

## Review Article

### THE ROLE OF PUBLIC HEALTH CENTER IN INDONESIA

**Ramadhan Tosepu<sup>1,2\*</sup>, Devi Savitri Effendy<sup>3</sup>, La Ode Ali Imran Ahmad<sup>3</sup>,  
Ambo Sakka<sup>3</sup>, Pitrah Asfian<sup>3</sup>, Hariati Lestari<sup>3</sup>**

<sup>1</sup>Faculty of Public Health, University of Halu Oleo, Indonesia

<sup>2</sup>Indonesian of Public Health Association Southeast Sulawesi

<sup>3</sup>Public Health Faculty, Halu Oleo University

**Accepted:** 5 December 2015

**\*Correspondence:**

**Ramadhan Tosepu, M.Kes**

**E-mail :** ramadhan.tosepu@uho.ac.id

#### ABSTRACT

Community health centers have the primary duty as a basic level of health care centers. In performing its duties require professional health workers. Bachelor of public health is one of the health workers who have the ability to move people to live healthy. Strategies to improve health care in community health centers, such as health mapping capabilities, cooperation with other parties, implementing continuous surveillance and conduct health education efforts.

**Keywords:** MDGs, public health centers, and a bachelor of public health

#### INTRODUCTION

Health Ministerial Decree Number 128 of 2004 on the Basic Policy defines PHC health centers is a Technical Implementation Unit health districts / municipalities are responsible for organizing the development of health in the working area.<sup>1</sup> Health development is the implementation of health measures by Indonesia to raise awareness, willingness, and ability to live a healthy life for everyone in order to realize the optimal degree of public health.<sup>2</sup>

In carrying out its functions as a center for health-oriented development, community development centers,<sup>3</sup> primary health care centers<sup>1</sup> and primary individual health care centers,<sup>4</sup> health centers shall provide mandatory health efforts and the

efforts of health development. Health efforts shall consist of: health promotion efforts; Environmental health efforts; Efforts maternal and child health and family planning; Efforts to improve nutrition; the prevention and eradication of infectious diseases; efforts treatment.

PHC is a functional health organization which is central to the development of public health are also fostering community participation<sup>5</sup> in addition to providing a comprehensive and integrated services<sup>6</sup> to the public in the working area in the form of principal activity. PHC is a technical implementation unit health districts/ municipalities are responsible for organizing the development of health in the working area of health care provided

health center is a comprehensive service that includes treatment, prevention, promotion<sup>7</sup> and restoration of health. The service is addressed to all citizens with no discrimination based on sex and age group, from the conception in the womb until the age cap.

PHC has a working area that covers one district or part of the district. Factors population density,<sup>8</sup> area, state of geographic and another infrastructure is a material consideration in determining the working area health centers. To expand the reach of health services, the health center to be supported by the health care unit, which is simply called health centers and mobile health clinics. Especially for large cities with a population of one million or more, the working area may include one sub-district health centers. Health centers in district capitals with a population of 150.000 inhabitants or more, a community health center that serves as the coach referral center for village health centers and also has the function of coordination

There are some functions that the central mover health centers health oriented development which mean that health centers are always working to

mobilize<sup>9</sup> and monitor<sup>10</sup> the implementation of development across sectors including by the public and businesses in its region, so insightful and supporting the development of health. Besides, health centers actively monitor and report the health impact of the implementation of any program of development work in the region. Specifically for health development, the efforts of health centers are prioritizing the maintenance of health and prevention<sup>11</sup> of disease without neglecting healing illness and rehabilitation of health. Under these conditions, an analysis of the role of community health centers in terms of a public health perspective.

## METHODS

Secondary data analysis from literature review was conducted, which was from databases such as Scopus, PubMed, DOAJ, and Google Scholar and from gray literature from the report of Ministry of Health Indonesia, Indonesian Public Health Association (IPHA), Statistic of Indonesia, and other sources.

