IMPLEMENTATION MODEL INDONESIAN HEALTHY FAMILY APPROACH PROGRAM POLICY (PIS-PK): CASE STUDY IN NORTH GORONTALO REGENCY

Youke Lidya Herty Lumataw
Administrasi Publik, Pascasarjana, Universitas Negeri Gorontalo, Indonesia
Email: ylumatawdede@gmail.com

Asna Aneta
Administrasi Publik, Fakultas Ilmu Sosial, Universitas Negeri Gorontalo, Indonesia

Rauf A. Hatu
Administrasi Publik, Fakultas Ilmu Sosial, Universitas Negeri Gorontalo, Indonesia

Yanti Aneta
Administrasi Publik, Fakultas Ilmu Sosial, Universitas Negeri Gorontalo, Indonesia

Abstract

Implementation policy public is stages important thing that determines success achievement objective policy . This study to study various implementation models such as Edward III, CFIR, SAF, as well top-down and bottom-up approaches , to understand factors determinant success policies , especially in context sector health based on family . Research show that factor key in implementation covering clarity communication , readiness source power , attitude implementer , and structure responsive bureaucracy . In addition that , involvement stakeholders interest local and adaptation to context socio-political become determinant effectiveness implementation policy.Analysis This confirm importance multi-level and collaborative approach in implementation policy . With merge various theoretical models and empirical data , results study This can become reference strategic For strengthening policy more public effective and sustainable .

Keywords: *Implementation policy, policy health family, governance collaborative, strategy health family*

INTRODUCTION

Implementation policy is phase crucial in cycle policy public that bridges the formulation process with impact real for society . In practice , the implementation No only demand conformity between policies and actions administrative , but also demanding understanding deep to dynamics actor , structure institutional , and context socio-political aspects surrounding the process (Bullock et al., 2021) . Success implementation depends on various determinant , good from internal side of the organization and also influence external , as reviewed in framework CFIR's work identifies characteristics intervention , implementer , and environment implementation as element critical (Allen et al., 2020) .

One of the classic models that is often made into reference in study implementation is the model of Edward III, which highlights importance communication , resources power , disposition (attitude) implementer), and structure bureaucracy as variable key in determine effectiveness implementation policy (Agustino, 2006). When communication No walk with well , it happened miscommunication or interpretation policies that do not uniform , so that objective policy vulnerable distorted at the level implementer . Likewise , the limitations source power , good personnel , information , and facilities , can hamper the implementation process optimally . Therefore That does not Enough only set ideal policy , but also necessary system ready and supported implementers with source Power adequate .

In a more perspective complex , top-down and bottom-up approaches offer two poles different . The top-down approach emphasizes command from center , while bottom-up approach emphasizes Discretion and flexibility actor local in respond need real public (Pasupuleti, 2024) . Approach collaborative that combines second direction This become the more important , especially in context policy social like health family , where intervention must sensitive to needs and dynamics local (Calancie et al., 2022; Rocha & Soares, 2010) .

Furthermore , Strategic Action Field (SAF) from (Moulton & Sandfort, 2016) explain How actor policy operate in Medan complex and dynamic actions . They emphasize importance relation power , coalition stakeholders interests , and capacities institutional in determine sustainability implementation policy . This is in line with findings (Sheng- yue et al., 2022) in context policy ecosystem China , which shows that behavior institution implementer at the level local own role strategic in determine success policy .

Approach implementation also not can released from aspect evaluation . The CIPP (Context, Input, Process, Product) model as used by (Rachman et al., 2023) , to be tool important For evaluate effectiveness implementation policy in a way comprehensive . This model emphasize importance understand No only results , but also the processes and inputs used in implementation , so that can become base taking decision based on evidence (*evidence-based policy*).

In context policy health , approach based on family such as the Healthy Indonesia Program with Family Approach (PIS-PK) has proven effective in integrate intervention health with dynamics House stairs . Study of Brazil and China confirm that approach community and family capable increase literacy health , strengthening role family as agent change , and accelerate response to need public prone to (Alanazi et al., 2024; Manzanilla et al., 2024; Rocha & Soares, 2010) .

With Thus , understanding and applying the implementation model the right policy No only important For effectiveness administrative , but also for ensure that policy truly reach public in a way fair , adaptive and sustainable .

