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Analysis Public Response to the Free Health Check-Up Policy

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ABSTRACT

The implementation of the Free Health Check Policy, which provides complimentary health screening services to all Indonesian citizens at community health centers (Puskesmas), was initiated to improve public access to healthcare services, increase awareness of the importance of regular health examinations, and encourage greater community participation in preventive health practices. The policy is implemented through the early detection of risk factors and pre-disease conditions by Puskesmas, enabling timely interventions to prevent the onset of diseases or to stop existing conditions from progressing to more severe stages, thereby making treatment more effective. This study aims to examine the extent to which the community in Makassar City, particularly those within the service area of Sudiang Community Health Center (Puskesmas Sudiang), has accessed this service and to identify the challenges encountered in implementing the policy. This research employed a descriptive qualitative approach, with data collected through interviews, observations, documentation, and document analysis, followed by data interpretation and conclusion drawing. The findings indicate that the program has not been adequately disseminated to the public. Since its launch in February 2025, the program has reached only 3% of the total target population within the service area of Puskesmas Sudiang, based on data obtained from the ASIK application dashboard as of May 17, 2026. The study reveals that this low level of participation is primarily attributable to insufficient public dissemination of the program, limited resources, and suboptimal support from healthcare personnel.

INTRODUCTION

Public policy is a series of decisions or actions taken by the government to address problems faced by society or to achieve certain goals in social, economic, and political life. Public policy is born from the needs and problems of society. However, good policy formulation alone is not enough to achieve the desired results. Policy implementation becomes a very important stage in ensuring that the policy can be carried out effectively and has a positive impact on society (Maharaksa et al., 2025).

The process of public policy implementation involves various actors, both at the central and regional government levels, as well as the private sector and society. The success or failure of a policy greatly depends on how the policy is translated into real action in the field. Therefore, the main challenge in policy implementation is how to overcome emerging obstacles, such as limited resources, misalignment between policy objectives and local interests, and resistance from certain groups in society. In the perspective of public policy, the success of a policy is not only determined by the quality of its formulation but also by the effectiveness of its implementation at the executive level so that the goals that have been set can be achieved optimally (Sulistyowati & Isnugroho, 2024).

According to Law of the Republic of Indonesia No. 36 of 2009 concerning Health, the vision of health development is "to increase awareness, willingness, and ability to live healthily for every person so that the highest degree of public health is realized, as an investment in human resources that are socially and economically productive." Health promotion, which is part of the public health program in Indonesia, must take part in realizing this vision of health development. Thus, health promotion is defined as "a society that is willing and able to maintain and improve its health" (Syamsul et al., 2022).

The shift in the disease pattern in Indonesia from infectious diseases to non-communicable diseases (NCDs) poses a serious challenge to national health development. Diseases such as hypertension, diabetes mellitus, heart disease, and cancer have increased in prevalence, influenced by lifestyle changes, low physical activity, unhealthy consumption patterns, and low public awareness to undergo regular health check-ups. Most of these diseases develop without symptoms in the early stages, so they are often only diagnosed when they have entered an advanced stage. This condition leads to high treatment costs, increased morbidity, and a decreased quality of life (Kementerian Kesehatan RI, 2025).

One of the eight Asta Cita Missions of the elected President for the 2024-2029 period includes human resource development aimed at creating a healthy, productive, and globally competitive Indonesian society. This is in line with the vision of health development and, with the shift in disease patterns towards non-communicable diseases, a policy in the form of the Free Health Check-Up program was created as an effort for early detection of diseases, launched since February 2025 (Kementerian Kesehatan RI, 2025). The legal basis for the implementation of the Free Health Check-Up includes the Minister of Health Circular Letter No. HK.02.01/Menkes/2002/2024 concerning Preparation and Implementation of Free Health Check-ups on Birthdays, the Minister of Home Affairs Circular Letter No. 400.5.2/290/SJ concerning Support for the Implementation of Free Health Check-ups, the Minister of Health Decree No. HK.01.07/Menkes/33/2025 concerning Technical Guidelines for Free Birthday Check-ups, followed by the Minister of Health Circular Letter No. HK.02.01/Menkes/731/2025 concerning Increasing the Implementation of Free Birthday Health Check-ups and School Free Health Check-ups. South Sulawesi Province itself issued the Governor of South Sulawesi Circular Letter No. 100.3.4/1014/2025/Dinkes concerning Support for the Implementation of Free Health Check-ups, and the Mayor of Makassar Regulation No. 20 of 2026 concerning Support for the Implementation of Free Health Check-ups.

