

Economic and Human Resources Condition and the Health Development in Jayapura Regency

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Abstract:

This study aimed to Human Resource Economics of Health Development factor in Jayapura. This research was conducted through a survey of the implementation of health development dilaksanakan in order to improve human resources. Eksplanatif design selected for this study to test the hypothesis in structural equations to analyze the influence of the factors of health development in the context of economic development of human resources. Thus, this study used quantitative and qualitative paradigm, ie, testing the hypothesis by using empirical data and primary data for the purpose of development theory and explain the research problem that has been proposed by previous researchers.

The research proves that the Human Resources in Health and Health Budget positive and significant impact on the efforts of Health Services, Improved Health Status and Human Resource Economics in Jayapura. Human Resources in Health and Health Budget indirect effect on the Human Resource Economics in Jayapura.

Keywords: Economic Development Health and Human Resources in Jayapura.

I. INTRODUCTION

A. Background.

Health and the quality of human resources become more important factors in economic growth of developing countries. Ananta and Hatmadji (2005) argue that health factor is strong correlated to the quality of human resources. Furthermore, high and low quality of Human Resources (HR) will be determined by the status of health, education and per capita income levels. In economic activities, the three indicators of the quality of human resources will also indirectly impact on the high and low productivity of human resources, in this particular labor productivity.

The main objective of health development are: Increased ability of communities to help themselves in the field of health; Improved quality of the environment which can guarantee health. Improved nutritional status of the community; Reduction of illness (morbidity) and death (mortality); the development of healthy and prosperous families.

Health factors are closely related to the quality of human resources (quality of human resources) itself. High and low quality of Human Resources (HR) will be determined by the status of health, education and per capita income levels (Ananta and Hatmadji, 1985). In economic activities, the three indicators of the quality of human resources will also indirectly impact on the high and low productivity of human resources, in this particular labor productivity.

Health budgets in Jayapura district (Health Profile, 2014) of the total budget of Rp. 950 070 239 930, -. The allocation to

the health sector is comprised of the General Allocation Fund (DAU) Rp. 6,724,253,995, - and the Special Allocation Fund (DAK) Rp. 4.998886 billion, - and Special Autonomy (Autonomy) Rp. 8,246,856,905, - While Dana BOK Rp. 5.1827 billion, - and jamkesmas / Jampersal Rp. 2.753528 billion, - TP Fund and state budget of Rp. 5.32551 billion, -. It also comes from UNICEF funds amounting to Rp. 318 773 000, although it has met the standard of a predetermined number of allocations, but equitable for all regions yet, especially territory geographic conditions is quite difficult to reach still experiencing shortages.

Additionally Infrastructures Health in Jayapura district, like Means The building is composed is composed of 19 health centers, 53 sub health centers, and 26 Polindes, this corresponds to the total number of districts already have health centers, but the condition of facilities and infrastructure are still far from the standards to be provide optimal service quality for the local community.

In terms of the economy in Jayapura district (Health Profile, 2014), that the Jayapura district Economic growth in 2013 amounted to 9.96% or 0.25% when compared to 2012 of 9.03%. Conditions showed indications of economic improvement. On the data the GDP per capita at current prices in 2013, Jayapura regency Rp. 11.21 million, - experiencing a growth of 10% from the year 2012 amounting to Rp. 10.19 million, - and Inflation Rate Jayapura district till the fourth quarter of 2013 reached 16.73%, or an increase of 1.15% compared to the inflation rate in 2012 of 16.54%.

B. Formulation of the problem

Based on the description in the above background, the issue of all in this study can be formulated as follows: What Factors Influence on the Economic Development of Health Human Resources in Jayapura?

Based on the specific formulation of the problem of this research raises problems as follows:

1. What are Human Resources effect on the health sector Health Care Efforts in Jayapura.
2. What are the factors of Human Resources in Health influential on Health Status Improvement in Jayapura.
3. What are the factors of Human Resources in Health Economics influential on Human Resources in Jayapura.
4. What factors affect the budget in health sector Health Care Efforts in Jayapura.
5. What factors affect the health sector budget Improved Health Status in Jayapura.
6. What factors affect the Budget in Health Economics Human Resources in Jayapura.
7. Is Infrastructure factors affect the health sector Health Care Efforts in Jayapura.
8. Is Infrastructure factors affect the health sector Health Status Improvement in Jayapura.
9. Is Infrastructure factors affect the area of Health Economics Human Resources in Jayapura
10. What factors affect the efforts of Health Services Human Resources Economics in Jayapura.
11. What factors affect the Improvement of Health Status Economic Human Resources in Jayapura.

II. LITERATURE REVIEW

A. Conception Development

Development is a state where there is no improvement; "Development is a state in which things are improving". In 1966 Saul M. Katz argued that "development is a change from a particular state to Reviews those that are considered as better or improved". It means development is a change from a country that is so that people become better and increased. The term development is interpreted as an attempt to improve the lives of the community and its citizens; which progress is always related to the material. Therefore the development is often interpreted as the progress made by a society in economics.

B. Regional Development Policy

Economic understanding of human resources (Human Resources Economic) related to human resources planning (human resources planning), labor economics (economic labor), and economic population (Population economic). Mulyadi. S (2003) stated that the economy of human resources economics is applied to analyze the formation and utilization of human resources related to economic development. In other words the economics of human

resources is the application of economic theory analysis of human resources.

C. Economic Theory of Human Resources

Several economic studies relating to human resources (Human Resource Economics), of which (according Feriyanto, 2014), namely:

1. Human Resources Planning
2. Labor Economics
3. Population Economics
4. Development Economics

D. Related Economic Theory HR

There are several studies related to Human Resources Economics presented by (Feriyanto, 2014), namely:

1. Relationship between the Population and Labor Force

Human Resources, can be said to be successful if through increasing mastery of knowledge, improving skills, and the ability of human resources, especially labor. For an increasing number of human resources too quickly which is not supported by the skills (skills) and knowledge you will be able to be a limiting factor for economic growth in the country (region) is.

