

THE ROLE OF EMERGENCY AMBULANCE "KRING SEHAT" IN HEALTH MANAGEMENT

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ABSTRACT

The integrated emergency response system is realized through the implementation of Ambulance Gawat Darurat Kring Sehat with the aim of increasing prevention, mitigation and preparedness efforts in emergency management through information and communication levels involving the local community. Purpose: Knowing the success of the safe community of Klungkung Regency through the implementation of Ambulance Gawat Darurat Kring Sehat. Methods: The study was conducted in Klungkung Regency with a purposive sampling technique to capture the Klungkung community who had used a service ambulance for a healthy emergency. Data analysis using SEM method. Results: Community Participation in Ambulance Gawat Darurat Kring Sehat Services showed significant results with a CR value of 6.930; while the community did not significantly influence the Safe Community participation with a CR value of -1.822. Ambulance Gawat Darurat Kring Sehat service has a positive and significant effect on Safe Community with a CR value of 6.149. Government Support for Ambulance Gawat Darurat Kring Sehat Services with a CR value of 9.030. Cross Sector Collaboration towards Ambulance Gawat Darurat Kring Sehat Services showed significant results with a CR value of 1.842. Cross Sector Collaboration on Safe Community gets a CR value of -0.022. Government support for Safe Community shows significant results with a CR = 2.964. Conclusion: Government Support and Community Participation have a significant positive effect on the Ambulance Gawat Darurat Kring Sehat Service, as opposed to Cross Sectoral Collaboration which does not significantly influence the Ambulance Gawat Darurat Kring Sehat Service. Government Support has a significant positive effect on Safe Community, as opposed to Community Participation and Cross-Sector Collaboration that does not significantly influence Safe Community, while the Ambulance Gawat Darurat Kring Sehat Service has a positive and significant effect on Safe Community. Ambulance Gawat Darurat Kring Sehat Services has a role as a mediator in the role of public towards Participants Safe Community.

Keywords: Kring Sehat Emergency Ambulance Services, Community Participation, Government Support, Cross-sector Collaboration, Safe Community

INTRODUCTION

The integrated emergency response system (SPGDT) was realized by the Klungkung district government through the Kring Sehat program (KRIS) which was launched in 2016 to create a healthy, safe and prosperous community (safe community) through the implementation of the Kring Sehat Emergency Ambulance (AGD Kris) Klungkung. Services carried out by involving cross-sectoral and integrated community participation in handling emergency cases at the scene with a health service referral system. The aim is to increase prevention, mitigation and preparedness efforts in handling emergencies through the level of information and communication d by involving the local community.

Kring Sehat Emergency Ambulance is a free 24-hour health service program for the people of Klungkung who need health service assistance, as an effort to improve health services for the community. People who need health services, especially in an emergency, whether at home, in the office, at school, or on the streets of

Klungkung district who require immediate treatment from a medical officer or ambulance can contact KRIS Klungkung at number 118 or 0366118 by including the identity of the caller, the location of the incident, the type of incident, the number of victims and other necessary assistance [1].

It has been 3 (three) years since the Kring Sehat Emergency Ambulance program was launched in 2016, but there are still Klungkung residents who do not know clearly about the health services that can be provided through the Kring Sehat Klungkung Emergency Ambulance. There are even some residents I met who claimed to have heard of the Kring Sehat Emergency Ambulance but did not know how to access this health service. They also do not know under what circumstances or how to contact the Kring Sehat Emergency Ambulance for help. Of the 5 (five) people whom the author briefly interviewed in April 2019, 2 (two) people knew about the Kring Sehat Klungkung Emergency Ambulance and said they would contact the Kring Sehat Klungkung Emergency Ambulance if they needed an

ambulance but did not memorize the Emergency Ambulance phone number. Emergency Kring Sehat Klungkung, 1 (one) person heard of Kring Sehat Emergency Ambulance Klungkung but did not know the services provided by Kring Sehat Klungkung Emergency Ambulance, then 2 (two) people said they did not know about Kring Sehat Emergency Ambulance Klungkung.