Within the framework implementation more policies dynamic , role executor policy No only as executor passive from formulated policies in a way hierarchical . As explained by Spillane et al . (2002), the implementation policy in fact need *reframing* or framing repeat in a way cognitive by implementers in the field . This is means that meaning policy No always understood in a way uniform , but influenced by the understanding , values and experiences of the actors implementation , which ultimately influence method policy run in practice .

This condition reinforced by the findings (Vekeman et al., 2014) who revealed that different expectations inter-actor executor in context education in belgium cause variation in implementation policy teacher evaluation . This is show that gap understanding and differences interpretation policy influential direct to level success its implementation . Therefore that 's important for every policy For designed with flexibility implementative , at the same time notice capacity adaptive actors executor .

In addition , the influence structure socio-political local No can neglected . Study by (Sheng- yue et al., 2022) in China show that success implementation policy the ecosystem is very much determined by the will politics , commitment local , as well as coordination between government centers and institutions root grass . In the context of this , success implementation more from just instrument technocratic — but reflect synergy inter-actor in Medan complex and multilevel social .

Implementation policies in the sector health also shows that an approach that places family as a basis for intervention proven more effective in reach group vulnerable . Healthy Indonesia Program and other global studies confirm that interventions that prioritize role family in promotion health can increase program effectiveness , participation community , and ownership social on policy (Alanazi et al., 2024; Calancie et al., 2022; Lahdji, 2019) . Intervention This become very important remember existence inequality in access and inequality literacy health , which is only Can bridged through a holistic and integrated approach .

So from that , for create implementation process effective policies are needed approach theoretical that is not partial , but rather comprehensive and layered . Integration between classical models (such as Edward III), the evaluative (such as CIPP), approach interactive (like SAF), as well as framework health public based on family give foothold strong in analyze and design implementation policies that do not only procedural , but also transformative .

In context policy health , approach based on family such as the Healthy Indonesia Program with Family Approach (PIS-PK) has proven effective in integrate intervention health with dynamics House stairs . Study of Brazil and China confirm that approach community and family capable increase literacy health , strengthening role family as agent change , and accelerate response to need public prone to (Alanazi et al., 2024; Manzanilla et al., 2024; Rocha & Soares, 2010) .

However Thus , the reality in the area show that implementation policy Not yet fully achieve service targets basic . This is seen from the 2023 North Gorontalo Regency SPM achievement data which shows that part big indicators , such as service health Mother pregnant (67.7%), toddlers (45.7%), age productive (48.7%), and age continued (50.7%) not yet achieve the target of 100% set government , even service at age education base new realized by 16.5%. With Thus , understanding and applying the implementation model the right policy No only important For effectiveness administrative , but also for ensure that policy truly reach public in a way fair , adaptive and sustainable .

Figure 1
Achievement Trends Standard Minimum Service of North Gorontalo Regency

No	Aspek/Fokus/ Bidang Urusan/Indikator Kinerja	Target Capian Setiap tahun (%)				
		2019	2020	2021	2022	2023
1	Pelayanan kesehatan ibu hamil	81,7	59	56.3	91.6	67.7
2	Pelayanan kesehatan ibu bersalin	25,4	87.64	91.4	92.7	63.6
3	Pelayanan kesehatan bayi baru lahir	0,47	69.62	87.3	91.7	61.8
4	Pelayanan kesehatan balita	1,34	43.25	72.6	83.7	45.7
5	Pelayanan kesehatan pada usia pendidikan dasar	62,2	0	63.7	100	16.5
6	Pelayanan kesehatan pada usiap roduktif	73,22	65.6	76.0	81.2	48.7
7	Pelayanan kesehatan usia lanjut	68	39.34	61.4	69.5	50.7
8	Pelayanan kesehatan penderita hipertensi	68	38.02	94.6	93.0	64.8
9	Pelayanan kesehatan penderita Diabetes Melitus	78,1	55.1	96.8	96.1	66.7
10	Pelayanan Kesehatan Orang dengan gangguan jiwa berat	60	100	100	100	100.0
11	Pelayanan Kesehatan orang dengan TB	83	103.51	100	100	45.5
12	Pelayanankesehatan orang dengan resiko terinfeksi HIV	100	116	79.6	98.4	56.3

Source : North Gorontalo District Health Service Portal

Research methods

Study This use approach qualitative descriptive with objective For explore in a way deep dynamics implementation policy public through lenses of theoretical models that have been developed by experts . Approach This allow researcher For understand interaction between various actor , context socio-political , as well as structure bureaucracy that influences effectiveness implementation policies , in particular in sector service public like health , education and welfare social (Cleland, 2017; John D. Hillebrand, 2000) .