As an effort to strengthen primary health care and improve healthy living culture, the Indonesian government launched the Free Health Check-Up Program (CKG) as one of the national priority programs. This program provides an opportunity for all Indonesian people to obtain a health check-up once a year free of charge according to the life cycle, with the aim of detecting risk factors, pre-disease conditions, or diseases early so that interventions can be carried out more quickly and effectively (Kementerian Kesehatan RI, 2025). The program also implements the health transformation paradigm that emphasizes promotive and preventive aspects rather than merely a curative approach. The success of implementing a public policy is greatly influenced by the government's ability to communicate the policy to the public, the availability of resources, the commitment of implementers, and the bureaucratic structure that supports program implementation (Valenti et al., 2026).

According to Edward III (1980), the aspects of communication, resources, disposition, and bureaucracy are the main factors that determine the effectiveness of policy implementation (Edward III, 1980; Sunarto, 2021). Edward III identified four critical factors or variables in implementing public policy: communication, resources, dispositions or attitudes, and bureaucratic structure, which simultaneously interact with one another to either help or hinder the implementation of government policies (Edward III, 1983, pp. 10-12; Wanti & Wibawani, 2024). Thus, the success of the Free Health Check-Up Program is not only determined by the existence of regulations but also by the extent to which the policy is understood, accepted, and utilized by the community as the target group. Although the Free Health Check-Up Program has strategic objectives, its implementation in various regions still faces various obstacles. Ammara & Ghaniya (2023) showed that the implementation of the program at the UPT Puskesmas Medan Johor still faces obstacles in the form of low digital literacy, weak coordination between agencies, and suboptimal service mechanisms for vulnerable groups. These findings indicate that the success of health policy implementation does not only depend on policy design but is also influenced by social conditions, the capacity of implementing organizations, and the characteristics of the community as beneficiaries.

A similar phenomenon is also seen in Makassar City. Based on data from the ASIK Application Dashboard as of May 17, 2026, the achievement of the Free Health Check-Up Program in the working area of Puskesmas Sudiang has only reached about 3% of the total population target since the program was launched in February 2025. This percentage shows that the level of service utilization is still very low compared to the number of people entitled to receive services. This low coverage indicates a gap between policy objectives and their implementation in the field. This condition is thought to be related to suboptimal program socialization, limited human resources and supporting facilities, and less than optimal support from program implementers in encouraging community participation.

This study aims to analyze the implementation of the Free Health Check-Up Policy at Puskesmas Sudiang, Makassar City, and identify the factors that influence its implementation using the George C. Edward III policy implementation model, which includes aspects of communication, resources, disposition, and bureaucratic structure.

METHODS

This study uses a qualitative approach with a descriptive research design. The qualitative approach was chosen because this study aims to obtain an in-depth understanding of the implementation of the Free Health Check-Up Policy at Puskesmas Sudiang, Makassar City, and to identify the various factors that influence the implementation of the policy (Nurrisa & Hermina, 2025). Through this approach, researchers can explore comprehensive information regarding the experiences, perceptions, and responses of policy implementers and the community as beneficiaries. The descriptive design provides a depiction of the actual conditions of policy implementation based on facts found in the field without manipulating the research object.

The research was conducted at Puskesmas Sudiang, Makassar City, South Sulawesi. The location was chosen by considering that the puskesmas, as a relevant health service facility for the phenomenon to be studied, has good accessibility and data availability. The Sudiang Puskesmas area is not in the city center, so it is expected that public enthusiasm/interest in accessing this service is quite high, which is then linked to initial data where achievements are still relatively low compared to the targets set. This condition makes the research location relevant for examining the various factors that influence policy implementation and the obstacles faced in its implementation.

