# Public Value in Equalizing Access to Services for Vulnerable Groups Through JKN Mobile Services in Bojonegoro

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***Abstract***.

*The transformation of digital health services through the Mobile JKN application is an important strategy in supporting equal access to health services for all people, including vulnerable groups, but its effectiveness is largely determined by the creation of public value in the implementation process. This study aims to analyze how Mobile JKN creates public value in equal access to health services for vulnerable groups in Bojonegoro Regency based on Moore's Public Value theory (1995) which includes aspects of legitimacy and support, operational capacity, and substantial value. The study used a descriptive qualitative method with data collection techniques in the form of in-depth interviews, field observations, and data analysis using NVivo with six informants consisting of community health center officers and community users of Mobile JKN. The results of the study indicate that in terms of legitimacy and support, the community is aware of the existence of Mobile JKN, but understanding and ability to use it are still low, especially among the elderly and people who do not have smartphones, so the level of public acceptance is not optimal due to uneven socialization. In terms of operational capacity, the Sumberrejo Community Health Center lacks adequate support due to limited training, low user digital literacy, and technical constraints such as weak internet connections and login failures, despite staff adapting through manual assistance, communication with BPJS Kesehatan, and the provision of Wi-Fi. In terms of substantial value, Mobile JKN has been shown to provide convenience and efficiency of services, particularly in reducing queues, but these benefits have not been felt equally by vulnerable groups. This study concludes that public value creation through Mobile JKN has not been optimal, requiring strengthened outreach, increased human resource capacity, and simplified application features to achieve more inclusive and equitable digital health services.*

***Keywords***: *Public Value; Mobile JKN; Vulnerable Groups and Equal Access to Health.*

## I. INTRODUCTION

In an effort to achieve equitable access to healthcare services in Indonesia, digital transformation through the Mobile JKN platform is a key strategy for BPJS Kesehatan. This application is designed not only to expedite the registration and administration process but also to increase social inclusion for vulnerable groups such as the elderly, low-income communities, people with disabilities, and rural residents.(Wicaksono et al., 2023).In Indonesia, the implementation of public value is understood as a process where public institutions prioritize public participation, transparency, and innovation in services in order to produce value that is directly felt by citizens.(Prasetijowati et al., 2025). According to theory*Public Value* (Moore, 1995)is a concept that emphasizes the creation of social value by public institutions through the main dimensions of legitimacy, operational capacity, and substantial benefits felt by the community. The implementation of public value in Indonesia is realized through digital transformation in the public sector, including the health sector. Research conducted byWulandari et al., (2025)emphasizes that e-government systems like Mobile JKN are an important tool for building public value by improving the accessibility of healthcare services and public access. Public value is created when digital innovation truly makes it easier for the public to access their rights as citizens, particularly the right to healthcare (Bella et al., 2024).Law Number 24 of 2011 states that the Social Security Administration for Health (BPJS Kesehatan) is responsible for providing health services through the National Health Insurance (JKN) program, which was officially launched on January 1, 2014 (BPJS Kesehatan, 2020).

This program aims to provide comprehensive access to health services for all Indonesians with an affordable premium system as a form of equitable distribution of public services in the health sector.(Aribowo, 2024).Equitable access to digital health services is a crucial pillar in the transformation of

the national health system, ensuring that all citizens, including vulnerable groups, have equal access to healthcare. Equitable access to digital health services is a manifestation of public value, as evidenced by the successful digitization of national health services through the Mobile JKN application, which has increased efficiency and expanded service reach, particularly for communities in remote areas.(Mendriai et al., 2025).To support efficiency and ease of access, BPJS Kesehatan has developed the JKN mobile application as a digital innovation that allows participants to quickly and independently complete administrative processes, such as registration, referral checks, and premium payments. The JKN mobile application is designed for use on mobile platforms such as iOS, Android, and Windows Mobile.(Utami et al., 2024) This program utilizes web-based resources to offer access to a variety of relevant information. Furthermore, this application also makes it easy for JKN mobile users to submit feedback or complaints. If a BPJS card is left behind when requiring treatment, BPJS participants can utilize the JKN application by showing the electronic card in the application to the officer.(Mayliandri et al., 2019).

