

OPTIMIZATION OF CADRE PERFORMANCE AND SKILLS TOWARD ACHIEVING HYPERTENSION SCREENING TARGETS AT TELUK BELITUNG COMMUNITY HEALTH CENTER

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Abstract

The low coverage of hypertension screening in the working area of the Teluk Belitung Community Health Center poses a serious challenge in controlling Non Communicable Diseases, with data showing that routine community participation is only 36.5%. This study aims to analyze the low coverage of hypertension screening and to formulate strategies for optimizing the performance of health cadres as the frontline of early detection in the community. Using a qualitative approach with a descriptive design, data were collected through in depth interviews, observations, and document review. Data were analyzed using the Urgency, Seriousness, Growth method to determine problem priorities and SWOT analysis for strategy formulation. The results of the Urgency, Seriousness, Growth analysis identified that suboptimal cadre skills were the main root problem with the highest priority score of 15. Based on the SWOT matrix, this study recommends intervention strategies in the form of transforming guidance methods through a peer-coaching system (Core Cadres) supported by Health Operational Assistance, intensification of outreach services (Mobile Integrated Health Posts), integration of services into community socio cultural activities, and strengthening cross sectoral advocacy to obtain village level regulatory support and village funding. This strategy is expected to change the paradigm of cadre development from a centralized approach to community empowerment supported by local policies as a fundamental step to ensure program sustainability and the achievement of Minimum Service Standard targets in hypertension control.

Keywords : Hypertension Program, Health Cadre Performance, Urgency Seriousness Growth, SWOT

Introduction

Hypertension is one of the critical global health challenges, often referred to as the silent killer due to its asymptomatic nature that can lead to fatal complications such as stroke and heart failure. The World Health Organization in its 2023 report estimated that 1.28 billion adults aged 30–79 years worldwide live with hypertension, yet 46% of them are unaware of their condition (WHO, 2023). In Indonesia, the burden of this disease is also concerning. Data from the Indonesian Health Survey 2023 show that the prevalence of hypertension among the population aged ≥ 18 years reached 30.8%, with a large proportion of cases remaining undetected or not receiving health services. Hypertension is also included among the ten most prevalent non communicable diseases in Indonesia, with a rate of 29.2% among the population aged ≥ 15 years. In Riau Province, the prevalence of hypertension reached 24.2% (Kemenkes RI, 2023 (Kemenkes RI, 2023). The high number of undiagnosed hypertension cases indicates a fundamental weakness in the early detection system at the primary care level, which should serve as the frontline in preventing complications. This condition is reinforced by Darmataty, Dewi, and Zulfitri (2023), who state that hypertension is often asymptomatic, making early detection difficult.

A similar situation is observed in Meranti Islands Regency, where the number of hypertension patients receiving services in 2023 reached 33,725 people, yet service coverage was only 23.3% of the total estimated cases. Meanwhile, in the working area of the Teluk Belitung Community Health Center, out of a total target of 11,378 people, only 3,242 individuals were identified, and active community participation in routine examinations reached only 36.5%. Although the CERDIK and PATUH programs have been implemented in accordance with Ministry of Health Regulation No. 71/2015 and No. 4/2019, implementation in the field has not been optimal. Inequality of access and low levels of early detection remain major challenges that must be addressed comprehensively. Field implementation is constrained by geographic accessibility and low community participation. Abdi (2021) emphasizes that Community Health Centers play a key role in implementing promotive and preventive programs. One of the programs implemented is hypertension screening, as stated by Fauzi et al. (2023), which aims to identify individuals with high blood pressure quickly and accurately. Through screening, management measures can be carried out promptly before severe complications occur. Screening not only functions as early detection but also serves as an entry point to identify high risk individuals so that appropriate interventions can be provided.

The root of the problem of low screening coverage converges on the performance of health cadres as the frontline of community based services. Non Communicable Disease cadres at Integrated Development Posts play an important role in reaching the community, yet initial observations indicate that the technical skills of cadres are still not optimal. Without strategic interventions to improve cadre capacity, efforts to achieve the Minimum Service Standards in the health sector will be difficult to realize. To implement an optimal hypertension control program, the Teluk Belitung Community Health Center requires comprehensive planning based on real needs in the field. This planning includes target mapping, identification of barriers, and determination of operational strategies aligned with national policies related to non communicable disease control. Proper planning becomes the foundation to ensure that the program runs effectively, adaptively, and is able to reach the community widely.

