

Analysis of Resources in Achieving the Healthy Family Index at the Selatbaru Public Health Center, Bengkalis Regency in 2021

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Abstract

The purpose of this research is to discuss about analysis of resources in achieving the healthy family index at the Selatbaru Public Health Center, Bengkalis Regency in 2021. This type of research is qualitative with descriptive analysis. The research informants are 12 people consisting of 1 key informant, namely the Head of the Public Health Center, 8 main informants, namely the Manager of the Healthy Indonesia Program with the Family Approach, Manager of the Maternal and Child Health Program, Manager of the Nutrition Program, Manager of the Tuberculosis Program, and Program Manager of Non-Communicable Diseases, Mental Program Manager, Environmental Health Program Manager, Health Promotion Program Manager, and 3 supporting informants namely the Health Service Section of Primary Health Services, District Secretary, and Village Head. Data collection methods are interviews, observation, and document review. The data analysis technique used content analysis. The results show that cross-sectoral integration in supporting achieving the healthy family index at the Selatbaru Public Health Center, Bengkalis Regency in 2021 is still not optimal and needs to be improved.

Keywords

resources; healthy family index; cross-sectoral integration



I. Introduction

The Healthy Indonesia Program with the Family Approach is one of the priority programs in current health development. This program is one of the ways for the Public Health Center to increase its target reach and bring closer access to health services by visiting families. Program integration is a strength in the implementation of the Healthy Indonesia Program with the Family Approach, where integrated individual health efforts and individual health efforts are carried out continuously based on data and information from Healthy Family Program.

The purpose of the Healthy Indonesia Program with the Family Approach is that families are able to reach access to comprehensive health services such as promotive, preventive, curative and rehabilitative services at Public Health Centers, support the achievement of minimum service standards through increased health screening, support the implementation of National Health Insurance by increasing willingness and public awareness to become participants in the National Health Insurance, supporting the achievement of the objectives of the Healthy Indonesia Program.

The benefits of the Healthy Indonesia Program with the Family Approach are knowing family health through initial family health visits conducted by the Public Health Center so that priority health problems are found and interventions are carried out on these health problems. If the Healthy Indonesia Program with the Family Approach is not

implemented, the health problems will increase in the community, especially nutritional health problems, mothers and babies, infectious and non-communicable diseases, mental health, behavior, and a healthy environment that are difficult to overcome by the Government (Kementerian Kesehatan, 2016).

According to research by Laelasari et al. (2017) concluded that the implementation of the Healthy Indonesia Program with the Family Approach is still constrained by limited resources, especially constraints in terms of budget and not yet maximal cross-sectoral support in the Healthy Indonesia Program with the Family Approach.

Further research by Novianti et al. (2020), it was found that the implementation of input indicators, such as the limited human resources of the Public Health Center in conducting data collection and data entry, as well as unclear sources of financing for the implementation of the Healthy Indonesia Program with the Family Approach. In the output (the results of family visits) there are differences in the results of indicator calculations between the results of data collection conducted by officers of the Healthy Indonesia Program with the Family Approach Public Health Center and the results of the study. When compared between the two Public Health Centers, Public Health Center H Semarang City is more prepared for the Healthy Indonesia Program with the Family Approach than Public Health Center P in Labuan Batu Regency. It can be concluded that in the implementation of the Healthy Indonesia Program with the Family Approach in both Public Health Centers, there are still problems, both in terms of input (manpower, funds, tools, and methods), process (planning, implementation, and supervision), as well as output. As a suggestion, there needs to be a more comprehensive plan in implementing the Healthy Indonesia Program with the Family Approach.

Another study conducted by Virdasari et al. (2018) mentioned the obstacles faced in the implementation of the Healthy Indonesia Program with the Family Approach, including limited human resources, facilities and infrastructure including the limited number of Healthy Family Program and family folders. Apart from being constrained by human resources, there is also no planning document covering data collection activities to intervention, there is no cross-program coordination forum, lack of understanding of operational definitions between the Healthy Indonesia Program with the Family Approach and the program and data validation has not been carried out (Sari, 2019). The healthy family index is the proportion of healthy families or the total number of families in a certain area whose range ranges from 0 to 1, where healthy families have the healthy family index > 0.800 , pre-healthy $0.500-0.800$ and unhealthy < 0.500 . The healthy family index is made as a measure of the level of progress of healthy families in each region. The healthy family index can display condition data per region from the National, Provincial, Regency, and City levels, Districts to the Family level. From this data, the Regional Government through the Public Health Center can obtain accurate data regarding the description of the family's health condition in their respective areas so that they can immediately intervene if unfavorable family conditions are found.