Based on this, it is necessary to conduct a study to analyze community participation, government support, cross-sectoral collaboration in realizing a safe community which is implemented through the Kring Sehat Emergency Ambulance. This study is important considering that not all Klungkung residents have been exposed to information about the Kring Sehat Emergency Ambulance which is a concrete step towards realizing a safe community.

Safe Community Safe Community is an essential human value in which the role of the community (from and by the community) is the main element supported by the government and all related elements[2]. WHO recognizes safe communities as an important mechanism for the implementation of coordinated evidence-based action for the prevention of violence and injury by governments and local communities[3].

Research conducted by Strukčinskienė, et al concluded that the Safe Community Program is a comprehensive, sustainable health and safety promotion program with the active involvement of local communities [4]. Programs cover all genders, ages, environments and situations, target vulnerable groups and high-risk environments. Reducing the rate of injury/morbidity, disability, death from injury and violence, as well as improving the quality of life is the result of ongoing comprehensive prevention work at the community level.

In any activity or program in order to achieve the objectives effectively, good regulation or management is needed. Health program management is closely related to health management itself. Management applied in the ranks of the Ministry of Health refers to the concept presented by G. Terry, namely through the following functions: planning, organizing, actuating, monitoring and controlling. [5]

Emergency Ambulance Kring Sehat As an embodiment of the Safe Community concept, an Integrated Emergency Management System was developed². The Integrated Emergency Management System (SPGDT), combines emergency management from the pre-hospital level to the hospital level and inter-hospital referrals with the principle of Time Saving is Life

and Limb Saving. Handling at the Pre-Hospital stage is known as the Public Safety Center (PSC), hereinafter referred to as the Integrated Emergency Service Post (Pos Yan Gadar Terpadu), is expected to guarantee a fast and appropriate response to save lives and prevent disability for everyone who experiences an emergency[6].

Community participation

In Safe Community, community participation focuses on the involvement of local communities in prevention activities is very important. Communities must decide what environment, age and areas are most important to work on with regard to safety in the community. The slogan called "listening to the community" indicates that activities in the community must be regulated according to the needs of the community[4]. According to Seedat et al, the promotion of safety, peace and health depends in part on democratic citizenship which is expressed through the active involvement of the community in the design, implementation, monitoring, and evaluation of promotion initiatives. [4]

Government Support

The government and technocrats are facilitators and coaches in realizing a safe community[7]. The input system study reveals that to support safe community policies, each work unit has a basis of legitimacy in accordance with laws, government regulations, regional mid-term development plans and decrees from the Regent, local governor and even sub-districts. [8]

Cross-Sector Collaboration

Cross-sectoral collaboration or cooperation, especially non-health in managing behavior and the environment to prepare, prevent, and carry out mitigation in dealing with matters related to health, security, and welfare is a manifestation of the care aspect in a safe community. While the main role of the health sector is assisted by related sectors in handling emergency situations and cases is a form of the cure aspect in a safe community [7]. As a manifestation of the concept of Safe Community, an Integrated Emergency Management System was developed[2]. According to Cho et al (2012), hospitals play an important role in risk assessment, health education, community action, organizational development and advocacy for policies to promote safety at various levels in society [4].

Based on the formulation of the problem, supporting theories and previous research, the hypothesis formulated by the researcher is:

1. Community participation has a positive and significant impact on the healthy Kring emergency ambulance in realizing a safe community in Klungkung district.
2. Community participation has a positive and significant impact on the realization of a safe community in Klungkung district.
3. A healthy emergency ambulance has a positive and significant impact on the realization of a safe community in Klungkung district.
4. Government support has a positive and significant impact on the health emergency ambulance service in realizing a safe community in Klungkung district.
5. Cross-sector collaboration has a positive and significant impact on the healthy Kring emergency ambulance in realizing a safe community in Klungkung district.
6. Cross-sector collaboration has a positive and significant impact on the realization of a safe community in Klungkung district

METHOD

The variables involved and used in this study are exogenous variables, namely community participation (X1), government support (X2) and cross-sector collaboration (X3); endogenous variable (endogenous variable) is safe community (Y2); and the intermediate variable (intervening variable) in this research model is a healthy ambulance emergency room (Y1).

