PREFACE

I am honoured to be invited to provide this editorial preface for the new Indonesian Medical Journal, *Review of Primary Care Practice and Education*.

One of the most exciting things that I witnessed during my time as the President of the World Organization of Family Doctors (WONCA) has been the introduction of nationwide universal health insurance in Indonesia, and the introduction of postgraduate training of specialist family doctors, called primary care physicians.

Indonesia, like many nations around the world, is focusing on how to deliver equitable health care to all people, and has the added challenge of delivering health care to over 200 million people living on 17,000 islands. Fortunately there is a strong base to build on, with a large medical workforce with leaders committed to quality and equity, high caliber higher education institutions and medical education training centres, a national network of community health centres (*puskesmas*), a strong nursing and allied health workforce, and strong government support.

Indonesia is definitely on the right track. If we are going to achieve universal health coverage across the world, then the way our nations invest in health care is going to have to change. We need to invest more in health promotion and preventive care, giving our children a healthy start in life, and keeping people as well as possible for as long as possible and away from hospitals and emergency departments. We need to invest in early detection and community-based management of chronic diseases. We need to support the members of our ageing population to remain fit and well. And we need to address the mental health concerns that affect so many people.

The Government of Indonesia has recently launched the nation's postgraduate family medicine residency training programs, based in 17 universities spread across the country. For the first time, medical graduates will receive postgraduate training in comprehensive primary medical care. Formal assessment at the end of training will lead to Fellowship of the Indonesian College of Primary Care Physicians. These new graduates will lead the transformation of health care in this country.

These are exciting times and I wish you all well with the challenges ahead.

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PREFACE

HEALTH EDUCATION BY DOCTORS IN PRIMARY CARE: TARGETS THAT NEED TO BE CONSIDERED

One of the main tasks of primary care doctors or family doctors is disease prevention and health promotion. Health education is a way that most take to promote public health. The research articles in this edition show us about how health education is implemented with the aim of general society such as school students, health cadres and puskesmas officers. Education and experience (experiential-based) trigger behavior changes which are then expected to improve health status[1]. How health education is implemented can affect the results to be achieved. For example, the interactive learning process can achieve the expected results, rather than independent learning and lectures[2].

Several aspects need to be considered in planning, implementing and evaluating health education. The expected results, outcome objectives[3] (for example in terms of controlling blood sugar in patients with type 2 diabetes mellitus), should always encourage the effectiveness of planned health education. To achieve a better outcome, health education has goals for behavioral change (behavioral objectives). For example, the effort in forming habits to change behavior[4]. The process of behavior change requires activities with specific learning objectives. Learning objectives, such as the ability of participants to design activities to divert the urge to smoke, must be clearly formulated by referring to a particular structure or taxonomy. Learning objectives must be in line with relevant instructional methods and assessments.

How resources are allocated (resource objectives) to support learning outcomes are rarely considered in health education programs. Health services face limited resources[5]. The optimal utilization of resources for health promotion in primary care requires more in-depth research.

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