

Evaluation of the Implementation of the Free Health Check Program: Preparation, Challenges, and Impact on the Community

Teguh Irawan¹, Yulis Indriani¹, Dwi Kafita Maryam¹, Diesta Ayu Permata Sari¹, Ninu Nuraini¹, Naufal Ilham Pangestu¹, Syamkhan Fatku Dinov¹, Thifla Emila Khusna¹

¹Public Health, Faculty of Health Science, Universitas Pekalongan, Pekalongan, Indonesia

Correspondence: **Yulis Indriani**: Jalan Sriwijaya No. 3, Pekalongan, Indonesia; yulis@unikal.ac.id

ABSTRACT

Infectious and non-communicable diseases remain a major cause of the global health burden, including in Indonesia. The government responded to this situation by launching a free health check-up program as an initial screening effort and to increase public health awareness. This study aimed to evaluate the implementation of the free health check-up program at the Warungasem Community Health Center through a qualitative approach using the CIPP framework, which encompasses Context, Input, Process, and Product. This research was conducted using a qualitative approach. Data were obtained through in-depth interviews with 12 informants representing program implementers and beneficiaries, and then analyzed narratively. The results indicate that the program has a clear goal of early detection and targets the entire life cycle. The availability of medical personnel and basic facilities supports implementation, although challenges remain, including limited advanced examination equipment and staff workload. Socialization through social media and directly at the community health center (Puskesmas) has helped disseminate information, but has not yet reached the entire community. Public awareness of the importance of health check-ups remains low. Evaluations are conducted routinely by the community health center and the health office, but participation rates have not yet reached the minimum target. Furthermore, it is concluded that the program has a positive impact on building understanding and healthy living behaviors.

Keywords: free health check-up; evaluation; challenges; health center; screening

INTRODUCTION

Every country strives to achieve an optimal level of health for its population [1]. This constitutes a crucial investment, as optimal public health is a fundamental pillar in developing productive human resources, which in turn fosters economic growth and social stability. However, in 2021, non-communicable diseases (NCDs) remained the leading cause of death, accounting for nearly 43 million deaths worldwide, equivalent to 75% of all global mortality [2]. Meanwhile, communicable diseases—particularly tuberculosis (TB)—continued to pose a significant public health challenge. In 2023, an estimated 8.2 million new TB cases were diagnosed globally, representing an increase compared to 7.5 million cases reported in 2022 [3]. Another major communicable disease, chronic hepatitis B, affected approximately 254 million individuals worldwide in 2022, with an estimated 1.2 million new infections occurring annually; of these, 61 million cases were reported in the Southeast Asia region [4].

Data from the 2018 Indonesian Basic Health Research Survey (Rskesdas) indicate an increasing trend in the prevalence of non-communicable diseases compared to data from 2013. The prevalence of cancer increased from 1.4% to 1.8%, while stroke prevalence rose substantially from 7% to 10.9%. Chronic kidney disease also showed an increase from 2% to 3.8%. Additionally, the prevalence of diabetes mellitus or elevated blood glucose levels increased from 6.9% to 8.5%, and hypertension prevalence rose markedly from 25.8% to 34.1% [5]. According to the Global TB Report 2023, Indonesia ranks second globally in terms of TB burden, following India and ahead of China. It is estimated that approximately 1,060,000 TB cases and 134,000 TB-related deaths occur annually in Indonesia, which is equivalent to 17 deaths per hour due to TB [6].

As part of disease prevention and control efforts, many countries have implemented health screening services for their populations. A study on the Youth Health Screening Program (Y-Check) in Ghana, which was implemented among senior high school students, demonstrated positive impacts in terms of early detection of adolescent health conditions. However, participants reported several limitations, including insufficient health promotion and education, lack of entertainment at screening sites, and low participation interest unless individuals were already experiencing health problems such as pain or injury. The study also identified constraints in facilities and follow-up services when health problems were detected during screening [7]. Similarly, South Korea has implemented National Health Screening Programs (NHSPs) aimed at early detection of both communicable and non-communicable diseases. Nevertheless, these programs continue to face challenges, including incomplete population coverage and shortages of medical personnel [8].

The central and regional governments play a vital role in the provision of health services for individuals and communities, as stipulated in Article 19 of the Republic of Indonesia Law Number 17 of 2023 on Health. As part of efforts to achieve optimal public health, the Ministry of Health of the Republic of Indonesia launched the Free Health Check Program (*Program Cek Kesehatan Gratis/CKG*) as an initial disease screening initiative for the Indonesian population. The legal basis for this program is outlined in the Minister of Health Decree Number HK.01.07/MENKES/33/2025 concerning technical guidelines for free health examinations conducted on individuals' birthdays.

The Free Health Check Program (CKG) officially commenced on February 10, 2025. This newly introduced program is expected to improve the quality of public health in Indonesia and reduce the prevalence of preventable diseases. The program provides free health services to individuals across all age groups, categorized into several service components, including hormonal examinations, assessment of bodily functions, detection of selected non-communicable diseases, and screening for communicable diseases. Access to the program is facilitated through the Satu Sehat Mobile application, a WhatsApp chatbot, or direct visits to the nearest Community Health Center [9].

