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Humanistic Marketing in Home Care Services: Evaluation of a National Seminar and Community Health Screening on Hypertension and Diabetic Foot Care

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Abstract

This study evaluates the implementation of the 2025 National Seminar and Community Health Service Program on hypertension, diabetic foot care, and humanistic marketing in home care services, held at Institut Bisnis dan Multimedia asmi, Jakarta. A descriptive-evaluative design was applied using program administrative records, attendance data, health-screening records, participant evaluations from the Ministry of Health learning management system, and inter-institutional coordination scores. The seminar involved 287 participants, consisting of 238 online and 49 onsite participants, while the community service component reached 70 beneficiaries. Of 287 seminar participants, 195 submitted evaluations. The facilitator, module, and organizer received mean scores of 4.55, 4.53, and 4.51 out of 5, respectively. Operationally, the program met 100% of its targets for the number of speakers and implementation time, but reached only 57.4% of the overall seminar-participant target and 46.7% of the community-service beneficiary target. Community screening identified elevated blood-pressure readings in 17 of 70 participants, elevated random blood glucose in 4 of 60, high cholesterol in 3 of 52, and high uric acid in 2 of 52. The humanistic marketing component emphasized empathy, transparency, two-way communication, patient-centered education, ethical storytelling, and trust-building. The findings indicate strong content quality, participant satisfaction, and multi-institutional collaboration, while participant recruitment and follow-up mechanisms remain the main areas for improvement. Humanistic marketing can therefore be positioned as a practical relationship-oriented framework for home care

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services when combined with health education, ethical communication, and continuity of care.

Keywords: humanistic marketing, home care, hypertension, diabetic foot care, patient-centered communication, community health screening

INTRODUCTION

Noncommunicable diseases continue to represent a major health burden in Indonesia and create long-term demands for prevention, early detection, treatment adherence, and continuity of care. The 2018 Indonesian Basic Health Research reported a measured hypertension prevalence of 34.1%, illustrating the scale of cardiovascular risk in the population (Ministry of Health of the Republic of Indonesia, 2018). The World Health Organization (WHO) has similarly emphasized that hypertension is frequently asymptomatic and requires reliable detection, treatment, and sustained control to prevent complications (World Health Organization, 2023). Diabetes also requires long-term self-management and coordinated care, while diabetes-related foot disease demands structured risk assessment, education, protective behavior, and early management of lesions (Bus et al., 2024; Schaper et al., 2024).

These chronic conditions are particularly relevant to home care because many patients require repeated monitoring, family involvement, behavioral support, and communication outside acute-care settings. Home care can bring services closer to patients and may reduce practical barriers associated with repeated visits to health facilities. However, the success of a home care service is not determined only by clinical competence. Patients and families also evaluate whether providers are accessible, respectful, transparent, responsive, and trustworthy. In this context, service management and communication become integral parts of clinical value creation rather than separate promotional activities.

The humanistic marketing approach presented in the 2025 seminar conceptualized healthcare marketing as relationship building rather than a purely transactional effort. The approach emphasized empathy, transparency, trust, patient-focused educational content, two-way interaction, ethical storytelling, and responsible communication. This orientation is consistent with evidence showing that patient-centered communication contributes to trust in health information (Asan et al., 2021), while relationship marketing in healthcare can strengthen patient satisfaction and loyalty (Yildirim et al., 2022). Studies of healthcare service environments also show that trust and satisfaction are shaped by the quality of the service encounter and the way patients experience interpersonal and organizational dimensions of care (Ai et al., 2022).

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The National Seminar and Community Health Service Program held on 9 August 2025 at Institut Bisnis dan Multimedia asmi combined three elements in a single event: health education, a management-oriented discussion of humanistic marketing in home care, and direct community screening. The seminar was delivered in hybrid format, while the health-screening component was conducted onsite with support from Puskesmas Pulogadung. The seminar addressed prevention and management of diabetic foot problems, humanistic home care, and hypertension management. The event therefore offered a useful case for examining how education, service delivery, collaboration, and relationship-oriented marketing can be integrated in a community-based program.

Program evaluation is important because high-quality content does not automatically guarantee adequate reach, community participation, or effective follow-up. An event may receive excellent satisfaction ratings yet still fall short of attendance targets. Conversely, a health-screening activity may identify individuals requiring follow-up even when the total number of beneficiaries is lower than planned. Evaluating both service quality and target achievement can provide a more balanced assessment of program performance.