Variable Operational Definition

1. Community Participation (X1)

The indicators of Community Participation⁹ are as follows:

- a. Take responsibility for the health of self, family, and society;
- b. Develop the ability to nourish oneself, family, and society;
- c. Become a pioneer in health and a leader who moves community activities in the health sector based on independence and togetherness.

2. Government Support (X2)

The indicators of government support are as follows:

- a. Appropriateness of the size and purpose of existing regulations and policies
- b. Funding or financing;
- c. Evaluation and follow-up.

2. Cross-Sectoral Collaboration (X3)

The indicators of cross-sectoral collaboration in realizing a safe community are as follows:

- a. Cure (the main role of the health sector is assisted by the relevant sector in handling emergency situations and cases);
- b. Care (Collaboration or collaboration across sectors, especially non-health in managing behavior and the environment to prepare, prevent, and mitigate in dealing with matters related to health, security, and welfare)

3. Healthy Kring Emergency Ambulance (Y1)

The indicators used as reference standards for SPGDT services are as follows:

- a. Resource ;
- b. Facilities and infrastructure ;
- c. Equipment ;
- d. Scope of activity;
- e. Financing ;
- f. Person responsible.

4. Safe Community (Y2)

The indicators of entrepreneurial readiness are as follows:

- a. Care
- b. Equity
- c. Partnership
- d. Networking
- e. Sharing.

Population and Sample

This research will be conducted in Klungkung district where the population of this study is the entire community of Klungkung district. In this study, the sampling technique used purposive sampling, with the criteria of the Klungkung community who had used the health emergency ambulance service. The sample was taken by considering the maximum likelihood estimation technique in SEM, so the number of samples taken in the study was 120 respondents.

Research Instruments

This study uses an instrument in the form of a questionnaire to collect respondents' opinions. Testing the validity of this instrument uses the validity of the criteria calculated through the Pearson Correlation analysis, where the research instrument is said to be valid if it has a correlation coefficient above 0.30 [10] . Reliability testing on research instruments is related to the reliability or level of stability of a measuring instrument [10].

Reliability testing in this study was carried out using the one shot method or only done once. While the analytical tool used is Alpha (α) Cronbach. A variable is said to be reliable if it has a Cronbach Alpha (α) value above 0.6010. The questionnaire in this study consisted of 2 parts, namely: (1) containing questions about the demographics of the respondents. (2) contains statements related to this research variable. Each question posed in writing to the respondent refers to a 10-point semantic differential scale from strongly disagree to strongly agree.

Data analysis technique

Research is preceded by the search or development of a model that has a strong theoretical justification. After that, the model was empirically validated with SEM technique through AMOS program computation. The first step in SEM is the development of a hypothetical model, namely the development of a model based on a theory or concept based model or known as modeling with a confirmatory approach. After the model is formed, it is confirmed based on empirical data through AMOS.

Result

The overall model feasibility test was carried out using Structural Equation Modeling (SEM) analysis, which was also used to analyze the proposed hypothesis. A summary of the feasibility test of the confirmatory factor analysis model can be seen in Table 1

Goodness of fit indeks	Cut-off value	Analysis result	Model evaluation
Absolute fit indices			
- CMIN/DF	< 2,00	2,492	Not good
- GFI	> 0,85	0,882	Good
- RMSEA	< 0,08	0,112	Not good
- RMR	Lower better	0,043	Good
Incremental fit indices			
- CFI	> 0,90	0,914	Good
- TLI	> 0,90	0,922	Good
Parsimony fit indices			
- AIC	< score AIC saturated and independence model	232,598	Good

		Estimate	S.E.	C.R.	P
AGD_KRIS	←	.407	.045	9.030	***
AGD_KRIS	←	.037	.020	1.842	.065

