Communication Dynamics Between the Bali Provincial Health Office and Local Government in the Implementation of the Primary Care Integration Program

Ni Wayan Putri Despitasari[1]*, Made Vairagya Yogantari[2]

Communication Science Study Program, Udayana University, Denpasar, Indonesia

***Corresponding Author**

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ABSTRACT

This study analyzes the communication dynamics between the Bali Provincial Health Office and local governments regarding the implementation of the Primary Care Integration (Integrasi Layanan Primer / ILP) program. While launched nationally in August 2023, the implementation in Bali faced a seven-month delay, emphasizing the urgent need for effective cross-sectoral coordination. Drawing upon Goldhaber's organizational communication theory, this research evaluates four primary aspects: information clarity, communication flow, communication frequency, and message alignment. Methods: A qualitative approach with a case study design was employed. Data were comprehensively collected through in-depth interviews with 11 key informants across the provincial office and various regencies/cities in Bali, alongside field observations and policy document analysis. Results: The findings indicate that inter-institutional communication is functionally active but remains suboptimal at the operational level. Information is conceptually clear but technically ambiguous due to incomplete regulations and unintegrated digital reporting systems (e.g., ASDK). The communication flow is heavily dominated by a top-down approach, while bottom-up mechanisms remain informal and face bureaucratic hurdles. Furthermore, the frequency of coordination is inconsistent across regencies, ranging from low to medium intensity. Consequently, a policy-practice gap exists where macro-level messages align with national goals, but micro-level execution is hampered by inadequate infrastructure, changing report formats, and low participation from health cadres. Conclusion: Effective organizational communication is a crucial determinant in public health policy execution. To ensure the sustainability of the ILP program in Bali, it is imperative to strengthen communication Standard Operating Procedures (SOPs), establish formal bottom-up feedback dashboards, and increase the frequency of tiered, cross-sectoral coordination.

Keywords: communication dynamics; effective communication; primary care integration; program implementation; communication strategy

INTRODUCTION

The implementation of public health policies requires robust organizational communication to ensure that strategic objectives formulated at the central level are accurately translated into meaningful grassroots actions. Historically, primary healthcare systems have often faced challenges related to fragmented services and unequal access. To address these systemic issues, the Ministry of Health introduced the Primary Care Integration (Integrasi Layanan Primer / ILP) program nationally on August 31, 2023. The program aims to deliver holistic, equitable, and sustainable healthcare services by shifting toward a comprehensive life-cycle approach. This is achieved by deeply integrating promotive, preventive, curative, and rehabilitative efforts across various tiers of primary healthcare facilities, such as Puskesmas (community health centers), auxiliary Puskesmas (Pustu), and Posyandu (integrated command posts).

In Bali Province, the implementation of the ILP program officially commenced on March 20, 2024, experiencing a delay of approximately seven months compared to the national rollout. This delay highlights the complexities of regional readiness, especially in an area characterized by diverse geographical and demographic conditions, ranging from densely populated urban centers to more remote rural villages. Such complexities underscore the critical need for tight, synchronized coordination between the Bali Provincial Health Office and the local governments across its regencies and cities. The successful execution of ILP in Bali relies heavily on the ability of stakeholders to navigate differences in regional development priorities, human resource limitations, and historical fragmentation in healthcare delivery networks.

Furthermore, in the context of public health administration, communication flows are not merely structural pathways but are deeply intertwined with policy governance factors and institutional power relations. The decentralized nature of the Indonesian healthcare system creates distinct layers of authority between provincial health offices and regency-level governments. Consequently, the transmission of policy directives is continuously influenced by the prevailing organizational culture within bureaucratic institutions, where rigid hierarchies can either facilitate systematic dissemination or create barriers to transparent, multi-directional information exchange. Understanding these underlying dynamics is essential for evaluating why national frameworks experience variations during regional integration. Moreover, analyzing a specific regional context like Bali through an in-depth qualitative lens provides a granular exploration of these systemic communication barriers, capturing the nuanced realities of institutional actors that macro-level or purely quantitative evaluations might overlook.

To overcome these systemic hurdles, effective communication serves as the fundamental catalyst. According to Goldhaber's organizational communication theory (1993), effective policy execution depends on four key dimensions: information clarity, communication flow, communication frequency, and message congruence. Information clarity ensures that technical guidelines are understood without ambiguity; communication flow facilitates both top-down directives and vital bottom-up feedback; communication frequency maintains continuous stakeholder engagement; and message congruence aligns macro-level policy goals with micro-level field realities. When these crucial elements are mismanaged, the dissemination of new health standards faces severe bottlenecks, leading to a widened gap between policy design and practical application. Therefore, this study aims to deeply analyze these communication dynamics, identify structural and technical barriers within the implementing bodies, and propose strategic recommendations to optimize the sustainability and implementation of the ILP program in Bali.

METHODS

This research utilized a qualitative approach with a case study design to gain a comprehensive understanding of the organizational communication dynamics. Data were collected through in-depth interviews with 11 key informants, including the Head of the ILP Working Team at the Bali Provincial Health Office, Heads of Health Services across various regencies (Buleleng, Tabanan, Bangli, Gianyar, Klungkung, Karangasem, Badung, Denpasar, and Jembrana), as well as field implementers.