Warungasem Community Health Center is one of the community health centers in Batang Regency that has implemented the Free Health Check Program. Based on a preliminary survey conducted within the service area of Puskesmas Warungasem, it was found that a significant proportion of the community had limited awareness of the program's implementation at the health center. This lack of awareness may affect participation rates, which constitute a key indicator of program success. Furthermore, although studies evaluating free health check initiatives exist, there has been no comprehensive and detailed evaluation of the implementation of the Free Health Check Program conducted by the Indonesian government through the Ministry of Health to date. Therefore, an evaluative study of the Free Health Check Program is necessary to inform improvements in program implementation in the future [10]. Program evaluation is essential to assess and optimize implementation, as one of its primary objectives is to enhance health programs that contribute positively to health development outcomes [11].

This study aims to evaluate the implementation of the Free Health Check Program at Warungasem Community Health Center, Batang Regency. The evaluation seeks to assess program preparedness, identify implementation challenges, examine target achievement, and analyze the benefits of the program for community health. The findings of this study are expected to provide insights, recommendations, and inputs for Warungasem Community Health Center and relevant stakeholders. Furthermore, the results are intended to offer a comprehensive overview of the Free Health Check Program as implemented to date, thereby supporting the development, adjustment, and improvement of public health policies. Through systematic evaluation and program enhancement, it is anticipated that communities will benefit from preventive health services that are more effective, efficient, and sustainable.

METHODS

A qualitative method was employed in this study using an evaluative survey approach. The research was conducted within the service area of the Warungasem Community Health Center, Batang Regency, Central Java Province, Indonesia. Primary data were collected from 12 informants, consisting of 4 key informants and 8 triangulation informants.

The key informants served as the main sources of information regarding the implementation and sustainability of the Free Health Check Program at Warungasem Community Health Center. These included the head of the community health center, the program coordinator, a health promotion officer, and a physician. Triangulation informants were selected to validate and strengthen the information provided by the key informants. They comprised four participants of the Free Health Check Program at Warungasem Community Health Center who consented to participate as informants. In addition, triangulation informants included one accompanying teacher and three students from a target school involved in the implementation of the Free Health Check Program for school-aged children. The school was selected based on its geographical proximity to Puskesmas Warungasem; consequently, MTs. Wahid Hasyim Warungasem was chosen as the study site.

Data collection was conducted by the researcher using in-depth interviews as the primary data collection technique. Purposive sampling was applied, and interviews were guided by a semi-structured interview guide developed based on the CIPP evaluation framework (context, input, process, and product) to obtain comprehensive data. The context component explored program objectives and target populations. The input component examined human resources, funding, and facilities and infrastructure. The process component focused on planning, organization, implementation, and program evaluation. The product component assessed program coverage, achievement of targets, and the impact of the Free Health Check Program on the community.

Data analysis was performed using thematic analysis with the assistance of NVivo software version 12 to identify and organize themes emerging from the collected data.

RESULTS

The Free Health Check Program is a national initiative launched by the Ministry of Health of the Republic of Indonesia. The program aims to strengthen primary health care services by providing periodic health examinations targeting all age groups, ranging from infants to older adults. Its objectives include the early detection of both communicable and non-communicable diseases, as well as increasing public awareness of healthy lifestyle practices. The implementation of the Free Health Check Program at Warungasem Community Health Center serves as an example of how community-based health policies are operationalized at the primary care level.

Data collection through in-depth interviews generated a wide range of information from the informants, which generally reflected the implementation process of the Free Health Check Program at Warungasem Community Health Center. Informants in this study consisted of key informants and triangulation informants. The characteristics of the study informants are presented in Table 1.

All interview responses were analyzed in depth using a thematic analysis approach to explore the underlying meanings of participants' experiences, perspectives, and perceptions regarding the implementation of the program. Through this analytical process, fifteen themes were identified as key areas related to the planning, preparation, implementation, outcomes, and impacts of the Free Health Check Program at Warungasem Community Health Center. These themes are summarized in Table 2.