2. The Demand for Labor

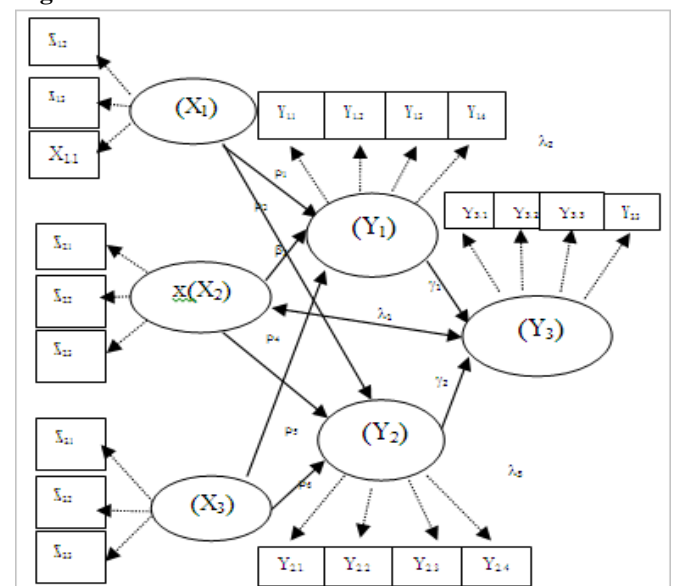
According to (Feriyanto, 2014), In order to understand the demand for labor is well, it can be approached through the production function. Simplified production function using only two factors of production inputs $Q = f(K, L)$ K is the capital or capital and L is labor or labor.

III. FRAMEWORK AND THE RELATIONSHIP BETWEEN THE CONCEPT OF VARIABLE

A. Framework Concepts

With reference to the above theory various conceptual researchers then formed as follows.

Figure 1: Framework Research



Sumber: Data diolah, 2017

This research thoroughly will see whether there are factors influence the health development of the Economics of Human Resources in Jayapura.

The core of this research is leading to a research question that whether there is influence factors of health development consisting of: variable HRH (X_1), variable Health Budget (X_2), and variable Infrastructures Health (X_3) on Economics of Human Resources Jayapura district through which the dependent variable and the Health Care efforts (Y_1) and Improved Health Status (Y_2) and Human Resources Economics (Y_3) in Jayapura, namely:

B. hypothesis

With reference to the normal distribution of student-t then each estimation of the above parameters can be formulated into the form of statistical hypotheses and their significance is determined by t test (t-test) on the criterion of the probability of 0.05 with statistical hypothesis testing:

(1). Parameter β :

$$H_0: \beta = 0$$

$$H_a: \beta \neq 0$$

Kriteria, t_{hitung} lebih besar dari t_{Tabel} maka H_0 ditolak, H_a diterima

(2). Parameter γ :

$$H_0: \gamma = 0$$

$$H_a: \gamma \neq 0$$

Kriteria, t_{hitung} lebih besar dari t_{Tabel} maka H_0 ditolak, H_a diterima

Parameter R^2 , is used to describe the simultaneous effect of two or more independent variables on the dependent variable. R^2 is the coefficient used determinasi

C. Hubungan Antara Variabel

Independent variables, namely the Health Resources (X), which consists of:

1. **Human Resources for Health (X_1)**, the indicator is;
 - a. Education level HRH ($X_{1,1}$)
 - b. Skill level HRH ($X_{1,2}$)
 - c. Health Competence level ($X_{1,3}$)
2. **Budget for Health (X_2)**, the indicator is;
 - a. Budget funds ($X_{2,1}$)
 - b. State Budget Funds ($X_{2,2}$)
 - c. Special Autonomy Fund ($X_{2,3}$)
3. **Infrastructure for Health (X_3)**, the indicator is;
 - a. Means (Building) Health ($X_{3,3}$)
 - b. Infrastructure Facility (Supplies and Equipment) Health ($X_{3,2}$)
 - c. Health Technology ($X_{3,3}$)

Intervening variables, namely the Health Development, consisting of :

1. **Efforts Program Health Care (Y_1)**, the indicator is
 - a. Promotive Program ($Y_{1,1}$)
 - b. Preventative Program ($Y_{1,2}$)
 - c. Curative Program ($Y_{1,3}$)
 - d. Rehabilitative Program ($Y_{1,4}$)
2. **Improved Health Status (Y_2)**, the indicator is:
 - a. Increasing Healthy Life Score ($Y_{2,1}$)
 - b. Increased Life Expectancy ($Y_{2,2}$)
 - c. Decrease Crude Death Rate ($Y_{2,3}$)
 - d. Decrease Mortality Rate (MMR & IMR) / ($Y_{2,4}$)

Independent Variables of Economic Human Resources (Y_3), the indicator is

- a. Economic Growth by Increasing the GDP ($Y_{3,1}$)
- b. Economic Improvement Improvement of human resources through IPM ($Y_{3,2}$)
- c. Growth through Improved HR UMK ($Y_{3,3}$)

IV. RESEARCH METHODS

A. Research Approach

This research was done by using a mixture (Mixed Method). Data obtained by conducting field surveys to the various parties associated with economic data and health in Jayapura.

Descriptive statistics are intended to describe the characteristics of the respondent and inferential description using Structural Equation Modeling (SEM) is intended to test the hypotheses of the study and discuss the relationship variables and then compared with the results of the research.

B. Place and Time Research

This research was conducted housed in Jayapura district. Location of the study were considered to represent the Jayapura district based research is at all District (District 19) by distributing questionnaires / instruments to stakeholders. In the field of health and economic guidelines for key informant interviews in the district of Jayapura.

C. Population and Sample

1. Population

The population in this study were all employees of the ASN which have relevance in the field of health in Jayapura district amounted to 2,560 persons consisting of: Members of Parliament, Regional Secretariat, Planning, BKD, Department of Health, health centers, sub health centers, hospitals Yowari, district, and village / village.

2. Sample

The research sample is based on the opinion of Arikunto Suharsimi (2002), when the subject is less than 100 people

better taken everything, but when the amount of large populations can be taken between 10-20%, thus the sample in this study is $10\% \times 2560 = 256$.

