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INNOVATIVE APPROACHES TO PUBLIC ENGAGEMENT FOR ENHANCING HEALTH QUALITY

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Abstract

The level of community participation in health programs and activities implemented by Community Health Centers (Puskesmas) remains suboptimal. This is manifested by the public's tendency to utilize these centers predominantly for curative services when ill, while health promotion and prevention initiatives are significantly underutilized. Ideally, community participation should entail active engagement throughout the entire program lifecycle—from planning and implementation to utilization and evaluation—positioning community members as strategic partners rather than passive recipients of services. This research addresses a problem formulated from several interconnected issues: the perception of community participation by government institutions as a mere procedural formality; the public's view of officials as being unresponsive to their aspirations; and a deficit in education and outreach regarding the critical role of community involvement in enhancing public health quality. Therefore, the objective of this study is to analyze potential innovations in community participation that could be implemented to improve public health outcomes and support the programs at the Puskesmas Pamulang. Employing a qualitative research methodology, this study draws upon Cohen and Uphoff's theory of participation. Data were collected through a combination of interviews, observation, and document analysis. The findings indicate that community participation is low, influenced by factors such as education levels, time constraints, procedural formalities, and the public's level of trust. Furthermore, the study reveals a lack of comprehensive, innovative strategies aimed at enhancing public health. As a key recommendation, this paper proposes the design of health gamification as a viable innovation to foster higher levels of community engagement (encompassing the planning and evaluation stages) and ultimately improve public health impacts.

Keywords: Responsiveness, Empathy, Interpersonal Communication, Customer Community Participation, Good Governance, Health Promotion, Gamification

INTRODUCTION

Puskesmas are government institutions mandated to deliver community-based health services, with their operational jurisdiction typically defined at the sub-district level by regulation. A dominant trend observed within the community is the utilization of Puskesmas primarily for curative purposes during periods of illness. Consequently, their preventive health programs and potential as partners in health promotion remain significantly underutilized. This reality underscores a suboptimal level of active community participation.

Several factors contribute to this low level of public engagement. First, institutional factors often reduce participation to a mere procedural formality rather than a mechanism for genuine public involvement. Many government bodies organize public forums or consultations solely to satisfy procedural prerequisites, meaning that the ensuing policies and programs are not authentically derived from public aspirations (Mariana, 2017, p. 216). Second, there is a pervasive public apathy toward public officials, rooted in a perception that they are unresponsive of the input. It is a common experience in the public sector for citizens to receive inadequate responses from civil servants, which reinforces a sense of being unheard and perpetuates the belief that expressing one's aspirations is a futile exercise (Luthfy, 2019, p. 170).

Third, there is a deficiency in outreach and education concerning the critical role of community participation in supporting public health policy. This results in a lack of accessible information regarding the channels through which citizens can contribute. Many individuals are unaware of the mechanisms for providing feedback on health policies or for reporting public health issues that require solutions from the relevant authorities. In this regard, it is incumbent upon the government to improve information accessibility, not only by disseminating its own initiatives but also by clarifying the community's role in co-creating a public health system that enables institutions to function more effectively.

Community participation in the health sector must be regarded as an essential component for several compelling reasons. First, the community is the subject, not the object, of health initiatives. Top-down primary health programs are often ineffective, as they are susceptible to failure and are frequently misaligned with the actual needs of the community. Second, low levels of participation diminish program effectiveness and can adversely affect the attainment of desired outcomes. Third, government institutions have a mandate to involve citizens in the formulation of public policies, programs, and activities (Marhum & Meronda, 2021, p. 145). Finally, robust participation opens avenues for innovation in designing more responsive and participatory services. Ideally, community participation in the services provided by Puskesmas should encompass active involvement throughout the entire program lifecycle—from planning and implementation to utilization and evaluation. In this model, public is positioned as a strategic partner rather than a passive recipient of benefits. Thus, the role of the Puskesmas evolves from being merely a service provider to becoming a facilitator of community empowerment, aiming to achieve optimal and sustainable public health.

To enhance community participation in efforts to improve public health quality, innovation is essential. Innovation, in this context, is not exclusively associated with technology but is understood as the process of discovering novel methods to attract public interest and encourage active involvement. This understanding aligns with the definition provided by Rogers (1983), as cited in Kristiawan (2017), who defined innovation as an idea, practice, or object that is perceived as new by an individual or group. In the context of

improving individual and community health, active participation entails citizens engaging in the dissemination of health knowledge, fostering self-awareness, and encouraging others to maintain physical well-being independently, rather than being solely reliant on curative medical treatments (Darmadi, 2009, p. 2). It is precisely these types of participatory innovations that have yet to materialize within the community.