This study aims to formulate strategies for optimizing the performance and skills of health cadres to improve the achievement of hypertension screening targets. Through an in depth analysis of internal and external organizational factors, this study is expected to produce strategic recommendations that can be directly applied by health facilities to increase hypertension screening coverage in the future.

Methods

This study employed a qualitative approach with a descriptive design focusing on an in depth assessment of phenomena occurring in the field. This approach was selected to explore information comprehensively through in depth interviews, observation, and document review, so that a holistic understanding of the Optimization of Cadre Performance and Skills in Efforts to Achieve Hypertension Screening Targets at the Teluk Belitung Community Health Center could be obtained. A descriptive research design with a survey method was used as described by Kurniasih (2021), enabling researchers to map actual conditions and the dynamics of the hypertension screening program factually. The field research was conducted from 13–30 October 2025 at the Teluk Belitung Community Health Center, Merbau District.

The selection of informants was carried out using a purposive sampling technique, based on the principles of appropriateness and adequacy in qualitative research. Informants were chosen because they possessed relevant knowledge, roles, and experience related to the implementation of the hypertension screening program. Informants consisted of key informants, main informants, and supporting informants, namely the Head of the Community Health Center (IK), the Person in Charge of the Non Communicable Disease Program (IU1), the Non Communicable Disease Physician (IU2), the Integrated Development Post Midwife for Non Communicable Diseases (IU3), Integrated

Development Post cadres for Non Communicable Diseases (IP1), and community members (IP2). The assignment of informant codes was used to maintain data systematics and confidentiality during the analysis process. The diversity of informant backgrounds ensured that the data obtained had sufficient depth and breadth in accordance with qualitative research standards.

Data collection was conducted through three main techniques, namely in depth interviews, observation, and document review. In depth interviews were conducted with all categories of informants after they provided voluntary consent to participate. Field observations included the observation of managerial aspects such as vision and mission, program planning, standard operating procedures, human resources, organizational functions, as well as facilities and infrastructure for hypertension screening. The researcher also observed promotional media, screening activity logbooks at Integrated Development Posts for Non Communicable Diseases, and facilities supporting screening activities. Document review was carried out to obtain secondary data from official reports such as the Community Health Center Performance Assessment for 2024 and the Health Profile of the Teluk Belitung Community Health Center for 2024, to strengthen the findings from interviews and observations through verification of written data.

Data validity was tested using source triangulation, method triangulation, and data triangulation. Source triangulation was conducted by comparing information from the Head of the Community Health Center, the person in charge of the Non Communicable Disease program, the Non Communicable Disease physician, the Integrated Development Post midwife, cadres, and community members. Method triangulation was obtained from the combination of interviews, observations, and document review from the same sources to ensure consistency of findings. Meanwhile, data triangulation was carried out by involving more than one person in the data processing and interpretation process and by matching the findings with theory and input from informants. Data analysis used a problem solving cycle approach, including situation analysis, problem identification, problem prioritization using the Urgency Seriousness Growth method together with informants, and determination of alternative problem solving through SWOT analysis. This analytical approach ensured that the research results had a strong methodological basis and were relevant to the needs of the hypertension screening program at the Teluk Belitung Community Health Center.

Result

The results of the situation analysis at the Teluk Belitung Community Health Center indicate that the implementation of hypertension screening has not yet achieved optimal outcomes, as many internal and external barriers are interrelated. Based on data obtained from in depth interviews, observations, and document review, routine community participation reached only 36.5% (1,186 people) of the total target population. Through situation analysis, problem identification, priority setting, and in depth exploration of root causes using the SWOT approach, the findings reveal major challenges related to human resources, geographic conditions, cadre skills, and low community participation. This situational overview confirms that the hypertension screening program is a complex system, in line with the opinion of Green and Kreuter (2015) that health programs are always influenced by predisposing, enabling, and reinforcing factors.

These findings were then analyzed using the Urgency Seriousness Growth method to determine priority problems. The results show that the problem of suboptimal cadre performance and skills emerged as the highest priority. This decision is highly logical because cadres are the most important component in the early detection chain, especially in remote areas. Without competent cadres, all other strategies will stagnate.

