

Service Management in Non-Communicable Disease Prevention Regulations in the Perspective of Public Value Management (Study at Singosari Health Center Malang Regency)

¹ Athiyyah Putri Andini, ² Sujarwoto, ³ Siti Rochmah

^{1,2&3} Brawijaya University, Indonesia

Email: ¹ athiyyahpa61@gmail.com, ² sujarwoto@ub.ac.id, ³ rochmah_fia@ub.ac.id

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Abstract

Management of non-communicable disease (NCD) prevention services is one of the major challenges in the current public health system, especially at the primary service level such as the Health Center at the Singosari Health Center, Malang Regency, various NCD prevention efforts have been carried out, but there is still a gap between program policies and their implementation in the field. This study aims to analyze management service prevention PTM in Health Center The Lion City Malang Regency through three main aspects: public value, legitimacy and support, and operational efficiency. This study uses a qualitative approach with a data collection method in the form of interviews which aims to gather information about the description of the implementation of disease prevention service management. The results of interviews with five informants showed that the community was quite satisfied with the services provided, especially screening and early detection. This program has received support from various parties, including the Health Office and local government. However, there are still challenges in the form of a lack of evaluation systems, limited facilities, and low public awareness. Strengthening cross-sector collaboration and utilizing technology is needed to increase the effectiveness of the program.

Keywords: PTM, PVM, Health Center, Health Services.

I. Introduction

Non-communicable diseases are types of diseases that cannot be transmitted from sufferers to others. Non-communicable diseases are one of the public health problems due to high morbidity and mortality rates. Globally, this type of disease develops slowly and occurs over a long period of time (Kementerian Kesehatan Republik Indonesia, 2022). The increase in the prevalence of NCDs is largely due to changes in lifestyle and unhealthy diet, increased tobacco and alcohol consumption, and lack of physical activity. Rapid urbanization and demographic changes also contribute to a higher risk of NCDs (Vilasari et al., 2024)

Indonesia is currently facing a major challenge, namely the triple burden health problem, because there are still infectious diseases, increasing non-communicable diseases (NCDs) and diseases that should have been resolved are reappearing. In the 1990s, infectious diseases such as ARI, Tuberculosis and Diarrhea were the most common diseases in health services. However, changes in people's lifestyles have become one of the causes of the shift in disease patterns (epidemiological transition). In 2015, non-communicable diseases (NCDs) such as stroke, coronary heart disease (CHD), cancer and diabetes actually ranked highest (Kementerian Kesehatan Republik Indonesia, 2016).

Non-communicable diseases (NCDs) are the leading cause of death in the world. This is shown by WHO (World Health Organization) data that 63% of the 56 million deaths were caused by NCDs in 2008. Most (60%) of deaths are related to cardiovascular disease, diabetes , cancer and chronic respiratory diseases. 1,2 Deaths from NCDs are expected to continue to increase worldwide and the largest increase will occur in middle and low-income countries. This is based on the WHO report that more than two-thirds (70%) of the global population will die from non-communicable diseases such as cancer, heart disease, stroke and diabetes. In 2030 it is predicted that there will be 52 million deaths per year due to NCDs increasing by 9 million from 38 million at present (Trisnowati, 2018).

The issue of health service management has recently become a topic of discussion in the community. Health management includes management functions such as health planning, organizing, staffing, and driving implementation in achieving development

goals.

Health, health budgeting (budgeting), control, supervision and evaluation of health development (Tanjung, 2022). Based on the data obtained, Productive Age Health Services (population aged 15 to 59 years) through Early Detection/screening of Non-Communicable Disease Risk Factors (PTM) activities carried out at FKTP And Effort Health Based on Public (UKBM) in 38 district/city which exists in Java East during year 2023 with total target as big as 25,896,608 soul, and as much as 23,497,370 person (90.4 %) Already served. Results service health in the productive age population as many as 4,586,348 people (19.5%) who are at risk NCDs/obesity, Where as much as 1,841,985 person (18.5%) various sex male and 2,744,364 people (20.2%) are female. (East Java Health Profile, 2023)

Public service is a key pillar in ensuring public welfare. Over the centuries, public service management has undergone changes (Wahyuni, 2023). Major events that occur in the world contribute to changes or shifts in the paradigm of public service management. The transition from a feudal society to a modern state with the ideals of realizing democracy, freedom, security, justice in various fields encourages scientists to seek new approaches and ways to manage public services. The development of various new approaches and ways in managing public services is reflected in the development of the public management paradigm (Sahputri, 2023).