REVIEW OF LITERATURE

Administration Public Theory

In Public Administration Theory, community participation is positioned as a key element that enables government or its implementing agencies to better understand their citizen. This includes comprehending their demographic characteristics, environmental context, and the challenges they face, thereby facilitating the collaborative development of solutions. According to this theory, community participation directly influences the effectiveness of policies, the relevance of programs, and the accountability of public institutions.

1. Public Policy Implementation
   Although Puskesmas Pamulang can design specific programs and activities intended as solutions to public health problems, achievibf the desired outputs and outcomes is severely hampered without community participation. Meaningful involvement is required across all stages from planning and implementation through to evaluation-for these initiatives to be successful
2. Public services
   As a provider of public health services, the Puskesmas Pamulang cannot fulfill its mandate effectively, identify its deficiencies, or validate the results of its improvement efforts without active community participation. Furthermore, its overarching objective of achieving a high standard of community health is unattainable if public involvement remains passive. This field fundamentally requires a solid partnership between all community stakeholders and the Puskesmas to be realized.
3. Resources
   To foster enhanced community participation in improving public health quality, the effective and efficient allocation of resources is paramount. This pertains to how resources are strategically deployed to provide for essential infrastructure as well as to secure medical personnel with specialized expertise

Public Policy Theory

According to Thomas R. Dye (1992), public policy is "whatever governments choose to do or not to do." In the context of this study, public policy pertains to governmental efforts aimed at enhancing community participation to achieve the broader goal of improving public health quality. The formulation of public policy necessitates community involvement throughout its entire process, thereby ensuring that the policy's intent—to serve as a genuine solution for the community—is realized. Public policies formulated and enacted by the government are instrumental in shaping a democratic culture, fostering a society governed by the rule of law, cultivating a moral and ethical community, and developing a civil society (Malawat, 2022).

A Health Theory Perspective

Viewing community participation through the lens of health theory reveals an intrinsic link; within this framework, public engagement is considered a fundamental component of preventive healthcare. As established in the preceding chapter, achieving a comprehensive state of public health requires a multi-faceted approach encompassing (1) promotive, (2) preventive, (3) curative, and (4) rehabilitative efforts. The successful implementation of these efforts is contingent upon a robust collaboration between the UPT Puskesmas Pamulang, as the government's designated health service provider and coordinator for the region, and an actively participating community.

Active community participation cultivates a populace that is self-reliant and conscious of its health status. This, however, does not obviate the need for formal health services or referral systems. Rather, its benefits can be observed extending into the psychological domain. Good physical health is known to enhance one's quality of life. Conversely, when an individual suffers from an illness, it can impose a distinct psychological burden. As Khasanah and Kalifia (2024, p. 335) assert, "If a person experiences physical issues, there is a high probability that their mental health will also be adversely affected." Over time, such conditions invariably lead to a diminished quality of life

The Participation Theory of Cohen and Uphoff

Community participation is understood as a dynamic process that involves the public in the decision-making, implementation, and evaluation of programs, with the objective of enhancing effectiveness, sustainability, and community empowerment. Aligning with this, Sastrodipoetra (1988), as cited in Sudiyono (2016), defines participation as spontaneous involvement accompanied by an awareness of and responsibility for the group's interests in achieving common goals. This research employs the participation theory of Cohen and Uphoff, which frames participation as a dynamic process involving the community in the decision-making, implementation, and evaluation of development programs. Theories of community participation emerged as a response to the failures of top-down development approaches, which often neglected the active role of local communities, yet the framework remains widely applicable across social, economic, and environmental contexts. Cohen and Uphoff (1980) define participation as the involvement of the community in the development process to achieve shared objectives, with an emphasis on empowerment and the equitable distribution of benefits. Their framework delineates the dimensions of participation to include what happens during (1) decision-making, (2) implementation, (3) the sharing of benefits (utilization), and (4) evaluation.