This study No using primary field data in a way directly , but based on review library and synthesis theoretically , with refers to various source literature academic and journal international . Researchers compile analysis based on the Edward III implementation model (Agustino, 2006), the CFIR framework (Allen et al., 2020) , the Strategic Action Field (Moulton & Sandfort, 2016) , and evaluation policy based on the CIPP model (Rachman et al., 2023) . These models under review in a way comparative For map variables , relationships inter-factors , as well as determinant key implementation that can applied in Indonesian context .

1. **Research Location**

Study implemented in North Gorontalo Regency , specifically in the work area The health center that became executor main PIS-PK program. This location chosen Because representative to implementation policy health based on family , and have documented implementation data through instrument like PROKESGA and PINKESGA forms .

2. **Data collection technique**

Data collection techniques were carried out in a way documentary and theoretical , with focus on:

- Document policy national and regional related to PIS-PK.
- Report implementation and evaluation of programs issued by the Health Service.
- Sources scientific in the form of journals and articles that discuss theory implementation policies , CIPP evaluation models , and studies case international (Rachman et al., 2023; Sheng- yue et al., 2022; Spillane et al., 2002) .

3. **Data Analysis Techniques**

Analysis done in a way thematic deductive , with referring to the Edward III model (communication , source power , disposition , and structure bureaucracy), as well as CFIR framework (characteristics intervention , implementer , context , and implementation process) (Allen et al., 2020) . Researchers also use SAF approach (Moulton & Sandfort, 2016) For see dynamics interaction actor in " field action strategic ", as well as consider approach evaluative based on the CIPP (Context, Input, Process, Product) model (Rachman et al., 2023) . With Thus , the analysis focused on the interpretation process policy , involvement actor local , as well as coordination and communication strategies vertical-horizontal .

4. **Validity and Reliability**

Data validity is maintained through triangulation of theory and documents, ensuring that the information used comes from trusted academic references and is relevant to the policy context being studied (Diori, 2021; Kosasih et al., 2023) . Reliability is achieved by using a systematic and consistent analytical framework, so that findings can be replicated in studies with similar designs. Researchers avoid subjective bias by relying on documented and published secondary data.

5. **Research Limitations**

Study This own a number of necessary limitations observed . First , the approach qualitative used nature explorative and based on secondary data , so that involvement direct with executor policies in the field No done . Second , the context study focused only in one area, namely North Gorontalo Regency , so that findings nature contextual and not intended For generalized to other areas . Third , researchers No do observation participatory or interview common depth used in studies qualitative field , so that interpretation based on analysis relevant documents and theories . Fourth , the

dynamics socio-political and institutional in nature local analyzed in frame theoretical , without confirmation direct from actors policy .

Research result

Implementation of the Healthy Indonesia Program with The Family Approach (PIS-PK) in North Gorontalo Regency reflects dynamics policy complex public , where variables institutions , actors implementer , and context socio-political local play significant role . In practice , the implementation policy This show that No only formal structure of policy that determines success , but also how policy understood , interpreted , and executed by implementers at the level local .

According to Edward III's model, the effectiveness implementation policy is greatly influenced by four factors factor main : communication , resources power , disposition implementers , and structures bureaucracy (Agustino, 2006). Findings studies This show that communication interlevel executor Not yet fully running optimally, so that some of its derivative programs No delivered in a way clear to officer health centers and cadres . In addition , the limitations source Power human and means infrastructure health at the level subdistrict become constraint main in reach all over House ladder target in a way evenly .

CFIR (Consolidated Framework for Implementation Research) framework helps explain that characteristics intervention (in matter This form Prokesga and Pinkesga), background behind organization , as well as capacity individual executor is determinant important success implementation (Allen et al., 2020; McGinty et al., 2021) . In the context of North Gorontalo, the implementers policy face challenge in form burden Work double , minimum training , and weakness supervision technical in a way sustainable .

