



## WALUYA THE INTERNATIONAL SCIENCE OF HEALTH JOURNAL

# Linking Individual and Public Health Efforts to the Quality of Community Health Centers Evidence from Central Buton Regency

Laode Andrias<sup>1</sup>, La Ode Saafi<sup>2</sup>, Andi Asri<sup>2</sup>, Anry Hariadhin Depu<sup>2</sup>

<sup>1</sup>GU Health Center, Central Buton Regency

<sup>2</sup>Mandala Waluya University, Indonesia

Correspondence: [odeandrias@gmail.com](mailto:odeandrias@gmail.com)

### ARTICLE INFO

#### Article history

Received: December 15<sup>th</sup>, 2025

Revised : December 25<sup>th</sup>, 2025

Accepted : December 31<sup>th</sup>, 2025

#### Keywords

Individual Health,  
Public health,  
Health Center Accreditation.

### ABSTRACT

**Introduction:** Community health center accreditation is one method for achieving quality health services. Most accredited community health centers in Central Buton Regency operate health services that do not comply with internal regulations, including policies, guidelines, and standard operating procedures (SOPs). Some even fail to implement or comply with suggestions or recommendations provided by surveyors. The purpose of this study was to determine the relationship between individual and community health efforts and the accreditation status of community health centers in Central Buton Regency.

**Method:** The research type is quantitative, with a cross-sectional study design. The population is all civil servant and non-civil servant health workers working at the Buton Tengah Regency Community Health Center in 2024, totaling 238 people. A sample of 71 people was obtained using the Cluster Random Sampling method. Data were collected using a questionnaire and analyzed using the chi-square test, correlation density, and binary logistic regression.

**Result:** Shows that of the 71 samples, the majority of the Health Center accreditation status is Basic and Intermediate, as many as 41 people (57.7%). The results of the Chi-Square test obtained a p value of 0.000,  $\phi$  (0.486) for individual health efforts and a p value of 0.000 and  $\phi$  (0.518) for public health efforts.

**Conclusion:** There is a moderate relationship between individual and community health efforts and the Accreditation Status of Community Health Centers.

### Introduction

Providing a quality public health service system is one of the biggest challenges in health

services.<sup>[1]</sup> Good quality service provides satisfaction and remembering that maximum and give professional health services will certainly

improve the health status of the people in Indonesia.<sup>[2]</sup>

Community health centers are first-level health service facilities that implement individual and community health efforts.<sup>[3]</sup> The main benchmark in evaluating the performance of community health centers, especially for community health centers that have been accredited, both primary and full, is the quality of health services.<sup>[4]</sup> Through community health center accreditation, it is hoped that community health centers can implement quality service standards, so that the community as users of public services feel satisfied with the services provided.<sup>[5]</sup>

Based on the Minister of Health Regulation Number 43 of 2019, Community Health Centers are responsible for Health Development in their working areas by providing customer satisfaction and producing quality services received by customers.<sup>[6]</sup> In addition, the Community Health Center must be well managed to carry out its functions optimally, starting from the resources used, the service process to service performance, so as to produce safe and quality health services, and according to the needs of the community.<sup>[7]</sup>

Health center accreditation is one method to obtain quality health services.<sup>[8]</sup> Community health centers are health service units that implement community health efforts and primary individual health efforts. Promotive and preventive efforts remain a priority in achieving better public health. The accreditation status of Community Health Centers consists of full accreditation, primary accreditation, intermediate accreditation, basic accreditation, and unaccredited accreditation.<sup>[9]</sup>

Accreditation is very necessary because it is carried out by external parties using standards set according to accreditation standards.<sup>[10]</sup> Community Health Centers are expected to be accredited periodically at least once every 3 years, and accreditation is also a prerequisite for credentials as a first-level health service unit that collaborates with the Social Security Administration for Health.<sup>[4]</sup>