RESEARCH METHOD

This study employs a qualitative descriptive research design, grounded in a constructivist paradigm. The research was conducted at the Puskesmas Pamulang in South Tangerang. Data were collected through three primary methods: direct observation at the research site, in-depth interviews with key informants, and a review of relevant documentation and literature. Data analysis was performed using the interactive model developed by Miles and Huberman. This process involves three concurrent activities: (1) Data Reduction: The process of selecting, focusing, simplifying, abstracting, and transforming the data that appear in written-up field notes or transcriptions, (2) Data Display: An organized, compressed assembly of information that permits conclusion

drawing and action, (3) Conclusion Drawing and Verification: The final step of interpreting the displayed data to identify patterns, themes, explanations, and propositions.

RESULTS AND DISCUSSION

The observational findings of this study indicate that the overall situation at the Puskesmas Pamulang is **suboptimal** concerning both community participation, as assessed through the four indicators of Cohen and Uphoff's theory, and the status of innovation.

Tabel 1
General Capture of Community Participation

No	Participation Stage	Explanation
1	Decision-Making Stage (Planning)	• Absence of Innovation • Lack of Direct Involvement • Predominantly Representative Participation • Input Without Influence
2	Implementation Stage	• Low Overall Participation • Sporadic In-Kind Contributions • Over-reliance on Cadres
3	Utilization (Benefits) Stage	• Higher Relative Participation • Active Use of Services • Focus on Health Examinations • Dual-Purpose Forums
4	Evaluation Stage	• Low Community Involvement • Internal and Data-Driven Evaluation • Lack of Publicized Feedback Mechanisms

Decision Making Stage

As described by Dwiningrum (2011) and cited in Hutagalung (2022, p. 12), Cohen and Uphoff's concept of decision-making involves the process of identifying alternatives and reaching a consensus with the community on ideas concerning matters of common interest. In its decision-making process, the Puskesmas utilizes an instrument known as the *Survei Mawas Diri* (SMD), this tool is designed to gather data and information on community health issues, which can then be used to develop beneficial programs aimed at improving public health quality. At this stage, while the management of UPT Puskesmas Pamulang asserts that it has implemented the planning phase of participation theory, several informants interviewed for this study stated they were not involved in the Puskesmas's decision-making processes. Consequently, community participation in planning is considerably low. The mode of participation that does exist can be identified as representative, as it involves only select individuals. Community members tend to channel their opinions and complaints through intermediaries such as health *kader* or at *Posyandu* forums. Furthermore, the planning

process is characteristic of a top-down approach, with decision-making authority remaining predominantly with the Puskesmas.

The fact that community members remain unaware of planning activities or associated public forums points to several potential underlying issues: (1) A lack of transparency and insufficient socialization of planning processes; (2) Inadequate public education regarding the mechanisms and importance of community involvement; (3) Low levels of intrinsic awareness and interest in participation among the public; (4) Barriers related to individual educational background and self-confidence; (5) Potential lingering distrust of government institutions stemming from negative past experiences.

Implementation Stage

Hutagalung (2022) explains that the scope of the implementation stage in Cohen and Uphoff's theory consists of three components: (a) resource and financial contributions, (b) administration and coordination, and (c) sustainability efforts. Based on the interview results, community contributions to UPT Puskesmas Pamulang primarily fall into the resource contribution category: (1) Community members willingly provide facilities (e.g., their homes) for *Posyandu* activities to ensure the health of infants and toddlers is monitored; (2) The community supports the Supplementary Feeding Program (PMT - *Pemberian Makanan Tambahan*) by providing essential infrastructure, such as kitchens; (3) Health *kader* collaborate to prepare and provide the PMT menus. Participation at this stage can be characterized as organized, wherein health *kader*, health workers, and the Puskesmas serve as conveners for activities scheduled monthly, such as the *Posyandu* for children and the elderly. However, overall community participation is low and partial; the general public tends to remain passive, while the health *kader* are significantly more active. As noted by Karso (2022), the National Institute of Public Administration identifies participation as a core principle of good governance. Within this framework, community participation means the public is expected and encouraged to be involved in development. In the context of this study, this translates to contributing to efforts to improve public health quality, while the government, with its available resources, endeavors to act as a bridge to meet the community's needs.