D. Mechanical Analysis

The analysis used in this research is multiple linear regression and SEM models

$$Y = a + b_1X_1 + b_2X_2 + \dots + b_nX_n + e$$

Where:

Y and Y_1, Y_2, Y_3 = Variabel dependen

b_1, b_2, \dots, b_n = Koefisien regresi

X_1, X_2, \dots, X_n = variable independen X

X_1, X_2 = variable independen Y_1 dan Y_2

Y_1 dan Y_2 = variable independen Y_3

e = Error

V. ANALYSIS OF RESULTS AND DISCUSSION.

A. Descriptive Analysis of Research Variables Characteristics and indicators

Table 1. The value category average (mean) of variables and indicators

No	Mean	Kategori
1	$1,00 \leq \text{rata-rata} < 1,80$	Very Low
2	$1,81 \leq \text{rata-rata} < 2,60$	Low
3	$2,61 \leq \text{rata-rata} < 3,40$	Moderate
4	$3,41 \leq \text{rata-rata} < 4,20$	High
5	$4,21 \leq \text{rata-rata} < 5,00$	Very High

Sumber: Data Sekunder (2017)

1. Description HRH variable (X1) and the indicators

Table 2 Description HRH variables and their indicators

Indikator	Min	Max	Mean
Education HRH ($X_{1.1}$)	2,58	4,75	3,53
Skills HRH ($X_{1.2}$)	2,42	4,42	3,45
Expertise HRH ($X_{1.3}$)	2,58	4,17	3,38
Mean variabel			3,45

Sumber: Data primer diolah, 2017

The above table shows that the value of human resources for health education ($X_{1.1}$) 2.58 minimum, maximum of 4.75 with an average value of 3.53, the value of HR Skills Health ($X_{1.2}$) minimum 2.42, maximum 4.42 with an average value of 3.45, and the value of HR expertise Health ($X_{1.3}$) 2.58 minimum, maximum of 4.17 with an average value of 3.38.

The average value of the variable HRH (X_1) of 3.45 which were high so it shows that respondents stated HRH is high.

2. Description Health Budget variable (X_2) and their indicators

Table 3. Description of variables and indicator Health Budget

Indikator	Min	Max	Mean
Budget funds ($X_{2.1}$)	2,67	3,83	3,37
State Budget Funds ($X_{2.2}$)	2,83	4,08	3,44
OTSUS Fund ($X_{2.3}$)	2,75	4,00	3,37
The average variable		3,39	

Sumber: Data primer diolah, 2017 (Lampiran)

The above table shows that the value of the Fund Budgets ($X_{2.1}$) minimum 2.67, maximum 3.83 with an average value of 3.37, the value of Fund Budget ($X_{2.2}$) minimum 2.83, maximum 4.08 with value an average of 3.44, the value of the

Special Autonomy Fund ($X_{2.3}$) minimum 2.75, maximum 4.00 with an average value of 3.37. The average value of the variable Health Budget (X_2) of 3.39 indicates that respondents said Health Budget is high.

3. Description Health Facilities and Infrastructure variable (X_3) and the indicators

Table 4. Description of variables Facilities and Infrastructure Health and the indicators

Indikator	Min	Max	Mean
Building Facility ($X_{3.1}$)	2,67	4,33	3,59
Infrastructure (Fixtures & Equipment) ($X_{3.2}$)	2,58	4,25	3,64
Technology ($X_{3.3}$)	2,42	4,25	3,53
The average variable			3,58

Sumber: Data primer diolah, 2017 (Lampiran)

The above table shows that the value of Building Facility ($X_{3.1}$) minimum 2.67, maximum 4.33 with an average value of 3.59, the value of Infrastructure (Equipment & Supplies) ($X_{3.2}$) 2.58 minimum, maximum 4, 25, with an average value of 3.64, the value of Technology ($X_{3.3}$) minimum 2.42, maximum 4.25 with an average value of 3.53. The average value of the variable means and Prasana Health (X_3) of 3.58 which were high so it shows that respondents stated Means and Health Prasana is high.

4. Efforts variable Description Health services (Y_1) and the indicators

Table 5. Description of variables Facilities and Infrastructure Health and the indicators

Indikator	Min	Max	Mean
Promotive Services Program (Y _{1,1})	2,44	4,44	3,36
Preventive Services Program (Y _{1,2})	2,44	4,44	3,39
Curative Services Program (Y _{1,3})	2,40	4,30	3,45
Rehabilitative care program (Y _{1,4})	2,22	4,44	3,39
The average variable	3,40		

Sumber: Data primer diolah, 2017

The above table shows that the value Promotive Services Program (Y_{1,1}) minimum 2.44, maximum 4.44 with an average value of 3.36, the value of the Preventive Services Program (Y_{1,2}) minimum 2.44, maximum 4.44 with an average value of 3.39, the value of Curative services Program (Y_{1,3}) minimum 2.40, maximum 4.30 with an average value of 3.45, the value of services Rehabilitative Program (Y_{1,4}) 2.22 minimum, maximum 4.44 with an average value of 3.39. The average value of the variable Efforts of Health services (Y₁) was 3.40 which were high so it shows that respondents expressed relatively high health care efforts.

5. Description Health Status Improvement variable (Y₂) and the indicators

Table 6. Description of variables Improved Health Status and the indicators

Indikator	Min	Max	Mean
Increased AHS (Y _{2,1})	2,89	4,44	3,59
Increased AHH (Y _{2,2})	2,78	4,67	3,60
Decrease AKK (Y _{2,3})	2,17	3,17	2,69
The decline in MMR and IMR (Y _{2,4})	2,78	4,22	3,51
The average variable	3,35		

Sumber: Data primer diolah, 2017 (Lampiran)

The above table shows that the value Increased AHS (Y_{2,1}) minimum 2.89, maximum 4.44 with an average value of 3.59, the value Increased life expectancy (Y_{2,2}) minimum 2.78, maximum 4.67 with value an average of 3.60, the value decline AKK (Y_{2,3}) minimum 2.17, maximum 3.17 with an average value of 2.69, the value decline in MMR and IMR (Y_{2,4}) 2.78 minimum, maximum 4, 22, with an average value of 3.51. The average value of the variable peningatan Health Status (Y₂) of 3.35 which medium category so this suggests that respondents stated peningatan Health Status moderate.