Accordingly, this study aimed to evaluate the 2025 National Seminar and Community Health Service Program in four dimensions: (1) participant reach and target achievement, (2) health-screening outputs, (3) participant assessment of facilitators, modules, and organization, and (4) multi-institutional collaboration and the practical role of humanistic marketing in home care services. The study does not attempt to establish causal effects; rather, it provides a descriptive evaluation of a single program using documented operational data.

METHOD

This study used a descriptive-evaluative case-study design based on secondary program data from the final report of the 2025 National Seminar and Community Health Service Program. The activity was conducted on Saturday, 9 August 2025, from 08.00 to 12.00 Western Indonesian Time at Institut Bisnis dan Multimedia asmi, Jakarta. The seminar was organized in hybrid format, combining Zoom participation and onsite attendance, while the community health service was delivered onsite in the institutional clinic and lobby areas.

The data sources consisted of: (1) seminar attendance records; (2) participant-profession distribution; (3) program target and realization records; (4) community health-screening summaries from Puskesmas Pulogadung; (5) 195 participant evaluations obtained through the Ministry of Health learning management system; (6) multi-institutional coordination and satisfaction scores; and (7) financial accountability records. The health-screening component covered blood pressure, random blood glucose,

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cholesterol, uric acid, HPV screening, and tuberculosis screening. Because the HPV and tuberculosis results were not yet available in the final activity report, they were not interpreted as clinical outcomes in this article.

Descriptive statistics were used to summarize frequencies, proportions, target-achievement rates, and mean evaluation scores. Where the activity report contained a mismatch between a reported percentage and the documented numerator and denominator, the percentages presented in this article were recalculated directly from the reported counts to maintain arithmetic consistency. These recalculations do not alter the underlying participant counts. Screening findings are described as screen-positive or elevated readings rather than confirmed diagnoses because the activity data did not include confirmatory clinical assessments.

The analysis focused on program performance and service-management implications. No personally identifying health information was used. Because the source was an operational activity report rather than a prospectively designed clinical study, the results should be interpreted as a program evaluation and not as prevalence estimates for the wider Jakarta population.

RESULTS AND DISCUSSION

Program Reach and Participant Profile

The seminar attracted 287 participants, of whom 238 (82.9%) joined online and 49 (17.1%) attended onsite. The participant profile was dominated by health professionals (188 participants), followed by students or academics (91 participants) and members of the general public (8 participants). This distribution indicates that the seminar primarily reached audiences with direct professional or educational interest in healthcare. The hybrid format substantially expanded reach beyond the physical venue, with more than four-fifths of participants joining through Zoom.

Table 1: Seminar Participation and Participant Profile

Indicator	Number	Percentage
Total seminar participants	287	100.0%
Online participants	238	82.9%
Onsite participants	49	17.1%
Health professionals	188	65.5%
Students/academics	91	31.7%
General public	8	2.8%

Source: Authors' calculations based on the 2025 seminar final report.

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The program nevertheless fell short of its planned participation targets. Overall seminar attendance reached 57.4% of the target of 500 participants. Online attendance reached 59.5% of the 400-participant target, onsite attendance reached 49.0% of the 100-participant target, and the community health service reached 46.7% of the target of 150 beneficiaries. By contrast, the number of speakers and the four-hour implementation duration both achieved 100% of target. The pattern suggests that internal execution and scheduling were well controlled, while external participant acquisition and community mobilization were less effective.

Table 2: Target Achievement of the Program

Aspect	Target	Realization	Achievement
Seminar participants	500	287	57.4%
Online participants	400	238	59.5%
Onsite participants	100	49	49.0%
Community-service beneficiaries	150	70	46.7%
Speakers	3	3	100.0%
Implementation time	4 hours	4 hours	100.0%

Source: Authors' calculations based on target and realization data in the 2025 final report.

From a marketing-management perspective, the difference between high operational quality and modest target achievement is important. It shows that a strong program product does not necessarily translate into sufficient market reach. For future activities, participant acquisition should be treated as a structured service-marketing process involving audience segmentation, channel selection, partner-based distribution, reminder sequences, and clearer value propositions for different audience groups. The hybrid format should be retained because it provided most of the actual participation, but onsite recruitment requires more localized outreach and stronger community referral channels.

Humanistic Marketing as a Home Care Service Approach

The humanistic marketing session defined healthcare marketing as a relationship-oriented process that prioritizes patient value and trust rather than short-term transactions. The seminar material highlighted three core pillars: patient-focused content, value-creating interaction, and ethical storytelling. It also emphasized empathy, transparency, two-way communication, privacy protection, continuity, and family involvement. In home care, these elements are especially relevant because the service

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occurs in the patient's personal environment and often requires repeated contact with both patients and caregivers.