Bojonegoro Regency is one of the regions in East Java that has implemented a digital healthcare system through the JKN mobile system. As a vast region with diverse characteristics and a diverse population, vulnerable groups in the context of equitable access to healthcare services include those with economic, social, and geographic limitations that make it difficult for them to access healthcare facilities. Many seniors lack smartphones, making it difficult to access the JKN mobile system.(Sagala et al., 2022). According toAyuningtyas, (2023)Vulnerable groups need to be a political priority in health policies to ensure equitable and sustainable distribution. In the context of Mobile JKN, the application's success depends heavily on its reach and adoption by vulnerable groups.(Kusumasari et al., 2018).Although various previous studies have shown that mobile JKN has helped improve access to health services for the community. Research bySinaga et al., (2025)explained that mobile JKN is very effective for underprivileged communities, although they still face obstacles in terms of digital literacy, especially in vulnerable groups with low levels of technological understanding.(Sagala et al., 2022). In addition, researchSupawanhar (2025)The public is satisfied with the JKN mobile service, but its use remains uneven due to limited user capabilities. Furthermore, the digital divide between cities and villages is exacerbated by unequal internet infrastructure.(Baskila et al., 2023)The research study has not yet addressed the public value of equitable access to digital health services for vulnerable groups, even though this aspect is crucial for realizing justice and improving community welfare.Based on the description, this study aims to analyze the implementation of the Mobile JKN application in creating public value through equal access to health services for vulnerable groups in Bojonegoro Regency.

Theoretically, this study contributes to strengthening the literature on public value in e-government in the health sector in Indonesia. Practically, the results of the study are expected to provide recommendations for BPJS Kesehatan in expanding the equality of digital services. This study uses a descriptive qualitative method with a focus on analyzing the phenomena and experiences of the community in using the Mobile JKN application in Bojonegoro Regency. Therefore, this study only has one problem formulation, how the implementation of the Mobile JKN application can create public value through equal access to health services for vulnerable groups in Bojonegoro Regency. Although previous research has shown that the Mobile JKN application effectively improves access to and satisfaction with healthcare services, particularly for underprivileged communities, these studies have focused on service effectiveness, user satisfaction, digital literacy, and infrastructure constraints. Previous research has only examined public value in equitable access to digital healthcare services, particularly for vulnerable groups in specific local contexts. Furthermore, no research has been found that specifically examines how the use of Mobile JKN creates public value in ensuring equitable access to digital healthcare services for vulnerable groups in Bojonegoro Regency. Based on this research gap, this study fills the gap by analyzing Mobile JKN from a public value perspective in efforts to equitable access to digital healthcare services for vulnerable groups in Bojonegoro Regency.

## II. METHODS

The research applied by the author is a descriptive qualitative research method. Qualitative research method is a descriptive approach that focuses on an in-depth understanding of social phenomena to understand the meaning derived from social or humanitarian problems, by exploring individual experiences, using non-numerical data, the researcher as the main instrument, inductive analysis, and conducted flexibly and interpretively in a natural context. Therefore, the qualitative research method was chosen in this study because it aims to understand in-depth social phenomena related to the creation of public value in the equitable distribution of access to digital health services through the JKN mobile application.(Creswell, 2014).The research was conducted in Bojonegoro Regency, with the primary location being the Sumberrejo Community Health Center.

This location was chosen based on the consideration that the Sumberrejo Community Health Center has implemented digital services through Mobile JKN and plays a role in providing education and assistance to the community, especially vulnerable groups. Furthermore, this Community Health Center is located in an area with diverse social and geographic characteristics, making it relevant to assess the extent to which equitable access and public value of digital health services can be achieved.Informant selection was carried out using purposive sampling techniques, namely selecting informants based on certain criteria deemed relevant to the research objectives. Research analysis uses theory.(Moore, 1995)regarding Public Value, which consists of three main dimensions, namely, (1) Legitimacy and Support (2) Operational Capability (3) Substantive Value (Public Value Outcomes).This technique was chosen because it allows researchers to identify informants who are considered to have the most in-depth knowledge and understanding of the phenomenon being studied (Miles and Huberman, 2014). The informant criteria in this study include:

1. Directly involved in the implementation, management, or policies related to public health programs.
2. Have relevant knowledge or experience.
3. Representing different elements of social and institutional structures (government, health workers, and beneficiary communities).
4. Willing to provide information openly and honestly according to his experience and views.

Based on the above criteria, the number of informants in this study was six people, consisting of:

1. Community Health Center Midwife,
2. Registration Counter Officer,
3. General Health Services Poly Officers, and
4. The community consists of 3 people who use Mobile JKN

The selection of diverse informants is expected to provide a comprehensive picture of how public value is created through equal access to health services for vulnerable groups in Bojonegoro Regency.