## RESULTS

### *Distribution of public health center in Indonesia<sup>12</sup>*

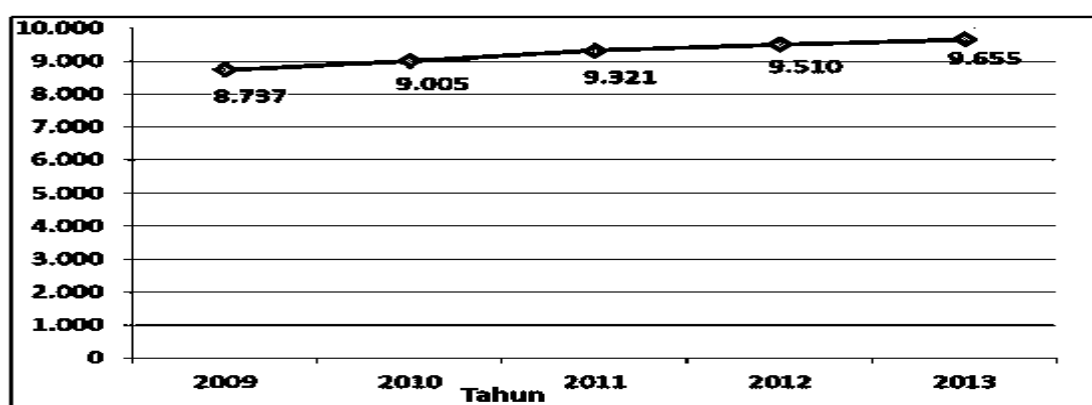


Figure 1: Distribution of Public Health Center, During 2009 – 2013.

Figure 1 shows the increase in the number of health centers from 2009 to

2013. The increase in the number of health centers does not indicate directly how well

the existence of health centers able to meet primary health care needs in the community. Indicators that can describe roughly inadequate primary health care needs by health centers are the ratio of health centers for 30,000 residents. The ratio of health centers for 30,000

populations in 2013 was 1.17 per 30.000 population health center. This ratio shows an increasing trend since at least 2009 to 2013, which is 1.13 per 30.000 population health center health center to 1.17 per 30.000 population.

### *Distribution of Bachelor of Public Health by Provinces<sup>12</sup>*

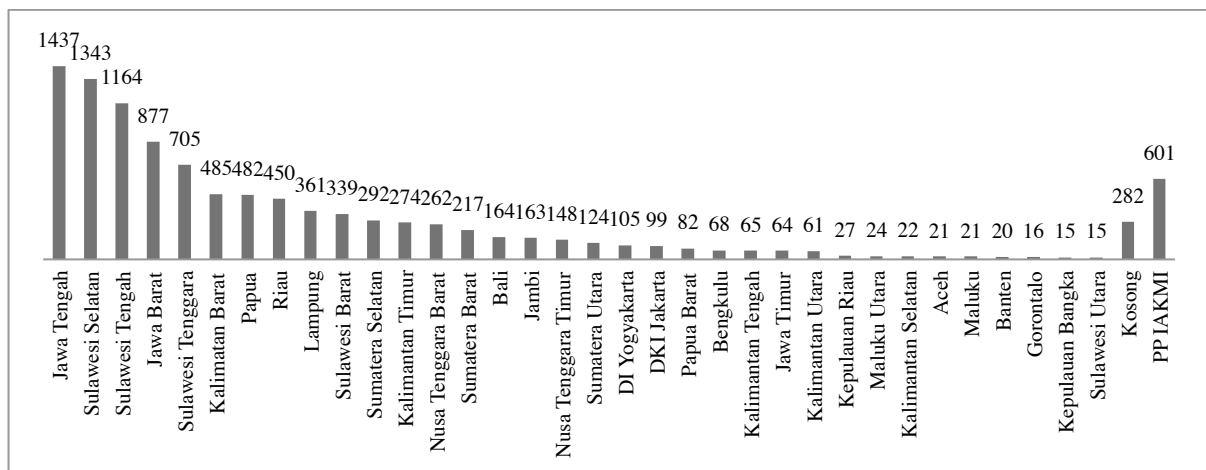


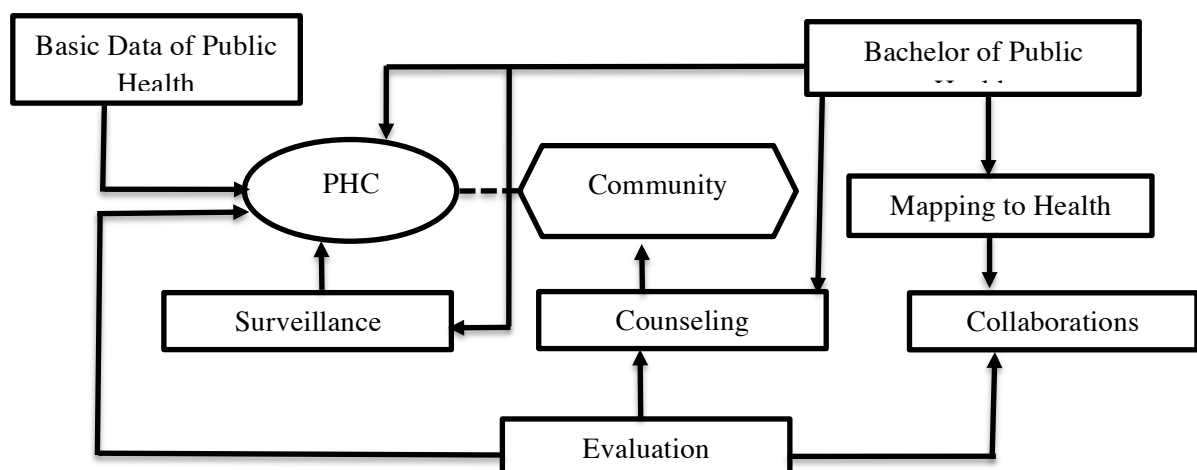
Figure 2: Distribution of Bachelor of Public Health by Province 2015