AGD_KRIS	←	.382	.055	6.930	***
SAFE_COMMUNITY	←	1.335	.217	6.149	***
SAFE_COMMUNITY	←	.000	.017	-.022	.982
SAFE_COMMUNITY	←	-.105	.058	-1.822	.068
SAFE_COMMUNITY	←	.173	.058	2.964	.003

The results of the data processing analysis show that all the constructs used to form a research model, in the full SEM model analysis process meet the goodness of fit criteria that have been set. Most of the goodness of fit measures indicate a fit condition. Although the CMIN/DF value (2.492) is greater than the critical value of 2,000, this value indicates a difference between the sample covariance matrix and the estimated population covariance matrix. Other criteria on absolute fit indices showed good values on RMR (0.043) and GFI (0.882). Meanwhile, the incremental fit indices also showed good conditions, namely CFI (0.914) and TLI (0.922), and the parsimony fit indices showed the AIC value which was below the value of the two models (232.598) which met the goodness of fit criteria.

Direct Effect Hypothesis Test Identify the significance of the relationship between variables seen from the CR value and probability. The significance of the relationship can be seen from the CR value > 1.96 or the probability value < 0.05. The results of hypothesis testing on each relationship between variables are as follows:

a) Community Participation has a significant effect on Kring Sehat Emergency Ambulance Services

The results showed that there was a positive and significant relationship between Community Participation in Kring Sehat Emergency Ambulance Services. The estimated parameter of the relationship between the two variables is 0.382. The test showed significant results with the value of CR = 6.930 which met the requirements > 1.96 with probability = 0.000 which met the requirements. The probability of testing was below 0.05. Thus, the hypothesis which states that there is a relationship between Community Participation in Kring Sehat Emergency Ambulance Services in this study is accepted

b) Community Participation has a significant effect on Safe Community

The results showed that there was no relationship between Community Participation on Safe Community. The estimated parameter of the relationship between the two variables is -0.105. The test showed insignificant results with a CR value of -1.822 which did not meet the requirements > 1.96 with a probability = 0.068

which did not meet the requirements. The test probability was below 0.05. Thus the hypothesis which states that there is a relationship between Community Participation and Safe Community in this study can be rejected.

- c) Government support has a significant effect on Kring Sehat Emergency Ambulance Services

The results showed that there was a relationship between Government Support for Kring Sehat Emergency Ambulance Services. The estimated parameter of the relationship between the two variables is 0.407. The test showed significant results with the value of CR = 9.030 which met the requirements > 1.96 with probability = 0.000 which met the requirements. The probability of testing was below 0.05. Thus the hypothesis which states that there is a relationship between Government Support for Kring Sehat Emergency Ambulance Services in this study is accepted.

- d) Cross-sector collaboration has a significant effect on Kring Sehat Emergency Ambulance Services

The results showed that there was no relationship between Cross-Sectoral Collaboration on Kring Sehat Emergency Ambulance Services. The estimated parameter of the relationship between the two variables is 0.037. The test showed significant results with a CR value of 1.842 which did not meet the requirements > 1.96 with a probability = 0.065 which did not meet the requirements. The test probability was below 0.05. Thus the hypothesis which states that there is a relationship between Cross-Sectoral Collaboration on Kring Sehat Emergency Ambulance Services in this study can be rejected.

- e) Cross-sector collaboration has a significant effect on Safe Community

The results showed that there was no relationship between Cross-Sectoral Collaboration on Safe Community. The estimated parameter of the relationship between the two variables is obtained at 0.000. The test showed insignificant results with a CR value of -0.022 which did not meet the requirements > 1.96 with a probability = 0.982 which did not meet the requirements the probability of the test was below 0.05. Thus the hypothesis which states that there is a relationship between Cross-Sector Collaboration and Safe Community in this study can be rejected.

