

Family Empowerment through Health Education as an Effort to Prevent Non-Communicable Diseases in Outpatients at Awet Muda Narmada Regional Hospital

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Abstrak

Penyakit tidak menular (PTM) masih menjadi penyebab utama morbiditas dan mortalitas di Indonesia, sehingga diperlukan upaya promotif dan preventif yang melibatkan keluarga sebagai pendukung utama dalam pengelolaan penyakit. Kegiatan pengabdian kepada masyarakat ini bertujuan meningkatkan pengetahuan dan keterlibatan keluarga dalam pencegahan serta pengendalian PTM melalui edukasi kesehatan pada pasien rawat jalan di RSUD Awet Muda Narmada. Kegiatan dilaksanakan pada 8 Juni 2026 di Poliklinik Penyakit Dalam dengan sasaran pasien beserta anggota keluarga yang mendampingi selama pelayanan. Metode yang digunakan meliputi pemberian pre-test, penyampaian materi melalui ceramah interaktif, diskusi, demonstrasi, pembagian leaflet, serta evaluasi menggunakan post-test. Hasil kegiatan menunjukkan adanya peningkatan pengetahuan peserta mengenai faktor risiko PTM, pencegahan, kepatuhan terapi, penerapan pola hidup sehat, dan pemantauan kondisi kesehatan secara mandiri. Keterlibatan keluarga selama kegiatan juga meningkatkan pemahaman mengenai perannya sebagai *caregiver* dalam mendukung pengelolaan penyakit kronis di lingkungan rumah. Selain memberikan manfaat bagi pasien dan keluarga, kegiatan ini berkontribusi terhadap penguatan Program Promosi Kesehatan Rumah Sakit (PKRS) dan mendukung implementasi Integrasi Layanan Primer (ILP) melalui pemanfaatan waktu tunggu pelayanan sebagai media edukasi kesehatan. Program ini menunjukkan bahwa pemberdayaan keluarga berbasis edukasi kesehatan merupakan pendekatan yang efektif untuk meningkatkan literasi kesehatan dan layak dikembangkan sebagai program rutin dalam pelayanan rawat jalan guna mendukung pengendalian PTM secara berkelanjutan.

Kata Kunci: *Pemberdayaan Keluarga, Edukasi Kesehatan, Penyakit Tidak Menular, Promosi Kesehatan Rumah Sakit, Integrasi Layanan Primer.*

Abstract

Non-communicable diseases (NCDs) remain a major cause of morbidity and mortality in Indonesia, necessitating promotive and preventive efforts involving families as key

supporters in disease management. This community service activity aims to increase family knowledge and involvement in the prevention and control of NCDs through health education for outpatients at Awet Muda Narmada Regional Hospital. The activity was carried out on June 8, 2026, at the Internal Medicine Polyclinic, targeting patients and their accompanying family members during the service. The methods used included administering a pre-test, delivering material through interactive lectures, discussions, demonstrations, distributing leaflets, and evaluation using a post-test. The results of the activity showed an increase in participant knowledge regarding NCD risk factors, prevention, therapy adherence, implementing a healthy lifestyle, and self-monitoring of health conditions. Family involvement during the activity also increased understanding of their role as caregivers in supporting chronic disease management at home. In addition to providing benefits for patients and families, this activity contributed to strengthening the Hospital Health Promotion Program (PKRS) and supporting the implementation of Primary Service Integration (ILP) by utilizing service waiting time as a medium for health education. This program demonstrates that family empowerment based on health education is an effective approach to improving health literacy and is worthy of being developed as a routine program in outpatient services to support sustainable control of NCDs.

Keywords: *Family Empowerment, Health Education, Non-Communicable Diseases, Hospital Health Promotion, Primary Care Integration*

INTRODUCTION

Non-communicable diseases (NCDs) remain a major challenge in global and national health development. NCDs such as hypertension, diabetes mellitus, heart disease, stroke, and cancer contribute to high rates of morbidity, disability, and premature death (Suharsono, Suyanta, Sugiyarto, Yulistanti, & Handayani, 2025). The increasing prevalence of NCDs is influenced by changes in people's lifestyles, including low physical activity, unhealthy diets, smoking habits, and lack of early detection and control of risk factors. These conditions encourage a shift in the paradigm of health services that are no longer solely oriented towards treatment, but also prioritize promotive and preventive efforts through community and family empowerment. The results of research by Wisni et al. (2026) show that strengthening continuous health education is an effective strategy to increase knowledge, encourage behavioral change, and strengthen control of NCD risk factors.