Utilization (Benefits) Stage

In this stage, participation is not merely concluded when a public health program is implemented or a facility is constructed; rather, it extends to encompass how the community accesses and derives sustained benefits from the services provided by the government, in this case, the UPT Puskesmas Pamulang. From the programs and activities organized by the Puskesmas, the community is considered to have derived the following benefits:

a. Economic Benefits:
- Affordability: Access to highly affordable healthcare services due to government subsidies.
- Productivity: Increased individual productivity resulting from improved health.

b. Social Benefits:
- Accessibility: Broader access to a range of health facilities and services.
- Social Cohesion: The strengthening of community and social networks.
- Health Literacy: An improvement in overall public health and an increase in health-related knowledge.

c. Psychological Benefits:

- Empowerment: Fostering social support and a sense of ownership over health-related activities.
- Reduced Stigma: A decrease in the reluctance or embarrassment associated with seeking medical examinations.
- Self-Esteem: An increase in participants' self-confidence and self-worth.

d. Political Benefits:

- Public Trust: Increased community trust in the government and its institutions.
- Accountability: Enhanced public oversight of government agencies.
- Development Indicator: Serves as a tangible indicator of successful local development.

Evaluation Stage

The evaluation stage then forms a continuous cycle, linking back to the decision-making phase to identify which elements were flawed, require improvement, or should be eliminated. Kaho, as cited in Hutagalung (2022), offers a similar perspective on evaluation, which assesses two key aspects: whether the programs designed to improve public health were implemented as planned, and what role the community plays in sustaining the achieved outcomes. Based on these different types of participation, the author posits that the dominant mode of engagement among the general community and patients within the UPT Puskesmas Pamulang's working area is passive participation. This is attributed to several factors:

- The community's tendency to use the Puskesmas solely as a transactional service provider.
- A deficient understanding among citizens of their own potential role and responsibilities in the participatory process.
- The absence of effective outreach and information from the Puskesmas regarding the community's rights and channels for engagement.

Factors Inhibiting Participation

An analysis guided by the indicators of Cohen and Uphoff's theory reveals that community participation at UPT Puskesmas Pamulang trends towards passivity, with residents being insufficiently involved in the institution's efforts to improve public health quality. According to Cohen and Uphoff's framework, several factors constrain the community's ability to play an active role across all stages: (1) Inadequate Public Education: A general lack of knowledge within the community regarding health issues and participatory processes; (2) Time Constraints**:** The lengthy time required to gather meaningful and high-quality community input; (3) Institutional Misconceptions: A flawed understanding of community participation within the public service, where it is often treated as a mere formality or tokenism; (4) Low Public Trust: The level of community trust in the Puskesmas as an institution; (5) Lack of Self-Confidence**:** Low self-confidence among community members when it comes to voicing their opinions and aspirations.

Innovation in Community Participation to Improve Public Health

While public health is an individual responsibility, government intervention is deemed necessary when disease prevalence and the associated national fiscal burden for healthcare increase. An innovative idea proposed to enhance public health and encourage active health monitoring is Health Gamification. Health gamification is an approach that seeks to improve individual health outcomes, which can scale to the national level, as demonstrated by its successful implementation in Singapore. The Singaporean government

not only guarantees healthcare services (similar to Indonesia) but also actively promotes preventive health measures. This aligns with the view of Deterding et al. (2011), as cited by Simaremare et al. (2025, p. 22689), who argue that gamification is beneficial for increasing motivation and strengthening engagement in a fun and challenge-based manner. Furthermore, gamification has significant potential to create experiences that drive active citizen participation, particularly in contexts previously perceived as monotonous. This study proposes that the principles of Cohen and Uphoff's theory can be integrated with health gamification as follows:

Tabel 2
Implementation Cohen & Uphoff's Theory on Health Gamification

No	Participation Stage	Explanation
1	Decision-Making Stage (Planning)	• Co-design; the activities that will become the gamified challenges in a collaborative public forum with all community stakeholders • Establish; the rules of the game, data validation methods, and the incentives for achievements
2	Implementation Stage	• Community members and groups actively engage in the gamified health activities, while health *kader* take on roles of field monitoring and supervision • Community members mutually encourage and remind one another to participate
3	Utilization (Benefits) Stage	• The Puskesmas monitors community-level health data to determine if there are significant improvements in health outcomes
4	Evaluation Stage	• Conducting joint Evaluation of the program's implementation and outcomes • Assessing the direct impacts and benefits of the gamification initiative and collaboratively planning for its long-term sustainability

Supporting this approach, research by Yang and Han (2025) concludes that the Chinese government is increasingly applying gamification mechanisms to encourage citizen participation in chronic disease management programs. The study found that the resulting social interactions successfully transformed self-management from a monotonous obligation into an engaging experience

Expectation for Change Through Participation Innovation

Based on the data and analysis indicating that community participation tends to be low across all stages, it is hoped that the proposed innovation will enable the realization of tangible change.