- f) Kring Sehat Emergency Ambulance Service has a significant effect on Safe Community

The results showed that there was a relationship between the Kring Sehat Emergency Ambulance Service and the Safe Community. The estimated parameter of the relationship between the two variables is 1.335. The test showed significant results with the value of CR = 6.149 which met the requirements > 1.96 with probability = 0.000 which met the requirements. The probability of testing was below 0.05. Thus the hypothesis which states that there is a relationship between Kring Sehat Emergency Ambulance Services and Safe Community in this study can be accepted.

Ambulance service variable mediation healthy kring emergency (Y1)	effect				Desc.
	A	B	C	D	
Community participant(X1) - > safe community	-0,105 (not sig)	0,40 9	0,382	0,98 2	Fully mediated
Government support(X2) -> Safe community	0,173 (sig)	0,36 0	0,407	0,98 2	Partially mediated
Cross-sector collaboration	0.001 (not sig)	0,05 2	0,037	0,98 2	No mediated

- g) Government support has a significant effect on Safe Community

The results showed that there is a relationship between Government Support for Safe Community. The estimated parameter of the relationship between the two variables is 0.173. The test showed significant results with a value of CR = 2.964 which met the requirements > 1.96 with a probability = 0.003 which met the requirements. The probability of the test was below 0.05. Thus the hypothesis which states that there is a relationship between Government Support for Safe Community in this study can be accepted.

Indirect Effect Hypothesis Test

The test of the significance of the mediating variable in the model can be checked from the results of the indirect test. From this test, it can be investigated the level of intervention of the mediating variable, whether it is full mediation, partial mediation or not mediation. The method of examining the

mediation model [11] obtained the results shown in table 3.

Kring Sehat Emergency Ambulance Service (Y1) mediates the indirect effect of Community Participation (X1) on Safe Community (Y2). This result is shown from the mediation test conducted, it appears that the effect of C has a significant value while A is not significant. The results of this study determine that Community Participation (X1) can affect Safe Community through Kring Sehat Emergency Ambulance Services which can be proven empirically.

Kring Sehat Emergency Ambulance Service (Y1) partially mediates the indirect effect of Government Support (X2) on Safe Community (Y2). This result is shown from the mediation test conducted, it appears that the effects of A, C and D have a significant value. The results of this study determine that Government Support (X2) can affect Safe Community through Kring Sehat Emergency Ambulance Services which can be proven empirically.

Pelayanan Ambulance Gawat Darurat Kring Sehat (Y1) tidak mampu memediasi pengaruh tidak langsung Kolaborasi Lintas Sektor (X3) terhadap Safe Community (Y2). Hasil ini ditunjukkan dari pengujian mediasi yang dilakukan tampak efek C tidak signifikan. Hasil penelitian ini menentukan bahwa Kolaborasi Lintas Sektor (X3) dapat mempengaruhi Safe Community melalui Pelayanan Ambulance Gawat Darurat Kring Sehat tidak mampu dibuktikan secara empiris.

DISCUSSION

Safe Community is a safe and healthy state in the entire life cycle from the womb to the elderly that is realized by the community, from the community, to the community with government facilitation¹². However, direct community participation in realizing Safe Community in Klungkung Regency is not reflected in the results of this study where Community Participation in Safe Community shows insignificant results with CR value = -1.822 which does not meet the requirements > 1.96 with probability = 0.068 which means does not meet the test probability is below 0.05. Research

conducted by Strukčinskienė, et al (2018) concluded that the Safe Community Program is a comprehensive, sustainable health and safety promotion program with the active involvement of local communities. This is something that has not been seen in the community so that the Safe Community has not been fully created in Klungkung Regency. However, along with the Kring Sehat Klungkung Emergency Ambulance as the embodiment of the concept of health management to realize a Safe Community, the participation of the community began to appear. This is reflected in the research results obtained that there is a positive and significant relationship between Community Participation in Kring Sehat Emergency Ambulance Services with a CR value of 6.930 which meets the requirements > 1.96 with probability = 0.000 which meets the requirements. The probability of testing is below 0,05.