From the urgency perspective, cadres are prioritized because they are directly in contact with the target population. The longer this problem is left unaddressed, the greater the risk of undetected

hypertension. This is consistent with the public health triage approach, which states that actors capable of delivering the greatest population impact should be the initial focus of intervention. Low cadre skills are also influenced by high cadre turnover, resulting in trained cadres being replaced by new cadres who have not yet received comprehensive training. From the seriousness aspect, incompetent cadres may cause misinformation to the community, potentially lowering public awareness and increasing complication rates. From the growth aspect, cadre related problems are highly likely to escalate rapidly due to high turnover. If not addressed through comprehensive training and active mentoring, the number of untrained cadres will continue to increase. This creates a cyclical competency gap, in which each cadre replacement reintroduces the same problem and directly affects the low skill level of cadres in conducting screening.

An in depth analysis using the SWOT matrix mapped the strategic position of the hypertension screening program at the Teluk Belitung Community Health Center. From the internal environment perspective, the main organizational strengths lie in the availability of trained core human resources, including Non Communicable Disease physicians, the person in charge of the Non Communicable Disease program, and village midwives, as well as financial support through Health Operational Assistance that can be allocated for preventive activities. However, this potential is significantly reduced by structural weaknesses, namely limited health center human resources and the dual workload experienced by staff. These findings are highly consistent with the study by Titaley et al. (2020), which shows that shortages of health workers in remote areas hinder the achievement of promotive and preventive service indicators. In addition, high cadre turnover causes previous training investments to become unsustainable, and the dual workload of health center staff hampers supervisory functions.

The use of the ASIK application is actually a fairly strategic internal strength. This application assists in recording and reporting Non Communicable Disease screening. However, the benefits of this technology have not been optimal due to limited human resources capable of operating it consistently. This confirms the Technology Acceptance Model theory proposed by Davis (1989), which states that technology is only effective if users have sufficient competence and willingness.

Externally, one of the most dominant problems is the low level of public awareness and participation regarding the importance of routine blood pressure examinations. The community feels fine, while hypertension often appears without symptoms. This phenomenon aligns with the Ministry of Health study (2023), which noted that 70% of people with hypertension in Indonesia are unaware of their condition. This lack of awareness explains the low utilization of health services and causes case finding to remain far below national targets.

Difficult geographic conditions in the service area and damaged road access further exacerbate the low screening coverage. These geographic challenges have long been recognized as barriers to primary health care services in remote areas. A study by Nugroho (2019) stated that poor physical access can reduce the frequency of community contact with health facilities by 30 to 50%. In Teluk Belitung, this situation makes it difficult for both health workers and the community to attend screening activities and cadre training. Cultural aspects also play an important role. Some community members place greater trust in traditional healers or local spiritual figures rather than formal health services. These findings are supported by the study of Hello et al. (2022), which states that traditional cultural beliefs strongly influence health seeking behavior in rural Indonesia. As a result, the community is reluctant to undergo screening despite being at high risk.

Unhealthy lifestyles such as excessive salt consumption, lack of physical activity, and smoking habits also contribute to the high prevalence of hypertension. These risk factors are multilevel in nature, influenced by socioeconomic conditions, culture, and access to information. The World Health Organization (2021) emphasizes that lifestyle changes are the largest contributors to the global increase in hypertension. In Teluk Belitung, these risk factors are observed in almost all villages but have not yet been addressed systematically through sustained promotive activities.

Limited operational funding, particularly for the provision of health promotion media and cadre training, adds to the complexity of the problem. The procurement of leaflets, brochures, and other educational media is not optimal due to limited regional budgets and Health Operational Assistance funds. This refers to the health system financing concept (WHO, 2010), which emphasizes that without adequate funding, promotive and preventive services are difficult to achieve maximum effectiveness.

The analysis also revealed the absence of village or district level regulations requiring the community to undergo Non Communicable Disease screening. The lack of regulation results in programs being implemented solely based on health center initiatives without binding policy support. A study by Rahayu et al. (2020) demonstrated that the presence of village regulations can double community participation in community health programs.