Temporary That is , the Strategic Action Field (SAF) approach from Moulton & Sandfort (2016) explains that implementation policy public in progress in room social influenced by relationships power , alliance strategic , as well as dynamics formal and informal authority . In terms of this , was found that success local implementation of PIS-PK is a lot determined by initiative individual implementer at the level health centers , and connection collaborative they with device village and figures society . However , the lack of incentives and formal support from structure bureaucracy cause initiative the No consistent and difficult replicated to other areas.

Furthermore , framing repeat policy by implementer as described by Spillane et al. (2002) be aspect important in context Implementation of PIS-PK. Implementers in the field often have to adapt interpretation Contents policy with reality social the society they face , like low literacy health family , resistance culture to intervention medical , and limitations understanding public towards government programs . This is show that success policy is highly dependent on ability executor in translate policy become relevant actions in a way cultural .

Findings this is also consistent with Kosasih et al. (2023) who emphasized that connection between policies , implementers , and results policy nature dynamic and non- linear . Interventions designed ideally not yet Of course produce effective output when context local and actor executor No taken into account in a way seriously . With Thus , the implementation of PIS-PK in the regions such as North Gorontalo requires design flexible and giving policies room Discretion for executor .

As pointed out by Sheng- yue et al. (2022) in studies they about policy ecosystem in China , commitment from actor local and participatory governance is factor determinant main success implementation . This also applies in context policy health based on family , where participation active cadres and equipment village is very crucial in reach House ladder vulnerable and increasing awareness collective to importance health family .

As for in context evaluatively , the CIPP model is used For reflect fourth aspect main : context unique socio -cultural in North Gorontalo; input in the form of capacity organization and workforce health ; process in the form of an involvement strategy society ; and products in the form of achievement indicator family healthy . Although Not yet all indicator fulfilled in a way comprehensive , but in a way processual has happen transformation in method power health interact with society , from approach curative become promotive-preventive .

This study also shows importance involvement family in taking decision health as put forward in study by Alanazi et al. (2024), Manzanilla et al. (2024), and Calancie et al. (2022). Literacy health and ownership towards family programs proven increase effectiveness implementation , strengthening trust public to system health local , and accelerate the program advocacy process at the local level. community .

Furthermore , the implementation policy No let go from difference expectations and perceptions interactors . (Vekeman et al., 2014) show that difference hope executor to Contents policy can cause variation in implementation policy teacher evaluation . Similar things found in implementation of PIS-PK, where some of executor understand this program solely as data collection , not as intervention sustainable promotive - preventive situation . This show importance training that is not only procedural , but also conceptual , so that the implementer own complete understanding to Meaning policy .

This dynamic in line with McGinty et al.'s (2021) emphasis that in context complex policies , implementation must take into account How actor navigate landscape full policy with limitations , uncertainties , and pressures administrative . This is where the CFIR framework becomes tool important in understand interaction between structure organization , culture work , and dynamics inter-individual in implementation of health programs public .

Temporary that , Allen et al. (2020) emphasized importance connection between determinant implementation and results policies , especially in matter to what extent

the implementer feel own capacity and support For running the program. In the case of PIS-PK, it is still found inequality understanding , where the implementer field Not yet all in all get training about analysis family Healthy based on risk . This is limit effectiveness intervention that should be targeted in a way priority based on indicator risk tall .

From the corner view system government , (Pasupuleti, 2024) highlight importance collaborative and decentralized governance structure For effectiveness implementation policy . In the context of North Gorontalo, the system reporting and budgeting that is still centralized make initiative local difficult developing . Involvement device village often nature voluntary , without mechanism incentive or support strong institutional framework . This confirms the need design adaptive policy to variation structure government at the level local .

Within the framework involvement stakeholders interests , (Sarjito , 2024) emphasize that accountable and transparent communication is prerequisite for improvement participation society . PIS-PK demands existence two way communication between officer health and family , not just delivery message One direction . In practice , some executor Still positioning self as instructor rather than dialogue facilitator , so that participation public nature passive .