6. Economic variables Description of Human Resources (Y₃) and the indicators

Table 9. Description of variables Economics Human Resources (EMR) and the indicators

Indikator	Min	Max	Mean
The increase in the GDP (Y _{3,1})	2,89	4,56	3,52
Increased IPM (Y _{3,2})	2,78	4,33	3,54
Increased wage (Y _{3,3})	2,56	4,56	3,58
The average variable			3,55

Sumber: Data primer diolah, 2017 (Lampiran)

B. Analysis and Modeling of Structural Parameter Estimation Results

1. Confirmatory Factor Analysis, Measurement Model Confirmatory Factor

Analysis (CFA) conducted with a view to testing the measurement models, proved valid or not, whether the indicators that have a variable construct / latent indeed part or can explain these constructs. The process is called test of construct validity (latent variables), made by Convergent Validity Test and Test Discriminant Validity. CFA model diagram assumed, and the results are shown below.

2. CFA Model Variabel Eksogen Antecedent X₁, X₂ dan X₃

Figure .2 Diagram CFA Model Exogenous Variables (X₁, X₂, X₃)

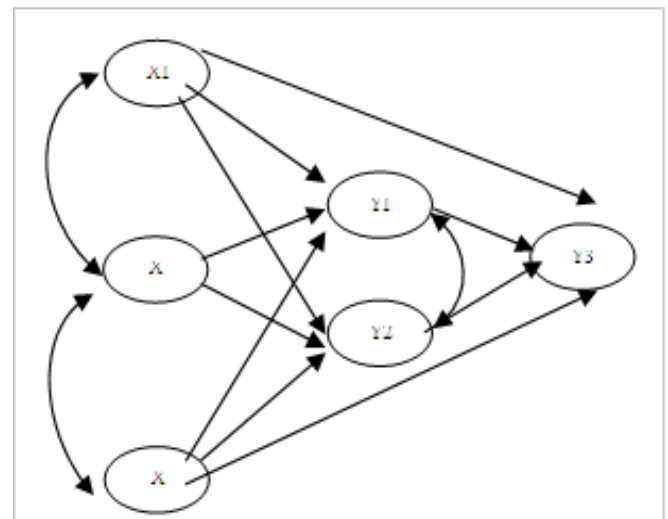


Figure 3. Exogenous Variables CFA antecedent HRH (X₁) with Indicator X1.1 s / d X1.3

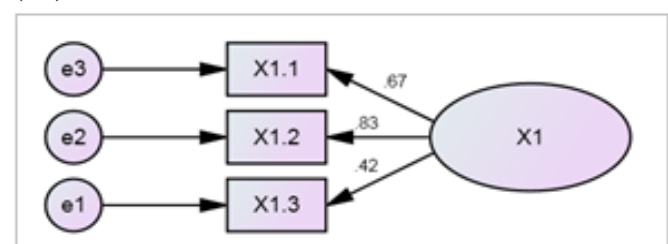


Figure 4 Diagram CFA Exogenous Variables antecedent Health Budget (X_2) with Indicator X2.1 s / d X2.3

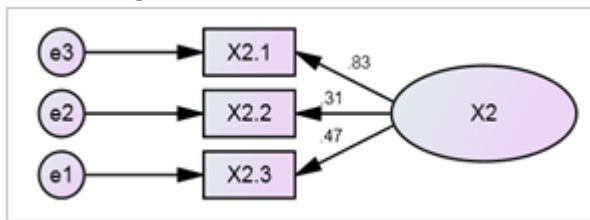
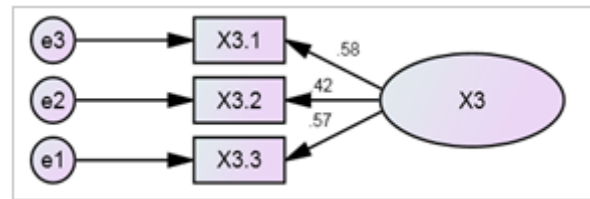


Figure 5 Diagram CFA Exogenous Variables antecedent Health Infrastructures (X_3) with Indicator X3.1 s / d X3.3



a) Convergent and Discriminant Validity

Table 10. Value Validity and Reliability CFA Model for antecedent Exogenous Variables X_1 , X_2 and X_3

Regression Weights	Standardized Loading Factor	Construct Reliability	Variance Extracted	Critical Ratio (CR)	Sig. Level	Validity
X1.3 <--- X1	0.423	0.503	0.264	Fix	Fix	Valid
X1.2 <--- X1	0.831			4.788	0.000	Valid
X1.1 <--- X1	0.673			5.509	0.000	Valid
X2.3 <--- X2	0.474	0.397	0.203	Fix	Fix	Valid
X2.2 <--- X2	0.310			3.715	0.000	Valid
X2.1 <--- X2	0.834			2.510	0.012	Valid
X3.3 <--- X3	0.574	0.374	0.169	Fix	Fix	Valid
X3.2 <--- X3	0.422			3.585	0.000	Valid
X3.1 <--- X3	0.579			3.362	0.000	Valid

Sumber Data : Diolah (Data Primer)

b) CFA Model Variabel Endogen Intervening Y_1 dan Y_2

Figure 5.6 Diagram CFA intervening variables Efforts Health services (Y_1) with indicator Y1.1 s / d Y1.4

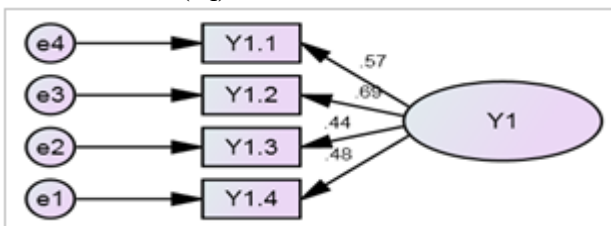
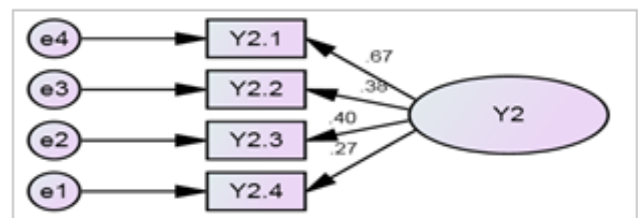