1. Enhancing the Stages of Planning, Implementation, Utilization, and Evaluation
   Gamification can serve as a medium to enhance participation across the entire cycle:
   - Planning: In the planning stage, the public is actively involved in determining the challenges, physical activities, and achievement rewards. This reinforces participation from the outset and fosters a sense of shared ownership over the innovation.
   - Implementation: The tangible involvement of citizens in executing the program materializes during the implementation stage. Activities become more interactive, and the active roles of health *kader,* community leaders, and residents are strengthened.
   - Utilization: In the utilization stage, gamification helps the community obtain more tangible and directly-felt benefits, while also ensuring that these benefits are more equitably distributed among all individuals.
   - Evaluation: Furthermore, gamification can provide more realistic, real-time data, allowing for evaluation to be conducted collaboratively between the Puskesmas and the community.
2. Fostering Active Participation and Improving Public Health
   Gamification ensures that health programs are no longer perceived as tedious but rather as enjoyable. This is a critical advantage, considering that participation is often low due to a lack of public awareness and motivation.

Numerous studies have shown that gamification offers substantial benefits for societal transformation, elevating contexts from a state of monotony and low engagement to one of active participation. Similarly, this innovation in health gamification is anticipated to drive a significant shift in public lifestyle patterns, fostering greater health consciousness and culminating in the achievement of high-quality health outcomes.

CONCLUSION

A solid collaboration between the community and the UPT Puskesmas Pamulang is essential for realizing a healthy society with improved health quality. The author concludes that the current state of community participation in relation to the Puskesmas remains insufficient and tends towards passivity, a condition influenced by several underlying factors. From the research conducted, the author draws the following conclusions:

1. Transforming the Community's Role: An innovation in participation can transform the community's role from that of a passive recipient of health services into an active subject in the effort to improve health quality. This innovation encourages the community not merely to rely on the Puskesmas as a public health partner, but to build internal awareness and take initiative in maintaining and improving health at both the individual and community levels.
2. Addressing Sub-Optimal Participation with Innovation: The sub-optimal condition of participation across all stages necessitates an innovation capable of delivering a significant impact. Health gamification is proposed as a medium to boost community participation, with the goals of achieving higher engagement rates and enhancing public

health quality. The success of this approach in Singapore and China demonstrates that gamification can effectively transform monotonous participation into an engaging and impactful experience.

3. Conditions for Success: The success of this initiative is contingent upon the ability to maximize enabling factors and mitigate inhibiting factors.
   - Enabling Factors: (1) Public commitment, (2) Responsive health *kader*, (3) Strong community solidarity, (4) Institutional support, and (5) A rewards system to ensure sustainability.
   - Inhibiting Factors**:** (1) Prevailing community mindsets, (2) Gaps in understanding, (3) Resource limitations, and (4) Weak evaluation mechanisms.
4. The Need for Strategic Government Intervention: Improving public health quality yields significant long-term impacts. Therefore, it requires planned, strategic, and community-needs-based government intervention as a core component of public policy. This intervention must emphasize both the strengthening of primary care services and the promotion of active community involvement.

REFERENCES

Basuki, J. (2019). *Administrasi Publik Telaah Teoritis dan Empiris*. PT. Rajagrafindo Persada.

Diharto, K. A. (2022). *Manajemen Inovasi dan Kreativitas*. Gerbang Media.

Fiantika, F.R., Wasil, M., Jumiyati, S., dkk. (2022). *Metode Penelitian Kualitatif*. PT. Global Eksekutif Teknologi.

Hasnidar, Tasnim, Sitorus, S., dkk. (2020). *Ilmu Kesehatan Masyarakat*. Yayasan Kita Menulis.

Hutagalung, S. S. (2022). *Partisipasi dan Pemberdayaan di Sektor Publik*. CV. Literasi Nusantara Abadi.

Karso, A. J. (2022). *Buku Ajar Good Governance*. Penerbit Samudra Biru.

Kholifah, N., Subakti, H., Saputro, A. N. C., dkk. (2021). *Inovasi Pendidikan*. Yayasan Kita Menulis.