In line with that , (Khuroshvili, 2025) add that strengthening of aligned communication strategies with hope public can increase legitimacy executor policy . In the practice of PIS-PK, the implementation communication based on customized family with context local — like customs , language , and social norms — can increase effectiveness intervention health and strengthen trust public to service primary health .

On the other hand , the factor politics and ideology also influence the way policy . Sarjito (2024) stated that actor political often frame repeat policy according to the agenda of power they , and this Can impact on implementation technical programs in the field . For example , health programs Can diverted the focus become project term short for image , instead of transformative program sustainable . Pasupuleti (2024) added that context dynamic politics demand executor policy For careful read direction support politics and adjusting implementation strategies in a way flexible .

Apart from the factors politics , capacity institutions also play a role big . (Vučinić, 2021) emphasize that source Power humans , infrastructure , and system administration public become determinant main success implementation policy . In the context of North Gorontalo, the limitations facility Supporter like vehicle operational , tools data collection , and devices technology information hinder speed and accuracy implementation of PIS-PK.

(Howlett, 2020) also underlines importance election instrument appropriate policies to suit with dynamics social local . In case this , approach House ladder as service

unit health is very appropriate in a way concept , but his success depends on ability bureaucracy local in adapt policy center to in relevant practices with life public village .

In terms of approach community , Alanazi et al. (2024) and Calancie et al. (2022) emphasized that synergy between nursing community and health public is a powerful approach in push success implementation policy health . Studies the show that participation family in the process of taking decision health strengthen program effectiveness and improve sustainability intervention .

Program based family as in Brazil (Rocha & Soares, 2010) shows that when family empowered as center changes , then impact term long to health public will more significant . This is relevant with conditions in North Gorontalo, where the structure social kinship Still strong and able mobilized as source Power social in implementation policy .

In the approach communication based on community , (Ginossar & Nelson, 2010; Peters et al., 2021; South et al., 2015) emphasize importance strengthening digital literacy and utilization knowledge local For increase effectiveness communication health . In the area with level literacy low , approach participatory that values experience and language local more effective compared to interventions that are of a nature normative and top-down.

Finally , (Crable et al., 2022; Fan & Yang, 2018) highlight importance structure incentive in push executor policies at the level local For innovate . In China , experiments successful local often appear from freedom For adapt and incentive structural that drives performance . This is give lesson that flexibility policies and strengthening capacity local is very crucial For close gap between design policies and implementation in the field .

Study This to reveal that the implementation model Healthy Indonesia Program policy with Family Approach (PIS-PK) in North Gorontalo Regency is running in complexity distinctive structural and social , so demand approach contextual , adaptive , and collaborative implementation .

Based on Edward III's approach , the implementation of PIS-PK in this region show strength in aspect disposition relative implementer height : part big power health and cadres show commitment to program implementation . However , the challenges big appear in matter communication lack of policy consistent as well as limitations source Power human and facilities Supporting . Ambiguity in transmission policy cause implementer in the field often interpret content and purpose policy in a way diverse , as also emphasized by (Vekeman et al., 2014) in context teacher evaluation in Belgium .

Implementation model CFIR based strengthens findings that intervention such as PIS-PK is greatly influenced by the characteristics organization implementation and readiness individual in adopt policy . In North Gorontalo, there are variability readiness between health center One with others. In some case , cadre health own capacity good communication with family , but in case others , lack of training or burden Work double

make executor No capable operate approach family in a way comprehensive (Allen et al., 2020; McGinty et al., 2021).

Temporary that , if analyzed using Strategic Action Field (SAF), it appears that room policy local Still Not yet fully give room to implementer in the field For do innovation social . Authority policy Still nature hierarchical and one direction , while dynamics social local precisely demand a more approach flexible and responsive to need family . Program implementers often must bridge order bureaucracy with reality social that is not always support (Moulton & Sandfort, 2016).

Study this also found that values family and community local in North Gorontalo becomes strength social alone which can utilized as instrument policy . However , the design policy center Not yet fully facilitate integration dimensions socio-cultural the to in the implementation strategy . In fact , as emphasized by Rocha & Soares (2010) in context Brazil and Calancie et al. (2022), strength community local capable strengthen program resilience and expand range health preventive at the level family .