Regulation of non-communicable disease (NCD) prevention requires a public value management approach that prioritizes public participation in policy formulation. In this context, it is important for public managers to identify and communicate essential public values. Research by Mukanu et al. showed that policies related to sugary beverage consumption and nutrition need to involve a comprehensive consultation process to ensure effectiveness (Mukanu et al., 2021). In addition, a study on Dinacharya from an Ayurvedic perspective by Kaur highlighted the importance of healthy lifestyles as an effort to prevent NCDs through healthy daily regulation (Kaur et al., 2022). Integration of a public health approach into education is also proposed to ensure that trained health workers are able to address this issue effectively (Tiwari et al., 2018). The linkage between public value management and public health can be a tool to strengthen sustainable NCD prevention efforts.

Management of NCD prevention services at Singosari Health Center requires special attention to ensure that existing programs can walk optimal And give impact Which real for community. Singosari Health Center, Malang Regency is one of the health facilities Which own role strategic in prevention PTM. As region with amount resident Which Enough tall, Regency Malang has a high risk of increasing the number of NCDs, especially considering the shift in people's lifestyles that are increasingly influenced by modernization and urbanization. Singosari Health Center is faced with the challenge of providing effective NCD prevention services for the surrounding community, especially with limited resources and facilities.

Besides That, monitoring And evaluation Which sustainable It is also necessary to determine the effectiveness of the programs that have been implemented and to identify areas that require improvement. This study focuses on the analysis management service prevention PTM in Health Center The Lion City Malang Regency. With review aspect Strategic Triangle Public Value Management Which covering Public Value, Legitimacy and Support, and Operational Efficiency . Based on the background above, the objectives to be achieved in the study are to obtain a comprehensive picture of the Public Value Management of the success of the PTM prevention program at the Singosari Health Center. So, the author is interested in studying it more carry on about management service prevention disease not contagious.

2. Research Method

This study uses a qualitative approach with a data collection method in the form of interviews which aims to gather information about the description of the implementation of disease prevention service management. No infectious in the perspective of Public Value Management at Singosari Health Center, East Java. Informants were selected purposively based on certain criteria, namely having the authority, experience, or relevant knowledge regarding Disease Prevention Service Management. No infectious in the perspective of Public Value Management at Singosari Health Center .

The researcher determines the operationalization of research variables, which are arranged to facilitate the steps in collecting and collecting data obtained from respondents in accordance with the theories, concepts, propositions, and assumptions of the established

research variables. The operationalization of the research variables is presented in Table 1. The research variables are: community satisfaction with PTM prevention services at the Singosari Health Center, Service improvements at the Singosari Health Center, Stakeholder support, Cross-sector policies and collaboration, Third party involvement, Service procedures, Implementation constraints, Resources, Innovation and efficiency improvements.

Data is collected and processed then grouped in a flow pattern that is made in such a way and analyzed and interpreted. Then the data is displayed in narrative form. To obtain information about each variable studied, informants are selected according to the applicable principles, namely suitability (appropriateness) and adequacy data (Adequacy). Based on the principles above, the informants in this study are:

Informant data consisting of five parties directly or indirectly involved in the management of non-communicable disease prevention services (NCDs) at the Singosari Health Center, it can be concluded that this research approach is holistic and includes various perspectives. Informants reflect the involvement of internal parties at the health center (two program coordinators), primary care officers at the village level (midwives and nurses), and service users (the community). This combination allows researchers to capture the dynamics of NCD service management not only from the policy and technical implementation side, but also from the perspective of beneficiaries. Thus, the data obtained will be richer and more relevant in analyzing how far public value is created through these services.