Kristiawan M., Suryanti I., Muntazir M., dkk.. (2018). *Inovasi Pendidikan.* Wade Group. Diakses dari https://www.researchgate.net/publication/326147438

Malawat, S. H. (2022). *Buku Ajar Pengantar Administrasi Publik*. Universitas Islam Kalimantan Muhammad Arsyad Al-Banjary Banjarmasin.

Naamy, H.N. (2019). *Metodologi Penelitian Kualitatif*. Pusat Penelitian dan Publikasi Ilmiah LP2M UIN Mataram.

Pramono, J. (2020). *Implementasi dan Evaluasi Kebijakan Publik*. UNISRI Press.

Puspitadewi, R. T., Muliana, H., Sugiarto, dkk. (2022). *Ilmu Kesehatan Masyarakat.* Zahir Publishing.

Sinaga D. (2016). *Buku Ajar Metodologi Penelitian*. UKI PRESS Jakarta.

Sudiyono, Lue. (2016). *Model Partisipasi Masyarakat dalam Pembangunan Pendidikan*. Yogyakarta.

Sugiyono. (2022). *Metode Penelitian Kualitatif.* Alfabeta Bandung. Diakses dari https://www.scribd.com/document/691644831/Metode-Penelitian-2022-SUGIYONO

Sunarjo, W. A. (2024). *Buku Ajar Manajemen Inovasi*. PT. Nasya Expanding Management.

Sutrio, Hidayat, S. N., Bertalina H., dkk. (2020). *Ilmu Kesehatan Masyarakat.* PT. Literasi Nusantara Abadi Grup.

Wirata, G., Astawa, I. W., Sulandari, S., dkk. (2024). *Buku Ajar Administrasi Publik*. PT. Media Penerbit Indonesia.

Anita, B., Febriawati, H., Yandrizal. (2016). *The Role of Public Health Centers (Puskesmas) as The Gatekeeper of National Health Insurance*. Jurnal Kesehatan Masyarakat, 12(1), 76-89, http://dx.doi.org/10.15294/kemas.v12i1.3933

Darmadi, I. M. (2009). *Partisipasi Masyarakat Pada Pelayanan Kesehatan Terstruktur Dan Paripurna*.https://www.researchgate.net/publication/376072059_Peran_Serta_Masyarakat_dalam_Perencanaan_Pelaksanaan_Pemantauan_dan_Penilaian_Program_Kesehatan_di_Indonesia

Luthfy, R. M. (2019). Hubungan Antara Partisipasi Masyarakat, Pembentukan Undang-Undang dan Judicial Review. *Al-Daulah: Jurnal Hukum Dan Perundangan Islam*, *9*(1), 168–193. https://doi.org/10.15642/ad.2019.9.1.168-193

Marhum, U., & Meronda, M. (2021). Partisipasi Masyarakat Dalam Pembentukan Peraturan Desa Menurut Undang-Undang Nomor 6 Tahun 2014: Studi Kasus Desa Wawosanggula Kecamatan Puriala, Konawe, Sulawesi Tenggara. *Intelektiva: Jurnal Ekonomi, Sosial & Humaniora*, *2*(12), 141–149. https://www.jurnalintelektiva.com/index.php/jurnal/article/view/614

Mariana, D. (2017). Partisipasi Masyarakat Dalam Proses Kebijakan. *CosmoGov*, *1*(2), 216–229. https://doi.org/10.24198/cosmogov.v1i2.11834

Maros A., Sunaryo J., Hidayat N.A. (2020). Faktor Penghambat Partisipasi Masyarakat Dalam Perencanaan Pembangunan Di Desa Teluk Panjang. Universitas Muhammadiyah Tangerang, *2*(2), 1-6, https://doi.org/10.31000/sinamu.v2i0.3234

Mone, A., Mustari, N., Makassar, U. M., Makassar, U. M., & Makassar, U. M. (2021). Efektivitas Program Inovasi Desa Budi Daya Jamur. *Kajian Ilmiah Mahasiswa Administrasi Publik*, *2*(April), 590–604. https://doi.org/10.26618/kimap.v2i2.3847

Permatasari, M., Eprilianto, D. (2023). *Analisis Partisipasi Masyarakat Dalam Mencapai Zero Stunting Di Kelurahan Bulak Banteng Kecamatan Kenjeran Kota Surabaya. Jurnal Publika, 11(4), 2637-2650.* https://doi.org//10.26740/publika.v11n4.p2637-2650