CIPP evaluative model also used For evaluate fourth aspect implementation :

- Context show that people in this area Still face challenge literacy health and limitations access to information .
- Input in the form of amount power implementer , means infrastructure , and support regulatory Still not optimal.
- Implementation process show variation intensity and quality implementation interregional .
- Temporary product achieved Not yet all in all reflect change behavior family healthy , but start show shift from approach curative to approach promotive-preventive (Rachman et al., 2023).

In context implementation PIS-PK policy , participation society and dynamics social become element important underlying effectiveness policies at the level local . Study by (Hatu et al., 2024) show that success program management at the level the village is highly dependent on the involvement of active public in all over stages , start from planning , implementation , supervision , to evaluation

. Findings This relevant with implementation of PIS-PK, where the approach based on family used demand interaction close between implementers and society targets . However , as also revealed by (A. Aneta et al., 2021) , the differences background behind social economy and level literacy society , especially between community coastal and inland areas , greatly influencing pattern participation and response towards policy programs

Temporary that , in framework transformation bureaucracy and implementation digitalization , (Y. Aneta et al., 2025) emphasize that constraint structural in bureaucracy often hinders flexibility executor in respond need contextual society , especially when system too depends on the protocol algorithmic that is not consider wisdom local

Therefore that , so that the implementation of PIS-PK in North Gorontalo Regency is able to walk effective and sustainable , then needed combination between a top-down approach that gives framework regulatory and bottom-up approaches that open up room adaptation local as well as strengthening capacity social executor policy .

In general Locally , the implementation of PIS-PK in North Gorontalo shows that success implementation more influenced by the initiative actor field , such as cadres who have relation social Good with citizens . This is strengthen argumentation (Spillane et al., 2002) that success implementation is very dependent on how executor interpreting and framing repeat Contents policy in accordance with context social and understanding they .

In general systemic , constraints bureaucracy in support flexibility executor become obstacle structural . Implementer often must Work with procedure long technical without support adequate logistics . Sarjito (2024) stated that without communication reform policy and accountability cross sector , involvement stakeholders interest will always obstructed .

This study also found that limitations in approach incentives and distribution burden Work strengthen Fan & Yang's (2018) idea , which states that experiment and innovation policy will grow when there is system adaptive incentives to initiative local . Unfortunately , the implementation of PIS-PK is still Lots depends on the instructions technical and uniform program allocation , not based on needs and capacity local .

With Thus , the findings This show that the implementation model The PIS-PK policy in North Gorontalo Regency is the most appropriate developed in hybrid model form :

- merge top-down approach in matter framework regulations , budgets , and objectives strategic ,
- as well as bottom-up approach in matter adaptation operational , involvement cadres , and strengthening communication based on family .

Hybrid model This need supported by the SAF framework which enables implementers and non- governmental actors follow to form room action policies , as well as supported by reinforcement capacity institutional as recommended by Vučinić (2021), and planning communication participatory (Khuroshvili, 2025; Peters et al., 2021).

Conclusion

Implementation Healthy Indonesia Program policy with The Family Approach (PIS-PK) in North Gorontalo Regency reflects complexity connection between policy , implementers , and context socio-cultural local . This study find that success program implementation is not only determined by clarity policies and structures bureaucracy , but also greatly influenced by effective communication , readiness source power , disposition implementer , and flexibility in adapt policy to condition public .

Based on analysis against the Edward III, CFIR, SAF, and CIPP models, implementation of PIS-PK at the level local Still face challenge in aspect communication policies and support institutional . On the other hand , the initiative implementers in the field , relations social with society , and values local based on family become important social capital in bridge limitations structural . This program show potential transformation service health of a nature curative going to promotive-preventive based on family and community .

With Thus , the implementation model the most relevant PIS-PK policies implemented in North Gorontalo Regency is a hybrid model , namely fusion between top-down and bottom-up approaches , with structure involvement actor local through approach participatory and collaborative . This model need reinforced by design communication adaptive policies , improvements capacity institutions , and provision room for executor For do innovation contextual .

