

## Transformation of Primary Health Services in the Digital Era Through the Implementation of the Healthy Indonesia Program with Family Approach (PIS-PK)

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**Abstract:** Transformation service Primary health care (PHC) is a key pillar in improvement results health public globally, especially in high-income countries low and medium. This article analyzes approach comprehensive in strengthening PHC through Healthy Indonesia Program (PIS) policy with approach family (PIS-PK), integration digital technology, and policy reform. This study highlights importance continuity service, participation community, readiness source Power humans, and use technology information For support taking decision data-driven and sustainable services. Research This adopt method qualitative with interviews, observations, and reviews document to implementation of PIS-PK in North Gorontalo Regency. Research results show that success PHC transformation is greatly influenced by communication effective policies, availability source power, structure adaptive bureaucracy, as well as support digitalization service. Findings this is also associated in a way direct with theory and practice implementation policies, including classical models such as Van Meter and Van Horn and Edwards III.

**Keywords:** Services primary health, digital transformation, implementation policy, Healthy Indonesia, PIS-PK.

### 1. INTRODUCTION

Transformation service Primary Health Care (PHC) is a fundamental pillar in development health sustainable society. In the context of developing countries, strengthening PHC becomes need urge for overcome inequality access, low quality services, and inefficiencies system health. Approach This emphasize importance availability equitable, participatory services, and based on family and community (Kringos et al., 2010; Langlois et al., 2020)

In Indonesia, the Healthy Indonesia Program with Family Approach (PIS-PK) launched as form of service reform primary health care that focuses on efforts promotive and preventive. This program not only assess health status individual, but also judge indicator health family in a way comprehensive. There are twelve indicator family healthy which includes aspect immunization, delivery in facilities health, management disease chronic, and sanitation environment (Betan & Goa, 2022; Ismunandar et al., 2021)

North Gorontalo Regency is one of the areas that implements PIS-PK systematically. structured with support from the local Health Department. This area become example interesting Because characteristics its challenging geography, limitations source Power health, as well as existence communities with access limited to service health. Therefore that, implementation policies in this area become studies relevant cases for test effectiveness PIS-PK approach in context local.

along with development technology and direction policy national going to digitalization service public, digital transformation in system health participate become part from the PIS-PK strategy. Utilization technology information like system recording family Healthy electronics and usage digital application by officer health be one of

Received: March,17,2025;

Revised: March,31,2025;

Accepted: April 16,2025;

Published: April,30,2025;

Curr. Ver.: April 30,2025



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innovation important in get closer service to public as well as increase efficiency health data management ( Sugiharti et al., 2019; Wibowo et al., 2024) . The integration of these digital devices expected can bridge gap access, especially in areas isolated.

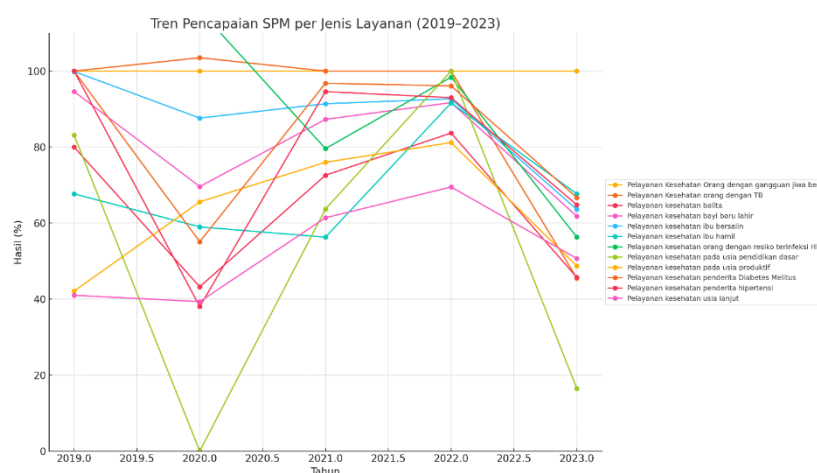
However thus, various challenge Still coloring the implementation process. Based on the implementation model policy from Edwards III ( in Tangkilisan , 2003), effectiveness implementation policy is largely determined by four factors factor Key : communication , resources power , disposition ( attitude ), and structure bureaucracy . Imbalance or weakness in one of the component This can become obstacle Serious in reach objective policy . For example , the weakness communication between line bureaucracy , lack of training power health , and digital infrastructure that has not been adequate potential lower effectiveness implementation of PIS-PK in the field .