The number of public health scholars in Indonesia as many as 10 895 people, following the top five highest in number, namely Central Java province, as many as

1,437 people, 1,343 people in South Sulawesi, Central Sulawesi 1,164 people, 877 people of West Java and Southeast Sulawesi as many as 705 people.

## DISCUSSIONS

### *Concepts of development public health center*



This concept refers to the approach of public health, community health centers as primary health care centers have a very important role in improving public health degree. Community health centers in implementing to very duties close to the people, so with this function, the people have an attachment to the basic health services that are at the center of public health. Community in the treatment process is not given the authority to go directly to the local public hospital, this is a stage in the health services at the district level. To carry out the examination at a public hospital district level, they must have a letter of introduction from a community health center. However, in an emergency<sup>13</sup> it can be made and received at the general hospital.

Health data is important in the process of health planning,<sup>14</sup> this data is useful for determining the level of activity at community health centers. So the data must be well documented,<sup>15</sup> and in a sustainable manner,<sup>14</sup> the addition of basic data and improvement of health. At the health center undergraduate public health officials should have the ability to mobilize<sup>7</sup> people to live healthily. This role should be supported by public health map-making<sup>16</sup> capabilities. Due to the good health of mapping the elements of society to recognize their health problems.

Bachelor of public health must also have the ability to cooperate<sup>17</sup> with other parties. This is because the public health problems are not only the responsibility of health workers,<sup>18</sup> but it is a shared responsibility between the various elements of this nation. Another task that must be owned by a public health scholar is the ability of health advocacy<sup>11</sup> in the form of counseling. This stage is very important, as a direct approach to the public will give a good impact in the process of behavioral change.<sup>19</sup> Extension strategy can be adapted to the

circumstances and culture.<sup>20</sup> Problems often occur at the health center is surveillance<sup>21</sup> irregular implementation and continuous.<sup>15</sup> At this stage in the planning is often overlooked that the data activity surveillance results data is not used. For this phase, surveillance should be carried out continuously.

All stages of these activities should be based on plans that have been established which then manifested in the work program of community health centers. To maintain the continuity of activity goes well then the stage of evaluation should be carried out continuously. This stage can be done at any level of activity, if the level of cooperation<sup>22</sup> there are mistakes and shortcomings then the evaluation will look for a solution,<sup>23</sup> which further these activities can be done well.

This strategy will be very useful in dealing with post-MDGs in Indonesia. The ability of public health scholars will support the improvement of public health degree. The task of disease prevention and sustainable<sup>24</sup> ongoing basis is key to improving knowledge<sup>21</sup> and awareness<sup>25</sup> of the importance of healthy living. Obviously, this effort is not easy to do without cooperation among the various parties.

## CONCLUSIONS

Bachelor of public health is one of the health workers who are in the community health centers have the duty and role is very diverse. This task can only be done if they have expertise in making lifestyle changes in society. As professional health personnel, in performing their duties should prioritize cooperation approach. This approach is based because of health issues is not just the responsibility of the ministry of health, but the health problem is a shared problem.