Table 3: Humanistic Marketing Components for Home Care Services

Component	Operational Meaning in Home Care
Patient-focused content	Provide simple, relevant education adapted to the patient's condition and level of understanding.
Value-creating interaction	Use two-way communication, listen actively, and ensure each contact gives practical benefit.
Empathy and transparency	Explain options, processes, fees, and limitations clearly while responding respectfully to patient concerns.
Ethical storytelling	Share service experiences responsibly without violating patient privacy or exploiting illness.
Trust and continuity	Build reliability through punctuality, consistent follow-up, accurate documentation, and family involvement.
Responsible word-of-mouth	Allow positive experiences and trust to generate recommendations rather than relying on aggressive promotion.

Source: Authors' synthesis of the humanistic marketing material summarized in the 2025 seminar report.

This approach is supported by broader healthcare communication literature. Patient-centered communication is associated with trust in health information and helps patients interpret complex information in ways that support decision making (Asan et al., 2021). Kwame and Petrucka (2021) likewise emphasize the role of respectful, individualized communication in patient-centered care. In marketing terms, Yildirim et al. (2022) found that relationship marketing contributes to patient satisfaction and hospital loyalty, while Ai et al. (2022) showed that trust and satisfaction are closely related to how patients experience healthcare service environments. These findings are consistent with the seminar's emphasis on empathy, trust, transparent communication, and service consistency.

Humanistic marketing should therefore not be interpreted as the commercialization of illness. In a home care context, its more appropriate role is to align service communication with patient needs, ethics, and long-term relationships. A provider can communicate value by helping patients understand care plans, making follow-up easier, involving families appropriately, and creating a reliable care experience. This

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relationship orientation is particularly relevant in chronic disease management, where adherence and continuity are more important than a single service encounter.

Community Health Screening Outputs

The community health service reached 70 beneficiaries. The largest age group was 46-60 years (31 people; 44%), followed by participants aged 61 years and older (17 people; 24%). Women represented 50 participants (71%), while men represented 20 (29%). These characteristics show that the screening reached a population with a substantial proportion of middle-aged and older adults, although the sample was voluntary and cannot be assumed to represent the surrounding population.

Table 4: Community Health Screening Results

Screening	Tested	Normal	Need Follow-up	Recalculated %
Blood pressure	70	53	17	24.3%
Random blood glucose	60	56	4	6.7%
Cholesterol	52	48	3	5.8%
Uric acid	52	49	2	3.8%
HPV screening	12	Pending	Pending	-
Tuberculosis screening	17	Pending	Pending	-

Source: Authors' calculations from screening counts in the Puskesmas Pulogadung summary contained in the final report. Percentages were recalculated from reported counts.

The most prominent screening signal was elevated blood pressure, found in 17 of 70 participants. This reinforces the practical value of community-based screening because hypertension may remain undetected without routine measurement. WHO (2023) stresses the importance of detection, treatment, and control as part of reducing cardiovascular risk. However, a single screening measurement is not equivalent to a confirmed diagnosis; participants with abnormal results require repeat assessment and clinical follow-up.

Four of 60 participants had elevated random blood-glucose results. Diabetes management requires continuous monitoring and risk reduction, while prevention of diabetes-related foot complications depends on education, regular foot assessment, and timely management of risk factors (International Diabetes Federation, 2021; Bus et al., 2024). The seminar's diabetic-foot-care content therefore complemented the screening activity by connecting early detection with patient education. Similarly, the cholesterol and

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uric-acid findings identify individuals who may benefit from further assessment, lifestyle counseling, and referral according to clinical need.

The program also offered HPV and tuberculosis screening, although the final report stated that the results were still pending. Their inclusion broadened the preventive scope of the event, but the absence of final results highlights the importance of post-event referral tracking. A community program creates value not only by conducting tests, but also by ensuring that participants receive results, understand their meaning, and can access appropriate follow-up. This continuity principle is consistent with a humanistic service model because it prioritizes patient benefit beyond the event itself.

Participant Evaluation, Collaboration, and Program Management

Participant satisfaction with the seminar was high. A total of 195 evaluations were recorded through the Ministry of Health learning management system, corresponding to 67.9% of all seminar participants. The facilitator received a mean score of 4.55 out of 5, the module 4.53, and the organizer 4.51. The small spread across the three indicators suggests that participants perceived the content, delivery, and organization consistently positively.

