



Bridging Communities and Healthcare: Empowerment Strategies for Effective JKN Program Governance

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ABSTRACT

This research evaluates community empowerment strategies in managing the National Health Insurance Program (JKN) through role-playing simulations and participatory approaches. The collaborative method involved 10 groups of students who were given patient referral scenarios (preeclampsia, child fever, stroke) to enhance their understanding of healthcare service dynamics. Simulation results show that this method effectively enhances multidisciplinary collaboration skills, such as communication between healthcare facilities and emergency decision-making. However, challenges such as the limited number of ambulances and the low public understanding of referral procedures still hinder the implementation of JKN. Post-simulation reflections recommend continuous training for health cadres and optimizing communication technology to accelerate coordination. This study emphasizes the importance of integrating community empowerment into the JKN strategy to strengthen active community participation and achieve inclusive universal health coverage.

KEYWORDS

JKN, community empowerment, referral simulation, active participation, universal health coverage.

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INTRODUCTION

The National Health Insurance (JKN) program in Indonesia has become a cornerstone of the nation's efforts to achieve universal health coverage (UHC). However, its success hinges not only on policy design but also on the active involvement of communities in managing healthcare services. Community empowerment, defined as enabling individuals and groups to take control of their health decisions, has emerged as a critical strategy to enhance JKN's implementation (Moreno-Rangel, 2023). By fostering local leadership and participatory decision-making, empowerment aligns with global health promotion principles that emphasize sustainability and equity (RONALD LABONTE, 2000). Studies highlight that empowered communities are better equipped to navigate health systems, advocate for their needs, and hold institutions accountable, thereby strengthening the overall resilience of JKN (Mahadewi and Gayatri Adhasari).

Participatory methods, such as role-playing simulations and collaborative problem-solving, have demonstrated significant potential in educating communities about JKN mechanisms. These approaches not only improve technical knowledge but also build practical skills for addressing real-world challenges, such as patient referrals and resource allocation (Silalahi, 2024). For instance, simulations allow stakeholders to practice intersectoral collaboration, mirroring the complexities of healthcare coordination (Moreno-Rangel, 2023). Such methods resonate with frameworks that prioritize capacity-building and critical thinking, ensuring communities transition from passive beneficiaries to active contributors in health governance (RONALD LABONTE, 2000). This aligns with JKN's goal of creating a responsive system that adapts to local needs (Mahadewi and Gayatri Adhasari).

Despite progress, challenges persist in integrating community empowerment into JKN's core strategies. Issues such as inadequate communication between healthcare facilities, limited transportation infrastructure, and disparities in resource distribution undermine the program's effectiveness (Silalahi, 2024). Additionally, low awareness among families about referral procedures and entitlements often leads to delays in care (Mahadewi and Gayatri Adhasari). These challenges reflect broader systemic gaps in UHC implementation, where top-down policies struggle to accommodate grassroots dynamics (RONALD LABONTE, 2000). Addressing these requires a dual focus on strengthening local leadership and institutionalizing participatory mechanisms within JKN's operational framework (Moreno-Rangel, 2023).





Future efforts must prioritize scalable solutions that combine policy reforms with community-driven initiatives. Recommendations include expanding training for healthcare cadres, leveraging technology to improve coordination, and institutionalizing feedback loops between communities and policymakers (Silalahi, 2024). As emphasized in JKN's ten-year evaluation, strengthening primary healthcare infrastructure is vital to ensure equitable access (Mahadewi and Gayatri Adhasari). By embedding empowerment principles into JKN's fabric, Indonesia can advance toward its UHC goals while fostering a culture of collective responsibility for health (Moreno-Rangel, 2023; RONALD LABONTE).

MATERIALS AND METHODS

This activity uses a role-playing simulation method with a collaborative participatory approach (Nurtofik *et al.*, 2024). This method was chosen because it allows students to actively engage in learning by assigning specific roles (Arsyad and Sulfemi, 2018). Role-playing simulations help students understand the dynamics of patient referral handling practically, so they can face real situations in the field with more confidence ('How to Use Role-Play Method in UX Research', 2021). The collaborative participatory approach ensures that students are not just passive participants, but also active contributors in problem-solving (Farrah Jacquez, PhD, 2020).