## REFERENCES

1. Departemen Kesehatan R. Keputusan Menteri Kesehatan RI tentang Kebijakan Dasar Pusat Kesehatan Masyarakat: Jakarta; 2004.
2. Indonesia PR, Indonesia PR. *Undang Undang No. 23 Tahun 1992 Tentang: Kesehatan*: Penerbit Sinar Grafika; 1992.
3. Bhattacharyya O, Delu Y, Wong ST, Bowen C. Evolution of primary care in China 1997–2009. *Health Policy*. 5// 2011;100(2–3):174-180.
4. Iyer SP, Young AS. Health screening, counseling, and hypertension control for people with serious mental illness at primary care visits. *General Hospital Psychiatry*. 1// 2015;37(1):60-66.
5. Malek NA, Mariapan M, Rahman NIAA. Community Participation in Quality Assessment for Green Open Spaces in Malaysia. *Procedia - Social and Behavioral Sciences*. 1/9/ 2015;168:219-228.
6. Nasution AD, Zahrah W. Community Perception on Public Open Space and Quality of Life in Medan, Indonesia. *Procedia - Social and Behavioral Sciences*. 10/16/ 2014;153:585-594.
7. Schwinn TM, Schinke S, Fang L, Kandasamy S. A web-based, health promotion program for adolescent girls and their mothers who reside in public housing. *Addictive Behaviors*. 4// 2014;39(4):757-760.
8. Zhao ZG, Cheng JQ, Xu SL, Hou WL, Richardus JH. A quality assessment index framework for public health services: a Delphi study. *Public Health*. 1// 2015;129(1):43-51.
9. Zhao Y, Cui S, Yang J, et al. Basic public health services delivered in an urban community: a qualitative study. *Public Health*. 1// 2011;125(1):37-45.
10. Tubbing L, Harting J, Stronks K. Unravelling the concept of integrated public health policy: Concept mapping with Dutch experts from science, policy, and practice. *Health Policy*. 6// 2015;119(6):749-759.
11. Li LP, Jaladin RAM, Abdullah HS. Understanding the Two Sides of Online Counseling and their Ethical and Legal Ramifications. *Procedia - Social and Behavioral Sciences*. 11/26/ 2013;103:1243-1251.
12. Kementerian Kesehatan R. Profil Kesehatan Indonesia. 2014. Jakarta.
13. Malan Z, Mash B, Everett-Murphy K. Evaluation of a training programme for primary care providers to offer brief behaviour change counselling on risk factors for non-communicable diseases in South Africa. *Patient Education and Counseling*.
14. Turbelin C, Boëlle P-Y. Open data in public health surveillance systems: A case study using the French Sentinelles network. *International Journal of Medical Informatics*. 10// 2013;82(10):1012-1021.
15. Poulin C, Thompson P, Bryan C. Chapter 9 - Public Health Surveillance: Predictive Analytics and Big Data. In: Luxton DD, ed. *Artificial Intelligence in Behavioral and Mental Health Care*. San Diego: Academic Press; 2016:205-230.
16. Bhowmik AK, Alamdar A, Katsoyiannis I, et al. Mapping human health risks from exposure to trace metal contamination of drinking water sources in Pakistan.

- Science of The Total Environment*. 12/15/ 2015;538:306-316.
17. Grudinschi D, Sintonen S, Hallikas J. Relationship risk perception and determinants of the collaboration fluency of buyer–supplier relationships in public service procurement. *Journal of Purchasing and Supply Management*. 6// 2014;20(2):82-91.
  18. Kempe A, Albright K, O'Leary S, et al. Effectiveness of primary care–public health collaborations in the delivery of influenza vaccine: a cluster-randomized pragmatic trial. *Preventive Medicine*. 12// 2014;69:110-116.
  19. He AS, Lim CS, Lecklitner G, Olson A, Traube DE. Interagency collaboration and identifying mental health needs in child welfare: Findings from Los Angeles County. *Children and Youth Services Review*. 6// 2015;53:39-43.
  20. Mote F. *Analisis Indeks Kepuasan Masyarakat (IKM) Terhadap Pelayanan Publik Di Puskesmas Ngesrep Semarang*, UNIVERSITAS DIPONEGORO; 2008.
  21. Berrang-Ford L, Garton K. Expert knowledge sourcing for public health surveillance: National tsetse mapping in Uganda. *Social Science & Medicine*. 8// 2013;91:246-255.
  22. Achana F, Hubbard S, Sutton A, Kendrick D, Cooper N. An exploration of synthesis methods in public health evaluations of interventions concludes that the use of modern statistical methods would be beneficial. *Journal of Clinical Epidemiology*. 4// 2014;67(4):376-390.
  23. Wang H, Gusmano MK, Cao Q. An evaluation of the policy on community health organizations in China: Will the priority of new healthcare reform in China be a success? *Health Policy*. 1// 2011;99(1):37-43.
  24. Hendriks A-M, Jansen MWJ, Gubbels JS, De Vries NK, Molleman G, Kremers SPJ. Local government officials' views on intersectoral collaboration within their organization – A qualitative exploration. *Health Policy and Technology*. 3// 2015;4(1):47-57.
  25. Stärk KDC, Arroyo Kuribreña M, Dauphin G, et al. One Health surveillance – More than a buzz word? *Preventive Veterinary Medicine*. 6/1/ 2015;120(1):124-130.

**Cite this article as:** Tosepu R, Effendy DS, Ahmad LOAI, Sakka A, Asfian P, Lestari H. The Role of Public Health Center in Indonesia. *Public Health of Indonesia* 2015;1(2):38-43.