The COVID-19 pandemic has give pressure addition at a time opportunity For speed up transformation in system health . Changes paradigm service going to service based on family and community become the more relevant in context crisis health . Study by (Vyas et al., 2021) emphasize importance readiness PHC system for face disaster health , while (Groenewegen et al., 2013) emphasize importance incentives and legitimacy policy as factor success term long .

With background behind said , research This aiming For analyze implementation policy transformation service primary health care through PIS-PK in North Gorontalo Regency. Research This will dig effectiveness implementation of programs based on dimensions communication, resources power, disposition, and structure bureaucracy, as well as highlight How digital integration also strengthen or precisely hinder the transformation process service health. With thus, the study This expected can give contribution theoretical and practical in effort strengthening service primary health care based family in the digital age.

Apart from being part from the national strategy, the implementation of the Healthy Indonesia Program with The Family Approach (PIS-PK) also represents need urge for answer challenge fundamental in system health local. Challenges the covering low coverage service basic, still height number pain and death consequence diseases that can prevented, as well as gap in distribution power health in remote areas like North Gorontalo Regency. In the context of this , role government area become very vital to translate policy national to in form relevant operations with condition local (Pujosiswanto et al., 2018) .

**Figure 1**  
**Achievement Trends Standard Minimum Service of North Gorontalo Regency**



Source: North Gorontalo District Health Service Portal

Implementation approach family in this program create opportunity for officer health for interact direct with member family in a way comprehensive. With do visit house and data collection based on family, energy health can identify problem health in a way more comprehensive. This model emphasize importance proximity between provider services and society as base from effectiveness service primary health (Lahdjji,

2019) .

However, success approach this really depends on availability source adequate power, good from side quantity and competence power health, infrastructure supporters, up to system information that is capable documenting and monitoring progress health family, Data from various studies show that imbalance between burden Work officer with amount family that must served be one of obstacle in implementation of this program ( Sugiharti et al., 2019)

In order to answer challenge said, integration digital technology becomes a relevant and potential strategy strengthen implementation of PIS-PK. Use technology like application recording family healthy, digital monitoring platform, to system information health area (SIKDA) becomes tool help For increase data accuracy and efficiency Work officer health. This innovation allow taking decision data -based , while increase transparency reporting to government center and society (Wibowo et al., 2024)

Digitalization service health is also in line with direction policy national going to digital economy and services public based on technology. The Indonesian government has emphasize importance digital transformation in all sectors, including health, as part from development strategy national term medium and long. With support adequate regulation and investment , initiatives This can speed up realization system inclusive, adaptive and resilient health ( Pratama & Diwyarthi , 2024) .

However Thus, digital transformation does not necessarily ensure success implementation policy If no accompanied with readiness institutions and change culture bureaucracy. A number of studies to reveal that resistance to change, lack of digital training, as well as weakness coordination cross sector often become constraint main. In the context of this , structure complex and hierarchical bureaucracy can slow down the adaptation process to policy new (Gray et al., 2022) .

Furthermore, the approach analysis implementation policy as proposed by Edwards III to be important For evaluate implementation of PIS- PK more systematic. Fourth dimensions main – communication, resources power, disposition, and structure bureaucracy – to become indicators that can used for identify obstacles and opportunities in implementation policy. Through approach this, the implementation process No only rated from output achievement, but also from the interaction process inter-stakeholder interest in implementation policy (Edwards III in Tangkilisan, 2003).

Study previously show that effectiveness communication between government central and regional, as well as between maker policy and implementation technical, to be determinant main program success. Communication that is not Sync can cause interpretation different policies , which ultimately impact on quality service received public (Toma et al., 2022 ) Therefore that , it is necessary There is mechanism coordination and training tiered For ensure uniform understanding at all levels of government .