The purpose of this research is to discuss about analysis of resources in achieving the healthy family index at the Selatbaru Public Health Center, Bengkalis Regency in 2021.

II. Research Method

This type of research is qualitative with descriptive analysis. Qualitative research is defined as a market research method that focuses on obtaining data through open-ended and conversational communication (Octiva et al., 2018; Pandiangan, 2018). Descriptive

analysis is the researcher analyzes and describes various conditions, situations, and from the data that has been collected both from the results of in-depth interviews, observations, and documentation during the study (Asyraini et al., 2022; Octiva, 2018; Pandiangan, 2015).

Research informants are research subjects from which research data can be obtained, have broad and in-depth knowledge of research problems so as to provide useful information. Informants also function as givers of feedback on research data (Jibril et al., 2022; Pandiangan et al., 2018; Pandiangan, 2022). The research informants are 12 people consisting of 1 key informant, namely the Head of the Public Health Center, 8 main informants, namely the Manager of the Healthy Indonesia Program with the Family Approach, Manager of the Maternal and Child Health Program, Manager of the Nutrition Program, Manager of the Tuberculosis Program, and Program Manager of Non-Communicable Diseases, Mental Program Manager, Environmental Health Program Manager, Health Promotion Program Manager, and 3 supporting informants namely the Health Service Section of Primary Health Services, District Secretary, and Village Head.

Data collection method is a systematic approach to accurately collect information from various sources to provide insights and answers, such as testing a hypothesis or evaluating an outcome (Octiva et al., 2021; Pandiangan et al., 2021; Pandia et al., 2018). Data collection methods are interviews, observation, and document review.

The data analysis technique used content analysis. Content analysis is a technique used to analyze and understand texts. Content analysis can also be interpreted as an investigation technique that seeks to describe objectively, systematically, and quantitatively (Pandiangan et al., 2022; Tobing et al., 2018).

III. Result and Discussion

3.1 Overview of the Selatbaru Public Health Center

The Selatbaru Public Health Center Technical Implementation Unit is one of the Public Health Centers located in the Bantan District, Bengkalis Regency. The Selatbaru Public Health Center is located on Jalan Jendral Sudirman, Selatbaru Village, Bantan District. The Selatbaru Public Health Center's working area covers 14 villages, namely Jangkang, Deluk, Pasiran, Bantan Tua, Resam Lapis, Selatbaru, Berancah, Central Bantan, Ulu Pulau, Mentayan, Teluk Papal, Bantan Air, Bantan Sari, and East Bantan. The widest village is Selatbaru and the farthest village is East Bantan with a straight distance of 27 kilometers. The total population in the working area of the Selatbaru Public Health Center is 28,581 people consisting of 9,010 families. Based on the characteristics of the work area, the Selatbaru Public Health Center is included in the category of Public Health Center in rural areas and is the only Inpatient Public Health Center serving 14 villages in Bengkalis Regency. In moving the wheels of health services, the Public Health Center is assisted by 8 Assistant Public Health Centers, 4 Village Maternity Posts, and 25 Posyandu units. Health efforts held at the Public Health Center consist of mandatory health efforts, development health efforts, and supporting health efforts.