The data sources used consist of primary data and secondary data. Primary data were obtained directly through in-depth interviews and observations of informants involved in program implementation. Informants were selected using a purposive sampling technique based on their knowledge, experience, and involvement in policy implementation. The research informants included the Head of Puskesmas Sudiang, the person in charge of the Free Health Check-Up Program at Puskesmas Sudiang, health workers implementing the program, community members who have utilized the service, community members in the working area of Puskesmas Sudiang, as well as representatives from the Makassar City Health Office and the South Sulawesi Provincial Health Office as program holders. Meanwhile, secondary data were obtained through the review of various documents, such as the Minister of Health Decree on Technical Guidelines for Free Health Check-ups, program achievement reports, puskesmas profiles, policy documents, scientific journals, books, and other documents relevant to the research focus.

Data collection was carried out through three techniques: in-depth interviews to explore the subjective views and experiences of participants, participant observation to capture behavior involved in the implementation process and the implementation process itself, and documentation (Rozaq et al., 2026).

Observation was conducted directly on the implementation of the Free Health Check-Up Program at Puskesmas Sudiang to obtain an overview of the service flow, implementation process, and interactions between health workers and the community or participants. In-depth interviews were conducted semi-structurally using interview guides so that researchers still had the flexibility to explore information that developed during the research process. Documentation was carried out by collecting various supporting documents, activity photos, program implementation reports, and statistical data related to policy implementation.

The main instrument in this study was the researcher (human instrument), while supporting instruments included observation guides, interview guides, voice recorders, cameras, field note books, and documentation sheets. The use of these various instruments aims to obtain complete and accurate data in accordance with the research focus. Data validity was maintained through source triangulation, technique triangulation, and time triangulation. Source triangulation was done by comparing information obtained from various informants, while technique triangulation was done by comparing the results of interviews, observations, and documentation. Time triangulation was carried out through data collection at different times to ensure the consistency of the information obtained (Nurrisa & Hermina, 2025).

Data analysis was carried out interactively using the Miles, Huberman, and Saldaña model, which includes data condensation, data presentation, and conclusion drawing and verification. The data condensation stage was carried out by selecting, simplifying, and grouping data according to the research focus. Furthermore, the data were presented in the form of narrative descriptions, matrices, and tables to facilitate the interpretation process. The final stage was drawing conclusions through a continuous verification process so that the research results truly reflect the conditions of the implementation of the Free Health Check-Up Program at Puskesmas Sudiang, Makassar City, based on the perspective of George C. Edward III's policy implementation model, which includes aspects of communication, resources, disposition, and bureaucratic structure (Edward III, 1980; Sunarto, 2021).

RESULTS

This study provides an overview of the implementation of the Free Health Check-Up Program at Puskesmas Sudiang, Makassar City, based on data obtained during the research. The results are presented in narrative form based on the perspective of George Edward III's policy implementation model, which includes aspects of communication, resources, implementer disposition, bureaucratic structure, an overview of implementation, and community responses to program implementation (Edward III, 1980; Wanti & Wibawani, 2024).

The Free Health Check-Up Program has been implemented at Puskesmas Sudiang since February 2025. Services are provided to the community once a year according to the life cycle in accordance with applicable regulations, with stages of registration, identity verification, health check-up, recording of examination results, consultation with health workers, and follow-up in the form of education, therapy, or referral if risk factors or health problems are found (Kementerian Kesehatan RI, 2025).

Documentation data shows that the total target population in the working area of Puskesmas Sudiang is 66,821 people. As of May 17, 2026, the number of people who have utilized the Free Health Check-Up Program is 2,131 people, so the service achievement is at 3% of the total target since the program was launched in February 2025. Table 1. Achievement of the Free Health Check-Up Program at Puskesmas Sudiang as of May 17, 2026

Table 1. Achievement of the Free Health Check-Up Program at Puskesmas Sudiang as of May 17, 2026

Description	Amount
Target population	66,821 people
Number of CKG participants	2,131 people
Achievement percentage	3%

Based on observations, the service takes place according to the established flow. People who want to access this service can register online through the Satu Sehat application and do self-screening. They can also register offline by coming directly to the puskesmas. Officers at the registration counter will verify population data and record it. Furthermore, participants will be directed to the examination room. The next stage is the follow-up stage. The examination results will determine what kind of follow-up will be given to participants.