Apart from the factors communication , availability and allocation source Power become challenge real in many areas , including North Gorontalo. Inequality amount power health , limited facilities , and the lack of incentive For officer health workers working in the area remote is obstacle structural that must be overcome . Research by ( Rizkyansah & Rahayu, 2021) show that policy improvement capacity source Power man in a way direct correlated with improvement quality services in the area decentralized .

Finally , success transformation service primary health care through PIS-PK is highly dependent on the ability of area For adapt policy national with condition local . In case this , flexibility implementation , participation society , and innovation local based on technology and approach community become key success . This study want to give contribution to development policy based on evidence (evidence-based policy) that can become reference in formulation policy more primary health care inclusive and equitable

## 2. RESEARCH METHOD

Study This use approach qualitative descriptive for explore in a way deep implementation Healthy Indonesia Program policy with Family Approach (PIS-PK) in North Gorontalo Regency. Approach This used Because can catch complexity dynamics implementation policies in the field, including interaction between actors, bureaucratic process, readiness source power, and response society. Implementation model policies used as framework analysis is the Edwards III model, which consists of from four

variables: communication, resources power, disposition, and structure bureaucracy (Tangkilisan, 2003).

#### a) Research Location

Study This was held in North Gorontalo Regency, Gorontalo Province. This location chosen Because is one of areas that have been implementing the Healthy Indonesia Program with Family Approach in active through the Health Service and networks Health Center. North Gorontalo also has characteristics challenging and representative geography in describe challenge implementation policies in the region with limitations source digital power and infrastructure.

Subject in study This are the perpetrators policy and implementation technical at level areas involved direct in PIS-PK implementation. Informant main consists of from: Head of the North Gorontalo District Health Service, Head of the Health Center and PIS-PK officers, Surveillance personnel and health cadres, Public Figures community and head village as representative recipient benefit

Informant chosen by purposive sampling, with criteria experience direct and understanding to program implementation, both from side technical and also administrative.

#### b) Data collection technique

Data collected through a number of technique main:

- Interview in- depth interview: conducted to informant key for dig perception, experience, and obstacles during implementation policy.
- Observation participatory: carried out in several Health centers and villages for see directly the process of implementing the PIS-PK program, especially in visit home and family data recording Healthy.
- Review Documents: Done to regulation area, report program implementation, achievement data indicator family healthy , and document policy related transformation service health.

#### c) Data Analysis Techniques

Data analysis was performed with use method analysis thematic qualitative which includes three stage :

- reduction: sorting information important based on Edward III category (communication, source power, disposition, and structure bureaucracy).
- presentation: compiling narrative thematic based on results interviews, observations, and documents.
- Withdrawal conclusion: analyze patterns connection between variables and create generalization findings in context implementation policy.

#### d) Validity and Reliability

For guard validity and reliability of data, researchers use technique triangulation sources and methods. Interview results verified with results observation and documents official. Researchers also conducted member-checking on informant or ensuref that data interpretation has been in accordance with reality as intended by the respondents. Consistency interview guarded with use guidelines semi- structured interviews that have been tested moreover formerly.

#### e) Research Limitations

Study This own a number of limitations:

- Sensitive data access: Some document program implementation and reporting finance No can accessed fully Because limitations internal regulations.
- Limitations time and scope: Research focused only in some work areas Health Center in North Gorontalo, so that the result Not yet can generalized to throughout the district area.
- Variation HR capacity: Differences capacity and understanding between officer field give variation significant in quality program implementation, which affects data interpretation.

### 3. RESULT AND DISCUSSION

Study This show that implementation of the Healthy Indonesia Program with Family Approach (PIS-PK) in North Gorontalo Regency provides impact positive to improvement access service primary health and strengthening role facility health level first. This is in line with opinion ( Betan & Goa, 2022; Ismunandar et al., 2021) which emphasizes that PIS-PK does not only target aspect curative, but also promotive and preventive based on family .

However thus, the challenge implementation policy Still seen in aspect participation society that has not evenly distributed. The low literacy health, diversity characteristics geographical and social culture, as well as difference level awareness in coastal and inland areas become variables that influence effectiveness program implementation. As emphasized by (Hatu et al., 2024) , society Coast tend individualistic and pragmatic in respond policy public , including policy health.