Figure 5.7 Diagram CFA intervening variables Improved Health Status (Y_2) with indicator Y2.1 s / d Y2.4



c) Convergent and Discriminant Validity

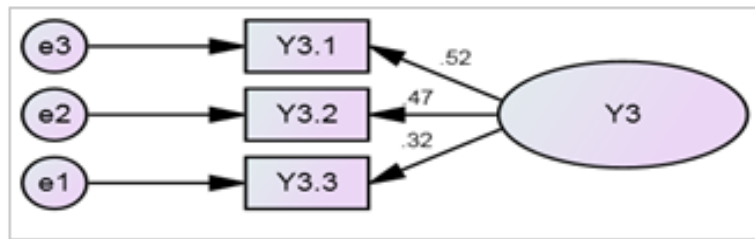
Table 11. Value Validity and Reliability CFA Model of Endogenous Intervening Variable Y_1 and Y_2

Regression Weights	Standardized Loading Factor	Construct Reliability	Variance Extracted	Critical Ratio (CR)	Sig. Level	Validity
Y1.4 <--- Y1	0,484	0.556	0.224	fix	Fix	Valid
Y1.3 <--- Y1	0,440			4.449	0.000	Valid
Y1.2 <--- Y1	0,686			5.023	0.000	Valid
Y1.1 <--- Y1	0,566			5.021	0.000	Valid
Y2.4 <--- Y2	0,269	0.416	0.166	fix	Fix	Valid
Y2.3 <--- Y2	0,403			2.672	0.008	Valid
Y2.2 <--- Y2	0,381			2.630	0.009	Valid
Y2.1 <--- Y2	0,670			2.503	0.012	Valid

Sumber Data: Diolah (Data Primer)

d) CFA Model Variabel Endogen Independent Y_3

Figure 5.8 Diagram CFA for Measurement Models with Endogenous Independent Variables Y_3



These results are interpreted as the presence of the closeness of the functional relationship between the latent variables Y_3 with the manifest variables construct a model of the CFA.

e) Convergent and Discriminant Validity

Table 12. Nilai Validity and Reliability CFA Model of Endogenous Intervening Variable Y_3

Regression Weights	Standardized Loading Factor	Construct Reliability	Variance Extracted	Critical Ratio (CR)	Sig. Level	Validity
Y3.3 <--- Y3	0,319	0,280	0,119	fix	Fix	Valid
Y3.2 <--- Y3	0,469			2,370	0,018	Valid
Y3.1 <--- Y3	0,522			2,207	0,027	Valid

Sumber Data: Diolah (Data Primer)

Testing Model Overall (Overall Model)

Table 13. Test the goodness of fit for the overall model

Kriteria	Cut-off	Hasil Model	Keterangan
Chi-square	Diharapkan kecil	685,7	Fit
Sig. Prob.	$\geq 0,05$	0,175	Fit
TLI	$\geq 0,94$	0,978	Fit
CFI	$\geq 0,95$	0,966	Fit
GFI	$\geq 0,90$	0,941	Fit
AGFI	$\geq 0,90$	0,923	Fit
RMSEA	$\leq 0,08$	0,014	Fit

Sumber: Lampiran Hasil SEM Amos 20, 2017

C. Testing Structural Model (Hypothesis Research)

Table 13. Results of tests of significance between variables

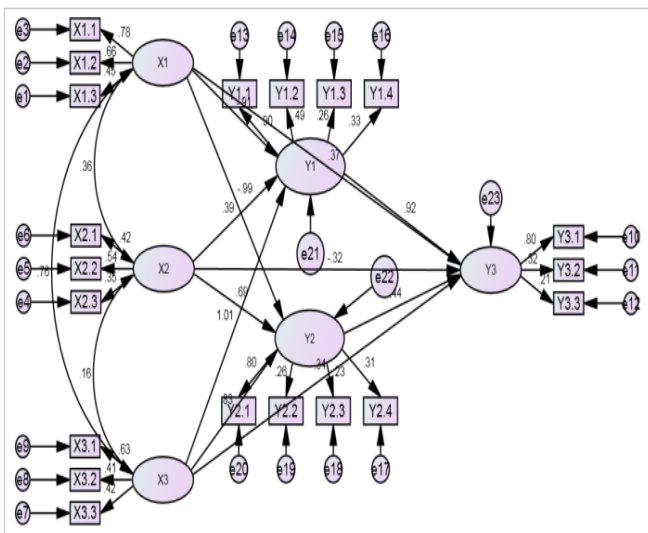
Hipotesis	Var. bebas	Var. Terikat	Lambda (λ)	CR	Prob.	Ket.
Hip. 1	SDM Kesehatan	Upaya Pelayanan Kesehatan	-0,910	-3,383	0,000	Signifikan
Hip. 2	SDM Kesehatan	Peningkatan Derajat Kesehatan	-0,986	-2,729	0,006	Signifikan
Hip. 3	SDM Kesehatan	Ekonomi Sumber Daya Manusia	0,366	0,802	0,423	Tidak Signifikan
Hip. 4	Anggaran Kesehatan	Upaya Pelayanan Kesehatan	0,392	2,332	0,020	Signifikan
Hip. 5	Anggaran Kesehatan	Peningkatan Derajat Kesehatan	0,693	2,406	0,016	Signifikan
Hip. 6	Anggaran Kesehatan	Ekonomi Sumber Daya Manusia	-0,324	-1,146	0,252	Tidak Signifikan
Hip. 7	Sarana & Prasarana Kesehatan	Upaya Pelayanan Kesehatan	1,010	3,416	0,000	Signifikan

Hip. 8	Sarana & Prasana Kesehatan	Peningkatan Derajat Kesehatan	0,827	2,508	0,012	Signifikan
Hip. 9	Sarana & Prasana Kesehatan	Ekonomi Sumber Daya Manusia	-0,342	-0,787	0,431	Tidak Signifikan
Hip. 10	Upaya Pelayanan Kesehatan	Ekonomi Sumber Daya Manusia	0,921	4,895	0,000	Signifikan
Hip. 11	Peningkatan Derajat Kesehatan	Ekonomi Sumber Daya Manusia	0,443	2,062	0,039	Signifikan

Sumber: Lampiran Hasil SEM AMOS 20, 2017.