Interview results show that the delivery of information regarding the Free Health Check-Up Program has not been conveyed widely and evenly. Forms of socialization include counseling to the community, dissemination of information through the official puskesmas social media, health cadre WhatsApp groups, installation of banners, posters, and delivery of information to people who come for treatment at the puskesmas, which are still very minimal.

Although various media have been used, interview results with the community show that many people still do not know about this service. Some participants knew about the program from health workers when visiting the puskesmas, while others obtained information from family, neighbors, offices, or health cadres. Even most informants stated that they had never received information about the Free Health Check-Up Program before the research was conducted. Observation results also show that health promotion media is still very minimal in residential areas in the working area of the puskesmas. This finding is consistent with the challenges identified by the Ministry of Health, which noted that limited public awareness of the program and the continued concentration of services at puskesmas that have not yet reached the wider community who do not visit them are key obstacles (Aji Muhawarman, 2026; Antara News, 2026).

The implementation of the Free Health Check-Up Program is supported by health workers consisting of doctors, nurses, midwives, laboratory personnel, nutritionists, health promotion officers, administrative staff, and other support staff. All officers have received task assignments according to their respective fields in accordance with the puskesmas Work Team Decree. Service facilities used include registration rooms, general examination rooms, laboratory rooms, consultation rooms, as well as the use of medical devices such as sphygmomanometers, anthropometry, blood testing equipment, other supporting examination equipment, computers, internet networks, and the ASIK application as a medium for recording examination results. During the observation, all main facilities could be used to provide services to participants. Laboratory examinations were carried out according to the type of examination needed by participants based on age group or initial screening results, but were often constrained by limited consumable medical materials and medical devices, so not all Free Health Check-Up participants could be served. This reflects the broader challenge noted by the Ministry of Health that the availability of equipment, consumable medical supplies, and human resources is uneven, so not all community health centers can provide comprehensive services (Aji Muhawarman, 2026).

The results showed that the implementation of the Free Health Check-Up Program at Puskesmas Sudiang has involved all health workers according to the division of tasks and responsibilities determined by the puskesmas. Each officer carries out their respective functions according to their competence and authority so that the entire series of services can take place in a structured manner. The service process begins when participants come to the registration counter for identity verification and administration, then continues with a health check-up according to age group and medical indications, consultation with health workers, and provision of education and follow-up based on examination results. All stages of service are carried out

sequentially without any skipped stages.

During the service process, based on observation results, health workers were very minimal in providing explanations to participants regarding the purpose and benefits of the Free Health Check-Up Program, the stages of examination to be undergone, the types of examinations to be carried out, what follow-up will be given, and what steps to take after participating in this program.

In addition to conveying examination results, officers are expected to also provide information and education to participants as part of the service. Educational materials provided include the application of a healthy lifestyle, the importance of maintaining regular physical activity, regulating a balanced diet, weight control, smoking cessation, and compliance in taking medication for participants who already have a history of certain diseases. Participants who require further monitoring are also given information regarding the next control schedule or referral procedures to advanced health service facilities if the examination results indicate the need for further treatment. Based on observation results, not all educational processes were carried out by officers due to limited numbers of staff, officers who were indeed less communicative, or participants' lack of curiosity regarding their health conditions.

The results also showed that the implementation of the Free Health Check-Up Program at Puskesmas Sudiang has a clear working mechanism. The program implementation structure has been established through the division of tasks to each officer according to the service field, reinforced by the existence of the Puskesmas Sudiang Work Team Decree. Each health worker understands their role and responsibilities so that the service flow takes place systematically from the registration process, examination, recording of examination results, medical consultation, to service follow-up. This division of tasks facilitates coordination between service units so that each participant receives services according to applicable procedures.