This condition is also reflected in Awet Muda Narmada Regional Hospital, one of the referral hospitals in West Lombok Regency. Based on the 2025 Profile of Awet Muda Narmada Regional Hospital, outpatient visits are dominated by NCD cases, particularly in the Internal Medicine Polyclinic. In addition to the high number of visits, hospital reports also show that the leading cause of death is still complications from cardiovascular disease, such as cardiac arrest, congestive heart failure, and stroke. These findings indicate that most patients arrive at health facilities when their disease has entered a complicated phase, often delaying curative intervention. This condition indicates the need to strengthen promotive and

preventive strategies through health education carried out from the time patients receive outpatient services.

The success of NCD control is not only determined by healthcare workers but also influenced by the active involvement of families in supporting the patient care process at home (Sagala, Rambe, & Marito, 2024). Families play a crucial role in ensuring medication adherence, managing diet, physical activity, monitoring health conditions, and making decisions when danger signs arise. Experimental research conducted by Trihandini, Sitompul, & Negara (2025) showed that family empowerment interventions significantly improved families' ability to self-manage type 2 diabetes mellitus, including diet management, physical activity, therapy adherence, blood glucose monitoring, and diabetic foot care. Similar results were also reported by Rahayu, Susanti, & Muttaqin (2025), who found that family empowerment improved glycemic control and accelerated the healing of diabetic foot ulcers by increasing family knowledge and involvement in the patient care process.

One study also confirmed that the family empowerment approach is an effective strategy for improving families' ability to manage chronic illness (Abidin & Kainama, 2025). The family empowerment model has been shown to increase family knowledge, strengthen healthy lifestyles, and enhance the ability to independently manage chronic disease risk factors. In addition to enhancing family capacity, this approach also strengthens collaboration between healthcare professionals, patients, and families, thus ensuring optimal continuity of care after the patient returns home.

Even though various NCD education programs have been implemented, most activities still focus on increasing patient knowledge as individuals. Family involvement as the main caregiver in the education process is still relatively limited, especially in outpatient services in hospitals. In fact, the family is the party who interacts most often with patients after returning to the home environment and has an important role in maintaining changes in health behavior. Therefore, developing a health education model that involves both patients and families is a strategy that has the potential to increase the effectiveness of NCD prevention and control programs on an ongoing basis.

Based on these conditions, the implementing team carried out community service activities in the form of Family Empowerment through Health Education as an Effort to Prevent Non-Communicable Diseases in Outpatients at Awet Muda Narmada Regional Hospital. This activity aims to increase knowledge, skills, and family involvement in supporting the prevention and control of NCDs through health education carried out in the polyclinic environment. In addition to increasing the capacity of patients and families in self-management, this activity is also expected to strengthen the implementation of hospital health promotion as part of sustainable promotive and preventive efforts.

METHOD

This community service activity was held on June 8, 2026, at the Internal Medicine Polyclinic of Awet Muda Narmada Regional Hospital, West Lombok Regency, West Nusa Tenggara. The location was selected based on the high number of visits by patients with non-communicable diseases (NCDs), making it a strategic location to provide health education to patients and their families while waiting for services. The educational approach

in healthcare facilities is considered capable of improving public health literacy while strengthening promotive and preventive efforts in controlling NCDs (Sahayati, Eka, Anastasya, & Khoirunnisa, 2024). The target group for this activity were outpatients visiting the Internal Medicine Polyclinic and their family members or caregivers who accompanied them during the service. Family involvement was crucial because families play a crucial role in supporting medication adherence, maintaining a healthy lifestyle, monitoring health conditions, and making decisions regarding patient care at home. The family empowerment approach has been proven to improve families' ability to support chronic disease management and promote successful patient self-management (Karingga, Jayani, Suharto, Alimansur, & Ramayanti, 2024).