Table 1. Research Informants

No	Informant	Amount
1	Non-communicable disease choir of Singosari Health Center	1
2	Non-communicable diseases reproductive health choir singosari health center	1
3	Village midwife	1
4	Village Nurse	1
5	Public	1

3. Results and Discussion

Observed variables

The number of research informants was 5 people consisting of 1 informant of the

Singosari Health Center's Non-Communicable Disease Coordinator, 1 informant of the Singosari Health Center's Non-Communicable Disease Reproductive Health Coordinator, 1 informant of the Village Midwife, 1 informant of the Village Nurse, 1 informant of the Community. The information collected was in the form of questions that focused on the research variables, which can be seen in table 2:

Table 2. Question Variables and Indicators

No	Observed variables	Question indicator
1	Public Value	Public satisfaction
		Service improvement
2	Legitimacy and Support	Stakeholder support
		Cross-sector policies and collaboration
		Third party involvement
3	Operational Efficiency	Service procedures
		Obstacles in implementation
		Resource
		Innovation and efficiency improvements

a. Public Value

From the results of interviews with the five informants regarding public value, Legitimacy and support, and operational efficiency at the Singosari Health Center. It was found that the community gave a fairly satisfactory assessment of the services in the non-communicable disease (PTM) program at the Singosari Health Center. Although the service for non-communicable diseases itself has only been running for 2 years, examinations for non-communicable diseases have begun to develop. The community feels helped by the screening and early detection. The community is also increasingly aware of carrying out routine checks every month, this was conveyed by one of the informants who is a community in the Singosari sub-district. It's just that Monitoring and evaluation at the Singosari Health Center has not been maximized, There is no systematic mechanism to evaluate the results of PTM prevention activities, especially in terms of the effectiveness of

the intervention. Education and promotion still rely on conventional methods, such as direct counseling, without maximizing digital media or online platforms. Then for screening that must be carried out for non-communicable diseases other than diabetes and blood pressure, namely heart disease. Increasing the provision of cholesterol and uric acid services has also not been covered. This is due to the lack of facilities for screening equipment.

b. Legitimacy and Support

The PTM prevention program has received support from stakeholders (Health Office, local government, community organizations). Support from the Malang Regency Health Office itself is in the form of BMHP, reagents, and screening equipment. Once or twice a year, the health office will definitely provide assistance such as consumables, acetic acid and swabs. Given. For the time being, support from the health office is in the form of blood sugar, with blood sugar tools, blood sugar sticks due to the increase in diabetes in the Singosari area. So, it is focused on blood sugar with many cases found. The local government also conducts socialization and advocacy regarding the control of PTM risk factors, such as smoking, excessive sugar and salt consumption, lack of physical activity, and consumption of unhealthy foods. This socialization aims to increase public awareness of the importance of preventing PTM and changing behavior towards a healthy life.

The local government encourages the increasing role of Posbindu PTM, namely the Integrated Development Post for Non-Communicable Diseases, by involving various parties such as sub-district heads, village heads, and entrepreneurs. Posbindu PTM functions to provide promotive and preventive services, such as screening for NCD risk factors and early detection of diseases. The Regent's policy must also be implemented and encouraged for examination of non-communicable diseases. Health centers and local governments monitor and control NCD risk factors in the community, such as through IVA (Visual Inspection of Vinegar Acid) screening, SADARI (Self-Awareness) screening, cardiovascular screening, and Posbindu activities. This monitoring aims to detect diseases early and provide appropriate interventions. In implementing this NCD program, health centers collaborate with other parties such as NGOs, academics and hospitals. The third party laboratory also collaborates with the hospital as a referral place. Referrals are made

from health centers if the screening results point to heart disease, stroke, and hypertension if they cannot be treated at the health center, then they are referred to the hospital. The non-communicable disease program also collaborates with sub-districts, markets, crowded places, and schools to be able to screen the community directly.