The research instruments used include interview guidelines, observation sheets, and documentation notes designed to obtain accurate data in accordance with the research focus. The research procedure is carried out through several stages, namely stage (1) preparation which includes determining the research focus and selecting informants, stage (2) collecting data through in-depth interviews with informants, field observations of service activities and users of the Mobile JKN application, as well as collecting supporting documents, and stage (3) analyzing data that is continuously collected.Data analysis used the interactive model of Miles and Huberman (2014) which includes four components, namely (1) data collection, namely collecting from interviews, observations, and documentation, (2) data reduction, namely the process of selecting, focusing attention, simplifying, and transforming data into a more organized form, (3) data presentation can be through tables, narratives, or matrices to illustrate the findings, and (4) drawing conclusions and verification, namely the process of identifying patterns, relationships, and meanings from data that have been analyzed repeatedly until valid and credible conclusions are obtained.

The data analysis technique in this study uses the help of NVivo software to manage and analyze qualitative data systematically. The analysis process begins with open coding, namely identifying and coding pieces of data from interviews, observations, and documentation that are relevant to the focus of the research. Next, axial coding is carried out by grouping related codes into broader categories, such as service accessibility, digital literacy, barriers to use, and public value. The next stage is selective coding, namely

formulating the main themes that represent patterns and deep meanings related to public value in the use of Mobile JKN for vulnerable groups.Data validation was maintained through triangulation of sources and techniques, comparing data from multiple informants and data collection methods. Furthermore, an audit trail was conducted by documenting each stage of the analysis in NVivo, ensuring transparency and data traceability. The validity of informants was ensured to ensure they aligned with their experiences, resulting in valid data.

## III. RESULT AND DISCUSSION

Research findings on the public value of equitable access to healthcare services through Mobile JKN for vulnerable groups in Bojonegoro Regency, specifically within the Sumberrejo Community Health Center. This analysis is based on the Public Value theory.(Moore, 1995)which includes three main dimensions: (1) Legitimacy and Support, (2) Operational Capacity, and (3) Substantial Value.

### 1. Legitimacy and Support

According to Moore (1995), legitimacy and support are important foundations in creating public value because every innovation or public service can only run effectively if it has acceptance, trust, and support from the strategic environment, including the community, stakeholders, and authorized institutions. The word cloud results on the Legitimacy and Support indicator show the dominance of words such as application, JKN, understand, lack of understanding, health centers, and society appearing most dominant, illustrating that public acceptance of Mobile JKN is greatly influenced by the level of user understanding and the role of mentoring from health centers, namely as follows:


**Fig 1.** Word Cloud on Legitimacy and Support Indicators

The word cloud results for the Legitimacy and Support indicator show that words such as application, JKN, understand, lack understanding, community health centers, and community are the most dominant, illustrating that public acceptance of Mobile JKN is strongly influenced by the level of user understanding and the role of support from community health centers. Meanwhile, words with low frequency such as error, socialization, and trust indicate that technical obstacles and a lack of information are experienced by all users. These findings indicate that the legitimacy of Mobile JKN is primarily formed from the experience of using and supporting community health centers, in line with the concept of public value.(Moore, 1995). These results are supported by the opinion of informant IN-PT01 as a midwife at the Sumberrejo Community Health Center in Bojonegoro Regency who explained that most people in the Sumberrejo Community Health Center District are familiar with Mobile JKN, but their understanding is still limited, especially among the elderly and residents who do not have smartphones. The productive age group is more receptive to digital services, while vulnerable groups still experience difficulties despite socialization from BPJS and the Health Office through various media. The Community Health Center plays an important role in providing direct assistance when patients seek treatment, including involving younger family members. Limited digital literacy and device access mean that vulnerable groups cannot yet utilize online queues, so they continue to queue manually and experience longer waiting times.

The Registration Counter Officer at the Sumberrejo Community Health Center, informant IN-PT02, explained that while the community has found Mobile JKN beneficial, many still struggle to use it, especially the elderly with limited digital literacy. Younger users are more receptive to this service, but are still hampered by complicated app access, the use of Face ID, and the rule of using one phone number for multiple family members. Socialization efforts by the BPJS and the Health Office have been carried out, but public understanding remains low. These results are supported by the opinion of IN-PT03, a General Polyclinic Officer at the Sumberrejo Community Health Center, who stated that the community believes that Mobile JKN simplifies registration and services, but acceptance remains low due to limited digital literacy, especially among the elderly and underprivileged. Although the BPJS and the Health Office have conducted outreach campaigns around the village, public understanding remains limited.These results align with Moore's (1995) concept of Legitimacy and Support, which emphasizes that a public innovation will only be effective if it gains public acceptance, support, and trust. Low digital literacy and access barriers have weakened the legitimacy of Mobile JKN among vulnerable groups, resulting in suboptimal user support. Interviews with community members revealed that:

> *"I learned about Mobile JKN while taking care of my grandfather's hospitalization, as I was required to register through the app. It's actually more convenient than manual BPJS, but the app is a requirement for service. I think public awareness is still lacking, especially in rural areas. I believe the system is sound, but it feels complicated due to the lack of explanation." (IN-PM01)*

Field research findings from all informants' opinions indicate that legitimacy and public support for the Mobile JKN innovation have not yet been firmly established, particularly among vulnerable groups in rural areas. Referring to Moore's (1995) framework, legitimacy not only means that the public is aware of a public service but also encompasses elements of trust, acceptance, and active support from users and strategic actors such as health workers, village officials, and program managers. However, field findings indicate otherwise: the level of public knowledge about Mobile JKN is quite high, but not accompanied by a functional understanding of how to utilize the application. Vulnerable groups such as the elderly, low-income communities, housewives, and residents without smartphones demonstrate significant barriers in terms of both digital literacy and device access. They know that Mobile JKN can be used for service registration, online queuing, and checking membership, but lack the technical skills to operate it, resulting in the service providing no real utility. The lack of assistance from officers and the suboptimal socialization based on local needs have resulted in this innovation not being perceived as relevant or directly beneficial.

According to Moore's (1995) public value theory perspective, this condition indicates that legitimacy has not been achieved because the innovation has not been able to build public confidence that the service truly facilitates their access to health care. Referring to Moore (1995), legitimacy and support are the main foundations for creating public value because public innovation is only effective if it gains acceptance, trust, and support from the community and strategic actors. Field findings show that although the community is familiar with Mobile JKN, limited digital literacy, device access, and minimal assistance mean that the service has not been optimally received and utilized. This condition indicates that the legitimacy of Mobile JKN has not been achieved because the innovation has not been able to build public confidence that the service truly facilitates access to health care.The results of this study are certainly in line with a study conducted by Novita & Muslikhah (2024) which showed that participants' understanding and awareness of the Mobile JKN application is still low. Similar results were shown by Kaunang & Zamli (2025) who showed that the reality in the field shows that the utilization of Mobile JKN is still relatively low, especially among people with minimal digital literacy. Many JKN participants, especially the elderly and rural communities, do not understand the function of this application or are even unaware of its existence.

Meanwhile, the results of this study are also supported by a previous study conducted by Sudrajat et al. (2024) which explained that the reality in the field shows that the utilization of Mobile JKN is still relatively low, especially among people with minimal digital literacy. Many JKN participants, especially the elderly and rural communities, do not understand the function of this application or are even unaware of its existence. This limited knowledge makes legitimacy less than optimal, because it is not followed by the ability to use the service independently. Thus, public service innovations such as Mobile JKN can only be

effective if they gain legitimacy and strong support from the community, while the community is still hampered by limited digital literacy, device access, and a lack of ongoing education.

**Table 1.** Informant View Matrix of Legitimacy and Support Indicators

| Aspect | Officer's View | Community Views (Users) |
|---|---|---|
| Level of Knowledge | Most people already know about Mobile JKN | Know Mobile JKN when needed in service |
| Understanding Usage | Understanding is still limited, especially among the elderly and residents without smartphones. | Feeling less understanding due to minimal explanation |
| Service Acceptance | Productive age groups are more receptive to digital services | More convenient manual service than application |
| Major Obstacles | Low digital literacy, limited devices, complicated applications, Face ID, one mobile number | The app feels complicated and confusing |
| Socialization | Socialization has been carried out by BPJS and the Health Service | Socialization is still felt to be very lacking, especially in villages. |
| The Role of Mentoring | Community health centers play an important role in accompanying patients, involving young families | Still need explanation and direct assistance |
| Trust | Mobile JKN is considered useful and makes services easier | Believe the system is good, but it is difficult to use |
| Support Aspects | Support is not optimal due to limited public understanding | Support is not yet strong because the benefits have not been felt directly |

*Source: Analysis (2025)*

The table shows a gap between staff perceptions and public experience. Although Mobile JKN is well-known and trusted, limited digital literacy and outreach have prevented solid legitimacy and public support, particularly among vulnerable groups.

**2. Operational Skills (Operational Capability)**

Framework*public value*According to Moore (1995), it is explained that*Operational Capacity*refers to the ability of a public organization to run, maintain, and develop a program or innovation effectively.*Word Cloud*The Operational Skills indicator shows the dominance of words such as application, list, health center, manual, use, using, which indicates that the community's ability to operate Mobile JKN still depends on understanding the application and assistance from officers.