Place, T., & Care, B. (2023). *Healthier SG Teams : a Paradigm Shift In Population Health Care Delivery*. *Singapore Medical Journal*, *66(5)*(Juni 2023), 237–239. https://doi.org/10.4103/singaporemedj.SMJ-2023-065

Putri, L., Iqbal, M., & Ramdani, R. F. (2025). The Influence of Perceptions of Convenience, Benefits, and Risks on Interest in Using Financial Technology (Gopay) in Gen Z in Bandar Lampung City . *Majapahit Journal of Islamic Finance and Management*, *5*(4), 3354–3373. https://doi.org/10.31538/mjifm.v5i4.552

Rahman, N., Nuringwahyu, S., Hardati, R. N. (2021). (2023). Partisipasi Masyarakat Dalam Meningkatkan Kualitas Pelayanan Kepada Masyarakat. *JIAGABI (Jurnal Ilmu Administrasi Niaga/Bisnis)*, *22(2)*, 101-108. https://doi.org/10.51826/fokus.v22i2.1237

Riyanto, M., Kovalenko, V. (2023). Partisipasi Masyarakat Menuju Negara Kesejahteraan: Memahami Pentingnya Peran Aktif Masyarakat Dalam Mewujudkan Kesejahteraan Bersama. Jurnal Pembangunan Hukum Indonesia.

Simaremare, T. A., Eka, T., Nasution, Z., Siregar, H., Welfare, S., & Utara, U. S. (2025). *Gamifikasi dalam Layanan Sosial : Inovasi Manajerial untuk Meningkatkan Partisipasi Masyarakat Miskin Kota Medan*. *9*(2008), 22688–22694. https://doi.org/https//doi.org/10.31004/jptam.v9i2.30212

The, A. S., Of, G., & Health, N. (2016). *The Role of Public Health Centers (Puskesmas) As The Gatekeeper of National Health Insurance*. *Jurnal Kesehatan Masyarakat*. *12*(October 2014), 76–89. https://doi.org/http://dx.doi.org/10.15294/kemas.v12i1.3933

Tunnizha, M., Haeruddin, Arman, et al. (2023). Faktor-Faktor yang Berhubungan dengan Partisipasi Masyarakat dalam Pemanfaatan Layanan Promosi Kesehatan di Daerah Pegunungan Enrekang. *Journal of Muslim Community Health (JMCH)*, *4*(3), 143–156. https://doi.org/https://doi.org/#10.52103/jmch.v4i3.1139

Yang, R., Han, Y. (2025) *Digital Nudges And Gamification: How The China State Promotes Citizens To Manage Chronic Diseases In Neighborhoods*. *BMC Public Health* **25**, 3928 (2025). https://doi.org/10.1186/s12889-025-25381-6

Kementerian Kesehatan RI. (2019). Pusat Kesehatan Masyarakat (Undang-undang Nomor 43 tahun 2019). Jakarta. Diakses dari https://peraturan.bpk.go.id/Details/138635/permenkes-no-43-tahun-2019

Kementerian Kesehatan RI. (2024). Penyelenggaraan Pusat Kesehatan Masyarakat (Peraturan Menteri Kesehatan Nomor 19 Tahun 2024). Jakarta. Diakses dari https://peraturan.bpk.go.id/Details/312837/permenkes-no-19-tahun-2024

Pemerintah Pusat RI. (2023). Penyelenggaraan Pusat Kesehatan Masyarakat (Undang-undang Nomor 17 Tahun 2023 tentang Kesehatan). Jakarta. Diakses dari https://peraturan.bpk.go.id/details/258028/uu-no-17-tahun-2023

Inovasi. (2025). Dalam Wikipedia. Diakses 6 Mei 2025, dari https://id.wikipedia.org/wiki/Inovasi

https://petatematikindo.wordpress.com/2015/12/24/administrasi-kota-tangerang-selatan/

Dinas Kependudukan dan Pencatatan Sipil. (2026). Website : https://disdukcapil.tangerangselatankota.go.id/uploads/demografi/KESELURUHAN1754887457946.pdf

Health Promotion Board, Singapore. (2025). Website : www.hpb.gov.sg

Kementerian Kesehatan Republik Indonesia. (2025). Website : https://www.kemkes.go.id/id/50-juta-warga-ikut-cek-kesehatan-gratis-kemenkes-ungkap-masalah-kesehatan-masyarakat