There is also support from the government, the local government also conducts socialization and advocacy regarding the control of NCD risk factors, such as smoking, excessive sugar and salt consumption, lack of physical activity, and consumption of unhealthy foods. This socialization aims to increase public awareness of the importance of preventing NCDs and changing behavior towards a healthy life.

c. Operational Efficiency

Similar to the screening flow for non-communicable diseases, the flow of PTM prevention services at the Singosari Health Center starts from the village during the posbindu carried out by midwives and village nurses. If there are no indicated non-communicable diseases, then only counseling is carried out during the posyandu, if a referral is needed, then they are referred to the health center and examined by a doctor. Public awareness of the importance of early detection is still low, causing low demand for preventive services to be an obstacle in the implementation of the PTM prevention service system. Some Singosari people rarely come to the posyandu for non-communicable disease checks because the middle to upper class must have had direct contact with a doctor. Innovations or efforts that have been made to improve operational efficiency in PTM services are collaboration in counseling and socialization of non-communicable diseases with specialist doctors or can be done through various channels, such as socialization, screening, and health services. Several other parties that can be involved in this collaboration include the Health Office, Health Centers, schools, non-governmental organizations, and also the private sector.

Disease Non Infectious (PTM) has become challenge health global which is increasing. Based on data from the World Health Organization (WHO), NCDs such as heart disease, diabetes, cancer, and chronic respiratory diseases contribute to more than 74% of deaths globally. Every year 17 million people die from NCDs before the age of 70, 86% of these premature deaths occur in low- and middle-income countries. Of all deaths from NCDs, 77% happen in country earn low And intermediate. Disease Cardiovascular

disease is the leading cause of death from NCDs, or 17.9 million people each year, followed by cancer (9.3 million), chronic respiratory diseases (4.1 million), and diabetes (2.0 million including deaths from kidney disease caused by diabetes). These four groups of diseases contribute more than 80% of all premature deaths from NCDs (World Health Organization, 2023).

The results of the 2018 Basic Health Research (Riskesdas) showed an increase in the prevalence of Non-Communicable Diseases (NCDs) compared to the 2013 Riskesdas data. Some NCDs that experienced this increase included cancer, stroke, chronic kidney disease, diabetes mellitus, and hypertension. The prevalence of cancer increased from 1.4% to 1.8%, stroke from 7% to 10.9%, and chronic kidney disease from 2% to 3.8%. Based on blood sugar level examinations, the prevalence of diabetes mellitus increased from 6.9 % to 8.5%, while blood pressure measurements showed hypertension increased from 25.8% to 34.1% (Kementerian Kesehatan Republik Indonesia, 2022).

According to data from the Ministry of Health's Balitbangkes from the 2019 Global Youth Tobacco Survey (GYTS), as many as 40.6% of Indonesian students aged 13–15 years, consisting of two out of three boys and almost one in five girls, have tried tobacco products. In addition, 19.2% of students actively smoke, and 60.6% of them No Once forbidden buy cigarette although age they Still young; two-thirds of them can buy cigarettes in retail. GYTS data also shows that almost 7 in 10 students have seen cigarette advertisements or promotions on television or at points of sale in the past 30 days, and one-third of students have seen advertisements on the internet or social media.

The increase in the prevalence of NCDs is closely related to lifestyle , such as smoking habits, lack of physical activity, and low consumption of fruits and vegetables. Since 2013, the smoking rate in adolescents (aged 10–18 years) has continued to increase, from 7.2% (Riskesdas 2013) to 8.8% (Sirkesnas 2016), and go on Again become 9.1% (Riskesdas 2018). Besides That, proportion individual Which physically inactive increased from 26.1% to 33.5%, with 0.8% of people consuming excessive alcohol. This trend was accompanied by an increase amount resident Which excess heavy body (overweight) or obesity from year to year, with the prevalence of overweight rising from 8.6% in 2007 to 13.6% in 2018, and obesity from 10.5% in 2007 to 21.8% in 2018. More than 95.5% of Indonesians aged over 5 years also consume less than 5 servings of fruits and vegetables

per day. Patients with non-communicable diseases (NCDs) generally come to health care facilities in advanced conditions and are difficult to fully recover. An empowered and resilient community is an extraordinary social capital compared to other resources that come from outside the community. Posbindu PTM is one solution to increasing the potential and participation of the community in efforts to control NCD risk factors through early detection activities and monitoring of the main NCD risk factors (Sicilia et al., 2018).

