# Non-Communicable Diseases (NCDs) Pilot Project: Health Screening and Care Access Among Indonesian Immigrants in the DC–Maryland–Virginia (DMV) Area

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## Abstract

Indonesian immigrants in the DMV area face barriers to access preventive care that increase risk for unmanaged non-communicable diseases. This pilot project screened 41 participants for cardiometabolic conditions and assessed health knowledge and behaviors over a 6-month period. Most participants reported health complaints on the need assessment but had low healthcare utilization, with high prevalence of hypertension and prediabetes. Findings highlight the need for culturally tailored and community-based interventions to improve healthcare access and reduce the burdens of chronic disease.

## Objectives

- Assess knowledge of cardiometabolic diseases
- Examine healthy behaviors (diet, exercise, and oral health)
- Collect baseline clinical indicators (BP, BMI, glucose, cholesterol)
- Identify gaps in healthcare access and utilization

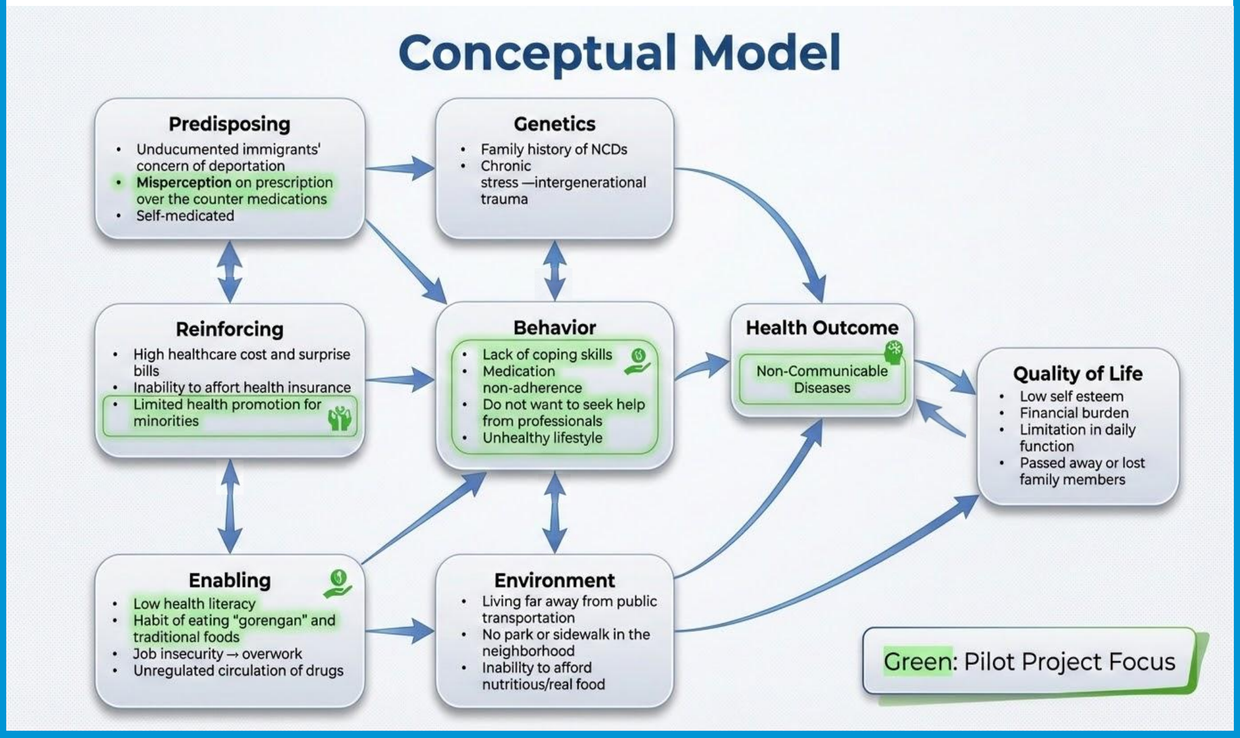
## Methods

Design: Mixed-method and quasi-experimental (pre/post knowledge assessment)
Sample: Indonesian immigrants in DMV (n = 41)
Timeline: June–December 2019 (7 sessions over a 6 month period)
Setting: Indonesian Ambassador's Residence in Washington, DC

Data Collection:
- Pre/post knowledge assessments
- Clinical profile screenings: blood pressure, BMI, glucose, cholesterol, uric acid
- Behavioral assessment: diet, exercise, oral hygiene

Approach:
- Culturally tailored delivery (language, religion, community context)
- Integration of education, screening, technology, and engagement activities

Limitations:
- Participant attrition affected pre/post knowledge analysis
- COVID-19 disrupted planned mental health intervention




## Results

Demographics: 71% female; aged 36–65; majority higher education graduate
Healthcare Access: <10% accessed healthcare in 2019

Health Status:
- 48.7% reported NCD-related complaints
- 82.5% had elevated to Stage II hypertension
- 30.4% were prediabetic

Behavioral Risks:
- <50% engaged in regular exercise or healthy diet
- 42.9% reported unhealthy behaviors

## Program Curriculum

1. Soft Launching: Community Needs
2. Health screenings and individual counseling
3. Oral health education
4. Healthy lifestyle education
5. CPR training
6. Healthy cooking demonstrations
7. Faith-based resilience session

## Implications

Community screening programs can identify unmet needs and connect individuals to safety net providers such as community health centers and local health departments. Structural barriers, including insurance ineligibility, remain a major limitation. Embassy-community partnerships are a promising, scalable model for reaching medically underserved populations. Future work should focus on project sustainability and scalability, mental health integration, and access to affordable healthcare coverage for immigrants.

## References and Acknowledgment

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