Primary data collection was supplemented by field observations of coordination meetings and a comprehensive analysis of policy documents, including the Provincial Health Office Decree No. 1887 of 2025. Data were analyzed using interactive thematic models focusing on data reduction, presentation, and conclusion drawing based on organizational communication frameworks.

Informants were selected using purposive sampling based on their direct structural and operational involvement in the ILP program. To ensure the reliability and validity of the qualitative data, source triangulation was rigorously applied by cross-referencing in-depth interview transcripts with field observation notes and the analysis of official policy documents, including the Provincial Health Office Decree No. 1887 of 2025.

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RESULTS AND DISCUSSION

Information Clarity

Information clarity (message clarity) measures the extent to which policies are delivered without ambiguity. The findings indicate that conceptual information regarding the ILP's goals was communicated clearly to the regencies. However, significant gaps emerged at the technical level. Informants reported that technical guidelines often lacked detail or underwent frequent changes, leading to vertical desynchronization. A prominent barrier was the unintegrated digital reporting system (ASDK), which frequently required manual data input due to maintenance issues. Furthermore, health cadres at the grassroots level lacked a comprehensive understanding of their operational roles, indicating that information dissemination was partial and not properly tiered.

Communication Flow

The communication flow between the province and local governments operates bi-directionally but is overwhelmingly dominated by a top-down approach. Top-down communication was heavily structured through formal coordination meetings, policy advocacy, and the 'Kick-Off' events in each regency. Conversely, bottom-up communication—essential for conveying grassroots challenges such as low community attendance and inadequate Pustu facilities—lacked formal mechanisms. Feedback from cadres and Puskesmas predominantly traveled through informal channels like WhatsApp and faced delays due to lengthy bureaucratic hierarchies. Horizontal communication across different Regional Apparatus Organizations (OPD) also proved suboptimal due to differing departmental priorities.

This dynamic heavily underscores the influence of deeply ingrained organizational culture and institutional power relations. Subordinate levels, such as Puskesmas staff and health cadres, often hesitate to initiate formal feedback due to rigid bureaucratic hierarchies, thereby solidifying a one-way communication culture that stifles proactive grassroots problem-solving.

Communication Frequency

Communication frequency reflects the intensity of interaction among stakeholders. The study found that communication frequency varied significantly across regions, generally falling into a low-to-medium category. While some regencies held 2-4 coordination meetings prior to implementation, others only held 1-2. Although various methods were employed—including Zoom meetings, social media, and mini-workshops (lokmin) at Puskesmas—the interactions were often sporadic. This lack of continuous, structured communication hindered the establishment of a uniform understanding, particularly among village apparatus and community cadres.

Message Congruence and Policy-Practice Gap

Message congruence evaluates whether the communicated policy aligns with the practical realities of the stakeholders. At the macro level, the provincial messages strongly aligned with the national ILP vision of integrated, preventive care. However, a significant policy-practice gap was observed at the micro level. The ideal message of seamless integration clashed with field realities, such as inadequate infrastructure, insufficient human resource capacity, and changing reporting formats. When the required support structures are absent, the policy messages risk becoming purely normative, unable to be translated into effective operational action.

Limitations and Future Research

While this study provides foundational insights into organizational communication during the ILP program's rollout, several limitations must be acknowledged. First, the research is geographically limited to Bali Province, which possesses unique socio-cultural and administrative characteristics, potentially reducing the generalizability of the findings to regions with different healthcare governance structures. Second, the reliance

on qualitative data precludes the quantitative measurement of communication effectiveness and its direct impact on specific health service outcomes.

Future research should adopt mixed-method approaches that combine these qualitative insights with quantitative metrics to evaluate communication effectiveness comprehensively. Expanding the geographic scope beyond Bali is highly recommended to improve generalizability. Furthermore, subsequent studies must consistently include broader perspectives from frontline health workers, community health cadres, and direct service users to capture a more holistic view of systemic communication challenges.

CONCLUSION

The communication dynamics between the Bali Provincial Health Office and local governments in implementing the ILP program are functional yet highly hierarchical and not fully integrative. While the foundational goals are conceptually clear and macro-level messages are congruent, the execution is hampered by a dominant top-down flow, inconsistent communication frequency, and significant technical barriers, including suboptimal digital reporting systems and low cadre participation. To ensure the sustainability of the ILP in Bali, it is highly recommended to establish specific communication Standard Operating Procedures (SOPs), construct formal bottom-up feedback platforms (e.g., reporting dashboards), and enforce a structured schedule for tiered cross-sectoral coordination.

Ethical Considerations

Ethical approval for this study was obtained from the institutional review board of Udayana University. All participants involved in the in-depth interviews provided informed consent prior to data collection.

Conflict Of Interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

Data Availability

The qualitative data supporting the findings of this study, including interview transcripts and observation notes, are available from the corresponding author upon reasonable request, subject to participant confidentiality agreements.

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