Nevertheless, there are significant opportunities through community habits of mutual cooperation and participation in village gatherings. This situation represents strong social capital. If Posbindu activities are integrated with village events, screening coverage can be increased. The community embedded health promotion model described by Glanz (2018) emphasizes that programs embedded in community social routines have a much greater chance of success.

Another opportunity arises from the existence of national regulatory support through Ministry of Health Regulation No. 71 of 2015 and the potential for collaboration with village governments to issue local regulations requiring screening, BPJS utilization, and free screening services. Economic factors that often become barriers can be reduced through financing based on the national health insurance scheme. Thus, the main barriers shift from economic constraints to awareness and physical access. This clarifies that interventions need to prioritize behavior change and community empowerment rather than merely service provision.

Collaboration with private health facilities is also an opportunity that has not been fully utilized. Limited reporting of screening activities from companies or private clinics leads to under reporting of screening coverage. In the theory of health partnerships proposed by Mitchell (2017), cross sector collaboration must become a key pillar in Non Communicable Disease control because the disease burden cannot be handled by a single institution alone.

The SWOT findings clarify the root causes of the problem from four dimensions: strengths, weaknesses, opportunities, and threats. The greatest weakness lies in limited human resources and cadre training, while the greatest opportunity comes from social capital and the potential for village regulations. This synthesis emphasizes the need for an integrated strategy that combines strengthening cadre capacity, policy advocacy, increased cross sector collaboration, and integration of screening activities into community social activities.

Intervention strategies were formulated clearly by integrating internal strengths with external opportunities to create a more effective hypertension screening program. The Strength Opportunity strategy, which utilizes strengths to seize existing opportunities, becomes the main foundation for maximizing trained human resources in providing refresher training for cadres.

The Weakness Opportunity strategy focuses on minimizing weaknesses by utilizing opportunities through collaboration with cross sector partners and private health facilities. This approach uses cooperation opportunities to address the limitation of health education media used by cadres by providing more creative educational media, such as flipcharts, interactive posters, or visual based educational modules. Creative approaches are considered important to enhance cadres' ability to deliver health education so that information is more easily accepted by the community.

The Strength Threat strategy focuses on using strengths to avoid threats by emphasizing the role of community leaders, village heads, and traditional leaders in increasing the credibility of health messages. Considering that the community is still strongly influenced by local cultural values, health messages delivered through respected figures are more likely to be accepted.

Meanwhile, the Weakness Threat strategy aims to minimize weaknesses and avoid threats by reducing the influence of internal weaknesses and external threats. The development of village or district level regulations is essential to support community based Non Communicable Disease programs, as it provides legal authority for the implementation of hypertension screening, including mandatory screening for target populations.

Overall, the results of this analysis and discussion show that efforts to improve hypertension screening are not sufficient with service provision alone, but also depend on cadre quality, regulatory support, cultural aspects, accessibility, and community awareness. A comprehensive, structured, and sustainable approach is the key to improving screening outcomes at the Teluk Belitung Community Health Center. The synthesis of theory and previous studies indicates that the most effective solution is a community based empowerment model supported by strong regulations, adequate funding, and a structured and sustainable cadre training system. Thus, the improvement of hypertension screening in Teluk Belitung can be achieved in a more holistic and sustainable manner.

Discussion

The peer coaching approach in cadre management is a key finding of this study, indicating that conventional one way didactic training is no longer effective in addressing high cadre turnover and low technical skills in the working area of the Teluk Belitung Community Health Center. As a strategic response, the implementation of a Core Cadre system through the peer coaching method offers a more promising and sustainable solution. Unlike formal training that depends on budget availability and the time of health workers, peer coaching enables real time and continuous skill transfer in the field. The implication of this strategy is the formation of community independence, where senior cadres provide intensive mentoring to new cadres. This is in line with studies by Arifah et al. (2025) and Devina et al. (2025), which demonstrate that peer support not only improves technical competence but also builds cadres' self efficacy in delivering health education. In the context of limited resources, this model reduces program dependence on supervision by health workers, which is often constrained by dual workloads. The findings of this study are consistent with the theory of Green and Kreuter (2022) regarding the need for continuous training in community based health systems.