Table 1. Characteristics of informants

No.	Informant code	Position/description	Sex	Informant type
1	AQ	Head of community health center	Female	Key informant
2	XE	Program coordinator	Female	Key informant
3	VR	Health promotion officer	Male	Key informant
4	HK	Physician	Female	Key informant
5	LM	Accompanying teacher	Female	Triangulation informant
6	ZB	Student 1	Female	Triangulation informant
7	JC	Student 2	Female	Triangulation informant
8	TU	Student 3	Female	Triangulation informant
9	HY	Community member 1	Male	Triangulation informant
10	WF	Community member 2	Male	Triangulation informant
11	ES	Community member 3	Female	Triangulation informant
12	KB	Community member 4	Female	Triangulation informant

Table 2. Themes Identified from the Analysis of the Implementation of the Free Health Check Program at Warungasem Community Health Center

No.	Theme
1	Promoting community awareness of health
2	Program targets covering the entire life course
3	Availability of medical personnel
4	Program budgeting policy based on BOK Salur targets
5	Disparities in the availability of basic and advanced facilities and infrastructure
6	Cross-sectoral coordination in program implementation
7	Online and offline program dissemination strategies
8	Registration systems through digital applications and on-site services
9	Utilization of multiple service locations outside the health center building
10	Internal evaluation and routine monitoring by the District Health Office
11	Challenges related to dual workloads among implementing staff
12	Uneven dissemination and limited public information
13	Low community participation
14	Improved public understanding and health awareness
15	Failure to achieve the minimum participation target

Promoting community awareness of health

“...the goal is to detect diseases, so that if abnormalities are identified early, they can be managed immediately.” (HK)

“...it is encouraged that people undergo health check-ups at health facilities at least once a year.” (AQ)

The interview findings indicate that the primary objective of the Free Health Check Program (Program Cek Kesehatan Gratis/CKG) is early disease detection to prevent disease progression, as well as to enhance public awareness of individual health conditions.

Program targets covering the entire life course

“CKG targets all age groups, from infants to older adults.” (VR)

“...through CKG, all age groups, from infants to the elderly, can have their health conditions detected.” (HK)

Based on information obtained from informants, the target population of the Free Health Check Program (CKG) encompasses the entire human life course, beginning from infancy through older adulthood.

Availability of medical personnel

“There are actually quite a number of doctors. We have four internal doctors, and two doctors assigned at the health center. Other health centers may only have two.” (XE)

Interview findings reveal that human resources, particularly medical personnel at Puskesmas Warungasem, are relatively adequate. The facility is supported by two permanent physicians and four internship doctors.

Program budget policy based on *BOK Salur* targets

“The *BOK Salur* requires at least 5% of the population to participate in CKG. If it does not reach 5%, the *BOK Salur* funds cannot be disbursed.” (XE)

The interviews indicate that funding from the *BOK Salur* scheme for the Free Health Check Program can only be realized when community participation reaches at least 5% of the total population.

Disparities in the availability of basic and advanced facilities

“Equipment such as blood glucose and cholesterol test strips are already available. However, for SGPT and SGOT examinations, we are still waiting.” (AQ)

“For tools like HbA1c testing for diabetes detection, those are not yet available here. Hepatitis testing has also not been conducted due to limited reagents.” (XE)

The findings suggest that while basic screening equipment is available at Puskesmas Warungasem, advanced diagnostic facilities remain limited.

Cross-sectoral coordination in program implementation

“Last month, the CKG team went around to 18 villages. We created a schedule for each village.” (AQ)

“We already have a memorandum of understanding, so implementation just requires notifying the scheduled dates.” (LM)

The interviews demonstrate that program implementation involves coordination with cross-sectoral stakeholders as a strategy to support the sustainability of the Free Health Check Program (CKG).

Online and offline program dissemination strategies

“...through online media such as Instagram and YouTube, including posters. One of the innovations is also a photobooth.” (VR)

“We provide health-related socialization in the patient waiting room. Each service cluster promotes its program.” (AQ)

“My child is in the village WhatsApp group, and there was information about a health check at the village hall.” (ES)

The findings indicate that dissemination of the Free Health Check Program (CKG) is conducted through both online and offline approaches. Promotional activities include posters, photobooths, and direct education in patient waiting areas, while indirect dissemination is carried out through social media platforms such as WhatsApp, Instagram, and YouTube.

Registration system via digital application and on-site services

“...participants can register independently using their mobile phones by scanning a barcode and completing the self-screening form.” (XE)

“After arriving, participants submit a photocopy of their ID card to record their national identification number and phone number, which are then entered into the Sehat Indonesia system.” (VR)

Based on informant responses, registration for the program can be completed independently through online platforms or directly on-site with assistance from health workers.

Utilization of service locations outside the health center

“The health check was conducted at the village hall; registration was done by village residents, but some staff came from the health center.” (KB)

“I participated because the teacher instructed us at school.” (ZB)

“...we were allowed to ask questions about the health issues we experienced.” (HY)

“...after the fasting month, we opened this room specifically for CKG counseling.” (XE)

The interviews reveal that health examinations and post-screening consultations are not limited to the health center building but are also conducted in schools and village halls.

Internal evaluation and routine monitoring by the health office

“We conduct evaluations every three months. However, because community response was still low, we decided to proactively reach out while simultaneously promoting the CKG program.” (AQ)

“The quarterly evaluations are usually conducted by the Health Office. They monitor progress and provide feedback twice a week, including performance rankings.” (XE)

The findings indicate that internal evaluations are conducted quarterly, accompanied by routine monitoring from the District Health Office approximately twice per week to assess program performance.

