These volunteers assist healthcare professionals in education, early detection, and monitoring of NCDs.

2. **Strengthening Puskesmas Networks for Community-Based Services**

   Puskesmas collaborates with workplace networks (offices, factories) to conduct NCD screening and prevention at worksites, as well as with schools and universities to raise awareness and instill preventive behaviors from an early age.

3. **Digital Recording and Monitoring**

   The adoption of digital platforms, such as *SatuSehat*, enables real-time community-based health service reporting. This digital system supports monitoring and evaluation of NCD services, facilitates data-driven decision-making, and enhances coordination among primary healthcare facilities (Kemenkes, 2024).

CONCLUSION

The major public health challenge in Indonesia is the rising prevalence of non-communicable diseases (NCDs), particularly among the productive-age population. In preventing, detecting, and managing NCDs implemented under the framework of the Minimum Health Service Standards—Community Health Centers (Puskesmas) play a pivotal role as primary healthcare providers. The adoption of a life-cycle approach through the Primary Care Integration System (Integrasi Layanan Primer/ILP) provides a more comprehensive framework for NCD services. This system combines facility-based and community-based care, emphasizes community engagement, and leverages digital technology for health recording and monitoring. Community-based health efforts (Upaya Kesehatan Bersumberdaya Masyarakat/UKBM), such as Posbindu, supported by trained

health volunteers, are particularly important in raising awareness and promoting public participation in disease prevention and health maintenance.

Recommendations include optimizing the role of Puskesmas in the entire continuum of care from screening to long-term management through the integration of Posbindu and ILP services. Further research is needed to evaluate the effectiveness of these community-based approaches in controlling NCDs. Strengthening cross-sectoral collaboration among healthcare providers, local governments, and communities is also essential to enhance health education, screening, and disease management. Another key recommendation is to explore the relationship between risk factors and NCD incidence to design more effective and efficient strategies for NCD prevention and control.

REFERENCES

Fajri, A. N., Sari, D. N., & Cahyaningrum, L. A. (2023). Faktor Determinan Penyakit Tidak Menular (Hipertensi Dan Diabetes Melitus) Pada Usia Produktif Di Kabupaten Banjarnegara. Jurnal Kesehatan Masyarakat, 14(3), 615–633.

Fitri, S. U. R., Khoirunnisa, Hernawaty, T., & Harun, H. (2023). Pemberdayaan Kader Dalam Upaya Pencegahan dan Pengenalan Faktor Resiko Penyakit Tidak Menular (PTM). Jurnal Kreativitas Pengabdian Kepada Masyarakat, 6(7), 2636–2647.

Kemenkes BKPK. (2024). Survei Kesehatan Indonesia (SKI) 2023 Dalam Angka. Kementerian Kesehatan Badan Kebijakan Pembangunan Kesehatan.

Kementerian Kesehatan RI. (2020). Rencana Aksi Kegiatan Direktorat Pengendalian Penyakit Tidak Menular Tahun 2020-2024. Direktorat P2PTM.

Kementerian Kesehatan RI. (2023). Keputusan Menteri Kesehatan Republik Indonesia No. HK.01.07/MENKES/2015/2023 tentang Petunjuk Teknis Integrasi Pelayanan Kesehatan Primer.

Kementerian Kesehatan RI. (2024). Peraturan Menteri Kesehatan Republik Indonesia Nomor 6 Tahun 2024 Tentang Standar Teknis Pemenuhan Standar Pelayanan Minimal Kesehatan.

Kementerian Kesehatan RI. (2024). Peraturan Menteri Kesehatan Republik Indonesia Nomor 19 Tahun 2024 Tentang Penyelenggaraan Pusat Kesehatan Masyarakat.

Sudayasa, P., Rahman, M. F., Eso, A., Jamaluddin, Parawansah, Alifariki, L. O., Arimaswati, & Kholidha, A. N. (2020). Deteksi Dini Faktor Risiko Penyakit Tidak Menular Pada Masyarakat Desa Andepali Kecamatan Sampara Kabupaten Konawe. Journal of Community Engagement in Health, 3(1), 60–66.

World Health Organization. (2023). Noncommunicable Diseases Are Preventable and Treatable.

World Health Organization. (2024). Noncommunicable Diseases Are Preventable and Treatable.