3.2 Analysis of Resources in Achieving the Healthy Family Index at the Selatbaru Public Health Center, Bengkalis Regency in 2021

a. Human Resources

The availability of human resources in achieving the healthy family index at the Selatbaru Public Health Center has not been fulfilled. This is due to the fact that there are still health workers who have concurrent duties as well as the shortage of officers in

several priority programs such as the tuberculosis program, non-communicable diseases, and health promotion. The lack of staff in some of these programs causes the workload to be high and the time to run the program becomes limited so that it has an impact on the lack of program achievements. In terms of quality, there is still a lack of knowledge and understanding of implementing officers in conducting interventions and the lack of staff's ability to manage and use data.

b. Facility and Infrastructure

The availability of facilities and infrastructure in achieving the healthy family index at the Selatbaru Public Health Center is still inadequate. Limited supporting facilities affect program achievements, especially non-communicable diseases. The limited supply of drugs for hypertension causes the implementation of the intervention to be unsuccessful. Patients with hypertension who should take medication regularly become disconnected because of the unavailability of drugs. The limited number of medical devices such as sphygmomanometers to carry out periodic checks in several targeted places, as well as vehicles with only 1 motorbike became an obstacle for officers to collect data and monitor in several remote areas that were targeted for intervention at the same time with many targets. This results in delays in the performance of officers in carrying out their duties in the field.

c. Funding

Budget availability in achieving the healthy family index at the Selatbaru Public Health Center is still limited. For 2021, the available funds are much less compared to the previous year where funds were diverted to programs related to handling COVID-19 so that the available funds were not sufficient to run this program as a whole. The available funds are only budgeted for transportation of 2 officers to reach 14 villages, while funds for other needs such as the provision of medicines and medical devices such as tensimeters are not available. Funds for this program come from health operational assistance funds only, while health operational assistance funds must also be used for other programs.

d. Cross-Sector Integration

Cross-sectoral integration in supporting achieving the healthy family index at the Selatbaru Public Health Center, Bengkalis Regency in 2021 is still not optimal and needs to be improved. Cross-sectoral involvement is passive and only some of them want to be actively involved in the implementation of this program. Some villages help provide space and data without being directly involved in it. This can also be seen from the lack of support from the Camat, Village Head, and their staff in providing support to tuberculosis cadres in the village because they think that tuberculosis is not a dangerous disease so there is no need to provide support. Likewise with the support given by the Village Head to the mental health program where this disease is still considered a disease that does not need to be treated. This makes the achievement of the tuberculosis and mental health programs low. Lack of commitment from across sectors, lack of understanding and also time to get involved in the implementation of activities are obstacles in cross-sectoral integration.

IV. Conclusion

The results show that cross-sectoral integration in supporting achieving the healthy family index at the Selatbaru Public Health Center, Bengkalis Regency in 2021 is still not optimal and needs to be improved.

Suggestions for this research are:

1. For the Selatbaru Public Health Center, Bengkalis Regency
 - a. The Public Health Center needs to recruit additional officers to meet the shortage of officers in several priority programs, namely the tuberculosis program, non-communicable diseases, and health promotion in accordance with the analysis of labor needs and workloads.
 - b. The Public Health Center needs to determine the person in charge for each village that is the target area from the target village itself, such as pustu officers and village cadres who have been given training by the Public Health Center.
 - c. Submit training to the health Office to increase the knowledge of implementing officers, especially in terms of data analysis and implementation of follow-up interventions.
 - d. Coordinate with the Health Office and across sectors, especially the sub-district head and village heads to help meet the needs of facilities that become obstacles, such as the supply of medicines, tensimeter medical devices and vehicles to reach remote areas in data collection and intervention activities.
 - e. Public Health Centers need to use capitation funds for the National Health Insurance to overcome limited funds taken from support for operational costs of health services of 40% of the total capitation income used for spending on drugs and medical devices to help provide medicines and medical devices in the Healthy Indonesia Program with the Family Approach.
 - f. Inviting villages to cooperate in assisting the provision of village funds for program implementation, especially related to priority indicators.
 - g. Improve the implementation of advocacy to the Camat and Village Heads in order to create even better cross-sectoral collaboration.
2. For Bengkalis District Health Office
 - a. Conducting training related to the Healthy Indonesia Program with the Family Approach for program implementing officers at the Puskesmas.
 - b. Motivating the Public Health Center to improve achieving the healthy family index by monitoring and evaluating the Public Health Center related to the Healthy Indonesia Program with the Family Approach.
3. For Further Researchers

It can be used as a reference for further researchers to conduct research on the Healthy Indonesia Program with the Family Approach by adding cross-program variables into the study.

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