Challenges of dual workload among implementing staff

"There are indeed difficulties from the staff side because the workload automatically increases." (HK)

Interview results suggest that implementing staff experience challenges related to increased and overlapping workloads, which affect program execution.

Uneven dissemination and limited public awareness

"As laypeople, we did not know that this was a government CKG program." (TU)

"Previously, I did not know this was a government CKG program." (JC)

"In my opinion, community understanding still needs to be improved because many people do not know what CKG is or how to register." (HY)

The findings indicate that a portion of the community remains unaware of the ongoing implementation of the Free Health Check Program (CKG), reflecting gaps in information dissemination.

Low community participation

"Community awareness is still low, and active participation is limited. People do not yet feel that they need it." (HK)

"Public willingness to attend CKG activities is still very limited. Most participants are employees." (AQ)

The interviews reveal that one of the main challenges faced by Puskesmas Warungasem is low community participation, which is influenced by limited awareness of the importance of health screening.

Improved community understanding and health awareness

"Now we know our body's condition; for example, checking blood sugar helps us understand whether it is high or low." (JC)

"I feel that health awareness has improved significantly with the implementation of the CKG program." (WF)

The findings demonstrate that the Free Health Check Program (CKG) has a positive impact in enhancing community understanding and awareness of personal health conditions.

Failure to achieve the minimum participation target

"The target is 5% of the population. The population is around 54,000, which is quite large. Meanwhile, we have only reached about 1,400 participants." (XE)

Based on the interviews, the number of participants who have taken part in the Free Health Check Program (CKG) is approximately 1,400 individuals. This figure has not yet met the minimum BOK Salur participation target of 5% of the total population.

DISCUSSION

The primary objective of the Free Health Check Program at Warungasem Community Health Center is to serve as an early detection strategy to prevent disease progression while simultaneously increasing public awareness of individual health conditions. The study findings indicate that informants emphasized the importance of regular health examinations to enable early identification and timely management of health disorders before they develop into more severe conditions. This highlights the critical role of community awareness and participation in the Free Health Check Program as a means of maintaining and improving population health outcomes.

These findings are consistent with national health policy directions that emphasize promotive and preventive approaches within the Free Health Check Program. The program is expected to function as a platform for fostering collective public awareness regarding the importance of proactive health maintenance [9]. Through the provision of free health examinations accessible to all age groups, the program creates opportunities for communities to establish routine health-check behaviors, even in the absence of perceived health complaints.

This alignment is further supported by previous studies demonstrating that early detection of diseases or health conditions significantly increases the likelihood of successful treatment outcomes and improves overall health status [12]. The present study reinforces evidence that early health screening positively influences treatment effectiveness and quality of life. By expanding target coverage and encouraging active community engagement, the Free Health Check Program plays a crucial role in shaping healthy behaviors. A shift in mindset from a reactive approach toward a more preventive and anticipatory orientation represents a key indicator of program success [13].

To support early detection efforts, the Free Health Check Program adopts a life-course approach by targeting individuals across all stages of life. The designation of program targets reflects a comprehensive public health strategy, encompassing newborns, early childhood, school-aged children, adolescents, adults, and older adults. This wide age range demonstrates that the program does not solely focus on high-risk or specific population groups but instead aims to reach the general population comprehensively [14]. Interview findings confirm that program implementation was designed to ensure equitable access to health screening services for all age groups without exception.

Specifically, the Free Health Check Program targets defined age categories, including newborns (minimum age of two days), early childhood groups comprising toddlers and preschool-aged children (1–6 years), productive-age adults (18–59 years), and older adults aged 60 years and above. The application of a life-course approach is consistent with promotive and preventive principles in primary health care, aiming to identify potential health risks early at each stage of life [15]. Each age group receives health examinations tailored to their physiological needs and developmental characteristics. This approach enhances opportunities for detecting latent diseases and age-specific risk factors, thereby enabling more targeted and effective interventions [16].

By encompassing all age groups, the Free Health Check Program holds strategic importance in fostering a culture of health awareness across generations. Beyond facilitating early identification of health conditions, the program contributes to the development of sustainable healthy behaviors. Such broad coverage forms a critical foundation for improving population health status holistically. Previous research underscores that achieving optimal health outcomes requires strengthening primary health care services that are responsive to community needs in a comprehensive manner [17].

One crucial factor influencing the success of age-inclusive health screening programs is the adequacy of medical personnel within health facilities [18]. Interview findings indicate that Puskesmas Warungasem has sufficient medical personnel to support program implementation. The medical workforce comprises two permanent physicians and four internship doctors undergoing professional clinical training. This workforce composition is considered adequate to accommodate the implementation of basic health screening services within the health center's service area.

Internship doctors, defined as medical graduates undergoing post-graduate clinical training, function as junior physicians within structured internship programs [19]. Their presence significantly supports basic screening activities, particularly in expanding outreach to the community [20].