Based on documentation results, all service activities refer to Standard Operating Procedures (SOP), but not all examinations are carried out in accordance with the applicable Technical Guidelines for the Free Health Check-Up Program due to limited human resources, consumable medical materials, and medical devices.

Each participant's examination results are recorded electronically using the ASIK application as the health information system used in program implementation. Recording is done immediately after the examination is completed, but there are also cases where it is not done immediately if the Free Health Check-Up service is carried out collectively, for example in Community Free Health Check-Ups, so that all participant data is fully documented. Furthermore, the data that has been entered into the system is recapitulated as part of routine reporting to the Health Office according to established mechanisms. Because recording is digital-based, internet network stability is highly required. When the network is down, the process of inputting participant data is hampered, as is the case if there are problems related to population data that cause participant data to not be entered into the application even though they have been served. Observation results also show that internal coordination is carried out continuously through communication between officers during the service. If a participant is found with examination results that require further treatment, officers immediately coordinate with relevant health workers to determine the form of follow-up, whether in the form of health counseling, therapy, periodic monitoring, or referral to health service facilities that have more complete services.

Community responses through interview results show that participants who have participated in the Free Health Check-Up Program generally gave positive responses to the services received, especially those registered as Community Free Health Check-Up participants because they did not need to set aside special time to come to health facilities to access this service with the presence of health workers at their offices to conduct examinations. Based on observation results, the service process took place in an orderly manner with an easy-to-follow flow. Participants also assessed that officers provided services in a friendly manner, but most participants did not know the benefits and objectives of participating in this program. In addition, participants stated that the entire series of examinations could be obtained free of charge, so the program was considered beneficial for the community, especially for those who experience economic barriers.

In accordance with the technical implementation guidelines, after obtaining examination results, participants should receive an explanation of the efforts that can be made to maintain their health condition, including lifestyle changes, dietary regulation, increased physical activity, and the importance of undergoing regular health check-ups. This information is considered to help participants better understand their health condition and increase awareness in maintaining health. However, observation results show that this stage/process was not optimally carried out by officers. This is reinforced by interview results with people who have utilized this service, stating that they did not receive further explanation regarding their health condition based on the examination results. If there was any, the information was very brief.

Some informants stated that they did not know about the existence of the program or the benefits offered. Others admitted that they did not understand the registration mechanism, service requirements, and program implementation time. There were also informants who assumed that a health check-up was not necessary because they did not feel any complaints or health problems. In addition, some people stated that information about the program had not been widely obtained in their residential areas, so they did not know

how to access the service.

Field observations showed that the number of participants participating in the Free Health Check-Up Program each day was still relatively small compared to the number of community visits utilizing general services at Puskesmas Sudiang. Most participants who took part in the program were people who obtained information directly from health workers, health cadres, office colleagues, and after coming for treatment at the puskesmas.

Documentation of program implementation shows that all service stages are available and running, from the registration process, health check-up, medical consultation, education provision, to follow-up of examination results. All service results have been documented through the electronic reporting system in accordance with applicable regulations. Overall, the research results show that the Free Health Check-Up Program has been implemented at Puskesmas Sudiang in accordance with the established service mechanisms. Program implementation is supported by health workers who carry out their duties according to the division of work, the availability of service facilities and infrastructure, the use of the ASIK application as an electronic recording system, and the existence of service procedures that serve as guidelines for activity implementation. However, based on program achievement data as of May 17, 2026, the number of participants who have utilized the service has only reached 2,131 people or about 3% of the total target of 66,821 people. Interview, observation, and documentation results also show that the level of public knowledge about the Free Health Check-Up Program is still varied. Some people have understood the purpose and mechanism of the service, while most others do not yet know about the existence of the program or the procedures for obtaining the services provided by Puskesmas Sudiang.