This activity was conducted with the permission and facilitation of the Director of Awet Muda Narmada Regional Hospital and the hospital management. Participation was voluntary while participants waited for services at the polyclinic. The activity began with coordination with the hospital, followed by a pre-test to determine participants' initial knowledge of NCDs. The implementation team then delivered material through interactive lectures, discussions, and demonstrations on NCD risk factors, prevention, and self-monitoring of health conditions. The activity concluded with a question-and-answer session and a post-test to evaluate participants' knowledge gains after participating in the health education. These stages are a common approach used in health promotion programs to increase the effectiveness of knowledge transfer (Eliyana, Zulaikha, & Sumo, 2025).

The educational media used included leaflets, flipcharts, and demonstrations of the use of simple medical devices, such as digital blood pressure monitors. Evaluation of the activity was conducted through observation of participant participation during the educational process and comparison of pre-test and post-test results as indicators of increased knowledge regarding risk factors, prevention, and management of NCDs. The use of visual media combined with demonstrations and pre-test and post-test evaluations has been proven effective in improving participant understanding in public health education activities (Pratiwi, Wahyuniar, Febriani, & Mamlukah, 2024). The comparison of pre-test and post-test results in this activity was analyzed descriptively through observation of participant response patterns, without inferential statistical testing. Therefore, the findings of increased understanding reported in the results section are descriptive-observational in nature and cannot yet be interpreted as statistically significant.

RESULTS

The community service activities involved outpatients at the Internal Medicine Polyclinic at Awet Muda Narmada Regional Hospital and their accompanying family members during the service process. This target group was chosen because patients with non-communicable diseases require family support in undergoing treatment, making lifestyle changes, and self-monitoring their health at home. The presence of family members during the education process ensures that the information provided is understood not only by the patient but also by those who act as caregivers in their daily lives. Participant characteristics indicate that the activities were predominantly attended by patients with a history of non-communicable diseases, particularly hypertension and diabetes mellitus, and their accompanying family

members during examinations at the polyclinic. This situation indicates that the hospital has a significant opportunity to utilize waiting time as an effective medium for health education. This approach aligns with research by Kirana & Setiawati (2025), which found that family involvement in health education improves the family's ability to support self-management in patients with chronic diseases.

The activity proceeded according to the planned stages, starting with a pre-test, material delivery, demonstration of the use of simple medical devices, interactive discussion, and post-test as a final evaluation. Throughout the activity, participants demonstrated high enthusiasm, particularly during the blood pressure measurement demonstration and discussions on dietary management and medication adherence. The implementation team also utilized leaflets and flipcharts as educational media to facilitate participant understanding. The implementation of the activity demonstrated that interactive health education fosters two-way communication between healthcare workers and patients and their families. This finding supports the findings of Saripah, Putri, & Lisca (2023), which stated that the use of visual media combined with interactive counseling can increase the effectiveness of health information delivery compared to conventional lecture methods.

Evaluation results showed an increase in participant understanding after participating in health education activities. Prior to the intervention, some participants still held the perception that hypertension and diabetes treatment was only necessary when symptoms arose. After participating in the education, participants began to understand the importance of medication adherence, dietary control, physical activity, and regular blood pressure and glucose monitoring. In addition to increased knowledge, participants were also able to practice using a digital blood pressure monitor and understand the basic steps for self-monitoring their health at home. These improvements demonstrate that health education not only strengthens cognitive aspects but also enhances families' practical skills in supporting the management of non-communicable diseases. This finding aligns with research by Perdani & Darmawati (2025), which explains that family empowerment can improve families' ability to monitor patient conditions, thus impacting improved chronic disease management.

Participant responses throughout the activity were very positive. This was evident in the high level of participation in discussion sessions and the numerous questions raised regarding diet management, physical activity, use of medical devices, and warning signs of complications from non-communicable diseases. This enthusiasm demonstrated that participants had a high need for health information, particularly regarding disease management after returning home. Hospital support, the availability of educational media, and the involvement of healthcare workers were key factors contributing to the success of the activity. Conversely, limited service time and differences in participants' health literacy levels were obstacles, preventing the material from being delivered in-depth to all participants. These findings indicate that the success of health education is influenced not only by the quality of the material but also by the supportive service environment and the active involvement of participants during the learning process. These results support research by Hamdanest & Kesuma (2026), which states that the success of family empowerment programs is influenced by collaboration between healthcare workers, families,

and healthcare facilities in building an environment that supports sustainable health behavior change.