**Fig 2.** Word Cloud on Operational Skills Indicators

The research results show that the operational capacity of Community Health Centers (Puskesmas) to support Mobile JKN services is still limited. Officers have not received specific training from BPJS or the Health Office, so knowledge regarding digital services is mostly obtained through meetings and brief information from WhatsApp groups. From a service perspective, Mobile JKN can actually speed up the process because patients can register from home, whereas manual users have to queue longer at the counter. The opinion of an officer from Sumberrejo Community Health Center is explained in the following interview excerpt: "There has never been any special training for Mobile JKN; usually only receive information through meetings or WhatsApp. Actually, this service is faster because patients can register from home, whereas manual registration requires a long queue. However, network constraints still exist, especially in remote areas. The most frequent problem is failed logins, because the application requires one

mobile number for one account, so many people have difficulty accessing it." (IN-PT01).The Mobile JKN service still faces several obstacles. Although officers expressed support for the digital service because it can reduce queues and speed up service, they have not received any specific training from BPJS or the Health Office, so technical understanding remains limited.

An officer at the Sumberrejo Community Health Center registration desk stated: "We strongly support Mobile JKN because it can reduce queues, but there has never been any specific training. The service is also much faster than manual. The problem is that the app often fails with Face ID and phone numbers, and even after changing numbers, you still can't log in. The network is actually good, but the app is difficult to access. If people don't have a phone or can't use the app, we still serve them manually or with the help of their children if possible." (IN-PT02). Obstacles still arise, especially for residents in remote areas who experience limited internet access. Technical issues such as failed logins, data out of sync, or duplicate numbers are also common. Officers typically seek assistance from BPJS Kesehatan through WhatsApp groups and assist residents by providing Wi-Fi and maintaining manual services for those having difficulty using the app. Simple outreach campaigns continue to encourage the use of Mobile JKN. These findings are supported by the opinion of a polyclinic officer who provided the following statement:

> *"Mobile JKN is very helpful because patients can register before arriving, reducing queues. However, there are still many obstacles, especially in remote areas where the signal is weak, often resulting in login failures due to duplicate numbers or data out of sync. If there are problems, we immediately ask through the WhatsApp group with BPJS for solutions such as re-verification or changing numbers. For residents who don't have a cellphone or can't use the app, we help with Wi-Fi at the community health center or continue to provide manual services, while continuing to conduct simple outreach to increase Mobile JKN usage" (IN-PT03).*

The results of interviews with JKN mobile users provide the following information:

*""I can actually use Mobile JKN myself, but the network at home is often spotty, so I sometimes get errors or fail to log in. If I have any problems, I usually ask the staff at the health facility for help, and they always help." (IN-PM01).*

Another opinion was expressed by a Mobile JKN user who provided the following information:

*"At first, I was confused and needed help from my family during activation, but now I can use Mobile JKN on my own. The problem is usually the signal, which is sometimes poor, making the app slow or difficult to open. If there's an error or login failure, I try again. If it still doesn't work, I ask my family or go to the community health center," (IN-PM03).*

Based on the results of interviews with all informants, it can be explained that so far, regarding the Operational Capacity of the Sumberrejo Community Health Center in supporting the implementation of Mobile JKN, it is still in the initial adaptation stage and is not yet fully optimal. According to Moore (1995), operational capacity includes the ability of public organizations to run, maintain, and develop a program effectively through the availability of human resources, infrastructure, technical procedures, and organizational support. The research findings explain that the Sumberrejo Community Health Center shows operational capacity gaps in several important aspects. The important findings related to Operational Capacity in the implementation of Mobile JKN are as follows:

a. Limited human resource capacity, Community Health Center officers have not received special training, knowledge is obtained informally through meetings or WA.

b. Technical and infrastructure constraints, unstable internet networks in remote areas, and application problems such as failed logins, duplicate mobile phone numbers, and Face ID difficulty accessing.

c. The adaptive capabilities of the Community Health Center, Using communication with BPJS via WA, providing Wi-Fi, and keeping manual services open to overcome obstacles.

d. Limited users, especially the elderly or those who do not understand the digital aspects in using Mobile JKN and still need help from family or officers.

The research results show that the implementation of Mobile JKN at the Sumberrejo Community Health Center has been successful, but still faces several structural and technical limitations. Internally, human resource capacity remains low because staff have not received formal training, so operational

knowledge is only acquired through meetings, WhatsApp groups, or daily experience. This condition results in slow responses to technical issues and user inquiries. Meanwhile, the quality of technical infrastructure also poses a barrier, especially in remote areas with unstable internet connections. Application disruptions such as failed logins, duplicate phone numbers, unreadable Face IDs, and missing notifications worsen the effectiveness of digital services. Referring to Moore's (1995) public value framework theory, operational capacity refers to the ability of public organizations to effectively implement, maintain, and develop innovations. Field findings indicate that low human resource capacity due to the lack of formal training, along with limited network infrastructure and technical application disruptions, hamper the effectiveness of Mobile JKN implementation.