The accreditation data for community health centers in Southeast Sulawesi is among the 10 lowest with 90.69% of community health center accreditation achievement.<sup>[11]</sup> Then the Health Center accreditation data in Central Buton Regency shows that of the 14 Health Centers in Central Buton Regency, there are 5 Health Centers (35.7%) that

are fully accredited, namely Central Mawasangka, Masangka, East Mawasangka, Wadiabero and Wakambangura Health Centers, then 3 Health Centers (21.4%) are Mainly accredited, namely Sangiawambulu Health Center, Kanapanapa Health Center and Watorumbabata Health Center. Meanwhile, the health centers with Madya accreditation status (28.6%) are Talaga Raya, Lakudo, Rahia and Onewaara Health Centers, while the Health Centers with Basic accreditation (14.3%) are Gu Health Center and Wamolo Health Center. Of the 14 Community Health Centers, 7 of them provide inpatient care services and 7 others provide outpatient care. To increase the reach of the community in the area to health services, especially areas that are far from the reach of the Community Health Center, the government, in this case the health service, has also appointed doctors and midwives as non-permanent employees with a service period of 1 year.<sup>[12]</sup>

The issuance of the Indonesian Minister of Health Regulation Number 39 of 2016 concerning Guidelines for the Implementation of Healthy Indonesia with a Family Approach, and the Indonesian Minister of Health Regulation Number 43 of 2016 concerning Minimum Service Standards in the Health Sector, is the right momentum to improve the quality of health services. This is what is actualized in Central Buton Regency, in this case the District Health Office so that Health Efforts at Community Health Centers can be implemented as expected. Therefore, the implementation of quality services in Community Health Centers, especially in terms of management leadership services, individual health services and public health, is an important factor as a determinant in the series of improving Community Health Center accreditation.

## Method

This study was quantitative and conducted in a cross-sectional study design from April to June 2024 at the Community Health Center within the Central Buton Regency. The population consisted of all 238 civil servant and non-civil servant health workers working at the Central Buton Regency Community Health Center in 2024, and a sample of 71 people was obtained using the cluster random sampling method. Data were collected using a questionnaire and analyzed using the chi-square

test, correlation coefficient, and binary logistic regression.

## Result

**Table 1** shows that out of 71 respondents, there are 32 people who stated that individual health efforts are in the good category and 39 people are less. Then of the 32 people who stated that individual health efforts are in the good category, there are 22 people (68.8%) with the accreditation status of the primary and basic community health centers. Furthermore, of the 39 people who stated that individual health efforts are in the less category, there are 31 people (79.5%), their accreditation status is basic and intermediate. This means that many of the good individual health efforts of the Health Centers have the accreditation status of Utama and Purnama. The results of statistical analysis using the Chi-Square test obtained a p value of  $0.000 < \alpha (0.05)$ ,  $X^2\text{Count} (16.762) > X^2\text{Table} (3.841)$  and  $\phi (0.486)$ , so the alternative hypothesis is accepted and it is concluded that there

is a moderate relationship between individual health efforts and the Accreditation Status of Health Centers in Central Buton Regency.

**Table 2** shows that out of 71 respondents, there are 33 people who stated that individual health efforts are in the good category and 38 people are less. Then of the 33 people who stated that individual health efforts are in the good category, there are 23 people (69.7%) mostly with the accreditation status of the primary and basic health centers. Furthermore, of the 38 people who stated that individual health efforts are in the less category, there are 31 people (81.6%), the accreditation status is basic and intermediate. This means that good public health efforts, many have the accreditation status of primary and basic. The results of statistical analysis using the Chi-Square test obtained a p value of  $0.000 < \alpha (0.05)$ ,  $X^2\text{Count} (19.032) > X^2\text{Table} (3.841)$  and  $\phi (0.518)$ , so the alternative hypothesis is accepted and it is concluded that there is a moderate relationship between individual health efforts and the Accreditation Status of Health Centers in Central Buton Regency.

**Table 1.**  
**Distribution of Individual Health Efforts based on Community Health Center Accreditation Status in Central Buton Regency**

Individual Health Efforts (UKP)	Health Center Accreditation Status				Total	
	Elementary-Intermediate		Main-Full Moon			
	n	%	n	%	n	%
Good	10	31.2	22	68.8	32	100
Not enough	31	79.5	8	20.5	39	100
Total	41	57.7	30	42.3	71	100

**Table 2.**  
**Distribution of Public Health Efforts based on Health Center Accreditation Status in Central Buton Regency**

Public Health Efforts	Health Center Accreditation Status				Total	
	Elementary-Intermediate		Main-Full Moon			
	n	%	n	%	n	%
Good	10	30.3	23	69.7	33	100
Not enough	31	81.6	7	18.4	38	100
Total	41	57.7	30	42.3	71	100

## Discussion

### The relationship between individual health efforts and the accreditation status of the Community Health Center

This study shows that out of 71 samples, there are 32 people who stated that individual health efforts are in the good category and 39 people are less. Then, the samples that stated that individual health efforts are in the good category, most of the health center accreditation status is Principal and Basic (68.8%) and a small number of basic and intermediate accreditation (31.2%). Furthermore, of the 39 people who stated that individual health efforts are in the poor category, most of the accreditation status is basic and intermediate (79.5%), the rest of the accreditation status is primary and basic (20.5%).