DISCUSSION

Effectiveness of Education in Increasing Knowledge

The results of community service activities indicate that health education provided to patients and their families had a positive impact on increasing participants' knowledge about non-communicable diseases (NCDs), including risk factors, prevention efforts, treatment adherence, and the importance of self-monitoring their health. Prior to participating in the education activities, some participants still had a limited understanding of the characteristics of NCDs, particularly the belief that hypertension and diabetes mellitus only require treatment when symptoms appear or their health condition worsens. After participating in the education, there was a change in understanding, demonstrated by participants' increased awareness that NCDs are chronic diseases that require ongoing management through adherence to therapy, dietary adjustments, regular physical activity, risk factor management, and regular health check-ups. These changes indicate that health education serves not only as a means of conveying information but also as a means of building critical health awareness that encourages individuals to make more informed health decisions in their daily lives.

Increasing participant knowledge is an early indicator of the success of health education interventions. Within the concept of health literacy, knowledge is the primary foundation that enables individuals to obtain, understand, evaluate, and apply health information in decision-making related to disease prevention and control. Individuals with good health literacy tend to be more capable of recognizing risk factors, understanding the importance of adherence to therapy, optimally utilizing healthcare services, and consistently adopting healthy lifestyle behaviors. Therefore, the increased knowledge gained by participants during the activities is crucial for shaping health behavior changes oriented toward preventing NCD complications.

These findings align with Green and Kreuter's health promotion theory, which explains that knowledge is a predisposing factor influencing the formation of health behaviors. According to this theory, individuals will more easily adopt healthy lifestyle behaviors if they have a sufficient understanding of the benefits of a health action and the consequences of not engaging in that behavior. In the context of NCDs, increasing knowledge is crucial because most risk factors stem from modifiable behaviors, such as consuming foods high in sugar, salt, and fat, lack of physical activity, smoking, alcohol consumption, and poor adherence to therapy. Thus, health education not only improves the cognitive aspects of participants, but also builds a foundation for healthier changes in attitudes and behavior.

The results of this activity reinforce various previous studies demonstrating the effectiveness of health education in improving public health literacy. Kunoli, Subchan, & Abdul Latif Amir (2022) reported that the use of leaflets combined with outreach activities increased public knowledge about clean and healthy living behaviors because the information could be reviewed independently after the activity was completed. Similar findings were presented by Gustina & Muhbita (2026), who demonstrated that family nursing-

based education increased families' knowledge, independence, and ability to support chronic disease management at home. Furthermore, Gustina & Muhbita (2026) found that a family empowerment program through health education significantly improved families' understanding of hypertension risk factors and encouraged the adoption of preventive behaviors from adolescence. These results demonstrate that the success of education is not solely determined by the content of the material presented, but also by the communication method, the use of engaging educational media, and the active involvement of participants during the learning process.

The findings of this study are also consistent with the results of a systematic review conducted by Mulat, Hardi, & Andani (2024), which concluded that family empowerment programs can improve family knowledge, skills, and confidence in managing chronic diseases through structured and continuous information delivery. Similarly, Sumantri, Trisnadewi, & Suniyadewi (2026) reported that family caregiver empowerment interventions had a significant impact on improving families' ability to self-manage type 2 diabetes mellitus, including diet management, medication adherence, blood glucose monitoring, and complication prevention. Research by Khotimah, Wahdini, & Rosliany (2025) even showed that family involvement in the education process contributed to improved glycemic control and accelerated healing of diabetic foot ulcers. The synthesis of these various studies shows that health education involving families has a broader impact than education provided only to patients, because families become agents of change that support the continuation of healthy behaviors after patients return home.

While similar to previous studies, this initiative offers a different perspective through the implementation of family-based education in a hospital setting, particularly in outpatient care. While most previous studies have implemented family empowerment programs in community health centers (Puskesmas), integrated health posts (Posyandu), or community settings, this initiative utilizes patient waiting time at the polyclinic as an educational tool. This approach offers added value because the education process can be conducted before the patient returns home, ensuring the information received remains directly relevant to their current health condition. Furthermore, the involvement of family members accompanying the patient allows for simultaneous knowledge transfer to those who will act as caregivers in their daily lives. Thus, health education does not stop at increasing individual knowledge but develops into a family learning process that has the potential to generate collective and sustainable changes in health behavior.