DISCUSSION

Implementation is a stage that greatly determines the success of a public policy in realizing the goals that have been formulated at the planning stage. A policy, although it has been systematically prepared based on community needs and supported by a strong legal basis, will not provide optimal results if the implementation process does not run effectively (Maharaksa et al., 2025). The success of implementation is influenced by various interrelated factors, including the effectiveness of communication, the availability of resources, the commitment of implementers, and the existence of a bureaucratic structure capable of coordinating policy implementation consistently. According to Dunn (1982), each stage in the policy cycle has a close relationship and mutually influences one another. Inaccuracy in identifying problems at the initial stage can result in policies that are formulated not in accordance with community needs, thus impacting suboptimal implementation and achievement of policy objectives. These four factors are important elements that determine whether a policy can be accepted, understood, and implemented in accordance with the goals that have been set (Edward III, 1980; Sunarto, 2021).

The results of this study indicate that the Free Health Check-Up Program at Puskesmas Sudiang, Makassar City, has basically been implemented in accordance with the mechanisms and procedures set out in the technical guidelines. All stages of service, from the registration process, health check-up, recording of results, medical consultation, to follow-up in the form of education or referral, have been available and carried out by health workers. Nevertheless, the level of service utilization by the community still shows low achievement when compared to the number of target population. This condition shows that there is a gap between policy objectives to increase the coverage of community health check-ups and the reality of implementation in the field. In other words, the availability of services has not been fully followed by high community participation in utilizing these services.

Based on the research results, the communication aspect is the most dominant factor influencing the implementation of the Free Health Check-Up Program in the working area of Puskesmas Sudiang. Various forms of socialization have indeed been carried out by the puskesmas through health counseling, social media, cadre communication groups, installation of banners and posters, as well as delivery of information to people who come for treatment. However, these efforts have not been able to reach all target groups evenly. Most of the people interviewed stated that they only found out about the program when visiting the puskesmas or obtained information from family, neighbors, office colleagues, or health cadres. These findings indicate that the information delivery process is still not fully effective in reaching people who rarely interact with health service facilities.

According to George C. Edward III (1983), communication is one of the main factors determining the success of policy implementation. Communication is not only defined as the process of delivering information from policymakers to implementers and target groups, but also includes how the information can be received, understood, and implemented consistently (Edward III, 1983, pp. 10-12; Siregar, 2021). Edward III emphasized that orders to implement policies must be transmitted to the appropriate personnel, and they must be clear, accurate, and consistent. If the policies decision makers wish to see implemented are not clearly specified, they may be misunderstood by those at whom they are directed (Edward III, 1983, p. 10; Wanti & Wibawani, 2024). In this study, it appears that the information transmission process still faces various obstacles, so that some people do not yet know the purpose, benefits, or mechanism of the Free Health Check-

Up Program. As a result, the community has not been encouraged to utilize the services that are actually available.

In addition to the transmission aspect, the dimension of clarity and consistency of information is also an important part of policy implementation. The results show that there are still people who do not understand the service requirements, registration mechanism, or implementation time of the Free Health Check-Up Program. This condition indicates that the information received by the community has not been fully understood as a whole. Edward III explains that effective communication is not only determined by the delivery of information, but also by the level of clarity of the message so that all implementers and target groups have the same understanding of the content of the policy. If there is a difference in perception regarding a policy, then policy implementation has the potential not to run in accordance with the goals that have been set (Edward III, 1983; Siregar, 2021).

The research findings also show that the communication strategy used is still more focused on people who have come to the puskesmas. This approach causes information dissemination not to reach people who have never accessed health service facilities. Therefore, information delivery requires an expansion of strategy through collaboration with sub-district governments, health cadres, community leaders, community organizations, and more intensive use of digital media. Diversification of communication media is important so that information about the Free Health Check-Up Program can be received by all community groups without depending on visits to health facilities. The Ministry of Health has also recognized that broader dissemination of information and expansion of service delivery beyond puskesmas are necessary measures to achieve coverage targets (Aji Muhawarman, 2026; Antara News, 2026).

In addition to communication, the results show that the resource factor has a considerable influence on policy implementation. Puskesmas Sudiang has health workers consisting of doctors, nurses, midwives, laboratory personnel, health promotion officers, and administrative staff who support program implementation. In addition, service facilities such as examination rooms, medical equipment, internet networks, and the ASIK application are available to support service delivery. This condition shows that, in general, the resource elements are available so that program implementation can take place according to procedure.