The case scenarios are designed to include medical conditions that often require referrals, such as preeclampsia, high fever in children, and stroke (Nurtofik *et al.*, 2024). This scenario contains details about the patient's condition, initial healthcare facilities, referral objectives, and potential challenges (Rahim and Dwiprabowo, 2020). Clear roles (community health center staff, referral coordinators, etc.) help students understand practical responsibilities within the referral system (Simsarian, 2003).

The simulation was conducted with a strict time allocation (4 minutes per group) to train efficiency and cooperation (2017). Students must complete tasks such as determining referral priorities and arranging transportation, reflecting real field challenges ('How to Use Role-Play Method in UX Research', 2021). Inter-role interactions (for example, communication between community health center staff and referral coordinators) improve understanding of multidisciplinary collaboration (Simsarian, 2003).

The reflection session aims to identify lessons and constraints, such as the limitations of the ambulance fleet or inter-facility communication (2021). Reflective discussions encourage students to think critically about practical solutions, such as training staff or educating the community (Vaughn and Jacquez, 2020). This process aligns with the principles of *participatory research* which emphasizes the active involvement of participants in the evaluation (Vaughn and Jacquez, 2020).

Tools such as referral forms, route maps, and role cards support the simulation by





providing realistic context (Nurtofik *et al.*, 2024). Simulation communication tools (toy phones or chat applications) help replicate the dynamics of communication between health agencies ('How to Use Role-Play Method in UX Research', 2021). A timer is used to ensure time discipline, which is crucial in handling emergency referrals (2017).

RESULTS AND DISCUSSION

Simulation results from community empowerment activities in the context of the National Health Insurance (JKN) program demonstrate the effectiveness of participatory methods such as lectures, simulations, and mentoring in improving community understanding of JKN mechanisms (Moh Projo Angkasa, Zaenal Amirudin, Taadi Taadi, Supriyo Supriyo, Prasko Prasko, 2021). These methods not only improve participants' knowledge but also encourage active engagement in program implementation, in line with the goal of increased community participation emphasized in the JKN framework. For example, village midwives play an important role in bridging health services and community needs, acting as local leaders who facilitate access to JKN benefits while promoting preventive care. However, challenges remain in ensuring consistent capacity building efforts, particularly in assessing local health issues and strengthening leadership structures. The simulation also highlights the urgency of integrating community empowerment into JKN's core strategy, as measured by the study on cadres' understanding of the program (Mochammad Bagus Qomaruddin Djazuly Chalidyanto Riris Diana Rachmayanti, 2022).

Strengthening local leadership and participatory structures is critical to addressing disparities in healthcare access (Mochammad Bagus Qomaruddin Djazuly Chalidyanto Riris Diana Rachmayanti, 2022). In addition, BPJS Kesehatan's involvement as the institutional backbone of JKN must be complemented by grassroots initiatives to ensure sustainable implementation. Future programs should prioritize continuous training and adaptive communication methods to empower communities, ensuring they become active stakeholders rather than passive recipients of healthcare services (Moh Projo Angkasa, Zaenal Amirudin, Taadi Taadi, Supriyo Supriyo, Prasko Prasko, 2021). This approach is not only in line with national health goals but also strengthens the social resilience needed to sustain universal health coverage in Indonesia.

Effectiveness of Participatory Methods in Improving Public Understanding The role-playing simulation and collaborative approach proved effective in improving students' understanding of patient referral dynamics in JKN (Moh Projo Angkasa, Zaenal Amirudin, Taadi Taadi, Supriyo Supriyo, Prasko Prasko, 2021). These methods not only strengthen technical knowledge but also train multidisciplinary collaboration skills, such as communication between puskesmas staff and referral coordinators (Mochammad Bagus Qomaruddin Djazuly Chalidyanto Riris Diana Rachmayanti, 2022). This result is in line with





studies showing that community participation-based training can improve the capacity of cadres to educate the public about JKN (Shelvy Haria Roza, Ayulia Fardila Sari, 2024). Community empowerment cadres and village midwives play a critical role as intermediaries between the JKN program and the community. In the simulation, the roles of referral coordinators and puskesmas officers reflected the importance of local leadership in ensuring smooth referral services. However, studies indicate the continued need for strengthening cadre capacity through ongoing training to address challenges such as minimal communication between health facilities (Mochammad Bagus Qomaruddin Djazuly Chalidyanto Riris Diana Rachmayanti, 2022)