Although temporary in nature, internship doctors contribute substantially during periods of increased service demand by enhancing service capacity, thereby enabling faster and more evenly distributed health examinations. In addition to physicians, nurses and administrative staff are actively involved in supporting service delivery, including registration, examination procedures, and documentation of screening results. This interprofessional collaboration strengthens service effectiveness and operational efficiency [21]. With adequate human resources, Warungasem Community Health Center is better positioned to reach program targets efficiently, reflecting both technical capacity and institutional commitment to promotive and preventive health services.

Beyond human resource readiness, the implementation of the Free Health Check Program is also supported by program financing mechanisms. According to official demographic data, the population of Warungasem Subdistrict in 2021 was recorded at 54,232 individuals. Within the context of program implementation, achieving community participation targets is critical, particularly in relation to the disbursement of funds from the Health Operational Assistance (*BOK*) scheme through the *BOK Salur* mechanism. *BOK Salur* represents a policy innovation in health financing introduced in 2023 to accelerate and improve the efficiency of budget absorption for need-based health services at the primary care level. Consequently, the relationship between community participation and fund disbursement requires strategic management by program implementers.

Under program regulations, funding can only be realized when community participation in the Free Health Check Program reaches at least 5% of the total population. This requirement incentivizes health centers to actively promote community engagement. In addition to *BOK* funding, the program is also supported by National Health Insurance (JKN) revenues derived from capitation and non-capitation schemes. While the combination of funding sources provides financial flexibility, it necessitates effective communication strategies to ensure that minimum participation thresholds are achieved. In this context, community participation functions not only as an output indicator but also as a determinant of program sustainability from an operational financing perspective. Previous studies highlight the critical role of adequate funding availability in sustaining health programs, including the procurement of medical equipment and operational support [23].

The availability of adequate facilities and infrastructure enables effective health screening services [24]. At Warungasem Community Health Center, basic screening tools such as blood glucose and cholesterol testing devices are available and utilized. However, limitations persist in the availability of advanced diagnostic equipment, including liver function tests (SGPT and SGOT), hepatitis markers, and specific diabetes detection tools. The absence of equipment and reagents for certain examinations constrains the comprehensiveness of disease detection services, posing challenges particularly when initial screening results indicate the need for further diagnostic investigation [25].

Previous studies emphasize the importance of logistical readiness and the completeness of diagnostic equipment in primary health care facilities as determinants of service coverage and quality [26]. Regulatory provisions allow primary health care facilities lacking adequate resources to refer patients to better-equipped health centers. Additionally, mechanisms exist for procuring consumable medical supplies through district health offices in coordination with the Ministry of Health [9].

Following logistical readiness, the implementation of the Free Health Check Program at Warungasem Community Health Center is strongly supported by cross-sectoral collaboration. Active coordination occurs between the health center and subdistrict and village-level government institutions, facilitating scheduling and service delivery outside the health center premises. This includes organizing rotating health check visits across villages, ensuring comprehensive geographic coverage. Collaboration also extends to the education sector, with schools serving as both program locations and target populations [27]. Formal cooperation agreements clarify roles and responsibilities, strengthening inter-institutional synergy in promotive and preventive health efforts [28].

Cross-sectoral coordination serves as a key success factor in ensuring effective operational management, logistical support, and stakeholder communication. Such collaboration enhances program organization, scheduling, and sustainability [27]. Moreover, it demonstrates that improving population health outcomes requires collective action beyond the health sector alone [29].

In addition to coordination, effective dissemination strategies are essential to expanding public awareness and improving program coverage [30]. At Puskesmas Warungasem, dissemination is conducted through direct engagement with health center visitors and indirect outreach via digital media. Direct dissemination occurs in patient waiting areas, where program clusters provide information on program benefits, objectives, and schedules. Face-to-face dissemination is considered effective in reaching individuals already present at health facilities and facilitating personalized understanding [31].

Visual promotional media, including posters and photobooths placed in strategic locations, further enhance engagement and interest [32]. These visual strategies serve not only as informational tools but also as innovations in health communication that strengthen positive perceptions of health services [33]. Additionally, digital platforms such as WhatsApp, Instagram, and YouTube are utilized to disseminate educational content, registration procedures, schedules, and participation invitations. Digital dissemination broadens outreach to younger populations and individuals less likely to visit health facilities directly.

To support participation, the Free Health Check Program employs a flexible registration system. Participants may register independently through online platforms such as the *SATUSEHAT* application, allowing personal data and preliminary screening information to be completed prior to service access. For individuals with limited digital access or literacy, on-site registration with assistance from health workers remains available. This inclusive approach ensures that vulnerable populations, including older adults, are not excluded from services.

The integration of information systems enhances administrative efficiency, data accuracy, and reporting processes, supporting responsive and coordinated service delivery [34]. The combination of online and offline registration mechanisms represents an adaptive and inclusive solution aligned with community conditions, thereby supporting program sustainability [10].