Nevertheless, this study also found that health workers are not only responsible for implementing the Free Health Check-Up Program, but also carry out various other health service programs. This situation causes each officer to have to divide their time and responsibilities among various service activities. Thus, the adequacy of resources is not only measured by the number of health workers available, but must also consider the workload that must be handled by each officer. Edward III (1983) explains that limited resources, whether in the form of personnel, budget, facilities, or time, can affect the effectiveness of policy implementation if not managed properly. Important resources include staff of the proper size and with the necessary expertise; relevant and adequate information on how to implement policies; the authority to ensure that policies are carried out as they are intended; and facilities (including buildings, equipment, land, and supplies) in which or with which to provide services (Edward III, 1983, p. 11). Insufficient resources will mean that laws will not be developed. In addition to human resources, the limitation of consumable medical materials and medical devices also affects the achievement of this program, where due to these limitations, Free Health Check-Up participants who have registered cannot be served. This finding is consistent with the Ministry of Health's evaluation, which noted that the availability of equipment, consumable medical supplies, and human resources is uneven, so not all community health centers can provide comprehensive services (Aji Muhawarman, 2026).

The use of the ASIK application in the process of recording examination results is also a form of information technology resource support for policy implementation. Through this system, participant data can be recorded electronically, recapitulated, and reported to the Health Office periodically. The existence of this information system not only facilitates program administration but also supports the process of monitoring and evaluating service achievements on an ongoing basis. However, the Ministry of Health has also highlighted that suboptimal recording of CKG hampers achievement reporting, indicating that digital infrastructure alone is insufficient without adequate human resource capacity and system integration (Aji Muhawarman, 2026).

The disposition or attitude factor of implementers also shows an important role in the successful implementation of the Free Health Check-Up Program. Observation results show that health workers have carried out their duties in accordance with applicable operational standards, but their support for this program has not been maximal. This attitude reflects the commitment of implementers in carrying out the policy in accordance with the goals that have been set. In Edward III's perspective, disposition includes the willingness, commitment, integrity, and positive attitude of implementers in carrying out the policy. If implementation is to proceed effectively, not only must implementors know what to do and have the capability to do it, but they must also desire to carry out a policy (Edward III, 1983, p. 11). Implementers who have a positive disposition will strive to provide the best service even though they face various resource limitations or high workloads.

This is also seen through the provision of follow-up to participants who require further treatment. Services do not stop at the health check-up stage, but continue with the provision of communication, information, and education, health counseling, therapy, or referral if risk factors or indications of certain diseases are found. This shows that policy implementation is not only oriented towards achieving the target

number of check-ups, but also on the quality of services received by the community.

The next aspect that also determines the success of implementation is the bureaucratic structure. The results show that the implementation of the Free Health Check-Up Program has a clear division of tasks, a coordination mechanism that runs, and Standard Operating Procedures (SOP) that serve as guidelines for all officers. Each health worker understands their function and responsibilities so that the service process takes place systematically from the registration stage to follow-up of examination results. According to Edward III (1983), a clear bureaucratic structure will facilitate coordination among implementers, reduce the possibility of overlapping tasks, and increase the consistency of policy implementation. Even if sufficient resources to implement a policy exist and implementors know what to do and want to do it, implementation may still be thwarted because of deficiencies in bureaucratic structure (Edward III, 1983, p. 12). Organizational fragmentation may hinder the coordination necessary to implement successfully a complex policy requiring the cooperation of many people, and it may also waste scarce resources, inhibit change, create confusion, lead to policies working at cross-purposes, and result in important functions being overlooked.

With a clear division of tasks, coordination between service units within the puskesmas environment is also supported. If a participant is found who requires further services, officers can immediately coordinate to determine the appropriate form of follow-up. Thus, an effectively functioning organizational structure is able to create more integrated services and provide certainty for the community in obtaining health services.