BIBLIOGRAPHY

Alanazi, DMM, Alanazi, MMM, Alanazi, FMM, Aldhafiri , MT, Albalawi , DFNM, Alanazi, N., Alghumayz , SM, Alwani, SAO, Almutairi, OZMB, & Almusaad , A. (2024). Community-Based Nursing and Public Health: A Synergistic Approach to Health Promotion. *Journal of Ecohumanism* , *3* (8). https://doi.org/10.62754/joe.v3i8.4876

Allen, P., Pilar, M., Walsh-Bailey, C., Hooley, C., Mazzucca, S., Lewis, C.C., Mettert, K.D., Dorsey, C.N., Purtle, J., Kepper, M.M., Baumann, A.A., & Brownson, R.C. (2020). Quantitative Measures of Health Policy Implementation Determinants and Outcomes: A Systematic Review. *Implementation Science* , *15* (1). https://doi.org/10.1186/s13012-020-01007-w

Aneta, A., Podungge , AW, Hunawa , R., & Nuna, M. (2021). The Difference of Political Participation of Inland Communities and Coastal Communities in Responding to Local Elections: Synergy in Combating Covid-19 and Money Politics. *Public (Journal Knowledge Administration)* , *10* (1), 169. https://doi.org/10.31314/pjia.10.1.169-180.2021

Aneta, Y., Akib, H., Podungge , A.W., & Pakaya , R. (2025). *The Impact of Digital Transformation and Artificial Intelligence on Bureaucratic Culture Between Efficiency and Discretion* . 1–20. https://doi.org/10.18502/kss.v10i4.18019

Bullock, H., Lavis, J.N., Wilson, M.G., Mulvale , G., & Miatello , A. (2021). Understanding the Implementation of Evidence-Informed Policies and Practices From a Policy Perspective: A Critical Interpretive Synthesis. *Implementation Science* , *16* (1). https://doi.org/10.1186/s13012-021-01082-7

Calancie , L., Batdorf-Barnes, A., Verbiest, S., White, N., Lich, K.H., Corbie, G., Mullenix, A., & Cilenti, D. (2022). Practical Approaches for Promoting Health Equity in Communities. *Maternal and Child Health Journal* , *26* (S1), 82–87. https://doi.org/10.1007/s10995-022-03456-9

Cleland, J. A. (2017). The qualitative orientation in medical education research. *Korean Journal of Medical Education* , *29* (2), 61–71. https://doi.org/10.3946/kjme.2017.53

Crable, E.L., Benintendi, A., Jones, D.K., Walley, A.Y., Hicks, J.M., & Drainoni , M. (2022). Translating Medicaid Policy Into Practice: Policy Implementation Strategies From Three US States' Experiences Enhancing Substance Use Disorder Treatment. *Implementation Science* , *17* (1). https://doi.org/10.1186/s13012-021-01182-4

Diori, HI (2021). Deductive Models of Policy Implementation and Their Impact on Policy Outcomes: A Critical Assessment. *Advanced Journal of Social Science* , *9* (1), 1–9. https://doi.org/10.21467/ajss.9.1.1-9

Fan, Y., & Yang, H. (2018). How Is Public Housing Policy Implemented in China? A Tentative Analysis of the Local Implementation of Four Major Programs. *The American Review of Public Administration* , *49* (3), 372–385. https://doi.org/10.1177/0275074018761807

Ginossar , T., & Nelson, S. (2010). Reducing the Health and Digital Divides: A Model for Using Community-Based Participatory Research Approach to E-Health Interventions in Low-Income Hispanic Communities. *Journal of Computer-Mediated Communication* , *15* (4), 530–551. https://doi.org/10.1111/j.1083-6101.2009.01513.x

Hatu, RA, Ibrahim, R., Bumulo , S., & Adahati , F.S. (2024). Community Participation in Village Fund Management in Biluango Village, Kabila Bone District , Bone Bolango Regency . *Dynamics of Rural Society Journal* , *2* (1), 1–10. https://doi.org/10.37905/drsj.v2i1.47

Howlett, M. (2020). *Instruments and Implementation in Public Policy and Administration* . https://doi.org/10.1093/acrefore/9780190228637.013.1423

John D. Hillebrand. (2000). American Sociological Association. *American Sociological Association* , *28* (1), 87–90. https://doi.org/10.1002/9781405165518.wbeosa047.pub3