Another optimization strategy involves extending service delivery beyond the health center to schools and village halls. This approach improves accessibility for populations geographically or functionally closer to these locations, thereby increasing participation across age groups [35]. On-site consultations following health examinations provide participants with opportunities to discuss results and receive referrals when necessary, reinforcing promotive and preventive health principles through informed engagement [36].

Monitoring and evaluation mechanisms are integral to ensuring program alignment with objectives. Monitoring and evaluation activities are conducted systematically and continuously as part of program oversight. Internal evaluations occur quarterly to assess effectiveness, identify constraints, and formulate improvement strategies. Additionally, routine monitoring by the District Health Office is conducted twice weekly, encompassing data reporting, performance tracking, and comparative analysis across health centers [19].

These monitoring processes provide continuous and dynamic oversight, enabling early identification of implementation barriers and timely corrective actions. Monitoring and evaluation thus function as core components of quality assurance and consistency in primary health care program implementation.

Despite these efforts, challenges persist. Increased workload among implementing staff represents a significant constraint, as program activities are often conducted alongside routine service responsibilities. This necessitates improved time management, task distribution, and administrative support. Effective coordination and leadership support are critical to mitigating workload pressures and maintaining service quality [37, 38].

Another challenge relates to uneven information dissemination and limited public understanding of the program. Some participants were unaware that services were part of an official government program with promotive and preventive objectives. This information gap contributes to low community participation and reflects broader challenges in fostering preventive health-seeking behaviors. Misconceptions that health examinations are only necessary when symptomatic, concerns about costs, and fear of unfavorable results further discourage participation [39].

Nevertheless, among participating individuals, the program demonstrates positive impacts on health behavior. Participants report increased awareness of their health status and greater motivation to adopt healthier lifestyles. Direct interaction with health professionals during screening activities enhances health literacy and fosters proactive health management [40, 41].

Overall, the Free Health Check Program contributes not only to early disease detection but also to broader improvements in community health awareness. Such awareness constitutes a critical foundation for long-term behavioral transformation [42-44]. Community participation serves as a key indicator of program achievement [45]. At Warungasem Community Health Center, participation levels have not yet reached the minimum threshold required under the *BOK Salur* scheme, posing financial sustainability challenges. This shortfall highlights the need for strengthened community engagement strategies and underscores that program success depends not only on technical implementation but also on public awareness, acceptance, and readiness to participate in preventive health initiatives [46].

The researchers acknowledge several limitations of this study. The preparation and implementation phases were conducted within a one-month timeframe, which limited the depth and comprehensiveness of the information obtained. As the program remains in its early stages, existing issues may not yet be fully apparent. Additionally, the number of informants involved in this study was limited, and thus the perspectives obtained may not fully represent all stakeholders involved in the program. This limitation is partly attributable to the fact that the program has not yet reached all communities within the health center's service area. The short duration of the study also precluded an assessment of the program's long-term impacts.

Despite these limitations, the study provides important preliminary insights into the implementation and challenges of the Free Health Check Program at Warungasem Community Health Center. Future research is expected to expand the scope of informants to obtain more comprehensive perspectives and to conduct longitudinal studies to assess the long-term impacts of the Free Health Check Program on community health outcomes.

CONCLUSION

The Free Health Check Program implemented at Warungasem Community Health Center demonstrates a strategic role in the early detection of diseases and in fostering public awareness of the importance of health. The establishment of program targets encompassing the entire life course reflects a comprehensive approach that supports promotive and preventive health efforts. Program implementation is supported by the availability of health personnel and cross-sectoral collaboration; however, it continues to face challenges related to the limited availability of advanced diagnostic facilities and difficulties in increasing community participation. The utilization of technology and digital dissemination strategies has contributed to expanding service outreach. Periodic evaluation is essential to ensure program effectiveness, while positive impacts are evident in the increased awareness and behavioral changes among community members regarding routine health examinations.

Therefore, strengthening cross-sectoral support—particularly from local and village-level governments—is necessary to build collective community awareness and encourage proactive utilization of Free Health Check (CKG) services without reliance on external prompts or reminders. Furthermore, the program should strive to balance the achievement of quantitative participation targets with the maintenance of service quality. This should be accompanied by broader and more systematic dissemination efforts to ensure that information regarding the Free Health Check Program (CKG) and its registration procedures is comprehensively communicated to all segments of the population.

Ethical consideration, competing interest and source of funding

- This study received approval from the Ethics Committee of Universitas Andalas, with reference number 163/UN.16.2/KEP-FK/2023.
- There is no conflict of interest related to this publication.
- Source of funding is authors.