From the aspect digital transformation, system information family healthy electronics (SIKS) implemented in the study area has give efficiency in reporting and data processing. But on the other hand, officers health experience limitations in flexibility use system , especially moment handle cases special needs approach contextual . Like expressed by (Y. Aneta et al., 2025) , the application of intelligence artificial in bureaucracy public of course can increase efficiency and accountability , but potential reduce room Discretion officer field in take decision based on empathy social .

The problem similar also found in global literature . (Langlois et al., 2020) emphasize importance approach system adaptive in understand complexity primary intervention , because system health prone to to disruption structural If No supported by adequate financing and policies . In the case of North Gorontalo, several Health Center experience limitations of human resources and internet networks as inhibitor integration technology .

Aspect availability source Power man become issue another crucial thing in implementation . Based on field observations , training officer to PIS-PK application not yet evenly distributed . ( Rizkyansah & Rahayu, 2021) underline that improvement human resource capacity becomes determinant main success policy health in decentralized areas such as North Gorontalo. Findings This reinforced by ( Sugiharti et al., 2019) , which noted existence inequality between burden work and capacity power health at the Community Health Center .

From the side structure bureaucracy, still found obstacle coordination between levels, good vertical between the Provincial and District Health Services, as well as horizontally between service units. This is support Edwards III framework (in Tangkilisan, 2003), that failure communication, limitations source power, attitude implementer, and structure rigid organization can become inhibitor success implementation policy.

Furthermore, the aspect gap socio-economic also influences success of the program. Based on (Vahedi et al., 2020) , the house ladder with income low tend avoid access service health Because Afraid will burden cost hidden , so that enlarge risk inequality access services . Although the PIS-PK program is free, the perception public to cost No direct like transportation or lost time Work Still become consideration.

The role of digital technology in transformation service primary health has Lots discussed in the literature . (Silva et al., 2024) mention that integration notes health electronics and telemedicine can bridge gap services in the area isolated. This is also agreed by (Zhou et al., 2022) who saw digitalization as a sustainability strategy transformation services , including for elderly and groups prone to others .However effectiveness digitalization depends on readiness institutions and capacity users at the local level.

From the perspective economy, strengthening strategy proven primary service efficient. Study in Brazil by (Cavalcante et al., 2018) show that improvement investment in system health family lower level take care stay consequence disease chronic , so that save cost term long . This is confirm importance allocation proportional budget for PIS-PK as investment term continuous length.

In addition , studies (A. Aneta et al., 2021; Toma et al., 2022) remind that formulation policy without mapping condition local will cause obstacle in stage implementation . Therefore that , flexibility policy For adapt self with reality field become important aspects in the context of PIS-PK in North Gorontalo.

Finally , the approach based on public become key program success . (Tefera, 2022) show that participation root grass in health program capable increase indicator service in a way significant. In the context of local, thing This in line with role active cadre health and figures public in to make PIS-PK a success, especially in activity screening and promotion health House ladder.

Transformation service Primary health care through PIS-PK in North Gorontalo also shows importance leadership local in guard program continuity. In some Interview, Proactive Head of Health Center in to build cadres and update understanding officer to system information health succeed reach indicator family Healthy with more good. This is show that besides formal structure, leadership based mark local participate become determinant effectiveness implementation.

The role of adaptive leadership is also supported by a study (Groenewegen et al., 2013) , which states that incentives and support from leader facility health , if aligned with need society , can strengthen PHC practices . In the context of PIS-PK, the involvement of head Health Center in bridge policies and implementers technical in the field become very crucial , especially in face challenge coordination and integration system .

Furthermore, the presence cadre health and role family as the main unit service become strength from PIS-PK approach . Based on findings field , success tracking indicator family Healthy Lots determined by motivation active cadre do visit home . Research by (Tefera, 2022) support importance mobilization social as a strategy for increase achievement indicator health based on House ladder .

In addition , the factor culture and tradition local participate influence reception public to approach health based on family . Some informant state that communities in coastal and mountainous areas own wisdom alone in guard health through potion traditional and community social . If not approached in a way persuasive , thing This Can become resistance to intervention based on formal systems such as PIS-PK.