Khuroshvili, B.B. (2025). Policy Planning and Coordination: Theory and Practice From the Georgian Perspective. *SPRPS* , *24* (2/2024), 333–357. https://doi.org/10.62229/sprps24-2/4

Kosasih, F., Rochmani, R., & Folia, RC (2023). Zoning System Policy Model in Accepting New Students in Indonesia. *International Journal of Social Learning (Ijsl)* , *3* (2), 131–146. https://doi.org/10.47134/ijsl.v3i2.21

Lahdji, A. (2019). Overview of Survey Results of the Healthy Indonesia Program With a Family Approach in the Area of Penggaron Lor, Semarang. *Qanun Medika - Medical Journal Faculty of Medicine Muhammadiyah Surabaya* , *3* (2), 151. https://doi.org/10.30651/jqm.v3i2.2612

Manzanilla, F.E., Escultura , F.N., Buquid, MAT, & Cabreros, MRQ (2024). Driving Factors and Challenges of Adolescents in Teenage Pregnancy. *Jhes* , *1* (2), 2. https://doi.org/10.56237/jhes23sp04

McGinty, E.E., Tormohlen, K.N., Barry, C.L., Bicket, M.C., Rutkow , L., & Stuart, E.A. (2021). Protocol: Mixed-Methods Study of How Implementation of US State Medical Cannabis Laws Affects Treatment of Chronic Non-Cancer Pain and Adverse Opioid Outcomes. *Implementation Science* , *16* (1). https://doi.org/10.1186/s13012-020-01071-2

Moulton, S., & Sandfort, J. (2016). The Strategic Action Field Framework for Policy Implementation Research. *Policy Studies Journal*, *45* (1), 144–169. https://doi.org/10.1111/psj.12147

Pasupuleti, M.K. (2024). *Governance and Policy Implementation: Navigating the Interplay of Political Science and Public Administration*. 287–307. https://doi.org/10.62311/nesx/422607

Peters, L. E., Shannon, G., Kelman, I., & Meriläinen, E. (2021). Toward Resourcefulness: Pathways for Community Positive Health. *Global Health Promotion*, *29* (3), 5–13. https://doi.org/10.1177/17579759211051370

Rachman, A., Sudarsono, S., & Darise, AG (2023). Implementation of Leadership Training Policy in the Local Government of Gorontalo Regency. *International Research Journal of Management It and Social Sciences*, *10* (2), 91–100. https://doi.org/10.21744/irjmis.v10n2.2282

Rocha, R., & Soares, R.R. (2010). Evaluating the Impact of Community-based Health Interventions: Evidence From Brazil's Family Health Program. *Health Economics*, *19* (S1), 126–158. https://doi.org/10.1002/hec.1607

Sarjito , A. (2024). The Effect of Political Ideology on Public Administration Policy. *Udayana Journal of Social Sciences and Humanities (Ujossh)*, *7* (2). https://doi.org/10.24843/ujossh.2023.v07.i02.p02

Sheng -yue , F., Zhao, C., & Zha, S. (2022). Analysis of the Impact of Policy Instruments on Payment for Grasslands Ecosystem Services (PGES) Implementation: A Case Study From Northwest China. *Sustainability*, *14* (21), 13779. https://doi.org/10.3390/su142113779

South, J., Stansfield, J., & Fenton, K. (2015). Putting Communities at the Heart of Public Health. *Perspectives in Public Health*, *135* (6), 291–293. https://doi.org/10.1177/1757913915610495

Spillane, J.P., Reiser, B.J., & Reimer, T. (2002). Policy Implementation and Cognition: Reframing and Refocusing Implementation Research. *Review of Educational Research*, *72* (3), 387–431. https://doi.org/10.3102/00346543072003387

Vekeman , E., Devos, G., & Tuytens , M. (2014). The Influence of Teachers' Expectations on Principals' Implementation of a New Teacher Evaluation Policy in Flemish Secondary Education. *Educational Assessment Evaluation and Accountability*, *27* (2), 129–151. https://doi.org/10.1007/s11092-014-9203-4

Vučinić, D. (2021). *ULOGA I ZNAČAJ JAVNIH POLITIKA U FUNKCIONISANjU UPRAVE*. 215–224. https://doi.org/10.46793/upssix.215v