REFERENCES

1. Atim C, Koduah A, Kwon S. How and why do countries make Universal Health Care policies? Interplay of country and global factors. *J Glob Health.* 2021;11:1-12.
2. WHO. Noncommunicable diseases. Geneva: World Health Organization; 2025.
3. WHO. Tuberculosis resurges as top infectious disease killer. Geneva: World Health Organization; 2024.
4. WHO. Hepatitis B. Geneva: World Health Organization; 2025.
5. Kemenkes RI. Laporan nasional Riskesdas tahun 2018. Jakarta: Kemenkes RI; 2018.
6. Kemenkes RI. Petunjuk teknis kegiatan penemuan kasus tuberkulosis (TBC) dengan skrining X-Ray dan pemberian terapi pencegahan tuberkulosis (TPT) pada kontak serumah dan erat pasien TBC di 25 kabupaten/kota tahap 2. Jakarta: Kemenkes RI; 2023.
7. Weobong B, Glozah FN, Taylor-Abdulai HB, Koka E, Addae N, Alor S, et al. Reaching adolescents with health services: Systematic development of an adolescent health check-ups and wellbeing programme in Ghana (Y-Check, Ghana). *PLoS One.* 2024;19(8):1-23.
8. Kang HT. Current status of the national health screening programs in South Korea. *Korean J Fam Med.* 2022;43(3):168-73.
9. Kemenkes RI. Keputusan Menteri Kesehatan Republik Indonesia Nomor Hk.01.07/Menkes/33/2025 tentang petunjuk teknis pemeriksaan kesehatan gratis hari ulang tahun. Jakarta: Kemenkes RI; 2025.
10. Franki, Sari I. Evaluasi rekam medis elektronik dengan metode HOT-fit di Klinik Saraf RS Mitra Plumpon Franki. *J Penelit Kesehat Suara Forikes.* 2024;13(1):43-51.
11. Az-Zahra A, Aditya Kautsar Murti F, Maharani S. Sustainabilitas dan evaluasi program promosi kesehatan di Dinas Kesehatan Kota Depok. Depok: FKM UI; 2022.
12. Board P. Significance of preventive health checkups in enhancing well-being: a comprehensive review. *J Med Sci.* 2025;3(4):411-32.
13. Insana S. Peran sekolah sebagai deteksi dini gangguan jiwa anak dan remaja. *Report.* 2025;(2022):29-40.