The Ministry of Health has introduced and developed the concept of a safe and healthy community that prioritizes preparedness efforts supported by strengthening disaster management efforts. The Integrated Emergency Management System (SPGDT), combines emergency management from the pre-hospital level to the hospital level and inter-hospital referrals with the principle of Time Saving is Life and Limb Saving. [2] Handling at the Pre-Hospital stage is known as the Public Safety Center (PSC), hereinafter referred to as the Integrated Emergency Service Post (Pos Yan Gadar Terpadu), is expected to guarantee a fast and appropriate response to save lives and prevent disability for everyone who experiences Emergency. [6]

With the Kring Sehat Emergency Ambulance Service, a Safe Community is created as indicated by the value of CR = 6.149 which meets the requirements > 1.96 with probability = 0.000 which meets the requirements. The probability of testing is below 0.05. This is an indication that the Kring Sehat Emergency Ambulance Service is the perfect mediator to bridge community participation in safe communities.

Government support for the Kring Sehat Emergency Ambulance Service showed

significant results with a CR value of 9.030. Government support for Safe Community shows significant results with a CR value of 2.964. The government and technocrats are facilitators and coaches in realizing a safe community. As a facilitator and coach, the Indonesian government issues decisions as a form of support that can be used as a reference or legal basis in realizing a safe community. [7]

Safe community can be realized if the care aspect which consists of community preparedness, prevention and mitigation is developed cross-sectorally, along with the cure aspect which consists of quick response for life and limb saving and rehabilitation. However, directly or through mediation from the Kring Sehat Emergency Ambulance, Cross-Sectoral Collaboration in realizing Safe Community in Klungkung Regency is not reflected in the results of this study where Cross-Sectoral Collaboration on Safe Community scores $CR = -0.022$, which does not meet the requirements > 1.96 with probability = 0.982 which does not meet the requirements the probability of testing is below 0.05. Cross-Sector Collaboration on Kring Sehat Emergency Ambulance Services showed significant results with a CR value of 1.842. This is less reflected due to the lack of communication. communication is needed so that policy makers and program implementers will be more consistent in implementing each program that will be applied to the targets of the program. [13] This result is also supported by research on the socialization of the great ambulance which was carried out, showing the results of the emergence of various wrong perceptions in the community about the great ambulance due to the incomplete content of the information conveyed to the public. [14]

In Safe Community, community participation focuses on the involvement of local communities in prevention activities is very important. The community that best understands the problems, needs, lifestyle, resources, capacity of the community, and decides how to deal with problems that arise. Communities must decide what environment, age and areas are most important to work on with regard to safety in

the community. The slogan called "listening to the community" indicates that activities in the community must be regulated according to the needs of the community. [4] All forms of efforts to mobilize PSM, including in the health sector, if they want to be successful and sustainable, should rely on local culture and customs. For this reason, decision-making, especially regarding procedures for implementing activities to solve health problems that exist in the community, should be left to the community. The government and health workers only act as facilitators and dynamists so that people feel more responsible for implementing them.

CONCLUSION

Community Participation and Government Support have a significant positive effect on Kring Sehat Emergency Ambulance Services. These results indicate that Community Participation and Government Support in Klungkung Regency have a significant impact on the good Kring Sehat Emergency Ambulance Service as opposed to Cross Sector Collaboration. Where Cross-Sector Collaboration on Kring Sehat Emergency Ambulance Services showed less significant results. This shows that however, Cross-Sectoral Collaboration does not have an impact on increasing Kring Sehat Emergency Ambulance Services. Government support for Safe Community shows significant positive results. Community participation has no significant effect on Safe Community, while Kring Sehat Emergency Ambulance Service has a positive and significant effect on Safe Community. Likewise, Cross Sector Collaboration on Safe Community does not have a significant effect. Based on the assessment, it was concluded that Community Participation could affect Safe Community through Kring Sehat Emergency Ambulance Service as a mediator. Government support can affect Safe Community either directly or through mediation from the Kring Sehat Emergency Ambulance. Cross-sector collaboration cannot affect Safe Community.

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