To facilitate the relationship between variables were significant, the indicator is removed and the result is shown in Fig causal relationships between variables.

Gambar 5.11. The causal relationship between variables at a significance level of 5% with Latent Variables X_1 , X_2 , X_3 , Y_1 , Y_2 and Y_3



Information:

- X_1 = HRH
- X_2 = Health Budget
- X_3 = Support & Facility Health
- Y_1 = Effort Health services
- Y_2 = Improved Health Status
- Y_3 = Economic Human Resources

D. Discussion

1. Effect of human resources for health (X_1) Efforts Against Health services (Y_1)

Hypothesis 1 stated that there is influence of the efforts of Health signifikanSDM health services. Table 13 shows that the value of -0.910 loading factor, the value of C.R. - 3.383dan of the P value of 0.000. This shows that the direct impact human health, negative, and significant health care efforts. So the first hypothesis is accepted.

2. Effect of human resources for health (X_1) Toward Improved Health Status (Y_2)

Hypothesis 2 states that there is influence signifikanSDM against Improved Health Status Health. Table 13 shows that the value of -0.986 loading factor, the value of C.R. by- 2,729dan P value of 0.006. This shows that the direct impact human health, negative, and significant to Improved Health Status. So the second hypothesis is accepted.

3. Effect of human resources for health (X_1) Against Human Resources Economics (Y_3)

Hypothesis 3 states that there is a significant effect on the Economics of Health Human Resources Human Resources. Table 13 shows that the value of the loading factor of 0.366, the value C.R. of 0.802 and a P value of 0.423. This shows that HRH no significant effect on the Economics of Human Resources. So the hypothesis 3 is rejected

4. Effect of Health Budget (X_2) Efforts Against Health services (Y_1)

Hypothesis 1 stated that there is a significant influence on the efforts HRH health services. Table 13 shows that the value of the loading factor of 0,392, the value of C.R. of 2,332 and a P value of 0.020. This shows that the direct impact of Health Budget, positive, and significant impact on health care efforts. So the hypothesis 4 is accepted.

5. Effect of Health Budget (X_2) Toward Improved Health Status (Y_2)

Hypothesis 5 states that there is a significant influence on the Health Budget Increase Health Degree. Table 13 shows that the value of the loading factor of 0.693, the value C.R. of 2.406 and a P value of 0.016. This shows that the direct impact of Health Budget, positive, and significant impact on Improved Health Status. So hypothesis accepted 5.

6. Effect of Health Budget (X_2) Against Human Resources Economics (Y_3)

Hypothesis 6 states that there is a significant impact on the budget of Health Economics Human Resources. Table 13 shows that the value of -0.324 loading factor, the value of C.R. amounting to -1.146 and a P value of 0.252. This indicates that the health budget does not significantly influence Economics Human Resources. 6 So the hypothesis is rejected

7. Effect of Health Facilities and Infrastructure (X_3) Efforts Against Health services (Y_1)

Hypothesis 7 states that there are influences signifikan Sarana & Facility Health Efforts to health services. Table 13 shows that the value of the loading factor of 1,010, the value of C.R. 3,416 dan of the P value of 0.000. This shows that the Health Facilities and Infrastructure direct impact, positive and significant impact on health care efforts. So hypothesis accepted 7

8. Effect of Health Facilities and Infrastructure (X_3) Toward Improved Health Status (Y_2)

Hypothesis 8 suggests that there is influence that signifikan Sarana & Health Facility to Increase Health Degree. Table 13 shows that the value of the loading factor of 0.827, the value C.R. of 2.508 and a P value of 0.012. This shows that the Health Facilities and Infrastructure directly affect, positively and significantly to Improved Health Status. 8 So the hypothesis is accepted.

9. Effect of Health Facilities and Infrastructure (X_3) Against Human Resources Economics (Y_3)

Hypothesis 9 states that there is influence signifikan Sarana & Infrastructure to Economic Health Human Resources. Table 13 shows that the value of -0.342 loading factor, the value of C.R. amounting to -0.787 and a P value of 0.431. This shows that the Health Facilities and Infrastructure no significant effect on the Economics of Human Resources. 9 So the hypothesis is rejected.

10. Effect of Health Care Efforts (Y_1) Against Human Resources Economics (Y_3)

Hypothesis 10 states that there is influence of the Economic signifikan Upaya Health Care Human Resources. Table 13 shows that the value of the loading factor of 0.921, the value C.R. of 4,895 and a P value of 0.000. It shows that the efforts of Health Services directly affect, positively and significantly to the economy of Human Resources. 10 So the hypothesis is accepted.

11. Influence of Health Status Improvement (Y_2) Against Human Resources Economics

Hypothesis 11 states that there is influence signifikan Peningkatan Health Status of the Economy of Human Resources. Table 13 shows that the value of the loading factor of 0.443, the value C.R. of 2.062 and a P value of 0.039. This shows that the direct effect Improved Health Status, positive, and significant impact on Economics of Human Resources. 11 So the hypothesis is accepted.

E. Research findings

There are several findings in this study that distinguishes the earlier studies, as follows:

1. Health Human Resources directly affect, negative, and significant efforts Health services (Hypothesis 1 is accepted). This is in line with the results of the research Saputra (2014), who found that there was

an effect on the efforts of Human Resources in the Health Care District of Karang Asem

2. Health Human Resources directly affect, negative, and significant to Improved Health Status (Hypothesis 2 received). This is in line with the results of research Widodo (2011) who found that there was a significant effect of human resources towards the efforts of Health Services in the province of Central Java From the findings of 1 and 2 datas said that; Economic Development Human Resources, is directly affected by the Program Attempts Health Services (UPK) and Improved Health Status (PDK), as well as the Resource Health in sub Infrastructure Health sector, so the findings that in the realization of the development of Human Resources in Jayapura district, should Resource Healthy comprising of Human Resources, Budget and Infrastructure Health sector in optimizing the realization of the Program of Health Services and Health Status Improvement Program, so that the realization of human Sumbidaya overall development in Jayapura district can be realized optimally.