On the other hand , studies (Dookie & Singh, 2012) highlight importance integrate determinant social and cultural to in system primary services . This means , in to design implementation policy health , approach technocratic need combined with sociocultural strategies so that interventions health more accepted and sustainable .

Implications practical from results This is the need adjustment of the SOP for implementing the PIS-PK program to make it more responsive to diversity socio-cultural local . In interviews , several officer state that indicators that are national need flexible For customized with regional reality . For example , indicators sanitation environment or clean water access must consider condition geographical local .

Input This in line with view (Snowdon et al., 2020) which confirms importance system service cloud -based and technology adaptive that allows flexibility reporting without must burdensome officer with a rigid process . With Thus , digital transformation is not only question infrastructure , but also design user- oriented and inclusive system .

Based on field observation , evaluation of the PIS-PK program Still Not yet running optimally. Evaluation is usually only based on achievement numbers , without evaluation deep on the process, constraints and impacts social . In fact , according to (Vyas et al., 2021) , reflective and evaluative processes to implementation primary services are very important , especially in condition post- pandemic demands adaptation policy in a way continuously .

Findings This show importance strengthen monitoring and evaluation capacity based on community , where society participate as well as give bait come back to quality service . With approach this , implementation policy will more transparent , accountable and responsive need public .

The Gap between center and region are also visible in context alignment policy national with condition area . Several Heads of Health Centers conveyed that lack of involvement area in formulate indicator national cause program incompatibility with need field . This is reflect criticism from (Toma et al., 2022) that implementation policy health often fail Because No consider context local in a way intact.

Therefore that, approach decentralization adaptive become important, where the government area own room For adapt technical implementation with context social, economic, and cultural aspects of each region. This also intersects with approach bottom up in implementation policy as confirmed by generations third studies implementation

policy public (Goggin in Tangkilisan , 2003).

As notes, implementation The PIS-PK policy in North Gorontalo also shows existence practice collaborative between officer health, religious figures, and government village. Collaboration This speed up distribution information health and strengthen legitimacy of the program. This is in accordance with implementation model policies that place non-formal actors as the mover change social (Yulianto, 2015) .

Finally, the integration of the PIS-PK program into in transformation service national primary health care show that approach based on family, plus with support technology and strengthening community, can become service model adaptive and inclusive future health. However, the success approach it really depends on the context implementation, commitment institutional , and sustainability support policies at all levels of government.

#### 4. CONCLUSION

Implementation policy transformation service primary health through the Healthy Indonesia Program with Family Approach (PIS-PK) in North Gorontalo Regency shows that approach based on family is a relevant and potential strategy in strengthen system service health basic , especially in areas with limitations infrastructure and diversity social culture . This program succeed increase access and quality service health , especially in activity screening health House stairs , promotion health , and tracking indicator family Healthy .

However Thus , success implementation policy No happen in a way evenly distributed . This study find that effectiveness The implementation of PIS-PK is greatly influenced by four factors variable key as put forward by Edwards III, namely communication policy , source Power human , disposition implementers , and structures bureaucracy . Inequality human resources capacity , limitations digital infrastructure , as well as lack of flexibility in implementation digital system becomes challenge significant that needs to be quick overcome.

Digital transformation is proven give efficiency in recording and reporting data, but also shows risk to decrease Discretion officer field in face cases contextual . On the other hand , the role cadre health , figures society , and leaders local proven crucial in strengthen legitimacy and enhance participation communities , especially in coastal and inland areas .

Context social economy and culture local is also proven influential to acceptance and sustainability of the program. Therefore that , approach adaptive and based policies local required For bridge gap between design policy national with reality field . Decentralization implementation , HR training , and involvement community in a way active become an important strategy For ensure effectiveness and sustainability of the program.

With Thus , it can concluded that success transformation service primary health care is not only depends on the design policy , but also on quality implementation , readiness bureaucracy , and integration with dynamics social society . PIS-PK has potential big become a service model sustainable , inclusive and responsive future health , if Keep going customized with needs and challenges local.

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