This condition indicates that the organization's operational capacity is not yet fully adequate to support the sustainability and optimization of Mobile JKN digital services.The results of this study align with a previous study by Nursuciyani & Adinda (2025), which explained that services are hampered by a lack of education and understanding regarding how to utilize mobile JKN as a form of health digitalization to improve the effectiveness of health services. Meanwhile, a study by Rahman (2025) explained that accessibility is the most significant factor influencing people's decisions in using health services, followed by the uneven availability of health workers, and the quality and completeness of facilities that do not meet minimum service standards. Meanwhile, a study by Wasir & Nabilah (2025) explained that ongoing obstacles including infrastructure inequality, limited distribution of health workers, and the implementation of unintegrated policies have a significant impact on hampering the achievement of health services. These limitations indicate that the Mobile JKN program still requires strengthening its operational capacity to run more effectively and sustainably.

**Table 2.** Operational Capacity Informant View Matrix

| Aspect | Officer | Users (Community) |
|---|---|---|
| Officer Training | There is no specific training for Mobile JKN; information is obtained through meetings or WhatsApp groups. | Not aware of any training for officers |
| Service Efficiency | Mobile JKN is considered to speed up services and reduce manual queues. | Faster service if the application is accessible |
| Operational Capability | Officers are able to operate services and handle technical problems directly. | Users are relatively able to use the application after being helped by family. |
| Technical Barriers | Failed login, Face ID, one phone number rule, data not syncing, and weak signal in remote areas | Application errors, failed logins, and unstable internet connections |
| Network Infrastructure | The network is quite good at community health centers, but weak in remote areas. | The signal at home is often unstable so the application is difficult to access. |
| Problem Handling Strategy | Coordinate with BPJS via WA group, re-verify data, change number | Retry login, ask family or staff for help |
| User Assistance | Still serving manuals, providing Wi-Fi, and assisting with app activation | Very helpful with the assistance of officers at the health facility |
| Sustainability of Service | Simple outreach continues to be carried out even though technical limitations still exist. | Usage continues although depending on network conditions |

*Source: Analysis (2025)*

Based on the table, it can be concluded that operationally, Mobile JKN has increased service efficiency, however, limited training, technical application constraints, and uneven internet network coverage hamper the optimization of operational capacity, both on the part of officers and users.

**3. Substantive Value (Public Value Outcomes)**

Substantial Value (*Substantive Value*/*Public Value Outcomes*) refers to the tangible benefits that a public service produces for the community. According to Moore (1995), public value is created when a public policy or service is not only implemented administratively but also provides results that are directly felt by the community, such as ease of access, time savings, improved service quality, and user satisfaction. Word cloudThe Substantial Value indicator shows the words application, community, JKN and Service, which shows that the public value of Mobile JKN is assessed based on the ease of use and its benefits for the community, which can be explained in the following image:


**Fig 3.** Word Cloud on Substantial Value Indicator

The emergence of the terms "equity," "vulnerable groups," and "village" emphasizes that the perceived value of the service is also influenced by the extent to which the application can reach diverse regions and user groups. Overall, this pattern illustrates that the substantial value of Mobile JKN is derived from the community's real-life experience of accessing faster, easier, and more equitable healthcare services. Observations at the Sumberrejo Community Health Center (Puskesmas) revealed that Mobile JKN accelerates and simplifies access to healthcare services because patients can register from home, resulting in shorter queues and more efficient Puskesmas administration. However, the benefits are not evenly distributed, particularly to communities in remote areas and vulnerable groups such as the elderly who do not own smartphones. An interview with a midwife at the Sumberrejo Community Health Center yielded the following opinion:

> *"Mobile JKN is very helpful because patients can register from home, resulting in shorter queues and more efficient administration. However, its benefits are not evenly distributed, especially to people in remote areas and the elderly who don't have smartphones. This app simplifies the service, but it still needs better signal access and easier-to-use features. To improve service, the app should be simplified and support for vulnerable groups expanded" (IN-PT01).*

Mobile JKN has facilitated and accelerated healthcare services because patients can register from home, reducing queues, and making administration more efficient. However, the benefits have not been fully distributed, especially for the elderly and rural communities who do not have smartphones or companions. Public value is created in the form of convenience, fairness, and equitable access to services, although this is still limited by digital literacy and suboptimal outreach. The greatest changes are felt by app users, while those who do not use the app continue to queue manually. To increase inclusiveness, it is necessary to simplify the app's features and outreach with direct assistance, as well as a rapid response mechanism for technical issues such as logins or duplicate mobile phone numbers. These results are supported by the opinion of the Sumberrejo Community Health Center Registration Counter Officer who provided the following opinion: "In my opinion, Mobile JKN has succeeded in creating public value in the form of convenience, fairness, and equitable access to healthcare services. Tutorials on how to use the app are frequently posted and reminders are provided periodically so that the public can better understand.