These findings call for support for the theory Maidin (2013), which states that the amount of budget and health professionals will affect kinerja in completing various programs in health services and field Improved Health Status

3. Health Human Resources no significant effect on the Economics of Human Resources (Hypothesis 3 rejected). But through the mediation of the Program UPK and PDK. This means that it needs optimization policy Resource Health yan support various programs UPK and PDK so if it had been implemented optimally, the realization of Economic Development of human resources in Jayapura can be realized optimally as one indicator of the contribution of the health sector, it will terlihat with the rate of economic growth in the region through the GDP figures, IPM and MSE in the Papua Jayapura district. This is in line with the results of research Lasut (2010), who found that Human Resources has no direct effect on the growth of the economic development of human resources in the district of Gorontalo. Besides, these findings support their theory Maidin (2013) which states that the quality of human resources in health professional will affect performance in menyelesaikan various programs in health services in advance, including the program Efforts health services and Improved Health Status, each work unit in efforts to realization of health development ,
4. Health budget directly affect, positively and significantly to the efforts of Health Services (Hypothesis 4 accepted). This is in line with the results of research Mirza (2012) who found that the

Articles of Health of the effect signifkkn to Improving Health Care in Central Java province

5. Health budget directly affect, positively and significantly to Improved Health Status (Hypothesis 5 is received). These results together with the results of research Ramandel (2009) in Semarang, which found that there was an effect on the health budget of the Health Status Improvement.
6. Health budget has no significant effect on the Economics of Human Resources (Hypothesis 6 rejected). These results together with the results of research Lasut (2010), which found that there is influence of the Budget to the increase of Economy of Human Resources in the district of Gorontalo. Findings 4 and 5, above supports the theory Mirza (2012) which states that; Total Health Budget provided would affect the efforts of Health Services, and Health Status Improvement, but for finding 6 (Human Resource Economics) rejected the theory Mirza (2012) which states that; Total Health Budget provided will influence positively and significantly related to Human Resources Economics. Referring to the findings, then the system of financing and budgeting of health needs to be addressed with a system that is clear and transparent, so that fulfilled the efficiency and effectiveness of the use of the budget in an effort to realize the improvement of health in Jayapura. There is a budget allocation system health with methods District Health accaount (DHA) as the derivative system allocation of the national budget that the National Health Accounts (NHA), and the application of the use of the budget in the work unit (unit Cost) method CEA (Cost Effectiveness Analysis) and CBA (cost Benefit Analysis).
7. Health Facilities and Prasana direct impact, positive and significant impact on health care efforts (Hypothesis 7 accepted). The findings of this study in line with the results of research conducted by Mirza (2012) in Central Java, which found that there is a positive effect of factors Prasana Health Facilities and Health Services to existing efforts
8. Support & Health Prasana direct impact, positive and significant impact on Health Status Improvement (Hypothesis 8 accepted). This result can be the same as the results of research conducted by Mirza (2012) who found that; No positive effect of factors and Prasana Means to Improved Health Status of Health in Central Java
9. Health Infrastructures no significant effect on the Economics of Human Resources (Hypothesis 9 rejected). These results together with the results of research Lasut (2010), in the district of Gorontalo which found that; Health Infrastructures factors did

not significantly influence the economic conditions of Human Resources

The research finding no 7,8, and 9, rather berbedar with the theory put forward by Maidin (2013) which states that; Infrastructures Health conditions have a direct impact, positive and significant impact on health care efforts, Improved Health Status and Economics of Human Resources.

Therefore Standards optimal Infrastructure required to support the recognition of accreditation of health centers and hospitals. Because the public deserves to have the best quality of service, so the need to increase service quality standards best overall, even should implement methods of Total Quality Management (TQM), which is the parent of the method of Total Quality Service (TQC). Thus all three of the above will support programs UPK and PDK, the estuary will realize SDM Economics in Jayapura as a barometer of the best health services in the province of Papua.

10. Health Care Efforts direct impact, positive and significant impact on Human Resources Economics (Hypothesis 10 accepted). These findings are consistent with the findings of the research results Lasut (2010) who found that there was a considerable influence positive and significant level of effort against the Health Care Economics Human Resources level in the district of Gorontalo
11. Improved Health Status direct impact, positive, and significant terhadapEkonomi Human Resources (Hypothesis 11 accepted). This finding is also consistent with the findings of the research results Lasut (2010) who found that; Health Status Improvement factor changes and significant positive effect on the economy changes Human Resources in the district of Gorontalo Findings 10 and 11 shall also support his theory Maidin (2013) which states that; Efforts variable change Health Care and Health Status Improvement jointly or individually will be positive and significant effect on the variable Economics Human Resources. Therefore it if it wants to improve the Health Resources, then the state should attempt Health Care, Health Status Improvement of conditions must be improved first. It was also necessary application of the system of reward and punishment, which means appreciate the work and discipline beritindakan if there are those who make mistakes in real time, and also needs explanation clear career path for human resources for health professionals who work denngan.

F. Research implications

The findings of this study which is the contribution of this research in the academic field can be seen from the analysis of the effect of a total of three constructs exogenous (Resource Health (SDK) that Human Resources (HR), Budget and Infrastructure in Health), efforts Health Services (UPK) and Improved Health Status (PDK). To construct Endogenous Human Resource Economics (ESM). In these three constructs are exogenous Health Resources (X1), the Human Resources (HR) field of Health (X1.1.) Showed the highest total effect (0.410) of the Human Resource Economics (EMR) through the efforts of Health Services and Improved Health Status compared to two other constructs that Budget (X1.2) of (0.290) and Infrastructure (X1.3) of (0.310). Hasil means indicates that the area of Health Human Resource Development which consists of quantity, quality, reliability of work and job attitudes more powerful cause of Economic Development of Human Resources through the efforts of Health Services and Improved Health Status.

Development of Human Resources in Health is one of the main programs of the District Health Office Jayapura Papua. In addition to receiving health personnel (HR) new or increased levels of existing human resources education, also increase the quantity, quality, reliability of work and attitude that are moral and ethical work optimally in efforts to achieve the best performance. Improved quality and work ethic also need to be implemented optimally, but the back of the motivation of each individual's own namely Medicals (SDM) of the Department of Health, consisting of the Secretariat (Office of Health), the General Hospital area (Hospital) Yowari and health centers as well as puskesmas (sub) and (Polindes) every kampungs in the district of Jayapura.