Management is an organization's effort to achieve effective and efficient goals. Management functions are: planning , organizing , actuating , and controlling (Wijayanti, 2008). Health Center Management is a series of continuous, systematic activities to achieve timely and effective output from the Health Center. Health workers themselves are human resources in the health sector who can be both subjects and objects in a health institution. As subjects, health workers are involved in planning, implementation, and monitoring-evaluation. As objects, health workers are in a system that is the target of the program. In an institution, the management of health worker personnel administration is carried out comprehensively for both permanent and non-permanent/contract employees. Through the management of health worker personnel administration activities, institutions are expected to be able to collect information related to the existing personnel system (Lestari, 2018).

Health services include services health , reproductive health, and mental health. Public health services function to prevent an increase in the death rate and the loss of life due to post-disaster diseases. Public health services are carried out in accordance with the standards of health center services (Andayani & Ishak, 2020). Public services are basically inseparable from the community because services are part of the administrative activities organized by the regional government through related agencies such as health centers. The main problem of public services is basically related to improving the quality of the service itself. Quality services are highly dependent on various aspects, namely how the implementation pattern is (implementation), human resource support, and institutions (Kholik et al., 2022).

The existence of health service facilities affects the health level of a country's community. Law Number 36 of 2009 concerning health explains that health service facilities are tools and/or places used to organize health service efforts, both promotive,

preventive, curative, and rehabilitative carried out by the government, local government, and/or community (Fisabilillah et al., 2020).

Public Value Management (PVM) is a new paradigm in public sector management that emphasizes the importance of creating public value through responsive, collaborative, and community-oriented public services. This paradigm emerged as a critique of the New Public Management (NPM) approach, which overemphasizes efficiency and market approaches in public services. PVM offers a more participatory and democratic approach, where public satisfaction is not only measured by how fast or cheap the service is provided, but by the social benefits generated (Moore, 1995).

According to Stoker (2006), the PVM approach has five main characteristics. The main purpose of public organizations is to create public value. The focus is not only on administrative output, but on the results felt by the community. Public services are achieved through networks and collaborations involving civil society, the private sector, and communities. Public managers must be sensitive to democratic legitimacy and citizen participation. Services are tailored to public aspirations and needs. Governance that is oriented towards deliberative and dialogical processes. Decision-making processes that involve the voice of citizens, and accountability not only to bureaucratic superiors, but also to the wider public.

Public assessment regulations play a crucial role in efforts to prevent non-communicable diseases (NCDs) in Indonesia. Assessment of the performance of public health services, including health centers, must comply with the standards set by Law Number 25 of 2009, in order to evaluate the effectiveness of health services and the level of compliance with these regulations (Nurfillaili, 2023). In this context, systematic and transparent assessments can improve the government's response to public health challenges, including NCDs such as diabetes and hypertension (Tambaip & Tjilen, 2023). Public participation in this assessment is essential to support accountability and improve the quality of health services (Pujilestari et al., 2023). By implementing a clear indicator-based assessment mechanism, government agencies can be inspired to improve health services and achieve better results in preventing NCDs (Tripambudi, 2022). Community involvement in evaluating public service performance and providing constructive feedback will contribute to sustainable improvements in service quality (Taufiqurokhman et al.,

2022).

4. Conclusion

Based on the results of interviews with five informants, it can be concluded that the implementation of the Non-Communicable Disease (NCD) prevention program at the Singosari Health Center has provided quite good public value. The community feels the benefits of screening and early detection services, and shows increased awareness to carry out routine checks. However, there are still shortcomings in terms of the monitoring and evaluation system, as well as limited facilities for further examinations such as cholesterol and uric acid. In terms of legitimacy and support , this program has received significant support from the Health Office, local governments, and various other stakeholders. Forms of support include the provision of equipment, disposable medical supplies, as well as health socialization and advocacy activities involving various sectors of society. This shows that structurally and institutionally, the PTM program has a strong basis of legitimacy.

Meanwhile, in terms of operational efficiency , the Health Center has implemented a service flow from the village level through Posbindu to referrals to hospitals. However, low community participation, especially from the middle to upper class, and limited digital innovation are still challenges. Cross-sector collaboration and community-based approaches are strategies that have begun to be implemented to overcome these obstacles. Overall, the PTM program at the Singosari Health Center shows positive progress, but still requires strengthening the evaluation system, expanding service coverage, and increasing efficiency through innovation and utilization of technology.

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