Table 5: Participant Evaluation and Multi-Institutional Coordination

Evaluation Item / Institution	Role	Score
Facilitator evaluation	Seminar quality	4.55/5
Module evaluation	Learning material	4.53/5
Organizer evaluation	Event organization	4.51/5
Institut Bisnis dan Multimedia asmi	Host and student organizer	8.0/10
RSUD Kota Bogor	Professional/credit collaboration	9.2/10
Puskesmas Pulogadung	Health workers and screening	9.2/10
Ministry of Health RI	Authorization/learning system	8.5/10

Source: Participant evaluations and coordination scores reported in the 2025 final report.

The strong participant ratings are consistent with the program report's assessment that the speakers were competent, the modules were relevant, and the event was well organized. This finding is important because it indicates that the principal weakness of the program was not perceived content quality, but reach. In practical terms, improving

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promotion and recruitment may yield substantial gains without requiring a fundamental redesign of the seminar content.

Inter-institutional coordination was also rated positively. RSUD Kota Bogor and Puskesmas Pulogadung each received 9.2 out of 10, the Ministry of Health received 8.5, and Institut Bisnis dan Multimedia asmi received 8.0. These scores reflect the value of cross-institutional collaboration in combining academic organization, health-professional expertise, screening capacity, and administrative support. The program also documented stable Zoom connectivity, high-definition audiovisual support, an average registration time of approximately two minutes per participant, and adherence to the planned seminar schedule.

Financial management was another operational component documented in the report. Total receipts were IDR 24,478,000 and total expenditures were IDR 19,472,050, leaving a balance of IDR 5,005,950. While financial outcomes are not the primary focus of this study, transparent documentation contributes to accountability and strengthens stakeholder trust. In a humanistic service framework, organizational trust should be supported not only by interpersonal empathy but also by reliable administration and transparent governance.

Implications and Limitations

The program suggests a useful integrated model for community-oriented home care development. Health education can create awareness, screening can identify potential needs, and humanistic marketing can shape how the service relationship is communicated and sustained. The key managerial implication is that marketing should be embedded in the service process: participants and patients should receive understandable information, clear next steps, consistent follow-up, and respectful communication. Such practices can generate trust and positive word-of-mouth without resorting to aggressive promotion. Evidence from healthcare marketing supports the importance of relationship quality, patient satisfaction, and trust in shaping loyalty and recommendations (Yildirim et al., 2022; Atmoko, 2022).

Several limitations should be recognized. First, this was a single-event evaluation, so findings cannot be generalized to other institutions or populations. Second, participants and screening beneficiaries were self-selected rather than randomly sampled. Third, the seminar did not use a pre-test and post-test design; therefore, the evaluation scores measure satisfaction rather than measurable knowledge gain. Fourth, 195 of 287 seminar participants submitted evaluations, leaving potential non-response bias. Fifth, clinical follow-up outcomes were not available, and HPV and tuberculosis screening results were pending in the source report. Finally, the original report contained several arithmetic inconsistencies between some percentages and participant counts;

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this article addressed those cases by transparently recalculating percentages from the documented counts.

Future programs should therefore combine the strengths of the current model with a more rigorous evaluation design. Recommended improvements include structured audience segmentation before promotion, partner-based recruitment, pre- and post-seminar knowledge measures, standardized screening documentation, explicit referral pathways, tracking of follow-up outcomes, and a defined communication protocol for home care interactions. These additions would allow future studies to examine not only satisfaction and reach, but also learning, behavior change, adherence, and continuity of care.

CONCLUSION

The 2025 National Seminar and Community Health Service Program demonstrated strong operational execution, high participant satisfaction, and effective multi-institutional collaboration. The seminar reached 287 participants and the community-service component reached 70 beneficiaries. Facilitator, module, and organizer evaluations were all above 4.5 out of 5, while coordination scores across partner institutions ranged from 8.0 to 9.2 out of 10. At the same time, participant and beneficiary targets were not fully achieved, showing that recruitment and outreach remain the main managerial weaknesses.

The program also illustrates how humanistic marketing can be applied to home care services as a relationship-oriented approach centered on empathy, transparency, patient education, two-way communication, ethical storytelling, and trust. Community screening provided additional public-health value by identifying participants who required further assessment. For future implementation, the model should be strengthened through systematic recruitment, pre-post evaluation, standardized referral and follow-up, and continuity-focused communication. Humanistic marketing is most valuable when it supports ethical service delivery and long-term patient relationships rather than functioning as promotion alone.

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