Based on these results, it can be concluded that the effectiveness of health education is not only measured by the increase in participants' knowledge after participating in the activity, but also by its ability to build awareness, improve health literacy, strengthen family involvement, and encourage the formation of more adaptive NCD prevention behaviors. Therefore, the family empowerment-based education model implemented in this activity is worthy of consideration as part of the routine Hospital Health Promotion (PKRS) program. Integrating health education into outpatient services has the potential to improve the quality of promotive and preventive services while supporting the implementation of health system transformation that positions families as strategic partners in controlling non-communicable diseases.

The Role of the Family in Controlling Non-Communicable Diseases

Family involvement during the implementation of activities demonstrates that families play a very strategic role in supporting the successful control of non-communicable diseases (NCDs). This is evident in the high level of family participation during discussion and demonstration sessions, demonstrated through various questions regarding dietary management, medication adherence, blood pressure and glucose monitoring, appropriate physical activity, and signs and symptoms of complications requiring immediate treatment. This condition indicates that families not only play a role as companions for patients during healthcare services but also have the primary responsibility for assisting in decision-making, providing emotional support, monitoring therapy adherence, and ensuring continuity of care when patients return home. Thus, the success of NCD management is not only determined by the quality of healthcare services but also influenced by the family's capacity to provide ongoing patient support.

These findings reinforce the concept of Family Empowerment, which positions families as active partners with healthcare professionals in the chronic disease management process. This approach emphasizes that families are not merely recipients of information, but rather empowered subjects, empowered to acquire the knowledge, skills, and confidence to perform self-care. According to Yuliana & Mirasari (2020), family empowerment aims to improve families' ability to make health decisions, provide psychosocial support, manage available resources, and carry out care independently according to the patient's condition. In the context of NCDs, family empowerment is crucial because the majority of disease management takes place at home. Therefore, the family's ability to regulate diet, remind patients to take medications, monitor health conditions, accompany physical activity, and recognize warning signs of complications are all contributing factors to successful therapy and the prevention of long-term complications.

Theoretically, the results of this activity are also in line with the concept of Family-Centered Care, which views the family as an integral part of the healthcare system. This approach emphasizes the importance of partnerships between healthcare professionals, patients, and families in every clinical and non-clinical decision-making process. In the management of NCDs, families play a role as caregivers, motivators, educators, and decision-makers, directly influencing patient adherence to treatment and lifestyle changes. Family involvement in health education allows for a more comprehensive transfer of knowledge, allowing patients to reinforce the information they receive through family supervision and support at home. Therefore, health education involving families not only enhances individual capacity but also builds a supportive environment conducive to health behavior change.

The results of this activity are consistent with research by Amirullah et al. (2023) which showed that family caregiver empowerment interventions significantly improved families' ability to self-manage type 2 diabetes mellitus, including dietary management, adherence to therapy, blood glucose monitoring, physical activity, and complication prevention. The study explained that the improvement in family capacity occurred because the educational process not only provided information but also increased family confidence in carrying out care

functions at home. Similar findings were reported by Amirullah et al. (2024), who stated that family involvement in the care of diabetes patients influenced improved glycemic control and accelerated healing of diabetic foot ulcers through increased adherence to treatment and changes in healthy lifestyle behaviors. Both studies demonstrate that families are an important component in the chronic disease care system that can increase the effectiveness of health interventions if actively involved from the beginning of the care process.

The findings of this activity are also supported by research by Pome, Rustiati, Hasan, Harsanto, & Abar (2025), which states that a family-based disease management model through community empowerment can increase family capacity in recognizing chronic disease risk factors, making health decisions, and taking preventive measures independently. Furthermore, Abdulkadir, Suleman, Hiola, & Tungadi (2025) found that a family empowerment program in hypertension prevention can increase family knowledge about healthy lifestyles and encourage behavioral changes in regulating salt consumption, physical activity, and routine blood pressure monitoring. The results of a systematic review conducted by Na'imah & Suwari (2016) also concluded that the family empowerment approach consistently has a positive impact on increasing family knowledge, skills, coping abilities, and quality of life in assisting family members with chronic illnesses. The synthesis of these various studies shows that the family is the main actor in maintaining the sustainability of health education outcomes, because most decisions related to healthy lifestyles are made within the family environment.