Challenges in the Referral and Coordination System The simulation identified several constraints, such as limited ambulance fleets, lack of coordination between agencies, and low understanding of referrals by patients' families (Muhammad Alif Izzuddin Tjitjik Rahaju, 2022). These issues reflect the reality on the ground, where inequalities in access to transportation and communication often hamper the effectiveness of JKN (Ari Wibowo Alfian Helmi Nur Hannah Muthohharoh Ilhamda El Zuhri Elsa Navitalian Mohamad Yusuf Bona Tua Parlinggomon Parhusip Angelika Fortuna Dewi Rusdy, 2022). Therefore, recommendations such as additional fleets in remote areas and communication training for staff should be prioritized (Moh Projo Angkasa, Zaenal Amirudin, Taadi Taadi, Supriyo Supriyo, Prasko Prasko, 2021).

Integration of Community Empowerment into JKN Strategy simulation results confirmed the urgency of integrating community empowerment into JKN strategies, such as involving communities in health service planning and evaluation of health services (Aryani, 2023). This is in line with JKN's goal to increase community participation as active participants, not just beneficiaries (Moh Projo Angkasa, Zaenal Amirudin, Taadi Taadi, Supriyo Supriyo, Prasko Prasko, 2021). BPJS Kesehatan's role as program manager also needs to be supported by local initiatives, such as routine education and scenario-based simulations (Aryani, 2023). Therefore, recommendations such as additional fleets in remote areas and communication training for staff should be prioritized. Post-simulation reflection resulted in practical recommendations, such as: Improving technical training for health workers on referral mechanisms. Optimizing the use of communication technology to accelerate coordination between facilities (Ari Wibowo Alfian Helmi Nur Hannah Muthohharoh Ilhamda El Zuhri Elsa Navitalian Mohamad Yusuf Bona Tua Parlinggomon Parhusip Angelika Fortuna Dewi Rusdy, 2022). Provide ongoing education to the community on referral rights and procedures in JKN (Mochammad Bagus Qomaruddin Djazuly Chalidyanto Riris Diana Rachmayanti, 2022).







CONCLUSIONS

The study demonstrates that participatory methods, such as role-playing simulations and collaborative problem-solving, are effective in enhancing community understanding of the National Health Insurance (JKN) program's mechanisms. These approaches not only improve technical knowledge of referral systems and resource allocation but also foster active community engagement, aligning with JKN's goal of transitioning beneficiaries into proactive stakeholders. Local leaders, including village midwives and healthcare cadres, play a pivotal role in bridging gaps between health services and community needs, thereby promoting preventive care and equitable access.

However, systemic challenges persist, including inadequate transportation infrastructure, poor interagency coordination, and limited awareness among patients' families about referral procedures. These barriers highlight the need to institutionalize community empowerment within JKN's core strategies. Strengthening local leadership, optimizing communication technology, and integrating grassroots feedback into policy design are critical to addressing disparities and ensuring sustainable universal health coverage (UHC).

To advance JKN's objectives, the study recommends:

1. Expanding training for healthcare workers on referral protocols and multidisciplinary collaboration.





2. Leveraging digital tools to streamline coordination between facilities and improve emergency response.
3. Implementing continuous community education campaigns on JKN entitlements and procedures.
4. Prioritizing primary healthcare infrastructure to reduce access inequities.

By embedding empowerment principles into JKN's framework, Indonesia can enhance health system resilience, ensure equitable service delivery, and move closer to achieving UHC. This approach not only aligns with global health promotion goals but also reinforces the social cohesion necessary for sustainable healthcare governance.

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