However, to help people in rural areas, the app should be further simplified, for example, eliminating the need for a PIN or Face ID, to make access faster and easier for all users" (IN-PT02).The benefits of the Mobile JKN (National Health Insurance) program have not been fully distributed, particularly to the elderly, those without smartphones, and those in villages with limited internet access. Consequently, service equity and fairness remain suboptimal. The difference in service quality is clearly evident: app users receive faster service, while vulnerable groups still have to queue manually. To increase inclusiveness, more regular outreach to villages, direct assistance for vulnerable groups, and simplification of app features for easier access are needed. This is further reinforced by the opinion of a General Polyclinic Officer at the

Sumberrejo Community Health Center, who provided the following statement:

> *"Mobile JKN has actually provided convenience for those who can operate the application, but the creation of public value such as convenience, fairness, and equitable access to healthcare in my area has not yet been fully achieved. Many people, especially the elderly, those without smartphones, and those living in areas with unstable internet signals, have not been able to use this application, so they still have to queue manually and do not experience the same convenience" (IN-PT03).*

Meanwhile, Mobile JKN users explained that the application simplifies and accelerates access to healthcare services, saves time, and reduces transportation costs because registration and queuing can be done from home. However, these benefits have not been felt evenly, especially by the elderly, the poor, or rural residents who do not own smartphones or are less tech-savvy. This creates unequal access and service distribution, thus hindering the achievement of fairness. Users emphasized the need for mentoring, more intensive outreach, and improved internet networks in rural areas so that the benefits of Mobile JKN can be felt more broadly and inclusively. The opinions of Mobile JKN users are explained in the following interview excerpt:

*"Mobile JKN makes it easier for me to access healthcare services and saves time because I can register from home. However, for the elderly or residents without mobile phones, this app isn't entirely fair because they still have to queue manually" (IN-PM01).*

Meanwhile, from the perspective of Mobile JKN users, another informant provided the following information:

*"With Mobile JKN, access to services is faster and more efficient, eliminating the need for frequent trips to the community health center. However, many elderly and low-income communities still struggle to use the app, so more intensive support and outreach are needed," (IN-PM02).*

This is also supported by the opinions of other informants regarding the use of Mobile JKN, namely as follows:

*"It's very convenient and saves time; everything can be done from home. However, access isn't yet optimal, as some villagers still struggle due to a lack of outreach and unstable internet connections." (IN-PM03).*

Based on the research findings, it can be explained that the Mobile JKN application has provided tangible benefits, especially in accelerating the registration process, reducing queues, and increasing service efficiency at the Sumberrejo District Community Health Center. The ability to register from home makes it more practical for patients and reduces the administrative burden for staff, so that Mobile JKN has been proven to provide substantive value as intended by Moore (1995), namely direct benefits felt by the community. However, field research results show that this public value has not been distributed evenly to vulnerable groups such as the elderly, low-income communities, and rural residents who do not own smartphones or have limited digital literacy have not been able to experience the same convenience. Internet network barriers and technical difficulties with the application further widen the access gap so that equality in the use of digital services has not been achieved. Although Mobile JKN has had a positive impact on users with adequate capabilities and access, equality and fair access remain major challenges in creating public value overall. Field findings explain that so far the Mobile JKN application has produced substantial value in the form of accelerated registration, reduced queues, and increased service efficiency at the Sumberrejo District Community Health Center.

The ease of registration from home provides direct benefits for patients and reduces the administrative burden on staff. This aligns with Moore's (1995) concept of substantive value, which emphasizes that public value is created when public services provide tangible benefits such as ease of access, time savings, and improved service quality. However, this public value has not been distributed evenly, as vulnerable groups such as the elderly, low-income communities, and rural residents with limited digital literacy and device access have not fully experienced the same benefits. This situation indicates that although Mobile JKN has had a positive impact, equity and fair access remain major challenges in achieving comprehensive public value outcomes.These results are certainly in line with a study conducted by Sagala & Hajad (2022), which explained that health service innovation through the Mobile JKN application has begun

to develop well. Furthermore, the results of this study align with research conducted by Utami (2022), which explained that the JKN mobile application service features are quite helpful for JKN-KIS participants to perform administrative activities at home or in clinics, such as participants being able to queue online anywhere and anytime.