However, the results of this activity also identified several challenges that could potentially impact the effectiveness of family empowerment. During the discussion, differences in education levels, varying abilities to understand health information, habits of consuming foods high in sugar, salt, and fat, and limited time for family members to accompany patients due to work activities were identified. Furthermore, the perception persisted that controlling NCDs is solely the responsibility of health workers, leading some families to remain unaware of the importance of their involvement in the care process. These findings indicate that increasing knowledge through education does not automatically result in changes in health behavior. Behavior change is a process influenced by various factors, such as cultural values, family habits, socioeconomic conditions, environmental support, and individual motivation to maintain healthy behaviors in the long term.

This perspective demonstrates that family empowerment cannot be viewed as a one-time educational activity, but rather as a continuous learning process. Periodic education, accompanied by mentoring and strengthening family capacity, will provide a greater opportunity to establish consistent healthy lifestyle behaviors. Therefore, hospitals need to develop a continuous education model through the Hospital Health Promotion Program (PKRS), involving families as the primary target group, in addition to patients. This approach not only supports the successful control of NCDs but also strengthens the implementation of patient- and family-centered care. Thus, families are no longer positioned as recipients of health services, but rather as strategic partners who make a significant contribution to improving patients' quality of life and reducing the risk of complications and recurrent hospitalizations due to non-communicable diseases.

Contribution of Activities to the Implementation of Hospital Health Promotion Programs and Integration of Primary Services

The implementation of health education at the Internal Medicine Polyclinic of Awet Muda Narmada Regional Hospital has significantly contributed to strengthening the implementation of the Hospital Health Promotion Program (PKRS) while supporting the policy direction of Primary Service Integration (ILP) in the transformation of Indonesia's health system. Hospitals are still better known as institutions oriented towards curative and rehabilitative services, while promotive and preventive activities are generally carried out more in primary health care facilities, such as community health centers (Puskesmas), integrated health posts (Posyandu), and integrated non-communicable disease development posts (Posbindu PTM). The results of this activity indicate that hospitals have great potential to develop their promotive function through the provision of health education integrated with outpatient services. Utilizing patient waiting time before receiving medical services provides a strategic opportunity to increase knowledge, build awareness, and strengthen the ability of patients and their families to manage their illness independently without disrupting the existing service flow.

These findings indicate that hospital healthcare should not stop at providing medical therapy, but rather need to be developed into comprehensive services that integrate promotive, preventive, curative, and rehabilitative aspects. Health education provided during outpatient care is one form of patient-centered care, as it is not only oriented towards curing the disease but also building the capacity of patients and their families to maintain their health after returning home. This approach is increasingly important considering that most non-communicable diseases require long-term management, which is heavily influenced by adherence to therapy, lifestyle changes, and family support. Therefore, the success of NCD control is determined not only by the medical treatment provided in the hospital, but also by the ability of patients and their families to apply the health information obtained during care.

The results of this activity align with the direction of the Indonesian Health System Transformation policy, which prioritizes promotive and preventive efforts in controlling non-communicable diseases. Through the Primary Care Integration policy, the government encourages all healthcare facilities to strengthen lifecycle-based healthcare services, early detection, health education, and community empowerment as part of a continuous service. In this context, the educational activities carried out at Awet Muda Narmada Regional Hospital demonstrate that hospitals can play an active role in supporting the success of health transformation by improving patient and family health literacy. The education provided before patients leave the facility allows participants to gain a better understanding of disease management, thus maintaining continuity of care even while the treatment process continues at home.

Theoretically, these findings support the concept of Health Promoting Hospitals (HPH) developed by the World Health Organization (WHO), which states that hospitals function not only as places of treatment but also as institutions that actively promote health, empower patients, families, and communities, and create an environment that supports healthy lifestyles. This concept emphasizes that all hospital service activities should integrate health education components as part of improving service quality. Therefore, the educational

activities carried out in this community service reflect the implementation of the HPH principle because they utilize every service contact as an opportunity to improve health literacy and encourage behavioral changes in patients and their families.