Although the aspects of communication, resources, disposition, and bureaucratic structure have generally been running well, the achievement of the Free Health Check-Up Program at Puskesmas Sudiang is still far below the target that has been set. This condition shows that policy implementation has not fully resulted in the level of community participation as expected. The low utilization of services shows that the success of implementation is not only influenced by internal factors of the implementing organization but is also influenced by the characteristics of the community as beneficiaries, including the level of knowledge, health awareness, and behavior in utilizing preventive services.

The findings of this study are in line with various previous studies which show that policy implementation in the health sector often faces challenges in the form of suboptimal socialization, limited resources, and low community participation (Ammara & Ghaniya, 2023; Valenti et al., 2026). The Ministry of Health's evaluation of the program's first year identified several challenges that prevented the program from reaching its initial target of 100 million participants, including limited public awareness of the program, varying levels of commitment among regional administrations, and the continued concentration of services at public health centers (Aji Muhawarman, 2026; Antara News, 2026). These studies confirm that the success of promotive and preventive programs is not sufficiently supported by the availability of health service facilities, but also requires a health communication strategy capable of building public awareness about the importance of early detection and regular health check-ups.

From a public policy perspective, the Free Health Check-Up Program is a form of health service transformation that places promotive and preventive approaches as the main priority. The success of program implementation is not only measured by the implementation of services at health facilities, but also by the extent to which the community actively utilizes these services. The higher the level of community participation in undergoing health check-ups, the greater the opportunity to find disease risk factors at an early stage so that interventions can be carried out more quickly and policy objectives in improving public health status can be achieved more optimally (Sulistyowati & Isnugroho, 2024; Valenti et al., 2026).

CONCLUSIONS

Overall, the results of this study indicate that the implementation of the Free Health Check-Up Program at Puskesmas Sudiang has not met most of the policy implementation components according to George Edward III (1980, 1983), especially in the aspects of communication, resources, and disposition (Sunarto, 2021; Wanti & Wibawani, 2024).

The communication aspect still needs to be strengthened so that information about the program can reach all levels of society more effectively. Edward III (1983) emphasized that orders to implement policies must be transmitted to the appropriate personnel, and they must be clear, accurate, and consistent. The development of a broader communication strategy through sustainable health promotion, the use of digital media, cross-sector collaboration, and the empowerment of health cadres and community leaders is expected to increase community participation in utilizing the Free Health Check-Up Program so that policy objectives as a promotive and preventive effort can be realized more optimally.

Resources are the main foundation that enables a policy to be implemented in reality. As Edward III (1983) stated, no matter how clear and consistent implementation orders and no matter how accurately they are transmitted, if the personnel responsible for carrying out policies lack the resources to do an effective job, implementation will not be effective. Limited resources make implementers unable to respond to needs in the field, so services become slow, uneven, or even deviate from the objectives. Strengthening resources can be done through fulfilling and improving the quality of human resources, adequate and targeted budget allocation, provision of facilities and infrastructure, and granting clear authority and access to information.

Disposition serves as the main driver of the other three variables. According to Edward's theory (1983), if implementation is to proceed effectively, not only must implementors know what to do and have the capability to do it, but they must also desire to carry out a policy. No matter how good the regulations are made, how clear the instructions are conveyed, and how sufficient the resources provided, policy implementation will still be hampered if implementers have an attitude of rejection, lack of interest, or manipulation of policy implementation for personal or group interests. Strengthening the disposition aspect can be done through three ways. First, ensuring that implementers fully understand the background, objectives, and benefits of the policy. Second, aligning the interests of implementers with policy objectives so that they feel a shared responsibility. Third, implementing a fair and consistent reward and sanction system.

The findings of this study contribute to the broader understanding of health policy implementation challenges in Indonesia, particularly regarding the Free Health Check-Up Program. The low achievement rate of 3% at Puskesmas Sudiang reflects systemic issues that require comprehensive intervention across all four dimensions of Edward III's implementation model. Future research should examine the effectiveness of various communication strategies in increasing program participation and explore innovative approaches to resource mobilization and capacity building at the primary healthcare level.

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