14. Boccalini S, de Waure C, Martorella L, Orlando P, Bonanni P, Bechini A. The Evolution of annual immunization recommendations against influenza in Italy: The path to precision vaccination. *Vaccines*. 2025;13(4):1–18.
15. Anggraini D, Haiga Y, Adelin P. Skrining kadar glukosa dan kolesterol darah pada calon jemaah haji sebagai upaya deteksi dini penyakit metabolik. *J Pengabdi Kolaborasi dan Inov IPTEKS*. 2025;3(2):489–93.
16. Erwinda L, Wardani AK, Naufalinho MK, Machfud SA, Nurhasanah. Penyelenggaraan skrining kesehatan untuk lima siklus kehidupan di Desa Sindanglaut. *J Hum Educ*. 2024;4(5):413–20.
17. Hasan JA, Purnomo A, Patrouw JA. Kebijakan pemerintah daerah terhadap pelayanan kesehatan masyarakat di Puskesmas Malawai Kota Sorong. *J Mal Ilmu Pemerintah*. 2023;1(1):1–10.
18. Priasmoro DP, Asri Y, Soebagijono. Penguatan kompetensi tenaga kesehatan dalam skrining awal gangguan kesehatan jiwa: upaya menuju masyarakat sehat di Puskesmas Bantur. *Kolaborasi J Pengabdi Masy*. 2025;5(4):515–22.
19. Hutton L, Jenkins LS, Mash R, von Pressentin K, Reid S, Morgan J, et al. Medical interns in district health services: an evaluation of the new family medicine rotation in the Western Cape of South Africa. *BMC Med Educ*. 2023;23(1):1–13.
20. Kowalska A, Nowak M, Zielinska K. The role of community health workers in enhancing healthcare access for vulnerable populations. *Int J Heal Med*. 2024;(1):23–7.
21. Anisa NF, Ardiana A, Kurniawan DE, Asmaningrum N, Afandi AT. Implementation of nurse-doctor interprofessional collaboration during the COVID-19 pandemic according to nurses' perceptions in hospital. *J Kesehat Pasak Bumi Kalimantan*. 2023;6(1):64.
22. BPS Batang. Kecamatan Warungasem dalam angka 2024. Batang: Badan Pusat Statistik Batang; 2024.
23. Sekawanie DAWMDNS. Evaluasi manajemen logistik alat kesehatan di Puskesmas X Kabupaten Tegal. *Indones J Heal Community*. 2025;6(1):106–18.
24. Agustina D, Sopang AS, Deviyanti D, Safitri, Simanullang SM. Analisis faktor yang mempengaruhi efektivitas pelayanan kesehatan di puskesmas. *ARRAZI Sci J Heal*. 2023;1:18–26.
25. Safitri DA. Kurang memadainya sarana dan prasarana penunjang pelayanan kesehatan di UPTD Puskesmas Muara Jawa. *J Pengabdi Kpd Masy Nusant*. 2024;5(4):5594–600.
26. Cahyono AD, Zeho FH. Analisis sistem manajemen dalam pemeliharaan alat medis di RSUD Kabupaten Kediri. *Report*. 2025;3(1):221–226.
27. Simarmata LM. Perjanjian kerjasama pembiayaan kesehatan masyarakat sebagai landasan sistem kesehatan nasional pemerintah Indonesia dalam upaya menjamin pemenuhan hak atas kesehatan bagi seluruh. *Repert*. 2025;2(1):42–48.
28. Mirta SB, Yuliani I, Yulindawati A. Pemberdayaan remaja pra sejahtera dalam peningkatan kesehatan ibu dan anak. *J Penelit Kesehat Suara Forikes*. 2025;16(September):909–913.
29. Lalla NSN. Pemberdayaan masyarakat dalam meningkatkan derajat kesehatan. *J Pengabdi Masy Edukasi Indones*. 2024;1(1):09–14.
30. Jati SP, Budiyono B, Budiyanti RT, Handayani N, Dewanti NAY, Nandini N. Pendampingan tata kelola program kesehatan Kabupaten Jepara. *J Public Heal Community Serv*. 2023;2(2):61–7.
31. Vilasari D, Sahilla R, Febriani N, Purba H, Kunci K, Kesehatan P. Peran promosi kesehatan dalam meningkatkan kesadaran masyarakat terhadap penyakit tidak menular (PTM): Studi literatur. *J Kolaboratif Sains*. 2024;7(7):2635–48.
32. Beno J, Silen A, Yanti M. Perancangan sistem informasi pendaftaran pasien rawat jalan berbasis web pada rumah sakit umum. *Agusta Avelina S Male*. 2022;33(1):1–12.
33. Yustikasari. Pemanfaatan edia sosial bagi promosi kesehatan. *J Pengabdi Kpd Masy*. 2022;1(11):2909–16.
34. Jannah ARN, Hardiana H, Ciptiasrini U. Rancangan sistem informasi pendaftaran pasien secara digital di Praktik Mandiri Bidan (PMB) Setya Budi Utami, S. Tr. Keb. *J Ilmu Kesehat dan Kebidanan Nusant*. 2025;2(1):1–8.
35. Gani A. Review dan reformulasi sistem kesehatan nasional. *Report*. 2023;1(1):1689–1699.
36. Paramitha DS, Kirana R. Pentingnya kualitas komunikasi perawat dan dokter sebagai upaya peningkatan kepuasan pasien di rumah sakit. *J Keperawatan Suaka Insa*. 2022;7(2):188–94.
37. Pujiastuti E, Widjaja YR. Pengaruh profesionalisme dan keterampilan perawat terhadap mutu pelayanan keperawatan rumah sakit. *J Healthc Educ*. 2023;(3):20–7.
38. Wardhana MNA, Husnaini M, Barkatullah B. Partisipasi masyarakat pada posbindu penyakit tidak menular dalam pelayanan kesehatan lansia di Desa Sungai Sandung Kecamatan Sungai Pandan Kabupaten Hulu Sungai Utara. *J Pelayanan Publik*. 2024;1(4 SE-Articles):1304–14.
39. Zafira AVJ, Widiyarta A. Partisipasi masyarakat dalam kegiatan posyandu di Kota Surabaya. *JIIP - J Ilm Ilmu Pendidik*. 2025;8(7):7136–43.
40. Balqis P, Nurdin A. Pemahaman masyarakat pedesaan terhadap manfaat asuransi kesehatan di Indonesia. *Teewan J Solut*. 2023;1(1):14–8.
41. Pramaswari AM, Fatah MZ. Program kegiatan pemeriksaan kesehatan gratis pada masyarakat lansia sebagai upaya deteksi dini penyakit tidak menular. *JMM (Jurnal Masy Mandiri)*. 2023;7(4):3447–54.
42. Maya Riska Sari WS. Tingkat partisipasi masyarakat dalam pelaksanaan pembangunan penyediaan air minum dan sanitasi masyarakat. *J STIA Tabalong*. 2022;5:703–22.
43. Nurjanah A, Sativa SZ, Astuti AD, Rangkuti SR, Nafisah N, Fitri N. Analisis kebijakan kesehatan mendorong partisipasi masyarakat dalam program pencegahan penyakit. *J Anestesi*. 2024;2(3):178–92.
44. Tamalsir D, De Lima FVI, Triasta BA, Wakanno JWS, Makupiola SM. Peningkatan kesadaran masyarakat terhadap risiko hiperglikemia melalui edukasi dan skrining gula darah di Negeri Rutong. *J Pengabdi Masy Pemberdayaan, Inov dan Perubahan*. 2025;5(3):224–30.
45. Suranta Ginting D, Ihsan Kamaruddin M, Lontaan A. Promotive and preventive education of non-communicable diseases for the community. *J Pengabdi Masy Edukasi Indones*. 2024;1(2):56–62.
46. Almachavan SA. The role of health literacy in enhancing preventive healthcare: A comprehensive review of challenges, interventions, and future directions. *J Res Clin Med*. 2024;12(3):36.