Cross sectoral support through advocacy to village heads and the utilization of village funds also demonstrates alignment between the identified problems and the formulated solutions. The situation analysis shows that operational barriers such as transportation costs and the procurement of communication information education media cannot be resolved solely by relying on health center operational assistance funds. Therefore, this intervention emphasizes the importance of local level political will. As explained by Kusuma et al. (2021), villages that have regulations and specific budget allocations for health are proven to have higher Minimum Service Standard coverage due to a stronger sense of ownership of the program. Thus, advocacy efforts are not merely aimed at securing funding but at building a resilient village health system in which village heads and community leaders actively act as enablers of community behavior change. This fact is consistent with previous studies emphasizing the importance of formal planning documents in the success of cross sector collaboration.

The low effectiveness of cadre education to date is also rooted in the mismatch between educational tools and the demographic characteristics of the local community. This finding highlights the urgency of transforming Communication Information Education media from text based formats to visual and interactive forms. The use of flipcharts and simple visual media in the intervention strategy was chosen because it is more adaptive to the literacy levels of rural communities compared to complex digital media. The research findings show strong alignment with health communication theory and the study by Nickel and Knesebeck (2025), which states that health promotion interventions in rural communities are more successful when messages are delivered in a contextual, visual, and personal

manner. In addition, the findings of Vedel et al. (2020) regarding the role of social media enrich alternative strategies for information dissemination while supporting the sustainability of education in the digital era. Thus, the selection of Communication Information Education media development strategies in the Plan of Action not only addresses the identified constraints but also demonstrates strong consistency with previous research on the effectiveness of community based health communication.

The intervention plan developed in the form of a Plan of Action shows that all selected strategies are derived from empirical findings in the field, particularly related to low cadre skills, limited cross sectoral support, and constraints in educational media for hypertension screening implementation. These findings are consistent with health program planning theory, which emphasizes that interventions must be rooted in comprehensive situation analysis and consider the availability of local resources. Furthermore, the action planning concept proposed by Moreland Russell et al. (2024) reinforces that a Plan of Action is effective when objectives, implementers, timelines, and evaluation mechanisms are clearly defined at the planning stage. Thus, the structured Plan of Action demonstrates alignment between research findings and theoretical principles of public health planning.

Conclusion

Based on the results of the situation analysis and field findings, it is evident that the primary root of low community awareness regarding the importance of hypertension screening in the working area of the Teluk Belitung Community Health Center lies in structural and functional weaknesses within the cadre engagement system. This problem reflects the need to restructure cadre development mechanisms so that cadres can function as consistent, skilled, and adaptive agents of change in response to community needs.

The intervention strategy designed through the Plan of Action represents a fundamental transformation in the governance of the hypertension control program. The peer coaching approach within the Core Cadre system becomes the محور of change, enabling continuous skill transfer while reducing dependence on professional health workers who carry heavy workloads. This shift demonstrates a paradigm change from a centralized conventional training model toward more independent community empowerment. Thus, human resource capacity development within a structured and long term oriented scheme becomes the foundation for program success.

Cross sector advocacy efforts serve as reinforcing factors that ensure the sustainability of interventions through regulatory and fiscal support at the village level. The integration of the Village Budget in supporting cadre development, the provision of Communication Information Education media, and the operationalization of Mobile Integrated Health Post activities illustrate the repositioning of villages as key actors in community health management. This approach also expands the space for collaboration among community health centers, village governments, community leaders, and communities, thereby creating a complementary support system. Such synergy opens opportunities to increase screening coverage through service models that are closer to the community, flexible, and culturally sensitive.

Ultimately, the success of increasing Minimum Service Standard coverage for hypertension screening is determined by the harmonization of three core aspects: strengthening human resource capacity through Core Cadres, ensuring village budget support as a form of sustainability, and implementing a community based approach that respects local social and cultural contexts. The outreach strategy through Mobile Integrated Health Posts, the renewal of relevant Communication Information Education media, and the involvement of community leaders provide a foundation for the formation of a dynamic and resilient village health ecosystem. With this solid integration, the hypertension screening program is projected to achieve its targets more optimally and sustainably, while also strengthening community resilience in facing future health challenges.

The policy implications of this study suggest that the Health Office and local governments should establish measurable regulations for Non Communicable Disease screening implementation, integrate Minimum Service Standard indicators into village fund allocation priorities, and implement a tiered cadre development model as a reference for developing new standard operating procedures within the Non Communicable Disease management system.

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