Health Development consists of one of them is the Resource Health (SDK), which also consists of Human Resources (HR) field of health are a top priority the development of asset / these resources, but it also needs to be developed factor Budget and Infrastructure Health sector, in order to support Program implementation efforts Health Services (UPK) and Improved Health Status (PDK), in order to be achieved as one indicator of the health sector in the Development of Human Resources in the Jayapura district.

Influence Work Attitude and Reliability Work (Performance HR) as a whole will shape the character and morals and ethics HRH overarching factors other than the quantity and quality of human resources, it is the main Human Resource Development Health was instrumental in mediating the relationship between the SDK, UPK and PDK in an effort Economic development Human Resources (ESDM) thoroughly in Jayapura.

G. Contributions and Practical Implications

Some of the contributions and implications of a practical nature that may be contributing to the Government daerah Jayapura District, among others:

1. If the government intends to increase the Economic Development Human Resources, then not only the focus of efforts to implement Health Care Program (UPK) and Health Status Improvement Program (PDK), but rather give priority to human resource development programs of Health, and is supported with a budget allocation to allocated according to need in order to achieve the target through RPJMD area as well as the provision of Infrastructure health sector also needs to be improved, but of the three that were terutama HR is HR Development optimal health.
2. Any attempt Health Care Program (UPK) and Improved Health Status (PDK), is highly dependent on human resources for health quality and Anggaran in Health Care Financing efforts, need to be distributed and allocated optimally. So it is necessary to apply a standard of human resources and the latest methods in the health budget allocated to implement the method Distric Health Accounts (DHA), so the need for the implementation of the Program UPK and PDK can be realized well.
3. In addition to some of the above, it is necessary menataan management implementation and optimal development, tailored to the accreditation standards and reporting systems that meet the standards of financial reporting as well as the consistency of the Vision and Mission yan has been stated in the Strategic Plan, RPJMD, and RPJP / RPJMD provincial / so that a unified national program realization.
4. Each program planning translated and published in the Register Use of Budget (DPA) through the Budget Ceiling, necessary to study and research each program whether it can be categorized in accordance with the development priorities and urgency, so that the implementation can be justified and coordinated with relevant parties in order to create development integrated with each other. It should also explore the development of SKPD each other if there are overlapping programs, especially some SKPD scope of work is almost a kind of a target program, if necessary, the same program of mutual coordination and mutually engage with each other.
5. The study's findings are used as a reference or benchmark by the government of Papua Jayapura Regency Government in particular, that the Economic Development Human Resources (ESDM) not only carry out a series of programs that just realizing such programs without a direct

impact in real terms in the life of the community through increased economic prosperity Human resources, but give priority to improvement of the quality of human resources for health, and the application of the Health Budget realization in accordance with the percentage of 15% of the total health budget local budget, as well as the provision of appropriate health Infrastructure accreditation standards and national quality. Thus, it will make a major contribution to the Economic Development Human Resources as a whole.

H. Research limitations

Each study course has some limitations. Limitations of the study contained in some of the following:

1. The study was only conducted in one district so that the results can not be generalized beyond the study area, particularly in Papua.
2. Some key variables and sub-variables used in this study is limited, since there are many variables and other indicators that can affect Human Resource Economics, especially in the Papua Jayapura district.

V. CONCLUSIONS AND RECOMMENDATIONS

Conclusion

From the description above, it can be diperolelah conclusion of the study as follows:

1. Health Human Resources directly affect, negative, and significant efforts Health Services.
2. Human Resources for Health direct impact, negative, and significant to Improved Health Status
3. Health Human Resources no significant effect on the Economics of Human Resources.
4. Health Budget directly affect, positively and significantly to the efforts of Health Services
5. Budget Kesehatanberpengaruh direct, positive, and significant impact on Improved Health Status.
6. Health Budget no significant effect on the Economics of Human Resources.
7. Support & Health Prasana direct impact, positive and significant impact on health care efforts.
8. Support & Health Prasana direct impact, positive and significant impact on Improved Health Status
9. Support & Facility Health no significant effect on the Economics of Human Resources.
10. Health Care Efforts direct impact, positive, and significant Economics Human Resources
11. Improved Health Status direct impact, positive, and significant Economics Human Resources

Recommendation

As for some recommendations / suggestions writer will convey the following:

1. For Jayapura Regency Government

- a. Provide an overview or a portrait of the real condition of the economy of human resources community.
- b. Provide input how the intervention of the local government in order to optimize the performance of Human Resources Development is based on efforts to improve health in the region.

2. For the Papua Provincial Health Office

- a. Provide an overview of the real condition of resources in health fields can be basic data in making a policy from one part of the working area, which is in a broader scope.
- b. Provide input how the intervention of the government represented by the regional work units (SKPD) and improve the health sector to make health resources that are expected to participate in the economic development impact in Human Resources as part of its territory as a whole are.

3. For the District Health Office / City in the province of Papua

- a. Provide an overview of the real condition of health resources that can be the basis of data in making policy.
- b. Provide input how the intervention of the government represented by the regional work units (SKPD) and improve the health sector to make health development, which is expected in the future to participate and have a positive impact in Economic Development Human Resources (HR) of the overall territory.

4. For Yowari hospitals and health centers in the district of Jayapura

- a. Provide feedback on the facilities and condition of health resources and health development in real terms that can be compared with the standard conditions that have not been as expected.
- b. Provide input on how to support or make an impact in the development of Human Resources (HR) through the improvement of health sector resources in the effort with establishment of health through work units of the health sector.

5. For Further Research

- a. The limited area and sample the consequences generalizing the results to be limited anyway, so when researchers will next perform in accordance with the theme of this study can cover other regions or even expanded his research area.

b. In addition, researchers can further enrich or add indicators and variables to be more accurate research results of this study, in order to further contribute positively to the Economic Development Human Resources Development in Health in a certain area, so it can have a positive impact for the development of a nation in the future.

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