The chi-square test results concluded that there was a moderate relationship between individual health efforts and the accreditation status of community health centers in Central Buton Regency. According to the researchers' assumptions, accredited community health centers must meet standards, including in providing individual health services. Accreditation ensures that community health centers provide high-quality health services in accordance with applicable guidelines.<sup>[13]</sup> A community health center's accreditation status significantly contributes to the quality of individual health care services provided. Accreditation ensures that the center operates according to established standards, ultimately improving the quality and safety of healthcare services for each individual.

This research is in line with other research which stated that there were several stages such as differences in information regarding post-failure actions in the previous accreditation assessment, the presence of Community Health Center staff who still did not understand document preparation, the lack of dedicated resources from staff availability, and the sudden submission and assessment process carried out by the accreditation commission without prior coordination with the accompanying team or the Semarang City Health Office. This could affect the readiness of the Community Health Center in facing the assessment.<sup>[14]</sup> The obstacles faced by the Community Health Center in this accreditation assessment must certainly be addressed wisely by related parties such as the Health Office and the Ministry of Health. In addition to the accreditation assessment, it is also necessary to pay attention to the distribution of the existence of Community Health Centers, because according to the results of the study it was found that the distribution of the Primary Health Facility was not evenly distributed in almost all regions both on Java and outside Java.<sup>[15]</sup> Therefore, continuous efforts are needed to improve the quality of Community Health Centers and their distribution to support the implementation of the National Health Insurance Program.

The solution to address the problem of inadequate individual health efforts in community health centers requires a comprehensive approach that covers various aspects, from improving the quality of services to human resource management.<sup>[16]</sup> These include developing and implementing clear and standardized standard operating procedures (SOPs) for various types of

individual healthcare services, ensuring that every patient receives consistent, high-quality care. Ensure community health centers are equipped with adequate and modern medical equipment to support effective diagnosis and treatment. Implement an efficient time management system to reduce patient waiting times and improve service flow.

### **The relationship between public health efforts and the accreditation status of Community Health Centers**

This study shows that out of 71 samples, there are 33 people who stated that individual health efforts are in the good category and 38 people are less. Then, the samples that stated that individual health efforts are in the good category, most of the Puskesmas accreditation status is Utama and Purnama (69.7%) and a small number of basic and intermediate accreditation (30.0%). Furthermore, of the 38 people who stated that individual health efforts are in the poor category, most of the accreditation status is basic and intermediate (81.6%), the rest of the accreditation status is primary and basic (18.4%).

The results of the Chi-Square test analysis concluded that there is a moderate relationship between public health efforts and the Accreditation Status of Community Health Centers in Central Buton Regency. According to the researchers' assumption, accreditation status ensures that community health centers implement high standards of public health services. This includes various public health programs such as immunization, maternal and child health programs, infectious disease control, and health promotion. Overall, community health center accreditation status has a strong relationship with public health efforts. Accreditation helps ensure that community health centers provide high-quality, safe, and effective services to the community, which in turn improves overall public health.<sup>[17]</sup> Accredited community health centers are better able to meet community health needs through programs that are structured, results-oriented, and responsive to community feedback.<sup>[18]</sup>

This is in line with previous research that stated the relationship between accreditation and patient safety implementation lies in the availability of facilities and infrastructure in hospitals.<sup>[19]</sup> Hospitals with high accreditation will find it easier to implement patient safety practices.<sup>[20]</sup> Because

the availability of facilities and infrastructure is one of the values of accreditation and adequate facilities and infrastructure will make it easier for nurses and other staff to prioritize patient safety.<sup>[21]</sup>

### **Conclusion**

There is a moderate relationship between individual and community health efforts and Community Health Center Accreditation Status. Collaboration among healthcare professionals is needed to provide comprehensive care. Team meetings, case discussions, and interdisciplinary consultations can improve coordination. Collaborate with community leaders, local organizations, and social services to identify and address community health needs.

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