The findings of this activity are also supported by various recent studies. Fajriana, Aji, & Mulyanto (2025) explained that the successful implementation of Primary Care Integration is greatly influenced by improving public health literacy through ongoing education involving various stakeholders. This research shows that communities with higher levels of health literacy tend to be more active in utilizing preventive health services and have higher adherence to chronic disease control programs. Furthermore, Pramita, Nasution, & Purba (2021) stated that structured, family-based health education can increase family independence in supporting chronic disease management, so that health services are oriented not only toward healing but also toward improving the patient's quality of life.

Nevertheless, this activity offers a different perspective than most previous research. Previous studies generally positioned community health centers, integrated health posts, or community health centers as the primary locations for health education. Conversely, this activity demonstrates that hospitals, particularly outpatient units, also have significant potential as health promotion centers. Utilizing the polyclinic waiting room as an educational medium allows the learning process to take place while patients and families are waiting for services, eliminating the need for additional visit times or changes to service schedules. This approach provides added value because education is conducted when patients are more receptive to information about their illness. Furthermore, the presence of family members during the service process allows health information to be received simultaneously by patients and caregivers, increasing the likelihood of adopting healthy behaviors after returning home.

The contribution of this activity also has strategic implications for the development of the Hospital Health Promotion Program. Integrating health education into the outpatient care process can serve as a simple, efficient, and easily replicable service model without requiring significant resource investment. Hospitals can utilize existing healthcare professionals, such as doctors, nurses, health promotion workers, and nutritionists, to provide brief education to patients and their families during waiting periods. This approach not only improves the quality of care but also strengthens the hospital's role as an institution that supports disease prevention, quality of life improvement, and community empowerment.

However, the implementation of integrated with outpatient services still faces several challenges, including limited time for healthcare workers, high patient visits, varying levels of public health literacy, and the lack of operational standards that systematically regulate the implementation of education in each service unit. Therefore, institutional commitment is needed to strengthen the implementation of PKRS through the formulation of internal policies, the development of more innovative educational media, improving the competence of healthcare workers in educational communication, and developing an evaluation system capable of measuring the impact of education on behavioral changes and patient health outcomes. Thus, hospitals not only carry out curative functions, but also become centers of health promotion capable of supporting the implementation of Integrated Primary Care on an

ongoing basis and contributing to the control of non-communicable diseases at the community level.

CONCLUSION

Community service activities through health education-based family empowerment at the Internal Medicine Polyclinic of Awet Muda Narmada Regional Hospital demonstrated that health education is an effective strategy in increasing patient and family knowledge about non-communicable diseases (NCDs), including risk factors, prevention efforts, adherence to treatment, and the importance of adopting healthy lifestyles. The delivery of material through interactive lectures, discussions, demonstrations, and educational media was able to increase participant understanding while building awareness of the importance of sustainable NCD control. This activity also emphasized the crucial role of family involvement in supporting the successful management of NCDs. Families not only function as patient companions but also as key partners in reminding patients to adhere to therapy, regulating diet, monitoring health conditions, and encouraging changes in healthy lifestyles at home. Thus, the family empowerment approach is a relevant strategy for strengthening patient- and family-oriented chronic disease management.

In addition to providing benefits to participants, this activity contributed to strengthening the implementation of Hospital Health Promotion (PKRS) and supporting the transformation of health services through Primary Service Integration (ILP). Utilizing patient waiting time at the polyclinic as an educational medium demonstrated that hospitals can more optimally carry out promotive and preventive functions without disrupting the clinical service flow. This approach has the potential to become a health education model that can be routinely implemented in outpatient services to improve service quality and community empowerment. However, this activity still has limitations because the evaluation focused on increasing participant knowledge after the intervention and did not measure long-term behavioral changes or clinical outcomes. Therefore, similar activities need to be developed with ongoing evaluation to assess their impact on therapy adherence, lifestyle changes, risk factor control, and the reduction of NCD complications. Strengthening collaboration between health workers, patients, and families is expected to achieve more comprehensive, sustainable, and prevention-oriented health services.

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