Meanwhile, a study conducted by Nursuciyani & Adinda (2025) found that the public's lack of enthusiasm for digital health services, including limited knowledge on how to use Mobile JKN, has resulted in many residents, especially those from outside the region, still visiting health facilities in person. Mobile JKN has successfully delivered tangible benefits to those able to operate the application, including savings in time and transportation costs, and accelerated administrative services. However, research findings indicate that at the Sumberrejo District Community Health Center (Puskesmas), there are inequalities in the distribution of benefits, particularly for the elderly, the poor, and rural residents who do not own smartphones or are less tech-savvy. Elderly groups, low-income communities, and rural residents without smartphones or with low digital literacy cannot enjoy similar benefits and remain dependent on manual queues. This situation demonstrates that substantial value creation depends on the community's ability to utilize services. These findings indicate that Mobile JKN has moved toward substantial value creation, particularly in terms of service convenience and efficiency, but still requires technical improvements and outreach to fully achieve fair and equitable public value.

**Table 3.**Informant View Matrix of Substantial Values

| **Aspect** | **Officer** | **Users (Society)** |
|---|---|---|
| Ease of Access | Simplify registration and administration for users who are able to operate the application | Access to services is easier and faster because it can be done from home. |
| Time & Cost Efficiency | Shorter queues and more efficient service | Save time and reduce trips back and forth to the health center |
| Service Justice | Justice has not been fully achieved for the elderly and citizens without smartphones. | The application is not fair to the elderly and the poor |
| Equal Access | Benefits are not evenly distributed in remote areas and areas with weak signals. | Equal access has not been maximized due to network and socialization limitations. |
| Vulnerable Groups | The elderly and residents without smartphones still have to queue manually. | Vulnerable groups need more intensive assistance |
| Public Value Generated | Convenience and efficiency have been achieved, but equality and justice are not yet optimal. | The benefits are real, but not yet equal for all |
| Need for Repair | Simplification of application features and expansion of support for vulnerable groups. | Increased socialization, mentoring, and network improvement. |

*Source: Analysis (2025)*

Based on the table, it can be seen that Mobile JKN has created public value in the form of convenience and efficiency of healthcare services. However, the substantial value of fairness and equitable access has not been fully achieved, particularly for vulnerable groups in rural areas. Therefore, strengthening public value outcomes is still needed.

## IV. CONCLUSION

Based on the research results, the implementation of the Mobile JKN application in creating public value in equalizing access to services for vulnerable groups at the Sumberrejo District Health Center, Bojonegoro Regency, based on the public value theory proposed by (Moore, 1995), it can be concluded that in the aspect of legitimacy and support (legitimacay and support) the legitimacy and public support for Mobile JKN at the Sumberrejo Health Center has not been formed strongly, especially for vulnerable groups in rural areas. Meanwhile, based on the aspect of operational skills (Operational Capacity), the Sumberrejo Health Center in supporting the implementation of Mobile JKN is still in the initial adaptation stage and is not optimal. This is indicated by limitations in human resources who have not received special training, unstable technical infrastructure, and obstacles to community access, especially the elderly and residents with low digital literacy. Based on the aspect of Substantive Value (Public Value Outcomes), the research findings explain that the substantial value of Mobile JKN is seen from its ability to facilitate access to health

services, reduce queue times and increase administrative efficiency at the health center. However, equality and fairness of access have not been fully achieved.

The elderly, the poor, and rural residents with limited devices and digital literacy still face obstacles and must queue manually.Theoretically, this study strengthens Moore's (1995) public value framework by demonstrating that public value creation in digital services is not solely measured by the presence of innovation and administrative benefits but is highly dependent on the integration of public legitimacy and support, organizational operational capacity, and equitable distribution of service outcomes. These findings confirm that weakness in any one dimension, particularly legitimacy and operational capacity, can hinder the realization of equitable and inclusive public value outcomes for vulnerable groups. Practically, the results of this study provide input for BPJS Kesehatan and Community Health Centers (Puskesmas) to strengthen the implementation of Mobile JKN by increasing specialized training for officers, simplifying application features, and strengthening mentoring and outreach based on the needs of vulnerable groups. In addition, improving network infrastructure and providing inclusive alternative service mechanisms are needed to optimally achieve equitable and fair access to digital health services.

## V. SUGGESTION

Based on the research findings, it is recommended that BPJS Kesehatan, the Health Office, and the Sumberrejo Community Health Center (Puskesmas) continuously strengthen digital outreach and education for vulnerable groups, and increase human resource capacity through formal training to optimize the operation and explanation of Mobile JKN services. Improvements to network infrastructure in rural areas, streamlining application features to make them more user-friendly, and providing direct assistance to the elderly and communities with limited digital literacy are also needed to ensure equitable access.

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